

NIU  
Campus Child Care  
Parent Handbook - Infants and Toddlers

TABLE OF CONTENTS

PAGE

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3	Classroom Composition and Staffing
3	Continuity of Care and Primary Caregiving
4	Parent Concerns
5	Daily Schedules
6	Mealtimes
6	] Infants
7	] Older Infants and Toddlers
8	Sleeping
8	] Safe Sleeping Practices
8	Diapering
9	“Shoe-Free Environment”
9	What To Bring To School
9	] Clothing
9	] Bottles
9	] Other Items
10	Infant and Toddler Developmental Issues
10	] Separation Anxiety
10	] Biting
13	] Temper Tantrums
14	] Managing Normal Aggression in Very Young Children
14	Parent Involvement
14	] Home-School Communication
15	] Parent Visits
15	] Family Socials
15	] Parent Conferences
15	] Confidentiality Issues
17	Curriculum Planning for Infants and Toddlers
18	Health Related Issues and Illness
18	] Healthy Practices
20	] Immunizations
22	] Common Illnesses
24	Toddler Property Laws

# Infant and Toddler Parent Handbook

Dear Families,

Welcome to the Infant and Toddler classrooms at NIU Campus Child Care Center. We are excited about working together and forming a relationship with you and your child. The infant and toddler years are very exciting with a lot of developmental changes and issues that are specific to this age. It is expected that prior to children starting in the Infant or Toddler room (or within the first week of school) parents meet with the Assistant Director to review the Handbook and ask any questions.

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

Chris Herrmann . . . . . Director  
Lisa Schmidt . . . . . Assistant Director  
Janene Boyer . . . . . Secretary  
Kellie Fuss . . . . . Infant Head Teacher  
Sarah Kakkuri . . . . . Infant Assistant Teacher  
Sherie Newman . . . . . Toddler Head Teacher  
Carol Schroeder . . . . . Toddler Assistant Teacher

Campus Child Care Center (815)753-0125

## Classroom Composition and Staffing



There is one Infant classroom and one Toddler classroom. Each room is staffed with a full-time Head Teacher, full-time Assistant Teacher, and part-time student teacher aides with occasional interns from Kishwaukee College or volunteers from NIU.

Our professional staff qualifications exceed Illinois licensing standards. Head Teachers most often have Bachelor's degrees in Child Development / Early Childhood Education / related field and Assistant Teachers have Associate degrees most often in Early Childhood

Education.

NIU Campus Child Care Center is committed to providing high quality care with skilled and educated professional staff.

## Continuity of Care and Primary Caregiving

Continuity of care is the high-quality practice of having teachers and children stay together for several years, rather than having children change teachers and groups of peers each year or more frequently. Because learning occurs simultaneously with emotional attachment, it is best for young children to have a stable caregiver throughout their early years. We strive for continuity of care – which is looped through the Infant, Toddler, and Two / Three's classrooms at Campus Child Care. Children are moved up as a group into the next classroom one time a year typically with one of their teachers. Once in a preschool room, they have the potential to remain there until age 5. Staying in the same preschool room allows for continuity by having the same caregiver and group of children. This practice fosters strong attachments and benefits the children by giving them caregivers who know them and their parents well.

All the children in our center will have a Primary Caregiver. The primary-caregiver system ensures that every child has a "special" person and that each parent has a primary contact. Either the Head Teacher or the Assistant Teacher will be your child's primary. The primary caregiver forms a caring, nurturing, and responsive relationship with your child. In the classroom, she will be the "expert" on your child, knowing pertinent information such as your child's individual schedule, developmental abilities and special needs, sleeping needs, and individual interests. Having a primary caregiver gives children a secure base. They learn to trust someone familiar who will care for them as they explore and who will be there to comfort them when they are tired, upset, or frightened. Their relationship with a primary caregiver helps children feel secure enough to relate to other adults in the child care setting.



However, "primary" does not mean exclusive. Children should not become totally dependent

on the presence of one person. The other staff in the classroom will develop a warm relationship with your child and have caring and learning interactions as your child explores the learning environment. Parents will have a parent conference at the end of each fall and spring semester with their child's primary caregiver.

## Parent Concerns

As a child care center we are a community of children, parents, and staff all interacting and sharing our lives together. In a community, people work closely together and hopefully interactions are positive, helpful, kind, and understanding. Yet it is to be expected that from time to time people will experience some conflict, some concerns, and some difficulties.

We recognize that parenting is one of the most difficult, intense and rewarding experiences in your life. We want you to share your thoughts, hopes, and dreams for your child. You want what is best for your child and we know it is your job to advocate and protect your child.

We, as a staff, will make mistakes, create misunderstandings, and occasionally miscommunicate. When these mistakes occur, we want you to tell us. As a staff it is our goal to offer your family the best in child care services possible. In order to meet our goal, we need your input, your suggestions, your questions, and concerns.

When you have a concern, please remember.....

