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Dear Families,

Welcome to the Infant classroom at City Tree Christian School. We are excited about working together and forming a relationship with you and your child. The infant years are very exciting with a lot of developmental changes and issues that are specific to this age. It is expected that prior to children starting in the infant classroom, parents meet with the teacher and one of the administrative staff to review practices and ask any questions.

This handbook is a supplement to your CTCS Preschool Parent Handbook. The CTCS Preschool Parent Handbook answers your questions about general policies like enrollment, drop-off and pick-up policies, and billing. This Infant Handbook is specific to your child (age 6 weeks to 24 months) and the practices and guidelines relating to this classroom. Please take the time to read through this information.

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, the classroom practices, and will aid in referral processes as needed. Should you need further support and assistance, please contact me as I directly supervise and work with these teachers closely.

Thank you,

Kellye Carroll
Infant/Preschool Director

City Tree Christian School
(619) 232-3794
www.citytree.org

☞ CLASSROOM COMPOSITION AND STAFFING

There is only one infant classroom. This classroom is staffed with fully qualified infant teachers, teacher aides; with the occasional volunteer intern completing their degree in Child Development and working under the supervision of the lead teacher. Our professional staff have extensive experience working with young children.

City Tree Christian School is committed to providing high quality care with skilled and educated professional staff.

☞ CURRICULUM

Kellye Carroll, Preschool Director
Ashley Hairston, Infant Room Teacher
Maria Gormally, Infant Room Teacher
Amanda Ochoa, Office Manager
Mandie Tyink, Office Assistant

☞ CURRICULUM

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

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

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

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

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

☞ INFANT DEVELOPMENT INFORMATION

Separation Anxiety

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

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

- Talk to your child ahead of time as to what is going to happen, such as "Today is a school day!"
- Talk with your child's teacher daily and establish a friendly relationship. This helps when you may have to give your child to her at drop off and the more comfortable you are, the better your child will respond.
- Say your good-byes to the child and then leave. Make the departure definite. Depending on your child, he or she can get mixed signals from a parent who hangs around for too long or from ones who go and then turn around and come back. On the other hand, it is never best to simply sneak away from your child without saying good-bye. Always tell your child good-bye and you will see him later. Sometimes it is helpful for a parent to get into a routine as to saying the same thing every drop off, like "I'm going to work now. Have a great day at school. I love you very much and I'll see you later. Good-bye." Children become comfortable with routine and life becomes somewhat predictable for them. When a child sees their parent departing positively, and then discovers that every day they do come back, separations become easier and a trust is built between the parent and child that makes him/her feel comfortable and good about being in school.
- This last one may be a difficult one to do for a parent. If your child begins to cry while you are leaving, please don't turn around and come back. It is a natural reaction for many parents to immediately want to go back to comfort their child when they are distressed. Of course the teachers are sensitive to that. However, coming back to ease a crying child will not make the separation any easier when a parent really has to leave; in fact, it may be harder for your child the second time around. After you leave, feel free to contact the office to see how your child is doing. The Infant/Preschool Director or one of our office personnel would be happy to check on him/her and give a report. It is typical for children to regain their composure and get into their daily routine shortly after mom or dad leaves.

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

Biting

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

Why do they bite?

Every child is different. Some bite more than others; or some may not bite at all. The group care setting is where the biting derives its significance. If a child has not really been around other children very much, he probably would not bite because neither the cause for biting or opportunities have presented themselves. There is always the possibility that **any** child, including your own, can be either a biter or be bitten. Group care presents challenges and opportunities that are unique from home. The children are surrounded by many others for hours at a time. Even though there are plenty of toys and materials available for all the children, two or three children may want that one particular toy. The children are learning how to live in a community setting. Sometimes that is not easy. **Biting is not something to blame on the child, parents, or caregivers.** Confidentiality is also practiced with biting. We cannot tell a parent who bit their child.

