

**BEACHWOOD NURSERY SCHOOL EARLY LEARNING CENTER
1014 Pinewald Road, Beachwood, NJ 08722 (732-244-1550)**

Re: Infant, Toddler & Twos Handbook

Dear Family,

Welcome to our Infant/ Toddler Classroom or our Terrific Twos' Classroom at our Early Learning Center. We look forward to forming a great relationship with you and your child. It is expected that prior to children starting in our Infant/Toddler Room or the Twos room, parents meet with the teachers from the classroom and complete an Individual Care Plan, review practices and ask any questions. We want families to feel welcome and to feel they are a valued member of our school community.

This handbook addresses the many developmental changes and issues that are specific to Infants, Toddlers and Twos and is a supplement to our general parent handbook. The BNS Parent Handbook provides information about general policies like enrollment, arrival & dismissal, billing, parent involvement, health & safety and other information. Our handbooks as well as the "Information to Parent Statement" and other policies may be found on our website: www.beachwoodnurseryschool.com.

If you have any questions, please feel free to ask at any time. The teachers are an excellent resource for you regarding your child's development, classroom practices or happenings. For specific questions or concerns, please e-mail us at: beachwoodnurseryschool@hotmail.com

Sincerely,

Justina Newman, Director

Michelle Newman Keenan, Sponsor

**Beachwood Nursery School & Early Learning Center
INFANT, TODDLER, AND TWOS PARENT HANDBOOK***

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*Throughout our handbook (10.B.08) you will see a combination of numbers and letters adjacent to the topics. These refer to the NAEYC Early Childhood Ten Program Standards and Accreditation Criteria. Through its accreditation system, NAEYC uses the standards and criteria to define program quality and recognize programs that have demonstrated the capacity to sustain quality over time. Each standard represents an essential element of high quality programs for all children Birth through Kindergarten. The Early Childhood Program Standards help to ensure that teachers are prepared to help all children develop, learn, and achieve their full potential. Our school has been NAEYC accredited since 1992.

THE EARLY LEARNING CENTER MISSION is “ to provide a safe, supportive, nurturing environment designed for exploration and learning for our youngest children and to provide supportive relationships for families.” We serve as a model of the quality Early Childhood Education possible for Infants, Toddlers and Twos distinguishing us from daycare. We are a nursery school environment.

INDIVIDUAL CARE PLANS FOR INFANTS, TODDLERS AND TWOS (10.B.08)

We believe it is important to review the care parents want and expect for their child **before** attending our program for the first time. We need to know how parents hold, feed, soothe, and settle their child for sleep so we can incorporate these ways into our daily routine. A **special care plan** must be completed for any medications, known allergies or other needs. Plan to visit our program with your child to meet staff, to observe and to complete an “ Individual Care Plan” . (We recommend parents update Individual Care Plans **monthly** for Infants under 12months, and every 3 months for toddlers and Twos.) **Schedule an in- person visit prior to the first day of school.**

THE TRANSITION TO CHILD CARE (10.B.08)

Parents may visit and call whenever they are able. If it is a busy time of day, the teachers will return a call later when they have more time to talk. Parents might consider phasing into the child care routine by gradually extending the length of the child’s day over the course of a week. Provide us with a family picture to mount on the wall or crib and loose photos for the toddler to hug and kiss.

STAFFING (10.B.09)(10.B.12)

Our professional staff qualifications **exceed** New Jersey licensing requirements with varying degrees and experience. All of the Lead teachers either have a Bachelor’s degree or an Associate degree with a minimum requirement of a Child Development Associate for teaching assistants. Our staff completes a minimum of 20 hours of on-going training per school year to develop and strengthen their skills and staff are required to maintain CPR & First Aid Certification. Staff ratios vary by age group and typically **exceed the minimum** staffing requirements of: 1:4 for Infants, 1:6 for Toddlers, 1:6 for Twos, 1:10 for Threes, and 1:12 for fours.

PRIMARY CAREGIVERS (10.B.11)

All children will have a primary caregiver. One adult in the room will be the “expert” for your child, knowing pertinent information such as your child’s individual schedule, developmental abilities, sleeping needs, interests, special needs and individual cues. This mutually satisfying relationship helps develop trust, respect and understanding so that children feel secure at school. **However**, it does not mean exclusive care. Other staff will develop warm relationships with your child and encourage learning interactions and play as your child explores the learning environment.

