



BOISE STATE UNIVERSITY

STUDENT AFFAIRS
Children's Center

Infant/Toddler Program **Parent Handbook** **2015-2016**

Physical Address

1830 Beacon St.
Boise, ID 83706

Mailing Address

1910 University Dr
Boise, ID 83725-1385

Phone: 208-426-4404

Fax: 208-426-4406

<http://childrenscenter.boisestate.edu>

Infant and Toddler Supplement Handbook

Dear Families,

Welcome to Boise State University Children’s Center Infant and Toddler program. We look forward to getting to know you and your child as we work together to make your experience here a positive one. The infant and toddler years are very exciting with a lot of developmental changes and issues that are specific to this age.

This handbook is a supplement to your Parent Handbook. The Parent Handbook answers your questions about general policies like enrollment, drop-off and pick-up policies, and billing. This Infant and Toddler Handbook is specific to your child and the practices and guidelines relating to these classrooms. Please take the time to read through this information. If you have any questions, please feel free to ask at any time.

STAFF

Christine “Chris” Zacharias Assistant Director
Eric Hovey.....Preschool Supervisor

PHILOSOPHY

Research indicates that the first three years are critical in terms of laying the groundwork for the years to follow. Our goal is to create a bond of consistency and continuity for the children in our care. Our effort to establish a trusting relationship with the world around them is enhanced by creating significant relationships with a few caring adults. A safe, nurturing environment with a carefully planned program fosters the physical, cognitive, social and emotional development of each child and family served.

THE LOOPING PROGRAM AND CONTINUITY OF CARE

Simply defined, "looping," means that our program strives to have the professional staff, the children's primary caregiver to move with children from year to year rather than children being moved into new classrooms with new caregivers each year. This practice provides young children with the consistency and continuity of care, which has been proven through research to be critical at this stage of development. Because learning occurs simultaneously with emotional attachment, it is best for young children to have a stable caregiver throughout their early years. Looping is a partnership and like all meaningful relationships, happens over a period of time through day-to-day interactions. These relationships are established and nurtured with individual children and families as well. We believe in continuity of care- which is incorporated through the Infant and Toddler classrooms. This practice fosters strong attachments and benefits young children by giving the primary caregivers who know their individual needs and becomes an extension of their home through their parent's expertise. Depending on when children are enrolled, they may remain in the "loop" for up to three years.

DAILY SCHEDULES

The daily schedule for the young children can look different and vary from time to time. It provides a framework for planning and organizing the daily routine with small groups as well as large groups in time in regards to play activities for the children. The daily routines for children may be a little different based on the age of your child. Infants follow their own biological needs. They are fed, changed, and nap when they need it. Toddlers are changed/taken to the toilet before transitions in the day and as needed. Adjustments to the schedule are made as your child gets older and his/her needs change. You may also notice that as your child gets older, s/he may alter her/his own schedule to fit in with the group. Some common changes you may notice in your child's behavior after enrollment in any group care situation include altered sleep/wake patterns (staying awake for longer hours or napping more frequently for short periods of time) or changes in appetite.

The following daily schedule is an outline of a typical day with toddlers. Keep in mind again that the schedule will include children's individual needs based on their age. This is a *sample* that includes the different types of components to the daily schedule.

Typical Daily Schedule Sample

7:00 - 8:30 Greeting time- open centers areas
8:00 – 9:15am Bathroom time/ prepare for breakfast
8:30 - 11:00 Classroom Activities (Music/Movement & table toys, circle time) & outdoor time
10:30 – 11:00 Group time/ Bathroom time/ prepare for Lunch
11:00-12:45 Lunch
12:30 - 2:30 Nap time
2:15 - 3:30 Group time/ / Bathroom time/ prepare for PM snack
3:15 – 4:00 PM Snack
4:00 - 5:00 Outdoor time / Centers open
5:00 - 5:30 Reading/ Snack / prepare for departure

Note: The infant room functions on an individual schedule and does not follow a schedule. Younger infants who are not yet on a consistent schedule are able to eat and sleep as needed.

MEAL TIMES

Mealtime is an important part of our curriculum. Meals are learning experiences for children, a time for social interaction, fostering self-help skills and good nutritional habits. Conversation is encouraged at meal time and all children are encouraged to come to the table.

