



INFANT/TODDLER HANDBOOK

58 Princeton Ave. Brick , NJ 08724

732-840-0422/ fax 732-840-7655

Email: oecc@verizon.net

*Signature page at end of handbook to be signed and returned.

INFANT/TODDLER PARENT HANDBOOK

This handbook addresses the many developmental changes and issues that are specific to Infants and Toddlers and is a supplement to our general Parent Handbook. The OECC Parent Handbook, on our website, provides information about general policies like enrollment, arrival and dismissal, tuition, parent involvement, health & safety and other important information.

INDIVIDUAL CARE PLANS - INFANT

We believe it is important to review with you the care you want and expect for your child before entering our program. We need to know how you hold, feed, soothe, and settle you child so we can incorporate these ways into our care. If you have a child with known allergies or other needs a **Special Care Plan** must be completed special instructions that are above and beyond the norm and an **Authorization to Give Medicine** form must be completed if there are any medications that your child may need. **In preparation we ask you visit our program with your child** to meet our staff, to observe and to complete your child's **Individual Care Plan**. (We recommend parents update their child's **Individual Care Plan** every 3 months or when there has been a significant change developmentally or emotionally to your child)

THE TRANSITION TO CHILD CARE

When your child first enters our program it may be best to phase your child into their new routine, this can be done gradually by extending the length of the child's day with us over the course of a few days. We ask that you provide us with some family photos to mount on the wall or crib, so your child is able to see you thought out the day and still feel your presence. You are welcome to visit, see our Open Door Policy in the parent handbook, or call at any time to check on child.

VISIBILITY OF ALL ACTIVITIES

The layout of this facility is intended to provide a high level of visibility outside and inside, including diapering and toileting areas used by children. All areas can be viewed by at least one other adult in addition to an individual teacher/caregiver at all times when children are in care.

STAFFING AND PRIMARY CAREGIVERS

Our staff completes a minimum of 20 hours of ongoing training per school year to develop and strengthen their skills and is required to maintain CPR & First Aid Certification. Staff ratios vary by age group and typically exceed the minimum staffing requirements of:

1:4 Under 18 months	1:12 4 years and up
1:6 18 months to 2 ½ years	1:15 5 years and older
1:10 2 ½ to 4 years	

ARRIVAL AND DEPARTURE POLICY

Your child's safety is a top priority at Ocean Early. The doors to our center remain locked throughout the day. You will receive a key fob for the front door upon registration. Two per family, any additional are \$10. We ask you to return upon the completion of your child's time with us. Any lost key fobs will be charged a \$25 fee. Parents are responsible for transporting their children, escorting them to and from the classroom and must check them in/out on the Procure app located on your phones.

Please be prompt in arriving to class. We will expect you to arrive within five minutes of the start time of class. When your child arrives late they may miss academics, too much activity time and also causes disruption to the class. If your child arrives after 9:30am someone from the office will bring them to the classroom. If you will be late in arriving, please let us know via Procure, it helps to minimize unnecessary concerns.

It is normal for some children to have difficulty separating from parents, or cry when dropping off. Please make your drop off brief, the longer you prolong the departure, the harder it gets. A smile, cheerful goodbye kiss, and a reassuring word that you will be back is all that is needed. In my experience, children are nearly always quick to get involved in play or activities as soon as parents are gone.

Departure times are generally hectic. Please keep in mind that once you have arrived at your child's room you are responsible for your child. Our program has a center wide expectation of children needing to be "within an arm's reach" of an adult at all times. Please help your child to learn this expectation when you are with your child in the building each day.

Children may be released only to those persons authorized in writing by the parent/guardian. Identification will be required when someone other than the parent or guardian will be picking up your child. **The center closes at 6 PM** and our "closing" staff is required to stay in the building until all rooms are empty. Please arrive at least **5 minutes prior to 6 PM** to gather your children and their belongings so the building is clear by 6 PM and the staff can lock up the facility. Anyone that is picked up after 6pm will be charged \$1 per minute. After 30 minutes past 6pm, the Brick Township Police Department will be notified.

In the case of separation/divorce, court documents must be provided to inform the center of custodial rights and days and if the non custodial parent may pick up. Restraining orders must be on file with our office in order for us to uphold the order.

DAILY SCHEDULES

We see each child as an individual that has unique needs and abilities and their individuality is encouraged. Your infant's biological needs are met in regards to napping, diapering, feeding and comforting; we nap infants "on-demand" while individual care is provided by a caregiver for all other needs. During our daily caregiving routine, we will focus on the individual child by singing songs, saying rhymes and playing interactive games such as "peek-a-boo". All infants are read to and played

With while mobile children are encouraged to explore and discover in our safe environment that encourages new interests and skill levels.

Infant Daily Daycare Report

Upon arrival we ask you to speak with the caregiver to complete a Daily Daycare Report. At this time you should share specific caregiving information that occurred at home including when and how much a child ate before coming to school, general disposition, prior sleep, and any other information we would need to know to care for your child on that particular day. We in turn provide our daily care report with important information as well as an observation or developmental milestone that was witnessed by our staff.

MEAL

Formula and food

Families are required to provide a nutritional diet for their infant. All foods, including baby formula,

jar foods, and cereals, are to be supplied and labeled by the parent with Company-provided labels as well as the child's first and last name, contents, and date. **Glass bottles are prohibited.** Food is stored in the appropriate location in your child's room. Unused portions of bottles will be discarded in one hour from the beginning of the feeding. We ask that you only fill bottles with the amount of formula/breast milk your child will drink at each feeding. **DO NOT leave any open bottles, open food, or formula at the school at the end of the day, all leftover open food items that are not taken home are discarded.** Toddler snacks and lunches must be in a lunch box with ice pack, we do not heat or refrigerate lunches.

Beverages

- Drinking water is available throughout the day indoors and outdoors.
 - Children younger than 12 months do not receive cow's milk unless the child's health care professional gives a written exception and direction to do so.
 - Children between 12 and 24 months of age are to be provided with whole milk, unless they are consuming breast milk, or a prescribed formula.
 - Children 2 years and older are to be provided nonfat (skim) or low-fat (1%) milk. •
- No Juice will be served, we are juice free.

TODDLERS - no bottles will be used in the toddler room, sippy cups only.

