Parent Handbook

INFANT/TODDLER PROGRAM

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INTRODUCTION

WELCOME TO MONTESSORI SCHOOL OF HACIENDA HEIGHTS

You are your child's primary influence and the first educator in your child's life. You fundamentally believe that you want to be their best mentor. We at MS OF HH will help you grow and learn alongside your child. Together, we can watch your child develop independence, self-discipline, responsibility, enthusiasm for learning, loving, and excelling academically. You are your child's first educator and the primary influence in your child's life.

What is Montessori Education?

Montessori education is a philosophy of the child's growth and a rationale for guiding such development; it is on the child's developmental needs for freedom within limits in a carefully prepared environment. The Montessori Method guarantees exposure to materials and experiences that develop intelligence and physical and psychological ability. The Montessori Method is to take full advantage of the self-motivation and unique mastery of the child to build their capabilities once adults expose them to life's possibilities. The environment of Montessori education is as follows:

1. Children are to be respected as different from adults and as individuals who differ from each other.
2. The child overcomes unusual sensitivity and mental powers for absorbing and learning from their environment that is unlike those of the adults, both in quality and capacity.
3. The child's most essential years are the first six years of their life when unconscious learning gradually develops to the conscious level.
4. In Primary, the children learn to be individuals, and we give the children keys to the world. In Elementary, children learn to be good members of society and learn to make the community is better for others.

5. The child has a deep love and need for purposeful work. However, the child does not work as an adult for profit and completion of a job but for the sake of the activity itself. The child's most important goal is "the development of themselves -their mental, physical, and psychological powers.

In summary, Montessori education is a careful blending of environment and philosophy designed to maximize a child's potential in a non-threatening, self-actualizing manner. The Montessori method develops the child's whole personality, encouraging intellectual growth, self-discipline, self-knowledge, independence, enthusiasm for learning, and an organized approach to problem-solving.

Dr. Maria Montessori

Maria Montessori was born in 1870 and was the first woman to be granted a medical degree by an Italian University. At 28, she was a medical professional assessing the physical needs of "defected" children. Influenced by the work of Sequin and Lizard in France, Montessori designed materials and techniques that allow the children to work in areas previously considered beyond their capacity. Montessori's great victories came when these children took the state examination alongside normal children, and her "defective" children passed the exams. Montessori concluded that if children with disabilities could be brought to the same academic Levels as normal children, something must be drastically wrong with the education of normal children.

Montessori's Life work began with a group of slum children in 1907 when she opened her famous "CASA DEI BAMBINI." Through her observation from working with the children, she discovered their remarkable, almost effortless ability to absorb knowledge from their surroundings. Children teach themselves. This simple, profound truth inspired Montessori in her Life pursuit of education reform, curriculum development, methodology, psychology, teaching, and teacher training - all based on her dedication to further the self-creating process of the child.

Though Dr. Montessori passed away in 1952, her Montessori Method lives on. Today, after 100 years of an international application, the Montessori method thrives in the United States, with more than 5000 schools established since 1957; Montessori philosophy focuses on the individual child's development, the peaceful unfolding of self, and the prepared classroom.

OUR GOALS AND PHILOSOPHY

The mission of Montessori School of Hacienda Heights is:

"To provide for each child a safe, respectful, and loving environment wherein his or her unique physical, developmental, intellectual, social, and emotional needs are met.To this end, all staff will strive to understand, accept, and appreciate each child's uniqueness and facilitate each child's individual needs and development. Teachers will provide a weekly balance curriculum for the children in their care by planning and implementing daily learning experiences which are active, positive, creative, age-appropriate, and fun!”

Many changes occur during the early years of a child’s life. There are physical changes, emotional changes, emotional changes, and intellectual and social changes. The goal of the Montessori School of Hacienda Heights is to be aware of the dramatic changes that occur in children between the ages of 2 through 6 years. lt seeks to assist each child in meeting his or her full potential during the stage of development; lt strives to provide various experiences that will facilitate and enhance each child’s growth pattern.

The school strives to provide positive and productive learning experiences for children. The learning environment is structured yet creative: it is disciplined, yet it is academically oriented while providing a balanced program. lt furnishes the physical, emotional, and intellectual setting where the children can work and play successfully and joyfully during these early years of transformation.

INFANT CURRICULUM

Montessori School of Hacienda Heights loves and nurtures infants as they enter the first sensitive development period. The infant's fundamental need is to be loved. In our prepared infant environment, their activities are focused on development: movement, sensory perception, language, and order.

Movement

The Montessori curriculum encourages the infant to explore his/her body movements. They even test their limbs, reflexes, and gross motor skills before birth. This joyous exploration of the body's ability to move includes everything from kicking and stretching to using tiny fingers to pick up objects. Work time consists of ball play, rolling, block-stacking, puppet play, and more. Tummy time, head-lifting, grasping, control of hands and feet, crawling, sitting, and hand-eye coordination are encouraged through a clean, soothing, prepared environment and loving teachers.

Sensory Perception

As infants begin to take an interest in the world around them, the teacher's goal is to follow the infant's interests in new sensory experiences and to go at his/her own pace. An infant acutely perceives sound, sight, touch, taste, and smell. Therefore, the prepared environment is peaceful, and teachers speak gently. Less is more at this stage of development, which helps the infant thoroughly explore without feeling overwhelmed. Classical music provides a soothing background to relax the infant. Weather permitting, outdoor times allow infants to explore the outside world.

Language

Babies begin reacting to sounds they hear from the outside world while in their mom's womb. After birth, infants slowly start to match where certain sounds come from

and are often most interested in sounds from other humans. Though infants have not yet discovered spoken language, they intently watch the mouths of the teachers around them and begin moving their lips in imitation. They soon realize that they can create their sounds and repeat syllables repeatedly as they learn to control their lips, tongue, and throat.

The curriculum at this stage includes plenty of talking time with the infant through stories and songs. Circle time consists of recognizing who is present, puppet shows, felt board stories, counting, nature, and more.

Order

As infants experience the world around them, they feel confused until they begin making sense of all the sights, sounds, smells, etc. Order in the infant curriculum is essential to help the infant feel love and security. At their own pace, they realize that naps happen at specific locations in a particular texture. The furniture area, the amount of light, and a teacher's hairstyle give the infant a sense of security once he/she realizes everything has the correct location.

At the infant stage, the curriculum familiarizes the infant with the environment and teaches how the environment is ordered. This fosters security in the infant, which allows him/her to relax, feel love and be open to developmental exploration. Most infant activities develop multiple areas at the same time. Stamping, pasting, painting, exploring textures, decorating, using hand gestures, discovering new sounds, playing instruments, and listening to different languages often will develop movement, sensory perception, language, and order in infants.

ADMISSION & ENROLLMENT

Admission

Babies at six weeks are considered for admission in our infant program, regardless of gender, race, color, religion, nationality, or political belief.

The infant program is designed for babies six weeks to 24 months old. When a child is 24 months old, his/her growth and development continue in our preschool program.

