TABLE OF CONTENTS

I. Welcome (3)

II. Mission and Philosophy (4)

III. Our Program (5)
   a. Environment (6)
   b. Curriculum (7)
   c. Developmental Assessments (8)
   d. Developmental Delays and Challenging Behaviors (8)
   e. How We Support Inclusion (9)
   f. Guidance and Discipline (10)
   g. Teaching Staff (11)
   h. Center Administration (12)
   i. Volunteers and Research (13)
   j. Arrival and Departure Procedures (13)
   k. Children’s Belongings (14)
   l. Daily Schedules (15)
   m. Food (15)
   n. Sleeping (17)
   o. Diapering and Toilet Practice (17)
   p. Field Trips (18)
   q. Center-Wide Transitions (18)

IV. Wait Lists & Enrollment (19)
   a. Wait Lists and Priority of Enrollment (19)
   b. Enrollment (19)
   c. Enrollment visits (19)
   d. Necessary Enrollment Paperwork (19)

V. Operational Information (20)
   a. Hours and Holidays (20)
   b. Family Visits (20)
   c. Child Release (20)
   d. Children’s Files (21)
   e. Abuse and Neglect (21)
   f. Payment Schedule (21)
   g. Family Agreement (22)
   h. Tax Information (22)
   i. Withdrawal from the Center (22)
   j. Pesticide Notification (23)
   k. Grievances (23)
   l. Center Policy or Fee Changes (23)

VI. Health and Illness Policies (23)
   a. Health and Wellness (23)
   b. Illness (24)
c. Conditions for Exclusion (24)

d. Contingency Plans (27)

e. Medication Procedures (27)

f. Insect Repellent (27)

g. Allergy Information (27)

h. Immunizations and Waivers (28)

i. Blood-Borne Pathogens (29)

j. Hand-Washing Procedures (29)

k. Sanitization Procedures (29)

VII. Emergency & Safety Procedures (30)

a. Injuries and Emergency Medical care (30)

b. Food Allergy Action Plan (30)

c. Biting Protocol (31)

d. Toy and Equipment Safety (33)

e. Building Security and Access (33)

f. Prohibited Items (33)

g. Inclement Weather and Loss of Utilities (34)

h. Evacuation Plan (35)

i. Lock-Down Procedures for Intruders (35)

j. Tornado Plan (36)

VIII. Family Engagement (36)

a. Family Communication (36)

b. Family/Teacher Conferences (36)

c. Curriculum Nights (36)

d. Kindergarten Information Night (37)

e. Special Events (37)

f. Family Advisory Group (37)

g. Early Childhood Books and Articles (37)

h. Community Resources (37)

IX. Appendices (38)

a. Excerpts from Licensings (38)

b. Child Accident Report (49)

c. Child Illness Report (50)

d. Pandemic Illness Policy (51)

e. Medication Permission Form (52)
Welcome to the University of Michigan Health System
Children’s Center!

Dear Families,

It is our pleasure to welcome your family to our Children’s Center. Whether you have just come on tour or are enrolling at this time, we look forward to connecting with you and learning how we can support your family. 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 University to provide such services.

If you have further questions or concerns, the UMHS Children’s Center staff are available to assist you. We encourage families to call, or email anytime if you have any questions or concerns. We look forward to supporting your family and your child’s growth and learning.

Sincerely,

Christine Snyder
Director
UMHS Children’s Center
734-998-6195
cmsnyder@umich.edu
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. While more than 80% of our families are affiliated with the medical system, we often have families employed in other areas of the University and the broader public as well.

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 childcare facility, the center’s layout reflects our philosophy. The interior spaces promote a home-like environment. Each classroom contains a kitchen, bathroom, and age-appropriate learning resources. This design helps children to become more comfortable and self-confident within their classroom and prepares them to explore new areas of the center. All 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 from birth to five years. We provide a safe, supportive, consistent, engaging, 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 both.

To achieve this mission, UMHSCC provides:

- An on-campus facility near Michigan Medicine and its health centers in Ann Arbor with access to public transportation for families working offsite
- Childcare in an inclusive program that meets the unique needs of infants, toddlers, and preschool children in a safe and nurturing environment.
- Extended hours (7:00 a.m. to 6:00 p.m.) and year-round care to closely match the work schedules of UMHS employees.
- Financially accessible childcare, 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 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 applies 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 grouped with children of similar ages but also a range that allows for regular peer interactions with both varying and similar developmental levels.

We are licensed by the State of Michigan, and our license approves the care of 177 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. Due to the pandemic we are currently in the process of becoming reaccredited.
Our center offers full-day care from 7:00 a.m. to 6:00 p.m. for infants as young as two weeks through preschoolers of about five years of age. Regular tuition covers 7:30 a.m. to 5:30 p.m. with extended care covering 7:00 a.m. – 7:30 am and 5:30 – 6:00 p.m. at an additional cost. Families can choose to enroll for two, three, four, or five days a week.