Infants

Infants are fed on cue with the breast milk, formula or whole milk bottles that you have provided to us each day. Upon drop off, you must let the caregiver know the number of bottles that are brought in for that day. If you are providing expressed breast milk, it is to be stored immediately upon arrival in the refrigerator located in the infant room. Please provide your own BPA-free containers, no glass bottles are allowed at OECC. Breast milk is to be fed to your child within 72 hours of collection, it is best to have a breast milk/bag system to which a nipple can be attached. **All bottles must be labeled with child's full name, date and if the bottle is breast milk the time it was expressed and use by date.** Bring in enough milk/food that is appropriate for the length of time you child will be in our care, and in addition some extra quantities that can be used in case the baby wants more after finishing the usual amount. All infants are held while they are being fed a bottle; this is to offer the same one-to-one closeness that your child receives at home. Bottles are not propped and any unfinished milk/formula will be discarded within an hour. You are welcome to come in to breast feed your child if your schedule permits (OECC supports breast feed; see below for our Breast Feeding Policy). Children are not allowed to walk around with a bottle or cup. Cereal or any other food product will not be served in a bottle. Bottles are heated in warm water as are food containers or jarred food. We place your child's food in the feeding dish that you have provided; any food that is not consumed from the dish will be discarded. As infants start to add foods to their diet you will need to prepare these foods properly, create "finger foods" that are appropriate sizes for your child.

Children 13 months and under are **only** served the food you provide for your child. It is our recommendation that a cup with a straw be introduced to your child by their first birthday. Older infants sit in 8" or 10" chairs with trays to eat their meals for safety reasons.

Round firm foods are not permitted, i.e. whole grapes, hot dogs, raw peas, chunks of raw carrots, celery, hard pretzels, popcorn, hard candy and large pieces of meat, which could lodge in the throat of small children.

When snacks and lunch are served we keep waiting at a table to a minimum. Children sit down when hands have been washed and their food has been placed on the table. Parents are to provide milk or water as a beverage, we are juice free. We suggest using an ice pack in the lunch box to

maintain a cold temperature. We encourage children to feed themselves using utensils. If your child is unable to eat certain foods this needs to be documented in a Special Care Plan and discussed with the director and the caregivers. If your child refuses to eat or drink while in our care we will call to inform you of the situation, and it will be noted in your child's daily report.

Breastfeeding Policy

As an early care program we play an important role in providing infants access to the varied and nutritious foods they need for healthy growth and development during their first year. Human milk is the ideal food for babies. Research overwhelmingly shows that exclusive breastfeeding for six months and continued breastfeeding for at least a year or longer, dramatically improves health outcomes for children and their mothers. We help our mothers and their infants increase their breastfeeding duration by providing an environment that supports breastfeeding.

OECC subscribes to the following recommendations for promotion and encouragement of breastfeeding and infant feeding practices:

1. Breastfeeding mothers shall be provided a place to breastfeed or express their milk.

Breastfeeding mothers can use room 4 as a private and sanitary place where mothers can breastfeed their babies or express milk. This area has an electrical outlet, and access to running water.

2. A refrigerator will be made available for storage of expressed breastmilk - Breastfeeding mothers may store their expressed breast milk in the refrigerator located in the infant room. Mothers are to provide their own BPA-free containers, glass is not allowed, and is to be fed within 72 hours of collection, a breast milk/bag system to which a nipple is or can be attached works best. All breast milk must be labeled with child's full name, date and time milk was expressed and use by date. Breastmilk will be stored immediately on arrival at the facility. Families are encouraged to bring breastmilk in volumes appropriate for the length of time their child will be in our care, and, in addition, in some extra quantities that can be used if the baby seems to want more after finishing the usual amount.

3. Staff shall be trained in handling human milk - All OECC staff is trained in the proper storage and handling of human milk, as well as ways to support breastfeeding mothers. We follow guidelines from the American Academy of Pediatrics and Centers for Disease Control in ensuring that breastmilk is properly treated to avoid waste. Special precautions are *not* required in handling human milk.

4. Staff members will receive professional development training on promoting and supporting breastfeeding two or more times per year. The director or head teacher review the policy and procedures that Ocean Early Childhood Center adheres to, and will update the staff on any changes to policy or new information.

5. Caregivers feed infants on cue unless parent/guardian and the child's primary care provider give written instructions otherwise. - Infants are fed on cue of hunger such as opening the mouth or making suckling sounds unless the parent and child's primary care practitioner give written instructions otherwise, in a Special Care Plan. Feedings are by the same caregiver whenever possible. Feedings stop when the infant seems to be satisfied or starts to fall asleep.

6. Preparing, Warming and Feeding human milk - Human milk is heated separately from other bottles in warm water or a bottle warmer, not in a slow cooker or microwave oven. Water used to heat human milk is discarded after each use. Gloves are not required for handling or feeding expressed human milk, but human milk should otherwise be treated as a human fluid. Caregivers who have openings in their skin, such as cracked skin or hangnails, should prevent contact of human milk with their hands.

7. Accidental feeding of Human Milk to the wrong infant - No infant is fed expressed human milk of another infant's mother.

8. Infants should always be held for bottle feeding. - Infants who are not ready to use a bottle independently while seated in a feeding chair are always held for bottle feeding so that the infant and caregiver make eye contact during the feeding while the infant is held in the caregiver's arms or seated on the caregiver's lap. Bottle propping or taking bottles into sleep/rest equipment is not permitted. A child who can independently use a bottle or eat solid foods is allowed to do so only when seated or held.

9. Sensitivity will be shown to breastfeeding mothers and their babies - OECC is committed to providing ongoing support to breastfeeding mothers, including providing an opportunity to breastfeed their baby in the morning and evenings, and holding off giving a bottle, if possible, when mom is due to arrive shortly. Artificial baby milks (formula) and solid foods will not be provided unless the mother has requested. Babies will be held closely when feeding and bottles will never be propped.

10. Feeding of Solid Foods - When an infant's health care professional indicates that the baby is ready for foods in addition to human milk or infant formula, foods high in iron and zinc are gradually introduced. This introduction generally occurs between 4 and 6 months of age.

