

Northern Illinois University  
Child Development and Family Center  
School of Family and Consumer Sciences  
College of Health and Human Sciences

## Child Development and Family Center

Parent Handbook

2018

# Contents

<b>Welcome</b> .....	5
<b>Program Information</b> .....	6
Faculty Board (8.A.06, 10.B.06).....	6
Research, Classroom Observations, and Photographic Permission (7.A.11).....	6
<b>Routines</b> .....	6
Schedule (2.A.07, 2.A.11).....	6
Supervising Siblings at Drop Off/Pick Up .....	7
Outdoor Play (3.D.01, 5.A.06; 5.A.07, 9.D.03, 10.D.06.c) .....	7
Naps (3.C.03, 5.A.12, 9.A.01, 9.C.08b, 10.D.01).....	8
Diapers (5.A.08).....	9
Meal Service (5.A.14, 5.B.04, 5.B.08, 5.B.09, 5.B.10, 5.B.11, 5.B.13) .....	9
Dressing Your Child .....	12
Center Closings.....	13
Caregiving and Transitioning.....	13
Primary Caregiver to Primary Caregiver (7.A.06).....	13
Moving Up to a New Age Group .....	13
Separation (1.B.07).....	13
<b>Enrollment / Billing Policies</b> .....	14
Enrollment Eligibility .....	14
Permanent Schedule Change .....	14
Change in NIU Status.....	15
Child Care Fees / Billing.....	15
Enrollment Fee .....	16
Late Fee .....	16
Notification of Withdraw .....	16
Financial Assistance and Child Care Subsidies .....	16
Scholarships / Grants .....	17
<b>Health and Safety</b> .....	17
Safety Practices (10.D.01, 2.K.04) .....	17
Supervising Children at the Center .....	18
Hand Washing (5.A.09, 9.C.05, 2.K.01) .....	18
Medical Records (5.A.01, 10.D.05).....	19
Accidental Injuries, Medical and Dental Emergencies.....	20
Illness Policy .....	21
Communicable Diseases .....	24
Administration of Medication (5.A.11) .....	24
Sunscreen and Insect Repellent (5.A.07 b,c).....	25

Pest Control Policy (9.D.08) .....	25
Bike Helmets (2.K.03) .....	25
Choking Hazards.....	26
Outside Shoe-Free Environment in ITT .....	26
Accidents and Injuries (10.D.09) .....	26
Accident Insurance (10.B.05) .....	26
Emergency Preparedness.....	26
<b>Family Involvement</b> .....	29
Home/School Communication (1.A.01, 1.A.03, 7.B.01, 10.D.06) .....	29
Family Pocket (1.A.05, 7.B.06) .....	29
Diaper/Nap Board .....	29
Personal Letters from Primary Caregiver in Practicum Classrooms (7.A.06).....	29
Monthly Newsletter & E-mail .....	30
Website .....	30
Special Announcements/Communication .....	30
What We Expect of Parents .....	30
Conferences (4.E.02, 7.A.08, 7.B.01, 7.C.01) .....	31
Parent Visits (7.A.11).....	32
Volunteer Opportunities (3.F.06, 7.A.07) .....	32
Parent Resources (7.C.07).....	33
Confidentiality and Comparing with Infants and Toddlers (4.E.07).....	33
Parent Advisory Board (7.A.13, 10.B.06, 10.F.04).....	33
Parent Concerns (7.C.02) .....	34
<b>Child Assessment and Services</b> (4.A.01-4.A.03; 4.B.01-4.B.04; 7.B.03; 7.B.04) .....	35
Position Statement.....	35
Child Assessments (7.B.04, 3.G.02) .....	35
Screening Services.....	36
Vision and Hearing (4.C.01.d,f) .....	36
Ages and Stages Questionnaire (4.A.01, 4.A.02, 7.B.03) .....	36
Referrals (7.B.04) .....	37
Special Needs (8.A.04, 10.B.10) .....	37
Staff Training in Assessment (4.E.06).....	38
<b>Policies</b> .....	38
Authorized Pick Up (10.D.06.e).....	38
Items from Home .....	38
Cell Phone Use .....	39
Parking.....	39
Building Access.....	39
Parent Pockets .....	40
Sign-In and Sign-Out.....	40

Notification of Absence.....	40
Late Pick Up.....	40
Confidentiality Policy of Records and Information (4.E.07).....	41
Parent Concerns (7.C.02) .....	41
Guidance Techniques (1.B.06) .....	42
Challenging Behaviors (1.E.01).....	43
Termination of Child Care – Dismissal Policy .....	44
Quarreling with Other Parents or Staff .....	45
Divorced or Separated Parents .....	45
Professional Relationships .....	46
Social Media Policy.....	46
Holidays.....	46
Birthdays .....	46
Field Trips and Transportation .....	46
Mandated Reporting.....	47
Babysitting.....	47
<b>Community Support Services (7.C.03) .....</b>	<b>47</b>
Community Coordinated Child Care (4-C) (5.A.02, 8.A.01, 8.A. 02, 10.B.10) .....	47
NIU Speech and Hearing Clinic.....	48
Child and Family Connections .....	48

# Welcome

Dear Parents,

Welcome to the Child Development and Family Center (CDFC). This parent handbook answers many of your questions regarding routines and general policies for the center. It's a good idea to familiarize yourself with the information in this handbook so you feel well-informed about the care your child is receiving each day. For the purposes of this document, the term parent is used synonymously with that of legal guardian.

Along with the full-time professional staff, the CDFC also employs Graduate Assistants who work 10-20 hours per week who serve as Assistant Teachers; and when needed, extra help to assist with staffing situations. Additionally, the CFDC employs about 50 student employees a semester who serve as teacher aids primarily in the non-practicum classrooms.

The CFDC is composed of practicum classrooms and non-practicum classroom. Practicum classrooms host undergraduate students in the major of Human Development and Family Sciences (HDFS) who are completing a rigorous capstone experience in a classroom of young children in the semester of their anticipated graduation. Non-practicum classrooms employ undergraduate student employees; with many students majoring in HDFS, Special Education and Early Childhood Education (SEED), Elementary Education, Nursing, or Psychology. The non-practicum classrooms also are host to undergraduate HDFS majors who are completing limited in-classroom assignments or observations to fulfill course requirements in a variety of HDFS courses.

The CDFC is housed in two locations: the main center and an annex location in Gabel Hall room 169 and 170. The main center supports practicum and non-practicum classrooms for children ranging from 3 months to 5 years. The annex location supports non-practicum classrooms for infants and toddlers.

As parents in our program, you play an important role in student learning! By selecting the CDFC as your child's child care program, you are demonstrating a support for and embracing the learning environment critical in developing our young pre-professionals who wish to work with families and children.

Please feel free to ask questions at any time.

*~ The Child Development and Family Center Staff*

## **Contact Information**

*Child Development and Family Center*

Office Support: Janene Boyer

815-753-0125

jboyer@niu.edu

*Child Development and Family Center Gabel Hall Annex*

Office Support: Denise White

815-753-1150

dwhite6@niu.edu

## **Hours of Operation**

Practicum Classrooms:

7:45 a.m. to 5:15 p.m.

Non-practicum Classrooms:

7:15 a.m. to 5:30 p.m.

Visit us at our website (**www.**) for more information about our program.

## Program Information

### Faculty Board (8.A.06, 10.B.06)

The CDFC has a Faculty Board that currently consists of the CDFC Executive Director, two FACS Child Development faculty members, the FACS Area Coordinator, and Master Teachers. The Faculty Board meets once a month to discuss issues concerning the CDFC, including the practicum. The CDFC Faculty Board is chaired by the Executive Director. The CDFC Faculty Board advises on research activities, sets policies, and facilitates enactment of these policies. The faculty advisory board advocates the needs of the CDFC to the College of Health and Human Sciences and the University at large.

### Research, Classroom Observations, and Photographic Permission (7.A.11)

In addition to being a high quality early childhood program, the CDFC is a research and training facility for childcare professionals and is equipped with observation booths in each classroom. In order to facilitate our mission of providing an observation site for student learning and for research collection, all children enrolled in the program will have a photo with his or her first name and birth date posted in the observation booth. Child development undergraduate and graduate students, FACS child development and other NIU faculty, and other students can do research; (upon board approval) take photos, and complete audio and video recording. Children are observed for classes on development, language acquisition, music, and health. Most research requests involve asking children questions about their preference in toys, having children listen and respond to stories or tell stories, and interacting in similar scenarios. Families are expected to give permission as part of the registration process for their child to participate, as necessary, in these types of research projects. All research is subject to University approval. Families will be fully informed of any research project involving your child and do reserve the right to give or withhold consent without penalty. Additionally, families do reserve the right to not allow their children's names to appear in print with photographs and research. This information is requested on the enrollment form.

## Routines

### Schedule (2.A.07, 2.A.11)

Practicum classrooms are open from 7:45 a.m. to 5:15 p.m. and non-practicum classrooms are open from 7:15-5:30 p.m. Child care is available year round for families in need of this schedule; as staffing allows. Please see your child's classroom information board for the daily classroom schedule.

Scheduling child care is full-day only in practicum rooms. There is a half-day option for families enrolled in the non-practicum classrooms. If you are a family receiving assistance from the Child Care Assistance Program (CCAP), and you are approved for a half day of care, you will be billed the remainder portion of the day if you need a full day of child care.

**Children MUST arrive by 10:00 a.m.** Each classroom takes attendance at 10:00 each morning to get an accurate meal count for the day. This is the latest time that is designated for all children to arrive for the day. If your child is not here by 10:00, you may arrive to find the classroom has gone for a campus walk. In this case, you will need to either wait with your child until they return, or talk with office support about their location on campus and meet the group there.

## Supervising Siblings at Drop Off/Pick Up

If siblings, or other individuals, accompany a parent during drop off or pick up, keep them under your immediate supervision at all times. Older children tend to employ a more sophisticated style of play, and the preschoolers wishing to emulate that play can get in over their heads. Pick up or drop off can become unnecessarily hectic. Also, additional individuals, like siblings, may not be left in the foyers, hallways, or observation booths while you pick up your child. They must be with you under your immediate supervision.

## Outdoor Play (3.D.01, 5.A.06; 5.A.07, 9.D.03, 10.D.06.c)

**All children who are well enough to be in attendance at the center will be taken outside for play on a daily basis.** (5.A.06.a) Outdoor play is a key component of each child's day at the CDFC and is viewed as an extension of the indoor classroom. Outdoor play meets children's needs for physical exercise, fine and gross motor learning, cognitive development, social development, and self-regulation. The majority of outdoor play time should occur on the playground; however, they will also go on campus walks if conditions allow. Parents may not request for their child to stay indoors while the rest of the group is outside. A parent is welcome to come and stay with their child indoors while the class is outside.

Once outside, it is the discretion of the teaching staff to bring the children in earlier than expected. This decision is based on staff observations/interactions with the children. Similar to the indoor environment, staff should follow children's lead as they create a safe and comfortable experience together. Staff is encouraged to seek new learning playground opportunities regularly, and foster social interactions, such that the amount of time spent standing aimlessly is minimized. Parents who have concerns are encouraged to address staff at the time of concern, such that staff can adjust and visualize relevant issues.

It is recommended for children playing outside to have protective clothing against cold, heat, sun injury and insect-borne disease. Winter clothing should be dry and layered for warmth. Families are encouraged to bring sun hats during the summer months and must provide snow boots, snow pants, hats, and mittens during the winter months (5.A.07.a). Children are free to explore their outdoor environment, and children should be dressed in clothing that supports this free exploration to climb, crawl on the ground, ride bikes, and move freely.

Infant and toddlers go outside daily as well. Please make sure these children are well dressed and layered. Infants should have appropriate protective outerwear covered from head to feet.

In the event there is standing water on the playground, children are not able to play outdoors until the issue has been resolved. Children will not be outside on rainy days, summer days when the heat index is over 90, and winter days when the wind chill factor is below 15 degrees. (We will allow for children can be outside for very brief periods of time when the wind chill is between 10-15 degrees and the heat index is between 90-95 degrees). Children will also remain indoors in the event of other outdoor alerts, including heat advisory, high levels of smog or other air pollution, and risk of West Nile virus (9.D.03). Administrative and teaching staff receives NIU weather alerts via text message. In the event of needing to stay inside, large motor activities will be offered inside. (5.A.06.b). If indoor equipment is used, the large motor equipment meets national safety standards and is supervised at the same level as outdoor equipment (5.A.06.c)

Children have the opportunity to play in the shade to protect from the sun (5.A.07b). Children can wear a sun block with UVB and UVA protection of SPF or higher that is applied to exposed skin (5.A.07.b). When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellent

containing DEET are used, and these are applied only on children older than 2 months; staff apply repellent no more than once a day and only with written permission (5.A.07.c).

Children also have opportunities for walks around the campus community. Upon leaving the classroom, the teachers will gather the sign-in binder, the emergency back, and post a note on the door as to the route they are taking. If you drop your child off after they have left, you are welcome to wait with your child until they return or you may meet them on the walk. **All children are expected to be dropped off by 10:00 a.m.**

## **Naps (3.C.03, 5.A.12, 9.A.01, 9.C.08b, 10.D.01)**

### **Infants**

Infants under 15 months nap according to their own schedules. As needed, these children will be put to sleep based on the child's individual cues. Usually around 12 months, many children are starting to "outgrow" the need for 2 naps a day and will be naturally working themselves into a regular afternoon nap. The teachers work with these children's changing needs.