CONTINUITY OF CARE (10.B.13)

We strive to provide continuity of care by looping Infants, Toddlers and Twos with at least one familiar teacher. Children stay together for several years moving as a group from the Infant/Toddler Group to the Twos’ Group The Infant/Toddler room is divided by a gated half partition with non-mobile children on one side and toddlers on the other side. Although some toddlers may turn two during the school year, they usually remain with their peers moving on to the Twos’ room at the beginning of summer or at the beginning of September. In an effort to ease the transition, we will always make sure each child moves with a small group of friends and/or with a familiar teacher. This practice fosters strong attachments and benefits children by giving them teachers who know them well rather than having children change teachers and groups of peers every few months.

PARENT CONCERNS (10.B.08) (7.B.02)

We are a community of children, parents and staff sharing our lives together. It is our goal to make our interactions positive, helpful, kind and understanding. Yet, we know mistakes will happen creating mis-understandings and/or mis-communication. For instance, we cannot accept any medications without a signed authorization form. We need your input, your suggestions, your questions and your concerns to meet shared communication. Parents need to be familiar with our **policies and procedures** by reading our two handbooks, and individual policies related to Infants, Toddlers and Twos.

Please remember:

- Teachers want parents to feel satisfied with the care and learning provided for their child;
- Talk with the teachers directly expressing your concerns whenever possible or the Director;
- Realize that if you have a concern with a teacher, the 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 correct any mistakes or misunderstanding.
- Be assured that teachers do not “take it out” on your child after you express a concern. Actually, after expressing a concern, your child’s teacher will be more conscientious about your issue and try to improve;
- 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 to the people involved.

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.

PROFESSIONAL RELATIONSHIPS (10.B.01)

Parents are expected to maintain a professional relationship with our teachers. Although friendships and bonds may develop, parents and teachers need to be careful about the appropriateness of the relationship. Confidentiality can be significantly compromised through social networking sites, such as Facebook (Teachers cannot friend you on Facebook as this is our policy). Any communication related to school needs to go through appropriate forms of communication with teachers such as: calling the school to talk with a teacher, talking at pick-up or drop-off; or e-mailing questions to our school e-mail account: beachwoodnurseryschool@hotmail.com. We will make sure parents get a response as soon as possible. We do maintain a Facebook page for Information only.

DAILY SCHEDULES (CARING ROUTINES) (3.D.01, 02, 03) (3.E.05, 08, 09)(3.F.07)

The majority of each infant’s day is spent in care-giving routines. Infants follow their own biological needs, napping as needed. Diapering, feeding and comforting all provide for one-to-one connections between caregiver and infant. Each infant is viewed as an individual with unique needs and abilities. During care-giving routines, teachers focus on the individual child singing songs, saying rhymes and playing interactive games such as “peek-a-boo”.All Infants are read to and mobile infants are encouraged to explore and discover in an environment that accommodates new interests and skill levels.

The daily schedule for toddlers & twos is a guide that provides a framework for organizing the daily routine and play activities. The individuality and the emerging independence of each toddler or two year old is supported by our teachers while providing safe boundaries, promoting pro-social behaviors and a variety of play opportunities. Teachers encourage language through one-to-one interactions in care-giving, reading stories, sensory activities, role playing or singing. Teachers use routines such as: snack time, group time, outdoor time and play time as opportunities to teach concepts such as colors or other skills such as hand washing or drinking from a cup. Teachers adjust schedules reading cues from children about their needs. The following is a sample daily schedule:

7:30 - 9:30 Classroom Activities	12:00-12:30 Lunch
9:30 - 9:50 Snack	12:30- 2:00 Nap
9:50- 10:00 Group time/Story	2:00- 2:30 Transition from Nap
10:00-10:30 Sensory Activities	2:30- 3:00 Snack (School Day Pick-up)
10:30-11:00 Outdoor or Large Motor Activities	3:00- 5:00 Classroom Activities/Combine
11:00-11:30 Small group Activities	

DAILY SHEETS FOR INFANTS, TODDLERS, AND TWOS (7.A.10) (7.B.05)

We ask parents to complete a “Daily Sheet” in the morning in order to share specific care-giving information that occurred at home including when and how much an Infant or Toddler or Two ate before coming to school, general disposition, prior sleep, and any medication administered at home. Parents list all food and snacks brought from home in original containers or wrappers labeled with the child’s name and the date. The number of bottles containing **formula, breast milk** or **whole milk** and their caps must be labeled with the child’s first and last name and the current date and must be placed in the child’s labeled container in the refrigerator. This is required by licensing. **Breast milk** must be stored in a zippered container labeled with the child’s first and last name. We in turn provide our daily care-giving information as well as an observation or developmental milestone observed. It is helpful for parents to complete a daily sheet at home to save time at drop off.

