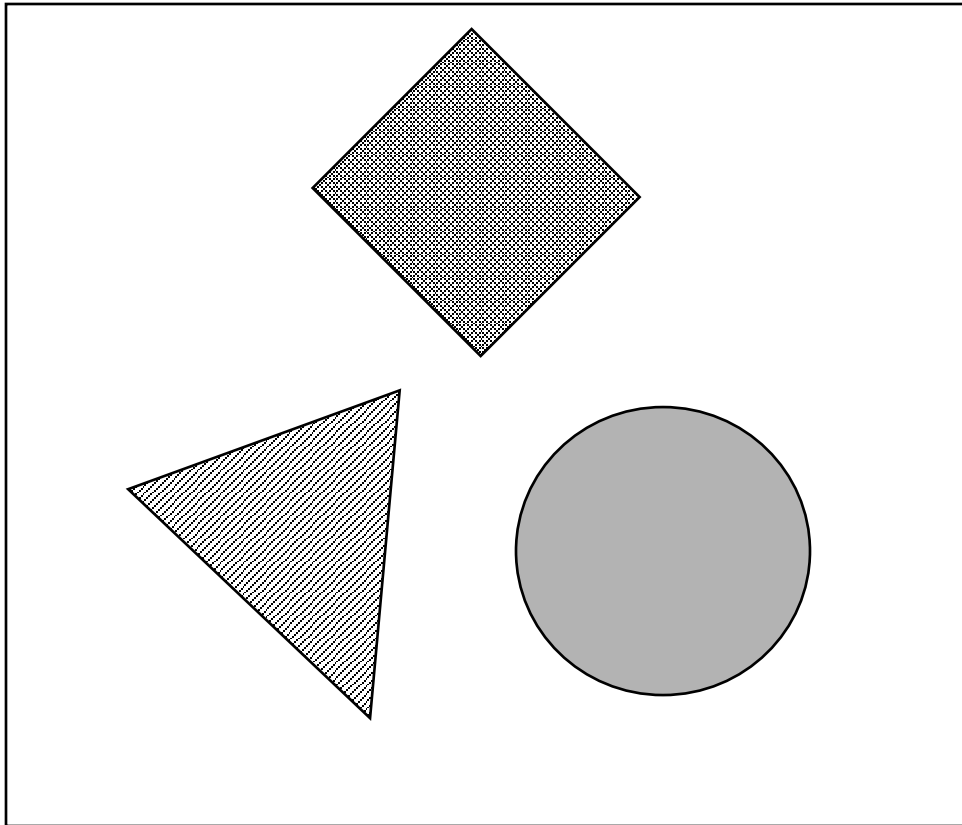


# FAMILY HANDBOOK



UMHS  
Children's Center

Updated May 2013

# UMHS CHILDREN'S CENTER

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## UMHS CHILDREN'S CENTER

# Welcome to the University of Michigan Health System Children's Center!

Dear Families,

It is our pleasure to have your family at our Children's Center. Whether you have just come in to tour or are enrolling at this time, we look forward to having your family as a part of our community.

This handbook will provide program policies and procedures as they relate to your child(ren), your family, and your role within the Center. The history, mission, philosophy, curriculum, and policies are explained along with many other items. Please read through the entire handbook, as it will provide much information and answer many of the questions you may have about our program. If your family needs a translation of these policies and procedures, or needs a translator at any point to communicate effectively with staff at UMHSCC, we are happy to contact the Health System to provide such services.

If you have further questions or concerns, the UMHS Children's Center staff are always available to assist you. In addition, my office is always open. I encourage families to stop in, call, or email anytime if you ever have any questions or concerns. We look forward to being a part of the growth of your child(ren) and welcome your participation as a member of the University of Michigan Health System Children's Center.

Sincerely,

*Sue Gall*

Sue Gall  
Director  
UMHS Children's Center  
734-998-6195  
[smgall@umich.edu](mailto:smgall@umich.edu)

# UMHS CHILDREN'S CENTER

## Our Center

The University of Michigan Health System Children's Center (UMHSCC) was started in 1991 and was built for University of Michigan Hospital and Medical School faculty and employees.

The Center is built on a site one mile east of the hospital complex, which allows for large outdoor playgrounds and play spaces. The building is partially sheltered by trees and is surrounded by green spaces and rolling hills. Designed and built exclusively as a child care facility, the Center's layout reflects our philosophy. The interior spaces promote a home-like environment through the creation of separate infant, toddler, and preschool "neighborhoods". Each neighborhood is specially organized, decorated, staffed, and equipped to meet the unique needs of each age group. These neighborhoods are further divided into cozy classrooms designed as nurturing, family-style settings for playing and reading. Each classroom contains a kitchen, bathroom, and age-appropriate learning resources for the group. This design helps children to become more comfortable and self-confident within their own neighborhood, and prepares them to explore new areas of the Center. All of the rooms feature a small, sheltered porch area for outside activities year-round. The Center offers age-appropriate outdoor play areas, and an indoor gym/playroom for daily large motor activities.

## Our Mission

The mission of our Children's Center is to provide quality early childhood care for the children of University of Michigan Health System employees. We are dedicated to providing a safe, supportive, consistent, challenging, and holistic environment for young children. Our goal is to strengthen the bridge between your work and family life by creating a special place that supports them both.

To achieve this mission, UMHSCC provides:

- An on-campus facility in close proximity to UMHS and its health centers in Ann Arbor.
- Child care in an inclusive program that meets the unique needs of infants, toddlers, and preschool children in a safe and nurturing environment.
- Extended hours (6:30 a.m. to 6:30 p.m.) and year-round care to closely match the work schedules of UMHS employees.
- Financially accessible child care, providing scholarships to support socio-economic diversity.

## Our Philosophy

The environment provides emotional and social support with clearly defined cognitive learning objectives. This is accomplished by providing a balanced program that includes both teacher-directed and child-initiated activities, quiet as well as active experiences, and the recognition that learning occurs in both formal and informal settings, especially through play. Each child's day has an individual rhythm, as well as a predictable flow. To support this balance, we provide a warm, nurturing setting that encourages children to learn through hands-on experiential activities. Teachers are guiding, mentoring, and modeling, as well as observing and reflecting, on an individual's and the group's experiences. Studying the changes that occur with individual children, in the group, or between peers helps to influence each classroom's schedule and curriculum. Our staff receive ongoing training to keep current with the complex and changing needs of children, both as individuals and as members of a group.

Young children are integrally connected to their homes and families, and it is understood that families are and should be the principal influence in their children's lives. UMHSCC seeks to be appropriately responsive to families. Families and staff collaborate toward the goal of nurturing children in an environment where all are respected for their individual differences. The Center offers a variety of

# UMHS CHILDREN'S CENTER

multicultural experiences that support the integrity of each child's family. We are a fully inclusive center, and we seek diversity among the children, families, and staff participating in this program that are consistent with the policies of the University of Michigan (see below). Meeting our goals is dependent upon consistent, open, and positive communication between family and staff members. We hope that this will foster a unique and beneficial experience for everyone, creating the building blocks for a lifelong love of learning.

*The University of Michigan, as an equal opportunity/affirmative action employer, complies with all applicable federal and state laws regarding non-discrimination and affirmative action, including Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973. The University of Michigan is committed to a policy of non-discrimination and equal opportunity for all persons regardless of race, sex, color, religion, creed, national origin or ancestry, age, marital status, sexual orientation, disability or Vietnam-era veteran in employment, educational programs and activities, and admissions. Inquiries or complaints may be addressed to the University of Affirmative Action and Title IX/Section 504 Coordinator, 6041 Fleming Administration Building, Ann Arbor, Michigan 48109-1340. (734) 763-0235, TDD (734) 747-1388, fax (734) 763-2891*

## Our Program

Our program is designed to meet the special needs of infant, toddler, and preschool children in a safe and nurturing environment. As an inclusive center, children are divided according to age rather than developmental milestones.

We are licensed by the State of Michigan, and our license approves the care of 156 children in the building at one time. We maintain accident and liability insurance should any incidents occur onsite during program operation.

The National Association for the Education of Young Children (NAEYC) accredits our program. NAEYC administers a national, voluntary, professionally sponsored accreditation system for all types of schools and Children's Centers. This accreditation is renewed annually, and NAEYC comes to personally inspect our Center every five years to ensure its standards are maintained. We are proud to say that we have been accredited since our inception in 1991.

Our Center offers full-day care from 6:30 a.m. to 6:30 p.m. for infants as young as two weeks through preschoolers of about five years of age. Regular tuition covers 7:15 a.m. to 5:45 p.m. with extended care covering 6:30 – 7:15 a.m. and 5:45 – 6:30 p.m. at an additional cost. Families can choose to enroll for two, three, four, or five days a week.

### **a. A Home-Like Environment**

The following teacher:child ratios are provided in each room to help ensure a quality program:

	<b>Age Range</b>	<b>Ratios</b>	<b>Group Size</b>
Infants/Young Toddlers	2 weeks – 2 ½ years	1:3	12
Older Toddlers	2 ½ - 3 ½ years	1:4	16
Preschoolers	3 – 5 years	1:7, 1:8	21, 24

Our environment consists of three neighborhoods: infants, toddlers, and preschoolers. Each neighborhood has its own playground space, allowing children within the same age ranges to interact with each other on a daily basis. Neighborhoods serve to support classrooms in close age ranges in developing curriculum ideas, problem solving within the classrooms, and sharing physical spaces (i.e. switching rooms for a morning if a change of pace is needed). Within these three neighborhoods are separate classroom spaces. Each classroom space is built and designed to be accessible to the age group occupying the space. Windows, sinks and toilets are built specifically at children's height. Tables,

## UMHS CHILDREN'S CENTER

chairs, shelves, and other classroom items are purchased for each age group so that children can use each piece to its fullest capacity. Within each classroom are the following environmental areas: blocks, dramatic play, toys and games, art, writing, library, discovery, sensory, small manipulatives, music, and alone space. These different areas allow teachers to accommodate children individually, in small groups, or in large groups. To help make each classroom home-like, the Center is mainly carpeted with small tile areas for messy projects and meal times, soft pillows for reading and cuddle time, and the ability to play music within each room. Infant rooms are equipped with couches and rocking chairs in quiet spaces.

Three common spaces exist within the building and are available for any classroom to use: our library, "center space," and gym. Our library contains children's books and curriculum/project ideas for teachers to bring to their classrooms. Our center space has a fish tank, activity tables, chalkboard, drawing board, and books. This space is for classrooms to use during their small group time or as a large group and often hosts our center-wide activities and celebrations. The gym is an open space for gross motor movement in the form of free play, obstacle courses, or creative movement with balls, bean bags, parachutes, etc. Each classroom has a designated half hour in both the morning and the afternoon to come in and play in the gym.

Surrounding our Center are four age-appropriate playgrounds containing toys and equipment that are developmentally appropriate. Infants, young toddlers, older toddlers and preschoolers all have their own outdoors spaces in which to play. Each space has grassy areas, shade, sidewalks to ride bikes, and sand. The playgrounds are surrounded by a tall fence, enclosing the areas for safety and privacy, with gates between each area. Near the fenced outdoor spaces is a vegetable and flower garden to promote hands-on science learning throughout the year. The outdoor physical spaces exceed state and federal and NAEYC guidelines for environmental, physical and health standards. There is constant supervision and monitoring to assure the well-being of children and adults. Written safety checks are done periodically on all playgrounds.

Full janitorial duties are completed five nights a week throughout the building. Maintenance requests are fulfilled by the University of Michigan Health System and University Maintenance.

### **b. Curriculum**

The UMHS Children's Center curriculum is based on the Creative Curriculum teaching methods. This curriculum's framework is based around five components:

1. How children develop and learn – the typical development in each specific age and variations as individuals, including gender, temperament, interests, culture, learning styles, and special needs.
2. The learning environment – the physical space, the structure for each day, and creating a classroom community.
3. What children learn – literacy, mathematics, science, social studies, the arts, technology, and processing skills.
4. The teachers' roles – observing and guiding children's learning styles and patterns, assessing children in their development, and planning classroom activities.
5. The families' roles – classroom curriculum revolves around families' cultures, beliefs, experiences and different family structures, parent participation, open communication about their child in formal and informal exchanges.

All Center activities involve a range of both child-directed and teacher directed-activities around the children's interests. A huge focus is on developing the social and emotional skills so children can be successful in school and life. In order to full develop this at each age group, teachers will incorporate different theories of child development, including Maslow, Erikson, Piaget, Vygotsky, Gardner, and Smilansky, and will use different teaching philosophies including Montessori, Reggio Emilia, and the project-based approach.