11. Cow's milk is not fed to children under 1 year of age - With accordance with government standards, cow's milk is not fed to children under the age of one. Early exposure to cow's milk proteins increases the risk of developing allergy to milk proteins. Because of the possible association between early exposure to cow's milk proteins and risk for type 1 diabetes mellitus, breast-feeding and avoidance of commercially available cow's milk and products containing intact cow's milk protein during the first year of life are strongly encouraged.

NAPS AND QUIET TIME

Naps are important and required for all young children. Infants sleep "on-demand", according to their own schedule. For older age groups, our daily schedule incorporates a balance of active and quiet play, including a rest/nap period.

For children 12 months and younger:

Infant naps are in assigned cribs according to their individual schedule. If an infant were to fall asleep while being rocked or in a stroller, he/she will be put in their assigned crib to continue sleeping. No child is placed in a crib to play; they are only used to sleep. In accordance with the recommendations of the American Academy of Pediatrics, we place infants on their backs to sleep in cribs (unless a different position is ordered by the child's health care provider and is indicated in writing in Special Care Plan), with no blankets, pillows, or wedges of any kind. You may provide a sleeper (sleep sack) for warmth, be sure that all items are labeled in permanent ink with your child's first and last name. Only one child at a time shall occupy a crib. All sheets and sleepers, which are supplied by OECC, are sent home on Friday to be washed and returned with your child on Monday (or your first day back to OECC). All cribs and mattresses are sanitized weekly or more frequently if necessary.

Your child is removed from their crib for playing and nurturing while they are awake. You are encouraged to visit the school to feed, play, and interact with your infant. You are also welcomed to breast feed your infant at any time.

OECC provides each child with a crib that complies with the federal safety standards and is equipped with:

1. a firm, waterproof, snugly fitting mattress
2. A Clean, tight fitting sheet
3. Top rails that are at least 19 inches above the mattress
4. Slats that are not more than 2 3/8 inches apart
5. Locks and latches on the drop-sides of the cribs shall be safe and secure from accidental

release

TODDLERS - Will be supplied a sheet and blanket on your first day of school. They are sent home on Friday to be washed and returned with your child on Monday (or your first day back to OECC).

PACIFIERS

If your child uses a pacifier, you must provide one that is labeled with your child's name. No strings or lanyards are permitted on pacifiers. Young infants who use pacifiers will be given it on an "as needed" basis. Older infants and toddlers who use a pacifier will only have them at nap time. We do not allow children to walk around the classroom with a pacifier. It is not healthy for a child to pick up a pacifier from the floor and put it back into their mouth, or put someone else's pacifier into their mouth. It is our recommendation that at 24 months your child is weaned from using a pacifier. Pacifiers and sippy cups inhibit muscle development in the mouth and tongue needed for speech, so the sooner you are able to break your child of these items the better it will be for them in the long run.

DIAPERING

Families whose children wear diapers must provide diapers, diaper cream, store bought wipes, several changes of clothes, bibs and any other items that may be needed and you must replenish these items, as needed. These items are stored in a container labeled with your child's name. Every child is changed at 2 hour intervals throughout the day or as needed. Remember to label all items in permanent ink with your child's first and last name. **Please put a clean diaper on your child before dropping your child off.** A Diaper Cream Permission form **MUST** be signed by you giving us permission to apply diaper cream or any barrier cream and/or baby powder. We do not recommend the use of baby powder as it has been linked to childhood asthma and other respiratory difficulties. If you are changing to a new brand of diapers PLEASE try them at home first in case your child has an allergic reaction or any other issue. Cloth diapers are not allowed at this facility.

Diaper Changing Procedure

- Before bringing the child to the changing area, our caregiver will wash their hands. • Cover the changing surface with nonabsorbent paper.

- Remove the following items from their individual containers and place them away from the child's reach and in an area that is likely to stay clean during the change: ○ Unused diaper, clean clothes
 - Wipes
 - A plastic bag for any soiled clothes or cloth diapers
 - Dab of diapering cream on facial or toilet tissue
- The disinfecting solution to be used after the change is available to the adult but inaccessible to any child.
- Bring the child to the changing surface, keeping a hand on the child at all times. • Undress the child, removing the bottom outer clothing and any other soiled items. If the child is able, the child will hold unsoiled upper-body clothing up away from the soiled area of the body.
- Any soiled clothing is put in the plastic bag.
- Unfasten and check the diaper/underclothing.

- Clean the child's skin that was in contact with urine or feces.
- Lift child's legs and clean bottom from front to back. Use a fresh wipe each time. • Keep a hand on the child. Put the soiled wipes into the soiled diaper/training pants and fold the soiled surface of the diaper/training pants inward. Then put these into a plastic lined, hands-free, lidded container. Alternately, dispose of each of these items individually when done with them. Articles that get laundered at home go into a tightly sealed plastic bag and then put in a separate lidded, plastic-lined, hands-free covered container. • Use a separate clean wipe to clean the child's hands (and another fresh wipe to clean the adult's hands.
- Slide a fresh diaper under the child
- Use a facial or toilet tissue or wear a clean, disposable glove to apply any necessary diaper cream that the parent has given us permission to use.
- Fasten the diaper and finish dressing the child. Older children may help put their clean clothes on with coaching from the caregiver.
- Use soap and warm water at a sink to wash the child's hands.
- Use a disposable wipe to clean the child's hands only if the child cannot be held or is unable to stand at the sink.
- If clothing was soiled, securely tie the plastic bag used to store and send it home. • If changing surfaces are visibly soiled, use paper towels to wash surfaces with detergent and water, and then rinse with water.
- Wet the entire changing surface with a disinfectant as a closely directed spray or poured solution.
- Washing hands at a sink or using alcohol-based hand sanitizer.
- Record in a log accessible to the family the time of the diaper change, what was in the diaper or soiled clothing, and any problems, such as a loose stool, an unusual odor, blood in the stool, or any skin irritation

POTTY TRAINING

Is Your Child Ready to Use the Toilet?

Ocean Early Childhood Center believes there are two stages or steps to potty training or toilet learning. These stages are:

1. Toilet trained – The child is capable of using the toilet BUT it is the adult who gets the child to the bathroom on time by putting the child on the toilet at certain times or on a schedule. At this stage, the child often needs assistance with the whole toileting process – this includes pulling pants up and down. Accidents occur frequently in this stage. This is the first stage towards becoming toilet learned or potty trained.