- *Teachers want the parents to feel very satisfied with the care their child is receiving.*
- *Talk to the teachers directly whenever possible. If you feel comfortable, ask your child's teacher first about any concern. Teachers prefer that you talk with them directly, but they do understand if you would prefer to talk with the assistant director or director.*
- *Realize that if you have a concern with a teacher, the assistant director or director will need to investigate and talk with the teacher directly about your concern and deal with the issue in a straightforward manner so that the teacher can improve her performance and/or correct any mistakes or misunderstandings.*
- *Be assured that teachers do not hold a grudge against your child or "take it out" on your child after you have expressed a concern. We would not hire anyone at our center who would react in such an inappropriate manner. Actually, after expressing a concern, your child's teacher will be more conscientious about your issue and try to improve.*
- *Consider using the "once is OK" rule. With minor issues, allow staff to make a mistake once or twice, but when it becomes a pattern, it is definitely a time to bring it to their attention.*
- *On the other hand, don't allow concerns to build up. As concerns occur, share them with the teachers. It is disturbing to find out "later" that a parent had a number of concerns and never expressed them.*

- *Sometimes we cannot make changes you may request due to other restrictions, but we ALWAYS want to hear your suggestions. We promise to consider them seriously and respond to you in a timely manner.*

## 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 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 the infants and toddlers. Keep in mind again that, if needed, 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.

It is helpful to note for parents with children in the Toddler classroom that scheduling your child to be dropped off between 12:00 – 2:30 can be potentially disruptive for the classroom. During nap time it is often hard for a toddler to be dropped off into a dark and quiet room and not be able to move around a lot and play. Although Campus Child Care has flexible scheduling available, please be aware that nap time is truly a difficult time for this age group to be dropped off and is potentially hard for your child and disruptive to the sleeping children.

### Typical Daily Schedule Sample

7:15 - 9:00	Free play and diapering/toileting
9:00 - 9:15	Snack Time
9:15 - 9:30	Group Time
9:45 - 10:45	Outdoor Time
10:45 - 11:30	Free play/art/diapering/toileting
11:30 - 12:00	Lunch
12:00 - 2:30	Naptime
2:30 - 3:00	Transition from Nap/diaper changes/toileting/free play
3:00 - 3:15	Snack Time
3:15 - 3:30	Group Time
3:30 - 5:45	Art/outdoor play/free play/diapering/toileting



Art experience offered during Free Play

### Meal Times



There are two snack times and a lunch time every day. Campus Child Care makes every effort to provide your child with wholesome, low sugar foods and to introduce your child to a variety of food tastes and textures. Snack foods include cereals and crackers, fruits and vegetables, yogurt, cheese, juice, and milk. Menus are posted outside your child's classroom on the parent information bulletin board.

Lunch time in the Infant room.

#### INFANTS

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. Campus Child Care participates in the Child and Adult Care Food Program and is required to provide all of your child's food including an iron-fortified formula. Formula is the only food that parents may opt to bring in *based on preference* (another formula brand or breast milk). Parents indicate this choice on a form sent with their initial enrollment packet and this choice can be changed at any time during the semester. There is no reduction in fees when a parent provides breast milk or formula.

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.

If your infant (eating table food) or toddler should have a food allergy or a food intolerance, please notify your child's teacher immediately and a doctor's note must be given to the center stating exactly what foods cannot be given to your child. *If a doctor's note is not provided, we must provide the child with all the food we are serving for that meal.* When a child has an allergy or an intolerance, it is the parent's responsibility to provide an appropriate food substitute.

## Bottles

Parents of bottle-fed babies will need to provide 2 - 3 labeled bottles, nipples, and lids. If you are breast feeding your child, all breast milk must be dated and have your child's name on it. Fresh breast milk will be stored for 24 hours in the refrigerator or up to two weeks in the freezer. Milk that exceeds this time frame will be discarded. Contents remaining in any bottle must be discarded within two hours. 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. Juice can only be served from a tippy cup. Mothers are welcome to come and breastfeed their infants at any time. All parents are welcome to use the nursing room at any time. It is a cozy room with a couple of gliders.

We provide infant 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.

Due to Food Program regulations, pre-made bottles from home cannot be brought in.

*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 by you 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.*

## OLDER INFANTS AND TODDLERS

Children who are 12 months and older will be given the lunches and snacks that are being served and drink whole 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 with trays or a small table with chairs; toddlers will be at tables to eat their meals. Children in the toddler room will be using tippy 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 tippy 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 as the toddlers get older. Bottled infant water is only provided for making bottles and serving to the infants to drink. We do not purchase bottled water for any other purposes. The children have access to tap water in the Toddler room which is filtered.



Organic foods are not recognized by the Child and Adult Care 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: 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. It is a goal of Campus Child Care to provide nutritious menu items that are healthy food choices for children.

## Sleeping

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. As your child grows and matures, cot sleeping will be encouraged. This will assist especially in the transition from the Infant room to the Toddler room when that time comes. Toddlers also will nap on a cot. All the bedding for infants and toddlers is provided by the center and is washed here.