## UMHS CHILDREN'S CENTER

The Center's long-term curriculum goals involve all of the following:

- nurture a positive self-esteem in children by providing an environment for successful experiences
- provide a program that is fun and environment that is a home away from home
- help children develop expressive and receptive oral language
- help children to be confident and independent thinkers who will be able to make choices and decisions on their own, achieving a sense of self
- help children learn to resolve conflicts on their own and to be able to self-discipline, taking control of their own behavior
- help children develop an understanding of their feelings and how feelings motivate their behavior, along with helping them gain control over expressing their feelings in acceptable ways
- help children show empathy and get along with others, developing the social skills needed to be successful in interpersonal relations as a group
- facilitate children's physical skills through large and fine motor activities

Our curriculum is set up to meet each of the above goals and to engage young children in a supportive, loving and respectful manner. Incorporated in our curriculum is a strong emphasis on understanding a wide range of normal behaviors. This permits staff to plan responsively to meet children's individual needs. Schedules are kept fluid and are based on the classroom and group needs. The curriculum also incorporates a variety of stimulating areas, including:

- gross motor movement
- dramatic play area with mirrors
- blocks
- manipulative props which includes vehicles, animals, dolls, and shakers
- language areas with books and music
- cause and effect material
- sensory areas, which may include water, cornmeal, sand, etc.

Our curriculum is individualized for each child and is based on a whole language/experiential methodology. This format allows us to focus on the following areas:

- developing language skills in native English speakers and English language learners
- developing thinking skills (word comprehension, memory, decision making, problem-solving, following directions, and creativity)
- developing hand-eye coordination
- developing small muscle skills
- developing concepts about print
- utilizing multiple senses (look, feel, taste, smell, and listen)
- utilizing major modalities (visual, auditory, tactile, and kinesthetic)
- integrating all significant aspects of development

These aspects of our curriculum promote learning that occurs at different stages of a child's life, and tasks encompass social, emotional, physical, and cognitive growth.

Our materials and teaching strategies provide multiple opportunities for sequential learning. As children progress through the program at their own developmental paces, they will be creating strong foundations for math, science and reading skills. This type of learning occurs in many different settings with a variety of purposefully planned and challenging activities.

Because our curriculum is extremely hands-on, developmental and sometimes very messy, we hope that families will send their children into school dressed in a way that will encourage them to get involved in experiential learning. We encourage families to send two sets of extra clothes if they need their children dressed for a different evening activity. That said, we also allow children to undress themselves at will,

## UMHS CHILDREN'S CENTER

provided they are wearing at least a diaper or underwear. This is an important part of learning self-regulation and self-help skills.

This description is a short summary of our entire curriculum plan. *For more details about the Children's Center curriculum, please see the Family Handbook sections on our Curriculum Nights and Parent Discussions Groups, or visit the website on Creative Curriculum at [www.teachingstrategies.com](http://www.teachingstrategies.com).*

### **c. Guidance and Discipline**

The discipline policies of UMHS Children's Center are designed to teach and nurture the children under our care, not to punish them. Developing skills of positive interaction is an ongoing process that requires support, guidance, and modeling from each staff member. Therefore, staff will use caution to address only negative behavior or actions, and not negative generalities about the child. Redirection is the first course of action and logical consequences guide the children in realizing appropriate choices for acceptable classroom behaviors. Staff are trained to encourage children to make appropriate choices and to verbalize to the children what they wish for them to do. Staff are instructed to avoid constant correction of unacceptable behaviors by preventing situations from occurring through verbal guidance and demonstrations. Limited use of "no," "don't," and "stop" should be heard in the classroom unless in the case of a safety situation.

Staff use six essential steps to resolving conflict between children: (1) Approach a situation calmly, stopping any hurtful actions; (2) Acknowledge children's feelings; (3) Gather information; (4) Restate the problem; (5) Ask the children for ideas for solutions and choose one together; (6) Be prepared to give follow-up support. These steps help guide a teacher's actions to resolve a conflict while empowering children to express themselves and problem solve conflicts on their own.

**We do NOT use time-outs as a method of discipline.** Discipline is guidance in areas such as sharing, problem solving, and awareness of the effect that actions have on others. Our goal is to help each child develop self-confidence and self-control by providing a healthy environment and highly trained teachers. Teachers will communicate any concerns to parents in a timely manner and will work with parents to find appropriate solutions. Certain punishments are prohibited. These include: (a) any sort of corporal punishment, including but not limited to hitting, spanking, shaking, biting, pinching, or inflicting other forms; (b) inflicting mental or emotional punishment, such as humiliating, shaming, coercion, derogatory remarks, or threatening a child; (c) depriving a child of meals, snacks, rest, outdoor play or necessary toilet use; (d) confining a child in an enclosed area, such as a closet, locked room, box or similar cubicle.

- **Guidance in the Infant and Young Toddler Rooms**  
Infants are naturally curious; their ability to explore and satisfy their curiosity increases in exciting leaps and bounds throughout their first year of life. To support this developmental growth we keep their environment safe, healthy, and stimulating. When frustration occurs while learning a new skill, such as walking, we offer support through language, gestures, facial expressions, and hugs. When problems arise over possessiveness, we offer words of support such as, "I know you want that ball. Sara has it now, but here is another one for you to play with." Along with the use of appropriate words, teachers model sharing and positive interactions. This modeling helps the infants to begin to understand the value of caring and reciprocation.
- **Guidance in the Older Toddler Rooms**  
Toddlers are imaginative explorers with seemingly endless energy. They like to imitate everything they see and want to do everything themselves. To support these sometimes-intense feelings and the mood changes that accompany them, their environment must offer a high level of interaction and emotional security. When conflicts arise in trying to guide a child's negative behavior, it is important to provide alternative toys and activities. Encouraging children to use words to express what they want, as well as providing consistency in scheduling and planning, helps to reduce the frustrations of toddlers. One of the most difficult toddler



## UMHS CHILDREN'S CENTER

behaviors for children and families is biting. Please see our biting policy later in this document for details on our action plan for biting in a classroom.

- **Guidance in the Preschool Rooms**

On their way to becoming more complex thinkers, preschoolers can experience conflicting feelings and ideas: independence/dependence, confidence/doubt, love/anger, and tenderness/aggression. Preschoolers can begin to gain confidence in social and emotional situations when the environment is supportive and trusting, and the expectations and limits are consistent. When a child's behavior or actions become negative, teachers will help the child identify the action and their feelings and encourage the child to use words to find a solution. Teachers will provide an explanation to children as to what behavior was inappropriate and what should be done instead. The child will also be naturally redirected and guided to participate in another activity if their behavior does not change.

### **d. Developmental Assessments**

Assessment of child progress is fundamental to the provision of a safe, supportive, consistent, challenging, and holistic environment for young children. Each child's developmental progress is tracked throughout his or her time at UMHSCC in order to inform curriculum planning and to follow individual growth. We do not perform standardized tests or use a specific published assessment instrument. However, teaching teams are trained to refer to the Creative Curriculum Assessment Methods, and they are responsible for doing routine informal assessments of each child in their classroom in the following developmental areas: cognitive, social, emotional, fine motor, gross motor, health, self-help skills, language, and learning styles. These assessments are not meant to take the place of annual developmental screenings performed by your pediatrician; they are meant to inform our curriculum activities, to track child progress in the classroom, and to plan for program improvement. Assessment results are utilized only during a child's tenure at the Center and are not intended to be shared with those working with a child beyond his/her time here (i.e. elementary school teachers).

In order to properly assess children under the age of six and to properly communicate assessment information to families, a variety of child and family factors are taken into consideration, including gender, temperament, learning styles, life experiences, culture, primary language, and special needs. Core classroom teachers perform aspects of assessment on a daily basis, during the course of a typical day in the classroom, while children are alone, in pairs, in small groups, and in large groups. In this way we can assure that our **goals of assessment** are reached:

- that each classroom's daily curriculum activities and materials are developmentally appropriate, are adapted for individual children, and are guided by the social, emotional, cognitive, language, physical, and health needs, interests, and strengths of the children, as assessed by the teaching team; likewise, that assessment is guided by curriculum goals and developmental expectations
- that each child is challenged in the classroom to meet his/her next developmental steps
- that each child is informally screened for developmental delays by teachers and the Center's social worker
- that teachers send daily notes (for infants/toddlers) or weekly notes (for preschoolers) home to families that address their child's interests, progress, and development. Staff and families meet informally (on a daily/weekly basis) and formally (twice yearly) to discuss child progress, to share information relating to routine assessments, to ensure that families and teachers believe that the assessment methods in use are in accordance with children's needs, and to arrange for developmental screening or referral to a developmental specialist if applicable (*see following section to learn more about developmental delays*)
- that children with identified delays are fully included with their same-age peers in classrooms, and provided developmentally appropriate care

Our teachers utilize a variety of developmental charts for infants, toddlers, and preschoolers (primarily the Creative Curriculum Developmental Continuum). Staff are trained during monthly staff meetings

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and bi-annual professional development days on the Center's assessment methods, as well as on what to do if a delay is suspected (*please see following section to learn more about developmental delays*).

We utilize the following tools and methods:

- daily observation notes relating to each developmental area, which track teacher-child interactions, peer interactions, or individual child observations
- the Individual Child Web, which is completed by families at the start of each new school year; the Web is a medium for families to share their unique knowledge about their children's life experiences, interests, culture, strengths, and needs
- frequent interactions with families to learn about the child's home life and culture, as well as changes at home (potty training, new sibling, moving, etc.)
- an ongoing individual portfolio for each child, in which teachers collect Individual Child Webs, observation notes, child work samples, notes from family-teacher conferences / meetings
- weekly team meetings to review observations and portfolios; to discuss each child's progress, strengths, interests, and needs; and to plan individual and group curriculum activities accordingly
- bi-monthly classroom observations by the Center's full-time social worker
- twice-yearly formal conferences to share assessment information between families and teachers

*For more information about the developmental charts, assessment methods, and assessment tools we utilize, please see a Center administrator. For a full explanation of our confidentiality policies in regards to assessment, please see the section below titled "Child Files."*

### **e. Developmental Delays & Challenging Behaviors**

Every child has developmental strengths as well as emerging areas of development. Sometimes, though, a more significant delay is suspected by families or by teachers, or a challenging behavior pattern is presented. What should you do if you or your child's teachers think your child could benefit from extra developmental support? We encourage you to talk with the Center's director, the Center's social worker, and/or your child's teacher(s) to share your concerns. In this discussion, a variety of factors are taken into consideration, including the classroom environment and the functions of behavior within that environment, as well as the child's temperament, learning style, gender, home life, family values, life experiences, culture, primary language, and special needs. Together, the teaching team and the family (and, if asked, the Center's director and/or social worker) can create an action plan for school and/or for home. An action plan can be as simple or as detailed as necessary, and **may** include:

- observing and tracking behavior (forms are available), including tracking potential triggers such as peer combinations, child-adult combinations, activities, or events
- specific goals and objectives for the child in the context of the classroom, as discussed by the family and teachers
- ideas for staff to implement in the classroom (for example, temporary one-on-one using positive behavior support strategies, small groups, extra observations, or tracking behaviors to find patterns)
- suggestions for the family, if requested by the family (such as helpful activities or articles about a specific subject)
- a referral to a specialist (speech or occupational therapist, Early On, psychologist, etc.), if families decide this is necessary (family can make first contact or the Center can help, if the family prefers)
  - The Center can provide referrals for child and family support resources (including health, mental health, oral health, nutrition, child welfare, parenting programs, early intervention / special education screening and assessment, and housing and child care subsidies). Please contact our director, who has names, phone numbers, and payment information for a wide array of local specialists and services.

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- collaborating with other specialists who are working with a child and family (with the family's written permission) to implement Individualized Family Service Plans (IFSPs) and Individualized Education Plans (IEPs), and to promote mutual efforts toward developmental goals
- a timeline and plan for tracking progress

### **f. How We Support Inclusion**

Being an inclusive program is central to our philosophy and mission to provide individualized care. There are children with special needs in most of our classrooms. Each classroom provides curriculum activities for children that are informed by our routine child assessments, and it is customary for us to include all children in all activities at a level that corresponds with their individual abilities. A child with special needs is not excluded or singled out in the curriculum planning process; rather, the curriculum is planned by assessing where each child in the group is and deciding what activities and teacher scaffolding are necessary to promote any given child's developmental progress. Likewise, all children at our center are placed in classrooms according to chronological, not developmental, age.

In order to support all children, our teachers and families also need to be properly supported, which we achieve by having a full-time social worker available for consultation; scheduling staff trainings on developmental delays, IEPs and IFSPs, and inclusive practices; and providing adaptive equipment and materials that allow every child to participate fully in classroom activities. If a child is working with outside specialists such as speech, physical, or occupational therapists, our teachers will typically request written permission from the family to contact the specialists to discuss the child's goals in therapy, at home, and in the classroom. We find that this family-specialist-teacher collaboration model best promotes the achievement of developmental goals. Specialists such as speech, physical, or occupational therapists are able to conduct sessions in a child's classroom, if desired by the family and therapists. Our teachers are endlessly creative when it comes to modifying activities and adapting equipment to promote each child's development. We also recently partnered with the hospital to receive specialized toys and equipment for children with motor delays, as well as helpful books for our staff about sensory integration, the autism spectrum, cerebral palsy, and early childhood inclusion.