There are many possible reasons as to why an infant or young child may bite:

1. *Teething.*
2. *Impulsiveness and lack of control.* Babies sometimes bite just because there is something there to bite. It is not intentional to hurt, but rather exploring their world.
3. *Making an impact.* Sometimes children will bite to see what reactions happen.
4. *Excitement and overstimulation.* Simply being very excited, even happily so, can be a reason a child may bite. Very young children don’t have the same control over their emotions and behaviors as some preschoolers do.
5. *Frustration.* Frustrations can be over a variety of reasons – wanting a toy someone else has, not having the skills needed to do something, or wanting a caregiver’s attention. Infants and young children are simply lacking the language and social skills necessary to express all their needs, desires, and problems. *Biting will often be the quickest and easiest way of communicating.*

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

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

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

- Letting the biting child know in words and manner that biting is unacceptable.

- Avoiding any immediate response that reinforces the biting, including dramatic negative attention. The teachers will tell the child that “Biting hurts” and the focus of caring attention is on the bitten child. The biter is talked to on a level that s/he can understand. The teacher will help the child who is biting work on resolving conflict or frustration in a more appropriate manner, including using language if the child is able.
- Examining the context in which the biting occurred and looking for patterns. Was it crowded? Too many toys? Was the biting child getting hungry/tired/frustrated?
- Not casually attributing willfulness or maliciousness to the child. Infants explore anything that interests them with their mouths, and that includes others’ bodies and limbs!
- When biting changes from a relatively unusual occurrence (a couple times a week) to a frequent and expected occurrence, it will be addressed with added precautions.
- The teachers will keep track of every occurrence, including attempted bites, and note location, time, participants, and circumstances.
- “Shadow” children who indicate a tendency to bite. This technique involves having a teacher with a child who bites. This teacher would be able to then anticipate biting situations and to teach non-biting responses to situations and reinforce appropriate behavior in potential biting situations.
- The teachers may consider changes to the room environment that may minimize congestion, commotion, competition for toys and materials, or child frustration.

Temper Tantrums

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

The first step in differentiation is related to control – who is in control of me, my body, and my emotions? Early in your child’s life you are in charge. Now, you want your child to begin to take charge of some of his or her own behavior. This process of transferring some responsibility for control usually results in children losing exactly what you are striving to help them gain – control! When your young child feels angry, frustrated, or helpless, he or she may kick, scream, and flop on the ground. Tantrums are a normal, natural, and inevitable part of growing up. That does not make them fun. Make a plan now for how you will handle it when your child begins to tantrum.

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

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

Pick a safe place for your child to be out of control in your home. When your child is out of control – you can take him or her there. Make sure to tell your tantruming child calmly that he or she is free to stay

out of control for as long as he or she needs – remember; part of this stage is learning that you can take charge of your own behavior: Choosing whether or not you want to scream for one minute or 10 is certainly taking charge of your own behavior!

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

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

Managing Normal Aggression in Very Young Children

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

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

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

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

☞ “YOUNG CHILDREN'S PROPERTY LAWS”

1. If I like it, it's mine.
2. If it's in my hand, it's mine.
3. If I can take it from you, it's mine.
4. If I had it a little while ago, it's mine.
5. If it's mine, it must never appear to be yours in any way.
6. If I'm doing or building something, all of the pieces are mine.
7. If it looks like mine, it is mine.
8. If I saw it first, it's mine.
9. If you are playing with something and you put it down, it automatically becomes mine.

10. If it's broken, it's yours.

☞ DAILY SCHEDULES

The daily schedule for the children is a guide. It provides a framework for planning and organizing the daily routine and play activities for the children. The daily routines for children may be a little different based on the age of your child. Infants follow their own biological needs. They are fed, changed, and nap when they need it. Older infants (age 12 months to 24 months) are changed before transitions in the day and as needed. Adjustments to the schedule are made as your child gets older and his/her needs change. You may also notice that as your child gets older, s/he may alter her/his own schedule to fit in with the group. Some common changes you may notice in your child's behavior after enrollment in any group care situation include altered sleep/wake patterns (staying awake for longer hours or napping more frequently for short periods of time) or changes in appetite.