### Safe Sleeping Practices

Infants will be placed on their backs to sleep in a crib. The infants at Campus Child Care are provided with a firm, tight-fitting mattress in a crib that meets current safety standards. There will be no pillows, quilts, bumpers, comforters, sheepskins, stuffed toys, or other fluffy products in the crib. Two children never share a crib at the same time. A blanket and sheet will be provided for your infant and toddler. The above practices are supported by the U.S. Consumer Product Safety Commission, the American Academy of Pediatrics, and the National Institute of Child Health and Human Development. These practices are required by the DCFS licensing standards.

We understand that practices may be different at home and that some children have unique situations (e.g. – twins who may sleep together in the same crib). However, we must follow licensing guidelines and adhere to the above stated policies. It may or may not be difficult for some children to adjust if they are used to sleeping in a different position or with a parent/sibling.

## Diapering

Campus Child Care provides disposable diapers and wipes for children in the Infant and Toddler classrooms. Your child will be changed at regular intervals throughout the day and as needed. Store-bought wipes are used when changing your child; we will use plain water and wash clothes for children with a diaper rash. We have Desitin to put on rashes; feel free to bring in any other cream if you would like it to be applied to your child's rash. We will not be applying baby powder on the infants. The use of powder has been linked to childhood asthma and other respiratory difficulties. If your child has an allergic reaction to the disposable diapers provided at the center, the parent can bring in disposable diapers that will not cause this reaction. There is no reduction in fees when a parent provides diapers. Due to sanitation purposes, cloth diapers are not allowed.

## "Shoe-Free" Environment for the Infant Room

With infants commonly on the floor, Campus Child Care wants to provide a clean, safe, and healthy environment in the Infant Room. 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. 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.

## What To Bring

### Clothing/Seasonal Items

Active and sometimes messy play is going to be a part of your child's day. It is recommended that children wear comfortable, washable play clothes that are easy to move around in and OK if something spills on it! Children must be dressed in clothing and not just wearing a diaper and/or onesie. Parents are asked to bring a complete change of labeled clothing, including socks, onesies, shirts, pants, shorts, etc. to be left at school. *If clothing items are not labeled, it makes it extremely difficult to remember which items of clothing go to which children.* It is also a good idea to keep a light sweater or sweatshirt in your child's cubby in case it feels a little chilly in the classroom or is chilly outside. For older infants who are walking, it is helpful if parents keep a clean pair of shoes here at the center for your child to wear in the classroom.

Children who are enrolled in the warmer months should also bring a hat, sunglasses, and sunscreen. Sunscreen will not be applied to infants under 6 months. If you want your child to have sunscreen applied before reaching 6 months of age, a doctor's note must be provided to the center stating your child can have sunscreen applied.

Children who are enrolled in the colder, winter months must be properly dressed to go outside. *Every child goes outside.* Infants must have warm and protective clothing and toddlers need to have clothing appropriate for playing on the playground (boots, snow pants, hat, scarf, water proof mittens).

### Bottles

Parents of infants are asked to bring 2 - 3 labeled bottles to be kept at the center. It is common practice for children in the toddler room to drink from tippy cups instead of bottles.

### Other Items

If your child uses a pacifier, parents are asked to provide a labeled one. Children in the Infant room who use pacifiers will have them on an as-needed basis throughout their day. Children in the Toddler room who use them will have a pacifier only at nap time. Toddlers will not be allowed to walk around the classroom with a pacifier during the day for the following reasons: it is not healthy for a child to pick up a pacifier off the floor once dropped and put back into their mouth; another child may put someone else's pacifier in their mouth; it is difficult to understand a child who is trying to talk with one in his/her mouth; and, the muscles in their mouth and tongue need to learn how to work when talking without a pacifier in it.

If your toddler has a special “lovey” to sleep with, like a small stuffed animal or small blanket, please label it and your child will have it during nap. At times a new child may have a hard time transitioning; we try to work with the families in helping this adjustment be less stressful. A toddler is welcome to bring a comfort item to help him or her transition into child care. Eventually, your child will not feel the need for it at school and will have formed positive relationships with his teachers. We view transitional comfort items as something that will benefit the child in helping him/her feel secure in this new environment.

## Infant and Toddler Developmental Issues

### Separation Anxiety

Separation can be a difficult process for both the children and parents. When babies are somewhere between 8 and 10 months of age they are often distressed when they are separated from their parents. This anxiety can last into the second year of life. Typical reactions associated with separation anxiety are crying, clinging, and trying to follow. When a toddler becomes more verbal, separation anxiety may include words of protest: “Mommy stay” or “I go.” New people and new routines can be scary for little ones.

Every child is unique and they all respond to separations differently. Parents should be aware; however, that children take their cues from them. When a parent feels good and responds positively to dropping their child off, the child will sense this. The following is a list of things to do that can help the separation process go smoother for both you and your child. These helpful hints can be applied from the youngest of babies to the oldest of preschoolers.

