

# Redeemer Early Learning Center **Infant & Toddler Handbook**

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Dear Families,

Welcome to Redeemer Early Learning Center (RELC). 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 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.

Sincerely,

Redeemer Early Learning Center Staff and Board

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## Curriculum

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 parents. A safe, nurturing environment, with a carefully planned program, fosters the physical, cognitive, social and emotional development of each child and family served.

We incorporate a wide variety of teaching methods and materials in the Infant and Toddler rooms. Infant and toddlers learn directly through their senses operating within their environment. We create our weekly curriculum and monthly themes with this in mind. The core of our curriculum focus is on sensory input experience. We regularly go outside, go for walks, listen to a variety of music throughout the day, make art projects, sing silly songs, and read a lot of books!

## Daily Schedules

The daily schedule for the children is a guide. It provides a framework for planning and organizing the daily routine and play activities for the children. The daily routine 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. 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 a 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 the infants and 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

7:00-8:00	Classroom Activities
7:30-8:00	Breakfast
8:00-10:00	Classroom Activities
10:00-10:30	Outdoor time
10:30-11:40	Group Time
11:40-12:10	Lunch
12:10-1:00	Classroom Activities
1:00-3:00	Nap
3:00-3:30	Snack
3:30-5:00	Classroom Activities
5:00-6:00	Classroom Activities

Note: The Infant Room functions on a much looser schedule than any other classroom. 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 mealtime and all children are encouraged to come to the table.

## **Formula & Milk**

Parents are to provide formula or breast milk for their child. All formula containers must be labeled with child's name. 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 Redeemer's 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 up to 48 hours in the refrigerator. Parents may also bring breast milk to Redeemer to be stored for up to two weeks frozen. Containers must be clearly marked with your child's name and the date. Milk that exceeds this time frame will be discarded. Contents remaining in any bottle after feeding will be discarded within two hours.

If your child is breastfed and a parent forgets to bring in breast milk or the frozen supply is depleted, the infant will be fed formula (*Parent's Choice*). 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 in them.

We use Peoria city water to make the formula for the infants. Bottles will be warmed by placing them in warm water, rather than heated in the microwave, as this can produce "hot spots" in the formula or breast milk.

## **Infants and Meal Time**

Young infants will be fed according to their own schedule. As they grow and start eating solid 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 eating baby food will need to provide the cereal and jarred 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. The center will provide table food according to our menu. There is no reduction in fees when a parent provides food.

## **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 to be served past age 13 months, then a doctor's note must be in your child's file. 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 with trays or a low 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.

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 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 with a doctor's note. It is a goal of the RELC 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 RELC can be pureed (carrots, beans, peaches, pears, etc.). The infant teacher/caregivers work with the kitchen to adjust the menu as necessary.

## **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, ex- swaddled, on side, on stomach, etc. Any positioning device will also require a note from the medical doctor stating the need.
- 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.
- 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 to adapt to whatever position they prefer to sleep.

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

## **Diapering**

Parents will provide all diapers for their child(ren) in the Infant and Toddler classrooms. Redeemer will provide *Parent's Choice* wipes. If you prefer a different brand of wipes, you must provide your own and they must be labeled with your child's name. 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, RELC wants to provide a clean, safe, and healthy environment in the Infant Rooms. We practice a "shoe-free" policy in these rooms. We ask that adults entering the infant and toddler rooms 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 and toddlers 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.

Parent/guardians receive a daily report concerning diaper changes, eating, and napping. Each family has a cubby in the classroom which contains bills and other information.

## **Belongings**

Each child will have his/her own cubby. That is your space to use for extra items. This is also a place where teachers/directors will be putting children's artwork, newsletters, bills, and other information. Please only put items in the cubby that fit, and check it each day. For diapers, wipes, and extra items that do not fit in the cubby, we have a closet where we will happily store items for you. Please remember to label all your child's belongings with first and last name.

## **Communication**

Along with talking face to face, we use daily sheets to inform you about your child's day. It is important for every parent to fill out the top portion of the sheet, which includes your child's last diaper change and feeding prior to drop off. The teachers will fill out the bottom portion of the sheet to inform you of your infant's feedings, naps and diapers for the day. We also let you know if we are running out of diapers, wipes, etc. and about your child's day.

## **Play**

Infants/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 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.



## Immunizations

Department of Children and Family Services requires licensed childcare providers to keep immunization records on file for 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 RELC. 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 religious beliefs will need to have a physician fill out the Religious exempt form along with their physical.

## Illness Policies

Providing a healthy, safe environment for children is an important goal of RELC. 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 they have an illness preventing the child from participating comfortably in program activities. May be, but not limited to the following:

- Unusual lethargy, irritability, persistent crying, difficulty breathing, or other signs of possible severe illness.
- Fever (oral temperature of 101 degrees F or higher). The child must be fever free for 24 hours without a fever reducer in their system.
- Pink Eye. Stay home until 24 hours after treatment has been initiated.
- Diarrhea. Three or more loose bowels in one hour not associated with changes of diet or medicine. Child must be symptom free for 24 hours.
- Vomiting. Must be symptom free for 24 hours.
- Hand Foot & Mouth Disease. Must be fever free for 24 hours and all blisters gone or scabbed over.
- Undiagnosed skin rash
- Mouth sores with drooling
- Strep Throat. Stay home until 24 hours after treatment has been initiated and until the child has been fever free for 24 hours without fever reducer in their system.
- Chicken Pox (varicella). Remain home until all blisters have scabs.
- Whooping cough. Remain home until five days of antibiotic treatment has been completed.
- Mumps. Remain home until nine days after onset of parotid gland swelling.
- Measles. Remain home four days after disappearance of the rash.
- RSV/Croup. Return with a signed doctor's note.
- Any communicable illness.

## Head Lice

- Treatment must be completed. No live lice are seen. Before going into a classroom they must be checked by a staff member. Child will be checked again in two weeks to ensure the problem has been resolved.
- We enforce a "NO NIT" policy. If your child acquires head lice, they need to be free of any nits before they may return to daycare. This is required due to the fact that the current treatments may not destroy the eggs if they are not in the correct growth stage. Please consider treating personal items in your home to eliminate the nits and lice.

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 RELC 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 update phone numbers should they change.





## **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 with the medication forms located outside the office or in your child's classroom.

We cannot administer medication as a fever-reducer. The Center's definition of a fever is over of 101 degrees or above. 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.



## **Biting**

Children biting other children are unavoidable occurrences of group childcare, especially with toddlers. It is a common happening in any childcare 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 purely a sign of the developmental age of the child. 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 tell a parent who bit their child. There are many possible reasons as to why an infant or toddler may bite:

- Teething.
- 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.
- Making an impact. Sometimes children will bite to see what reactions happen.
- 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.
- 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 will often be 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.