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

Typical Daily Schedule Sample

7:30 – 9:00	Classroom Activities
9:00 – 9:30	Open Snack
9:30 – 11:00	Classroom Activities & Outdoor Time
11:15 – 11:30	Group time
11:30 – 12:00	Lunch
12:15 – 2:45	Nap
2:45 – 3:00	Transition from nap
3:00 – 3:30	Open Snack
3:30 – 5:30	Outdoor Time & Classroom Activities

Note: The infant room functions on a much looser schedule than any other classroom. Younger infants who are not yet on a consistent schedule are able to eat and sleep as needed.

☞ MEAL TIMES

There are two snack times and a lunch time every day. City Tree Christian School does not provide snacks in the infant program. Parents are asked to provide wholesome, low sugar foods and to work with the teacher to introduce your child a variety of food tastes and textures. Recommended snack foods include cereals and crackers, fruits, yogurt, cheese, and milk.

Infants

Young infants will be fed according to their own schedule. As they grow and start eating solid foods, their eating needs will change and the eating times will be adjusted toward the group schedule. Parents are required to provide all formula, breast milk, and food items.

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

Bottles

Parents of bottle-fed babies will need to provide 3-4 labeled plastic bottles, nipples, and lids. Glass bottles are not to be brought to the center. If you are breast feeding your child, all breast milk must be dated and have your child's name on it. Fresh breast milk will be stored for 24 hours in the refrigerator or up to two weeks in the freezer. Milk that exceeds this time frame will be discarded. Contents

remaining in any bottle must be discarded within 1 hour. Only breast milk, formula, or water will be placed in your child's bottle. **No bottles will be served with cereal or any other food product in them.** The only items served from a bottle include water, breast milk, and formula. This is a licensing standard. Parents are welcome to come and bottle feed or breast feed their infants at any time. Breast feeding mothers are welcome to use the infant nap room to pump and can use the sink/kitchen area to do any necessary cleaning afterwards.

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

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

Older Infants

Children who are 12 months and older will be given the snacks that are provided by the parent according to the daily schedule.

The older infants will be sitting in the infant table designed with seats installed in the table top and strapped in or a small table with chairs. Older infants (and some younger infants) will be using sippy cups or regular cups and using utensils. Depending on the age grouping of children in bottle drinking may or may not be a practice. For example, an older infant around 12 months may require comforting or a bottle may be helpful in the transition to a sippy cup. It is our goal to work cooperatively with the families and their child's routine; however, bottles are not the common practice in our classroom as the infants reach 12 months and older. Bottled infant water is only provided for making bottles and serving to the infants to drink. We do not purchase bottled water for any other purposes. The children have access to tap water.

Please report any food allergies to the office and your child's teacher. While we expect parents to prepare and provide all food we want to make sure to take special precautions if a child is allergic to a food that may be brought to school by someone else in the class.

Parents will provide lunch and a drink for infants. Refrigerators and microwaves are available in each classroom, but cannot accommodate many lunches, so please use insulated lunch boxes, ice packs, etc. to keep your child's lunch at the desired temperature. Label your child's lunch container(s). **Please do not send desserts** (foods high in processed sugar) in your child's lunch. It is the preschool policy to send these items, uneaten, back home in the lunch boxes.

SLEEPING

Parents need to provide a crib sheet for each day that the infant is in the program. Parents are welcome to bring more than one sheet to be stored in the child's cubby or on his/her hook outside of classroom for that week. A clean sheet must be provided for each day the child is in the program. Infants nap according to their own schedules. If an infant should fall asleep while being rocked, lightly bounced, or taken for a walk in a stroller, they will be put in their cribs to continue their sleep. When a child reaches 12 months, cot sleeping will be encouraged. All the bedding for infants in cribs and on cots is provided by the parent and is sent home daily to be washed. Children who are on cots may bring a soft blanket, stuffed animal or other soft attachment item (no cups or bottles). Children only sleep in cribs or on cots. Children are not left to sleep in car seats at drop off. Children are not placed in cribs to play; only to sleep.