Enrollment Procedure

It is necessary to complete the "Application for Admission" form and return it with the annual registration fee and tuition deposit per child to the school. Please call the school for current tuition and fees. State law requires that every parent must complete and return the following forms to the school on or before their child's first day:

1) Identification and Emergency Information
2) Physician's Report
3) Child's Preadmission Health History (Parent's Report)
4) Emergency Medical Consent Form
5) Enrollment Agreement
6) Signed and dated "Notice Parent's Rights" Receipt
7) Signed and dated "Personal Rights" Receipt
8) Infant Needs and Service Plan
9) Individual Infant Sleeping Plan
10) Getting to know your Infant
11) Photo Release Consent Form
12) Sunscreen/Lotion Permission
13) Medication/Allergies
14) Emergency Kit
15) Parent Handbook Policy Statement Signature

Parent/Teacher Orientation

Before the child's first day of attendance, the child's family/guardian(s) will attend an orientation meeting with the classroom teacher. The purpose of the orientation is for the teacher to get to know the family and the child and for the family to see the teacher and the classroom. This is a crucial step in establishing a solid partnership for the care of the infant. Parents will be asked to complete the Infant Needs & Services Plan and Infant Daily Schedule with the teacher during the orientation. The Administrator will coordinate the direction.

First Day of School

To help the parents and the infant transition to school and relieve any anxiety, we invite the primary caregiver to join the classroom for a short period on the first day of school. The purpose of this is for the child to experience the new classroom with the comfort of a family member who he/she already knows. The teacher will take over once the primary caregiver feels comfortable enough to release the infant to the teacher. We intend to make the transition to our center and their new classroom as smooth as possible.

Waiting List Registration

Since our capacity is limited, your child will be registered on the school's waiting list if classroom space is unavailable at the time of your application. The application form, registration fee, and 50% of the monthly tuition deposit must be enrolled on the waiting list. When an opening occurs, priority is granted according to the waiting list.

Summer School

If you would like to enroll your child in our summer school programs, please fill out the summer enrollment form in May and return it to the office to ensure your child's space.

PAYMENT POLICIES

Annual Registration Fee and Tuition Deposit

The annual registration fee is not refundable. The annual registration fee is the same for all children throughout the school year, regardless of the child's actual starting date.

Tuition and Tuition Payments

Montessori School of Hacienda Heights is entirely supported by tuition and fees to provide a high standard of education for your children. If the tuition is past due or uncollected, increased expenses such as collection costs, extra bookkeeping, and loan interest will be billed to the parent/guardian, and they are responsible for making the payment.

Please note that our staff members make the commitment to educate your child for the whole school year

- Monthly payments are due on the 5th of the each month, and Weekly payments are due on every Tuesday of the week. A written notice of two-weeks in advance must be given for withdrawal of a child from school.
- Monthly payments made after the fifth of the month will be considered delinquent and subject to a $20.00 late fee. A $50.00 late fee will be charged for payments received after the tenth of the month. **If the due date falls on a school holiday, please be sure that your payment is received before or by the due date to avoid any late fees.**
- Weekly payments made after the Tuesday of the week will be considered delinquent and subject to a $10.00 per day late fee. **If the due date falls on a school holiday, please be sure that your payment is received before or by the due date to avoid any late fees.**
- If monthly payment is not received by the tenth of the month, the child is no longer considered enrolled in the school and their enrollment will be terminated.
- If weekly payment is not received by the Friday of the week, the child is no longer considered enrolled in the school and their enrollment will be terminated.

- You may apply for readmission for your child by paying a $200.00 non-fundable re-registration fee and the full balance due.
- There will be a $45.00 surcharge for all unpaid checks and batch declined credit cards returned to the school. When a check is returned, you are expected to pay the current due amount by money order, cashier's check, or cash.
- After 2 returned checks, only a cashier's check, money order, or cash will be accepted for the remaining tuition payments.
- There will be no make-up days and no refunds for days missed.
- There is no fee deduction for holidays, illness, or vacations. An advance written two-week notice must be given for withdrawal of a child from the school for any reason.

Late Pick-Up

Your child should be picked up by the end of the contracted time, which for the infant program is by 6:00 p.m. Any infant left after 6:00 p.m. will be charged $10.00 per child per 10 minutes or fraction of 10 minutes. The late pick-up charge is based on the record keeping of the Administrator and the childcare teachers. The late charge will be billed to the parent's account and included on the next month's tuition statement.

It is important for parents to pick up their child on time because the school arranges staff for the number of children who are enrolled at any particular time. Please understand that when children are not picked up at the contracted time, the school may not have a sufficient staff-student ratio to cover the unexpected number of children.

Absence & Vacation

There is no fee reduction for holidays, illnesses, or vacations. Staff members receive full salaries all school year.

Refunds

MS of HH is not able to refund tuition for absences of children from school due to illness, vacation or any other reason. The annual registration fee is not refundable. The registration fee and tuition deposit is refundable only if your child is not accepted for enrollment.

HOURS OF OPERATION

Infant Program Hours

The infant classroom is open Monday through Friday from 6:30 am to 6:00 pm.

Office Hours

The Office is open from 8:30 a.m. to 2:00 p.m. Our administrative staff is responsible for assisting existing and prospective parents. In addition, they also substitute in the classroom, assist children, and support teaching staff members. Therefore, if we are away from our desks, please call (626) 968 - 0500. One of the administrative staff members will assist you as soon as possible. Please expect a wait during peak hours (drop-off and pick-up time). If it is not urgent, you are welcome to leave us a note or email us: at omni.mshh.com. We will take care of your request after peak hours.

No School Holidays

Our school is officially closed on specific holidays throughout the year. If a holiday falls on a Saturday or Sunday, it may be observed on a Friday or Monday. School may be closed on additional pre-scheduled days to conduct full-day professional development training for our staff or for school events. See our School Calendar for Infants for an entire view of the school year.

ARRIVAL AND PICK-UP PROCEDURE

Drop-Off & Pick-Up

During the school year, infants may be dropped off anytime Monday through Friday between 6:30 am - 6:00 pm. Childcare is included with tuition between these hours. Please pick up and drop off your child at the designated area.

Daily Sign-In & Sign-Out Sheet

California State Law requires a sign-in and sign-out procedure to transfer responsibility between the parent/guardian and the school for toddler and primary children every day. There is a $50.00 charge per missing signature after your child's name has been highlighted three times. Please sign your name and the time you drop off or pick up your child everyday. During drop off, you will be required to fill out the parent portion of the Daily Report to ensure that daily communication occurs between the parent/guardian and the teacher. This will include information on when your infant last ate and how he/she slept the previous night. Check your child's cubby daily to pick up with the Daily Report left by your child's teacher. It will give you an overview of your child's day at school.

Daily Inspection for Illness

California State Law requires that MS of HH is responsible for ensuring that children with obvious symptoms of illness, including but not limited to fever or vomiting, are not allowed to attend class to prevent germs from spreading to other children. With the COVID-19 pandemic, teachers will err on the side of an abundance of caution when inspecting your child for symptoms daily. If your child is ill, they will be sent home because the child needs to rest and may infect other children at school. If your child has a high temperature over 100.4 oF, they should be normal for at least 24 hours before returning to school.