- Talk to your child ahead of time as to what is going to happen, such as “Today is a school day!”
- Talk with your child’s teacher daily and establish a friendly relationship. This helps when you may have to give your child to her at drop off and the more comfortable you are, the better your child will respond. You can help your child begin to settle by offering a toy or read a book.
- Say your good-byes to the child and then leave. Make the departure definite. Depending on your child, he or she can get mixed signals from a parent who hangs around for too long or from ones who go and then turn around and come back. On the other hand, it is never best to simply sneak away from your child without saying good-bye. Always tell your child good-bye and you will see him later. Sometimes it is helpful for a parent to get into a routine as to saying the same thing every drop off, like “I’m going to work now. Have a great day at school. I love you very much and I’ll see you later. Good-bye.” Children become comfortable with routine and life becomes somewhat predictable for them. When a child sees their parent departing positively, and then discovers that every day they do come back, separations become easier and a trust is built between the parent and child and makes him/her feel comfortable and good about being in school.
- This last one may be a difficult one to do for a parent. If your child begins to cry while you are leaving, please don’t turn around and come back. It is a natural reaction for many parents to immediately want to go back to comfort their child when they are distressed. Of course the teachers are sensitive to that. However, coming back to ease a crying child will not make the separation any easier when a parent

really has to leave; in fact, it may be harder for your the child the second time around. After you leave, feel free to stop in the observation booth to see how your child is doing. It is typical for children to regain their composure and get into their daily routine shortly after mom or dad leaves.

Sometimes children who have had easy drop-offs for the first week or two may suddenly start to become upset at their parents' departure. This is a *typical* reaction in a group care setting. Then usually children become accustomed to the idea of coming to school every day or every week. Providing continuity of care will also be helpful as your child will have a consistent caregiver and group of friends for a long period of time. Having this provides for a very trusting and predictable environment for your child.

## 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 purely a sign of the developmental age of the child. It is a developmental phenomena – 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 caregivers 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.

### Temper Tantrums

If you haven’t yet experienced the temper tantrum in action, you probably soon will. Often it is marked by a screaming child and a frustrated and sometimes embarrassed parent performing unsuccessful attempts to make the whole thing go away. During toddlerhood, children struggle to develop a sense of themselves as separate from their parents. This process, called differentiation, actually starts at birth and lasts well into young adulthood. It is the process of becoming a separate and successful individual.

The first step in differentiation is related to control – who is in control of me, my body, and my emotions? Early in your child's life you are in charge. Now, you want your toddler to begin to take charge of some of his or her own behavior. This process of transferring some responsibility for control usually results in children losing exactly what you are striving to help them gain – control!

When your toddler feels angry, frustrated, or helpless, he or she may kick, scream, and flop on the ground. *Tantrums are a normal, natural, and inevitable part of growing up.* That does not make them fun. Make a plan now for how you will handle it when your child begins to tantrum.

The first step of the plan is preventative in nature. Help your child have some control over his or her life. Start small. Maybe your toddler can help you pick out what he or she wants to wear from several choices. Giving your toddler choices gives him or her experiences with making decisions and having them turn out successfully. This experience is crucial in helping your toddler make good choices about whether or not to throw a temper tantrum.

Make sure to reward appropriate progress in taking charge. When your child show competence in getting in or out of the car, eating with a spoon or fork, or pulling on his or her own socks, reward these early attempts at independence and self-control with lots of hugs and kisses and validating their efforts! (“You did it Joe – you put your socks on all by yourself!”)

Pick a safe place for your child to be out of control in your home. When your child is out of control – you can take him or her there. Make sure to tell your tantrumming child calmly that he or she is free to stay out of control for as long as he or she needs – remember; part of this stage is learning that you can take charge of your own behavior: Choosing whether or not you want to scream for one minute or 10 is certainly taking charge of your own behavior!

It is important to follow through with your response to tantrums. If children get attention from tantrums, they will last much longer than if they have no audience. Removing yourself as an audience quickly and calmly is the best thing you can do to lessen the frequency of tantrumming.

When a tantrum is over – it's over. Accept the child back into family life as if nothing has happened. Tantrums are a developmentally normal step in developing a competent, capable child. As frustrating as they can be for parents, a calm, confident approach will go a long way to preventing this stage from lasting very long.

### Managing Normal Aggression in Very Young Children

Every parent dreads the day when the teacher reports that his or her child is responsible for hurting another child. But that day will probably come. *Aggression is a normal part of young children's experiences.* Aggression results from powerful emotions that are not yet under the child's direct control. Children hit, pinch, bite, slap, and grab when their emotions cause them to act before they can think about doing something different. Children at this age have such limited social and language skills that the best way to communicate is often through physical means.

Children learn to manage aggression when supportive adults *help them learn other skills* and connect consequences with aggression. Using aggression to stop aggression only teaches children that they must submit to adults who are bigger and more powerful. It does not help children gain control over aggressive behavior or replace it with more appropriate skills. Replacing aggressive behavior with more sophisticated skills is a process. Learning to express feelings appropriately is a lifelong task. The first steps are taken in the first three years.

Early experiences with the consequences of aggression help children learn over time that aggressive behavior doesn't accomplish much. After this lesson is learned, children can begin the process of becoming assertive enough to prevent from being victimized and becoming authoritative enough to be seen as a leader. Both of these important lessons will never be learned unless parents and teachers help children learn to manage normal aggression and convert it into constructive assertion and leadership.