Safe Sleeping Practices

It is our practice for infants under 12 months to be placed on their backs to sleep in a crib. The infants under 12 months are provided with a firm, tight-fitting mattress in a crib that meets current safety standards. There will be no pillows, quilts, bumpers, comforters, sheepskins, stuffed toys, or other fluffy products in the crib. Two children are never sharing a crib at the same time. A sheet must be provided by the parent for each infant and a back-up sheet should be provided in the event one is needed. If a parent chooses to provide a sleep sack for their child to sleep in they are welcome to do so. LABEL EVERYTHING. The above practices are supported by the U.S. Consumer Product Safety Commission, the American Academy of Pediatrics, and the National Institute of Child Health and Human Development. These practices are required by the California Department of Social Services, Community Care licensing standards.

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

☞ **DIAPERING**

It is the parent's responsibility to provide diapers for children in the infant classroom. Your child will be changed at regular intervals throughout the day and as needed. Store-bought wipes are provided in the classrooms and used when changing your child. We will use plain water and wash cloths for children with a diaper rash. Diaper creams may be provided by parents along with instructions for application on a Medicine Authorization Form. We will not be applying baby powder on infants. The use of powder has been linked to childhood asthma and other respiratory difficulties. If your child has an allergic reaction to the wipes provided at the center, the parent can bring in disposable wipes that will not cause this reaction. Due to sanitation purposes, cloth diapers are not allowed.

☞ **“SHOE-FREE” ENVIRONMENT IN THE INFANT ROOM**

With infants commonly on the floor, City Tree Christian School wants to provide a clean, safe, and healthy environment in the Infant Room. We practice a “shoe-free” policy in this room. We ask that adults entering the infant room please slip a pair of shoe covers over their shoes. Parents are welcome to slip the blue shoe covers over their socks if preferred; however, plain socks cannot be worn in the room. We take this action to prevent outside contaminants from being brought into the room and spread onto the rugs. The infants spend much of their time exploring on the floor, so it is best that these areas be kept as clean as possible.

☞ **WHAT TO BRING**

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

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

sunscreen applied. Parents should apply sunscreen before coming to school and additional sunscreen will be applied as needed.

Children who are enrolled in the colder, winter months must be properly dressed to go outside. *Every child goes outside*. Infants must have warm and protective clothing and toddlers need to have clothing appropriate for playing on the playground.

Bottles

Parents of infants are asked to bring 3-4 labeled bottles to be kept at the center. Bottles need to be plastic, not glass. It is common practice for older infants (age 12 months +) to drink from sippy cups instead of bottles.

Other Items

If your child uses a pacifier, parents are asked to provide a labeled one. Infants who use pacifiers will have them on an as-needed basis throughout their day. Older infants (12 months +) will have a pacifier **only** at nap time. Older infants will not be allowed to walk around the classroom with a pacifier during the day for the following reasons: it is not healthy for a child to pick up a pacifier off the floor once dropped and put back into their mouth; another child may put someone else's pacifier in their mouth; it is difficult to understand a child who is trying to talk with one in his/her mouth; and, the muscles in their mouth and tongue need to learn how to work when talking without a pacifier in it.

If your older infant (12 months +) has a special "lovey" to sleep with, like a small stuffed animal or small blanket, please label it and your child will have it during nap. At times a new child may have a hard time transitioning; we try to work with the families in helping this adjustment be less stressful. An older infant is welcome to bring a comfort item to help him or her transition into child care. Eventually, your child will not feel the need for it at school and will have formed positive relationships with his teachers. We view transitional comfort items as something that will benefit the child in helping him/her feel secure in this new environment.

☞ PARENT CONCERNS

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

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

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

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

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

☞ PARENT INVOLVEMENT

Home-School Communication

- **Daily Information/Communication Sheets:** For children 12 months and younger, parents will receive daily communication through the Brightwheel communication system.
- **Parent File and Cubby:** Children will have a cubby and a parent file assigned to them. Cubbies will hold a child's outdoor clothing, bags, or other personal items. Parent files should be checked each time your child comes to school. Newsletters, notes from your child's teacher, and other pertinent information are placed here.
- **Daily Verbal Communication:** We encourage parents to talk with their child's teacher at drop-off and/or at pick-up. It is important for the teacher to know information about your child, like how they slept last night, when they ate last, if they have any medicine, if they are teething, etc. The sharing of this information is important to best meet your child's needs.