The infants are supervised by sight and sound at all times where teachers are positioning themselves to see all children (3.C.03c). **The CDFC does not use confining infant environments such as swings, walkers (9.C.08b), and bouncy seats. Children are not left asleep in car seats, high chairs, or strollers.** All cribs have stationary side – there are no drop down cribs (3.C.03b). If a child falls asleep on a walk in a stroller, upon return to the center, the child will be taken out of the stroller and placed to sleep in their crib. If you drop off your child who is asleep in a car seat, it is expected that your child will be taken out to continue their nap in a crib. Children are not placed in cribs to play; only to sleep. (5.A.12.a)

All the bedding is provided by the center and is washed here. Children only sleep in cribs or on cots. Children are not left to sleep in car seats at drop off as this is a SIDS risk.

### **Safe Sleeping Practices for Infants**

To reduce the risk of SIDS, it is our practice for infants under 15 months to be placed on their backs to sleep in a crib without the use of an infant sleep positioner, unless ordered by a physician. The infants and toddlers under 15 months are provided with a firm, tight-fitting mattress in a crib that meets current safety and crib standards of the United States Consumer Product Safety Commission (5.A.12.a) **There will be no pillows, quilts, bumpers, comforters, sheepskins, stuffed toys, or other fluffy products in the crib – including stuffed animals or loveys.** Blankets are not allowed in cribs for infants younger than 12 months (5.A.12.c). Two children are never sharing a crib at the same time. Infant heads are to remain uncovered (5.A.12.d). If a child is old enough to roll themselves over from the back position, they are allowed to assume any position they find comfortable after we have placed them down to sleep on their backs (5.A.12). A sheet will be provided for each infant and toddler. If a blanket is needed for a child older than 12 months, it will be tucked at the foot and sides of the beds with the top of the blanket under the infant's nipple-line. **Swaddling is not permitted; please do not ask the teachers to swaddle your child.** If a parent chooses to provide a sleep sack for their child to sleep in they are welcome to do so. 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 and the National Association for the Education of Young Children (NAEYC).

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 DCFS licensing and NAEYC accreditation criteria, 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, such as on their stomach, or with a parent/sibling.*

### Older Children

Children 15-35 months sleep on a cot at the designated naptime schedule for the Toddler and 2/3's classrooms following lunch. Children who are on cots may bring a small soft stuffed animal or other soft attachment item (no cups or bottles).

Teachers help children get to sleep by reading books, providing restful music, and gently rubbing their backs. Children are not required to sleep, but are expected to rest quietly on their cots. **It is our general practice that when children are tired and have put themselves to sleep, we will not wake them before the end of the scheduled naptime, or prevent them from falling asleep based on a parent request.** The only thing we can do is to ask teachers **not** to rub their back to assist them in falling asleep and will work individually with families to provide the best shared care giving, through communication and idea sharing.

### Diapers (5.A.08)

The CDFC provides disposable diapers and wipes for the children in the Infant and Toddler Classrooms. Anyone requesting the use of a specific brand of diapers are welcome to bring in their own. Cloth diapers are not used in the CDFC. Parents are required to bring diapers or pull-ups and wipes for their child who may still be needing them once in the 2/3 or preschool classrooms.

Because most children learn to use the toilet sometime between the ages of 2-3 years, **parents are required to provide disposable diapers and wipes once their child is in the 2/3's and preschool classrooms.** If your child runs out of diapers and we provide them, you will be billed \$.50 per diaper and the cost of one container of wipes as needed. Keep in mind that the teachers **change diapers every 2 hours** (more often if needed) so a child who is enrolled for a full-day could easily go through 5-6 diapers and numerous wipes each day.

### Meal Service (5.A.14, 5.B.04, 5.B.08, 5.B.09, 5.B.10, 5.B.11, 5.B.13)

The CDFC participates in the USDA Child and Adult Food Care Program (CACFP) and therefore must follow nutrition guidelines and regulations as outlined by this program. Meals are available to all enrolled children without regard to race, color, national origin, handicap, sex, or age.

The following meals are provided to all children and are served family style: breakfast, lunch, and afternoon snack. We are required to provide infant formula, cereal, and baby food. Menus are posted online and in the classroom (5.B.15). Meals are served at least two hours apart, but no more than three hours apart (5.B.16 a,b). Food from home is **NOT** allowed to be brought from home into the classroom for you to serve your child to eat at drop off, so please have your child eat at home before arriving to the center.

### Infants

Young infants will be fed according to their own schedule. As they grow and start eating solids foods, their eating needs will change and the eating times will be adjusted toward the group schedule. Solid foods are not offered to children younger than 6 months unless recommended by a doctor and approved by the family (5.B.11.a). During lunch, infants not yet eating table food will be served cereals and baby food. Parents with children younger than 12 months old have the option of choosing our infant food (formula, baby food, and

baby cereal) as this is indicated on the Child and Adult Care Food Program form filled out upon enrollment. (This form does not include table food. Per the CACFP program, table food is given once a child is developmentally ready to eat it per the parents and teachers.) Parents may choose a different infant food option at any point and simply request another form to fill out and sign. For example, if a parent originally indicated they would be bringing in their own cereal at the beginning of enrollment, a parent can switch this at any time to have the center provide this item.

**If a child needs a specific type of formula or food for a *medical condition*, a doctor's note will need to accompany this as we need this medical condition on file.** If a child's doctor indicates your child should not eat a certain food, it needs to be documented by the doctor that your child has a medical condition specifying an allergy or intolerance to a food; then the center will not serve that particular food to your child. Food choices or preferences that parents may choose for their child at home cannot be implemental at the center. Some of these include organic, foods with no sugar/no added sugar, foods not containing certain oils, foods with no salt/no added salt, hormone-free foods, or foods that are not whole grain.

A parent may bring in breast milk if desired. There is no reduction in child care fees when a parent provides food. Upon enrollment, parents fill out information stating foods their child has been exposed to and appropriate to eat. The parents and teachers work together as the child grows and experiences new foods to ensure that food for the infants are based on the nutritional needs of the baby and are for the correct developmental stage (5.B.08). Sweetened beverages and juice are not served to the children (5.B.11 b,c).

Infants younger than 12 months are held for bottle-feeding. Older children may sit in a chair or are held (5.A.14.a). Bottles are not served to children in their cribs or on cots and are never propped under any circumstances (5.A.12.b,c). Mobile children are not allowed to walk around the classroom with their bottles or sippy cups (5.A.14.d).

As your infant grows and becomes more adept at eating, he will be using his fingers for eating "finger-foods" (table foods) and working on using infant utensils. *As infants gradually start to eat cereals, pureed foods, and table foods, parents will inform the teachers in the classroom as to what their child has already been exposed to at home. It is recommended that infants try new foods at home first, then parents can add the new food to the classroom list.* As children transition from bottles to cups, the teachers and parents will work together to decide when that child is developmentally ready (5.A.14.e).

Infants are fed on a schedule which is individualized and based on the infant's needs while following the guidelines from the Child and Adult Care Food Program. It is expected families and teaching staff will communicate frequently about infant food intake to ensure infants' nutritional needs are being met.

### *Breast Feeding and Formula Feeding*

#### *Breast Feeding*

If your child is breast fed and you would like to feed your child at the center, a comfortable place for breastfeeding has been provided for you in our nap room. The teachers are happy to coordinate this schedule with you. If you choose to bring in breast milk, it must be brought in a *ready-to-feed* sanitary container labeled with the child's full name, date, and time the milk was expressed. Fill the bottles with the amount of breastmilk the baby usually drinks at one feeding. The bottle or container will be immediately stored in the refrigerator upon arrival (5.B.09.a,b,e,f). Fresh breast milk may be stored up to 48 hours in the refrigerator or up to two weeks in the freezer; milk that exceeds this time frame will be discarded or sent home, at the

family's request. Staff are taught to gently mix the breast milk, not shake, to preserve the special infection fighting and nutritional components in breastmilk (5.B.09.d). **After feeding, any unused breastmilk in the bottle will be discarded** and the bottles will be washed. This is a CACFP regulation.

### *Formula Feeding*

If your infant takes formula, you must complete an infant waiver notification form indicating if your infant will be using the infant food provided by the CDFC, or if you will provide the food. The CDFC provides one type of formula, and also provides baby cereal and a variety of baby food purees fruits and vegetables. The CDFC purees their own baby food. If a child is on formula, parents will bring factory-sealed cans of powdered formula and empty bottles to be left at the Lab; this way, a fresh bottle can be made for each feeding (5.B.10.a). Filtered water is used for mixing the formula. You may provide your own bottled water if you wish. If staff warms formula or human milk, the milk is warmed in water at no more than 120 degrees Fahrenheit for no more than five minutes (5.B.10.d). No milk, including human milk and no other infant foods are warmed in a microwave oven (5.B.10.e). DCFS requires that only breast milk, formula, milk, or water be placed in your child's bottle. No bottles will be accepted if cereal or other food products are in them, unless recommended by your child's physician (5.B.10.b). Staff will discard after one hour any formula that is served but not completely consumed or is not refrigerated (5.B.10.c). No other liquids other than formula, breast milk, or water, such as Pedialite, Gatoraide, or juice, will be served to the children from a bottle.

### **Food Substitutes (5.B.15)**

Monthly lunch menus are posted in each classroom and two weeks' worth of snack menus are posted. Menus are kept on file for one year for review. We are required by DCFS and the Child and Adult Care Food Program to provide **all** the required meals throughout the day for children enrolled in our program. Parents are not allowed to restrict a child's diet while they are at the center based on a child's dislikes, parent dislikes, or presumed allergies. The CDFC and CACFP does, however, allow food substitutes based on medical and religious reasons.

**Any child requiring a special diet due to medical reasons MUST have a USDA Food Program Substitution form filled out and signed by a physician.** The parents must provide the **appropriate substitution** for that particular food. Unless we have this form signed by a physician and the appropriate food substitute, your child will be served all of our food components. Food choices or preferences that parents may choose for their child at home cannot be implemental at the center. Some of these include organic, foods with no sugar/no added sugar, foods not containing certain oils, foods with no salt/no added salt, hormone-free foods, no dairy, or foods that are only whole grain.

Parents must talk with the director and provide the required information in writing before any food substitutions will be served. Any food substitutions brought in must be labeled with your child's name and dated. For all infant (and children) with disabilities who have special feeding needs, the CDFC staff will keep a record documenting the type and quantity of food a child consumes and provide families this information (this does not apply to children having food allergies only)(5.B.04).

Religions not serving pork or beef to their child are accommodated.

### **Milk and Milk Substitutes**

According to the CACFP, children under 12 months are not served cow's milk. Between 12-24 months, the children are served whole milk or reduced-fat milk. Children older than 24 months will be served reduced fat milk (5.B.13.a)

Parent may request **in writing** a non-dairy milk substitution **without** a note from the physician; however, a medical reason or special dietary need for this substitution must be given. **An allowable fluid milk substitute must provide the nutrients listed in the following table.** The center provides the appropriate and CAFPP approved soy milk. If you choose to bring in another alternate, the staff needs to review the nutritional standards of the milk **FIRST** before the milk will be allowed to be served to the children.

#### Milk Substitute Nutrition Standards

Nutrient	Per Cup(8oz)
Calcium	276 mg
Protein	8 g
Vitamin A	500 IU
Vitamin D	100 IU
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	.44 mg
Vitamin B-12	1.1 mcg

#### Meat Substitutes

Parents who do not want meat products served to their child, due to personal or religious reasons, will be allowed to bring in the appropriate meat substitute. If a parent forgets to bring in the substitute, the center will call you to see if you are able to bring in a substitute.

#### Dressing Your Child

While the CDFC does not have a 'dress code' policy for children at the center, it is expected that children come to school prepared to play, get messy, and engage outdoors comfortably. The CDFC adheres to a 'play-based' style of curriculum where children are active learners in their environments. This activity could very well be in sensory, art, large motor, etc. Please dress your children in clothing that is comfortable and easy for them to move around in; as well as, can get messy. Unless it is specified special "spirit day" event in the center or the classroom where parents are notified ahead of time, costumes and pajamas are not appropriate clothing to wear at the CDFC. If a child comes to the center wearing costumes or pajamas, then the teachers will change them into extra clothing.

At the CDFC, the children will engage in painting, dirt/mud, glue, sand, messy foods for lunch, water, and other items that are 'messy'. This is a perfectly safe environment to do so, and we encourage children to fully explore their materials and activities that are offered.

The teachers will not adhere to the following requests:

- Don't let my child get dirty.
- Don't let my child use the paint today.
- Take off my child's 'good clothes' and put on his or her play clothes when you do something messy.
- Don't take my child outside.

It is understood that if a parent is choosing this program for their child, then parents will respect and appreciate the proper clothing for their child to successfully engage in their early childhood environment.