Inclusion is a process that is constantly evolving at UMHSCC in order to best support our children, families, and staff.

### **g. Teaching Staff**

An educated and experienced staff is the key element in a quality child care program. Teachers must possess a good mix of theory and practice to maintain a nurturing setting while developing creative programs. In addition to their educational backgrounds, our staff combine on-the-job experience and continued training courses with genuine enthusiasm for what they do. The teaching staff foster children's emotional well-being by demonstrating respect for children and creating a positive emotional climate as reflected in behaviors such as frequent social conversations, joint laughter, and affection. Teachers will express warmth through behaviors such as physical affection, eye contact, tone of voice, and smiles. They will strive to be consistent and predictable in their physical and emotional care of all children.

When a new staff person is hired, we look for a combination of experience and education in early childhood. All staff and volunteers are screened by Michigan State Police and Michigan Department of Human Services, according to state licensing mandates, for any substantiated criminal history on file within our state. Additional procedures in hiring include:

- a personal interview with the director
- reference checks of at least one professional and one personal reference
- documentation of education, endorsements, and prior work experience
- an informal shadowing experience in each age group to ensure a proper fit



## UMHS CHILDREN'S CENTER

Sarah Barry Administrative Assistant [sarbarry@umich.edu](mailto:sarbarry@umich.edu)  
Sarah closes the Center every day and assists with administrative duties, including receptionist tasks, immunization tracking, coordinating child allergy information, and typing and filing. This position is also the primary administrative support for our summer camp program.

Maureen Windel Accounting [windelm@umich.edu](mailto:windelm@umich.edu)  
Our accountant handles all deposits and transactions for the Center. Regular tasks include family billing and accounting, accounts payable, and monthly budget summaries.

### **i. Volunteers and Research**

Each semester, volunteers come into our classrooms to help, play with and observe children. Specifically, we have high school mentoring students; work study students from the University of Michigan; and Psychology undergraduate students who enroll in Psych 211, Psych Outreach Program. All staff and volunteers must have criminal background checks through the State of Michigan and a TB test, and all volunteers (including parents) are supervised by core teachers. Only work study students and those who are paid for their work here are to be left alone with a group of children or count towards the room's ratio requirements. All research projects are reviewed and approved by the director, and written parent permission must be granted for any child to participate. Any research projects that are presented to the director and families have previously been approved by the University of Michigan's Work/Life Center Research Coordinator and the IRB.

The Children's Center hires employees based on their education and expertise within a supervised and managed environment. The Center, therefore cannot be responsible or held liable if parents hire Center employees for privately arranged child care outside the scope of the Center operations and employment.

### **j. Arrival and Departure Procedures**

Parents must bring their child into the classroom and pick him/her up from the classroom at each drop-off and pick-up. We ask that you be sure to communicate your child's arrival and departure with a classroom teacher to help ensure attendance records and ratios.

#### **Arrival**

1. Please use your UM ID or secure access card to unlock our exterior building doors.
2. If your child is in the infant rooms, please use extra caution to either remove your shoes or place protective booties over your shoes. If you are entering the room in bare feet, please be sure your feet are visibly clean. This is to protect the surface where babies sit and play.
3. Sign in on the Sign-In/Sign-Out Sheet in your classroom. Please leave a phone or pager number where you can be reached that day and communicate any other needs to a teacher in the room. This sign-in is used during emergency evacuations and in drills to account for everyone in the class.
4. Place clearly labeled lunch items/bottles with the child's first name, last name, and date, and place lunch items in the classroom refrigerator.
5. Help your child get comfortable in the classroom. Teachers are sensitive to family concerns and will do their best to reassure any family members who are concerned about leaving children in non-familial care.
6. Be sure to say good-bye and let your child know that you will be back. This communication helps clarify that you are gone from the building while still providing them with the comfort of knowing that you will return. Please feel free to communicate any help that you might need at drop off time. Teachers are willing to help, but may not recognize your particular needs for that day without them being communicated. If a child has a particularly hard time, establishing a routine may help your child recognize and cope with your departure.

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## **Departure**

1. Check the communication board outside your child's classroom and/or take your child's daily note for updated information on your child's activities, naps, and meals.
2. Sign out on the Sign-In/Sign-Out sheet in your child's classroom.

**Please be extremely careful and aware in the parking lot.** It is important that you follow the outlined traffic pattern, drive at safe speeds and keep an eye out for children at all times.

## **k. Children's Belongings**

**All items brought into the Center should be labeled with the child's first and last names.**

Parents are responsible for supplying:

- Diapers and wipes or training diapers/pants. Whole packages of diapers and wipes can be supplied and stored in the classroom and should be labeled with the child's first and last names.
- Extra clothing. At least two changes of clothes, including socks and underwear, should be kept in each child's classroom cubby. Please be sure clothing is safe and does not contain strings, small buttons or beading, or other choking or strangulation hazards.
- Weather-appropriate/seasonal clothing such as swimsuits in summer, or coats, snow pants, hats, mittens, and boots in winter. Children must wear dry, layered clothing for warmth in cold weather.
- Any necessary diaper creams, sunscreen, lotion, or other over-the-counter needs of their child. Permission slips are required to apply these items.
- In the infant rooms, parents are responsible for bringing in prepared bottles and any food that their child will require throughout the day.

Sharing is an ongoing process that requires much practice. Part of the sharing process is developing the ability to make one's own decisions about when and how to share. A child may bring a coveted object and tuck it in his or her own cubby just to bring friends over to peek at it, to play with it themselves, or to share with others. Teachers help children feel good about each step so that they become more confident and ready to share with others. One of the roles of staff members is to help facilitate the issues and feelings that arise around sharing, especially a child's favorite things from home. All items from home must be clearly labeled with the child's first and last name and safe for classroom use. We do our best to keep track of home items, but cannot be responsible should they be misplaced.

## **I. Daily Schedules**

Each child's day has an individual rhythm, as well as a predictable flow. Each age group has developmentally appropriate routines and general schedules. Teachers allow the schedule to flex based on the needs of any child or the group. Within each day, each child enrolled at the Center will be offered play in large and small groups, alone time, and one-on-one time with teachers and playtime in our gym for gross motor movement. Quiet/rest time AND outdoor play time will also be a part of each classroom's daily routine. We will play outside daily, including in very cold or rainy weather. In cases of extreme weather, our gross motor room (the "gym") will be used to supplement physical activity. Daily activities in each room will incorporate music time and singing, reading and storytelling, art and/or sensory play, dramatic play, science and math concepts.

Infant rooms allow children to have individual schedules for feeding, sleeping, and playing. As infants grow into toddlers, their schedules will gradually become the same, and children will start eating, sleeping, and playing at the same time. By preschool, classrooms have established definite routines to their days.

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Teaching staff supervise infants and toddlers by sight and sound at all times. Teaching staff supervise preschool children primarily by sight. Supervision of preschoolers for short intervals by sound is permissible, but teachers check frequently on children who are out of sight (e.g., those who can use the toilet independently, who are in a quiet area, or who are napping).

### **m. Food**

The Center offers each child food at least every three hours. In addition, the Center is required by law to feed any child who is hungry. Center staff will cooperate fully with parents in efforts to establish a regular schedule for eating. In order to support the well-being of each child we will be following the practices and guidelines listed below, including staff and children hand-washing before and after meals.

To support breastfeeding, we accept expressed human milk in ready-to-feed sanitary containers that are labeled with the child's first and last name and date. Breast milk may be stored in our refrigerators for no longer than 24 hours or in a freezer at 0 degrees Fahrenheit or below for no longer than one week. We will provide a private, comfortable space for mothers to breastfeed, and we will coordinate feedings with parents to facilitate continued breastfeeding.

In the infant rooms, parents are responsible for bringing in prepared bottles and any food that their child will require throughout the day. These items are stored in individual cubbies in classroom refrigerators and EACH ITEM should be labeled with a child's first name, last name, and date. Infants unable to sit are held for bottle-feeding; infants do not eat from propped bottles at any time. Bottles are not permitted in cribs or beds, and children are not permitted to walk with a bottle or cup. Bottles are not to contain cereal or medication mixed in with any liquid. Once your child starts on table foods, a snack list is available for parents to indicate foods that their child can and cannot yet eat.

For children toddler-age and older, the Children's Center practices "family-style" snack and meal service with teachers sitting and eating at tables with a small group of children. Children help serve themselves food (with teacher assistance) and take turns with routines like setting the table, and teachers engage children in conversation. Not only do children become very proficient at these tasks, it helps with their sense of independence and feelings of self-worth. Teachers offer children fluids from a cup as soon as families and teachers decide together that a child is developmentally ready to use a cup.

A morning and afternoon snack, usually around 9:30 a.m. and 3:30 p.m., respectively, will be served and payment for these is included in regular tuition. We will follow the USDA Child and Adult Care Food Program recommendations for food storage, preparation, and serving. In accordance with the National Association for the Education of Young Children (NAEYC) requirements for nutrition, a daily snack will be provided that meets the requirements described below. At least two of the following groups will be provided at each snack:

- ½ cup of yogurt, whole, skim, or low fat milk
- ½ cup fruit or vegetable
- ½ slice breads or ¼ cup grains
- ½ oz. protein (cheese, meat, etc.)

If your child arrives before morning snack time, breakfast can be brought in by parents and served by teachers to any individual child.

The Center does not have a commercial kitchen to prepare lunches. We therefore offer families the option to bring lunch from home or to purchase catered meals from the Center. A weekly menu and sign-up sheet for Center lunches is available at the front office. For parents bringing lunch from home, EACH ITEM in a lunch box should be labeled with a child's first name, last name, and date. In accordance with NAEYC requirements for nutrition, our lunches meet the requirements described below:

- whole or low fat milk (we do not feed cow's milk to infants younger than 12 months; we serve only whole milk to children ages 12-24 months)

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- a fresh or frozen fruit and/or vegetable
- a child's serving of breads or grains
- meat or meat alternative

The Center limits the use of sugary juices and foods. Any juices served will be made of 100% juice and will be limited to 4 oz. per day. We encourage nutritious snacks for birthday celebrations. Please see the teachers in your classroom if you would like to bring in food for your child's birthday.

We have made the Children's Center a peanut-, tree nut-, and egg-aware center (see Allergy Information and Food Allergy Action Plans), as children with these specific allergies regularly attend our program. Families will be notified in writing by the Center director if additional food exclusion policies are put into place (due to the changing needs of those within our community) and parents will be expected to adhere to the policy.

We try to prevent choking by not allowing popcorn, gummy bears, pretzels, raw carrots, or similar foods at the center. All home food (especially grapes, hot dogs, string cheese or grape tomatoes) should be cut into small, child-bite-size pieces AT HOME. Teachers are not able to cut food before serving it to children. Liquids and foods hotter than 110 degrees Fahrenheit are kept out of children's reach.

### **n. Sleeping**

The Center is required by law to allow a tired child to sleep. Center staff will cooperate with parents in efforts to establish a regular schedule for sleeping.

To reduce the risk of Sudden Infant Death Syndrome (SIDS), infants, unless otherwise ordered by a physician, are placed on their backs to sleep on a firm mattress. Nothing is in the crib but the baby. In order for an infant to use an incline in a crib or sleep using a swaddling blanket, there must be written consent by a medical professional. If desired, parents may bring in a "sleep sack" (a wearable, zipped sleep blanket) to help keep babies warm while they sleep. Infants will be assigned a crib for their exclusive use on any given day that they attend. After being placed down to sleep on their backs, infants may assume any comfortable sleep position they can maneuver.

All teachers are aware of and position themselves so they can hear and see any sleeping children for whom they are responsible, especially when they are actively engaged with children who are awake. Teaching staff supervise infants and toddlers/twos by sight and sound at all times.

### **o. Diapering and Toilet Practice**

Diapers are changed: every two hours when children are awake; when children awaken; and when diapers are wet or soiled. Families are responsible for supplying diapers and wipes (see Children's Belongings). Our program allows cloth and/or disposable diapers. Families whose children will be using cloth diapers must provide a separate waste bin, labeled with the child's first and last names, with a removable lining and a lid that closes. Contents of the bin must be taken home daily by the family.

We join parents in supporting a child's initiative in toilet training. Once a child has shown interest in using the toilet at the Center or at home, teachers will remind and ask the child if they have to use the toilet frequently throughout the day, and especially between activities. Teachers will not force a child to sit on the toilet, as we believe effective toilet training happens best through the child's own volition. Accidents will happen, so we ask that parents provide plenty of extra clothes in the child's cubby each day to change into if needed. **It is our policy that children move to the next age group in our program based on our classroom transition time each year and/or a child's individual needs, NOT toilet readiness.** We will offer any positive reinforcement and praise when a child does use the toilet on his or her own. Rewards such as stickers are acceptable at the Center if a parent requests they be used as positive reinforcement. We avoid using food as a reward for using the toilet.