Absences

A phone call, or an email, is very much appreciated if your child is to be absent. However, we are not able to refund tuition for absences of children from school due to illness, vacation or any other reason.

DAILY SCHEDULE

The daily schedule is a framework for planning and organizing a daily routine of activities for the infant to engage in. Each child's routine MAY VARY depending on age and personal needs. We follow each infant's own biological needs, allowing them to eat, change and nap AS NEEDED. The goal of the program is to provide each child with one-on-one, cuddling, interaction, stimulation, and sleeping time.

Daily Routine

Consistency is one of the essential elements of an appropriate environment for infants and toddlers. Surface helps young children develop a sense of security, trust in the world, and emerging confidence in their abilities. Through consistent daily routines, infants and toddlers can begin to anticipate what is coming and learn to feel secure that their needs will be met. Having that sense of security also allows children to engage in play, exploration, and learning actively.

Our infants' routines are based on their individual needs and schedules. Upon enrollment, the infants' parents provide the teachers with information about when their infants eat and sleep. As infants mature, their routines at school become more predictable, and gradually, as toddlers, they eat and sleep at the same time each day. The Home-to-Center and Center-to-Home forms are used with young and older infants to ensure communication about the children's activities and needs.

All infants and toddlers have daily outdoor time as appropriate throughout the year. We monitor the weather and air quality conditions before bringing them outside to avoid

exposure to extreme and unhealthy conditions. The older infants and young toddlers have scheduled morning and afternoon free choice time outside.

CODE OF CONDUCT

As young as infants are, learning appropriate behavior begins as soon a child enters the classroom. Even when a child is not yet able to respond or demonstrate the ability to follow rules, the child can listen as the teacher narrates appropriate behavior. These rules were designed to provide a safe and creative learning environment for every child.

Biting policy

Our Program recognizes that biting is, unfortunately, not unexpected when infants/toddlers are in group care. Our service is committed to assist children to reduce their biting behavior. We acknowledge that biting is a natural part of young children's development and cannot be eliminated by punishment. We know that it takes time and patience so we will help all children who bite reduce this behaviour to ensure the safety and welfare of their peers. The Educators at this Service are committed to respond appropriately and professionally and we encourage parents to work in collaboration with us to reduce and eliminate biting using positive approach to behavior guidance.

We are always upset when children are bitten in our program, and we recognize how upsetting it is for parents. While we feel that biting is never the right thing for infant/toddlers to do, we know that they bite for a variety of reasons. Most of these reasons are not related to behavior problems.

Our Program, then does not focus on punishment for the biting, but on effective techniques that address the specific reasons for the biting. When biting occurs, we have three main responses:

1. Care for and help the child who was bitten.
2. Help the child who bit learn other behavior.

3. Work with the child & parents who bit and examine our program to stop biting.

Our teachers express strong disapproval of biting. They work to keep children safe and to help the child who bit learn different, more appropriate behavior. When there are episodes of ongoing biting, we develop a plan of specific strategies, techniques, and timelines to address it. We do not and will not use any response that harms a child or is know to be ineffective.

We give immediate attention and, if necessary, first aid to children who are bitten. We offer to put ice on the bite if the child is willing. If the skin is broken, we clean the wound with soap and water. If children are bitten on the top of the hands and the skin is broken, we recommend that they be seen by their health care provide.

When children bite, their parents are informed personally and privately the same day. When children are bitten, their parents are informed personally that day and given a copy of our incident report form. When we experience ongoing biting in an infant/ toddler room, we develop a plan of action with strategies, techniques, and timelines to work on the problem.

Biting is always documented on our standard incident report form. It is completed and signed by the teacher. It must also be signed by the parent. One copy is given to the parents, and the original is kept in the Office. We keep the name of the child who bit confidential. This is to avoid labeling and to give our teachers the opportunity to use their time and energy to work on stopping the biting.

The administration is kept informed of the problems and will work with the parents and teachers to help bring the biting under control. Communication is very important in order to help children learn not to bite!

Let's consider the implications of these questions:

What would you do if the child that was biting is yours?

Should children be "kicked out" of the program if they bite too many times?

Would you want your child to be kicked out or would you like for us to work with you and your child to help them learn what is appropriate behavior? If a child is kicked out-who will take the time to teach them how to interact appropriately with their peers?

A program that kicks a child out for biting is indicating that it either doesn't know enough to work on the problem or is unwilling to work on the problem-or both. When we do the hard work of acquiring knowledge, developing skills, and deciding our motivation will be to provide the best for children, our program becomes stronger and more appropriate for children and families. When we excuse ourselves from doing this, our program becomes weaker.

When we approach parents about the fact that their child is biting, we ask them to work with us to help their child learn to stop biting. If parents are unwilling to work with us or don't take the problem seriously, only then would we suggest that they may have to find another Center.

Parental Support

While we are helping the students to learn proper manners and appropriate behaviors, your support and positive reinforcement is an invaluable necessity. The students look up to their surrounding adults, parents and teachers, and repeat our behavior or recite our language usage. It is crucial that all of us watch our manners and language patterns as we only want to have a positive impact on the children. Please do not expose children to any foul language. Additionally, the children are not allowed in the classroom or on the playground without teacher supervision at any time. We want to ensure our students' safety at all times and need your help. In order to comply with our insurance policy and protect the well-being of all the students, we need you to pick up your child from the program teacher and escort your child at all times until you leave school grounds. Please do not allow your child to go back to the classroom unattended, or wander around the school premises without your close supervision. Due to our insurance policy regulations, MS of HH is unable to assume any responsibility or liability after you pick up your child from your child's program teacher.

Freedom and Discipline

We claim that an individual is disciplined when the child is a master of himself, can control himself, and follow the rules of his life. We teach the children to move about instead of remaining fixed in one spot. We are not only preparing them to be disciplined in school, but also through life. Our goal is to help the children develop their internal discipline. The children learn to behave well, because that's the right thing to do and not because that's what they are told or how they are bribed.

Discipline has to be based upon love and consistency. At times we find some children do deviate from the normal path of development and are not acquiring the internal discipline we are looking for. The consequences are given as the children's own choice.

DISCONTINUING SERVICES

Discharge of School Services

At Montessori School of Hacienda Heights, it is important that we provide quality service that meets the needs of your child. We reserve the right to discontinue services based on the following criteria:

- Montessori School of Hacienda Heights cannot provide the services the child needs.
- The child is absent for a long time, which exceeds our ability to maintain active status.
- The family is no longer able or willing to partner with MS of HH on their child's development.
- Failure to pay after reasonable and appropriate notice.
- Failure to meet Ms of HH's policies and the Code of Conduct

We will provide a two-week written notice of discharge, except for the case of an Emergency discharge.

Emergency Discharge

The emergency discharge will be initiated to protect the health, safety, or well-being of the child, other children, or staff if the immediate voluntary discharge is not possible or likely. In the event of an emergency discharge, a child may be discharged without prior notice for his/her own safety and/or the safety of the other children or staff.