(Information about tantrums and aggression from *Innovations : The Toddler Curriculum* by Kay Albrecht and Linda Miller)

## Parent Involvement

### Home-School Communication

*Parent Pocket and Cubby* – Children will have a cubby and a parent pocket assigned to them. Cubbies will hold a child's outdoor clothing, bags, or other personal items. Parent pockets should be checked each time your child comes to school. Newsletters, notes from your child's teacher, and other pertinent information are placed here.

*Daily Verbal Communication* – We encourage parents to talk with their child's teacher at drop-off and/or at pick-up. It is important for the teacher to know information about your child, like how they slept last night, when they ate last, if they have any medicine, if they are teething, etc. The sharing of this information is important to best meet your child's needs.

*Diaper/Nap Board* – In the Infant room there is a dry-erase board that communicates to parents the diaper changes, nap times, and feeding times/food eaten/amounts of all the children. For bottle-fed babies it will also indicate how many ounces were eaten at that time. The Toddler room will also have a dry erase board to communicate the diapering. Napping times are on a chart posted on the Parent Information bulletin board.

*Monthly Newsletters* – A monthly newsletter is provided to parents sharing information on child development topics, curriculum, policies, and other announcements.

### Parent Visits

Parents are welcome at any time to come and visit their child. For mothers who are breast feeding, the infant room provides a comfortable and peaceful area to enjoy that feeding time. Observation booths are also available for you to come and watch your child without him/her knowing you are here.

For some children, particularly toddlers, multiple separations from the parent during the day may make the transition to school more difficult. If you find that your visits are more upsetting to the child than consoling, you may want to take advantage of the observation booth viewing for a while.

### Family Socials

Each semester a family social is planned. This could include events like: a potluck, a picnic lunch, a fun curriculum night, ice cream social, or a breakfast. Attending these events are great ways to show your child that school is part of the family routine and to strengthen the bond between home and school.

### Parent Conferences

Parent conferences are schedule two times a year (fall semester and spring semester) and may also be held at *any* time parents or teachers find it necessary. The infant and toddler years are marked by so much growth and change that conferences are a good time to discuss all the developmental issues surrounding them. Teachers put out sign up sheets prior to the times conferences will be held. Parents are encouraged to sign up to talk with their child's primary. A developmental summary is shared with the parents during this time. Parent conferences typically take around 30 minutes.

### Confidentiality Issues

There are times in the Infant and Toddler classrooms different issues surrounding confidentiality and maintaining the child's personal space and privacy will arise. These are classrooms where many times parents are fresh to parenthood and seeking information to help them make sense of their quickly developing child; as well as, wanting to be a part of the classroom and their child's school environment.

There are areas in which a parent will need to be aware of when interacting in the classroom and being around the children. Confidentiality is an important component to the parent/school relationship. It is honored by the teachers for all children and their families. Please understand that the teachers do not and cannot discuss any child's development; family situation; or any other personal information unique to that child with other parents.

Confidentiality leads to the issue of developmental comparisons between children in the classrooms. We realize it is a natural parental response – you see your child growing up among a group of others close to the same age range. Comparing children is sometimes relevant or helpful but is also a “dangerous” thing to do – the windows of time that any skill takes to develop in the infant and toddler years are so vast that it truly serves no positive purpose to note that your child either can or cannot accomplish the same developmental tasks as the next child. For example, the window of time for a child to accomplish walking can range anywhere from 9 to 18 months. If your 11-month-old is walking, but the child next to him is 13 months and not walking – that is completely not an issue or concern. The teachers perform assessments on all the children – not by comparing them to each other – but rather by observing and noting progress and growth they have made within themselves. You are always welcome in the classroom; however, we ask you to refrain from making comparisons and asking about other children's developmental levels.

### Personal Space

Being a parent in the Infant and Toddler classrooms is different sometimes that being a parent in the older rooms. I have noticed that parents in the younger rooms physically are in them more, get to know the other children on a more personal level more, and they have well intentions in trying to help out another child more. I believe these observations to be simply a natural part of being an infant and toddler parent who has their child in group care.

We do understand the well intentions of a parent seeing another child crying or wanting to pick up a child to console him or her; but we do ask for you to refrain from handling other people's children. Ultimately, the center is responsible for the infants while in our care.

There are a few reasons why we ask for you to refrain from a lot of physical interaction with other people's children. First, other parents simply may not want or appreciate people who are not staff at CCC handling their child. This is a legitimate and respected concern. Second, all the staff have gone through the appropriate channels of DCFS to be with the children. For example, they have complete background checks and been fingerprinted and they have had a medical exam done with a TB skin test. Of course parents do not need to go through these measures because they typically do not interact with other people's children. And finally, as stated earlier, CCC is responsible for the safety and care of the children in our center while the parents are away. Should an accident happen to a child who is being handled by another parent – the center would ultimately be held responsible. Although we appreciate parents' well intentions to help, a parent picking up another child and walking across the room, helping the get a coat on, feeding, etc. is crossing the boundaries of that child's personal space and what are accepted and permissible interactions.