Formula & Milk

A house formula of “Similac Advance” with iron is provided for infants through the USDA food program. If you prefer a different brand of formula, you must provide your own. Whole milk is provided for children over 12 months of age. At the age of 2 years old and over, USDA requires 1% or skim milk.

Breast Milk

Breastfeeding mothers are welcome to do so within the Children’s Center setting. Staff supports the practice by willingly accepting bottles of breast milk, by allowing, even encouraging, the mother to drop by for feedings, and by providing a comfortable place for mother and baby to sit and nurse. Fresh breast milk will be stored for 24 hours in the refrigerator. Parents may also bring breast milk to the Children’s Center to be stored for up to three months frozen. Containers must be clearly marked with your child’s name/ date/ and time marked. Milk that exceeds this time frame will be discarded. Contents remaining in any bottle will be discarded within two hours.

If your child is breast fed and a parent forgets to bring in breast milk or the frozen supply is depleted, the infant will be fed our formula. We will try to get in touch with you first to see if breast milk can be supplied soon; however, if we are unable to get in touch with you and your child is hungry, we will feed him or her the formula served at the center.

Bottles

Parents of bottle-fed babies will need to provide 2-3 labeled plastic bottles, nipples, lids, and liners. Glass bottles are not to be brought to the center. Only breast milk, formula, or water will be placed in your child's bottle. **No bottles will be served with cereal or any other food product until after the meal when the infant is under a year.**

We provide filtered drinking water to make the formula for the infants. Bottles are not heated in the microwave, as this will produce "hot spots" in the formula or breast milk, and are warmed by running them under warm water from the sink.

Pre-made formula bottles from home cannot be brought in. We need to prepare the bottles on site.

Infants and Meal time

Young infants will be fed according to their own schedule. As they grow and start eating solids foods, their eating needs will change and the eating times will be adjusted toward the group schedule. During lunch, infants not yet eating table food will be served cereals and jarred foods. Parents with children younger than 12 months old have the option of choosing our food or providing the food. **If a child needs a specific type of formula or food for a medical condition, a doctor's note will need to accompany this.** There is no reduction in fees when a parent provides food.

As your infant grows and becomes more adept at eating, he will be using his fingers for eating "finger-foods" and working on using infant utensils. As infants gradually start to eat cereals, jarred foods, and table foods, parents will inform the teachers in the classroom as to what their child can eat. It is recommended that infants try new foods at home first, then parents can add the new food to the classroom list.

Older infants and toddlers and meal time

Children who are 12 months and older will be given the lunches and snacks that are being served and drink whole milk. At the age of 2 years old and over, USDA requires 1% or skim milk. The Food Program allows one month after a child's first birthday to continue with formula. If formula is served past age 13 months, then a doctor's note must be in your child's file for this. Breast milk is considered the equivalent to cow's milk and does not require the note from your child's doctor to continue.

The older infants will be sitting in chairs at a small table with chairs; toddlers will be at tables and chairs to eat their meals. Children in the toddler room (and some infants) will be using sippy cups or regular cups and using utensils. Depending on the age grouping of children in the Toddler room, bottle drinking may or may not be a practice. For example, if a young toddler

around 12 months is in this room, then considering this child's use of a bottle, it may be comforting or helpful in the transition to a sippy cup for the bottle to be used at times. It is our goal to work cooperatively with the families and their child's routine; however, bottles are not the common practice in our classroom as the toddlers get older.

Organic foods are not recognized by the USDA Food Program. A child needs to have a medical condition specifying an allergy or intolerance to a food for the center to not be able to serve a particular food to that child. Other food choices that parents may choose for their child at home but cannot implement at the center: serving foods with no sugar; foods not containing certain oils; or foods that are not whole grain. Unless there is a specific food allergy documented by a doctor, we cannot abide by parental preferences after 12 months unless items are brought in by the parents. It is a goal of the Children's Center to provide nutritious menu items that are healthy food choices for children and still maintain Food Program standards.

Food

A menu is posted each week. Many of the foods served at the Children's Center can be pureed (carrots, beans, peaches, pears, etc). The infant teacher/caregivers work with the kitchen to adjust the menu as necessary.