2. Toilet learned (learning) or potty training – The child is not only capable of using the toilet BUT has the developmental ability to express the need to go (both urine and bowel movement). In this stage, the child will demonstrate all or most of the readiness signs as listed below. Accidents occur, but very infrequently in this stage. Verbal Stages of Potty Training Readiness 1. Basic verbal skills – the child is able to speak in three to four word sentences. 2. The child tells you when he or she has wet his/her diaper (recognizes he or she is wet). 3. The child tells you when he or she is wetting his/her diaper (recognizes the sensation of wetting a diaper). 4. The child tells you that he or she needs to go to the bathroom (can control self and go to use the toilet).

Physical and Psychological Signs of Potty Training Readiness 1. Child stays dry for a long time – able to hold their urines or bowel movements. 2. Has bowel movements at regular times. The child chooses

when to have a bowel movement. 3. Adult can recognize when the child is having a bowel movement. 4. The child can undress and pull up their own clothing/pants. 5. Child initiates using the toilet and asks to wear underwear. This is also a sign of wanting to be independent, which is very important. 6. Emotionally ready and open to learning. 7. Can follow three to four step instructions. This is critical to learning to pee, wipe, flush, and wash hands.

Potty training should be a positive experience for everyone involved. It should only take a short period of time when your child is truly ready. Problems arise when adults (parents and caregivers) do not pay attention to the child's lack of readiness. There is no right or wrong age to potty train a child. It should only be determined on an individual basis, much like learning to walk. No two children will potty train in exactly the same time frame or even in the same manner.

It is the belief of Ocean Early that potty training or toilet learning should begin at home with the child's parents or caregivers and at a time when there are not a lot of changes in the child's life. Life must be fairly stress free during this time for the child. We will assist your child in becoming potty trained once the signs of readiness found in the potty training readiness information page, have been observed by the parents, as well as the classroom teacher. Many children may show these signs of readiness at home, but not at school and sometimes vice-versa. It is encouraged that the first steps towards potty training begin at home and on a weekend when you the parents are able to devote your weekend to helping your child. When your child is successful for a full week, your child can attend school in underwear. Please notify your child's teacher the morning that your child has underwear on and not a diaper or Pull-up, as to minimize any surprises. At that time, the teacher will gently remind your child from time to time (not on any set schedule) to remember to go in and use the potty. Please remember that it is nearly impossible for a busy teacher to remember to remind a child (or perhaps children) every half hour to hour to go in and use the potty, while also caring for others in the class. For that reason, your child needs to be able to communicate the need to go potty his or herself without reminders from an adult. There are times in the daily schedule that teachers remind the children to go in and go, but it is not on a set time or schedule – the reminders come naturally throughout the day such as before rest time.

We request that the following guidelines are followed when children are potty training or wearing underwear at school:

1. Your child **MUST** wear loose fitting clothing that are easy for the child to pull up or down.
2. **NO** overalls, pants that require the use of a belt, t-shirts with snaps between the legs, or pants with snaps and zippers that the child cannot get in and out of.
3. A couple changes of clothing, underwear, and socks that are kept in your child's cubby in case of accidents. Please be sure to change out clothes when the weather changes.
4. Bring an extra pair of shoes if available. These can get wet too,
5. Training pants (the thick 5 layer underwear) if available.
6. If your child is male, inform the caregiver if your son will sitting or standing. This really should be determined right from the beginning of the potty training process. It is recommended that boys first learn to sit and pee in the potty and once they are consistent then can be taught to stand and go. This will also lessen problems with learning to put BM's in the toilet and will also avoid constipation issues.
7. Keep a small supply of Pull-Ups available at school until the child has shown naptime dryness for a week. Your child will be in a Pull-Up during naptime until he or she has shown that they can stay dry for that time.
8. We do not rinse out or wash soiled clothing so any clothing that becomes soiled during the day will

need to go home that afternoon. Your child's teacher will place them in a plastic bag and will put them on your child's cubby.

Please keep in mind that often children will show a readiness and have success for potty training at home before the signs are seen at school. There may be a period of time where your child is potty trained at home and not at school. That is perfectly normal and has been seen quite often. If your child comes to school with underwear on and has 2 accidents in a short period of time, a diaper or Pull -Up will be put on your child and we can try again another day when he or she shows signs of being ready at school. Patience is very important during this time. Potty training occurs for all children sometime in their life – there is no right or wrong age.

CLOTHING

We will store in the infant room a change of clothes, a crib sheet & a light blanket. Toddler room will be a change of clothes. Parents should bring at least three complete clothes changes for infants. Be sure that all items are labeled in permanent ink with your child's first and last name. Place the clothing in a self-sealing bag with your child's name on the outside. As the seasons change you should update your child's clothing so they will be appropriately dressed for the weather outside. In the winter months please provide a hat and mittens. Children enrolled in the summer months should provide a wide brim hat, sunglasses, and sunscreen. You will be asked to sign a Sunscreen Permission form so we are able to apply sunscreen to children 6 months and older.

INFANT DEVELOPMENTAL ISSUES:

Separation Anxiety

Separation can be difficult for you and your child. Typical reactions associated with separation anxiety are: crying, clinging. You should be aware that your child takes their **cues** from you. When you feel good and respond positively to dropping off your child, your child will sense this. These hints can be applied with the youngest baby to the oldest preschooler for a seamless drop off:

- Talk with your child ahead of time as to what is going to happen: "Today is a school day."
- Talk with your child's teacher daily and establish a friendly relationship. • Say your goodbye and leave. Do not sneak away.
- If your child begins to cry while you are leaving, don't turn around and come back. • Feel free to stay around to see how your child is doing or call us in 20 minutes to check on your child.

Sometimes a child adjusts quickly to school, and then suddenly becomes upset when you leave; this is not unusual in a group care setting. It is important for parents to maintain the routine providing the continuity of care that will build trust and the predictable environment for the child.

Biting

We know it is distressing to learn your child has been bitten or has bitten a friend. Experts in the field of child development agree that biting is an expected behavior among toddlers 13 months to 3 years of age. Common reasons cited for biting are: need for autonomy and control, exploration, teething, attention getting, frustration, anxiety, mimicking, self-defense, and lack of experience interacting with children in a group.