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### **p. Field Trips**

Children over the age of two will make several outings throughout the year to give them the opportunity to learn about people and places in and around our community. Most trips will be within walking distance or will be accessible by the University or AATA buses. Occasionally, we will ask parents to volunteer as drivers for trips that cannot be accessed by the buses.

Parents will be given sufficient notice of any proposed field trips and must sign a field trip permission slip for their child to be able to attend. The permission slip will include information on the destination, departure/arrival times, special items to bring, and any costs associated with the trip. If you prefer not to send your child on a particular field trip, we will make arrangements for your child to remain at the Center with another classroom.

Safety is of utmost importance while on field trips. Staff will sign out before leaving the building and will include a cell phone number where at least one staff person can be reached. Emergency cards, first aid kits, and any needed medications are taken with the group. Head counts of all children and checks via sign-in and out sheets are done regularly throughout the trip. Extra precautions to stop traffic are taken whenever a group is crossing a street.

When using parent drivers, each parent who volunteers to drive must comply with bulleted items on our Conditions for Volunteer Drivers form and sign the form, as stated by state licensing. ALL children must be buckled in THEIR OWN child's car seat or booster seat. If children come to school without a seat on a field trip day, they will remain at the center and join another classroom. This is a Center policy to promote children's safety and abide by liability issues around transporting children on field trips.

### **q. Center-Wide Transitions**

There is one center-wide classroom transition each year, typically in the fall. Transitions in the building are aligned with our philosophy that children be enrolled in classroom according to their chronological age rather than developmental stages. It is our general policy that classrooms transition to the next age group together on annual basis. This fosters comfort to help children feel at home, continuity to increase children's capacity to develop emotionally and socially, and friendships and bonds between families. If there is an opening in another age-appropriate group, and your child meets the requirements to move into that classroom, the Center will work with parents and teachers to transition a child individually if requested by the parents or Center administration.

Before each transition, teachers are surveyed on their desires for their placement in the coming year. This survey, a teacher's individual experience and strengths with a specific age group, and the needs of each classroom are taken into account as the director chooses teams and their classroom placement. We ask each teacher for a one-year commitment when new teams are decided. While informal, teachers are respectful of this commitment, as it helps to reduce stress and promote relationships between teachers, families and children.

We allow time to adjust before and after our actual transition day. Teachers will take time visiting new physical spaces with children to increase their comfort before their first day in that room. If teachers will be joining a new group of children, they will take time to visit the children in their existing classroom to start building relationships and bonding, and learn children's personalities and routines. Extra staff are available throughout the building if a classroom or child needs extra support during transition time.

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# Wait Lists and Enrollment Procedures

### **a. Wait List and Priority of Enrollment**

Anyone associated with the University of Michigan is welcome to be on our wait list. Families will be kept on the wait list for two years and will be automatically removed if they have not enrolled or asked to remain on the wait list after two years. When any space becomes available, families will be notified regardless of whether or not it matches their desired schedule or start date. If a family declines the space offered, they will be moved to the bottom of the wait list. Enrollment priority is as follows: **(1)** families with a child already enrolled at UMHS Children's Center; **(2)** employees or students of the University of Michigan Hospital or Medical School; **(3)** employees or students of the University of Michigan. A wait list form is available at the front office or online at [hr.umich.edu/childcare/healthsystem](http://hr.umich.edu/childcare/healthsystem).

### **b. Enrollment**

Once you are offered a space in a classroom, you must submit a registration form and enrollment fees to hold the space for you until your start date. There is a one-time, non-refundable registration fee of \$100 and a tuition deposit of half a month's tuition. This deposit will be refunded to families at their time of withdrawal provided they give a written 30 days' notice of leaving and do not have a balance on their account. All enrollment paperwork must be submitted to the front desk by a child's first day in attendance.

### **c. Enrollment Visits**

**WHEN A CHILD ENROLLS IN THE CENTER IT IS NECESSARY TO VISIT WITH YOUR CHILD A MINIMUM OF FOUR TIMES.** These visits can be as short as half an hour or last the entire day. They can happen at the parent's convenience and do not have to be scheduled with the classroom. If possible, it is beneficial for parents to visit at different times of each day so that children can experience different activities in their classroom before their first day in attendance.

During these visits you and your child will have an opportunity to get acquainted with the staff and the classroom. If you are not able to complete four visits before your start date, you must coordinate with the director for approval of your start date. Without four visits, the director may ask you to postpone your start date until you can visit the room more.

### **d. Necessary Enrollment Paperwork**

1. Immunizations – All children enrolled in a preschool program are required by the State of Michigan to have a record of immunizations on file at the Center. The Center **MUST** have this information at the time the child enters the program.
2. Health Appraisal form – Within 30 days after a child's enrollment at the Center, a record of a physical exam must be submitted to the Center. This is in accordance with State of Michigan licensing requirements. It is essential that the record be complete so that the Center staff is alerted to any special health needs of your child. An updated form must be submitted annually.
3. Child Information Records (Emergency Cards) – All children must have a signed child information record on file upon entering the program, consistent with State of Michigan requirements. \*\* No child will be permitted to stay until this form is returned. \*\*

# UMHS CHILDREN'S CENTER

## Operational Information

### **a. Hours and Holidays**

The Center is open from 6:30 a.m. to 6:30 p.m. Hours for regular tuition begin at 7:15 a.m. and end at 5:45 p.m. Should your child require additional care before 7:15 a.m. or after 5:45 p.m., you have the option of using one of our extended care options. Please see our Schedule of Fees for costs. If you should arrive later than 6:30 p.m., there will be a fee for each minute of additional time. **All charges are payable directly to the Center.** If a parent has not arrived by 7:00 p.m. and no parent or emergency contacts can be reached via phone, pager or email, the Center will contact UMHS Security and Protective Services will be notified and your child could be put in their custody because of abandonment.

We are **closed** on the following days:

New Year's Day	Independence Day	Thanksgiving (and day after)
Winter staff training day*	Labor Day	Christmas Eve and Day*
Memorial Day	Fall staff training day*	New Year's Eve*

\*The Center will determine the closing dates for training days and the December break between Christmas Day and New Year's Eve on a year-by-year basis with input from UMHS administration and the Parent Advisory Board.

### **b. Parent Visits**

We enjoy and welcome parent visits during your child's day at any time. We have an open-door policy that makes every effort to support the needs of your family while at the Center.

### **c. Child Release (to adult other than the parent or guardian)**

If you are unable to pick up your child and have made alternative arrangements with friends or relatives, you must write the person's name in the appropriate space on your child's emergency card, or fill out a release permission form at the office, and notify the staff in your child's classroom. The permission must include the person's name and specific dates that they will be picking up. We will ask for photo identification when they arrive. We will not release your child to anyone without prior notification. It is necessary that you or your designated pick-up person have an appropriate car seat for transporting your child. Car seats must be installed by the child's parent or a person picking up. Children's Center staff are not authorized to install the seats for anyone.

### **d. Children's Files**

All individual child records are kept in private file cabinets, away from children's areas, to which only Center teachers and administrators have access. The main file will contain the registration form, informational forms, emergency and release forms, signed parental consent forms, approved schedule change forms, child information record, health appraisal, and certificate of immunization and will remain locked at the front office. Only authorized personnel (director and administrative staff) are allowed to view these files. Individual files are also kept locked and confidential in the classroom offices, and contain a copy of each child's emergency card, completed medication forms, incident reports, assessment forms, anecdotal reports, and other records that may assist the teacher in working effectively with the family. These records are accessed by Center teachers or administrators when seeking to track child progress, inform curriculum planning, or plan for program improvement. Child assessments and observations are kept confidential unless parents give explicit written permission for Center staff to share these with relevant professionals for specific reasons. Our assessment records and results are utilized only during a child's tenure at the Center and are not intended to be shared with those working with a child beyond his/her time here (i.e. elementary school teachers). Children's files are retained for at least five years from the date of last enrollment. A parent can ask to view his/her

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child's file at any time, but families are not under any circumstances allowed access to other children's files.

### **e. Abuse and Neglect**

A licensed child care organization or school is required by law to report any suspected child abuse or neglect if reasonable cause is evident. All information gathered about such matters is regarded as strictly confidential and only discussed with the appropriate people.

### **f. Payment Schedule**

Tuition is set based on a 12-month, 52-week year. This is done to continue the excellent teacher:child ratios and quality of our program. Tuition will be paid in advance through payroll deductions from your monthly or bi-weekly University paycheck. If your family is unable to pay for tuition through payroll deduction, written notice is required and your tuition should be paid by personal check on the 20<sup>th</sup> of each month for the following month's care. Parents are required to pay the full tuition amount regardless of absences due to illness or vacation time.

### **g. Parent Agreement**

Upon enrollment, all families must sign a Parent Financial Agreement that serves as a contract between the parent(s) and the Center. By signing the agreement, parents are indicating their understanding of the financial policies of the Center and the policies that the Center follows, which are set by the Department of Human Services in the State of Michigan.

### **h. Tax Information**

University of Michigan employees may pay child care tuition fees with pre-tax dollars through the University's Flexible Spending Account or Dependent Care Plan. We are happy to provide monthly or year-end statements upon request. Our tax identification number is #38-6006309. For more information, contact your staff benefits office at your place of employment.

### **i. Tuition Balances and Collection Policies**

If tuition payments (as agreed to in Parent Financial Contract) fall behind six weeks, the Center may reserve the right to refuse continued admission to the program.

Accounts that are 60 days in arrears or more are subject to the Center's collection procedures. Such procedures may include use of a collection agency, the establishment of a payment agreement, and termination of services. For non-payroll deducted balances more than 60 days in arrears and with a balance over \$200, a collection letter will be sent requesting immediate payment or a conference to discuss payment arrangements.

The Center will meet with parents with delinquent accounts. In the case of delinquencies that are the result of parents claiming financial hardship, the Center may create a payment agreement. The payment agreement will specify an agreed-upon plan for repayment of the indebtedness to the Center including the amount, frequency and duration or expected payments. The payments called for in the agreement may result in a new or revised payroll deduction agreement. All payment agreements will be in writing, and the payment terms of all outstanding agreements will be maintained in a schedule to allow families responsible for payment posting and receivable review to ensure that the terms of the agreements are being met.

In the event that a parent is uncooperative, is unwilling to work out a payment agreement, does not comply with the terms of the payment agreement, or is otherwise not making sufficient progress toward resolving the outstanding balance, the Center will consider the use of a collection agency. The director will review the account and consider whether there are unique situations that may have created the delinquent situations, the parent's willingness to work out a solution, and the degree of compliance with

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the payment agreement over time. The Center will consider the alternatives available for continuing care of the children if the Center discontinues services and will evaluate the risk posed to the child upon discontinuation of services for lack of payment.

Because the aforementioned procedures require case-by-case review and the consideration of individual circumstances, it is not possible to define when accounts should undergo the director evaluation. However, it is expected that this review will occur for any account with a balance in excess of \$200 that is more than six months in arrears.

Based on this review, the director will make a recommendation to the Board of Directors as to whether the account should be turned over to a collection agency, and whether the Center should terminate services. The Board will review all such recommendations and either endorse the recommendation action or define an alternative action. All Board decisions are expected to be implemented within one month of the decision.

### **j. Withdrawal from the Center**

We know that sometimes a family decides to withdraw their child(ren) from our program. We hope that this decision is not made due to the program, as we would like to work with a family if there are any situations that arise. Either party (the family or the Center) may terminate enrollment contracts with **30 business days' written notice**. Parents should submit a Notice to Leave the Program form, available at the front desk. In the event that parents do not provide 30 business days' written notice before withdrawal, parents must relinquish their deposit that was paid when initially enrolling at the Center. Payroll deductions will not be stopped until the balance on a family's account is zero. The Center also has the right to terminate any contract with notice to the family if the child's continued participation in the program creates a direct threat to the safety of the child, other children or the staff.

### **k. Pesticide Notification**

From time to time, as needed, pesticides may be used in or around the Children's Center property. Trained certified applicators will adhere to all label directions on any pesticides used. Extreme care and caution is used when treatments are performed. In accordance with the Michigan Department of Agriculture, specifically Regulation 285.637.15 sub rules (5) and (6), notification to the parent(s) or guardians of children attending this child care can be requested. We will notify parents of any pesticide applications via email and on entrance doors. In emergency situations where prior notification is not possible, parents or guardians will be notified of the application promptly after it occurs.

### **l. Grievances**

The Children's Center is committed to provide a high quality program that meets, to the greatest extent possible, children's and family needs. In case of concerns, first discuss the situation with your child's teachers. If the problem is not resolved, discuss the situation with the director. Every effort will be made to achieve resolutions that are in the best interest of the child, family and the Center.

### **m. Center Policy or Fee Changes**

The Center reserves the right to change any policy with a 30-day written notice. The Center reserves the right to adjust monthly child care fees with 30 days' written notice. Exceptions to this provision are reserved for emergency situations that may require a shortened notice period.