ALLERGIES

If your child is allergic to regular formula or milk and requires soy or rice milk, we can provide it through the USDA food program. We must have written documentation from your doctor concerning the nature of the allergy and the recommended formula/milk. Any food allergy can be accommodated through the USDA food program as well with proper documentation.

NAPTIME

Infants nap according to their own schedules. If an infant should fall asleep while being rocked, lightly bounced, or taken for walk in a stroller, they will be put in their cribs to continue their sleep. When a child reaches 15 months, cot sleeping will be encouraged. Staff will position infants under the age of 12 months on their backs when placed in cribs to sleep unless there is a medical reason the child should sleep in a different position. Positioning infants on their back to sleep will decrease the risk of SIDS (Sudden Infant Death Syndrome).

Staff will:

- Lay infants on their backs to sleep
- Require a note from the child's medical doctor stating why an alternative sleep position is needed if families request other sleep positions. Any positioning device will also require a note from the medical doctor stating the need

- Position infants at the foot of the crib with a thick blanket tucked around the crib mattress, reaching only as far as the infant's chest
- Use cribs only with firm, tight-fitting mattresses and no bumper pads
- Remove all pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products from the crib
- Keep the infant's head uncovered during sleep
- Dress the infant depending on the room temperature and will not overdress the infant
- Supervise sleeping infants per NAEYC requirements
- Allow infants that can easily turn over from the supine position to the prone position to be positioned on their backs, but allow the infants the adopt whatever position they prefer to sleep

Toddlers rest following lunch. **Children will need their own blanket and crib sheets for rest and can bring a soft toy to cuddle.** Teacher/caregivers hold children, rock, rub backs, play soft music and help children relax at naptime.

DIAPERING

Parents will provide all diapers and wipes for their child(ren) in the Infant and Toddler classrooms. Your child will be changed at regular intervals throughout the day and as needed. For parents who wish not to use disposable diapers, cloth diapers are allowed at the Center.

"SHOE-FREE" ENVIRONMENT FOR THE INFANT ROOM

With infants commonly on the floor, the Children's Center wants to provide a clean, safe, and healthy environment in the Infant Rooms. We practice a "shoe-free" policy in this room. We ask that adults entering the carpeted area of the infant room please slip a pair of shoe covers over their shoes or remove their shoes. We take this action to prevent outside contaminants from being brought into the room and spread onto the carpet, particularly during the cold weather with the snow and salt. The infants spend much of their time exploring on the floor, so it is best that these areas be kept as clean as possible.

PARENT INVOLVEMENT AND COMMUNICATION

We have an open door policy in our classrooms. Parent/guardians are encouraged and welcome to visit and spend time with their child. For some children, a second goodbye is more than they can handle. If your leaving is stressful to your child, it may be best not to come visit unless you are planning to take your child with you when you leave. Each classroom has a phone and parents / guardians may call to talk to caregivers at any time to check up on children.

Parent/guardians receive a daily report concerning diaper changes, eating and napping. Each family has a file located outside the classroom, which contains bills, information, etc. The dry erase board outside the classroom will give you a quick overview of what kinds of activities the children were involved in for the day.

HOME VISITS

Caregiver/teachers in the infant room will conduct home visits at the beginning of each year, typically close to the first few weeks of the fall semester. The purpose of the visit is to meet your child in an environment that is familiar and comfortable to him/her. Home visits will be scheduled at the parent's convenience.

HEALTH INFORMATION

Immunizations

Idaho State Law (Idaho Code 39-1118) requires licensed child care providers to keep immunization records on file of all children. Records must include the name of the child, date of birth, date (month, day, and year of each immunization), and a signature of the health care provider who administered the immunization.

Immunization records must be provided before a child may start attending the Children's Center. Parents are responsible for providing current documentation each time their child completes a series of shots.

Immunizations help protect all children and staff from severe diseases. Exemptions from any immunization for personal and/or religious beliefs will not be accepted.

Illness Policies

Providing a healthy, safe environment for children is an important goal of the Children's Center. We understand that many of our parents face a real dilemma when a child is ill. We know you do not want to, and in some cases, cannot miss school or work, but when children are brought to school sick, it places all of us at risk.