At the first sign of biting, we will evaluate the environment and activities at the time of the bite. If warranted, adjustments in the environment, routines, or the transitions in the classroom may be made.

If a bite occurs, the teacher will first attend to the bitten child by comforting the child and gently cleaning the bitten area with soap and water. Staff will complete an incident report for the bitten child and discuss the incident with the child's parents. It is important to remember that biting is a developmentally appropriate behavior.

The child who has bitten will be removed from the immediate area and closely supervised for a period of time after the incident. We will complete an incident report for the child who has bitten and discuss the incident with the child's parents. It is important to remember that biting is a developmentally appropriate behavior. For children who continue to bite, more specific intervention will be initiated, including a conference with the family and the creation of a Behavioral Special Care Plan. Each case will be assessed on an individual basis.

Staff cannot discuss with either parent the identity of the other child involved in the incident, nor can staff discuss the medical history of any child involved with the other parent.

Temper tantrums

Temper Tantrums are often marked by a screaming child and a frustrated and sometimes embarrassed parent. Toddlers struggle to develop a sense of themselves as they separate from you. When your toddler becomes frustrated, angry or helpless, he loses control and may kick, scream, and flop on the ground in a total melt down. This is part of the growing process and it is wise to have a plan of action for handling it when your child begins to tantrum. 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 a tantrum occurring. You can begin with a preventative step by allowing your child to have some control over his life by giving choices: "Would you like milk or water to drink?" Giving choices gives your toddler experiences with making decisions and having them turn out successfully.

Aggression

Aggression is a normal part of young children's development. Aggression results from powerful emotions that are not yet under 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 limited social and language skills and often communicate through physical means. Children learn to manage aggression when supportive adults help them learn other ways to express feelings appropriately. We all play a role in helping children learn to manage normal aggression and convert it into constructive assertion.

PARENTAL INVOLVEMENT

Home-school written communication

We provide an Infant Daily Childcare Report for the infants in our care so you and the staff can share the general caretaking information from home and from school. This is done through the Procure App, you can message us at anytime throughout the day.

Daily verbal communication

We encourage parents to talk with your child's primary caregiver at drop off and/or pick up. Let us know how your child's morning went at home so we know what to watch for with your child. Sharing information is important to meet the individual needs of your child.

Technology for communication

We require you provide us with your cell phone number and an email address so we are able to text or email you important information and happenings at the school. Be sure to update your records when your phone number or e-mail change. School closings or delayed openings are also posted on our private Facebook Page. You may e-mail us at oecc@verizon.net with any concerns, questions, or comments. If you want to speak to the director or a staff member, you may call 732-840-0422. You will be contacted if we have concerns or questions or wish to provide information.

Parent Visits/Open Door Policy

Parents are welcome to come and visit their child. For mothers who are breastfeeding, we provide a comfortable private area to enjoy that feeding time. We do caution parents that for some children, particularly infants and toddlers, and multiple separations from the parent a day may make the transition to school more difficult. If you have to leave for work, feel free to call to check on your child. Sometimes parents have a hard time leaving their young infant; caregivers can send a photo via Procure to reassure a parent that all is well with your child. Although this is not standard procedure, we do want you to know we are providing responsive care for your child.

INJURIES AND ACCIDENTS

Protecting the safety of our children in our facility is extremely important. Part of our education plan includes teaching and explaining safety rules to your child. The staff constantly monitors the facility to remedy unsafe conditions and parents are asked to alert us to hazards or concerns they observe. We have two health care providers on staff and all staff are certified in CPR. Parents will be notified immediately of any injury to the head via a phone call. In the event of a minor injury requiring basic cleaning and first aid treatment you will be notified via the Procure app with an incident form that will need a family signature. In the event of an emergency and a responsible person from your child's card cannot be reached, OECC may take your child to the nearest hospital to secure proper treatment. It is understood that all reasonable efforts will be made to notify parents/guardians before any action is taken. It is very important for parents to keep their child's card up to date with new numbers and any emergency contacts. If you are not going to be at your usual place of employment or at home, please make sure that we have a number where you can be reached.

Intake meeting

We encourage you to visit us prior to your child's first day of child care to meet the staff and complete the Individual Care Plan for infants. The specific questions we ask will help us provide more responsive care for your child and your family. **If you have specific instructions regarding foods or medications, a "Special Care Plan" must be completed.**

Parent conferences

Conferences are held as needed during the school year at the request of the directory, caregiver or parent. If there are any concerns based on our developmental assessment, we will refer you to Early Intervention and work cooperatively with you as the parent in your child's healthy development. Early intervention can make the difference in the child's overall progress and it is nothing to be ashamed about.

Personal Space in the Infant/Toddler Room and Permissible Interactions Parents may know the other children in our care on a more personal level, but please keep your interactions to a minimum. We understand the good intentions when seeing another child crying and wanting to be picked up; but we ask that you to refrain from handling another person's child. Ultimately, we are responsible for all children while in our care and other parents may not want or appreciate people

who are not staff handling their child. Friendly, non caregiving, warm interactions are appropriate; talking with another child or reading a book if a child hands you one is acceptable. We just feel the 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. Each member of our staff has gone through a background check and fingerprinting, along with being certified in CPR and First Aid. They all have had specific training for working with young children.

CURRICULUM

During the first two years, children are acquiring a sense of trust in oneself and others. The toddler is beginning to develop autonomy and the two year old feels a sense of independence, power and competence as he or she becomes an active learner and problem solver. Young children need a safe environment full of opportunities to explore both inside and outside. They need to be able to **see, touch, feel, smell, move and taste as they explore**. Everything a child experiences in the classroom, outside on the playground or on a walk is a teachable moment the teacher can take advantage of. Along with the individual caregiving moments, teachers plan and organize the environments to provide experiences which enhance **motor development**: reaching, grasping, crawling in and out, climbing, throwing, kicking, pulling, running, manipulating materials; **cognitive**

development: object permanence, cause and effect experiences, language experiences such as: talking, singing, reading stories and listening to and responding to sounds; **social development**: playing among others, encouraging positive peer interactions, and expressing emotions towards others; and **creative expression** through finger-painting, crayons, markers, play dough, block building, music and movement, and dress-up. Planning is based on observations of the children using their interests, their new skills, and their reactions to materials. We use **key developmental indicators** developed by **High Scope** to guide daily experiences that will foster learning and development and **screening tools** to determine exactly where children are when they begin our program.