## Center Closings

The center is open on all days on which the university is open, with the exception of staff professional development training days/classroom preparation and new student orientation days. These days will be provided to parents in advance to allow for parents to plan for alternative child care. The CDFC may also close due to severe weather conditions or problems with the building such as flooding, lack of heat, water, or air conditioning.

If the entire university closes due to bad weather, this means classes are canceled and **ALL** offices are closed, including the CDFC. Occasionally, classes will be canceled due to bad weather, but offices will remain open; the CDFC will also remain open when this occurs. If the university closes in the middle of the day, parents will be notified immediately to come and pick up their child.

In addition to listening to the radio, you can check the NIU website ([www.niu.edu](http://www.niu.edu)) or call the following numbers to find out the current open/close status of the university. The NIU Weather Status Hotline is: **815-752-OPEN** or **888-4NIUOPEN**

## Caregiving and Transitioning

### Primary Caregiver to Primary Caregiver (7.A.06)

All children in the center will have a primary caregiver. In practicum classrooms, your child could be assigned an undergraduate child development major as a primary caregiver each semester, or a paid staff member. In non-practicum classrooms, primary caregiving is shared between the two child development supervisors.

Adjusting to new teachers can be challenging for young children. Relationships are at the heart of a safe, supporting, nurturing and stimulating learning environment. In practicum classrooms, you will receive one introduction letter from your child's Primary Caregiver in the beginning of the semester. If you would like additional written information on your child's day, please speak to your Primary Caregiver, Master Teacher and/or Child Development Supervisor.

Additionally, teaching staff are to take photos of the new incoming practicum students and display in the classroom (in the form of a book, or display board). New primary caregivers are also given time to review the children's portfolios and are required to complete classroom observations prior to starting the practicum. Your child's primary caregiver will evaluate your child's development and hold parent conference with you.

### Moving Up to a New Age Group

Children in the Infant, Toddler, and 2/3's classroom, "move up" to the next age group at the beginning of summer or fall semester. We try to move groups of children together and, when possible, move one of the teachers with the group.

Most of the preschool children will remain in their current classroom, although a child may be moved to another room based on the request of a parent or recommendation of a teacher.

### Separation (1.B.07)

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

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

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

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

## **Enrollment / Billing Policies**

### **Enrollment Eligibility**

Serving student families as they work to complete a degree at NIU is a priority for enrollment at the CDFC. However, faculty and staff of NIU; as well as, community families may also enroll in any age group. Any person who is applying to our program must have legal custody of the child they wish to enroll.

### **Permanent Schedule Change**

Every family will be allowed one schedule change per child per semester; thereafter, an administrative fee of \$5.00 per change will be assessed. A request for a permanent schedule change may be made at any time

during the semester, but a **2-week notice** is required. If additional time is needed (and approved) prior to 2 weeks, extra care will be charged.

**Parents may not substitute different days once a schedule has been established. Each family is responsible for the contracted hours during the semester and will automatically be billed for any additional time that is used without approval.**

### **Change in NIU Status**

Parents will need to notify the office manager if their status changes from that of a student or faculty/staff/community. This will impact tuition billing as student parents receive a reduction in their tuition compared to faculty/staff/community.

### **Child Care Fees / Billing**

We bill parents for child care services **four times per semester** (at the end of 4 weeks, 8 weeks, 12 weeks, and 16 weeks). The exact dates will be included on the semester calendar, as well as on your invoice. We add the fees for student parents to your MyNIU account so you can access them on-line and pay through the Bursar's Office. We will also provide a monthly statement for your convenience. We cannot accept any type of payment at our office.

Faculty, staff, and community members will be billed through Accounts Receivable. They send us your monthly invoice, and we place this in your parent pocket. All payments must be made to the designated location on your statement, not to our office. We encourage parents to keep their invoices throughout the year. We do not provide statements regarding your child care expenses for tax purposes – it is up to you to track this. Our tax number is 36-6008480.

Enrollment is secured for the **entire** semester, so you will be billed for the **full** 16 weeks (8 weeks in summer). These weeks will be divided into **four equal payments** (2 in the summer). Parents do not have the option of withdrawing early from a semester unless it is a permanent withdrawal (you are not returning for a future semester). Parents withdrawing before the end of a semester and wishing to enroll for a future semester will no longer be considered currently enrolled and will have to pay another registration fee if accepted.

Parents are also responsible for paying fees on the following holidays, if it is a regularly scheduled day for your child: Labor Day; Thanksgiving and the day after; Martin Luther King Day; Memorial Day; and the 4<sup>th</sup> of July. Parents will also be billed for any days in which the university closes for weather or emergency related reasons. We will not charge for the seven-day administrative closure during late December and early January, or when we close for staff training and student orientation.

**All accounts must be paid in full before child care can be secured for a future semester or interim period.** Keep in mind, in order to eliminate a balance due, you may need to go to the Bursar's Office / Accounts Receivable and request for your payment to go directly toward child care (otherwise, we are considered low priority, and your payment will go to pay other outstanding debts such as tuition, fees, books, etc.).

**Child Care fees are based on enrollment, NOT attendance. Fees MUST be paid whether or not your child attends on any given day.** Once a schedule is set for the semester, there are **NO** days on which you do not have to pay for child care (unless you permanently drop hours). Refer to the website for current half- and full-day child care rates.

If you have any questions concerning your child care fees or the billing process, please contact our office. If you have questions concerning your MyNIU account, please contact the Bursar's Office. Faculty, staff and community should contact Accounts Receivable.

## Enrollment Fee

A \$45.00 **non-refundable** enrollment fee (per child) is charged at the beginning of a child's enrollment. This fee will be billed to your NIU account upon receipt of your signed semester contract. **IF THE SIGNED CONTRACT IS NOT RETURNED BY THE SPECIFIED DUE DATE, YOUR CHILD WILL NOT BE ENROLLED FOR THAT SEMESTER.**

This charge is per child and is a one-time fee unless a child withdraws during a semester or does not return at the beginning of the semester immediately following enrollment. For example, if a child attends during the fall semester and does not re-enroll until the next fall semester (skipping spring semester), another registration fee will be charged. Summer is the only semester that can be omitted without having to pay another fee.

## Late Fee

The hours/days that you have contracted for child care are the times in which your child(ren) should be in attendance at the center. The staff is scheduled according to the children's schedules throughout the day and week.

Late fees will be applied to anyone exceeding their scheduled hours/days. A fee is charged regardless of the reason or the late pick up because staff end up having to stay late. **Late pick-up times will be determined according to the digital clocks within the building, not according to personal devices.** As of 6:00 p.m. if we have not heard from a parent, the police and DCFS will be contacted.

## Notification of Withdraw

If you have been accepted into our program and choose to withdraw **prior** to the beginning of the semester, you **MUST** notify the office by the designated deadline stated in the contract letter. If you miss this deadline, you will be billed for the first two weeks of child care based on the schedule on your signed contract. Without adequate notice of a child dropping, we may not be able to fill this spot so it can be a significant loss of income for the program.

If you completely withdraw from our program anytime during the semester or decide to decrease your child's schedule, a two-week notice is required. **You will be charged child care fees for the two weeks of care whether or not your child is in attendance.** After a withdrawal, you may submit an application for a future semester, but you will **NOT** receive priority as a currently enrolled family and you will also have to pay another registration fee/child. **This policy applies to the summer session, as well as fall and spring semesters.**

## Financial Assistance and Child Care Subsidies

Parents needing financial assistance to pay for child care should talk with the office manager or Executive director about available funding and eligibility requirements. We will refer you to the appropriate agency (4-C), and they will determine your eligibility based on family size, work/class schedule, and income. Funding is typically available for low-income, single parents.

**Those who are receiving a state subsidy must adhere to ALL rules established by the center and the Illinois Dept. of Human Services.** Parents need to make sure paper work is completed in a timely manner, and deadlines cannot be missed. **If we provide any child care that was not approved by the subsidy program, the parent(s) will be responsible for paying the regular rate for child care.** You are also obligated to pay for months in which your child attended zero days because the state will not reimburse us unless your child

attends for at least one day during the month. Anyone with consistent poor attendance will be dropped from the subsidy program because this negatively affects our reimbursement. You must also make your subsidy caseworker aware of **any** changes in your class or work schedule, as this will affect your eligibility for child care and payments. Again, parents are responsible to pay for any scheduled child care that is not approved and covered by the state.

For currently enrolled families, a “holding fee” of your most recent parent fee will be charged whenever the subsidy ends and it is time for a redetermination. Once the parent fee is determined, any billing adjustments that are required will be made to the student’s account. Anyone who closes their subsidy due to a skipped semester, and those who are newly enrolled, will have to pay the full cost of care until a parent fee is determined. The office manager will bill up front for the entire semester once the monthly parent fee has been determined.

## Scholarships / Grants

### Anne Kaplan Scholarship

A special fund has been established to assist single parents in paying for child care. The Anne Kaplan Endowment Fund was established in 2000 and provides up to \$1,000 in aid each year to one or more eligible applicants.

Eligible applicant must be a currently enrolled student at NIU, attending the CDFC, and nearing the completion of a degree (preferably senior status). Applicants must also be a single parent. Preference is given to female students for whom the cost of on-campus child care represents a significant hardship. Preference will also be given to students who are not eligible for other forms of child care assistance or subsidies.

Letters inviting parents to apply will go out at the end of each fall semester, and the scholarship will be awarded for the following spring semester. Feel free to see the Executive director for more information regarding this scholarship fund.

## Health and Safety

### Safety Practices (10.D.01, 2.K.04)

All classrooms practice safety drills on a regular basis, including tornado, fire, lock down, and evacuation. In the case of evacuation, we go over to the lower level lounge in Graham Hall. For tornadoes and lockdowns, we seek appropriate shelter within the center. In the case of a lockdown, the main door will be locked, and we will instruct parents to stay safe where you are and **not come to the center** until we receive an all clear from the NIU Police. If possible, our voice message will be changed and an e-mail will go out to parents. A note indicating we are in lockdown will also be posted on our front door. In the case of a lockdown or tornado, anyone who is in the building at the time **will not be permitted to leave** until we receive an all clear.

**Here are some ways parents can help to ensure safety of all children at the CDFC:**

- Keep phone numbers up to date. You are expected to answer the phone if we call.
- Keep us informed of any potentially unsafe or threatening situation that involves you or your family.
- Keep the number of people who come to drop off and pick up your child to a minimum; it is difficult for us to track so many people.

- Do not hold the front door open for anyone.
- Do not send someone to pick up your child who is not on your authorized pick up list.
- Do not have friends or family meet you at the center or invite them to stop by.
- Have your child walk with you when entering and exiting the building; do not let them run ahead of you. Remember, when you are exiting the building you are walking into a very busy parking lot.
- Do not leave your car running in the circle drive.
- Do not leave children unattended in your car.
- Drive S-L-O-W-L-Y in this parking lot and circle drive area.

Parents are expected to inform us of any situation in which they feel their child or family may be threatened in any way (i.e., domestic violence). The center administration may consult with other professionals (NIU legal counsel and police) to determine if a situation is deemed a high threat. If a situation is evaluated as a high threat child care may be terminated for the safety of the center.

### Supervising Children at the Center

Parents are responsible for the safety and well-being of their child(ren) any time in which you are together at the center (Parent Programs, drop-off and pick-up times, etc), but CDFC staff will step in if we feel a child's behavior is considered unsafe for him/herself or others.

Please do not allow your child to wander or run off anywhere in the center without you (classrooms, large motor room, etc.). There are many potential dangers, so it is imperative that **children are always supervised.**

When entering and exiting the building, your child must **remain with you** at all times. They should not run ahead to their classroom or run out the front door without you – this is teaching them a very unsafe practice. Please do not allow your child to push the red button that opens the front door because it gives them quick and easy access to a busy parking lot. Children should never be outside of the building without **direct adult supervision.** Children should also be discouraged from playing hiding games while in the center.

### Hand Washing (5.A.09. 9.C.05, 2.K.01)

Hand washing is the prime way to reduce the spread of germs. Upon arrival, please accompany your child to the sink to wash hands. Your assistance in this process not only helps out the staff but also makes for a terrific transition time for you and your child to signify the beginning of the school day.

The proper hand washing procedure is as follows:

- Turn on warm water
- Wet hands under water
- Apply soap to hands
- Lather for at least 15 seconds (or the length of the ABC song), including back of hands, wrists, between fingers, under and around jewelry, and under fingernails
- Rinse hands
- Dry hands with a paper towel
- Turn water off using a paper towel (for manual sinks)
- Discard paper towel in hands free receptacle

Staff and children will wash hands frequently throughout the day. The following is a list when hand washing is required:

- When arriving at the center
- After changing diapers

- Before and after preparing snacks or lunches
- After handling body fluids (e.g., blowing or wiping nose, coughing on a hand, or touching mucus, blood, or vomit)
- Before and after attending to an injury that includes blood
- Children must wash hands before and after playing in the water/media table
- Immediately before and after eating
- After doing an art project
- After returning to the classroom from outdoor play
- Staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day
- After handling pets and other animals or any materials such as sand, dirt, or surfaces that be contaminated by contact with animals
- When moving from one group to another (e.g., visiting) that involves contact with infants and toddlers/twos
- After touching trash cans or lids
- After cleaning up spills

### Medical Records (5.A.01, 10.D.05)

Each child enrolled in the program has a file which includes health records as required by DCFS and NAEYC Accreditation. Each child must have a physical examination on file, current within the last six months prior to admission. If the child's physical indicates there is ongoing special health needs, such as allergies or chronic illness, instructions must be kept in the child's file. Information about chronic medical conditions will also be kept in a classroom binder. **An up-to-date record of immunizations is also required.** This medical form, including current immunization records must be on file **before a child is allowed to attend** the program. Please update the CDFC with your child's current immunization records. A TB skin test is required for all children more than 12 months of age.