- **Weekly Emails:** A weekly email is provided to parents sharing information and pictures about your child's week, child development topics, curriculum, policies, and other announcements. You should also sign up for the weekly e-blast for all school announcements and information. All school emails go out on Thursdays while classroom emails are sent out on Fridays. **Add Brightwheel info

Parent Visits

Parents are welcome at any time to come and visit their child. For mothers who are breast feeding, the infant nap room provides a comfortable and peaceful area to enjoy that feeding time.

For some children, particularly older infants, multiple separations from the parent during the day may make the transition to school more difficult. If you find that your visits are more upsetting to the child than consoling, you may want to take advantage of the emailing the teacher for updates. Please make sure you always sign in at the office and get a visitors badge during parent visits.

Family Socials

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

Intake Meetings

Teachers and parents will meet within the first two weeks of the start of the semester for an intake meeting. This meeting is critical to gather important information about your child and family. The teachers have specific questions they ask to better care for your child and meet the needs of your family.

Infant Needs and Service Plan

This plan must be filled out and submitted to the teacher prior to your child attending City Tree Christian School. It will also be necessary to update this plan on a regular basis to make sure that your child's individual needs are being met as important milestones are reached and daily needs change.

Parent Conferences

Parent conferences are scheduled two times a year (fall semester and spring semester) and may also be held at any time parents or teachers find it necessary. The infant years are marked by so much growth and change that conferences are a good time to discuss all the developmental issues surrounding them. Teachers put out sign-up sheets prior to the times conferences will be held. Parents sign up to talk with their child's lead teacher. **A developmental summary and the child's portfolio are shared with the parents during this time.** Should there be any concerns that arise based on any teacher observation or assessment, a proper referral will be made with the expectation of working cooperatively with the parents to assist in their child's healthy development. Parent conferences typically take around 45-60 minutes.

Confidentiality Concerns

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

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

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

Personal Space in the Infant Classroom

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

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

☞ HEALTH RELATED ISSUES AND ILLNESSES

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

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

Healthy Practices

Hand Washing

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

Hygiene Issues

Fingernails

Per licensing standards, we are unable to perform things that are considered invasive procedures such as trimming finger nails and also potentially a situation where germs could be spread, increasing the risk of infections. The first is maintaining trim fingernails on your child. Infant and toddler fingernails grow very quickly and can be very sharp. Unfortunately scratching other children can be a common occurrence and the length of fingernails makes the wound worse. We are unable to clip nails, so we ask parents to please make sure their child's nails are trim.

Splinters

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

General Disinfecting

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

Fresh Air/Outdoor Play

The children play outdoors daily, weather permitting. All children in attendance during their classroom's outdoor play time will go outside. Please do not ask for your child to stay inside during the outdoor time. If you feel your child cannot go outside, the teachers will let you know that either you can come to stay with your child at the time when they go outside or you will need to keep your child home from school.

The infant class will go outside unless it is raining; the heat index is at or over 90; the American Academy of Pediatrics states that children should play outdoors when the conditions do not pose a safety risk; they identify a heat index at or above 90 as a significant health risk. Parents may not make requests for their child to stay inside while the rest of the group is outside. If these requests were granted, there would be serious staffing issues. Granting these requests is not feasible, not practical, and not fair to the other families and children.

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

- Programs are expected to include outdoor experiences in their daily activities during all seasons. Children benefit from the fresh air by breathing air that has fewer germs in it than indoor air, and outdoor exercise will increase their general fitness and resistance to infection.
- Colds and flues are more common during winter months because they spread easily when people spend more time in closed, heated, and stuffy rooms. Breathing warm, dry indoor air irritates tissues in the nose and throat, making it easier to catch a cold. Therefore outdoor experiences help promote health not illness.
- Taking the children outside is considered healthy practice in a quality child care program.