Infants, because of their developing immune systems, are especially vulnerable to illness. Our concern is for all the children in our care. Please keep your child home if:

- Fever (oral temperature of 101 degrees or above) accompanied by behavior changes or other symptoms
- Symptoms and signs of possible severe illness (lethargy; uncontrolled coughing, persistent crying; difficulty breathing; wheezing)
- Diarrhea – defined by more watery stools, not associated with changes of diet or medicine, that is not contained by the child's ability to use the toilet
- Undiagnosed skin rash
- Vomiting (2 or more times within 24 hours)
- Persistent abdominal pain

- Mouth sores with drooling
- Rash with fever or behavior change
- Head lice (In the case of head lice, the child may not return until the hair is nit-free)
- Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever
- Chicken Pox, until all sores have dried and crusted
- Impetigo, until 24 hours after treatment
- Scabies, until after treatment has been completed
- Any communicable illness

Your child's fever needs to be controlled without the use of medication (i.e. Tylenol, Motrin, etc.) for 24 hours prior to returning to the Children's Center.

We ask that you keep these policies in mind when your child is ill. Beyond that we also ask that you assess your child's state of health in terms of his/her needs. Some children may no longer have symptoms (vomiting, fever, etc.) after 24 hours, but may still not feel well enough to be in a play group environment.

If you find your child has an infectious disease, please contact the Children's Center as soon as possible so we may notify other parents of possible exposure.

If a child becomes ill during the day it is imperative that we have a way to contact parents or someone else authorized to pick up. Be sure to leave a number or location on the sign-in sheet and update phone numbers should they change. When a child is sent home an Ill Child Form will be filled out explaining why the child is being sent home, and the conditions in which they can return.

Medications

Prescription medication to be given at school must be in the original container accompanied by written instructions from the physician, prescription number, name of medication, date filled, child's name, physician's name, directions and schedule for dosage, route (mouth, topical, etc.), storage requirements (refrigeration, for example), and expiration date.

Non-prescription medicine must be in the original container showing printed dosage amounts and expiration date. Any request by parents for administration of non-prescription medications that is not supported by dosage information on the original container will require a doctor's written order. **Administration of both prescription and non-prescription medications requires written parental authority on the Medication Consent Log. Consent Logs are completed in the classroom.**

We cannot administer medication as fever-reducer. The Center's definition of a fever is over of 101 degrees or above. Please refer to your Children's Center Parent Handbook for complete information on illnesses. If a child has a fever, the parent may not bring in a fever reducer and

administer in lieu of taking the child home. Medication cannot be given by the parent or the teacher if the purpose is to reduce a fever. The child will be sent home.

PLAY

Infant/toddlers learn through play. Large blocks of time are allowed for self-directed play so children can explore their environment. Many activities are available from which the child may choose, including sensory experiences, art, music reading, small and large motor development, water play and lots of toys. Children are encouraged to explore each activity at whatever level feels comfortable. Teacher/caregivers allow children to discover their own capabilities through encouragement and letting children succeed by doing what they can without help. Messy play is a must with infants and toddlers. Please dress your child in comfortable clothes that can get dirty.

HOLIDAYS, CELEBRATIONS & BIRTHDAYS

We do not celebrate holidays with the infants and toddlers. Most children are too young to learn about and appreciate the diverse celebrations, beliefs, and rituals of our families. We believe that holiday celebrations are best participated in and understood by infants and toddlers when they occur in the context of their particular family.

In reference to birthday celebrations if food is brought to school (with your teachers permission) for sharing among the children it must be either whole fruits or commercially prepared packaged foods in factory-sealed containers (per NAEYC accreditation requirements).

BITING

Children biting other children are unavoidable occurrences of group child care, *especially* with toddlers. It is a common happening in any child care program. When it happens, and sometimes continues, it can be scary, very frustrating, and very stressful for children, parents, and staff. *Every child in the Infant and Toddler classrooms is a potential biter or will potentially be bit.* It is important to understand that because a child bites, it does not mean that the child is “mean” or “bad” or that the parents of the child who bites are “bad” parents or they are not doing their job as parents to make this stop happening. **Biting is a part of a developmental stage for young children.** It is a developmental phenomenon – it often happens at predictable times for predictable reasons tied to children’s ages and stages.