**The DCFS medical form signed by a physician, including current immunization records, physical exam, and TB skin test, must be on file before a child is allowed to attend the program.** The physical examination must be renewed every 2 years and immunizations must be kept current and for a family to continue care at the CDFC.

Every year, a consultant from the local resource and referral agency comes to the center and accesses children's records to make sure immunization records are up to date. A letter will be placed in your family pocket with a list of what vaccine documentation is missing in your child's file. It is the responsibility of the family to update the required immunizations once written notification has been given. **Failure to do so may result in loss of child care services.** Content in a child's file is confidential, but is available to CDFC administrators/teaching staff, the child's parents, and any regulatory authority upon request (DCFS). (10.D.05)

It is also required that each child has on file emergency contact information including preferred source of emergency medical care.

If your child is under-immunized because of a **medical condition** (documented by a licensed health professional) or other reasons, your child will be excluded promptly if a vaccine-preventable disease to which children are susceptible occurs in the program.

## **Immunizations**

Every child enrolled in the Child Development and Family Center will have up to date immunizations except for individual children who have received a medical waiver. The CDFC is regulated by the Illinois Department of Children and Family Services (DCFS).

As stated in the DCFS licensing standards in **Section 407.250 (a) Enrollment and Discharge Procedures:**

“The day care center shall enroll only those children eligible under the center’s written enrollment policies. The center shall not use eligibility criteria that screen out children with disabilities, and shall make reasonable modifications in policies, practices, and procedures to accommodate children with disabilities.”

As stated in the DCFS licensing standards in **Section 407.310(a.7) Health Requirement for Children:**

“In accordance with the Child Care Act of 1969, a parent may REQUEST that immunizations, physical examinations and/or medical treatment be waived on religious grounds. A request for waiver shall be in writing, signed by a parent or parents, and kept in the child’s records.”

Additionally, the **DCFS Policy Guide** dated March 2016 states:

DCFS licensing requires all adult staff in the CDFC to show proof/documentation of Tdap and MMR (or immunity to MMR). There is no exclusion for adults. The law requires all caregivers to be immunized or show proof of immunity. The reason for this being it is very important for the protection of children, especially infants, that caregivers be healthy. Numerous cases of whooping cough and measles were identified in Illinois so provider immunizations have been identified as an important line of defense for children and adults.

General Counsel from NIU has stated the CDFC can exclude children from our program for any reason unless we are unlawfully discriminating based on a protected class (race, sex, religion, disability, or national origin). A non-immunized child is not a protected class.

**The CDFC will not be granting waivers for religious exemptions.** The CDFC will do due diligence to protect its most vulnerable population, the infants. Given that the CDFC provides care to infants, minimizing their exposure to and spread of a vaccine-preventable disease is a priority.

## **Accidental Injuries, Medical and Dental Emergencies**

In the case of a serious illness or injury, we will make an immediate attempt to contact a parent. If necessary, we will call 911. If necessary, an ambulance will take your child to Kishwaukee Hospital.

**Because of this, it is essential for parent(s) to let us know the following information:**

1. Where you can be reached while your child is in attendance at the center.
2. Physician’s name and phone number.
3. Emergency contacts and phone numbers.

If injuries are not of a serious nature, we will apply first aid and notify parent(s) at the end of the day.

## Illness Policy

In effort to maintain a healthy environment and to minimize the spread of illness, the CDFC follows guidelines as established in the *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3<sup>rd</sup> edition*. The CDFC also utilizes the nurse consultant from Community Coordinated Child Care for guidance on responding to specific health cases and center outbreaks.

In determining whether a child should be excluded from the program, the staff utilizes the following:

- Does the activity prevent the child from participating in the daily activities? For example, if you request your child stay indoors or not participate in a specific activity due to symptoms your child is experiencing, your child is not well enough to be at the center.
- The symptoms/illness results in a need for care which is greater than what the staff can accommodate without risking the health and safety of other children. For example, if your child needs to sleep extra, the classroom may not be able to pull a teacher to the nap room and still maintain the proper ratio/supervision for the children who are awake.
- Poses a threat of spreading harmful diseases to others.
- Staff will seek immediate medical attention for infants younger than 4 months with an unexplained temperature of 101 or higher.

If any of the above is true, the child should be temporarily excluded from the program regardless of the type of illness. In accordance with state and national guidelines, the following symptoms will require exclusion from the center:

- An acute change in behavior, persistent crying, difficulty breathing or a quickly spreading rash
- Fever of 100.5 **with** behavior change or another sign/symptom of illness.
- Diarrhea (watery stools or decreased form of stool that is not associated with diet changes) Exclusion is required for diapered children whose stool cannot be contained or for toiled-trained children if causing soiled clothing. Children can be readmitted after diarrhea has occurred if the stool can be contained unless the diarrhea is a result of E. coli infection or Salmonella.
- Blood or mucus in the stool not explained by medication or diet change
- Vomiting two or more times within 24 hours, unless the vomiting is determined to be due to a non-communicable disease and the child is not in danger of dehydration
- Mouth sores accompanied with inability to control saliva
- Rash with fever or behavior change
- Impetigo, until 24 hours after treatment has begun
- Strep throat, until 24 hours after treatment has begun
- Head lice, until the morning after the first treatment
- Scabies, until morning after the first treatment
- Chicken pox, until at least six days after onset of rash
- Whooping cough (pertussis) until five days after antibiotic treatment has begun
- Measles, until four days after onset of rash
- Any child determined to be contributing to the spread of an illness during an outbreak

If your child has any of the above symptoms, a staff member will contact the legal guardian and will call the numbers in order as listed on your child's emergency contact card. Staff will also reference the signs/symptoms chart from the National Health and Safety Guidelines for determining if your child needs to be excluded and for guidance on further recommendations.

In order to prepare for managing illness, we encourage you to have a backup plan in the event that your child will have to be temporarily excluded from the center. When picking up your child, you can expect the teacher to discuss the signs/symptoms as well as review the guidelines for returning to child care.

Children must be symptom free for 24 hours, unless a note has been received from your child's pediatrician indicating the illness is not contagious. **If your child was sent home with a fever, the child needs to be fever free for 24 hours without the use of a fever reducer.** For example, if a child was sent home on a Wednesday afternoon at 3:00, then that child cannot return on Thursday at 3:00 as they were not symptom free for 24 hours without a fever reducer. AFTER the fever reducer wears off (which is 4-6 hours), then check the child's temperature. If the child is then fever free at that point, the child needs to be fever free for 24 hours from that point in time.

### **Infant/Toddler Concerns**

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.

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

### *Teething Relief*

For teething relief, the 4-C Health Advisory Committee recommends the use of Tylenol that is accompanied by a doctor's note over any gel that is placed in the child's mouth. The doctor's note must specify it is for the relief of pain and dated currently. **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. Amber necklaces **will not** be allowed to be worn by the children.

### *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 child older than 1 year as a substitute for milk with a doctor's note. It will not be served in a bottle, but rather a sippy cup. Licensing does not permit for Pedialite to be served in bottles.

### *Fever Reducers / Pain Reliever Medication*

Immunizations happen on a regular basis during the first year of life. It is understandable that there are sometimes side-effects resulting from these, such as 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) 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.

### *Biting*

Children biting other children is an unavoidable occurrence of group child care, especially with toddlers. It is a common happening in any child care program. When it happens, and sometimes continues, it can be scary, very frustrating, and very stressful for children, parents, and staff. **Every child in the ITT 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. Some- times that is not easy. Biting is not something to blame on the child, parents, or caregivers. Confidentiality is also practiced with biting. We cannot tell a parent who bit their child. There are many possible reasons as to why an infant or toddler may bite:

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 toddlers are simply lacking the language and social skills necessary to express all their needs, desires, and problems. Biting will often be the quickest and easiest way of communicating.

What do the teachers do in response to children who bite? It is our job to provide a safe setting in which no child needs to hurt another to achieve his or her ends and in which the normal range of behavior is managed (and biting is normal in group care). Again, the name of the child who bites will not be released from care 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 occurrences, including attempted bites, and note location, time, participants, and circumstances.
- "Shadowing" children who indicate a tendency to bite. This technique involves having a teacher stay 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.

## Communicable Diseases

If a child or staff acquires a contagious illness, an email will be sent to the families informing them of symptoms of the disease along with a fact sheet listing symptoms and prevention. You may also contact our local nursing consultant at 4-C if you have additional questions related to communicable diseases and any other health related issues.

## Administration of Medication (5.A.11)

Families need to administer ALL medication to their children at home whenever possible. Please check with your child's doctor to see if the medication can be prescribed twice a day so it can be administered in the morning and in the evening.

First time dosages of all new medications **MUST** be given by a parent or guardian 30 minutes before the child is dropped off or the parent or guardian must stay in the room for 30 minutes in case of an allergic reaction to the medication. All medications are kept in a locked container. The CDFC Director, Master Teachers, or Child Development Supervisors will administer medication as listed following parent permission (5.A.11.a):

**Prescription medication: must be in the original labeled, dated container with prescription label intact** with your child's first and last name, the doctor's name, and dosage directions clearly indicated and the expiration date. You will be asked to fill out a permission form for administration of medication, sign it, and date it before we or you will administer prescription medication at the CDFC. (5.A.11.b)

**Non-prescription medication (including doctor's samples): will be administered only with a dated and signed note from the physician** with the following information: the child's first and last name, name of the prescribed medication, explanation of condition requiring medication, date, and dosage. (5.A.11.d) A doctor's note is required, even if administered by a parent. Fever-reducers, such as Tylenol or Motrin, cannot be administered by our staff and should not be given to the child for that purpose prior to attending the center. You will be asked to fill out a permission form for administration of medication, sign it, and date it before we or you will administer non-prescription medication at the CDFC. Tylenol or Motrin CAN BE prescribed by a physician for specifically the relief of pain (such as teething) for a specific date range.

Safeguards staff conduct in regards to administering medications: (5.A.11.c)

1. Verifying the right child receives the right medication
2. Medicine is delivered at the right time
3. Medicine is in the right dosage
4. The right method with documentation is completed of each right time medication is given. The teacher signs the documentation of the above items on the permission form filled out by the parent.
5. Teaching staff who are required to administer special medical procedures have demonstrated to a health professional that they are competent in the procedures and are guided by written procedures from the doctor. The CDFC will ask the nurse from 4-C to assist with teacher training if needed.

All medications are kept in a locked container. (5.A.11.e)

Teething pain will be relieved by cold chew toys and physician prescribed acetaminophen. No gels or necklaces.

### **Sunscreen and Insect Repellent (5.A.07 b,c)**

Children spend a great amount of time outside each day. National health and safety guidelines for children recommend the use of sunscreen starting the month of May through September 1. Parents/guardians must bring in their own bottle of sunscreen (in the original bottle) with their child's name clearly written on it and give written consent for the use of the product. Applied skin protection with either sun block or sunscreen with UVB and UVA protection of SPF 15 or higher is recommended. Staff will apply sunscreen on children thirty minutes prior to outdoor time. Sun exposure is limited during 10am to 2 pm when the sun's rays are most intense. We recommend providing a hat or cap to shield the face during outside time. Infants under the age of six months should stay out of direct sunlight.

When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used. We will purchase a product that contains less than 10% DEET. These repellents are only applied on children older than two months of age. When insect repellents are used in conjunction with sunscreen, sunscreen is applied to the skin first. Insect repellents are first sprayed into the hand of the staff member and then applied to the child's exposed skin. This limits the amount of airborne particulates and prevents the children inhaling the chemicals. Staff applies insect repellent no more than once a day. Mosquito repellent will be used on children whose parent has signed permission for its use, upon enrollment. Parents are also allowed to bring in their own product.

### **Pest Control Policy (9.D.08)**

Structural and landscape pests can pose significant hazards to people, property, and the environment. Pesticides can also pose hazards to people, property, and the environment. It is, therefore, the policy of the CDFC to incorporate Integrated Pest Control Management (IPM) procedures for control of structural and landscape pests. Licensed pest operators from a local pest control company apply pesticide on a monthly basis to control insect infestation. They only apply baits and traps indoors using IPM practices as required by IDPH regulations for schools kindergarten through grade 12. Parents will be notified by email any time the outside of the perimeter of the building is sprayed.

### **Bike Helmets (2.K.03)**

The CDFC provides 2 sizes of bike helmets for the children to use while they are riding bikes and scooters on the playgrounds. Our primary purpose for the use of bike helmets is to help children develop good safety practices and encourage them to wear a helmet whenever they ride a bike.