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

<table>
<thead>
<tr>
<th>Age Range</th>
<th>State Licensing (Legal Requirement)</th>
<th>NAEYC (Accreditation suggestion)</th>
<th>HSCC (Our goal)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ratios</td>
<td>Group Size</td>
<td>Ratios</td>
</tr>
<tr>
<td>0-12 months</td>
<td>1:4</td>
<td>12</td>
<td>1:4</td>
</tr>
<tr>
<td>Toddler/2 yo</td>
<td>1:4</td>
<td>12</td>
<td>1:6</td>
</tr>
<tr>
<td>30-36 months</td>
<td>1:8</td>
<td>16</td>
<td>1:10</td>
</tr>
<tr>
<td>36-48 months</td>
<td>1:10</td>
<td>N/A</td>
<td>1:10</td>
</tr>
<tr>
<td>48-60 months</td>
<td>1:12</td>
<td>N/A</td>
<td>1:10</td>
</tr>
</tbody>
</table>

a. A Home-Like Environment

Our environment consists of three main age groups: infants, toddlers, and preschoolers. Each age group has its own playground space, allowing children within the same age ranges to interact with each other daily. Within these three age groups 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, 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, the following types of materials and experiences are embedded into the learning environment: blocks, dramatic play, toys and games, art, writing, library, discovery, sensory, small manipulatives, music, and alone space. These components of the learning environment 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
mealtimes, soft pillows for reading and cuddle time, and the ability to play music within each room. Infant rooms are equipped with rocking chairs in quiet spaces.

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.

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

Our center uses the Creative Curriculum for Infants and Toddlers and Preschool, a comprehensive, research-based approach that focuses on hands-on exploration, critical thinking skills, and meaningful engagement. The curriculum consists of 38 learning objectives, organized into the following content areas:

- Social-Emotional
- Physical
- Language
- Cognitive
- Literacy
- Mathematics
- Science and Technology
- Social Studies
- The Arts
- English Language Acquisition (as applicable).

Teachers facilitate learning through intentional use of the environment and daily routine as well as a blend of child-initiated and teacher-initiated experiences. It is reasonable for you to anticipate your child regularly engaging in active, messy play. For this reason, a spare change of clothes is recommended.

Click here to learn more about the Creative Curriculum: https://teachingstrategies.com/solutions/teach/

c. Developmental Assessments
In addition to facilitating age appropriate learning experiences, assessment of child progress is fundamental to the provision of a safe, supportive, consistent, challenging, and holistic environment for young children. Using COR Advantage, 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. COR Advantage is a whole-child assessment built on 36 items that are proven by research to best prepare children for school success. COR Advantage focuses on children’s naturally occurring activities rather than their performance on tests, allowing for a broader assessment of each child’s development. ([https://coradvantage.com/](https://coradvantage.com/))

Classroom primary teachers perform aspects of assessment daily, 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:

- 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, health needs, interests, and strengths of the children, as assessed by the teaching team; assessment is guided by curriculum goals and developmental expectations
- Child is challenged in the classroom to meet his/her next developmental steps
- 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 additional section on developmental delays](#))
- That children with identified delays are fully included with their peers of similar age in classrooms, and provided developmentally appropriate care

Developmental information on our assessment tool can be found here: [https://kaymbu.com/assessment/]  

### d. Developmental Delays & Challenging Behaviors

Every child has developmental strengths as well as emerging areas of development. Sometimes, though, a more significant developmental difference is suspected by families or by teachers, or a challenging behavior pattern is presented. If you or your child’s teachers think your child could benefit from extra developmental support, we encourage you to talk with your child’s teacher(s) and/or the center director or program director 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, 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) 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 childcare subsidies).
- 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

### e. How We Support Inclusion

We regularly enroll children with diagnosed special needs or observed developmental differences. Each classroom provides curriculum activities for children that are informed by children’s interests as well as 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.

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; providing staff training 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 can conduct sessions in a child’s classroom, if desired by the family and therapists.

**f. Guidance and Discipline**

UM HSCC uses guidance to facilitate children’s understanding of appropriate behavior, develop executive function skills, and engage in conflict resolution. Developing skills of positive interaction is an ongoing process that requires support, guidance, and modeling from adults. Redirection is the first course of action and natural or logical consequences guide the children in realizing appropriate choices for acceptable classroom behaviors. Staff are trained to encourage children to make appropriate choices and 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 HighScope’s six 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 families in a timely manner and will work with families 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, 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 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 unsafe or inappropriate, 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.

g. Teaching Staff

An experienced and knowledgeable staff is a key element in a quality childcare 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 and hiring committee
- a classroom observation/visit in one of our classrooms to incorporate HSCC teacher feedback
- 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
In order to retain our qualified and well-trained staff, the Children’s Center offers competitive wages and benefits through the University of Michigan. All teaching staff are University employees and have access to University insurance for themselves and their families and the University’s retirement plan. In each classroom, we use a team-teaching approach. Each team is responsible for developing experiences that are creative and thought-provoking. To ensure this type of learning, teachers combine observations of children, our curriculum, and data from our assessment tool, COR Advantage. All teachers participate in weekly planning discussions and quarterly staff meetings, and professional development in the amount of at least 24 hours per year. All full-time staff members have updated certifications in First Aid, CPR and Blood-Borne Pathogens. Staff also receive annual training in emergency planning and evacuation, food allergy action plans and execution, and identifying and reporting child abuse and neglect.