HEALTHY PRACTICES

Hand washing

Good health habits begin when children are very young and hand washing is one of the best ways to cut down on the transmission of germs. Our staff follows proper hand washing procedures throughout the day. Our caregivers will wash infants' hands and help toddlers acquire proper hand washing techniques. Our staff will help your children wash their hands upon arrival at school. Hands are also washed before and after meals, before and after diapering or toileting, after wiping a nose, covering a sneeze, after outside activities, before and after playing with play dough, or before and after play at the water table or any other time when hands are soiled.

Children Unable to Stand or Be Held at a Sink:

If a child cannot stand at a sink and is too heavy to hold for hand washing at the sink, the teacher/caregiver may use this method. It is less satisfactory than hand washing at a sink.

1. Use disposable wipes or a damp paper towel moistened with a drop of liquid soap to clean the child's hands.
2. Wipe the child's hands with a paper towel wet with clear water.
3. Dry the child's hands with a fresh paper towel.

Fingernails

Please keep your child's fingernails trimmed to prevent other children from being scratched and to eliminate a potential spot for germs.

MAINTAINING A HEALTHY ENVIRONMENT

We use a two-step cleaning process on tables, soap & water are sprayed and wiped off with a paper towel and then a sanitizing solution of bleach and water is used. Toys in the infant and toddler room that have been mouthed are disinfected throughout the day when they become contaminated. At the end of each day, chairs and other materials are cleaned and sanitized. The diaper changing area is cleaned and disinfected after each use and soiled diapers are disposed of in a plastic bag in a closed container. Floors are vacuumed and mopped daily. Rugs are steamed cleaned if there are two or more reports of the same illness in a classroom.

Fresh air

We air out the classrooms as frequently as possible, particularly during the colder months. Fresh air in the colder months does not cause or promote illness; it actually facilitates good health.

Outdoor play

We believe that children, even babies, should spend time outside each day in most weather. Our

infants will go outside in strollers everyday. Of course, how long they stay out depends on how comfortable the weather is, and cues from the children. They are adaptable to a variety of weather conditions, and are, we believe, healthier for it. If individual children become uncomfortable, they may be taken inside, but the rest of the group shall remain outside for their full play period.

Air Quality

1. Regardless of temperature, the children will continue to play outside every morning and afternoon, on their regular schedule – **UNLESS** the air quality index for that day is CODE RED. That is the only time (except for rain, snow, extreme heat or cold) that the children are to be kept inside. When the index is CODE ORANGE, the outside time will be limited. On code orange days (moderately unhealthful) outside time is limited. On code yellow (moderate) and code green (good) ozone days, outside time is unlimited.
2. When the wind chill factor is at or below -15°F, children are to be kept inside.

Although the staff will use these temperatures as a guideline, the decision will be made on a daily basis considering the weather at the time the children would be outside.

Families must provide outdoor clothing that keeps their child(ren) comfortable and is appropriate for the weather, such as a raincoat and boots on rainy days, warm coat, snow pants, mittens, and hats for cold weather; on sunny days lightweight clothing that is sun protective, including long-sleeved shirts and hats. The staff is required, both by our standards and the Law, to report chronically under dressed children to Social Services.

CHILDREN'S HEALTH AND IMMUNIZATIONS

OECC requires each of our enrolled children to have a Universal Health Record, this record is to verify overall good health and required immunizations.

The American Academy of Pediatrics (AAP) and so do we believe that every child should have a "medical home", a specific long term primary care provider, where families can be supported at all stages of your child's development. We encourage a "medical home" as opposed to a walk-in clinic or the emergency room; a primary care provider can get to know your child and family, and should be your partner in decisions about your child's health.

It is encourage that when you choose a primary care provider for your child, you share the doctors contact information with us. When there are questions about health issues, medication or allergies, we can contact the provider directly for clarification and possibly save you a trip to the doctor.

Immunization Requirements

All children must be up to date on their immunizations before being admitted to our program. If your child is behind on immunizations, OECC has the right to refuse care until you become current. You will still be responsible for tuition during this time. This applies to all children, birth through school-age. Adequate documentation of immunizations records must be validated by a physician or other health care professional with a signature or rubber stamp, and **MUST** include the child's name and birth date, the number of doses and vaccine type, and the month, day, and the year the child received each vaccination. Validated proof of updated immunizations is to be submitted when your child receives a new immunizations or booster shots. If any state licensing regulations exist that exceeded these requirements, the state licensing regulations will be adhered to by the school. Failure to abide by the immunization requirements may impact your child's enrollment.

You have rights to waive immunizations. To do so, an Immunization Waiver must be provided to us indicating the religious, cultural, or medical reasons surrounding the relinquishment. You may speak to the director to acquire this waiver. Once this wavier is filled out and given back to OECC it

will be filed in that child's record. Children with an immunization exemption may be excluded from the center during a vaccine-preventable disease outbreak or threatened outbreak.

MEDICATIONS/OTHER PRODUCTS

Dispensing Medication

Medications may be provided to your child while in our care in accordance with our policies and state regulations. Medication administration at this facility is limited to prescription or non-prescription (over-the-counter) medications ordered by a prescribing health care professional for a specific child and must be accompanied by written consent from you.

We do ask, whenever possible, the first dose of medication should be given at home to see if the child has any type of reaction. You may administer medication to your own child during the day.

In order for OECC to administer medication to your child while in our care you **MUST**:

- Personally hand over all the medications to the director or head teacher, not to just any staff in the classroom.
- Complete an Authorization to Give Medicine Form, which will be kept in the medication log book while the medication administration is in active then, will be filed in your child's record.