## Choking Hazards

In the Infant and Toddler and 2/3's classrooms, items that are able to fit into a choke tube are not able to be brought into the classroom environment. Items that are common, everyday things that children may wear can pose choking hazards for our younger children. Please refrain from bring your child to school with hair accessories that are small enough to fit into a choke tube. Common items include barrettes, hair beads, clips and small bobby pins. While these items look attractive in a child's hair, if they should come out in the classroom and fall on the floor, this is dangerous for choking.

In addition, *Amber Teething Necklaces* will not be allowed in the CDFC. These necklaces pose a strangulation and choking hazard. The necklace can break and the beads can be swallowed. The American Academy of Pediatrics DOES NOT recommend that infants wear ANY jewelry.

## Outside Shoe-Free Environment in ITT

With infants commonly on the floor, the CDFC wants to provide a clean, safe, and healthy environment in the ITT Rooms. We practice a "outside shoe-free" policy in these rooms. We ask that adults entering the carpeted area of the infant room please slip a pair of shoe covers over their shoes. We take this action to prevent outside contaminants from being brought into the room and spread onto the carpet, particularly during the cold weather with the snow and salt. The infants spend much of their time exploring on the floor, so it is best that these areas be kept as clean as possible. For the walking children in the classroom, we ask that they keep a pair of 'school shoes' in their cubbies and change into these when they arrive to school. This enables the walkers to have protection on their feet while still maintaining a clean classroom floor for the infants.

## Accidents and Injuries (10.D.09)

All CDFC staff, including practicum students are first aid and CPR certified. Minor accidents requiring first aid will be attended to immediately and an incident report will be sent home at the end of the day. Parents and guardians may also be contacted by phone to consult on particular injuries. In case of an emergency, it is important that we have parents' and guardians' **updated** home and work phone numbers, school and work schedules, and emergency numbers of friends and family if parents and guardians cannot be reached. In an emergency, 911 will be called first and then we will contact the parent or guardian. Your child will be taken to Kishwaukee Hospital or to another location recommended by your child's physician. A CDFC staff member will accompany your child to the hospital until you are able to arrive.

## Accident Insurance (10.B.05)

Our center carries an accidental insurance policy for all children enrolled in the center which provides primary coverage with a limit of \$25,000. At the beginning of every fall semester, parents will be billed \$7.00/child for this insurance (this amount is subject to change depending on the premium for any given year). Every child must participate because our policy is based on the total number of children enrolled. This policy has a claim notice provision, so the company can be notified of a claim within 30 days after the covered loss begins. Parents are responsible for paying any amount which is not covered by insurance.

## Emergency Preparedness

### Threatening Weather

It is the responsibility of the Director for Operations to conduct tornado drills monthly during tornado season (March – October). Children and staff evacuate to the staff bathroom/laundry room located in the hallway in Gabel.

### *Advisory*

An advisory is issued when hazardous weather is occurring, imminent, or likely. Advisories are for less serious conditions than warnings, but caution must still be heeded. This includes, but is not limited to, wind chill, heat and other weather advisories.

In the case of weather advisories, the Director in Charge will assess the situation to determine whether outdoor play is safe. Provisions are made during these times where inclement weather is in the area. During the winter months, outdoor play may be limited; during the summer months, drinking water is provided outdoors for the staff and children. In the event of a heat advisory, precautions including the following are taken; limited outdoor exposure, avoiding peak sun times, keeping children hydrated, and offering rest breaks. According to the National Weather Service (NWS) a heat index at 90 degrees or above can pose a health risk. When the heat index is above 90 degrees, the local weather updates and alerts will be used to determine if outdoor time will be limited or alternative motor activities will be provided indoors.

### *Watch*

A weather watch is where conditions are favorable for severe weather in the area. This includes, but is not limited to, thunderstorms, tornados and other severe weather.

If severe weather is threatening the area, the administrative staff will monitor NIU Weather, NOAA Weather Radio, and local media for weather updates. Staff and children are allowed to go outdoors and go about their day as usual.

### *Severe Weather*

#### *Warning*

A weather warning is when severe weather has actually been observed and there is an imminent threat to the area. This includes, but is not limited to, thunderstorm warnings, tornado warnings and other severe weather.

In the event of a weather warning, staff is to keep the children indoors and follow proper evacuation procedures if applicable. In the case of a thunderstorm warning, staff is to keep children away from windows in the case of shattered glass. Based upon the severity of the thunderstorm, children may be evacuated to the tornado shelter.

#### *Tornado*

It is the responsibility of the Director for operations to conduct two tornado drills per year during tornado season. Tornado season in Illinois typically begins in March and ends in June; with the most prevalent storms occurring in May. In the event a tornado siren or NOAA Weather Radio should go off, follow all evacuation procedures indicated above. Each classroom will evacuate the rooms through the **north door exit** and into Gabel Hall. Bring all of the children to the staff bathroom to be seated. Children will put their heads down and cover them with their hands.

The bathroom is stocked with an emergency kit in the event that the staff and children must stay in shelter for a long period of time.

#### *Fire*

It is the responsibility of the Director for Operations to conduct monthly fire drills. In the event a fire alarm should go off, CDFC staff and children follow all evacuation procedures indicated below. ITT must make sure

all infants are evacuated and an evacuation crib is located in the nap room. Each classroom will evacuate the building through these exits:

- ITTE will exit through the side door in their classroom
- ITTW will exit through the main entrance
- Preschool will exit through the back door in their classroom
- Office personnel will exit through the North entrance
- If the indicated exit is unsafe, please refer to appendix for alternate routes
- After exiting the building:
  - Primary Safety Spot: All staff and children will gather across from the south end of DuSable Hall, after crossing University Circle Drive
  - Alternate Safety Spot: In the case of inclement weather, all staff and children will gather in the DuSable Hall foyer, which is a walkway that connects DuSable Hall and Zulauf Hall
  - Secondary Safety Spot: If the emergency requires evacuation to a further distance from the CDFC, all children and staff will meet at the initial safety spot, then travel as a group to Watson Hall.

The safety of the children is of the upmost importance. However, in the event of a small fire, there are fire extinguishers located in all three classrooms, kitchen and nap room. Staff is trained on the use of fire extinguishers and when to use them during First Aid training course. The fire extinguishers are maintained on a monthly basis by the Director for Operations.

### Shelter in Place

Shelter in place drills are conducted 3 times per year. It is the responsibility of the Director for Operations to facilitate and oversee these drills. The following is protocol for this drill:

- Remain calm
- Close and lock all front doors to the center
- Director for Operations / Secretary will post sign on door for Shelter in Place.
- Close blinds
- Turn off lights
- Gather emergency backpacks; teacher have cell phones on them
- Quickly move all children and staff to the kitchen
- Close and lock kitchen doors
- Close kitchen blinds
- Turn off kitchen light
- Remain quiet
- In the event that families are at the CDFC during the shelter in place, they will not leave until the area is safe and the shelter in place is lifted
- If the building becomes unsafe, evacuate following the fire plan. Bring emergency backpacks.
- Call 911 if you see someone other than emergency personnel try to enter the building
- Listen to the radio for updates (89.5 FM, 94.9 FM, 1360 AM). Take cell phone with for communication with others. Stay in designated area until an all clear has been issued.

# Family Involvement

## Home/School Communication (1.A.01, 1.A.03, 7.B.01, 10.D.06)

The CDFC uses a relationship based model for providing developmentally appropriate care and education. In practicum classrooms, a child may have a student primary caregiver. Be aware that although our child development practicum students are quite advanced in their college careers, they are still students. At times they may be unable to answer your questions or concerns. They should not be expected to give professional guidance or counseling. Should you require this kind of information or should you feel the student's advice or action was not appropriate in any way, please speak to a Master Teacher, Child Development Supervisor, or to the Executive director.

We encourage parents to interact daily with their child's Primary Caregiver for just a few minutes when your child is dropped off and/or picked up. The caregiver will use the pick-up interaction to report on your child's activities during the day. We would also like to be made aware of any home event, which may change your child's feelings and/or behaviors (e.g., new baby, separation, divorce, death in the family, a new pet, or a special visitor).

Communication can take place throughout a variety of methods including person-to-person, email, and/or phone calls. Please let the teachers know if you are inclined to a particular preferred method. We find this is helpful for those parents who have limited contact with the center do to working outside the NIU/DeKalb community and do not have daily personal contact. Staff are sensitive and responsive to family engagement.

If at any time throughout the year you have concerns, which cannot be addressed during drop off or pick up, you may request to set up a meeting with your child's teacher. Likewise, if staff has concerns, they will request a meeting with you. If you should need assistance in communication in your family's preferred language, please let us know and we will see what resources we have on campus to assist.

## Family Pocket (1.A.05, 7.B.06)

Family pockets are located in the classrooms. Please check this daily for various classroom or center information, including billing invoices and notes from the teachers. These family pockets are for staff to use and cannot be used by parents to disperse information without the approval and permission from the classroom Master Teacher or the Director.

## Diaper/Nap Board

A board in the Infant/Toddler/2s rooms will keep you posted as to the routine care your child receives during the day. This information will communicate the times your child was served food and a drink, given a bottle, had a diaper change, and how long he/she napped. In the preschool room, various clipboards with information about food consumption during lunch and rest time are recorded each day for your review.

## Personal Letters from Primary Caregiver in Practicum Classrooms (7.A.06)

You will receive one introduction letter from your child's Primary Caregiver in the beginning of the semester in a practicum classroom. If you would like additional written information on your child's day, please speak to your Primary Caregiver, Master Teacher and/or Child Development Supervisor.

## Monthly Newsletter & E-mail

Expect a monthly CDFC newsletter and e-mails with news of upcoming events and program information from the Executive director, Master Teacher, and/or Child Development Supervisor. Please be sure to read these, as they often include date changes, future semester requests, and other useful information.

Email is widely used to disperse forms and other pertinent information. It is the responsibility of the parent to make sure the CDFC has a correct email address and check emails regularly.

## Website

The CDFC has a website that is routinely updated on the NIU main site. This website may be used as a reference and resource for families. Information on the website includes recent newsletters, a calendar of events, brochure and enrollment information.

## Special Announcements/Communication

Check the classroom welcome area each day for last minute announcements, requests for assistance, and special information. Notes left on the counter will also indicate the location of the children (on a walk, at the playground, in our yard) if they are not in the classroom.

Also note, the CDFC is happy to plan for and present 3 family nights a year, in fall/spring/summer semesters. These are wonderful opportunities for all families to gather and meet while the practicum students plan for a particular themed topic for the evening. Other events, such as classroom community involvement opportunities the practicum students plan for, are at varying times in the day to allow for differing work and school schedules of families.

The CDFC values our families, and as our teachers and practicum students develop partnerships with you, we are happy to respond to your individual family needs with care and consideration. The teachers are a wealth of knowledge where they are happy to discuss with you any questions or concerns you may have.

Each spring, the CDFC celebrates Week of the Young Child. Family events and special moments are planned during this week. Look for these special announcements emailed and/or posted in your child's classroom.

## What We Expect of Parents

- Read information on the classroom bulletin boards, notices and newsletters that are sent to you. Important information is shared with you on a regular basis, but you must make the effort to read it.
- Give your child time to adjust to child care before leaving them here. Parents can help set a positive tone for the rest of the day by taking a few minutes in the morning to greet the teachers and help involve your child in an activity.
- Value staff members and show them common courtesy. Caregivers are more than just babysitters. We employ teachers who have training and education in child development. Show respect for their position as an important part of your child's development.
- Focus on your child when you pick him/her up. Take time to greet staff and your child and see if there is anything the teacher wishes to communicate before you leave.

- Pay your child care fees on time. We are providing a valuable service and deserve prompt payment. Don't put the director in the position of requesting payment or having to threaten disenrollment.
- Be respectful and support of center policies. If we ask that you don't bring in toys, then please don't allow your child to do this. It is impossible to fully enforce all policies at all times, but know that your disregard for a policy is causing a problem.
- Make sure your children follow center rules. Please don't allow them to run away from you, climb on furniture, etc. Your child's safety and well-being is our primary concern.
- Make sure your child is wearing appropriate clothing. Children will get dirty in child care. It is not realistic to send them in good clothing and expect teachers to keep them clean. Make sure clothing is easy to remove if your child is in diapers or in the process of toilet training (don't send them in overalls or "onesies").
- Keep a sick child home. The state mandates health regulations to prevent spread of infectious illness. Although it may seem inconvenient at times, these rules also keep **your** child from being infected by others. It is up to you to have a back-up plan for a child who cannot attend.
- Address concerns in a respectful way and to the appropriate person. Do not bad mouth staff to others - seek to resolve your problem with the appropriate staff member.
- Try to minimize your child's time in child care. Most children have had a full day after 9-10 hours and need to re-fuel emotionally by spending time with their family. Allow them a break every now and then (a "day off" when possible).
- Communicate with teachers about what's going on at home. This can help us to understand a change in your child's mood or behavior or provide support to him/her and the family.
- Make sure children get a good night's rest so they are ready for their busy day. When children come in tired they are not prepared to fully participate in the days event and may want to rest during active play and be active during rest time. Keeping a consistent schedule at home is very helpful.
- Pick children up before the center closes. Staff members need to get home too!