It is not the wish of the center for parents to feel we are intending extreme measures on this issue and for parents to feel like they cannot sit on the floor with their child for fear another child will come up and want to interact. Of course friendly, non-caregiving, warm interactions are appropriate. Talking with another child or reading a book if they hand you one is fine. As an administrator, I need to error on the side of safety, cautiousness, respect for families and children, and what is acceptable and comfortable for everyone including parents, children, and staff.

## Curriculum Planning for Infants and Toddlers

During the first two years of life, children are working on acquiring a sense of trustworthiness of oneself and others. This is the sense of safety and security that comes from responsive and predictable care from familiar others to whom the child is attached. In the toddler years, a strong sense of autonomy is building. This comes from being treated as an individual and being allowed opportunities for independence.



When children feel the sense of independence, power, and competence, they can step out into the world and be active learners and problem solvers. Young children need a safe environment full of opportunities to explore and have fun. They need to be able to see, touch, feel, and move.

The curriculum for the infants and toddlers involves everything that happens to the child throughout the day. Responsive caregiving is the key component to setting up a safe and secure environment and trusting relationships. Everything that a child experiences is a learning opportunity. For example, diaper changes are perfect opportunities for learning experiences: language, singing gently to a child; showing gentle touches; letting the child know that this is not a hurried or rushed experience and that they are valued and precious individuals; gently moving their legs in a bicycle motion stimulating movement or having them reach and grasp for an object. Throughout the day, teachers will take advantage of these caregiving experiences that are so important in the early years of life and turn them into meaningful and positive experiences for a child's healthy development.

Along with the individual caregiving moments, teachers will also plan and organize their environments to provide experiences which enhance motor development – reaching, grasping, crawling in and out, throwing, pulling; cognitive development – object permanence, cause and effect experiences, language, listening and responding to sounds and voices, and problem solving; social development – playing among others, positive peer interactions, and expressing emotions towards others.

Planning for infants and toddlers does not necessarily involve “lessons” but rather opportunities for experiences that as individuals they can make the most out of. When teachers organize materials for the room, they take into account children’s individual differences along with their knowledge of child development. Planning is based on observations of the children using their interests, their new skills, and their reactions to materials. As the children grow and change, the teachers change the classroom environment. They may put out more challenging climbing equipment or add a building area with different toys. A classroom may look very different at the end of a semester than it did at the beginning!

## Health Related Issues and Illness

Group care poses many different and new situations that children are exposed to on a daily basis. One thing they are typically exposed to is different types of illness. As a general center policy, we do not refuse mildly ill children. Children may have a cough or a sniffle and still attend our center. Please refer to the *Parent Handbook* for more center- related policies concerning Health and Safety.

*It is common for infants and toddlers to frequently get sick in group care.* Perhaps you will see a runny nose lasting a long time or you find yourself visiting the pediatrician every few weeks during those colder months. Children this young have not yet built up their natural antibodies for fighting off viruses and bacteria that invade their little bodies. Young children’s immune systems are immature, making them less resilient to illness.

### Healthy Practices

#### *Hand washing*

At Campus Child Care we are firm in the belief of healthy practices. Hand washing is one of the best ways to cut down on the transmission of germs. Teachers in the classrooms follow proper hand washing techniques throughout the day – including but not limited to: before and after eating or handling food; before and after feeding a child; before and after diapering; after handling or cleaning body fluids - after wiping noses, mouths, bottoms, sores; after outdoor activities; upon entering the classroom. Children as well engage in many hand washings throughout the day. In the Toddler room, the children have a sensor sink to turn water on and off – reducing the spread of germs from child to child.

### *Hygiene Issues*

#### Fingernails

Per licensing standards, we are unable to perform a couple of things that are considered invasive procedures to the child and it is potentially also a situation where germs could be spread thus increasing the risk of infections, so we ask the parents do these procedures as needed to their child. The first is maintaining trim fingernails on your child. Infant and

toddler fingernails grow very quickly and can be very sharp. Unfortunately we have had children being scratched by other children and the length of fingernails makes the wound worse. We are unable to clip nails, so we ask parents to please make sure their child's nails are trim.

### Splinters

Also, we are unable to remove splinters from the children. Sometimes when playing outside a child will get a splinter from all the wood that is around them. We are unable to use tweezers if a splinter is deeply embedded in the child's skin. We will wash off the area and place a band aid over the splinter for you to remove at home.

### *General Disinfecting*

Toys that have been mouthed in the Infant and Toddler classrooms are disinfected every day throughout the day. Teachers often will place a toy into a container after a child has mouthed it to be cleaned in the next batch. At the end of the day, other equipment and materials will be cleaned as well. The diaper changing area is disinfected after each use. A bleach solution is used for general disinfecting and the Infant room has a dishwasher for sanitizing.