Any medications brought in by you for your child **MUST BE**:

- Accompanied by a written order of the health professional and must specify the medical reason for the medication, name of the medication, dose, route, when (i.e., part of the day), for how long the medication is required (i.e., number of days), and any reactions or side effects that might occur.
- In the original container
- Labeled with child's first and last name
- Labeled with date the medication was issued and when it expires
- Labeled with prescribers and pharmacy names and phone numbers
- Include directions to administer the medication
- Provide any relevant warnings

Our management staff will record the following information:

- Name of the child to whom the medicine was given

- Name of the medication
- Date, time, route and amount of medication given
- Name (not initials) of management staff administering the medication

All medications are stored in a locked area that is inaccessible to children. We will refrigerate medications that require it. Medications are not typically administered on field trips unless it is a life threatening circumstance (such as allergic reactions to bee stings or foods) or a drug that has a dosage duration shorter than the anticipated time for the field trip.

For ALL medications, **you must** complete an Authorization to Give Medication Form, *this form contains: instructions, consent, and a waiver*. The signed form expires seven (7) days from the date of the signature. **Prescription medications must** be stored in the original container with the child's name, physician's name, date, pharmacy name and phone number, prescription name, number, and clear instructions with frequency and amount to be given to the child. No injections will be administered, with the exception of Epi-Pens.

For over-the-counter medications, **you must** complete an Authorization to Give Medication Form, *this form contains: instructions, consent, and a waiver*. The signed form expires seven (7) days from the date of the signature. When applying sunscreen, diaper cream or insect repellent, OECC has different

waivers for you to sign. Over-the-counter medications must be in the original container with the child's name clearly written and expiration date. The authorization must indicate the times the medication is to be given and the exact dosage and route. You must supply additional information on possible side effects of the medication.

Non-prescription Over-the-counter and topical medications are defined as follows:

- Non-Aspirin fever reducer/pain relievers
- Topical ointments such as sunscreen, insect repellents, teething gels and diaper rash creams

No medications will be dispensed in a manner that is contrary to the label directions without a physician's written instructions

We have the unilateral right to refuse or discontinue administration of any product/medication if:

- an adverse reaction results
- the product expires
- the child is ill or injured
- the product can be administered before or after child care
- the consent waiver form is incomplete
- for any other reason if, in management's opinion, it is in the best interest of the child

POLICY ON THE MANAGEMENT OF ILLNESS & COMMUNICABLE DISEASES Infectious diseases, illness and injuries are common occurrences among children. VIP Child Development Center clearly states the procedures we follow to make decisions about children; when to exclude, when attendance is permitted, and when those who have been excluded may return. During the winter, many children have a common respiratory illness (a common cold) at any one time and do not need to be excluded from the program unless their condition meets the exclusion criteria specified in our policy. You **MUST** have a backup plan for care of your child when they are unable to be in the facility due to illness or injury.

You are expected to openly share information about your child's behavior, symptoms, or exposure to illness. A note from your child's primary health care professional is necessary only when our staff needs advice about any special care that is required for your child or if your child's condition poses a health risk to others. We rely on your description of your child's behavior or symptoms to determine when your child is well enough to return to the classroom after an illness or injury.

The director or head teacher decides about inclusion/exclusion if you have an ill child, taking into account what is known about the illness. The decision is made by what you and the child's teachers/caregivers share about the child's condition and findings of the daily health check procedure.

For the health and well-being of your child and others, your child must be kept home if he or she develops any of the following symptoms and must be kept home until the child is symptom free for twenty-four hours or the child's physician indicates, in writing, that a child can return to the school (unless otherwise directed by the local health department):

- Your child's condition must not prevent them from participating comfortably in activities that the facility routinely offers
- Your child's condition requires more care than teachers/caregivers can provide without compromising the needs of the other children
- Keeping your child in care poses an increased risk to the ill child or other children or adults with whom the child comes in contact with

If your child has any of the following conditions, they may not be brought to school:

- Appears to be ill – lethargy, lack of responsiveness, irritability, persistent crying, difficult breathing, or have a quickly spreading rash
- A fever:
 - 101 degree F or higher if taken orally
 - 100 degree F or higher taken auxiliary (under arm).
- Diarrhea - two or more
- Blood or mucus in the stools not explained by dietary changes
- Vomiting
- Persistent abdominal pain or intermittent abdominal pain associated with fever, dehydration, or other symptoms of illness
- Mouth sores with drooling
- Rash with fever or behavioral changes
- Head lice or nits
- Streptococcal pharyngitis (i.e. strep throat or other streptococcal infection) • Scabies, until after treatment has begun
- Chickenpox (varicella)
- Impetigo
- Pertussis (i.e. whooping cough) (we will follow the direction of the local health department) • Measles, Mumps, and Rubella (we will follow the direction of the local health department) • Tuberculosis (we will follow the direction of the local health department) • Hepatitis A virus infection (we will follow the direction of the local health department) • Any child determined by the local health department to be contributing to the transmission of illness during an outbreak
- Severe pain or discomfort
- Severe coughing or difficult or rapid breathing
- Yellow eyes or jaundice skin
- Red eyes with discharge
- Infected, untreated skin patches
- Skin rashes in conjunction with fever or behavioral changes
- Skin lesions that are weeping or bleeding
- Stiff neck

IF YOUR CHILD HAS ANY OF THE ABOVE WHILE AT SCHOOL, YOU WILL BE CALLED TO PICK THEM UP! You must make arrangements to pick them up within a half hour.

If your child has a communicable disease, you must inform the school immediately so we can take the necessary precautions. We will take necessary measures to protect your child's identity and only

share the information relating to the communicable disease with those that need to know. We also will notify you if we become aware that an employee or child in our care has contracted a communicable disease that the local health department requires us to report.

A child who contracts any of the following diseases may not return to the center without a health care provider's note stating that the child presents no risk to himself/herself or others:

TABLE OF EXCLUDABLE COMMUNICABLE DISEASES

Respiratory Illnesses

Contact Illnesses

Gastrointestinal Illnesses

Chicken Pox** Campylobacter* Impetigo
German measles* Escherichia coli* Lice
Haemophilus influenzae* Giardia Lamblia* Scabies
Measles* Hepatitis A* Shingles
Meningococcus* Salmonella*
Mumps* Shigella*
Strep Throat
Tuberculosis*
Whooping Cough*

*Reportable diseases that must be reported to the Ocean County Health Department by VIP Child Development Center.

****Note:** If your child has chicken pox, a health care provider's note is not required for re-admitting the child to Ocean Early. A note from the parent is required, stating either that at least six days has elapsed since the onset of the rash, or that all sores have dried and crusted.