Each child in our program will be assigned a primary teacher in his/her classroom. The role of the primary is to help ease a child’s transition into the program, follow his/her developmental growth throughout the year, and provide the family with regular communication and support. Families will have the opportunity to meet formally with their primary teacher during family conferences offered each fall and spring. Informal discussions via phone, video chat, or face-to-face are available at any time with any of the teachers in the classroom. Infants and toddlers will receive daily notes reporting a child’s activities and a daily log of meals and naps. Preschool children will receive either daily or weekly written notes reporting their activities (See Appendix for examples).

h. Center Administration

All center administration maintains an open-door policy for center families and staff. They are available to discuss any individual or classroom concerns, provide resources for developmental stages or concerns or for classroom and age-appropriate activities. A list of current staff and their bios is available on our website at hr.umich.edu/childcare/healthsystem. Administrative staff includes:

Christine Snyder        Director        cmsnyder@umich.edu

The director ensures the leadership, management, and delivery of a high-quality program overseeing all operations and coordinating resources and communication as applicable. Regular decisions, communication, and interactions with classrooms, staff and families are made to ensure that the program’s mission, philosophy, policies, procedures, and quality components are fully implemented.

Holly Delgado        Program Director        delgadoh@umich.edu

The goal of our program director is to facilitate the implementation of high quality early childhood education on the classroom level and in relationships with families. This is achieved through regular classroom observation and support, maintaining records for our quality assurance and accreditation organizations, and providing necessary resources, professional development experiences. The
program director facilitates family relationships and coordinates community partnerships as appropriate.

Brigid Williams
Administrative Assistant  wibrigid@umich.edu

Brigid serves as the primary staff and family administrative support for the center. Duties include receptionist tasks, managing child paperwork, supply purchasing, coordinating services within the University, updating online systems for child and staff record keeping, maintaining efficiency systems for center operations, and filing of staff and child documentation.

i. Volunteers and Research

Each semester, we may have 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 families) 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 family 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 families hire center employees for privately arranged childcare outside the scope of the center operations and employment.

j. Arrival and Departure Procedures

Families 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.

*Pandemic Modifications can be found here.

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 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.

**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.
3. Make sure one of your child’s teachers knows that you are taking your child home.

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

**k. Children’s Belongings**

All items brought into the center should be labeled with the child’s first and last names. Families 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, families are responsible for bringing in prepared bottles and any food that their child will require throughout the day.

Children may also benefit from having a small comfort item or stuffed animal for rest time (note: comfort items cannot be placed in a crib). 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.

m. Food

*Pandemic modifications can be found here.

The center offers each child food at least every two-three hours. In order to support the well-being of each child we will be following the practices and guidelines listed below, including staff and children handwashing 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 families to facilitate continued breastfeeding.

In the infant rooms, the teachers follow the eating routine as indicated by the family while also following children’s hunger cues. Families 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 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 families to indicate foods that their child can and cannot yet eat.

For children toddler-age and older, we follow a group routine that is responsive to children’s hunger cues. We also practice “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 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 (we do not feed cow’s milk to infants younger than 12 months; we serve only whole milk to children ages 12-24 months)
- 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 families 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 is available at the front office. In accordance with NAEYC requirements for nutrition, our lunches meet the requirements described below:

- whole or low fat milk
- a fresh, canned, 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 try to prevent choking by not allowing popcorn, gummy bears, grapes 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.

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 families will be expected to adhere to the policy.

For families bringing lunch from home, EACH ITEM in a lunch box should be labeled with a child’s first name, last name, and date. Food must be ready to serve. The center does not provide microwaves or refrigeration. Please utilize thermoses, hot packs, or cold packs for anything you would like served at a certain temperature.

n. Sleeping

The center is required by law to allow a tired child under the age of 18 months to sleep. All children who are in care for 5 hours or more are required to be allowed the opportunity to rest. Center staff will cooperate with families 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 with a fitted sheet. Nothing is in the crib but the baby. For an infant to use an incline in a crib or sleep using a swaddling blanket after the age of two months, there must be written consent by a medical professional. If desired, families 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.

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 always supervise infants and toddlers/twos by sight and sound.

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 zippered, waterproof bag, 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 families 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 want to use the toilet frequently throughout the day, and especially between activities and at regular diaper changing times. 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 families 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, therefore using the toilet independently is not a requirement to move on. We will offer any positive reinforcement and praise when a child does use the toilet on his or her own. Rewards such as stickers or food are not used at the center.

**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.

Families will be given sufficient notice of any proposed field trips. The notice will include information on the destination, departure/arrival times, and special items to bring (if applicable). If you prefer not to send your child on a 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.

**q. Center-Wide Transitions**

It is our general policy that classrooms transition to the next age group together on an annual basis, typically in the fall but occasionally off cycle as space allows. Transitioning as a group 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 families and teachers to transition a child individually if requested by the families or center administration.

We allow time to adjust before and after our actual transition window. 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.
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 waitlist for two years and will be automatically removed if they have not enrolled or asked to remain on the waitlist after two years. When any space becomes available, families will be notified regardless of whether it matches their desired schedule or start date. If a family declines the space offered, they will be moved to the bottom of the waitlist. 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 online at 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 six week 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

Prior to your child’s first day, it is recommended that you visit with your child up to four times, but minimally once. During these visits you and your child will have an opportunity to get acquainted with the staff and the classroom. These visits can be as short as half an hour or last for a few hours. You can schedule your visit (s) at your convenience by connecting with the classroom teachers. If possible, it is beneficial for families to visit at different times of each day so that children can experience different activities in their classroom before their first day in attendance.