MEAL TIMES (3.D.12,5.A.09,5.B.03,.15,.16)

There are two snacks and lunch every day for which parents are asked to **supply all food items daily**. We encourage parents to provide wholesome, **low sugar** foods and to **introduce** their child to a variety of food tastes and textures **prior** to sending these items in for snack or lunch. Snack foods include: cereals, crackers, fruits, vegetables, yogurt, cheese and milk. Please avoid sandwiches of peanut butter & jelly for this age group as we would like to maintain a **peanut free environment** for children **under three**. We do have limited food items for a late after snack. For **nutrition** info refer to: www.kidshealth.org:nutrition or Ages&Stages-HealthyChildren.org.

Round firm foods that might lodge in the throat of a child less than 4 years of age are not permitted. The foods include: hot dogs, whole grapes, nuts, popcorn, raw peas, chunks of raw carrots, celery, hard pretzels, sticky peanut butter, meats larger than can be swallowed whole, hard candy* (*Caring for our Children: Vol. 3 **)

INFANTS (5.B.09, 10,11,12, 13,14,)

Infants are held while they are drinking to provide the same one-to-one closeness that a **breast fed** child receives. If an infant is drinking breast milk, the caregiver will switch the baby to the opposite side half way through the feeding to stimulate breast feeding. A parent may come in to breast feed their infant if a work schedule permits. (We support Breast Feeding, please read our **Breast Feeding Policy**)Bottles may not be propped and any milk not finished within the hour will be **discarded**. Infants and Toddlers are not allowed to walk around with a bottle or cup. **Glass** bottles are not permitted. Cereal or any other food product may not be served in a bottle. At least one **factory sealed bottle** must be provided for an emergency feeding. Bottles are heated in warm water as are food containers or jarred food. Food is placed in a feeding dish provided by the parent. Food not consumed from the dish will be discarded. As infants gradually start to eat table foods, parents should prepare the foods cut-up in the appropriate size their child can manage as "finger foods".

Infants under 13 months of age may **only** be served the **parent provided food**. We recommend introducing an open cup at **8 months** and/or a cup with a straw to begin the weaning process by the First Birthday. Older infants sit in 8" or 10" chairs with trays to eat their meals for safety reasons.

TODDLERS & TWOS (5.B.02,5.B.04,05,06,07,13,14,16)

Mealtimes are one of the few group times for **Toddlers and Twos**. Waiting at a table is kept to a minimum. Children sit down when hands are washed and their food has been placed on the table. Parents should use a **thermos for milk or provide a small bottle of water**. A **wide mouth thermos for hot food** is recommended. (We are not permitted to have micro-waves in the classroom) An ice pack should be included in the lunch box to maintain a cold temperature. We encourage the children to feed themselves with utensils. If a child's doctor indicates your child should not eat a certain food, it needs to be documented by the doctor on a **"Special Care Plan"**. Special instructions regarding food must be discussed with the **Director**. It is not unusual for a child to refuse to eat or drink in group care during his/her first days. If this situation occurs, we will call to inform the parent of the situation.

SLEEPING (3.C.03, 04,5.A.12,9.A.01,10D.01)

Infants, unless otherwise ordered by a physician, must be put down to sleep on their backs as required by licensing. Infants nap according to their own schedules. If an infant falls asleep while being rocked or in a stroller, he/she will be put in the assigned crib to continue sleeping. Children are **not** placed in cribs to play; only to sleep. Blankets are not permitted in the cribs, so **we suggest a sleep sack**. This is a recommended practice by the American Academy of Pediatrics (AAP) & others. When a child reaches 13 months and is mobile, cot sleeping is encouraged for all **Toddlers**. All sheets and blankets supplied by parents are sent home on Fridays to be washed. All cribs, mattresses and cots are sanitized weekly or more frequently if necessary. All blankets/sheets on cots are stored in individual bags so as not to touch one another.