# UMHS CHILDREN'S CENTER

## Health and Illness Policies

### **a. Health and Wellness**

The policies and practices of the UMHS Children's Center are designed to promote the health and wellness of all of its participants. Gross motor and outdoor play are prioritized on a daily basis, with these times of active play balanced with quiet activities and rest. The physical environment is maintained to a clean and sanitary condition. Policies are in place to make certain that children and staff will be safe and the sharing of a contagious illness will be kept to a minimum. Careful records are kept documenting regular health check-ups and immunizations. We encourage children to practice and develop good hand washing habits to prevent the spread of germs. We encourage an understanding of good nutrition and exercise for the development of healthy bodies.

Our program supports health and wellness in an environment designed to minimize stress and maximize relaxed interactions and activities. Every effort will be made by UMHS employees to keep children safe, healthy, and able to fully participate in the activities of the Center. It is our intention to ensure children are able to participate healthily, happily, and wholeheartedly in the activities of the Center.

Classrooms are cleaned and sanitized by teachers on a daily basis. In addition, we have nighttime janitorial staff who follow the NAEYC cleaning and sanitization table when cleaning the entire Center.

### **Parents and teachers are challenged to work together in the best interests of the children.**

Teachers are very open to concerns of parents in this effort. In return, teachers will be proactive in bringing any indications that children may be ill or injured to the attention of parents. When a contagious illness has been diagnosed by a medical professional, the illness, signs and symptoms, treatments, and precautionary steps to avoid spreading the illness will be posted on the classroom door with the date of diagnosis. Only the illness will be posted on the door; family and children's confidentiality will be maintained. When your child has a contagious illness, we ask that you notify the teachers so that they and other parents in the room can know to be aware of signs of the illness.

### **b. Illness**

Our illness policy is that if your child is well enough to be in the Center, he/she is well enough to go outdoors and participate in all activities. However, if your child has an existing health condition that requires him/her to stay inside or excludes him/her from participating in certain activities, a doctor's note should be kept on file. We have this policy so that we are able to maintain low teacher:child ratios throughout the day.

For the safety and well being of the children, families, and staff, it may not be appropriate for an ill child to remain at the Center. The following are some indicators of illness:

- significant changes in a child's activity level or behavior that prevents the child from comfortably participating in routine activities while at the Center
- symptoms of illness, such as excessive coughing, breathing difficulties, diarrhea, vomiting, loss of appetite, etc.
- significant change in how the body temperature feels to the touch or the child's appearance
- comments or complaints from the child indicating illness

### **c. Conditions for Exclusion from the Center**

If your child exhibits the symptoms listed below while at the Center, the parent(s) will be notified to pick the child up within one hour. Staff will make every possible effort to provide a separate space and comfort for a child waiting for pick-up because of illness. Likewise, due to the nature of enrollment at a Children's Center, if a child requires one-on-one attention due to illness for a significant portion of the

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day, the Center reserves the right to ask that the child be picked up. We have this policy so that we are able to maintain our low teacher:child ratios throughout the day.

If your child exhibits any of the symptoms listed below at home, keep your child at home until he/she is well and contamination of others is not a concern. Please notify the center of an absence so we will not expect your child that day as well as any identified symptoms so that staff can be alert to possible contagions.

Children will be excluded until they have been symptom-free for 24 hours **without medication**. A child exhibiting no symptoms may return within 24 hours **IF** a health care provider signs a statement determining the illness to be non-communicable, the child is not in danger of dehydration, and the child is well enough to participate in all activities. In implementing all exclusion policies, the focus of concern is on the needs of the ill child and the ability of our staff to meet those needs without compromising the care of other children.

- **Fevers:** Elevated body temperature may or may not be an indication of illness. The following policy will be used to determine whether a child with a fever shall be excluded from participation at UMHS. A child's temperature will be taken if staff members observe one or more of the previously listed indicators of illness. Staff members will give careful consideration to factors that might affect body temperature to avoid readings due to influences other than illness.
  - If the child's temperature is higher than normal, the parent or authorized person will be alerted that there is a fever concern for the child. The child's temperature will be checked again after an interval of at least 15 minutes, but not more than 30 minutes. During this time interval, the child will be observed for the following signs or symptoms of illness (consideration will be given to each child's own typical, individual habits):
    - a need for more sleep than usual: drowsiness, longer or frequent rest periods, or difficulty in waking
    - significant change in behavior, such as persistent or uncontrollable crying, excessive clinging to caregivers, or refusal to play at their normal activity level
    - difficulty breathing: uncontrolled coughing, wheezing, runny nose, etc.
    - significant change in appetite: refusing to eat or drink, or drinking more than usual.
    - flushed or pallid skin
    - complaints or comments that indicate illness
  - **For infants under six months of age:** If the second temperature reading is 100.5 degrees or greater, the child's family will be notified, and exclusion from the center will be required. No other indications are necessary for exclusion for this age group. This policy is based on the concern that a mild fever may be the only sign of a serious illness in young infants.
  - **For children over six months of age:** If the second temperature reading is 101 degrees or greater, the child's family will be notified, and exclusion from the center will be required.
- **Vomiting:** Caregivers will be careful that "spit up" or other mild digestive disturbances are not mistaken for vomit. The parent will be informed after the first incidence of vomiting is observed. The child will be observed closely for other signs or symptoms of illness. The child will be excluded from the Center if two or more episodes of vomiting occur within a 24-hour period.
- **Diarrhea:** A diarrhea illness is characterized by an increased number of stools compared with a child's normal pattern or an increase in stool water and/or lack of formed substance in stool consistency. The parent will be informed after the first incidence of diarrhea is observed. The child will be monitored for other signs or symptoms of illness. If the child is observed to have two diarrhea stools within an eight-hour period, the parent will be contacted to remove the child from the Center. We realize that children, especially infants, may have incidents of diarrhea that

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are not necessarily a sign of illness, and this will be taken into consideration when evaluating exclusion from the Center. However, diarrhea that leaks out from diapers and clothing presents a health hazard regardless of the cause. Children may be excluded because of this alone.

- **Rash:** Any illness involving a rash is to be checked by a physician. The child should remain at home until all evidence of the rash is gone. Exceptions to this are rashes from allergic reactions or diaper rash. If your child's physician notes that a rash is not contagious, the child may return to the Center.
- **Ear Infections:** If your child is diagnosed with an ear infection and has no signs of discomfort or fever after they have been on the medication for at least 12 hours, they may return to the Center.
- **Head Lice:** A very common social nuisance is head lice. While they do not represent a serious health threat to children, they are very unpleasant, cause itching, and are sometimes hard to eliminate. They are highly communicable and are not a sign of poor hygiene. Prevention of infestation is the best way to deal with head lice. Children will be discouraged from sharing combs or brushes, hats, and other headgear. Policies will be followed carefully to prevent the spread of lice.
  - If head lice are discovered at home, parents are asked to inform the child's teacher so that other parents can be alerted.
  - If lice or nits (eggs) are discovered in a child's hair while at the Center, the the parent(s) will be contacted immediately and required to pick up that child.
  - Parents are required to contact a physician and treat their child's hair with an appropriate delousing medicated shampoo. We ask that families make a good faith effort to remove all nits before allowing their child to return to the Center. Children will be sent back home for continued de-lousing if additional lice or nits are discovered after treatment.
  - Recommendations on cleaning the child's clothing, personal belongings, and surroundings will be provided upon request.
- **Other Illnesses:** Exclusion will be required for the following illnesses when symptoms are identified at the Center. This list is representative, but not all-inclusive:

Bacterial Meningitis	Mumps	Chicken Pox
Pertussis	Fifth Disease	Purulent Conjunctivitis
Giardiasis	Rash	Hemophilus Influenza Type B
Hepatitis A virus	Respiratory Illness	Roseola
Hepatitis B virus	Rubella	Herpetic Gingivostomatitis
Hepatitis Non-A	Scabies	Influenza
Hepatitis Non-B	Shigellosis	Shingles
Strep Throat	Measles	Thrush
Tuberculosis	Mouth sores with drooling	

Infants younger than six months of age may be excluded if caregivers observe that they are not eating or drinking normally. Parents may be asked to consult their child's physician before the child is permitted to return to the Center.

The source for the preceding policy guidelines is *Caring for Children*, a resource manual for health and safety standards for child care providers published in 1992 by the National Academy of Pediatrics and the American Public Health Association.

### **d. Contingency Plans**

We recommend that you arrange a few contingency plans for the care of your child in the event of an illness that prevents him/her from attending the Center for a few days. The University provides some resources to families to help arrange contingency plans. Please contact the Work/Life Resource Center at (734) 936-8677 or see their website at [www.hr.umich.edu/worklife](http://www.hr.umich.edu/worklife).



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### **e. Medication Procedures**

We will NOT give medications in bottles/food. All staff are trained on administering prescription and over-the-counter medications. Medication can be given at the Center if the following criteria are met:

1. Medication permission slip is completed and signed by the parent(s) with the name of the medication, the specific date and time medication is required, and the reason it is being given (see Appendix). These forms are available at the front office or in classrooms.
2. It is not the first dose. At least 24 hours of the medication must be administered at home prior to administering it at the Center in case adverse reactions occur.
3. Prescription medication is in the original bottle and is clearly labeled by a pharmacy with a current date, physician's name, child's name, name and strength of the medication, and directions for administering. Over-the-counter medication is in the original bottle with dosage information and is labeled with the child's first and last names. In cases where medication will be administered at home and school, a parent may wish to request a second container from their pharmacist or physician for the convenience of having medication in both places.
4. Dosage and instructions written on the medication permission must match the bottle information. Please place any medications in the room's locked medicine box, either in the refrigerator or in the cupboard marked "first aid."
5. Medication must not be expired.

Other over-the-counter items such as diaper creams, sunscreen, and lotions can be applied on an as-needed basis providing the parent(s) have supplied the classroom with a one-time permission slip. Families whose children require special medical procedures (such as use of an inhaler or feeding tube) must provide written guidance for the teaching staff from the prescribing health care provider. Staff will be trained accordingly.

### **f. Insect Repellent**

When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used. These are applied to children older than two months. Staff apply insect repellent no more than once a day and only with written permission from a parent.

### **g. Allergy Information**

**The Children's Center is a peanut-, tree nut-, and egg-aware center.** (Tree nuts include but are not limited to: almonds, macadamias, walnuts, pecans, cashews, beechnuts, chestnuts, brasil nuts, pistachios, pine nuts, hazelnuts, filbert and hickory nuts.) Because of the severity of nut and egg allergies, any contact with the oils or contact with items made on the same surface that has been in contact with nuts or eggs can cause a severe reaction. The goal of our center is to be "allergy aware" to help prevent a life-threatening situation or reduce the risk of one while an allergic child is in our care, and to help teach children with allergies to be self-advocates for their health. While they are still learning to be self-advocates, though, we feel that it is each parent's and teacher's responsibility to check food labels for these types of nuts to the best of their ability. We feel that this will greatly reduce the chance of an allergic reaction. While we realize it is impossible to be completely egg- and nut-free, we appreciate everyone's help in making this environment as egg- and nut-free as possible. For our emergency action plans as related to allergies, please see the Emergency Procedures section below.

### **h. Immunizations and Waivers**

If a case of measles, mumps, rubella, pertussis or polio occurs in the Center, children who are not completely immunized will be excluded for the communicable period to prevent further disease spread. For information on current immunization schedules, please visit

[www.cdc.gov/vaccines/recs/schdeules/child-schedule.htm](http://www.cdc.gov/vaccines/recs/schdeules/child-schedule.htm).

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	birth	1 mo.	2 mo.	4 mo.	6 mo.	12 mo.	15 mo.	18 mo.	19-23 mo.	2-3 yrs	4-6 yrs
<b>Hepatitis B</b>	Hep B	Hep B			Hep B						
<b>Rotavirus</b>			Rota	Rota	Rota						
<b>Diphtheria, Tetanus, Pertussis</b>			DTaP	DTaP	DTaP		DTaP				DTaP
<b>Haemophilus influenzae type b</b>			Hib	Hib	Hib	Hib					
<b>Pneumococcal</b>			PCV	PCV	PCV	PCV				PCV	
<b>Inactivated Poliovirus</b>			IPV	IPV	IPV						IPV
<b>Influenza</b>					Influenza (yearly)						
<b>Measles, Mumps, Rubella</b>						MMR					MMR
<b>Varicella</b>						Varicella					Varicella
<b>Hepatitis A</b>						Hep A (2 doses)			Hep A Series		
<b>Meningococcal</b>										MCV4	

### **i. Blood-Borne Pathogens**

The Occupational Safety and Health Administration (OSHA) has issued a rule on blood-borne pathogens (BBP). BBPs are pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus and Human Immunodeficiency Virus (HIV).