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.**

**Operational Information**

**a. Hours and Holidays**

The center is open from 7:00 a.m. to 6:00 p.m. Hours for regular tuition begin at 7:30 a.m. and end at 5:30 p.m. Should your child require additional care before 7:30 a.m. or after 5:30 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 6:00 p.m., there will be a fee for each minute of additional time. **All charges are added to your monthly invoice.** If a parent or designated person to pick up has not arrived by 6:15 p.m. and no parent or emergency contacts can be reached via phone, pager or email, the center will make every attempt to contact other individuals on the child’s emergency card.

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

- Labor Day
- Thanksgiving Day and the following day
- Memorial Day
- 4th of July
- For staff professional development days
- Martin Luther King, JR Day
- A period of days, announced yearly, over the winter break, usually the week of December 25th through January 1st.

**b. Family Visits**

We enjoy and welcome family 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 family 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) can 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 families 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. Families can ask to view his/her 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 childcare 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

The University of Michigan Children’s Centers strive to minimize administrative costs in order to focus our resources on children. We also strive to create administrative procedures that are convenient for families. With both of these goals in mind, we have developed the following payment options for our programs.

For additional information, questions or to inquire about arrangements for special circumstances, please contact Judy Collins at judymc@umich.edu or (734) 647-7144.

Automated (ACH) Transfer from your bank account

This option is available to all families with a bank account. It provides the most convenience as the Children’s Centers process the payment directly. After you submit the authorization form and a voided check, we take care of the rest. Your child’s tuition and other fees are withdrawn automatically from your bank account on the last business day of each month. Authorization forms are available at the center and on the family website.

University Student Account
This option is available to all U-M affiliated families (faculty, staff, and students). Payments will be processed through the University Student Accounts office. You will be able to make payments to your account via electronic check or directly to University Teller Services with a check, money order or cash. If you do not currently have an account, we will create it for you— all we need is your UM ID number.

**By check**

Due to the cost involved in processing payments there is a $10 per month processing fee for payments made by check. Please note that there is no processing fee for initial enrollment payments (registration fee, tuition deposit and tuition due during your first month of enrollment). All payments should be mailed to:

U-M Children’s Centers  
Suite 2060  
3003 S. State Street  
Ann Arbor, MI 48109-1281

**Family Agreement**

Upon enrollment, all families must sign a Family Financial Agreement that serves as a contract between the families and the center. By signing the agreement, families 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.

**Tax Information**

University of Michigan employees may pay childcare 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.

**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 **six weeks written notice**. Families should submit a Notice to Leave the Program form, available online, or email Judy Powers at jpowers@umich.edu. If families do not provide six week written notice before withdrawal, families 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.

j. 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 are 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 childcare can be requested. We will notify families of any pesticide applications via email and on entrance doors. In emergency situations where prior notification is not possible, families or guardians will be notified of the application promptly after it occurs.

k. 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 program director or director. Every effort will be made to achieve resolutions that are in the best interest of the child, family and the center.

l. 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 childcare fees with 30 days’ written notice. Exceptions to this provision are reserved for emergency situations that may require a shortened notice period.

Health and Illness Policies

Covid-19 Pandemic 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 its participants. Gross motor and outdoor play are prioritized daily, with these times of active play balanced with quiet activities and rest. The physical environment is maintained to a clean and sanitary condition. In addition, we have nighttime janitorial staff who clean the entire center. 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.
b. Illness

Our illness policy is that in order for your child to attend the center, he/she must be well enough to go outdoors and participate in all activities. However, if your child has a pre-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.

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
- Infants six months of age and younger may be excluded if caregivers observe that they are not eating, or drinking normally.

Families will be asked to consult their child’s physician before returning their child to the center.

c. Conditions for Exclusion from the Center

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

**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 the center. A child’s temperature will be taken if staff members observe one or more of the previously listed indicators of illness. Temperature will be taken axillary or temporally; following the manufacturer’s directions. 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 100.4 degrees or greater and another symptom is present, the parent or authorized person will be alerted to pick up the child.

Below are some of the other 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 up
- 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, such as: refusing to eat or drink, or drinking more than usual
Flushed or pallid skin
Complaints or comments that indicate illness.
For children under six months of age: If a second temperature reading is also 100.4 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 in young infants, mild fever may be the only sign of a serious illness. For children over six months of age: If any of the above signs are observed in conjunction with a fever up to 100.4 degrees, exclusion from the center may be necessary, and the family will be notified. If a child’s temperature is measured at 100 degrees or higher, the parent, or authorized person will be notified and exclusion from the center will be required.