Infant-Toddler Manual

- Diapering throughout the day and as needed
- Individualized feeding schedules as indicated by parents and as needed
- Indoor free play throughout the day
- Free Choice Outdoor Play in the morning and afternoon
- Free Choice Indoor Play in the morning and afternoon
- Individualized nap times
- One-on-one floor time with teachers throughout the day
- Nap/Rest Time Clean-Up Time

Nutrition and Feeding

Feeding and Meal Times Infants and toddlers grow rapidly, have small stomachs, and are new to food and eating. Proper nutrition and healthy eating habits are essential.

Feeding and Meal Times are separate events from Diapering/Toileting Times. Staff members are not permitted to go back and forth between these two activities—feeding/eating happens during a separate period from diapering/toileting. Sinks used for rinsing bottles and other dishes may NOT be used for handwashing.

Infant/Toddler Service Plan:

We use the Infant/Toddler Service Plan until they transfer to a preschool setting. The children who transition to eating table food independently feed themselves rather than being fed (this often happens around 12 months of age). Parents continue to update the Infant/Toddler Service Plan once in three- months to provide teachers with the most current information about each child's eating habits, preferences, allergies, new foods,

etc. Using the Infant/Toddler Service Plan helps teachers and parents to communicate clearly and provides written documentation as the child develops eating skills.

MEAL TIMES

Schedule

Young infants will be fed according to their schedules. Parents of infants are asked to bring milk/formula prepared in labeled bottles with sterile nipples and lids daily. Bottles must be plastic, not glass, and will be warmed as requested. Staff will not mix bottles on site to ensure that each infant is fed appropriately.

Please ensure each bottle contains what you expect your child to eat per meal. Include one extra bottle in case your child is unusually hungry. (Ex: If you wish your child to eat four times in one day, bring five bottles filled with the appropriate amount of milk/formula daily.)

Container Cleaning and Sterilization

All bottles, dishes, and food containers from home must be labeled with the infant's name and current date. Contents remaining in any bottle will be discarded within two hours of the meal. Parents will bring home all bottles, dishes, and food containers daily for cleaning and sterilization.

Breast Feeding

We support parents' decisions regarding whether to breastfeed, bottle feed, or both. Comfortable spaces for nursing in the infant classroom include rocking chairs and cozy areas. We communicate closely with nursing parents about approximate feeding times, whether they want to have any breast milk or formula bottle feedings, and deciding when to wean.

Bottle Feeding

Parents provide information about breast milk/formula, amounts, number of feedings, etc., on the Feeding Form so teachers can feed each infant appropriately. Ideally, we hold infants as we provide them with their bottles; if working with more than one infant at a feeding time, we keep babies close to assist and interact with them. Infants who have

learned to hold the bottle and/or indicate the desire to drink the bottle independently are allowed to do so. Parents bring enough measured water/formula bottles/containers for the day. Bottles and bottle lids must be labeled with the child's first name and last initial; they are stored in the child's refrigerator baskets, and any unused bottles go home at the end of the day. We warm bottles in a crockpot. We test the bottle by touch; if it requires further warming, we do so in 1-minute increments no more than three times so that the total warming time is 5 minutes or less. The starting time for each bottle feeding is when the bottle is taken out of the crockpot and ready to serve. If the bottle is given cold, the starting time for the bottle feeding is when the bottle is removed from the refrigerator. Bottles begun outside of school must either be finished with the parent before s/he leaves or discarded.

Bottles and Breast Milk

Bottles must be labeled with the child's name, the date that the milk was expressed, and the date the milk was brought to school All unused breast milk must be taken home at the end of the day. Breast milk must NEVER be shaken. Instead, it must be gently swirled to preserve the nutritional and health benefits it provides. Previously frozen milk is good for 24 hours if kept in the refrigerator. Breast milk left over from feeding can be kept for 1 hour before being discarded.

Bottles and Formula

All unused formulas must be taken home at the end of the day. Prepared infant formula is only suitable for 1 hour after being heated for a feeding Any formula left in the bottle after feeding must be thrown out.

PROHIBITED ACTIVITIES regarding Feeding

Because they pose health and safety hazards, we:

- DO NOT shake breast milk
- DO NOT warm any bottles using a microwave oven

- DO NOT ever microwave any food in any type of plastic or Styrofoam containers
- DO NOT prop bottles
- DO NOT give bottles in cribs or on nap mats
- DO NOT give bottles with solid food mixed in
- DO NOT use glass bottles
- DO NOT administer medications in bottles
- DO NOT permit children to walk around with bottles, cups, or food.

Allergies

If your infant has a food allergy or intolerance, please immediately notify your child's teacher and the office. It is the parent's responsibility to provide appropriate food for the child.

Changing Meal Needs

Their eating needs will change as infants grow and start eating solid foods. Infants will use their fingers for finger foods and infant utensils to feed themselves. As infants gradually begin to eat cereals, jarred foods, and table foods, parents will inform the teachers in the classroom as to what their children can eat. It is recommended that infants try new foods at home first, then parents can add fresh food to the classroom list.

School Hot Lunch

Children who are 12 months or older will have the option to order the school's hot lunch if the parent/guardian chooses to. We will work with parents to transition the children from bottled to regular food after their first birthday, if not earlier. Older infants will also begin sitting in tiny chairs and tables, and using sippy cups as bottles is not a common practice in the classroom as the child ages. We aim to partner with parents and families to ensure each child has a routine that meets his/her needs. Parents can review the monthly school lunch menu for children ready for the school's hot lunch and place the order with the school's administrative staff. Parents must highlight and initial foods on

the hot lunch menu if they choose the school's hot lunch. **Parents should not highlight foods a child has not tried at home due to unknown allergies.**

CHOKING PREVENTION

Table food must be sent from home ALREADY CUT UP into bite-sized pieces to prevent choking. This especially applies to items such as grapes, hot dogs and other meats, raw vegetables, and any food that is small and/or round and/or hard. These foods must be served in small enough pieces so that they can be swallowed whole and not choke a child---e.g., hot dogs must be sliced lengthwise and cut into ¼ circles; grapes and cherry tomatoes must be cut in half or quarters; seeds, pits, and/or peels that might cause choking must be removed. Foods such as peanut butter or cream cheese must be served already spread onto crackers, bread, etc., and NOT served in spoonfuls.

NAP TIME

Schedule

Infants nap according to their own schedules. He/she will be put in the crib to continue to sleep. In accordance with the California Safe Sleep Policy, infants will always be put to sleep on their backs unless there is a medical reason the child should sleep in a different position.

SIDS Prevention

We must place infants under 12 months on their backs in a face-up sleeping position. Infants able to turn over onto their sides or stomachs are allowed to do so. Soft items such as pillows, soft toys, puffy quilts, bumper pads, blankets, and wedges (anything that might induce suffocation) are not permitted in cribs. The only type of blankets allowed is sleep sacks that zip up the front and snap at the neck. Infants may not be swaddled. Infants who arrive at our center asleep or go to sleep in equipment not designed for infant sleep are removed from that equipment and placed in their cribs.