~Based on an article by Stephanie Dunnewind of the *Seattle Times*.

### **Conferences (4.E.02, 7.A.08, 7.B.01, 7.C.01)**

There are several opportunities for families to meet with their child's teachers and staff at the CDFC. Parents will sign up for a parent conference with your child's primary caregiver at the end of each semester. Conferences are generally scheduled during the time when the CDFC is open. If these times are inconvenient, other appointment times can be arranged. During this conference, your child's primary caregiver will share information about your child's physical, emotional, and mental development during the semester. This information is documented on the CDFC's progress report form. After sharing the report on your child's progress, the family and teacher will collaboratively create goals for the upcoming semester. You will receive a copy of the completed progress report, including the new goals, each semester.

Upon enrollment, all new families will meet individually with the Director for a Program Orientation as well as meet with the classroom teachers for a Classroom Intake meeting. This are perfect opportunities to share information about your child and for you to become familiar with the functions of the CDFC.

At the beginning of each semester, or just prior to the start of the semester, the CDFC will hold an Open House for families to meet with their child's primary practicum student.

At any time during the semester you may request to have a conference with your child's Master Teacher, Child Development Supervisor, and/or Executive director. Respectively, a parent conference will be held whenever a Teacher or the Executive director feels it necessary.

### **Parent Visits (7.A.11)**

Parents are welcome to visit the center at any time. We welcome parent involvement and embrace the fact that we are on-campus and convenient for parents to stop by. We also need to inform you, however, that there is a delicate balance between visiting and becoming part of the classroom, which brings with it certain requirements. Here are a few things to consider when planning to visit your child's classroom during the day. It is helpful to talk with the teacher in advance because, for some children, it can be difficult to cope with separating from a parent for a second time during the day. Children typically assume they will be picked up from the center anytime they see their parent. It may be difficult for them to understand that, although you are leaving, they are expected to stay.

It is a DCFS requirement that anyone who is a consistent visitor in the classroom (in which we are defining as more than three hours per week) will be required to register as a volunteer in our program. This requires a medical exam with TB skin test, 3 references, and a background check. Anyone who is performing any type of duties or responsibilities that a teacher performs (interacting with a small group of children, serving food, assisting with self-help skills, etc.) would be considered a volunteer. Anyone who is visiting their own child, without significant interaction with other children, is considered a visitor.

In addition, feel free to make use of our observation booths. This is especially helpful if your child is having a difficult time at drop-off (or if you decide to check on him/her anytime during the day). This is a great way to see how your child is doing without having her see you (if that causes her distress). Please consult with your child's teacher to see which method would work best for your child (a short visit or utilizing the observation booth).

Fathers are welcome to come and feed their infant at their convenience and are welcome to use the private breastfeeding area for some quiet time with their baby.

### **Volunteer Opportunities (3.F.06, 7.A.07)**

We encourage parents to become involved with our program. Although parents are not permitted to work with or assist other children in the classroom without going through the proper hiring/volunteer process, parents **are** encouraged to talk with their child's teacher about opportunities to participate in the classroom. Some ways to get involved include: participate in the interviewing process when hiring new staff; mend cot sheets; read a book to children; share a special interest or talent (music, art, cooking, etc.); serve on the Center's Advisory Board; help with our annual Children's Book Fair in October; donate items for dramatic play; repair broken toys; participate in the Week of the Young Child (April), etc. We realize that our parents are very

busy working and/or going to school. We encourage your involvement but also don't want to overburden you with high expectations, so it's up to you as to how involved you would like to become with the program.

### **Parent Resources (7.C.07)**

The CDFC maintains a resource library with a variety of parenting books which are available for you to check out. These resources are located in the Parent Resource room, just off the main entrance in the main CDFC location. We have books dealing with a variety of topics relating to child development, challenging behaviors, nutrition, etc. Feel free to ask our office manager for assistance. All books must be returned to the center by the end of each semester or you may be billed for the cost of the book.

### **Confidentiality and Comparing with Infants and Toddlers (4.E.07)**

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

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

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

### **Parent Advisory Board (7.A.13, 10.B.06, 10.F.04)**

The CDFC Parent Advisory Board serves in an advisory capacity to the Director by providing assistance with creating and revising center policies and procedures. The Board meets twice a semester during the academic year to carry out the stated purposes. The time and place of the meetings are arranged at the beginning of each semester. The board is made up of the Department Chair, the FACS Area Coordinator, 1-2 CD faculty, the Executive director for Operations, the Executive Director, and parent members. If anyone is interested in serving as a parent representative for one academic year, please contact the Director as soon as possible.

Purpose: The CDFC Board shall serve as advocates for the College of Health and Human Sciences continuing support of the center, and shall seek to ensure that the center provides education to its practicum students and high quality care to the children.

## Parent Concerns (7.C.02)

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, concerns, and 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 child care services possible. In order to meet our goal, we need your input, your suggestions, your questions, and concerns and expect them to be talked through with open and respectful communication.

### 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 there is more time needed or the topic is beyond something that should be discussed in front of the children **a scheduled meeting** can and should be arranged.*
- *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 the teacher can improve her performance and/or correct any mistakes.*
- *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.*
- *If after multiple (3) attempts have been made to find common ground the directors will help you to find a program that more closely falls in line with your needs and comfort level. Each program is different*

*and each program has its own culture. Your family may be more comfortable in a different program and we can help explore those options.*

- *If you fail to conduct yourself in an open and respectful manner and at any time your behavior is deemed a threat, the police will be called to assist and your child will be removed from enrollment immediately.*
- *We are able to make staffing changes quickly so please see a director if you need to speak with a teacher right away! The safety of all the children and staff is our number one concern.*

## **Child Assessment and Services** (4.A.01-4.A.03; 4.B.01-4.B.04; 7.B.03; 7.B.04)

### **Position Statement**

The CDFC values assessment as an integral part of our program. Assessment is a process which includes gathering information, using multiple forms of evidence, organizing and interpreting data. The CDFC uses assessment tools for the purposes of promoting growth and development, developing an emergent curriculum, evaluating development and learning progress, and program planning.

The CDFC uses a variety of assessments including authentic and performance based, curriculum based, and screenings. We believe children perform best when in his/her natural environment. Assessment is viewed as an ongoing process and is connected to the curriculum. Staff observes children on a daily basis and uses this information to complete the various assessments used at the CDFC (4.A.02a). The assessment methods used at the CDFC are chosen based upon consistency with the philosophy of our program.

The CDFC gathers data in a variety of ways to assist in the continuous program improvements as well as meet the individual needs of the children and families. Parents will complete an Enrollment form where questions related specifically to items such as developmental history, family involvement, and other pertinent family information. New families will also engage in an intake meeting with their child's classroom teachers and an orientation meeting with the director. Annually, the CDFC will invite families to complete Family Surveys. Information gathered from these surveys plays an important role in continued quality improvements with families, the program, and staff.

### **Child Assessments (7.B.04, 3.G 02)**

The teachers and practicum students take pictures and document each child's accomplishments throughout the semester. This documentation is uploaded into an online system called **Teaching Strategies Gold**. Parents will receive an email invite to view documentation that is shared by your child's teacher and will also be reviewed toward the end of each semester during parent-teacher conferences. This documentation provides parents with valuable information about your child's overall growth and development. The information we gather will also include indicators that a child's development is not within the normal range for his/her age, so we then make referrals for parents to seek out more in-depth evaluations for language, social/emotional, physical or cognitive development.

All information pertaining to a child is kept in 'the cloud' or a classroom or office file, and considered confidential (meaning it is not shared with others). Parents are welcome and encouraged to provide feedback regarding the assessment tools used by the center.

Prior to a child entering kindergarten or when teachers feel it is necessary, additional screening will be recommended through your local school district or other community agency. Because we serve families from a

large number of school districts, we encourage parents to seek out kindergarten screening and other formal assessments within your own community. If deemed necessary, other professionals are welcome to visit the center to observe a child and/or talk with our teachers. It is our intent to work cooperatively with parents and others to successfully meet the individual needs of each child.

## Screening Services

### **Vision and Hearing (4.C.01.d,f)**

The Department of Public Health conducts a mandated annual vision and hearing screening on all children 2 years 10 months to 6 years of age. The screening is done on site at the Child Development Lab. A letter with screening dates and a medical history form will be sent home with you prior to the screening.

Recommendations for further testing will be made at that time if deemed necessary.

### **Ages and Stages Questionnaire (4.A.01, 4.A.02, 7.B.03)**

The Ages and Stages Questionnaire, Third Edition (ASQ-3), is a developmental screening tool used regularly in the fall and spring semesters at the CDFC. All newly enrolled children will be screened within the first 6 weeks of child's entrance into the program (4.C.01a). The purpose of the ASQ-3 is to detect indicators which might show a developmental concern that should be further investigated and to help track children's growth and development. Additionally, the screening tool meets professional standards for standardization, reliability, and validity; and is a family friendly screening which helps identify children who might benefit from a more in-depth evaluation. (4.C.01b)

The ASQ is a series of 30 questions which include the following areas: communication, gross motor, fine motor, problem solving, and personal-social. The ASQ is very flexible. The questions can be answered by the child's parent, guardian, or an early childhood professional.

Parents and the primary caregiver will be provided the screen tool. Once the questions have been answered by both parties, it is recommended that the primary and the parent meet together for discussion on the results.(4.A.02d) The primary caregiver will complete the scoring to identify which of the following three categories the child falls into: above the cut off, monitoring zone, or below the cutoff. All results will be shared with the family via written letter (4.A.02e). Scoring is based off of a normative population (4.C.01c)

Follow up action taken will be dependent upon what category the child falls into. If the child is above the cut off, screening will occur again at the next regularly scheduled screening date. Children who fall in the monitoring zone will be rescreened at the next regularly scheduled screening date and an at home activities sheet will be provided for the family. Children who fall into the below the cutoff range will either be rescreened in two weeks or referred to Child and Family Connections (children birth to 3) or early childhood special education (children 3-5). The action taken will be dependent upon how the family would like to proceed. Screening results can be shared with children's primary health care provider or other community agencies with written familial consent.

The teachers / practicum students in your child's classroom will invite you to screen your child, utilizing this tool, within the first 6 weeks of enrollment. Thereafter, preschoolers are screened annually; 2/3's will be screened at the beginning of fall and spring semester, and the infants and toddlers will be screened at the beginning of every semester. Parents are expected to assess their child within their home environment and return the results to the teacher. S/he will then pull all of the information together into a final assessment which will be shared with parents either prior to or during parent conferences.

## Referrals (7.B.04)

It is a professional obligation of staff to determine if children would benefit from further assessment. Based upon the CDFC's screening tools, staff may find it necessary to suggest children be referred for further screening. Children under the age of three are referred to Child and Family Connections. Preschool aged children will be referred for pre-k screening in his/her school district. Staff is allowed to make recommendations, but it is the responsibility of the family to initiate further screening and services. The CDFC will collaborate with community professionals in order to meet each child's individual needs.

The CDFC works closely with 4-C to better serve the needs of our children. The 4-C nurse visits the center monthly and upon special request, if needed, to observe the children and communicate with the teaching staff. If the 4-C nurse has a concern about a child's development or health during a visit, she will consult with the CDFC staff if she feels a referral or follow-up is needed. 4-C also has a social worker who, upon request, will come to observe the children, and provide the necessary support and assistance to the teaching staff as needed to best meet the needs of the child.

The CDFC takes great consideration in how referrals are decided upon. Through the process of a Child and Family Success Plan (CFSP), the teachers in the classroom proceed through a linear process of sifting through various factors that could be impacting the child in the classroom to determine the need for a referral. Goals of the CFSP include (4.A.03a-f):

- Provides the teacher with a road map for helping a child succeed.
- Supports teachers and families in building bridges and TRUST in their working relationship.
- Provides documentation for continued growth and progress.
- Provides necessary documentation for referrals, if needed.
- Arranging for developmental screening and referral for diagnostic assessment when needed.
- Identifies children's needs/interests.
- Assists in improving curriculum and adapting teaching practices and the environment, planning program improvements, and communicating with families.

## Special Needs (8.A.04, 10.B.10)

We pride ourselves on serving a diverse group of children with differing abilities within the CDFC, creating a rich learning environment. We will look at the individual situation of every child with special needs, whose family might desire our services. We will consult with appropriate resource personnel (e.g., from Child and Family Connections) to determine our ability to provide the services required for each child. The resource team may consist of the center Executive director, Master Teacher, Child Development Supervisors, and registered, licensed, and/or certified resource personnel such as physicians, psychologists, social workers, speech therapists, physical and occupational therapists, educators and other technical and professional personnel, as indicated by the child's special needs. Collaboration among specialists and the CDFC teaching staff is necessary to maximize children's progress. Teaching staff will make every attempt to attend IFSP/IEP meetings so strategies among service providers can be shared and discussed. We expect the parents and guardians of a child with special needs to provide our staff with appropriate information to assist us in providing the best possible care for their child (i.e. copy of IEP/IFSP). Familial consent must be completed prior to reports on a child's development being shared between agencies.