As a center, we have developed an Exposure Control Plan to be implemented in cases or incidents where blood is present. Incidents where blood is present include everything from a minor nosebleed to a severe laceration. This Exposure Control Plan identifies the way that the Center will respond to incidents whenever blood is present, according to OSHA requirements. The Center's staff members receive annual training under the blood-borne pathogens standard that covers the specifics of the procedures. In the event of an incident where a child or staff member has had direct exposure of blood to the mouth, eyes, or non-intact skin, the Center will offer for the persons involved to receive blood testing to determine the risk of a BBP transmission.

Because health and safety of the children is always our first concern, these rules, while perhaps cumbersome in their implementation (i.e. using gloves), are designed with the children's and staff's best interests in mind.

### **j. Hand-Washing Procedures**

Hand washing is the most important means of interrupting transmission of infection to children and staff. Children and staff will wash their hands upon arrival for the day, after diapering or toileting, after handling bodily fluids, before and after meals and snacks, after handling pets and animals, after a teacher administers medications, and after handling garbage or cleaning. The following is our hand-washing procedure:

1. Use warm water only – not hot, not cold.
2. Wet both hands and wrists well.
3. Apply liquid soap to palms first (about 1 tsp).
4. Lather well; spread lather to back of hands and wrists.

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5. Continue scrubbing, paying careful attention to fingernails and between fingers. The scrubbing time should be a minimum of 15 seconds.
6. Rinse hands and wrists to remove all soap and detergent.
7. Dry completely.
8. Turn off faucet using disposable towels when there is no knee control or remote sensor. This prevents recontamination of hands.

### **k. Sanitization Procedures for Toys and Eating Surfaces**

Centers using the manual washing method shall do all of the following:

1. Rinse and scrape all utensils, tableware and surfaces before washing.
2. Wash in soap and water thoroughly.
3. Rinse in clear water.
4. Sanitize using one of the following methods:
  - a. Immersion for at least 30 seconds in clean, hot water of at least 170 degrees Fahrenheit.
  - b. Immersion for at least 1 minute in a solution containing between 50 and 100 parts per million of bleach or comparable sanitizing agent at a temperature of at least 75 degrees Fahrenheit. Use bleach testing strips to test the water.
  - c. Spray surface with a solution containing between 50 and 100 parts per million of bleach or comparable sanitizing agent at a temperature of at least 75 degrees Fahrenheit.
5. Air dry or wipe dry with clean paper towels.

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### Emergency Procedures and Safety Procedures

All emergency information is posted in each classroom, including evacuation maps, location of first aid kits and emergency medications, and a set of emergency information cards with parent contact and child health information. Information on first aid and CPR procedures is available in the Children's Center office.

#### **a. Injury and Emergency Medical Care**

A minor injury to a child will be treated at the discretion of the teacher. An adequate supply of first aid materials will be stored in each classroom. When a minor injury occurs, the teacher will complete an Accident Report. The Accident Report will be signed and a copy will be given to the familiar person who picks the child up at the end of the day.

In the event of a more serious injury, the teacher will render emergency first aid, and another teacher will inform the director and a parent by telephone using the child information on file at the Children's Center. The parent may be asked to come to the Center to transport the child to a physician's office or a medical facility. If neither parent can be contacted, the person designated by the parent on the Emergency Card will be requested to fulfill this parental role. If immediate and urgent medical treatment is required, the Center will call 911 to dispatch an ambulance, if necessary. The Emergency Card authorizes the Center and/or its designated employee(s) to secure and authorize any medical attention, treatment and services as may be necessary for a child whose parent(s) cannot be immediately contacted. Any qualified person providing such required medical attention, treatment, or services may accept such written consent as if given by the parent in person. The child's emergency card will be sent with the person accompanying a child to a medical facility. Any injury requiring medical attention will be reported to the State of Michigan Department of Human Services according to State licensing procedures. The parent further agrees to assume responsibility for payment of medical costs incurred. However, the Children's Center carries accident and liability insurance for each child enrolled.

#### **b. Food Allergy Action Plan**

Our Center is an egg- and nut- aware center (see information above titled "Allergy Information"). Each of our full-time staff members have been trained in administering epinephrine (Epi-pens) in case of an allergic reaction. All life-threatening food allergies are posted in the child's classroom as well as in magnet form on each refrigerator throughout the building. If a child has had food allergies diagnosed by an allergist, the parent(s) are **required** to bring in a Food Allergy Action Plan supplied by the Children's Center and an Epi-pen to use in case of emergency. If a reaction occurs or is suspected, staff will follow steps outlined on the child's allergy action plan. The Center's default allergy plan if a reaction is suspected or occurs is:

- (1) administer Epi-pen; (2) call 911; (3) call parent(s).

Please see the director for additional resources regarding allergies and information for staff and families.

#### **c. Biting Protocol**

One of the Center's most difficult jobs is to inform parents that their child has been bitten. You have entrusted the care of your child to us to protect and nurture. How could biting occur at a high-quality early childhood center? The reality is biting *does* occasionally happen in any center caring for young children. Why? There are many reasons:

- Young children do not have the language skills to express themselves. Biting is a **form of non-verbal communication**; it is like hitting, or pushing, or pulling hair. It is a way of saying no. Most biting stops by age three when children become able to talk about their needs and desires.

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- Young children often feel **frustration** because of their lack of vocabulary and motor skills. Biting is a powerful way to get attention or release frustration.
- Young children **explore** by putting things in their mouths. At times child accidentally bites when an arm, shoulder, or finger is close to their mouth. These children are often surprised when the bitten child cries.
- Children seem to bite more frequently when they are **teething**. Infants' and toddlers' mouths hurt and they need something or someone to gnaw on.
- Children of this age do not have a well-developed sense of **cause and effect**. They are just beginning to investigate this. They are just starting to learn that every action has a reaction. Often the child bites for an immediate reaction, and isn't always aware that biting hurts.
- Even young children feel **stress** and react to the experiences of events or situations happening around them. Some of the major stressors in early childhood are separation from loved ones, a new baby at home, lack of sleep, or toilet training.
- The **discomfort of illness**, particularly sinus and ear infections, can cause a child to want to bite on whatever is near.

The first time a child bites it often comes out of the blue, thus making it hard to prevent. Once a pattern of biting by one child has been noticed, we work diligently to minimize the number of occurrences through the following prevention strategies:

- We **carefully supervise** and play with the children, thus stopping many bites before they occur. We maintain good ratios and watch for rising tensions, frustration, tired children and teething children.
- We have **duplicate toys** available as often as possible so children will not have to compete for items.
- We provide **teethers** for children to bite.
- We help them to **express their needs with language** they know by providing scripts the child can say if frustrated by an incident. "Tell Jerry, 'My toy!'" ; "Say, 'Move, Susie!' if she is in your way."
- **Parent communication** at drop-off time is essential to help us predict a child's mood or likelihood of biting. Please be sure to let us know if your child is on medication, teething, didn't sleep or eat well, is going through changes at home or seems out of sorts.
- Teachers will **track the biting** to see what precedes a typical bite. We look for time of day, the activity the child is involved in, etc. We may get a pattern that will help us in our prevention strategies. If your child has been biting, we may ask for your help in tracking the evening and morning hours before your child comes to the Center.
- We work to **redirect the behavior** by modifying the classroom activities. Teachers work to provide a balance of classroom activities with both active and quiet play to help release or prevent frustration. If one particular large group activity is causing stress or frustration that leads to biting, the biting child's play will be redirected to another activity.
- A child who is in a biting cycle will be spotted to prevent bites from occurring in the future. **Spotting** means that teachers will remain aware of where the biting child is, what they are involved in and with whom. They will all watch for signs of stress or frustration from the child in order to intervene in a timely manner.
- When biting continues and spotting is not effective, then the child who is biting will be shadowed. A **shadower** is one specific teacher who is assigned to the child who has been biting. The shadower follows the child and is his/her "conscience". The shadower's focus is on caring for and observing the child who is biting. The goal is to intercede before the child bites again. The shadower can also do some observing/tracking and note taking to see if there are any patterns.
- We recommend that you **defocus this behavior**. Be aware that talking about the biting excessively with children keeps it fresh in their minds. The goal is not to give the child

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excessive attention for this behavior. When/if you have biting at home, please see your teachers, the director, or the Center social worker for recommendations on how to address the issue with your child. If your child is only biting at school, communication with your teachers is essential, but it is not necessary for you to address this behavior with your child at home. In early childhood, guidance and discipline are most effective at the time of the incident.

Procedures when a bite has occurred:

- We **comfort** the child who has been bitten immediately. We wash the bite with soap and water and apply ice to minimize swelling and bruising.
- We will notify you by telephone when your child has been bitten if the skin has been broken or if the injury seems very bruised or large. It wouldn't be fair for you to be surprised with this news at pick-up time.
- Information about the child who is biting is **confidential**. Teacher will not disclose the identity of the child who is biting. They will inform you the location and severity of the bite and comfort or first aid measures that were taken.

Due to the developmental appropriateness of biting in young children, there are certain things our Center WILL NOT do as responses to biting:

- An adult will never bite children back, and adults will never encourage children to bite each other back. This is inappropriate modeling and can lead to resentment and more aggressive behavior.
- Young children will not be expelled for biting. They will not be expelled for doing something that is a typical developmental characteristic of their age group. Biting is a typical behavior like hitting, pushing, pinching and hair pulling. It is our responsibility to break the cycle of biting and help children learn appropriate ways to communicate their needs.

### **d. Toy and Equipment Safety**

**We do not permit balloons, loose coins, or similar objects into the Center** to prevent the risk of choking hazards to young children. **We do not permit toy guns or weapons in the building**, as substantial research indicates that playing with these objects encourages aggressive, harmful play. Regular health and safety checks are done of our indoor/outdoor facility, playgrounds, toys, and equipment through a specialized checklist. All climbing equipment is staff-supervised whenever in use.

### **e. Building Security and Access**

The Center is owned by the University Health System and is therefore patrolled by UMHS Public Safety and the University Public Safety. The playgrounds are surrounded by an eight-foot-high fence with locked gates, and the building has only one main entrance, which is accessible through card access. All visitors must report to the front desk for entrance. The Center maintains a visitor log and will ID any unknown persons who request access to the building. Each classroom contains a phone labeled with emergency information. Each exit door from the classrooms and buildings can be locked. Only authorized University staff and Center administration are granted keys to access the building.

### **f. Prohibited Items**

The Children's Center is a smoke-free building. Smoking is not permitted on or near the grounds. Firearms or other significantly hazardous items are not permitted in or around Center property.

### **g. Inclement Weather or Loss of Utilities**

The Center is kept up-to-date on weather and area environmental concerns via UMHS and area email updates. During each case of inclement weather (including ozone action days and poor air quality days) or during a loss of power or water, the Center will evaluate its ability to stay open on a case-by-case basis. Every attempt will be made to stay open for regular business hours, and parents should note that

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the Center does not close for snow days. In some cases, the Center will decide to limit or prohibit classrooms from going outside on certain days. In the event that a child's safety or basic needs are endangered, the Center may make a determination to close. In this event, parents will be contacted via email, phone, and pager. Any necessary evacuations will be made (see emergency evacuations below) and parents will be kept as up-to-date as possible regarding the status of the Center's opening or evacuation details.

### **Winter Weather Policy for U-M Children's Centers**

**Severe winter weather policies.** In the event of severe winter weather that is treacherous but does not result in an official reduction in operations, the centers will be open, however, **may need to delay opening until 10:00am in order to assure adequate staffing to receive all children.** Families will be notified of delayed openings the evening before, if at all possible, via email and a message on the primary phone line of each center. If conditions develop rapidly this notice may not go out until early in the morning. **Families are encouraged to check e-mail for delayed openings.**

**Emergency Reduction in Operations.** The University never totally "closes" due to the continuing need for services to patients, students, public safety and sensitive research projects. However, in the rare event of extreme winter weather, the administration may call for a ***"Reduction in Operations"***. This status would be posted on the U-M home page and sent to any U-M faculty, staff or student who signs up for emergency alerts.

**In the event of a reduction in operations, the Children's Centers will only be open to those U-M staff and faculty who are considered "critical staff".** Lunch will NOT be provided during a reduction in operation. Children will need to bring their own lunch. This status should be communicated to you by your unit/department director so that you are clearly informed of your expected attendance during a reduction in operations.

The Centers ***will not be able to provide care to families who are not considered critical staff in the event of University-wide reduction in operations.*** Due to the emergency and extremely rare nature of such a partial closing, tuition will not be refunded for the day of care.

For those who are not critical and worry that they may still need care in such a situation, the University has some resources for you to consider. For more details, please visit <https://hr.umich.edu/benefits-wellness/family/work-life-resource-center>

1. **Family Helpers** – a listing of University students and benefit-eligible retirees who are interested in providing child care. We recommend finding a caregiver before you need it in an emergency so you have an existing relationship with a caregiver.
2. **Kids Kare at Home** – this service may be able to send a caregiver to your home. The program does require pre-registration. Kids Kare will prioritize those who are critical to the University first, but may be able to serve others depending on demand and available caregivers.
3. **Care.com** – this community program may be able to help you find a caregiver at short notice. This is not a U-M service, it is available to the community. A fee is required.