PARENTS MUST PROVIDE MEDICAL DOCUMENTATION FROM A HEALTH CARE PROFESSIONAL FOR US TO DEVIATE FROM THE PROCEDURES STATED ABOVE.

We check sleeping infants frequently, providing supervision by sight and sound so babies are always heard and easily seen.

Equipment

The School will provide mini-cribs with a firm mattress for infants to sleep on. Infants will be placed to sleep on the mattress with a sheet that fits snugly around the mattress to meet Consumer Product Safety Commission safety standards. Parents are responsible for bringing a clean crib sheet. No toys, stuffed animals, pillows, crib bumpers, positioning devices or extra will be in the crib. Teachers will ensure that the infant will be positioned on their backs in the crib. Teachers will also ensure that infants will be dressed appropriately for the room temperature before nap time. When a child is ready, cot sleeping will be encouraged to help the infant transition to the Toddler Program.

Laundering

The bedding on the cribs and sleeping mats must be taken home to be washed each Friday. If illnesses are prevalent, laundering will need to happen more often. After every sheet change, the crib mattresses are disinfected. We understand that practices may differ at home and that some children have unique situations. However, we must follow licensing guidelines and adhere to the above-stated policies. We commit to working as a team with parents and children on any adjustments a child may have to make.

Helping Children Learn to Sleep at School

Sleeping in a new environment can take time, and sleeping in a group setting can be difficult for some children. We provide soothing surroundings, work with parents to support familiar routines and rituals, and encourage children to get the needed rest and sleep.

Cribs are for sleeping and are not used as play areas or for any other reason. We provide cribs for each non-walking child under the age of 18 months. Parents provide

five play-yard fitted sheets, make up their child's crib each Monday, and take sheets home for laundering each Friday. We clean cribs and mattresses daily.

Transitioning to a Mat: Once a child is walking (or, if not walking, has reached 18 months of age), we transition him/her to a nap mat placed on the floor in a quiet room area. Parents provide scribe-size fitted sheets and blankets. Beddings are sent home on Fridays for laundering. Nap mats are cleaned and sanitized weekly and as needed in case of accidents.

Getting to Sleep

We understand that each child develops strategies for putting themselves to sleep. Hugging a teddy bear, sucking on a pacifier, or needing a special blanket are all common and acceptable ways for a child to relax, wind down, and soothe themselves. We DO NOT give children bottles or sippy cups to drink from while sleeping—this is a health and safety hazard.

Special Sleeping Needs

We work with parents to make any necessary modifications to meet documented, diagnosed special needs involving sleep. We recognize that children have differing sleep needs.

Infants begin the year sleeping on individual schedules, and some children will be awake while others are asleep. We make adjustments to meet these unique needs—for instance, awakened infants might go outside or play quietly with one of the teachers or be fed a meal. *Once children sleep as a group, we encourage everyone to rest peacefully for at least one hour. Each child awake after resting or sleeping for one hour may participate in an alternative activity until nap time is over, such as reading books or playing quietly with puppets. Nap time with lights out in the classroom lasts for no more than a total of 3 hours.*

Diapering

Cubbies & Supplies

Parents provide diapers, wipes, diaper crème/ointment, extra clothing, and other necessary supplies. Diapering Procedures Diapering and toileting are handled matter-of-factly. We talk about being aware of having a wet and/or soiled diaper, letting children know that it's time for a change, and encouraging them to participate in the process as they are able actively. The changing table posted the diapering procedure that must be followed when changing children at school. The system includes disposing of used diapers in a specific container, cleaning and sanitizing the changing surface, and hand washing.

At MS of HH, we do allow the use of cloth diapers. Cloth diapers are removed with the diaper cover as a whole unit and placed in a plastic bag. We do not rinse out or wash any diapers due to the health risks associated with the procedure. Parents bring home all soiled diapers at the end of the day.

There are scheduled times during the day dedicated to diaper changing. In general, changes are planned every two hours. However, children are permanently changed after napping and on an as-needed basis throughout the day.

HEALTH

Immunizations

To protect the health of all children, state law requires that upon admission to a school, each child must be immunized against the following diseases: Polio, Diphtheria, Tetanus, Pertussis (Whooping Cough), Measles, Rubella, Mumps and Varicella. You are required to provide the school with a current record of your child's immunizations and TB test results. We maintain the right to deny attendance if immunizations are not current.

Hand Washing

Keeping hands clean is one of the simplest and most effective methods for preventing the transmission of infectious agents that cause common colds, diarrhea, influenza and

food-borne illnesses. In order to control the spread of germs, we require hand washing before eating, after each diaper change, after playing outside, and at any other appropriate time. We also strive to help teach your child valuable personal hygiene skills.

Illness

We want every child to stay happy and healthy. It is the school's responsibility to protect other children from illness and it is also best for a child to rest at home if he is sick. Do not bring your child to school if they show any traces of illness. Please be sure that your child has completely recovered before sending them back to school. We assume that if a child is well enough to come to school, then they are well enough to fully participate in all activities. As a rule of thumb, a child should stay home if he has:

● A fever higher than 100.4 degrees Fahrenheit (child should be fever free for 24 hours without taking fever-reducing medication before returning to school)

● Vomited (not caused by motion sickness or a gag reflex unassociated with illness) (child should be symptoms free for 12 hours without taking medication before returning to school)

● Diarrhea twice in a day (child should be symptoms free for 12 hours without taking medication before returning to school)

● An excessive cough

● Persistent pain (tooth, ear, stomach, etc)

● A new widespread rash If your child has a contagious disease, such as COVID-19, HFM, please notify MS OF HH immediately so that we may take any precautionary measures. CDC guidelines will be consulted. In some instances, a physician's certificate of good health may be required before a child will be allowed to return. If your child becomes ill at school, you will be contacted immediately. MS OF HH provides a isolation area with a cot, for your child to rest separated from the other children. You must make arrangements for your child to be picked up within one hour of notification so the child can go home to rest.

COVID-19 Pandemic

Ms of HH follows CDC and local health department guidelines for the COVID-19 pandemic. Additional rules are developed to maintain a safe environment for all children to learn in. COVID testing will be requested on an as-needed basis. Please note that these are subject to change and updates based on the COVID-19 pandemic situation.

1) Frequent hand washing is expected.
2) Outdoor activities are encouraged.
3) Face masks are recommended but not required for staff members indoors.

Allergies

Please inform the office and your child's teacher if your child has an allergy. An emergency health care plan and updates as needed will be required before the start day. If your child has food allergies or requires a special diet, we must receive written notification from working with you to accommodate your child's needs. Our school will have nut-free zones in classrooms if there is a need.

Medication Policy

Medication will not be given to any child without a Medication Authorization Form that has been filled out and signed by the parent, and deliver it to the teacher by the parent/guardian.

The following procedure must be followed before medication will be administered.