## Staff Training in Assessment (4.E.06)

All teachers have taken the FACS assessment class: FACS 231 – An Observational Approach to the Study and Assessment of Young Children. The teachers are familiar with informal and formal measures of assessments and screens. Teachers work with the practicum students and their primaries to ensure the screens and assessment methods are conducted properly and with integrity. The students are trained in their 490 evening class on how to complete all assessments and screens. Parents are provided the ASQ screen tool at the beginning of each semester. Family's culture, practices, and unique family constructs are taken into consideration with all assessment methods.

## Policies

### Authorized Pick Up (10.D.06.e)

Please notify the Master Teacher and/or Child Development Supervisor in advance when someone on your registration emergency form will be picking up your child. Children will be released only to the parents, guardians or to authorized adults (**over age 18**) whose names are listed on the registration form or as emergency contacts. Emergency contacts need to be individuals within a 30 minute driving distance of the university, who can be responsible for your child if we are unable to contact a parent or guardian. Your child will not be released to anyone not pre-approved. If someone else is to pick up your child, the parent/guardian must bring in a dated and signed note stating who is authorized to pick up your child. *Phone calls will be accepted in the event of an emergency.* We will ask for proof of identification at the time of pick-up; if none is provided the child will not be released. Please do not send someone unknown to your child.

Where there are custody issues, clarification of custody issues needs to be made at the time of the child's enrollment. A copy of court orders must be placed in your child's file. If family relationships change during the semester as to who has custody of the child, the CDFC Executive director needs to be notified immediately. Appropriate signed and dated legal documentation needs to be provided in order to indicate a change in custody.

If an authorized pick-up person comes to pick up a child who appears to be under the influence of alcohol or drugs (as determined by the appropriate staff member), we will attempt to detain that individual from picking up. We will also attempt to contact another emergency contact on your list.

### Items from Home

Our center maintains a generous supply of materials, toys, and equipment for the children to use. Therefore, children are asked to keep toys and other personal items at home. This helps us to avoid hurt feelings if an item is lost or broken. Teachers cannot be responsible for personal possessions, such as toys, that children might choose to bring to school. If it helps your child to take a toy or special item with when they leave the house each day, leaving it in your car is a safe and secure place where your child can have it later. If a child brings a toy into the center, the teacher has the discretion to bring it to the office area for the parent to pick up at the end of the day, or it will sit in their cubby all day. We strongly discourage this practice because we find that once one child starts bringing a toy, then it gives permission for all children to bring in toys and miscellaneous objects. Please be respectful of this policy and help your child to understand that their toys belong at home. In addition, please **do not** bring food, gum, candy, or money into the center. These items will either be thrown away or placed in your parent pocket. Please help your child to understand these rules.

We also prefer if you don't bring a pacifier for your child once they are in the Toddler classroom. If you do bring one, the **only** time your child can have access to the pacifier is during naptime. Teachers cannot ensure a pacifier stays clean and sanitized in a busy toddler classroom.

## Cell Phone Use

We respectfully ask parents to refrain from using your cell phone as you are dropping off and picking up your children. This allows for better communication with the teachers and a chance to greet your child without disruptions.

## Parking

Parents are responsible for purchasing parking permits at Parking Services for on-campus parking and must adhere to all policies related to parking. Any problems with parking should be directed to Parking Services.

Parents may use the circle drive in front of the center to drop off and pick up their children. Although a permit is **not** required to park in this area, the following rules apply:

- Parking in the circle drive is limited to 30 minutes. This area may **NOT** be used for all-day parking. Any car that is left in this area for an extended time may be ticketed or towed.
- You do not have to leave your flashers on to use this area.
- Adhere to the "one way" direction of the circle drive. You may park along the north side of the curb only (closest to the building).
- Please avoid parking in front of the fire hydrant; this needs to be accessible to fire fighters in case of an emergency.
- Do not park on both sides of the drive or in such a way that you will block others from getting through.
- Do NOT leave your car running. This is an illegal and unsafe practice.
- You may not park in front of the curb cuts.
- **Do NOT leave children of any age unattended in the car (this is considered child neglect, and our licensing representative has instructed us to call DCFS if this occurs).**

**We expect parents to use the safe practice of placing children in a car seat in the back seat of your car and buckle them in before you leave. Remember, it's the law and we want to make sure all children ride safely.**

## Building Access

Our facility has a proximity card / number code system at the main entrance to assist us in limiting access to the building. Parents who are students, faculty, or staff can use your NIU One Card to enter. If you need a new card, this will need to be replaced immediately. There is a fee to replace a lost or damaged card. Parents who don't have a One Card will be issued a number code.

Friends and relatives, or anyone who occasionally drops off or picks up, will have to stop at the window to be "buzzed in." **Do not** give your card or number to anyone else who is picking up your child. We need to check the identification of anyone who is picking up who may be unfamiliar to us. Giving your code or card to others will compromise our security.

It is important to use your One Card or number code to enter the building every day. We understand that you may occasionally forget, but also remember that it takes time away from other tasks when we have to

continually let people in. The intent is for all parents to use the entry system, and we should only have to “buzz in” those who are visitors to the center. For parents who persistently have to be let in (based on the discretion of the Office Manager), there will be a \$5.00 charge applied to your bill.

For enhanced safety, please do not hold the door open for others. If you think someone is not a parent here, please advise them to go to the window and talk with our office manager before entering the building.

## Parent Pockets

Parent pockets are located between the front desk and the Infant room in the main center; and, in the CDFC Annex they are located in the classrooms. Please check your pocket **daily** for various center information, including the billing invoices and other relevant information. In the main center, be sure you are taking the materials **inside** the pocket that has your name on it, rather than from the pocket below your name. Please remember that these pockets are for staff use only and cannot be used by parents to disseminate information. Anything that is distributed through parent pockets must be approved by the office staff.

## Sign-In and Sign-Out

**Parents are required to sign in and out daily.** Then, children are to be brought directly into the classroom (or playground) and greeted by a teacher. The center is not responsible for any child who is not brought directly into the classroom or playground before the parent leaves.

Please remind (or help) your child to wash his/her hands before going into the classroom. We also have specific procedures to follow (water, soap, water; scrub for 20 sec.; thoroughly rinse hands; dry hands with paper towel).

## Notification of Absence

It is requested families inform the CDFC if a child will not be attending or will be dropped off later than usual by calling the office main number. We expect your child’s attendance and will worry if not notified. If a child is absent because of illness, we want to be informed about the type of illness they are experiencing, especially if it is a communicable disease so we can inform other families and the health department, as necessary.

**Child care will be terminated if a child is absent for two consecutive weeks without notification. A parent would need to reapply and pay a registration fee in order to return.**

## Late Pick Up

**All children must be picked up by 5:15 in practicum classrooms and by 5:30 in non-practicum classrooms.** In the event your child is picked up after closing, current late pick up fee charges will be applied to your account regardless of the reason for the late pick up.

Late pick up charges will be applied to the following billing period from when the late pick up occurred. If you know you are unable to pick up your child by closing, it is expected you will arrange for someone else to pick up your child.

In the event that your child is not picked up by closing, the CDFC staff will call the legal guardian as listed on the emergency contact form. If we are unable to get into contact with the child’s legal guardian, a message will be left, and we will begin contacting the emergency contacts listed. The staff member will make two attempts to call each contact listed. **If this list has been exhausted and no one is able to come pick up the child, outside authorities will be contacted.** The CDFC will remain responsible for the child’s protection and

well-being up until 6:00. At that time, if no one is on their way to pick up the child, the police will be called and take responsibility of your child and contact DCFS for arrangements. Families will be asked to leave the program for repeated violations in pick up policy.

The staff member will keep the child occupied with quiet activities until an authorized person picks up or the police take over. Additionally, staff members are not to hold the child responsible for the situation and discussion of the issue should only be with the parent or guardian, not the child. (Licensing Standard 407.260 (f) 1-4)

Remember that your child anticipates your arrival. A child can become worried and anxious if his/her classmates have all been picked up and his/her parent has not yet arrived. In addition, staff who have put in a full day of work are inconvenienced and their evening plans are impacted. Parents must abide by the closing schedule – not doing so will result in termination of child care services. Again, the staff acknowledges it is not the fault of the child if a parent is late picking up and therefore, conversations regarding this will only be discussed with the parent/guardian and not the child.

### **Confidentiality Policy of Records and Information (4.E.07)**

Personnel at the Child Development Lab (CDFC) have access to confidential information on children and families enrolled in the program. Program staff is to follow university policies as well as state and federal policies regarding confidentiality. All staff personnel at the CDFC shall maintain confidentiality, respect family's right to privacy, and refrain from disclosure of any confidential information. Disclosure of children's records to anyone other than family members and program staff require written familial consent. However, if any program staff member has reason to believe a child's welfare is at risk or suspects abuse or neglect, it is permissible to share confidential information with agencies and individuals who have the ability to intervene on behalf of the child's best interest.

Please understand that the staff cannot discuss information regarding another child, parent, or staff member with parents. Information pertaining to admission, progress, health or discharge of individual children must remain in a locked file cabinet. Administrative personnel, state licensing representatives, and auditors have access to these files to ensure all state and local regulations are being followed. Once a child is no longer enrolled, the child's records will remain on file for five years, per DCFS regulation. All confidential documents will be shredded when the five years has elapsed.

### **Parent Concerns (7.C.02)**

The CDFC creates an environment for our children to work things out with others, cooperate to get things done, and to respect others' uniqueness. We want our children to be committed to the idea that respect for differences is the key to diverse people living in a world of peace.

A Parent Concern Procedure is established to provide a means of encouraging parents in the Child Development Lab program to feel comfortable with airing and expressing any doubts or problems which may occur during the program year with staff or policy.

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

The objectives are:

1. Promote harmony in the relationships of our parents/guardians and staff.
2. Provide and acknowledge an orderly process for the handling of the grievance.

3. Resolve grievances as quickly as possible before they become unduly exaggerated and disruptive to the program.
4. Resolve the grievance at the parent/guardian/staff level if possible.
5. Correct the cause of the grievance.
6. Provide free expression of views and open dialogue (documentation) between parent/guardian and staff.

Process for your concerns:

1. If you have a concern about your child, please address the concern with your child's Primary, Master Teacher or Child Development Supervisor first. If you are still unsatisfied, discuss the concern with the Executive director of Operations.
2. If you have concern about our school's policies and procedures, please feel free to discuss any aspect with the Executive director who in turn will discuss it with the Faculty Advisory Board and/or Parent Advisory Board.
3. If you have a concern about a staff member, please address the problem to the staff member. If you are still unsatisfied and the problem was not resolved, please address your concern with the Executive director.
4. If you have a concern with another parent or guardian, please address the parent or guardian outside the classroom.
5. If you are still unsatisfied you may submit you concern, in writing, to the Faculty Advisory Board, which meets approximately once a month.

Sometimes we cannot make changes you may request due to other restrictions, but we always want to hear your concern. We promise to consider your concern seriously and respond to you in a timely manner. 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. The staff is trained using the National Association for the Education of Young Children Code of Ethical Conduct and understands the importance of being professional. After expressing a concern, your child's teacher will be more conscientious about your issue and try to improve.

### **Guidance Techniques (1.B.06)**

The CDFC follows positive guidance strategies and has adopted the NAEYC Code of Ethics as a guide to working with children and families. The CDFC uses strategies that help children acquire a positive self-concept and self-control in an environment that is nurturing and respectful. Staff does this by engaging in reciprocal communication, building intimate connections with children and their families, and by creating an environment where all children can be successful. Staff understands the unique needs and coping capacities of each individual child and create appropriate expectations based on age, developmental stage, and cultural preferences. Staff observes children individually and as part of the group to ensure all children's needs are being met.

Some positive guidance strategies we use at the CDFC are:

- Adapting the environment to meet individual needs and needs of the group
- Setting clear, simple, consistent rules, limits and consequences
- Promoting empathy and caring among children
- Providing the children with words to express emotions
- Encouraging children to problem-solve
- Providing an environment conducive for learning
- Modeling appropriate behaviors and language
- Using encouraging language

*Redirection:* When inappropriate behavior is displayed, a teacher will tell the child that such behavior is not appropriate. For example, a child who is hitting others will be taken aside and told, "Hitting hurts. You may pat your friends or give them hugs." While saying this, the child is shown how to act through simple gestures. The teacher will then encourage the child to move to another area/activity in the room; our policy is to use this form of redirection to guide the child to more appropriate behaviors. If the undesirable behavior persists, the child might be asked to play separately from the other children for a short period of time to calm down and self-regulate. We do not use "time out" with the children or remove them from the group for extended periods of time, as this is considered counterproductive and punitive. It only punishes children for negative behavior without providing the opportunity to learn self-regulation.

*Logical Consequences:* Children will often be asked to problem solve a solution. If a preschooler spills milk on the table, the child is asked what needs to be done to clean it up. Very quickly a child learns that he/she is not in trouble for spilling when a sponge is available to clean up the mess. If children are running in the classroom, we will ask them how they should move when they are indoors. With this response, a teacher might add, "That's right; we need to walk inside so we don't run into anyone. We can run outside." In this way, children learn not only what is appropriate in one place but where their last action would also be appropriate.