We do our best to continue services to families throughout our snowy Michigan winters! We have put these exceptions in place to protect the safety of our staff when traveling to work and to support families who must report to work to keep the University safe. Please contact your center director with any questions you may have. Thank you for your support of your Children's Center community during winter weather.

<http://spg.umich.edu/policy/201.27>)

<https://hr.umich.edu/benefits-wellness/family/work-life-resource-center/flexible-work-options/extreme-winter-weather-staff-support>

### **h. Evacuation Plan (fire, bomb threat, or environmental exposure)**

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The Center practices monthly fire drills. Each classroom is responsible for taking a current sign-in/sign-out sheet with them to ensure that all children are accounted for outside, so it is of utmost importance that parents sign children in and out **in the classrooms** each day. Additionally, staff will take classroom emergency cards and any individual children's emergency care plans. In the event of a fire, the children will be evacuated through the nearest exit and moved to the safest point away from the building, the far-west end of the playground by the green cemetery fence. In the event of a bomb threat, the children will be evacuated through the nearest exit and moved to the safest point far away from the building, in the lower commuter parking lot, NC 52. Emergency exits in each classroom are clearly marked. Smoke detectors, fire extinguishers, carbon monoxide detectors and sprinkler heads have been placed throughout the facility and are inspected regularly. Fire extinguishers are located near each classroom and all staff members are aware of their location.

In the event that we cannot stay outside and cannot return to the building, or in the event of a toxic environmental exposure, we will be in touch with each parent individually and will send out a parent email to inform of our situation, plan, and timeline. We will transport children via UM Campus buses to the North Campus administrative Complex (NCAC) on Hubbard Rd., and parents will be asked to pick up their children from there.

### **i. Lock-Down Procedures for Intruders**

Staff and children practice intruder drills throughout the year. Our secure front entrance doors are locked at all times. In the event that an unwanted intruder enters the building, a warning code is spread through PA system and word of mouth throughout the building. 911 will be called immediately upon sight of an unwanted intruder. The Center is also equipped with emergency "panic" buttons that will be used to notify emergency personnel. Teachers will lock classroom entrance and exit doors, and lead children into hidden corners and areas of the building without windows or where children cannot be seen through windows. This includes designated spaces where shades can be drawn and children and teachers cannot be seen from hallways. Teachers will work to keep children calm and as quiet as possible.

### **j. Tornado Plan**

The Center practices monthly tornado drills. Each classroom is responsible for taking a current sign-in/sign-out sheet with them to ensure that all children are accounted for outside, so it is of utmost importance that parents sign children in and out in the classrooms each day. During a ***tornado watch***, weather conditions are conducive to the formation of a tornado. Center administration will closely watch upcoming weather patterns and warnings and keep staff informed. During a ***tornado warning***, a tornado has been sighted by weather radar in the area. Action must be taken to secure safety. In the event of a tornado warning, teachers will move the children to the interior of the building, away from windows and doors. Each classroom has a designated tornado shelter area. If you choose to leave the Center with your child during a tornado warning, the Center will not be liable for your safety.



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## Family Programs

### **a. Family Communication**

There are numerous ways in which teachers and parents can communicate on a daily basis. This communication can be done one-on-one between a primary teacher and parent, or group communication may go out to all parents in a classroom. The most common forms of communication are done via daily or weekly notes on classroom activities, postings on classroom parent boards (in the hallway outside classrooms) or on classroom doors, classroom newsletters, emails to parents, phone calls to and from parents, parent/teacher conferences, and at drop-off and pick-up times. Parents are encouraged to communicate all things, big or small, regarding their child(ren) to ensure the quality and continuity of care.

### **b. Parent/Teacher Conferences**

Formal conferences are scheduled twice a year (fall and spring) to give both parents and teachers an opportunity to share specific hopes or concerns about a child. It is an ideal setting for parents and teachers to ask questions and share valuable information. Additional meetings (in person or by phone) can be arranged at any time, as can meetings with the Center's director or social worker. Relevant specialists (director, social worker, or other professionals working with a child) may be invited to attend conferences.

### **c. Newsletters**

Each teaching team will incorporate classroom activities, Center programs, special events, field trips, community events, resources, and other child-related information into their classroom newsletter. In addition, a Center-wide family newsletter with important updates and information is distributed quarterly.

### **d. Curriculum Nights**

Every fall, the Center holds age-specific Curriculum Nights for parents to learn about each neighborhood's (infants, toddlers, preschoolers) curriculum goals and classroom activities.

### **e. Parent Discussion Groups**

We have multiple Parent Discussion Group sessions each year, where parents have a chance to gather and discuss ideas, opinions, and questions about child development and raising young children. Groups are facilitated by Center staff or special guests.

### **f. Kindergarten Information Night**

Every January we invite representatives from a diverse array of local elementary schools to come and discuss their schools' philosophies, curricula, and kindergarten programs, as well as school readiness. This is an opportunity to find out more about kindergarten options in and around Ann Arbor.

### **g. Special Events**

Throughout the year, the Center has special events that are designed for all Center families. These events include Parent Potluck Picnics in the summer, an Ice Cream Social in July, Harvest Festival in September, a Halloween parade in October. Staff and families work together to plan these events, and we make every effort to take into account families' schedules and availability when scheduling events.

### **h. School-Age Care**

Care for elementary-aged children is offered on days when the Ann Arbor Public Schools are not in session, both during the school year and throughout each summer. For more information on this

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program, please see our website at [hr.umich.edu/childcare/healthsystem](http://hr.umich.edu/childcare/healthsystem) or speak with a Center administrator.

### **i. Parent Advisory Board**

Parent participation is essential to the life of the Center. The UMHS Children's Center Parent Advisory Board (PAB) is one forum for parents to be involved in the leadership of the Center and to discuss any changes going on or coming up at the Center. This group meets monthly to work on Center issues and discuss brainstorming, fundraising and budget efforts. The members of the PAB are parents from the nine classrooms in the building; the Center director, Sue Gall; and the director of the University Work/Life Resource Center, Jennie McAlpine. It is a great way to get involved in your child's home away from home. Please see the Center director for more information.

### **j. Early Childhood Books and Articles**

Our administrators and teachers have extensive personal libraries with books on child development, parenting, inclusion, and specific childhood issues and questions. Additionally, we have a series of Resource Binders in our staff lounge with articles on a wide array of early childhood topics. If you're looking for a book or article, just ask! We are happy to suggest and lend books or make copies of articles.

### **k. Community Resources**

The Center can provide referrals to families who may need support from local community organizations or early childhood specialists, therapists, or pathologists. Please contact the director or social worker for any names or phone numbers you may need.

### **l. Fundraising**

Throughout the year, the Center sponsors fundraisers to provide additional funds for financial assistance, the purchase of new equipment, and the purchase of training materials and resources for staff. These activities include the Center's lunch program and our bi-annual Scholastic Book Fairs, as well as participating in other fundraising activities as opportunities arise. Every little bit helps, and each family's participation is an important part of making our Center community work successfully.

## UMHS CHILDREN'S CENTER

### Excerpts from Michigan Child Care Licensing Rules

UMHS Children's Center requires that all teachers follow all State of Michigan Department of Human Services (DHS) Licensing Rules for Children's Centers. Our Center is visited annually by DHS to ensure that teachers comply by all rules. A copy of these rules is available online, is given to each teacher on their hire date and when updates are made, and is available to parents on the parent bulletin board near the front desk.

#### **R 400.5114 Information provided to parents.**

Rule 114.

(1) A licensee shall develop a written information packet to be provided to each parent enrolling a child that includes, but is not limited to the following:

- (a) Criteria for admission and withdrawal.
- (b) Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided.
- (c) Fee policy.
- (d) Discipline of children.
- (e) Nutrition and food service program.
- (f) Program philosophy and typical daily schedule.
- (g) Health care plan.

#### **R 400.5111 Children's records.**

Rule 111.

(1) At the time of the child's initial attendance, a child information card, using a form provided by the department or a comparable substitute, filled out by the parent, including written permission, signed by the parent, to seek emergency medical care shall be obtained and kept on file and accessible in the center.

(2) Child information cards shall be updated annually or when changes occur.

(3) At the time of initial attendance, 1 of the following shall be obtained and kept on file and accessible in the center:

(a) A certificate of immunization showing a minimum of 1 dose of each immunizing agent specified by the department of community health.

(b) A copy of a waiver addressed to the department of community health and signed by the parent stating immunizations are not being administered due to religious, medical, or other reasons.

(4) When a child has been in attendance for 4 months, an updated certificate showing completion of all additional immunization requirements as specified by the department of community health shall be on file unless there is a signed statement by a licensed physician or his or her designee stating immunizations are in progress.

(5) Within 30 days of initial attendance, 1 of the following shall be obtained and kept on file and accessible in the center:

(a) For infants and young toddlers: A physical evaluation performed within the preceding 3 months signed by a licensed physician or his or her designee. Restrictions shall be noted.

(b) For older toddlers and pre-school age: A physical evaluation performed within the preceding year signed by a licensed physician or his or her designee. Any restrictions shall be noted.

(6) Physical evaluations shall be updated as follows:

(a) Yearly for infants and young toddlers.

(b) Every 2 years for older toddlers and pre-school age.

(7) The center shall assure that if a parent objects to a physical examination or medical treatment on religious grounds, the parent will then provide a signed statement annually that the child is in good health and that the parent assumes responsibility for the child's state of health while at the center.

(8) The center shall maintain an accurate record of daily attendance at the center that includes each child's first and last name, and each child's arrival and departure time.

(9) Parent's written permission for the child's participation in field trips shall be obtained at the time of enrollment or before each field trip and kept on file in the center.

(10) Parents shall be notified before each field trip.

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### **R 400.5106 Program.**

Rule 106.

- (1) A developmentally appropriate program shall be implemented that includes all of the following areas:
  - (a) Physical development.
  - (b) Social development.
  - (c) Emotional development.
  - (d) Intellectual development.
- (2) The following types of activities shall be provided daily:
  - (a) Quiet and active.
  - (b) Individual, small groups, and large groups.
  - (c) Large and small muscle.
  - (d) Child initiated and staff initiated.
  - (e) Developmentally appropriate language and literacy experiences throughout the day accumulating for not less than 30 minutes.
  - (f) Early math and science experiences.
- (3) Daily activities shall be planned so that each child may do the following:
  - (a) Have opportunities to feel successful and feel good about himself or herself and develop independence.
  - (b) Use materials and take part in activities which encourage creativity.
  - (c) Learn new ideas and skills.
  - (d) Participate in imaginative play.
- (4) Television, video tapes, movies, electronic devices and computers shall be designed for children's education and/or enjoyment, and shall be suitable to the age of the child in terms of content and length of use.
  - (a) Programs or movies with violent or adult content shall not be permitted while children are in care.
  - (b) Other activities shall be available to children during television/movie viewing.
- (5) A daily activity guide relating to the curriculum and each age group shall be prepared and posted in a place visible to parents or otherwise made available to them.
- (6) The center shall provide daily outdoor play when children are in attendance for 5 or more continuous hours per day, unless prevented by inclement weather or other weather conditions that could result in children becoming overheated or excessively chilled.
- (7) The center shall provide a naptime or quiet time when children under school-age are in attendance 5 or more continuous hours per day.
- (8) The center shall provide opportunities to rest for children less than 3 years of age regardless of the number of hours in care.
- (9) The center shall permit infants to eat and sleep on demand.
- (10) The licensee shall, for children with special needs, work with the parents, medical personnel and/or other relevant professionals to provide care according to the child's identified needs.
- (11) The center shall permit parents to visit the program for the purpose of observing their children during hours of operation.

### **R 400.5205 Formula; milk; foods generally.**

Rule 205.

- (1) When infants and toddlers are fed at the center, the center shall assure the following:
  - (a) Infants and toddlers are provided with beverages and food appropriate for their individual nutritional requirements, developmental stages, and special dietary needs, including cultural preferences.
  - (b) Bottles and individual food containers shall be labeled for a specific child and fed only to that child.
  - (c) If bottles or food are warmed, then it shall be done in a safe, appropriate manner.
    - (i) Warming bottles in a microwave oven is prohibited.
    - (ii) Warmed bottles and food shall be shaken or stirred to distribute the heat, and the temperature tested before feeding.
  - (d) Formula shall be iron-fortified for a child who is less than 6 months of age, unless otherwise recommended by the parent or the child's licensed health care provider.

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(e) Iron-fortified cereal, if not already provided by 6 months of age, shall be provided when the iron-fortified formula is discontinued, unless otherwise recommended by the parent or the child's licensed health care provider.

(f) Solid foods are introduced to the child according to the parent's or licensed health care provider's instructions.

(g) Caregivers shall feed infants and young toddlers on demand.

(h) A sink is used exclusively for formula, food preparation, and clean up.