Laundering/Sleeping Materials

Sheets on the cribs and cots are sent home to be washed daily in the infant classroom. After every sheet change, the cots or crib mattresses are disinfected.

Immunizations / Fever Reducers

All children entering group care will be immunized against disease at appropriate ages, as recommended by the American Academy of Pediatrics. Per California Licensing standards, children must have a medical exam with required immunizations and a TB skin test (for those 1 year and older considered high risk for TB) in place by the first day of attendance at City Tree Christian School.

If a child has a fever, the parent may not bring in a fever reducer and administer in lieu of taking the child home. Medication cannot be given by the parent or the teacher if the purpose is to reduce a fever or “keep it down”. The child will be sent home.

Medications / Other Products

Sunscreen

City Tree Christian School asks families to apply sunscreen before coming to school. Parents may also bring in sun screen for your child to be reapplied before going outside, as needed. Sunscreen products are not recommended to be provided to children under 6 months. If a parent wishes to have these products administered to their child before 6 months of age, please bring in a doctor’s note supporting this practice to be kept in the child’s file. Sun screen should be purchased with a high level of blockage. We ask for parents to not bring in old sun screen from last year. These products break down and their effectiveness seriously deteriorates. Newly purchased sunscreen is the safest and most effective.

Teething Relief

For teething relief, Tylenol may be provided by a parent to administer as recommended by a doctor. All medications are to be stored in the main school office and administered according to the CTCS Preschool Parent Handbook. Gels will not be administered. There is no specific and measurable dosage like there is for a liquid medication. Also, gels are very temporary in their relief, whereas Tylenol (or similar product) is long lasting.

Over-the-Counter Medications & Prescription Medications

Please refer to the Incidental Medical Services Plan in the CTCS Parent Handbook.

California Health and Safety Code, Sections 120325-120375:

Under these statutes, children in California are required to receive certain immunizations in order to attend public and private elementary and secondary schools, child care centers, family day care homes, nursery schools, day nurseries, and developmental centers. Schools, child care centers, and family child care homes are required to enforce immunization requirements, maintain immunization records of all children enrolled, and submit reports.

Immunizations (shots) Needed Before starting Child Care/Preschool

Age When Entering	Immunizations (shots) Required
2–3 Months	1 each of Polio, DTaP, Hib, Hep B
4–5 Months	2 each of Polio, DTaP, Hib, Hep B
6–14 Months	3 each of DTaP 2 each of Polio, Hib, Hep B
15–17 Months	3 each of Polio, DTaP 2 Hep B 1 MMR on or after the 1st birthday 1 Hib on or after the 1st birthday
18 months–5 years	3 Polio 4 DTaP 3 Hep B 1 MMR on or after the 1st birthday 1 Hib on or after the 1st birthday** 1 Varicella

**Required only for children less than 4 years, 6 months

DTaP = [Diphtheria, Tetanus, and Pertussis](#)

Hib = [Haemophilus Influenzae type B](#)

Hep B = [Hepatitis B](#)

MMR = [Measles, Mumps, Rubella](#)

Varicella = [Chickenpox](#)

Parents must show their child's Immunization Record as proof of immunization.

Immunizations happen on a regular basis during the first year of life. It is understandable that there are sometimes side-effects resulting from these, a couple being pain and/or a mild fever. If a doctor's note is provided, we can administer an over-the-counter pain reliever brought in by you after your child's immunizations if it indicates that it is specifically for the relief of pain due to immunizations. We cannot administer medication as a fever-reducer unless this is indicated in a Medical Action Plan written and signed by a doctor for a particular health risk, such as febrile seizures. The center's definition of a fever is 100 degrees or above. Please refer to your CTCS Parent Handbook for complete information on illnesses.

☞ COMMON EARLY CHILDHOOD ILLNESSES

The following is a brief, but certainly not comprehensive, list of some very common illnesses in young children. The information gathered below is from a registered nurse at Community Coordinated Child Care (4-C), American Academy of Pediatrics, or from other health resources. These illnesses are not exclusive to City Tree Christian School – they are everywhere.