Vomiting
Caregivers will be careful that vomiting is not mistaken for “spitting up” or other mild digestive disturbance. The family will be informed after the first incidence of vomiting is observed. The child will be observed closely for other signs or symptoms of illness. A vomiting illness requires that the child is excluded from the center after 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 family 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 8-hour period, the family will be contacted to remove the child from the center. We realize that children, especially infants, may have incidents of diarrhea that 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
A rash with fever or behavioral changes is cause for exclusion from the program. Exceptions to this are rashes from allergic reactions or diaper rash. If your child’s physician notes that the rash is not infectious, 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, families are asked to inform the child’s teacher so that other families can be alerted.
○ If lice or nits (eggs) are discovered in a child’s hair while at the center, the family will be contacted immediately and required to pick up that child.
○ We ask that families make a good faith effort to treat and remove all nits before allowing their child to return to the center.
○ 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 diagnosed illnesses as recommended by our consulting pediatrician. This list is representative, but not all-inclusive:

- Hepatitis A, B, non B
- Shigelllosis
- Strep Throat (can return once under treatment and no fever)
- Measles
- Tuberculosis
- Bacterial Meningitis
- Mumps
- Shingles
- Chicken Pox
- Pertussis
- Fifth’s Disease
- Giardiasis
- Haemophilus type B
- Scabies
- Influenza A, B
- Rubella
- Herpetic Gingivostomatitis (excluded if cannot eat, drink, has constant/uncontrolled drooling or fever)
- Diarrheal: E. coli with shiga toxin, Salmonella, Rotavirus, Cyclosporiasis, Cryptosporidiosis
- Thrush- does not exclude unless fever, but requires treatment.
- Pink eye: Exclude only if fever, pain, severe drainage that requires wiping, crusting requiring wiping, or not acting as normal self.

Infants younger than six months of age may be excluded if caregivers observe that they are not eating or drinking normally. Families 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 childcare providers published in 2019 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.

e. Medication Procedures

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 families 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, families 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.
6. We will NOT give medications in bottles/food.

Other over-the-counter items such as diaper creams, sunscreen, and lotions can be applied on an as-needed basis providing the family has 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

If families want to supply an insect repellant they must provide their own from home. Staff apply insect repellent no more than once a day and only with written permission from the child’s family.

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, brazil 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 family’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/schedules/child-schedule.htm.

![immunization chart](image-url)
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).

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.

j. Hand-Washing Procedures

Hand washing is the most important means of interrupting transmission of infection among 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, before and 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.
5. Continue scrubbing, paying careful attention to fingernails and between fingers. The scrubbing time should be a minimum of 30 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 the following:

1. Rinse and scrape all utensils, tableware and surfaces before washing. Rinse toys/manipulatives.
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 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.
b. 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.

Alternatively, each classroom has a dishwasher that uses a sanitation rinse cycle, and this meets Michigan licensing requirements as well as the state’s Health Department.

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 family 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 family by telephone using the child information on file at the Children’s Center. The family may be asked to come to the center to transport the child to a physician’s office or a medical facility. If neither parent (guardian) can be contacted, the person designated by the parent (guardian) on the Emergency Card will be requested to fulfill this parental (guardian) 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) (guardian) 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 (guardian) 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 family 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 families 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;** If your child’s action plan involves administering an Epi-Pen during a reaction, it is required that the Epi-Pen is at the Center every time your child attends. Each staff member is trained annually on how to use/administer an Epi-Pen injection to a child.

2. **call 911;** While one teacher is administering the Epi-Pen and staying with the child, another teacher will be calling 9-11. It is required that we call 9-11 any time we administer an Epi-Pen.

3. **call family;** Once the Epi-Pen has been administered and 9-11 has been called, a teacher will immediately contact the family of the child, moving down the emergency contact list until someone on the designated list has been contacted.

c. **Biting Protocol**

At times it can be difficult to understand children’s phases of language and social development, the most challenging being instances of biting. The reality is biting *does* occasionally happen in any center caring for young children, even the highest quality, well-staffed center. There are many reasons a child may bite, including:

- 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.

- 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 a 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 teether**s 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.”
- **Family 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 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’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 excessive attention for this behavior. When/if you have biting at home, please see your teachers, or the director 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 so it is not a surprise 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 prefer toys from home are left at home. Toys from home may be lost, may cause conflict due to only having one, and possible damage done to the toy from home. 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/vape free building. Smoking and vaping are 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 families should note that 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. If a child’s safety or basic needs are endangered, the center may decide to close. In this event, families will be contacted via email, phone, and pager. Any necessary evacuations will be made (see emergency evacuations below) and families 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 ensure adequate staffing to receive all children. Families will be notified of delayed openings the evening before, if 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 email 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.

**Standard Practice Guide- Winter Weather Policy**

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

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 families 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 family individually and will send out a family 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 families will be asked to pick up their children from there.

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

Our secure front entrance doors are always locked. 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 tornado drills twice each year during peak tornado season. 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 families 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.

Family Engagement

a. Family Communication

There are numerous ways in which teachers and families can communicate daily. This communication can be done one-on-one between a primary teacher and family, or group communication may go out to all families in a classroom. The most common forms of communication are done via the Kaymbu for Families app of our child assessment tool, COR Advantage, daily or weekly notes on classroom activities, classroom or center-wide newsletters, emails to families, phone calls to and from families, family/teacher conferences, and at drop-off and pick-up times. Families are encouraged to communicate all things, big or small, regarding their child(ren) to ensure the quality and continuity of care.