Twos sleep on 2 inch mats with a covering and receiving blanket supplied by the parent. Mats are **sanitized** weekly and stored in a cabinet. Sheets and blankets are stored daily in each child's individual bin in the classroom and are sent home on Friday to be washed. We have an extra supply of blankets and sheets, if needed

PACIFIERS (5.C.03)

If your child uses a pacifier, parents must provide one that is labeled. Young Infants who use pacifiers will have one on an as-needed basis only. Older Infants and Toddlers who use them will have them only at nap time. **Toddlers and Twos** will not be allowed to walk around the classroom with a pacifier as it is not healthy for a child to pick up a pacifier from the floor and put it back into his mouth, or put someone else's pacifier in his mouth.

Pacifiers and sippy cups inhibit muscle development in the mouth and tongue needed for speech.

DIAPERING (1.B.12,3.B.10,3.C.04,3.D.02,5A.08,5A.09,5A.09,11,5.C.02,7.A.02,9.A.01,9.C.17)

Every child is changed at 2 hour intervals throughout the day or as needed. **Please put a clean diaper on your Infant, Toddler, or Two year old before you leave your house.** Parents provide diapers, diaper cream, store bought wipes, several changes of clothes, and bibs. Parents must sign a "Diaper Cream Permission Form" giving us permission to apply diaper cream or any barrier cream. We cannot use baby powder as it has been linked to childhood asthma and other respiratory difficulties. Please try a new brand of diapers at home first in case your child has an allergic reaction to the brand. Cloth Diapers are **not** permitted. Please leave diaper bags in the car.

TWOS AND TOILET LEARNING (3.G.12)

Teachers and **Parents** promote children's learning when they respond to children's needs and interest in practicing an emerging skill such as learning to use the toilet which occurs sometime between 18 months and 36 months. Children can be prepared for learning to use the toilet by being taught about elimination and given words for urination and defecation. Parents and staff should respond to individual cues and signs of readiness such as:

- Learning to pull his/her own pants down and up;
- Learning to sit on a toilet at home and at school;
- Showing readiness by staying dry for longer periods of time; (Ex: dry after naptime)
- Telling an adult they are urinating or defecating while doing it
- Telling an adult when the diaper is wet or dry

As a parent, are you ready to potty train your child? Here are a few things to think about before beginning:

- I am prepared with paper towels/ cleaning products in case my child has an accident in the car, house, etc.
- I will set aside a couple of days to start the process; a weekend is good time to start;
- I will be patient & encourage all caregivers to be patient;
- I understand that my child will become toilet trained.
- I am willing to wash unlimited amounts of laundry.

Getting Started:

- We give children little spoons, little beds, little cups, little books. Little potties just make sense.
- Try thinking each potty accident is a near success instead of a near miss;
- When you are ready to start training, make a date to take him or her shopping for underwear;
- Please ask us for the parent notes on; "Good-Bye Diapers, Hello Underwear"

CLOTHING (5.A.07)

We will provide Infants & Toddlers with a BNS Tote to carry items you will be leaving at school for the day. Cubbies are shared with limited space. Therefore we cannot accommodate diaper bags. Both classrooms have **storage** for a change of clothes, crib sheet & a light blanket. Parents should bring at least one complete change of **labeled** clothing, including socks, onesies, shirts, and pants, two complete changes for infants. Place the clothing in a zip lock bag with your child's name on the outside. Please remember to change the clothing with the seasons. In the winter months children must be properly dressed to go outside. Infants, Toddlers and Twos need **hats, mittens**, and a scarf. Children enrolled in the warmer months should bring a **wide brim hat**, sunglasses, and sunscreen*. **Please label everything.** *(Don't forget to sign a permission form to apply sunscreen for children 6 months or older)

A SHOE FREE INFANT/TODDLER ENVIRONMENT (5.C.06)

We want to provide a clean, safe and healthy environment for Infants and Toddlers by practicing a shoe-free policy. We ask adults entering the room to slip a pair of shoe covers over their shoes to prevent outside contaminants from being brought into the room and onto the floor. (A bench is by the door for your convenience.)