(2) Infants shall only be served formula or breast milk unless written authorization is provided by the child's licensed health care provider.

(3) Milk, other than cow's milk, shall be served according to nutritional guidelines for the age of the child and/or in compliance with dietary preferences or restrictions when written authorization is provided by the child's parent or licensed health care provider.

(4) Young toddlers shall be served whole homogenized vitamin D-fortified cow's milk, unless written authorization is provided by the child's licensed health care provider.

(5) The center shall comply with the following requirements regarding bottle-feeding:

(a) Bottle propping is prohibited.

(b) Caregivers shall hold infants except when infants resist being held and are able to hold their bottle.

(c) Caregivers shall not permit infants or toddlers to have bottles in sleeping equipment.

(d) The contents of a bottle that appears to be unsanitary, or has been used for feeding for a period that exceeds 1 hour from the beginning of the feeding, or has been un-refrigerated for an hour or more shall be discarded.

(e) Formula and milk left in a bottle at the end of a feeding shall be discarded.

(f) Bottle supplies and contents shall comply with the following:

(i) Disposable nipples and bottle liners shall be for single use only, by an individual child, and discarded after use.

(ii) Reusable nipples and bottles shall be cleaned, rinsed, and sterilized before reuse.

(iii) Bottle liners shall be for single use only, by an individual child, and discarded with any remaining formula or milk after use.

(iv) Bottle liners in unused bottles containing formula shall be discarded, along with the formula, after 48 hours. Bottle liners in unused bottles containing milk shall be discarded, along with the milk, after 24 hours.

(v) All liners, nipples, formula, milk and other materials used in bottle preparation shall be prepared, handled, and stored in a sanitary and sterile manner.

(g) Cereal shall not be added to a bottle containing formula, milk, juice, or water without written parental permission.

(h) Medication shall not be added to a child's bottle, beverage, or food unless indicated on the prescription label.

(6) When serving solid foods, the center shall assure that caregivers do the following:

(a) Serve commercially packaged baby food from a dish, not directly from a factory-sealed container.

(b) Discard uneaten food that remains on a dish from which a child has been fed.

(c) Not serve or allow infants and toddlers to eat foods that may easily cause choking including, but not limited to, popcorn, uncut round foods such as whole grapes, hot dogs, seeds, nuts and hard candy.

(d) Foster toddler's independence and facilitate language and social interactions by doing the following:

(i) Encouraging self-feeding.

(ii) Serving appropriate portion sizes.

(iii) Sitting and eating with toddlers during meal times.

### **R 400.5205a Formula, milk, foods provided by parents.**

R 205a.

(1) If a parent has agreed to provide formula, milk, or food, then the center shall obtain a written agreement from the parent and shall be responsible for providing adequate formula, milk, or food if the parent does not.

(2) The center shall comply with R 400.5205 and the following additional requirements regarding breastfeeding and the handling and storage of breast milk:

(a) The center shall support and accommodate breastfeeding.

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(b) The center shall have a designated place set aside to accommodate mothers and their children who are breastfeeding.

(c) Expressed breast milk shall meet the following requirements:

(i) Arrive at the center in clean, sanitary, ready-to-feed assembled bottles labeled with the child's full name and bearing the date of collection.

(ii) Be immediately stored in the refrigerator or freezer upon arrival at the center and kept refrigerated until used or discarded.

(iii) Be thawed under cold running water or in the refrigerator and shall be used within 24 hours.

(iv) Be discarded at the end of a feeding.

(3) If formula, milk or food is provided by the parents, then the center shall comply with R400.5205 and the following additional provisions:

(a) Formula or milk shall be furnished daily to the center in clean, sanitary, ready-to-feed bottles.

(b) Formula, milk, and food shall be covered and labeled as to the contents, date, date of opening, when applicable, and the name of the child for whom its use is intended.

(c) Formula, milk and perishable foods shall be refrigerated until used.

(d) At the end of the day, any formula or milk in an unopened ready-to-feed bottle, or perishable food, shall be returned to the parent or discarded.

### **R 400.5204 Bedding and sleeping equipment for infants/toddlers; seating for staff.**

Rule 204.

(1) All bedding and equipment shall be appropriate for the child and be clean, comfortable, safe, and in good repair. Bedding shall also be in compliance with 2000 PA 219, MCL 722.1051, and known as the children's product safety act.

(2) A safe crib shall have the following:

(a) A firm, tight-fitting mattress.

(b) No loose, missing, or broken hardware or slats.

(c) Not more than 2 3/8 inches between the slats.

(d) No corner posts over 1/16 inches high.

(e) No cutout designs in the headboard or footboard.

(3) All bedding and sleep equipment shall be cleaned and sanitized before being used by another person.

(4) All bedding shall be washed when soiled or weekly at a minimum.

(5) An infant shall rest or sleep alone in an approved crib or porta-crib. The following provisions shall apply:

(a) A tightly fitted bottom sheet shall cover a firm mattress with no additional padding placed between the sheet and mattress.

(b) The infant's head shall remain uncovered during sleep.

(c) Soft objects, bumper pads, stuffed toys, blankets, quilts or comforters, and other objects that could smother a child shall not be placed with or under a resting or sleeping infant.

(d) Blankets shall not be draped over cribs or porta-cribs.

(6) Toddlers shall rest or sleep alone in approved cribs, porta-cribs, or on approved mats or cots.

(7) Car seats, infant seats, swings, bassinets and playpens are not approved sleeping equipment for children.

(8) Infants and toddlers who fall asleep in a space that is not approved for sleeping shall be moved to approved sleep equipment appropriate for their size and age.

(9) Stacking cribs are prohibited after the effective date of these rules. Centers using stacking cribs before the effective date of these rules may continue to use existing stacking cribs only for children under 7 months of age or not yet standing.

(10) When existing stacking cribs need to be replaced, the replacement cribs shall meet the requirements of subrules (1) and (2) of this rule.

(11) All occupied cribs and porta-cribs shall be spaced at least 2 feet apart and in such manner that there is a free and direct means of egress.

(12) When sleeping equipment and bedding are stored, sleeping surfaces shall not come in contact with other sleeping surfaces.

(13) A rocking chair or other comfortable, adult-sized seating shall be provided for 50% of the caregiving staff on duty who are providing infant and toddler care.

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### **R 400.5204a Infant sleeping and supervision.**

Rule 204a.

- (1) Infants shall be placed on their backs for resting and sleeping.
- (2) Infants unable to roll from their stomachs to their backs, and from their backs to their stomachs, when found facedown, shall be placed on their backs.
- (3) When infants can easily turn over from their backs to their stomachs, they shall be initially placed on their backs, but allowed to adopt whatever position they prefer for sleep.
- (4) For an infant who cannot rest or sleep on her or his back due to disability or illness, the caregiver shall have written instructions, signed by a physician, detailing an alternative safe sleep position and/or other special sleeping arrangements for the infant. The caregiver shall rest/sleep children according to a physician's written instructions.
- (5) The caregiver shall maintain supervision and frequently monitor infants' breathing, sleep position, and bedding for possible signs of distress.
- (6) Resting or sleeping areas shall have adequate soft lighting to allow the caregiver to assess children.
- (7) Video surveillance equipment and baby monitors shall not be used in place of subrule (5) of this rule.

### **R 400.5209 Diapering; toileting.**

Rule 209.

- (1) Diapering shall occur in a designated diapering area that shall be all of the following:
  - (a) Physically separated from food preparation and food service.
  - (b) Within close proximity to a hand-washing sink that is used exclusively for this purpose.
  - (c) Have non-absorbent smooth, easily sanitized surfaces in good repair and maintained in a safe and sanitary manner.
  - (d) Of sturdy construction with railings or barriers to prevent falls.
  - (e) At an adult work surface height to minimize children's access.
  - (f) Have diapering supplies within easy reach.
  - (g) Have a plastic-lined, tightly covered container exclusively for disposable diapers and diapering supplies that shall be emptied and sanitized at the end of each day.
  - (h) Cleaned and sanitized after each use.
- (2) Only single use disposable wipes or other single use cleaning cloths shall be used to clean a child during the diapering or toileting process.
- (3) The caregiver shall frequently check diapers/training pants and change diapers or training pants that are wet or soiled.
- (4) Toddlers in wet diapers or training pants may be changed in a bathroom.
- (5) Diapering shall not be done on any sleep surface.
- (6) The caregiver shall thoroughly wash his or her hands after each diapering and after cleaning up bodily fluids.
- (7) Guidelines for diapering and hand washing shall be posted in diapering areas.
- (8) Disposable gloves, if used for diapering, shall only be used once for a specific child and be removed and disposed of in a safe and sanitary manner immediately after each diaper change.
- (9) Diapers shall be disposable or from a commercial diaper service. If a child's health condition necessitates that disposable diapers or diapers from a commercial service cannot be used, then an alternative arrangement may be made according to the child's parent or licensed health care provider.
- (10) The following shall apply when cloth diapers or training pants are used:
  - (a) No rinsing of the contents shall occur at the center.
  - (b) There shall be a waterproof outer covering that shall not be reused until thoroughly washed and sanitized.
- (11) Toilet learning/training shall be planned cooperatively between the child's primary caregiver and the parent so that the toilet routine established is consistent between the center and the child's home.
- (12) Equipment used for toilet learning/training shall be provided. Adult-sized toilets with safe and easily cleaned modified toilet seats and step aids or child-sized toilets shall be used.
- (13) Non-flushing toilets (potty chairs) may be used under the following conditions:
  - (a) Easily cleaned and sanitized.
  - (b) Used only in a bathroom area.

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**Appendix**

Honey Bunnies Daily Note

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last awake: \_\_\_\_\_

Last diaper change: \_\_\_\_\_

Last feeding: \_\_\_\_\_

Feedings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Naps:

\_\_\_\_\_

Child's day:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special info:

\_\_\_\_\_  
\_\_\_\_\_



# UMHS CHILDREN'S CENTER

## MEDICATION PERMISSION AND INSTRUCTIONS FOR CHILD CARE HOMES/CHILDREN'S CENTERS STATE OF MICHIGAN

Department of Human Services  
Bureau of Children and Adult Licensing

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

**TO BE COMPLETED BY PARENT**

I give my permission for

to give or  
apply the  
medication,

\_\_\_\_\_ (Care Giver, Facility)

, to my  
child

, as  
follows:

\_\_\_\_\_ (Specify, prescribed medication/over the counter products)

\_\_\_\_\_ (Child's  
Name)

**DIRECTIONS:**

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
Signature of Parent	Date

**TO BE COMPLETED BY THE CARE GIVER:**

DATE	TIME	AMOUNT GIVEN	BY WHOM

It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

# UMHS CHILDREN'S CENTER

BCAL-1243 (Rev. 11-07) Previous edition 1-06 may be used. MS Word

## UMHS Children's Center ILLNESS REPORT

Dear \_\_\_\_\_ : Date: \_\_\_\_\_

Your child is being sent home today due to:

<input type="checkbox"/> Fever	Time temperature taken: _____	Temperature reading: _____
<input type="checkbox"/> Vomiting	# of episode(s) _____	Time: _____
<input type="checkbox"/> Diarrhea	# of episode(s) _____	Time: _____
<input type="checkbox"/> Other:	_____	

As staff, we noticed these symptoms which prompted our concern:

- |  |   |
|--|---|
| <input type="checkbox"/> Child appeared flush    | <input type="checkbox"/> Child seemed tired / listless        |
| <input type="checkbox"/> Child appeared pale     | <input type="checkbox"/> Child was exceptionally clingy       |
| <input type="checkbox"/> Child's skin felt hot   | <input type="checkbox"/> Child seemed unusually irritable     |
| <input type="checkbox"/> Changes in appetite     | <input type="checkbox"/> Child complained of not feeling well |
| <input type="checkbox"/> Difficulty in breathing | <input type="checkbox"/> No other symptoms                    |

### REMINDERS

- If you were called to pick up your child because of illness today, your child must remain out of UMHS CCC for at least 24 hours until your child is symptom free.
- We know that this may be an inconvenience, but we also know that efforts such as these to contain illness benefit us all.
- Please review our illness policy in your Family Handbook if you have any questions.
- If your family needs help in securing alternate care for illness emergencies, please talk to the director for some options to consider.

### UMHS CCC ILLNESS POLICY

To protect your child, the staff and the other children, your child may not be brought to the Children's Center if he/she has the following symptoms:

- Auxiliary temperature of 100.5 or greater (age 0-6 months) 101 or greater (age 6 months & up)
- Diarrhea of 2 or more episodes in an 8 hour period
- Listlessness or irritability requiring one-on-one care (needing to be held constantly)
- Vomiting of 2 or more episodes within 24 hours
- Any other contagious condition until it has been treated by a physician.

Your child must be temperature free **without medication such as Tylenol or Motrin** for 24 hours before returning to the center. If the cause of your child's fever (under 101 degrees) is an ear infection, he/she may return to the center after being on medication for at least 12 hours.