- Medication must be in the original container. Each container must have the child's name, the name and strength of the medication, expiration date, dosage, and directions for administration. In addition, prescription medication muct have the prescription label with the name of the licensed physician or dentist, the date, name, address and phone number of the pharmacy.
- Over the counter medications must be appropriate for the age and weight of the child. Any medication not indicated as appropriate for the child's age or weight must be accompanied by written orders from the child's physician

- Diaper rash ointment and sunblock must be signed too by the parent/guardian medication form for the teacher to apply during school hours.
- All new medication or changes in dosage must be accompanied by written authorization from child's legal custodian or person responsible for child's care. Medication authorization cards are available in your child's classroom.
- Only a ONE (1) WEEK supply of medication may be brought to the class. Requests for exemption will be reviewed on a case by case basis.
- Please ask your pharmacist for a "school bottle" so you will have the appropriate information at home. It is also helpful for us to have a second bottle, properly labeled, to send with your child on field trips if applicable.

Emergency Care

If a child becomes ill or injured, a parent will be notified, and instructions for the next course of action will be requested. If the parent cannot be reached, or if the nature of the illness or accident requires immediate action, then emergency care will be obtained from your child's doctor or at Queen of the Valley in West Covina.

CLOTHING

Clothing school should be comfortable, allow freedom of movement, and independence of dress. Slacks with elastic waistbands usually fit more snugly for young children and are more accessible for younger ones. Belts with heavy buckles or slacks with heavy snaps are impossible, even for most of the oldest children. Long or fancy dresses and clothes with droopy straps frustrate children and can be in the way when climbing or doing outdoor activities. Also, words and illustrations on T-shirts must be appropriate for the environment. Once the children begin to climb, jump, and run during recess, comfortable closed-toe walking shoes and tennis shoes protect the children's feet, and are recommended. Crocs, sandals, and loose-fitting shoes can easily cause foot injury and should be kept at home. Jewelry and trinkets should be kept at home.

Change of Clothing

Each infant must bring three complete clothing changes in a labeled Ziploc bag. If the child uses the clothes, they will be sent home and must be replaced the following school day. The parent is responsible for replacing them as the child grows into a new size.

Marking of All Personal Belongings

Parents are advised to clearly mark their child's name on all their belongings, including sweaters, jackets, extra clothing, bottles, cups, etc. Montessori School of Hacienda Heights cannot be responsible for any lost items.

“Shoe-Cover” Environment

Infants spend much of their activity time exploring on the floor. With infants commonly on the floor, MS of HH wants to provide a clean, safe, and healthy environment in the Infant Room. We practice a “shoe-cover” policy in the Infant Room and ask that any adult entering the classroom slip a pair of shoe covers over their shoes. This will prevent outside contaminants from being brought into the room and spread onto the infant activity area. Keeping the area clean is a top priority. Once infants begin walking, please bring a pair of indoor-only shoes or non-slip socks so that infants can practice walking indoors without spreading contaminants. Infants will be changed to regular outdoor shoes for any outdoor playtime.

COMMUNICATION

Communication is vital between parents and teachers. To educate your child and report to you outside of our instructional time, we have established methods to keep us on the same page:

Making Appointments

They are not allowed to have conferences with the parents when they are expected to take care of your children. If you have a simple question to ask your child’s teacher, please do it at school drop-off or pick-up school but make it quick. If you need to discuss

something that requires more time, please leave a note in the office, email, or make an appointment to discuss it in person. Special meetings may be scheduled before or after school hours. A mutually convenient time for the parent and teacher may be scheduled upon your request. All of our parent-teacher discussions are confidential.

Bulletin Board

All updated policies and notices are posted on the Parents' Bulletin Board located in the infant room. Please take the time to read through these.

Website and Email

We post announcements, pictures, and pertinent information on our website, www.montessorischoolofhh.com, to keep you informed. Please check our website on a regular basis. Each teacher has an email address with their name.msofhh@gmail.com. We encourage you to use their email to communicate with your child's teacher. We also request that you email your child's teacher at the beginning of the school year to confirm both parents' email addresses. Providing us with your current email addresses allows us to email notices and reminders directly to both parents. Please understand that even though we have easy Internet access, we work with your children during school hours and cannot check our emails until after. If something is urgent, please call us.

MISCELLANEOUS

Toys, Candy, Gum, and Soda

The school will provide plenty of educational equipment for the children. Toys, candy, gum, and soda are not allowed at school. The teachers are requested to throw them away or donate them to charity. The school will not be responsible for lost or broken toys. No guns, knives, or other destructive toys are allowed at school.

Birthday Parties and Programs

Your child's birthday is extraordinary for you, your child, and us. Although we do our best to keep track of the birthdays during the school year, we would also appreciate you reminding the teacher in advance so that none are overlooked. The teacher will take

time to recognize your child during the day. To make the day as memorable as possible, it would be nice if your child brings a plant, educational music, or a book to share with their class. Another special remembrance that is welcomed is a birthday book to be donated to the class library in your child's name. No treats or desserts are allowed, as infants may only eat food provided by the parents or the school. We respectfully request that you save birthday parties, balloons, goody bags, party hats, or other party favors for the home celebration. Please communicate with your child's teacher in advance.

Pets

Personal pets are not allowed in the infant room due to the age of the children and possible unknown allergic reactions. Please understand that your child’s welfare is our primary concern.

Lost Materials

From time to time, the children become attached to small pieces of materials and take them home. We would appreciate your checking your child's pockets and the washing machine and sending them back to the school.

Earthquake Preparedness Kit

To be prepared in an earthquake, each child must have an emergency kit stored at the School. The emergency kit should contain the following items:

- Water
- Formula
- Diapers
- Bottles
- Medications
- Moist towelettes
- Diaper rash ointment
- Small receiving blanket
- Family photo with an out-of-state relative's name, relationship, and phone number on the back of the photo

All items should be clearly labeled and placed in gallon-size Ziploc bags. The child's name should also be written on the bag.

Valuables

Please leave all valuables at home. If students bring any personal belongings to school, they are responsible for their personal belongings at all times. MS of HH will not be responsible for any lost items.

Lost & Found

A Lost & Found is located in the office on the last Friday of the month. Please check for lost articles periodically. Items remaining for more than a month will be donated to charity. Food and drinks will be discarded daily for sanitary purposes.

Advertising

Photographs of school activities will be used for commercial purposes, including website posting. If you object to your child being photographed for such purposes, you must complete the enrollment packet's paperwork to the office during the first two weeks of admission.

WEEKLY CHECKLIST

Numbers in parentheses are for estimation purposes only. Please bring enough for your child according to his/her needs. All items must be labeled with the child's name.