INFANT/TODDLER AND TWOS DEVELOPMENTAL ISSUES:

Separation Anxiety (1.D.04)

This can be difficult for both parent and child. Sometime between 8 and 10 months of age, infants are often distressed when separated from their parents. This anxiety can last well into the second year. Typical reactions associated with separation anxiety are: crying, clinging, trying to follow/run after a parent, and words of protest from the toddler. Parents should be aware that children take their **cues** from them. When a parent feels good and responds positively to dropping off their child, the child will sense this. These hints can be applied with the youngest baby to the oldest preschooler:

- 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 good-byes 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 , then after one or two weeks suddenly becomes upset when the parent leaves. This is not unusual in a group care setting, but 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 (1.E.04)(3.A.05)

Biting in group care with toddlers is almost **unavoidable**. When it happens and sometimes continues, it can be scary, frustrating and very stressful for children, parents and staff. It does not mean that a child is mean, but a sign of the developmental age of the child. Some of the reasons a baby or toddler may bite are:

- Teething
- Impulsiveness: Biting just because there is something there to bite!
- Impact: Children will bite to see what reactions occur.
- Overstimulation: Being happy or excited may be a reason to bite.
- Frustration: Wanting a toy, attention or not being able to express needs in words.

Teachers can try to minimize the behavior by:

- Telling the child “Biting Hurts”.
- Focus caring attention on the bitten child.
- Examine the situation in which the biting occurred
- Anticipate a situation before the bitter bites and provide something to bite.
- Keep in mind that infants explore with their mouths.

If biting changes from an occasional occurrence to several times in one week, teachers will keep track of every occurrence, including attempted bites, and note location, time participants, and circumstances. A teacher will “shadow” the child who indicates a tendency to bite. This technique involves having a teacher with a child who bites. The teacher would be able to anticipate a biting situation and to then teach a non-biting response. The teachers in the room may also consider changes to the room environment to reduce congestion, competition for toys or child frustration.

Temper Tantrums (3B.12)

Tantrums are often marked by a screaming child and a frustrated and sometimes embarrassed parent performing unsuccessful attempts to make the whole thing go away. Toddlers struggle to develop a sense of themselves as separate from their parents. The issue becomes who is in control of me, my body and my emotions? 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. It 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 tantrumming. 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 juice to drink?” Giving choices gives your toddler experiences with making decisions and having them turn out successfully.

Aggression (1.E.04)

Aggression is a normal part of young children's experiences. 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. They often communicate through physical means. Children learn to manage aggression when supportive adults help them learn other ways to manage aggression. Learning to express feelings appropriately is a lifelong task. The first steps are taken in the first **three years**. Parents and teachers must help children learn to manage normal aggression and convert it into constructive assertion.

NOTES FOR PARENTS (7.A.10)

We have a series of articles for parents from "Prime Time" regarding many of the issues faced as a parent of a child under "Three". Please check the boxes outside the classroom or ask one of the teachers for any of the following:

Good-Bye Diapers, Hello Underwear.

End of the Day Reunions: They Do Love You Best

Temper Tantrum

Moving on Up to the Twos

How our Feelings on Transition affect our Children

Daily Separation

Primary Caregiving

Living with Diversity

Toilet Training Accidents

Disciplining an Infant-Are You Kidding?

PARENTAL INVOLVEMENT (1.A.01,03,05)(4.E.02,03)(7.A.08,09,10,7.B.01,7.C.01,02,03,05,06,07,08,)(9.A.09,)(10.A.01,B.01,07,10.)

Home-School Written Communication

We provide a Daily Information Sheet for the Infant/Toddlers and the Twos so parents and staff can share the general caretaking information from home and from school. Teachers also write a **daily observation related to a developmental area or milestone** observed in the classroom they wish to share with parents.

Daily Verbal Communication

We encourage parents to talk with their child's teacher at drop-off and/or pick-up. Perhaps the child did not eat very much for breakfast. By informing the teacher, the teacher will watch for signs of hunger and feed the child a little earlier than usual. Please be sure you always tell the teacher that you have **administered** medication at home. Sharing information is important to meet the individual needs of every child.

Technology for communication

The trend in education in both public and private schools is definitely moving to web based formats and smart phones. We do need your phone carrier to implement a program of notifying parents of school closings. School closings or delayed openings are also posted on an informational Facebook Page. We need your e-mail address for newsletters and other important information we want to share with parents. **Please let us know by calling the office if we need to use another means to keep you informed.** We encourage parents to e-mail us at: beachwoodnurseryschool.com with any concerns, questions, or comments. If you want to speak to a teacher, please call the office: 732-244-1550. We too, will call a parent if we have concerns or questions or wish to provide information.