For more information about the COR Advantage/Kaymbu for Families App, and how to download the app, click here.

b. Family/Teacher Conferences

Formal conferences are scheduled twice a year (fall and spring) to give both families and teachers an opportunity to discuss children’s development and growth. It is an ideal setting for families and teachers to ask questions and share valuable information. Additional meetings (in person, by phone, or via Zoom) can be arranged at any time, as can meetings with the center’s director or program director. Relevant specialists (director, social worker, or other professionals working with a child) may be invited to attend conferences as agreed upon by teachers and families.

c. Curriculum Nights

Every fall, the center holds age-specific Curriculum Nights for families to learn about each age group’s (infants, toddlers, preschoolers) curriculum goals and classroom activities.
d. 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.

e. Special Events

Throughout the year, the center has special events that are designed for all center families. These events may include, but are not limited to picnics, potlucks, socials, festivals, and activity nights. Staff and families work together to plan these events, and we make every effort to consider families' schedules and availability when scheduling events.

f. Family Advisory Group

Family participation is essential to the life of the center. The UMHS Children's Center Family Advisory Group is one forum for families 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 quarterly to discuss and brainstorm ideas for topics related to the center. The members of the Family Advisory Group are families from the nine classrooms in the building; the center director, program director, administrative assistant and teacher representative(s). It is a great way to get involved in your child's home away from home. Please contact the director, program director, or Administrative Assistant for more information.

g. Early Childhood Resources

Informational resources on child development, parenting, inclusion, and specific childhood issues and questions are available through the center director and program director.

h. 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 program director for any names or phone numbers you may need.
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 families on the family bulletin board near the front desk.

R 400.8146 Information provided to parents.

Rule 146.

(1) A center shall provide a written information packet to each parent enrolling a child that includes at least all of 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 policy.

   e) Food service policy.

   f) Program philosophy.

   g) Typical daily routine.

   h) Parent notification plan for accidents, injuries, incidents, and illnesses.

   i) Transportation policy, if applicable.

   j) Medication policy.

   k) Exclusion policy for child illnesses.

   l) Notice of the availability of the center’s licensing notebook. The notice must include all of the following:

      ● The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans for the last 5 years.
      ● The licensing notebook is available to parents during regular business hours.
Licensing inspection reports, special investigation reports, and corrective action plans from at least the past 3 years are available on the department’s child care licensing website at www.michigan.gov/michildcare. The website address must be in bold print.

m) The website where parents can access these rules is www.michigan.gov/michildcare. Written documentation that the parent received the written information packet, as required by subrule (1) of this rule, must be kept on file at the center.

For infants and toddlers, a center shall provide parents with a written daily record that includes at least the following information:

(a) Food intake time, type of food, and amount eaten.
(b) Sleeping patterns indicating when and how long the child slept.
(c) Elimination patterns, including bowel movements, consistency, and frequency.
(d) Developmental milestones.
(e) Changes in the child’s usual behaviors.

Parents of children with special needs may request a written daily record that includes at least the information required by subrule (3) of this rule.


R 400.8143 Children’s records. Rule 143.

(1) At the time of a child’s initial attendance, a center shall obtain a child information card, using a form provided by the department or a comparable substitute, that is completed and signed by the child’s parent. The center shall keep it on file and accessible in the center.

(2) Child information cards must be reviewed and updated by parents at least annually and when the center becomes aware of changes.

(3) For children under school-age, at the time of a child’s initial attendance, a center shall obtain, keep on file, and make accessible in the center 1 of the following:

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

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

(4) When a child under school-age whose immunizations were not up-to-date at the time of enrollment has been in attendance for 4 months, an updated certificate showing completion of all
additional immunization requirements as specified by DHHS must be kept on file, unless there is a signed statement by a licensed health care provider stating immunizations are in progress.

(5) A center shall report to DHHS, by October 1 of each year and using the method established by the DHHS, immunizations for all children enrolled, under section 9211(2) of the public health code, 1978 PA 368, MCL 333.9211(2).

(6) Within 30 days of a child's initial attendance, a center shall obtain, keep on file, and make accessible in the center a record of a physical evaluation of the child that notes any restrictions and is signed by a physician or the physician's designee. An electronic record from a physician's office will be accepted. The physical evaluation must be performed within 1 of the following time limits:

(a) For an infant, within the preceding 3 months.

(b) For toddlers, within the preceding 6 months.

(c) For preschoolers, within the preceding 12 months.

7) Physical evaluations must be updated as follows:

(a) Yearly for infants and toddlers.

   b) Every 2 years for preschoolers.

(8) Upon enrollment and annually thereafter, a center shall obtain and keep on file at the center a signed statement from a school-age child’s parent confirming all of the following:

   (a) The child is in good health with activity restrictions noted.

   (b) The child’s immunizations are up-to-date.

   (c) The immunization record or appropriate waiver is on file with the child’s school.

(9) A center shall ensure that, if a parent objects to a physical examination or medical treatment on religious grounds, then the parent provides 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.

(10) A center that enrolls a homeless child pursuant to the section 722 of the McKinney-Vento homeless education assistance improvements act of 2001, as amended by section 9102 of the every student succeeds act, 42 USC 11432, shall not be cited for noncompliance when a homeless child is unable to produce health and immunization records. The licensee shall file any documentation of referring a child to the local educational agency liaison for homeless children and youths.

(11) A 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. Electronic records may be used. If electronic attendance records are used, then they must be available to the department at the
time of an inspection. If the electronic attendance records are not available during an on-site inspection, then the center is in violation of this rule.

(12) A parent's written permission for the child's participation in field trips must be obtained at the time of enrollment or before each field trip, and kept on file at the center.

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


**R 400.8179 Program.**

Rule 179.