- ☐ Diapers (36)
- ☐ Box of wipes (1)
- ☐ Diaper Rash Ointment
- ☐ Changes of clothes (3) and pairs of socks (2)
- ☐ Sweater, jacket or hooded sweatshirts

- ☐ 5 Crib sheets (mini 24” X 38” for younger than 12 months; regular 28” X 52” for 12 months and older)
- ☐ Sleep sack (younger than 12 months)
- ☐ Light blanket (12 months and older or when sleeping on a sleeping mat instead of the crib)
- ☐ Burp Cloths (6)
- ☐ Hat
- ☐ Sunblock
- ☐ Non-Slip Socks or in-Door Shoes (for walking children)
- ☐ Sippy cup (for children eating solids)

DAILY CHECKLIST

Numbers in parentheses are for estimation purposes only. Please bring enough for your child according to his/her needs. All items must be labeled with the child’s name

- ☐ Bottles prepared with measured water/milk and measured Formula containers, nipples, lids, and liners (4)
- ☐ Bib
- ☐ Snacks (instead of the bottle when ready)
- ☐ Meals (must be ready to be served as needed)
- ☐ Bowl, spoon, and/or fork (for six months and older or when eating solids)

ADDITIONAL RESOURCES

Separation Anxiety - How to Ease Your Child's Separation Anxiety

Separation anxiety varies WIDELY between children. Some babies become hysterical when their mom is out of sight for a short time, while other children seem to demonstrate ongoing anxiety at separations during infancy, toddlerhood, and preschool. To All You Working Moms & Dads, The trick for surviving separation anxiety demands preparation, brisk transitions, and time evolution. I would suggest parents suffer as much as our children do when we leave. Even though we are often reminded that our children stop crying within minutes of our leave-taking, how many of you have felt like you're "doing it all wrong" when your child clings to your legs, sobs for you to stay, and mourns the parting? As a working mom, separation anxiety creates questions for me. Although it is entirely normal behavior and a beautiful sign of a meaningful attachment, separation anxiety can be exquisitely unsettling. Here are facts about separation anxiety and tips to improve the transitions:

Facts about Separation Anxiety

● **Infants:** Separation anxiety develops after a child understands object permanence. Once your infant realizes you're gone (when you are), it may leave him unsettled. Although some babies display object permanence and separation anxiety as early as 4 to 5 months, most develop more robust separation anxiety at around nine months. The leave-taking can be worse if your infant is hungry, tired, or not feeling well. Keep transitions short and routine if it's a tough day.

● **Toddlers:** Many toddlers skip separation anxiety in infancy and start demonstrating challenges at 15 or 18 months of age. Separations are more complicated when children are hungry, tired, or sick—which is most toddlerhood! As children develop independence during toddlerhood, they may become even more aware of separations. Their behaviors at separations will be loud, tearful, and difficult to stop.

How to Survive Separation Anxiety

● **Create quick good-bye rituals.** Even if you have to do major-league- baseball–style hand movements, give triple kisses at the cubby, or provide a special blanket or toy as you leave, keep the goodbye short and sweet. If you linger, the transition time does too. So will the anxiety.

● **Be consistent.** Try to do the same drop-off with the same ritual at the same time each day you separate to avoid unexpected factors whenever you can. A routine can diminish heartache and will allow your child to build trust in her independence and in you simultaneously.

● **Attention:** When separating, give your child full attention, be loving, and provide affection. Then say goodbye quickly despite her antics or cries for you to stay.

● **Keep your promise.** You'll build trust and independence as your child becomes confident in her ability to be without you when you stick to your promise of return.

● **Be specific, child style.** When you discuss your return, provide specifics that your child understands. If you know you'll be back by 3:00 pm, tell it to your child on his terms; for example, say, "I'll be back after nap time and before afternoon snack." Define the time he can understand. Talk about your return from a business trip in terms of "sleep." Instead of saying, "I'll be home in 3 days," say, "I'll be home after three periods of sleep."

● **Practice being apart.** Ship the children off to grandma's home, schedule playdates, and allow friends and family to provide child care for you (even for an hour) on the weekend. Before starting child care or preschool, practice going to school and your goodbye ritual before you even have to part ways. Give your child a chance to prepare, experience, and thrive in your absence!

Separation anxiety rarely persists daily after the preschool years. Chat with the pediatrician if you're concerned that your child isn't adapting to being without you. Your pediatrician has certainly helped support families in the same situation and can help calm your unease and determine a plan to support both of you!

Latching from Bottle to Breast
What is Nipple Confusion and How to Resolve It

When you're a breastfeeding mom, necessity may dictate that baby gets your breast milk in a bottle, but sometimes difficulties such as nipple confusion can occur if a baby is both breast and bottle-feeding. Understanding why nipple confusion happens and using strategies to ease the transition between breast and bottle can help lessen or avoid this for your little one.

What is "nipple confusion?"
Nipple confusion is when a breastfeeding baby has trouble latching and breastfeeding effectively after being fed with a bottle.

Why does nipple confusion happen?

Babies need to use different techniques when nursing versus feeding from a bottle. When breastfeeding, they control the milk flow from the mom by creating suction, using their pauses to swallow and breathe. When using an average baby bottle, babies don't have to work as hard because gravity and the nipple cause the milk flow to be more continuous for the baby. Nipple confusion occurs when the baby switches back to the breast and doesn't understand why the milk flows differently than it did with the bottle.

Strategies to Help With Nipple Confusion

- Since there's no way to predict if your little one will struggle with nipple confusion, it's recommended to delay giving a bottle or pacifier until breastfeeding is well established – usually when your baby is about four weeks old.
- If your baby is getting more bottles once you return to work or school and your milk supply might be lower, he may prefer the quick flow of the bottles. You can work on reversing this by increasing your milk supply and focusing on more breastfeeding time

- Another type of nipple confusion occurs when the baby refuses bottles and only wants to breastfeed. Practice offering bottles in a relaxed, low-key way and stop if your baby becomes fussy or stressed. Or, try switching it up and having someone else give you the bottle. Some babies will not accept a bottle from their mom but will accept a bottle from a family member or caregiver.
- Look into using a bottle system that mimics babies' natural breastfeeding motions and behavior to make the transition from bottle to breast easier.

If you find that you and your baby are continuing to struggle over nipple confusion, reach out to a Lactation Consultant who can work with you and guide you through this challenge. It will take some effort to make the transition from bottle to breast easier for your little one, but it's worth it to help get your breastfeeding journey back on track and going strong!

The Guilt of Going Back to Work

Managing the guilt of returning to work after having a baby

Going back to work after maternity leave can be tough. Leaving your baby with a childminder or even a family member can be heart-wrenching - especially if you've had several months off and have spent most of that time in each other's company. Your baby may not be used to other carers, and there's nothing worse than floods of tears as you head off on the train to the office (theirs or yours!)

As well as the exhaustion, organization, and costs of going back to work - and the logistics of childcare - the guilt factor feel like the toughest. Sometimes you feel like you've not spent enough time with them and go to bed thinking - could I have done more? Working parents often complain that the evenings are spent cooking, cleaning, getting organized for the next day, and getting everyone to bed. It can be overwhelming. You need to learn to manage your time carefully so that neither you nor your baby feels neglected during the new routine.

And when the guilt strikes - and it will - bear in mind that quality of time matters more than quantity. Work doesn't mean your baby has to miss out - as long as they feel loved, there's no need to be consumed in guilt.

WHAT ARE BABY BLUES?

Baby blues are irregular mood changes that can start shortly before or anytime after childbirth but usually set in between a week and a month after delivery and generally last for less than two weeks. The reality of attending to a new baby that monopolizes all your time and energy can leave you feeling irrationally upset and frustrated. However, unlike full-blown postpartum depression, the negative feelings you get with the baby blues aren't continuous, and you should still experience moments of joy.