If a child is exposed to any excludable disease at the center, parents will be notified by a written and/or by email.

COMMON EARLY CHILDHOOD ILLNESSES IN CHILDREN UNDER THREE

YEARS Croup

- It is an inflammation of the voice box & windpipe in which the airway below the voice box narrows.
- Children are most likely to get croup between 6 months and 3 years.
- The most common months for croup is between October and March
- Two Types of Croup: 1. Spasmodic - caused by a mild upper respiratory illness. 2. Viral – resulting from an infection in the voice box that starts with a cold and develops into a cough with fever.
- Treatment – usually steam treatments and/or prescribed medication to reduce the swelling in the throat.

Respiratory Syncytial Virus (RSV)

- 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 two years. • In most children, symptoms appear similar to a mild cold. RSV infection can be very mild, like a cold or very severe causing hospitalization.
- It is spread through direct contact with secretions
- No specific treatment; only symptomatic treatment

Rotavirus

- One of the most common causes of diarrhea in children under three years. • Most prevalent during winter months

- Spreads person to person from one to three days after exposure
- Children should be watched carefully for dehydration due to vomiting, diarrhea, and fever.
- No specific treatment; symptomatic treatment.

Fifth's Disease

- Occurs most often in children in March and April
- Begins with a mild fever, headache, fatigue and muscle aches lasting a few days followed by a rash
- Intensely red rash on the face gives a "slapped cheek" appearance. It spreads to the trunk of the body, arms and legs as a finer rash.
- The virus is spread most likely through respiratory secretions.
- Children are infectious about one week **before the rash appears**; once the rash appears, the child is no longer as infectious.
- No specific treatment; only symptomatic treatment.

Hand, Foot, and Mouth Disease

- This disease (HFMD) is a common illness of infants and young children. • Characterized by fever, sores in the mouth, and a rash of blisters.
- Begins with a mild fever, poor appetite, feeling sick, and frequently a sore throat. •

One to two days after fever begins, sores develop in the mouth.

- Skin rash develops over 1 to 2 days with red spots, some with blisters. • The rash does not itch and it is usually located on the palms, hands, and soles of feet. • Cause by a virus and is moderately contagious; spread person to person. • Most contagious during the first week of illness.
- No specific treatment; only symptomatic treatment

Thrush

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

Roseola

- A viral infection most common in children 6 months to 24 months of age.
- Symptoms include a high fever that lasts for 3 to 5 days, runny nose, irritability, eyelid swelling and tiredness.
- When the fever disappears, a rash appears, mainly on the face and body, and lasts for 24 to 48 hours.
- Spread from person to person, but it is not known how and is not very contagious. Usually no treatment

REQUIRED ITEMS

Please be sure you provide the school with the following (on a daily basis):

- Four changes of clothing (including socks or booties)
- Sleep sack - infants
- 2 Receiving blankets (not for crib use) -infants

- Diapers
- Wipes
- Ointments with dr note
- Enough prepared and labeled (using Company labels) formula or breast milk for one day • Jar food, cereal (when applicable), lunch and snacks with 4 bibs
- Sweaters and/or jackets to accommodate indoor/outdoor temperature changes • Diaper bag(large enough to store empty bottles and clothes that may be sent home

All items must be labeled with the child's first and last names. Infant belongings (soiled clothing, used/unused bottles, etc.) must be taken home nightly and laundered or sanitized.

IN SHORT WHAT WE EXPECT OF OUR PARENTS:

- **Read/Be Aware** of bulletin boards, notices, newsletters and emails. This is a way for us to share important information with you on a regular basis.
- **Give** your child time to adjust before leaving him or her here. Parents can help set a positive tone for the rest of the day by taking a few minutes in the morning to greet the teachers, wash hands with your child and help your child get involved in an activity.
- **Value** staff members and show them common courtesy. Teachers are more than just babysitters. We employ teachers who have a degree or are working towards their degree in education or a related field and a minimum of 20 hours of continuing education in early

childhood. In addition, teachers are trained in recognizing and reporting Child Abuse, trained in First Aid, and Pediatric CPR.

- **Focus** on your child when you pick him or her up. Take time to greet staff and your child and see if there is anything the teacher wishes to communicate before you leave.
- **Pay** your tuition or child care fees on time. We are providing a valuable service and deserve prompt payment. Don't put the administration in the position of begging you for payment or terminating your services due to non-payment.
- **Be** respectful and support school policies. We do our best to enforce all policies at all times, but your disregard for a policy may cause a problem.
- **Teach** your children follow school rules. Your child's safety and well-being is our primary concern.
- **Keep** a sick child home. The state mandates health regulations to prevent the spread of infectious illnesses. These rules also keep your child from being infected by others as well. Make sure you have back-up child care when your child is ill.
- **Address** concerns in a respectful way and to the appropriate person. Seek to resolve your problem with the appropriate staff member.
- **Communicate** with teachers about what's going on at home.
- **Pack** your child a nutritious lunch. We will be happy to assist you with menus that meet USDA requirements for good nutrition

TODDLER DAILY SCHEDULE - this is an estimated schedule

9:00 – 9:15 Morning meeting

9:15– 10:00 Snack

10:15 - 10:45 Snack

10:00 - 10:30 Outside time

10:30 – 11:30 Work time

11:30 – 12:00 Lunch

12:00 – 2:00 Nap time

2:00 – 2:30 Wake up

2:30 – 3:00 Large group

3:00 – 3:30 Snack/Clean up

3:30 – 4:00 Gross Motor Skill

**PLEASE RETURN A SIGNED COPY OF THIS PAGE TO
OECC**

Child Name _____

Adult Name _____

Classroom Name _____

Dear Family,

In keeping with New Jersey's child care licensing requirements, we are obligated to provide you, as the parent of a child enrolled at Ocean Early Childhood Center (OECC), with this informational family handbook. Included is the DYFS Information to Families document which explains your right to visit our school any time, our obligation to be licensed and to comply with licensing standards, and OECC's obligation to report suspected child abuse/neglect to the State's Division of Youth and Family Services.

This handbook also has important policies regarding health, and other pertinent topics.

I also understand that this document can be changed at any time with or without notice by the director or her designee.

I have received, read and understand OECC's Parent Handbook.

Signature _____

Date _____