(1) As used in this rule:

(a) "Confining equipment" means equipment used to assist in caring for infants, including but is not limited to, swings, stationary activity centers, infant seats, and molded seats.

(b) "Media" means use of electronic devices with a screen, including but not limited to: televisions, computers, tablets, multi-touch screens, interactive white boards, mobile devices, cameras, movie players, e-book readers, and electronic game consoles.

(c) "Interactive media" means media designed to facilitate active and creative use by children and to encourage social engagement with other children and adults.

(d) "Non-interactive media" means media that is used passively by children.

(2) A center shall implement a program plan that includes daily learning experiences appropriate to the developmental level of the children. Experiences must be designed to develop all of the following:

a) Physical development.

(b) Social development.

(c) Emotional development.

(d) Cognitive development.

(3) The program must be planned to provide a flexible balance of all of the following experiences:

(a) Quiet and active.

(b) Individual and group.

(c) Large and small muscle
(d) Child initiated, and staff initiated.

(4) Developmentally appropriate experiences must be designed so that throughout the day each child has opportunities to do all of the following:

(a) Practice social interaction skills.

(b) Use materials and take part in activities that encourage creativity.

(c) Learn new ideas and skills.

d) Participate in imaginative play.

(e) Participate in developmentally appropriate language and literacy experiences.

(f) Participate in early math and science experiences.

g) Be physically active.

5) A school-age program must supplement the areas of development not regularly provided for during the school day.

(6) A typical daily routine must be posted in a place visible to parents.

(7) When awake, use of confining equipment for infants must be minimized, not to exceed 30 minutes at a time.

(8) Tummy time is required daily for all infants under 12 months of age, and must meet all of the following requirements:

(a) Infants shall be directly supervised at all times while engaged in tummy time.

(b) Infants shall be healthy, awake, and alert during tummy time. If an infant falls asleep, the infant must be immediately moved to a safe sleeping space.

(c) During tummy time, infants shall not be placed on or near soft surfaces, including but not limited to cushions, pillows, or padded mats.

(d) A parent may request in writing an exemption for their infant from tummy time. The request must be kept in the child’s file.

(9) Use of media is prohibited for children under 2 years of age.

(10) When media are used with children 2 years of age and older, all of the following apply:

(a) Activities must be developmentally appropriate.
(b) Interactive media must be used to support learning and to expand children’s access to content, and be suitable to the age of the child in terms of content and length of use per session.

(c) Media with violent or adult content are prohibited while children are in care.

(d) Use of non-interactive media must not exceed 2 hours per week per child.

(e) When media are available for children’s use, other activities must also be available to children.

11) An exception to the requirements of subrule (10)(d) of this rule may be made under the following conditions:

(a) School-age children using computers and any other electronic devices for academic and educational purposes.

(b) Children using assistive and adaptive technology.

(12) For children with special needs, care must be provided according to the child’s needs as identified by parents, medical personnel, or other relevant professionals.

(13) Parents may visit the center during hours of operation for the purpose of observing their children.


R 400.8335 Food services and nutrition; provided by the center.

Rule 335.

1) Food and beverages provided by a center must be of sufficient quantity and nutritional quality to provide for the dietary needs of each child according to the minimum meal requirements of the child and adult care food program (CACFP), as administered by the Michigan department of education, based on 7 CFR part 226, 1-1-18 edition, (2018) of the United States Department of Agriculture, Food and Nutrition Service, CACFP, and is hereby adopted by reference. A copy can be obtained at no cost from CACFP at http://www.fns.usda.gov/cacfp/meals-and-snacks. In addition, a copy is available for inspection and distribution at no cost at the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, Child Care Division, 611 West Ottawa Street, Lansing, MI 48933.

(2) Solid foods must be introduced to an infant according to the parent's or licensed health care provider's instructions.

(3) Infants shall only be served formula to drink unless written authorization is provided by the child's licensed health care provider.
(4) Children 12 months of age until 2 years of age shall be served whole homogenized Vitamin D-fortified cow’s milk, except as provided in R 400.8330(4).

(5) Formula must be commercially prepared and ready-to-feed.

(6) All fluid milk and fluid milk products must be pasteurized and meet the grade “A” quality standards. (7) Milk must be served from 1 of the following:

(a) A commercially filled container stored in a mechanically refrigerated bulk milk dispenser.

(b) A commercially filled container not to exceed 1 gallon

(c) A sanitized container only if poured directly from the original container.

(8) All of the following apply to milk:

(a) Containers must be labeled with the date opened.

(b) Milk must be served within 7 days of opening.

(c) Milk must not be served if the contents appear to be unsanitary or have been unrefrigerated for a period exceeding 1 hour.

(d) Milk must not be combined with the contents of other partially filled containers.

(9) Contents remaining in single-service containers of milk shall be discarded at the end of the snack or meal time.

(10) All containers of ready-to-feed formula, once opened, must be labeled with the date and time of opening, refrigerated, and used within 48 hours or be discarded.

(11) Prepared bottles and beverage containers of milk and formula must be refrigerated and labeled with the child’s first and last name, date, and time of preparation.

(12) Contents of unused bottles of formula must be discarded, along with any bottle liners, after 48 hours.

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

(14) Reusable nipples and bottles must be washed, rinsed, and sanitized before reuse.