Parent Visits

Parents are welcome to come and visit their child. **For mothers who are breast feeding, the infant room provides a comfortable area to enjoy that feeding time or choose a private space if preferred.** There are two mirror viewing areas for the Infant/Toddler room for observing. We do caution parents that for some children, particularly toddlers, multiple separations from the parent 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 observing from one of the viewing areas. If you have to leave for work, please call in 30 minutes to check on your child. Sometimes parents have a hard time leaving their young infant. We have sent a photo via technology to reassure a parent. Although, this is not a usual procedure, we do want parents to know we are providing responsive care for their child.

Family Social Events

Several times during the year we plan events for the Infants, Toddlers and Twos and their parents and whole school events. Two events are usually planned incorporating songs from our Music Together program. We have a family picnic each year in June and special days for Dads & Moms. During the Week of the Young Child in April a special event is planned for the community by our early childhood professional organization. If you have ideas for family social events you would like to **share**, e-mail or call the office or mention your ideas to your child's teacher.

Intake Meetings

Parents are encouraged to plan a visit to the classroom to meet the teachers and complete the Individual Care Plan. The specific question we ask will help 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.** (We cannot accept hand written notes from parents) Please update your information monthly for Infants 12months or younger and quarterly for Toddlers and Twos.

Parent Conferences

Conferences are held twice a year and as needed during the school year at the request of either the teacher or parent. If there are any concerns based on our developmental assessment, we will refer parents to Early Intervention and work cooperatively with parents to assist in their child’s healthy development. Early intervention now can make the difference in the child’s overall progress. For scheduled conferences during the year, teachers will post a sign-up sheet prior to the times conferences will be held. A developmental summary is shared with parents and generally takes about 20 minutes.

Confidentiality

This 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.. Parents are always welcome in the classroom. However, we ask parents not to make comparisons between children or ask about other children’s developmental levels.

Personal Space in the Infant/Toddler Room and Twos’

Parents in these classrooms tend to know the other children in the room on a more personal level, perhaps because they are in the room more and for longer periods of time. We do understand the well intentions of a parent seeing another child crying and wanting to pick up the child to console him or her; but we do ask for you to refrain from handling another person’s child. Ultimately, our school is responsible for the Infants, Toddlers and Twos while in our care. Other parents may not want or appreciate people who are not staff at the school handling their child. This is a **legitimate** concern. Our staff have gone through background checks, fingerprinting, a medical clearance and have had a TB Test. They are certified in CPR and First Aid. And have had specific training for working with Infants, Toddlers and Twos.

Permissible Interactions

It is not the wish of our school for parents to feel we have implemented extreme measures on this issue or that a parent cannot sit on the floor with their child for fear another child will come up and want to interact. Friendly, non-caregiving, warm interactions are appropriate. Talking with another child or reading a book if a child hands you one is **fine**. 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.

CCTV

The infant/Toddler and Twos Classrooms are monitored on a television screen in the office. It gives us peace of mind to know we can observe these classrooms at any time and we can reassure you that your child is fine.

CURRICULUM-PLANNING:I/T/2’S (2.A.01,02,03,04,05,07,08,09,10,12)(2.B.01,02,03,04,05,06,07)(2.C.01,02,03,04)(2.D.01,02,03,04)(2.E.01,02,03)(2.J.02,03,04)

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 learning opportunity 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 (2.K.01)(5.A.09)(5.A.10)

Hand washing:

Good health habits begin when children are very young. 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. They wash Infants' hands and help Toddlers and Twos learn proper hand washing. **Parents are expected to help children wash their hands upon arrival at school.** Then, hands are washed before and after meals, before and after diapering or toileting, after wiping a nose, covering a sneeze, after outside activities, before & after playing with play dough, or before & after play at the water table, or when hands are soiled .

Fingernails:

Per licensing standards, we are unable to perform a couple of things that are considered invasive procedures. Therefore, we ask parents to trim fingernails on their child to prevent other children from being Scratched and to eliminate a potential spot for germs. Infant & Toddler fingernails grow rapidly and can be very sharp.

Splinters:

We are unable to remove splinters. We will wash the area and place a band aid over the splinter for you to remove at home.

MAINTAINING A HEALTHY ENVIRONMENT (5.C.01,02,03,04)

A 2-step cleaning process of soap & water and then a sanitizing solution of bleach water is used on tables. Toys in the Infant/Toddler Room and the Twos Room that have been mouthed are disinfected every day throughout the day. Teachers place these items into a dishpan to be cleaned with the next batch. At the end of the day, other equipment, chairs and materials are cleaned and sanitized .The diaper changing area is cleaned and disinfected after each use and diapers are disposed of in a plastic bag in a closed container. A dishwasher sanitizes dishes, utensils, and toys. The washer/dryer are used to clean soiled clothing, beddings & washable toys. Floors are vacuumed & mopped daily. We steam carpets if there are two or more reports of the same illness in a classroom.