### *Fresh Air/Outdoor Play*

Classrooms are aired frequently, particularly during the colder months with warm, stale heated air warming the center. The children play outdoors daily, weather permitting. Fresh air in the colder months does not cause or promote illness; it actually facilitates good health. Cold air is not related to making a child sick. If a child is in attendance during the outdoor time, s/he is healthy enough to then go outside with the rest of the children. All children in attendance during their classroom's outdoor play time will go outside.



The outdoor policy is clearly stated in the CCC *Parent Handbook*. The infants and toddlers will go outside unless it is raining; the heat index is over 100, and on winter days when the wind chill is below 10 degrees. *Parents may not make requests for their child to stay inside while the rest of the group is outside. If these requests were granted, there would be serious staffing issues. For example, if 1 infant was left inside with 1 teacher, that would leave 8 infants to be with only 2 teachers – creating a 4:1 ratio of children to teachers for that group. Granting these requests is not feasible, not practical, and not fair to the other families and children.* The program requirements for all ages in the Illinois State Licensing Regulations state:

Section 407.2:

- d) The facility shall provide a basic program of activities geared to the age levels and developmental needs of the children served. The daily program shall be posted, and shall provide:
- 3) Daily indoor and outdoor activities in which children make use of both large and small muscles . . . .

The following is a statement on Outdoor Play that was developed and reviewed by the 4-C (Community Coordinated Child Care) Nurse and the 4-C Health Advisory Committee.

*Programs are expected to include outdoor experiences in their daily activities during all seasons. Children benefit from the fresh air by breathing air that has fewer germs in it than indoor air, and outdoor exercise will increase their general fitness and resistance to infection.*

*Colds and flues are more common during winter months because they spread easily when people spend more time in closed, heated, and stuffy rooms. Breathing warm, dry indoor air irritates tissues in the nose and throat, making it easier to catch a cold. Therefore outdoor experiences help promote health not illness.*

Taking the children outside is considered healthy practice in a quality child care program. Of course the infants and sometimes toddlers are not as mobile and free to move and play in the snow as the preschoolers are. Taking them on short walks in the buggies and providing them with that fresh air and sunshine is what they need to get.

#### Laundering/Sleeping Materials

The bedding on the cribs and cots is washed at least twice per week. When illnesses are prevalent, laundering happens even more often. After every sheet change, the cots or crib mattresses are disinfected. Both the Infant and Toddler rooms have a washer and dryer. The infant soft toys are able to be washed as much as needed to prevent the spread of germs.

#### Immunizations / Fever Reducers

All children entering group care should be immunized against disease at appropriate ages, as recommended by the American Academy of Pediatrics. Per Illinois Licensing standards, children must have a medical exam, TB skin test (for those 1 year and older), and immunizations in place by the first day of attendance at Campus Child Care.

Immunizations happen on a regular basis during the first year of life. It is understandable that there are sometimes side-effects resulting from these, a couple being pain and/or a mild fever. If a doctor's note is provided, we can administer an over-the-counter pain reliever brought in by you after your child's immunizations if it indicates that it is specifically for the relief of pain due to immunizations. We cannot administer medication as a fever-reducer. The center's policy for a child being sent home for a fever is having one of 101 degrees or above. Typically, immunizations do not create high fevers; however, if your child does have this high of a fever, regardless of it being the result of immunizations or an illness, parents will be notified to come and pick up their child. Please refer to your CCC *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 or "keep it down". The child will be sent home.*

#### Medications / Other Products

##### *Sunscreen and Bug Spray*

Campus Child Care asks families to bring in sun screen and bug spray for your child. These two products are not recommended to be provided to children under 6 months. If a parent wishes to have these products administered to their child, please bring in a doctor's note supporting this practice to be kept in the child's file. Sun screen should be purchased with a high level of blockage. We ask for parents to not bring in old sun screen from last year. These products break down and their effectiveness seriously deteriorates. Old sun screen can actually cause second degree burns. Newly purchased sunscreen is the safest and most effective.

### *Teething Relief*

For teething relief, the 4-C Health Advisory Committee recommends the use of Tylenol that is accompanied by a doctor's over any gel that is placed in the child's mouth. Gels are difficult to administer. There is no specific and measurable dosage like there is for a liquid medication. Also, gels are very temporary in their relief, whereas a Tylenol (or similar product) is long lasting. We also would not want to administer a gel right before a meal as the child will have numbed areas in the mouth possibly posing a choking hazard for the child. We are able to administer the gel to a child, but we recommend a doctor's note to accompany.

### *Over-the-Counter Medications*

Should your child need a non-prescription medication, we will be able to administer this with a specific doctor's note including *dosage, dates, how many times the medication should be administered, and what the medication is specifically for* (cough, allergies, pain, congestion, etc.) Please understand we cannot administer an over-the-counter medication you have purchased unless it is accompanied by the doctor's note. Your child's teacher will provide you with a permission form for us to administer the medication with the specific details needed and signed by you PRIOR to us administering the medication.

### *Prescription Medications*

We will be able to administer a prescribed medication to your child after you have given the first dose and it comes to us in the original container with the prescription label on it. The prescription label serves the same purpose as the doctor's note. A medication permission form must be filled out and signed by the parent for this as well. Refer to the CCC *Parent Handbook* for more information on medications.