Why do they bite?

Every child is different. Some bite more than others; or some may not bite at all. The group care setting is where the biting derives its significance. If a child has not really been around other children very much, he probably would not bite because neither the cause for biting or opportunities have presented themselves. There is always the possibility that **any** child, including your own, can be either a biter or be bitten. Group care presents challenges and

opportunities that are unique from home. The children are surrounded by many others for hours at a time. Even though there are plenty of toys and materials available for all the children, two or three children may want that one particular toy. The children are learning how to live in a community setting. Sometimes that is not easy. **Biting is not something to blame on the child, parents, or caregivers.** Confidentiality is also practiced with biting. We cannot and tell a parent who bit their child. There are many possible reasons as to why an infant or toddler may bite:

1. *Teething.*

2. *Impulsiveness and lack of control.* Babies sometimes bite just because there is something there to bite. It is not intentional to hurt, but rather exploring their world.

3. *Making an impact.* Sometimes children will bite to see what reactions happen.

4. *Excitement and overstimulation.* Simply being very excited, even happily so, can be a reason a child may bite. Very young children don't have the same control over their emotions and behaviors as some preschoolers do.

5. *Frustration.* Frustrations can be over a variety of reasons – wanting a toy someone else has, not having the skills needed to do something, or wanting a caregiver's attention. Infants and toddlers are simply lacking the language and social skills necessary to express all their needs, desires, and problems. *Biting often is the quickest and easiest way of communicating.*

What do the teachers do in response to children who bite?

It is our job to provide a safe setting in which no child needs to hurt another to achieve his or her ends and in which the normal range of behavior is managed (and biting is normal in group care). Again, the name of the child who bites will not be released because it serves no useful purpose and can make a difficult situation even more difficult. Punishment does not work to change a child who bites: neither delayed punishment at home, which a child will not understand, nor punishment at the center, which will not be used and would make the situation worse.

There are several things the teachers do to assess the biting situation and what can be done to prevent it from happening again. Teachers can try to minimize the behavior by:

- Letting the biting child know in words and manner that biting is unacceptable.
- Avoiding any immediate response that reinforces the biting, including dramatic negative attention. The teachers will tell the child that "Biting hurts" and the focus of caring attention is on the bitten child. The biter is talked to on a level that s/he can understand. The teacher will help the child who is biting work on resolving conflict or frustration in a more appropriate manner, including using language if the child is able.
- Examining the context in which the biting occurred and looking for patterns. Was it crowded? Too many toys? Was the biting child getting hungry/tired/frustrated?
- Not casually attributing willfulness or maliciousness to the child. Infants explore anything that interests them with their mouths, and that includes others' bodies and limbs!

When biting changes from a relatively unusual occurrence (a couple times a week) to a frequent and expected occurrence, it will be addressed with added precautions.

- The teachers will keep track of every occurrence, including attempted bites, and note location, time, participants, and circumstances.
- “Shadow” children who indicate a tendency to bite. This technique involves having a teacher with a child who bites. This teacher would be able to then anticipate biting situations and to teach non-biting responses to situations and reinforce appropriate behavior in potential biting situations.
- The teachers may consider changes to the room environment that may minimize congestion, commotion, competition for toys and materials, or child frustration.
- The group of young children may be split up during the day so each group has more space and time in small groups, which can lessen moments of impulse when emotion arise.

What to bring...

INFANTS- label items

- Diapers
- Wipes
- Diaper Rash Ointment
- 2-3 bottles, nipples, lids, and liners
- Formula, if your child does not use Similac Advance
- Three changes of clothes in varying weights
- Sweater, jacket, or hooded sweatshirt
- Socks
- Hat
- Extra pacifier (if needed)
- Any special stuffed animal or toy from home
- Blanket
- Crib sheet
- Jar food (if needed)

TODDLERS- label items

- A change of clothes
- Blanket or soft toy for rest
- Crib sheet
- Diapers
- Wipes
- Diaper Rash ointment
- Three changes of clothes in varying weights
- Sweater, jacket, or hooded sweatshirt
- Socks
- Hat
- Extra pacifier (if needed)
- Any special stuffed animal or toy from home