FRESH AIR (9.D.03)(9.D.05)

Classrooms are aired frequently, particularly during the colder months. Fresh air in the colder months does not cause or promote illness; it actually facilitates good health. However, Infants and some Toddlers have immature immune systems making them less resilient to illness. We have added a **Hyper-HEPA filtration system** proven to capture 99.9% of airborne particulates in the Infant Room. This is in addition to the Hepa Filtration System that is installed on all of our heating systems.

OUTDOOR PLAY (5.A.06, 5.A.07,)

All children are taken outdoors to play or for a walk when temperatures are above freezing with no significant wind chill or when the heat index is below 90 with good air quality as recommended by the American Academy of Pediatrics. Parents may not make requests for their child to stay inside while the rest of the group is outside. A child left inside with a teacher would cause the group to be out of child/staff ratio. According to our licensing standard: 10:122.6.1, "The center shall provide daily outdoor activities at an outdoor play area, park or playground, or on a walk, weather permitting"" Licensing also requires daily vigorous play indoors and outdoors of at least **60 minutes** for an **eight hour** school day. Please dress your child appropriately for the weather.

PROTECTING CHILDREN'S HEALTH and IMMUNIZATIONS (5.A.01) (5.A.03) (5.A.04) (5.A.11)

The American Academy of Pediatrics recommends every family have a consistent **medical home** for Preventive Pediatric Health Care, to monitor growth & development & for the early recognition of any important health problems. Vaccines teach the body's immune system to resist infections & often prevent diseases from occurring.

Children may not attend our program until we have the Health Records with the dates of services to show that a child is current for routine screenings and immunizations as required by the State of New Jersey and The Universal Health Record has been signed and dated by a Health Care Professional. In addition, we require **proof** of **vaccine** administration **each time a new vaccine is received**; proof of the annual flu vaccine and an updated Universal Health Record annually .(Sometimes there are side-effects from the administration of vaccines such as pain, tenderness or fever. If a doctor's note specifically indicating dosage and product to relieve pain due to immunizations is provided, we can administer* over-the-counter sealed pain reliever provided we have a completed medication authorization and the proper **medication dispenser**.)

***At least** one staff member in the Infant/Toddler& Twos' Room has specific training in **medication administration**.

MEDICATIONS/OTHER PRODUCTS (5.A.01,.07)

Sunscreen & Insect Repellent:

During the warmer months beginning in April or May parents are asked to provide sun block with UVA & UVB protection of SPF 15 or higher. If “public health authorities” recommend the use of insect repellent due to a high risk of insect-borne disease, parents will be requested to provide insect repellent with DEET. Permission forms for these products are included in our enrollment package and are on our Website. These two products are not recommended to be used on children under 6 months or to purchase these products as a combination.. **Newly purchased sunscreen** is the safest and most effective. Please make sure a first and last name is on the product.

Diaper Cream:

Permission forms for Diaper Cream are included in our enrollment package. Please make sure a first and last Name is on the product.

Teething Relief:

We will administer over-the counter sealed liquid medication if a doctor’s note specifically indicating dosage & product is provided with a completed medication authorization and the proper medication dispenser.

Gels will not be administered as there is no specific and measurable dosage like there is for a liquid medication.

Over-the Counter Medications:

We do not usually administer non-prescription medication. However, with this age group it may be necessary to maintain good health. We have specific medication forms available on our web-site. Signed and dated Instructions should include(1) the name of the product,(2) the dosage,(3) for how long a period is this for (Can not be **Indefinite**) (4) how many times the medication should be administered,(5) what the medication is for. The form must be signed by the health care provider.

Prescription Medications:

The first dose of any prescription medication must always be given at home in case there is a reaction to the Medication. The medication forms are available on our web-site. The Medications must be labeled with the Child’s first and last name, the date the prescription was filled, the name of the licensed health care provider, the expiration date of the medication, the period of use of the medication, (**cannot be indefinite**) the period name and strength of the medication, and the instructions on **how** to administer and store the medication. Medications are kept in a locked box in the refrigerator or cabinet. These specific instructions also apply to the inhalation drugs administered by a nebulizer.