### Common Early Childhood Illnesses

The following is a brief, but certainly not comprehensive, list of some very common illnesses in young children. The information gathered below is from a registered nurse at Community Coordinated Child Care (4-C), American Academy of Pediatrics, or from other health resources. The 4-C nurse makes regular visits to our center to see the classrooms and the children and is available to the center staff and parents for any questions or concerns. These illnesses are not exclusive to Campus Child Care – they are everywhere.

### Croup

- j It is an inflammation of the voice box and windpipe. The airway just below the vocal cords becomes narrow.
- j Children are most likely to get croup between 6 months and 3 years.
- j Can occur any time of the year, but more common between October and March.
- j Two types of Croup: *Spasmodic* – caused by a mild upper respiratory illness; and *Viral* – resulting from a viral infection in the voice box and windpipe that often starts with a cold that slowly develops into a barking cough.
- j Most children with spasmodic croup do not get a fever. Most children with viral croup have a low fever, but some have temperatures up to 104 degrees.
- j Treatment – steam treatments and/or prescribed medication to reduce the swelling in the throat or shorten the illness. Antibiotics and cough syrups are not helpful ways of treatment. If you suspect your child has croup, call your pediatrician.

### Fifth's Disease

- j Occurs most often in children and is more prevalent in late winter and early spring.
- j Begins with a mild fever which may be accompanied by headache, fatigue, and muscle aches - these symptoms last for only a few days and is followed by the characteristic rash.
- j Intensely red rash on the face which gives a "slapped cheek" appearance. It spreads to the trunk, arms, legs, and arms as a finer rash.
- j The virus is spread by close contact, most likely through respiratory secretions.
- j Children are infectious about one week before the rash appears – once the rash appears, the child is no longer as infectious.
- j No specific treatment; only symptomatic treatment.

### Hand, Foot, and Mouth Disease

- j This disease (HFMD) is a common illness of infants and children.
- j Characterized by fever, sores in mouth, and a rash of blisters.
- j Begins with a mild fever, poor appetite, "feeling sick", and frequently a sore throat.
- j One to two days after fever begins, sores develop in mouth.
- j Skin rash develops over 1 to 2 days with red spots, some with blisters.
- j Rash does not itch, and it is usually located on the palms, hands, and soles of feet.
- j Cause by a virus and is moderately contagious; spread person to person.
- j Most contagious during the first week of illness.
- j No specific treatment; only symptomatic treatment.

### Respiratory Syncytial Virus (RSV)

- j RSV is a viral infection that attacks the upper and lower respiratory tracts. It is the most frequent cause of lower respiratory infections in infants and children under age of two.
- j In most children, symptoms appear similar to a mild cold. RSV infection can be very mild, like a cold, or very severe, causing hospitalization.
- j Spread through direct contact with infectious secretions.
- j No specific treatment; only symptomatic treatment.

### Rotavirus

- j One of the most common causes of diarrhea in children unto three years of age.
- j Most prevalent during winter months.
- j Spreads person to person from one to three days after exposure.
- j Children with this infection should be watched carefully for dehydration due to vomiting, diarrhea, and fever.
- j No specific treatment; symptomatic treatment.

### Thrush

- j An oral infection that appears as creamy white, curd-like patches on the tongue and inside of the mouth.
- j This is a type of yeast infection and can result from the use of antibiotics.
- j The organism (*Candida*) that causes thrush may also exacerbate diaper rash, as this yeast grows readily on damaged skin.
- j Oral thrush and the *Candida* diaper rash are usually treated with an antibiotic.

Roseola

- j Is a viral infection and most common in children 6 months to 24 months of age.
- j Symptoms include a high fever that lasts for 3 to 5 days, runny nose, irritability, eyelid swelling, and tiredness.
- j When the fever disappears, a rash appears, mainly on the face and body, and lasts for about 24 to 48 hours.
- j Spread from person to person but it is not known how and not very contagious.
- j Usually it goes away without any treatment; symptomatic treatment.

*We will post a note in the classroom to inform parents if a child has one of these illnesses.*

*We will also inform you if your child must be excluded from the center due to an illness.*

# TODDLER PROPERTY LAWS

1. If I like it, it's mine.
2. If it's in my hand, it's mine.
3. If I can take it from you, it's mine.
4. If I had it a little while ago, it's mine.
5. If it's mine, it must never appear to be yours in any way.



6. If I'm doing or building something, all of the pieces are mine.
7. If it looks like mine, it is mine.
8. If I saw it first, it's mine.
9. If you are playing with something and you put it down, it automatically becomes mine.
10. If it's broken, it's yours.

# *From Magda Gerber:*

*And my last wish for children would be that they could communicate to their parents:*

*Please let me grow as I be,  
And try to understand why I want to  
grow like me,  
Not like my mother wants me to be,  
Not like my father hopes I'll be,  
Or like my teacher thinks I should be,  
Please understand and help me grow  
Just like Me!*