### **Challenging Behaviors (1.E.01)**

Challenging behaviors can be defined as a behavior which interferes with a child's learning and success in the classroom, is harmful to others, or puts the child at risk for later social emotional problems (Kaiser & Rasminsky, 2007). All staff is expected to use positive guidance techniques and measures to reduce challenging behaviors in the classroom. However, at times you might have a child in your classroom who exhibits persistent challenging behaviors. The following strategies must be followed to ensure successful inclusion of a child with challenging behaviors: observation, collaboration, documentation, individual support plan, and seeking support services if needed.

Teachers are expected to try to find the cause of the behavior. Children communicate to us through behavior. It is up to us to try to decipher the message the child is sending with his or her behavior. Observation is an essential tool when trying to find out the message of a child's behavior, as well as identify any other factors which might trigger the behavior. The CDFC uses a Child and Family Success Plan to help document specific challenging behavior as well as to help identify causes of behavior, create plans for success, and provide necessary referrals.

Any staff member who has concerns about a child's behavior will be in communication with a director and begin the Child and Family Success Plan. This documentation will also be used when setting up plans for support and success. Children often engage in challenging behavior if they do not know the social expectations or if they are lacking a skill. It is important to identify what skills the child may be lacking and create a plan which focuses on actively helping children achieve the skills they need to be successful in the classroom. Collaboration amongst staff, families, and supervisors is important for staff to have a more comprehensive view of the child and the behavior. When staff becomes concerned about behaviors, staff should seek understanding of the behavior through communicating with the families. Families are an essential part of creating the individual support plan. After the classroom teachers and director have gathered enough data, a conference must be set up with the family to create an individual support plan. Staff and families will work collaboratively to monitor children's progress. Follow up meetings to review and update the individual support plan will be set up, as needed.

We will make every attempt to work with each child and family. If there are continual discipline problems with significant disruptive or aggressive behaviors, the parent(s) will be called in for a conference with the teachers and director. Our goal is to work together to help your child. If needed, we will call in a social worker, parent educator or nurse from 4-C to assist the staff and parents. We sometimes require parents to seek additional services from their school district. Parents **must** be cooperative with our efforts to seek assistance or additional services for their child. If a parent is not supportive or cooperative with our efforts, we maintain the right to discontinue child care.

In general, we will take the following steps when working with a child who exhibits challenging behaviors in the classroom: the teacher, along with a director, will meet with the parent(s) and develop an action plan; strategies will be implemented in the classroom to help the child; referrals and recommendations will be made to the parent which need to be acted upon; other options such as changing classrooms or reducing child care hours will be considered. **If a child is a threat to the other children or teaching staff he/she will be removed from the classroom. If center staff are unable to return the child safely to the classroom the parents/family will be called to pick up the child for the day.** Any child who, after attempts have been made to meet the child's individual needs demonstrates inability to benefit from the type of care offered by the center, or whose presence is detrimental to the group, shall be discharged from the facility. It is never our goal to discontinue child care, but that will be our final option if we do not feel we can meet the individual needs of a child / family or if the child's behavior is creating an unsafe environment for him/herself or others. In all instances, when the center decides that it is in the best interest of the child to terminate enrollment, the child and parents needs shall be considered by planning with the family to meet the child's needs when he or she leaves the center, including referrals to other agencies or facilities. Each situation will be evaluated on an individual basis. The final determination regarding a child's enrollment status will be made by the executive director and the faculty advisory board. Other children's parents will not be part of any decision making process on the issue of another child's enrollment, nor will other parent's requests for termination of enrollment for other children impact any child's enrollment status.

### **Termination of Child Care – Dismissal Policy**

The CDFC reserves the right to discontinue enrollment at any time in the semester for any child if:

- Parents fail to cooperate reasonably with the program in the provision of educational services to their child, in the payment of established tuition fees, or in picking up their child promptly.
- The child is dangerous to him/herself or others, is destructive to center property, or impairs the education of other children.
- Failure of a parent or guardian to return required documents, including but not limited to: physical forms, immunizations records, and any other paperwork necessary for continued enrollment.
- The child requires another educational setting more appropriate to meet his/her needs.
- The Executive director and the CDFC Faculty Board believe family participation or behavior is detrimental to the operation, routines, goals of the program, or policies and procedures are not being followed. The center reserves the right to take measures to maintain a harmonious and safe center environment. Campus police, DCFS, and Legal Services will be contacted as necessary in such instances.

Parents are expected to inform us of any situation in which they feel their child or family may be threatened in any way (i.e., domestic violence). The center administration may consult with other professionals (NIU legal counsel and police) to determine if we are able to keep a child in our program due to a potentially threatening situation.

We understand that, as a parent, you are concerned about the welfare of your child but, as a center, we need to be concerned with the welfare of all children enrolled in our program. Be assured, however, that it is NOT our goal to exclude children and families from our program. On the contrary, it is our goal to work with families to provide the best possible care for their children.

There are times when a parent may decide another child's behavior is inappropriate and warrants dismissal or punitive action. We want to be clear that there is a range of behavior for children of all ages that, although not acceptable (biting, hitting, use of profanity, etc.), may be developmental and manageable within our setting. The center's professional staff will make the determination if a child's behavior is beyond this developmental range to the extent we feel we are not able to successfully work with him/her/the family.

If termination becomes necessary, the parent/guardian will receive written and/or verbal notification.

In addition, following the routine semester application process for currently enrolled families, the CDFC will withhold a semester contract for care if any of the above is a concern and has not been addressed or resolved.

Child care is not guaranteed from semester to semester.

### **Quarreling with Other Parents or Staff**

The environment at the CDFC should be a safe and nurturing environment for all. While it is understood that there may be times where parents do not agree with other parents in the program, or with staff members, it is always expected that interactions remain professional, respectful, and safe. Quarreling is unacceptable. Swearing/offensive language in any capacity is unacceptable.

Discussions can often times start off very calm and quickly intensify. If there is discussion among parents where it intensifies, a CDFC staff member reserves the right to use his or her best judgment, and will ask for the parents to leave the building and continue their conversation at another location. If parents are unresponsive to this request, and if at any time a staff member is not feeling safe, the CDFC will contact the NIU Police and Public Safety Department.

Discussions between parents and staff can also intensify quickly. A staff member may ask a parent to continue the conversation at another time when both are more calm. If at any time a staff member feels unsafe in a meeting/ conversation with a parent, or if another staff member observes a meeting/conversation with a parent and feels unsafe for him/herself and/or the staff member, the NIU Police and Public Safety department will be called.

### **Divorced or Separated Parents**

The CDFC tries to be aware of, and sensitive to, the families we serve. If divorced or separated parents are sharing custody and there is some way the program can help make this easier, or avoid making the situation more difficult, please let us know. We can include both parents in all Center e-mails and other notices. We encourage parents to attend joint parent/teacher conferences but we will conduct separate conferences if requested. Please understand that we cannot presume one parent has more or less rights than the child's other parent without a legal document (e.g., copy of custody settlement or restraining order). If the enrolling parent does not indicate the name of the other parent, we cannot presume someone has legal access to information unless they provide proof of parental rights.

We do, however, consider the parent who signs the enrollment forms and with whom we have primary contact as the parent to whom we are accountable. We will not adhere to the requests of a parent with whom we have little contact unless the request is approved by the primary parent. If we are familiar with both parents and there is a disagreement about emergency contact info, who can pick up your child, permission slips, etc., these issues need to be resolved by both parents (or a court order) in order to maintain child care at the center. We cannot be placed in the middle of parental disputes.

## Professional Relationships

Parents are expected to maintain professional relationships with center staff. Although individual friendships and bonds may develop, parents and staff need to be careful about the appropriateness of the relationship. When a deeper friendship develops between a parent and a staff member, the boundary lines of friend/parent/teacher can become blurred causing miscommunication, confusion and possible breaches of confidentiality.

Confidentiality can be significantly compromised through social networking sites, such as Facebook. Any communication related to the center needs to go through appropriate channels; Facebook, text messages, personal e-mail, etc., are **NOT** considered appropriate ways to communicate with our staff. Appropriate forms of communication with staff include – calling the center to talk with staff member; talking at pick-up and drop-off; e-mailing questions or information to their work account.

## Social Media Policy

No discriminating remarks may be made against NIU CDFC, its children, enrolled family members, staff, or any other person connected in any way to the CDFC.

Individual and group photographs of children at the Center may not be posted on social media. You may feel comfortable sharing photos of your child on social media sites, but others may not feel the same.

## Holidays

Holidays are a part of children's growing experiences. It is important for families to establish their own traditions for celebrating these occasions. Because the CDFC serves a very diverse ethnic population, we have chosen **not** to celebrate holidays. Excitement often runs very high for children during peak holiday time and we want to provide a calm and consistent atmosphere for the children. Planned activities celebrating specific holidays will not be part of the CDFC curriculum. However, children may talk about and share information about their holiday parties and celebrations. Seasonal matters such as autumn, snow, etc. will be discussed and used as a focus for activities.

## Birthdays

Due to the high number of allergies in young children, DCFS Licensing, and federal Food Program regulations, we do not allow food to be brought in for the children to eat at the center (this includes Birthday treats). Birthdays are acknowledged in your child's classroom. The teachers may create a Birthday Door sign signed by the staff in the classroom or the child may eat off of a special 'Birthday' plate at lunch. While Birthdays can be a time of excitement, this is not the appropriate place for a 'party'. Our program keeps Birthdays simple and consistent for all the children.

## Field Trips and Transportation

The CDFC does not use any form of motorized transportation to take the children on or off campus. On occasion, children may take a special trip which relates to the projects or interests in the classroom. Due to

not having transportation, the trips children take are either on campus and/or are a safe walking distance from the school. A letter explaining the trip and a consent form will be sent home with families for any off-campus trip. If you do not want your child to participate in the trip, it will be your responsibility to provide care during the hours the class is on the trip. Additionally, if the trip is on a day your child is not enrolled, your child may participate only if a parent or guardian accompanies the child.

## **Mandated Reporting**

All CDFC employees are required by law to report suspected incidents of child abuse and neglect. Any such reports must be made to the Child Abuse Hotline or the local Department of Children and Family Services office (DCFS). All reports of suspected abuse should also be communicated to the Associate Director, Master Teacher, and/or Child Development Supervisor. All CDFC employees receive the Childcare Act of 1969 (225 ILCS 10) and the Abused and Neglected Child Reporting Act, as amended (325 ILCS 5) at the time of employment. Employees are required to sign a verification form upon the receipt of these documents. Additionally, all staff takes an online mandated reporter training during orientation.

## **Babysitting**

The staff hired at the CDFC are professional teachers, so it is expected that parents will not ask our Master Teachers, Child Development Supervisors, Graduate Assistants, or Assistant Teachers to babysit for them or transport their children. We do allow enrolled parents to fill out a form requesting a student worker to babysit if you need care during evenings or weekends. Parents are responsible for contacting a student who indicates an interest, and for making arrangements regarding location of care, payment, etc. Please be aware that we cannot offer a referral or recommendation for students you choose to hire. Parents are solely responsible for screening any and all potential home care providers, and neither the Center nor the University shall have any responsibility for the performance or actions of an individual you choose to hire outside the Center. Any arrangement for off-site child care is strictly a private arrangement between the parents and the individual staff member. Practicum students are not allowed to babysit while they are enrolled in their HDFS 490 practicum class.

## **Community Support Services (7.C.03)**

The CDFC maintains a list of community services which may be beneficial to children and families on our website. Additionally, there are community brochures in our staff room. CDFC staff members are happy to provide these to you or allow for you to look through these. Please review the community news board for local events and services which are being offered locally. A family resource library is also available on-site and includes materials which can be checked out. Please stop in the main office to check out resources from the CDFC. The CDFC supports families in making well-informed decisions about services that their child may need.

## **Community Coordinated Child Care (4-C) (5.A.02, 8.A.01, 8.A. 02, 10.B.10)**

The CDFC is a member of the Community Coordinated Child Care organization which is part of the Illinois Child Care Resource and Referral system. They provide funding, training, and support to child care in a six-county service delivery area. The following services are available and can be utilized by the CDFC: mental, emotional, and behavioral health consultation, social work, and nurse consultation. The above stated services might be accessed, including 4-C staff observing the classrooms, in order to assist the staff in working with children and families. The 4-C nurse visits our program twice a month to share information regarding current health issues and also to monitor the health of children enrolled at the CDFC.

Other 4- C Services include: advocacy for children; financial assistance for child care; parent education classes; a resource library; temporary child care; toy lending library; and workshops and seminars.

4-C is located at 155 North Third Street; Suite 300, DeKalb, IL (815)758-8149.

### **NIU Speech and Hearing Clinic**

The CDFC will make referrals to this clinic if we have concerns about a child's hearing or language development. The clinic provides services in the areas of audiology, speech-language pathology, and rehabilitation counseling. The clinic is open and appointments are scheduled between 8:00 am and 4:30 pm, Monday – Friday. Some fees are covered by health insurance plans. For more information, call (815) 753-1481.

### **Child and Family Connections**

A family-centered program for children birth-to-three who have, or are likely to have, delays in their development. Early intervention is a collection of services designed to help each child reach his or her individual potential in all area of development. Contact 888-297-1041 for information.