Croup

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

Fifth's Disease

- Occurs most often in children and is more prevalent in late winter and early spring.
- Begins with a mild fever which may be accompanied by headache, fatigue, and muscle aches - these symptoms last for only a few days and is followed by the characteristic rash.
- Intensely red rash on the face which gives a “slapped cheek” appearance. It spreads to the trunk, arms, legs, and arms as a finer rash.
- The virus is spread by close contact, 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 children.
- Characterized by fever, sores in 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 mouth.
- Skin rash develops over 1 to 2 days with red spots, some with blisters.
- Rash does not itch, and it is usually located on the palms, hands, and soles of feet.
- Caused 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.

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 age of two.
- In most children, symptoms appear similar to a mild cold. RSV infection can be very mild, like a cold, or very severe, causing hospitalization.
- Spread through direct contact with infectious secretions.
- No specific treatment; only symptomatic treatment.

Rotavirus

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

Thrush

- An oral infection that appears as creamy white, curd-like patches on the tongue and inside of 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

- Is a viral infection and 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 about 24 to 48 hours.
- Spread from person to person but it is not known how and not very contagious.
- Usually it goes away without any treatment; symptomatic treatment.

Please let us know if your child has been diagnosed with one of these illnesses. Notifications are placed in parent files in the event someone from the classroom reports one of these illnesses. Strict confidentiality is maintained and a child's name is never mentioned in these notices.

SECURITY PRECAUTIONS

The safety of each student at City Tree is of paramount concern. Please help to make our building safe by remembering to “BE RUDE”. Don’t hold the door open for someone that you don’t know. The third floor yellow door is an “exit only” door. Do not allow anyone to enter this door while you exit. As you enter and leave the building please make sure the door closes securely behind you.

There are two ways to access the City Tree main doors:

Using your code:

On the black box located to the right of each set of double doors, press the “start” button, enter your six digit code, then press “end”. Pull the door open after you hear a click. Please remember the digital numbers will always scramble themselves on the grid and you have only a limited amount of time to enter your code. If your code will not work, use the buzzer and notify the office so we can solve the problem. NOTE: Your code only works during the hours that you are contracted. If your code does not work, please check the time to be sure that you are not trying to enter the building before your contracted drop off time.

Using the buzzer:

Briefly press the lit button located to the left of the double door. Wait for someone from the office to

buzz you in or to speak to you. When speaking, identify yourself loudly and clearly. Do not hold the buzzer while speaking. Please instruct your child not to press the buzzer randomly. Please do not use the buzzer outside the main office door if your code is working.

If you are new to the school and have not chosen a code or you have forgotten your code, please come see us in the school office.

🌀 EMERGENCY INFORMATION

Emergency Documentation

Emergency medical forms including physician, contact, and insurance information, signed by the parents, must be on file in the school office on the student's first day of attendance. It is the parent's responsibility to keep the school informed so that names, addresses, and phone numbers on the student's enrollment and medical forms are kept up to date.

Emergencies

First aid supplies are kept at school for simple cuts and abrasions. In case of an emergency, the parent will be called immediately. If the parent cannot be reached, the next step will be decided according to the circumstances or seriousness of the situation, which will include any or all of the following:

1. Attempt to contact person listed on the sign-in sheet.
2. Attempt to contact emergency contact listed on student data form.
3. Attempt to contact the student's physician.
4. Have the student transported to the most appropriate emergency medical center.

🌀 FIRE, EARTHQUAKE, AND LOCKDOWN PROCEDURES

School fire, earthquake, and lock down drills (called Safety Drills) are held at least every 6 months. We evacuate to the northeast corner parking lot at 3rd Ave. and Elm St. Each classroom is equipped with an earthquake/emergency backpack and infants and toddlers are transported from the building in emergency evacuation cribs designed to hold up to six children in each crib. Evacuation exit routes are posted in each room. Parents are urged to make emergency plans which include making arrangements to pick up students as soon as it is safe to do so.

🌀 FROM MAGDA GERBER:

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

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

“What infants needs is the **opportunity and time** to take in and figure out the world around them.”
– Magda Gerber