Parent or staff administering medication must adhere to the five right practices of medication administration.

1. verifying that the right child receives the medication
2. right medication
3. in the right dose
4. at the right time
5. by the right method

Pedialite:

Pedialite will not be given to children under 1 year of age. It will not be a replacement for food. It can be given to a toddler as a substitute for milk with a doctor’s note following the instructions above for Over-the Counter medications. It will only be served from a cup.

Fever Reducer:

We cannot administer medication as a fever-reducer unless this is indicated in a Special Care Plan written and signed by a doctor for a particular health risk such as: **febrile seizures**.

These are our school’s definition of a fever:

Fever of 101 degrees, without any signs of illness, who are older than six months.

Fever of 100.5 degrees, with symptoms of illness, who are older than six months.

An unexplained fever of 100 degrees in a child younger than six months.(should be medically evaluated)

We expect parents to Pick-Up their child when exhibiting signs of illness and/or any of the fevers listed above within 30 minutes of our phone call. Parents must have **back-up childcare for illnesses**

COMMON EARLY CHILDHOOD ILLNESSES IN CHILDREN UNDER THREE YEARS (5.04, 05,)(Caring for Our Children:Vol3)

Parents are notified of classroom illnesses and advised to watch for symptoms. **We ask parents to call if their child is absent from school due to an illness & to advise us of the results of an illness Doctor's Visit for tracking purposes.**

Croup

- It is an inflammation of the voice box & windpipe. 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: Spasmodic-caused by a mild upper respiratory illness
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, arms, legs, and arms 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

ENROLLMENT INFORMATION FOR THE INFANT/TODDLER & TWOS' PROGRAMS at Beachwood Nursery School

Procedures

1. Call to attend a tour.
2. Review wait list policies, enrollment procedures and fees/tuition. Ask for "Frequently Asked Questions."
3. Complete a "Future Parent" contact sheet.
4. If you decide to enroll your Infant, Toddler or Two Year Old child, you must obtain an enrollment packet. Complete the enrollment form and return it with a **Non-refundable Registration Fee of \$150.00**

A. Your child will either be placed on the class list for the schedule you have chosen. OR

B. Your child will be put on a WAIT LIST * for the next available opening. OR

C. Your child will begin sessions for the Summer Program or in September.

5. At least **two weeks** before your child begins attending our school all **enrollment forms**, the Universal Health Record signed by a Health Care Provider and the Immunization Record must be completed and returned to us at a scheduled In-Take Meeting. The teacher and parent discuss the Individual Care Plan for each child.

OUR regulations require us to have all documents on file before your child's first day.

6. Usually, one full month of tuition is collected as a security deposit prior to the start of school. Tuition is usually paid monthly August To May unless prior arrangements have been made to make payments on a different schedule. Our summer program tuition is usually paid in two payments during the months of June and July.

7. Parents have the option of choosing the school year calendar of 180 days. We do not charge for Holidays or Vacation Days scheduled on the school year calendar. We also have an ELC calendar with 15 additional days that we are open and Toms River Schools is closed.

8. Parents may choose extra days based on availability per diem.

Wait list policy:

In order to be placed on the wait list for a future opening at Beachwood Nursery School & ELC, a family will be asked to complete an enrollment form and then submit a non-refundable \$150.00 Wait List Fee. The wait List fee Insures the family's commitment to the school. When the school calls to notify a family of an available opening, the family may accept or reject the opening. If the opening is rejected, the family will be placed at the bottom of the wait list with the date of the rejection. If a family is offered an opening a second time and again rejects the opening, the family will be removed from the wait list and forfeits the registration fee.

If you are currently expecting a child, please put the anticipated start date on the enrollment form. We will only hold an infant opening beginning September 1st for a maximum of 1 month, and If your child does not start school by October 1, you will be required to pay 50% tuition per month for October and November to continue holding your child's class placement, or you may choose to withdraw forfeiting the registration fee. Beginning December 1, full tuition is due in order to hold your child's class placement. If you choose to register at a later date, you will be required to pay another registration fee.

On Line Information

Our *Infant/Toddler & Twos' Parent Handbook* addresses many of the topics specific to this age group. Consent forms, policies and procedures are on our website for Parents to review. It is important for Parents to review this information as well as the Parent Handbook. Parents must sign a form for our licensing agency acknowledging they have read the available information.