WHAT CAUSES THE BABY BLUES?

Besides the obvious baby blues causes—mental and physical exhaustion—there are also physiological triggers. These include

● Hormonal shifts and chemical imbalances. During and after pregnancy, hormonal changes naturally make you more vulnerable to mood shifts. Remember feeling super emotional during the first trimester (thank you, progesterone)? Cortisol, the stress hormone, gradually rises during pregnancy, peaks at delivery, and drops to baseline level within the first three days postpartum, according to a BMC Pregnancy and Childbirth article. Hormones aren't the only things to blame when it comes to the baby blues, however; research shows that an increase of monoamine oxidase (MAO-A), an enzyme that helps break down "feel-good" chemicals like serotonin and dopamine in the brain, may work as a catalyst in that uneasy feeling. Immediately after delivery, the new mother's estrogen production plummets to pre-pregnancy levels, says Michael Silverman, Ph.D., assistant professor of psychiatry at Icahn School of Medicine at Mount Sinai in New York City. Simultaneously, MAO-A increases and essentially destroys those feel-good chemicals in the brain.

● Inflammation. Your body undergoes tremendous change and repair during pregnancy—you just grew and birthed a baby, after all. As a result, “there is a profound immunologic response,” Silverman says. “And we know there’s a strong relationship between inflammation and depression.” As with an extreme case of the flu, wear and tear on your body can have an effect on your brain, leaving you crabby and in cognitive disarray—what we call the baby blues.

BABY BLUES SYMPTOMS

Most women are just trying to survive after being catapulted into motherhood full force. Not surprisingly, the feelings of worry and fatigue that arise are natural. They also underlie the most common baby blues symptoms. These include:

● Mood swings
● Crying spells
● Anxiety
● Difficulty sleeping
● Loneliness
● Brain fog

BABY BLUES VS POSTPARTUM DEPRESSION

One way you can tell whether you have the baby blues or postpartum depression is that with the baby blues, you should see an improvement in mood in about two weeks. Without this relief, or with a worsening of symptoms, it’s possible you might have postpartum depression. Up to 15 percent of women experience postpartum depression within the first six months—though, “it often occurs in the first three months postpartum and may have started during pregnancy,” says Tiffany Moore Simas, MD, associate professor of ob-gyn, pediatrics, and psychiatry at the University of Massachusetts Medical School in Worcester, Massachusetts. You can be prone to minor and major depressive episodes for the first year post-childbirth. In addition, if you have a history of depression, you’re more than 20 times more likely to suffer from postpartum depression compared to women without such a history, according to a recent Depression and

Anxiety study. If you also had pregestational diabetes, an inflammatory disease, there's an additional 1.5-fold increased risk for postpartum depression.

Finally, while baby blues symptoms are mild, that's just not the case with the symptoms of postpartum depression. "The baby blues are temporary and manageable," says Sherry A. Ross, MD, author of She-ology: The Definitive Guide to Women's Intimate Health. Period. and a Santa Monica, California-based ob-gyn. "Postpartum depression makes all the desperate feelings more intense and debilitating to a point where you're unable to perform your daily routine, including caring for your baby." The symptoms of postpartum depression include:

- profound sadness
- loss of interest in things you enjoyed before the baby
- , unrelenting guilt
- extreme anxiety
- helplessness
- worthlessness
- change in energy and concentration
- poor appetite, and sleeping habits

By definition, in order to be considered depressed, the symptoms need to last at least two weeks, but if you notice these behaviors and you feel concerned, talk to your doctor right away—especially if you have a history of depression. "The consequences to the mother and the child are not worth 'waiting and seeing' whether the baby blues go away on their own," Silverman says. "Once real depression hits, the mother is not in a position to get help on her own."

HOW TO DEAL WITH BABY BLUES

The delicate period post-childbirth may seem permanent, but you'll eventually find your rhythm. Chances are, your mom did that, and so did her mom, and so on. Realizing this will help you through it.

Those who are naturally more anxious because of a genetic predisposition or history of mental illness may be unable to cope with the baby blues without the help of a medical professional, psychotherapy, or medication. “I would encourage any woman not to ask but tell her ob-gyn that she’s worried about her emotional state,” Moore Simas recommends.

Doctors typically wait after the two-week mark to start prescribing breastfeeding-safe antidepressants and antianxiety medications to help moms manage their baby blues. “Keeping your postpartum routine and bonding rituals with your baby is vital in the treatment process,” Ross says.

Unless you’re dealing with unbearable and disruptive baby blues symptoms, you may be able to alleviate the baby blues with a few helpful coping techniques:

- Seek support. Without a strong social network of family and friends, it’s easy to feel helpless and alone. When you feel like everything is on you, even a minor annoyance, like yet another poopy diaper, can quickly lead to a full-blown breakdown. Seek out someone who can say, “‘I get it.” That should be your partner, but it can also include a best friend or another family member. When you have the baby blues, these people “let you be as emotional as you want,” Silverman says. And they help “facilitate the adjustment much quicker.”
- Build a mommy network. Reach out to friends or moms from your prenatal classes. Chances are they’re going through something similar or, better yet, have already overcome the challenges of the baby blues and can offer solid advice. Pursue empathetic friends, since they’re most helpful during stressful times. Online communities like The Bump Message Board and Postpartum Progress are also great resources for connecting with moms who may also be grappling with the baby blues.
- Engage in skin-to-skin contact. The Journal of Obstetric, Gynecologic, & Neonatal Nursing found that moms who had six hours of skin-to-skin contact with babies in the first week reported fewer depression behaviors. Moreover, those who did skin-to-skin contact for even three hours a day reduced infant crying by 43 percent.
- Practice mindfulness. Staying in tune with yourself through mindfulness

(awareness during a particular moment) is said to reduce the likelihood of postpartum depression, according to new research from the University of Wisconsin-Madison and the University of California, San Francisco. Engage in meditation or yoga, even if it's just for a few minutes a day.

- Sleep. Deprive any healthy person of sleep, and you'll notice moodiness. Deprive a new mom juggling everything, and you have potential chaos. To help lessen the baby blues effects, try to sleep when the baby sleeps—the dishes and laundry can wait.
- Set realistic expectations. Motherhood is often not how you dreamed it to be while pregnant. Once you're home from the hospital, you'll likely feel scattered, so instead of trying to do things "just so," focus on getting into a rhythm—even if that rhythm involves walking around like a zombie.

PARENT HANDBOOK SIGNATURE PAGE

After reading the Parent Handbook, please sign the appropriate lines below and return the form to the Front Office. We, the parent(s)/guardians of _____ have read and understand the contents of the Parent Handbook. We agree to follow and the policies outlined in Parent Handbook. We understand that the school reserves the right to amend policies and procedures when necessary, and that we will abide by changes. Any changes made to the Handbook will be distributed by the School. The Parent Handbook is not an enrollment contract.

Signature of Parent/Guardian

_____ Date_____

Signature of Parent/Guardian

_____ Date_____

Please Note: It is required that both/all parents sign this form.

Thank you, very much!h