(15) Bottle liners and disposable nipples must be for single use only, by an individual child, and discarded with any remaining formula or milk after use.
(16) Commercially packaged baby food must be served from a dish, not directly from a factory-sealed container, unless the entire container will be served to only 1 child and will be discarded at the end of the feeding period.

17) Uneaten food that remains on a dish from which a child has been fed must be discarded.

(18) Food that has been served and handled by the consumer of the food, may not be served again, unless it is in the original, unopened wrapper.

(19) Home canned products are prohibited.


R 400.8340 Food services and nutrition; provided by parents

Rule 340.

(1) As used in this rule: (a) “Same-day supply” means for use during a single day. (b) “Multi-day supply” means for use over a multiple day period, up to 7 days.

(2) Breast milk, formula, milk, or other beverages provided in a same-day supply must be furnished daily in either of the following:

   (a) Clean, sanitary, ready-to-feed bottles or beverage containers.

   (b) A clean, sanitary, beverage container. The beverage must be poured into a clean, sanitary bottle or beverage container before each feeding.

(3) Breast milk, formula, milk, other beverages, and food furnished in a same-day supply must be covered and labeled with the child’s first and last name and the date.

(4) Any food or beverages furnished in a same-day supply must be returned to the parent at the end of the day or discarded.

(5) Milk, other beverages, and non-perishable food items may be furnished in a multi-day supply in an unopened commercial container.

(6) Breast milk may be supplied in a multi-day supply in a clean, sanitized container kept in the refrigerator for up to 4 days or kept in the freezer for no more than 2 weeks.

(7) Milk and other beverages furnished in a multi-day supply must be labeled with the child’s first and last name and the date of opening and be returned to the parent or discarded 7 days after opening.

(8) Non-perishable food items furnished in a multi-day supply must be labeled with the date of opening and when applicable, the first and last name of the child for whom its use is intended.

(9) Beverages and food must be fed only to the child for whom the item is labeled.
(10) Breast milk, formula, and milk must be refrigerated until used.

(11) Other perishable beverages and food items must be refrigerated or otherwise kept at a safe temperature until used. Fresh, whole fruits and vegetables may be unrefrigerated for up to 3 calendar days in a clearly labeled and dated container.


R 400.8188 Sleeping, resting, and supervision.

Rule 188.

(1) Children under 3 years of age shall be provided opportunities to rest regardless of the number of hours in care.

(2) A center shall permit children under 18 months of age to sleep on demand.

(3) Infants shall rest or sleep alone in cribs or porta-cribs.

(4) Infants shall be placed on their backs for resting and sleeping.

(5) Infants unable to roll from their stomachs to their backs and from their backs to their stomachs shall be placed on their backs when found face down.

(6) When infants can easily turn over from their stomachs to their backs and from their backs to their stomachs, they shall be initially placed on their backs, but shall be allowed to adopt whatever position they prefer for sleep.

(7) For an infant who cannot rest or sleep on her or his back due to disability or illness, written instructions, signed by the infant’s licensed health care provider, detailing an alternative safe sleep position or other special sleeping arrangements for the infant must be followed and kept on file at the center. The instructions must include an end date.

(8) A sleeping infant’s breathing, sleep position, and bedding must be monitored frequently for possible signs of distress.

(9) An infant’s head must remain uncovered during sleep.

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

(11) 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 age and size.

(12) Naptime or quiet time must be provided when children under school-age are in attendance 5 or more continuous hours per day.
(13) For children under school age who do not sleep at rest time, quiet activities must be provided such as reading books or putting puzzles together.

(14) Resting or sleeping areas must have adequate soft lighting to allow the child care staff member to assess children.

(15) Video surveillance equipment and baby monitors must not be used in place of subrule (8) of this rule and R 400.8125(1).


R 400.8137 Diapering; toileting.

Rule 137.

(1) Except as provided in subrule

(2) of this rule, diapering must occur in a designated diapering area that complies with all of the following:

(a) Is physically separated from food preparation and food service.

(b) Is within close proximity to a sink that is used exclusively for hand washing.

(c) Has non-absorbent, smooth, easily cleanable surfaces in good repair.

(d) Is of sturdy construction with railings or barriers to prevent falls.

(e) Is an elevated diapering table or similar structure.

(f) Is washed, rinsed, and sanitized after each use.

(2) Children 1 year of age and older may be changed in a bathroom standing up or on a nonabsorbent, easily sanitized surface, with a changing pad between the child and the surface.

(3) Diapering supplies must be within easy reach of the designated diapering area.

(4) A plastic-lined, tightly covered container must be used exclusively for disposable diapers and training pants and diapering supplies. The container must be emptied and sanitized at the end of each day.

(5) Only single-use disposable wipes or other single-use cleaning cloths must be used to clean a child during the diapering or toileting process.
(6) Diapers and training pants must be checked frequently and changed when wet or soiled.

(7) Guidelines for diapering must be posted in diapering areas.

(8) Disposable gloves, if used for diapering, must 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) The following apply when cloth diapers or training pants are used:

   (a) Each cloth diaper must be covered with an outer waterproof covering. Outer coverings must be removed as a singular unit with wet or soiled diapers and with wet or soiled training pants, if used.

   (b) Diapers, training pants, and outer coverings must not be reused until washed and sanitized.

   (c) Rinsing the contents must not occur at the center.

   (d) Soiled diapers must be placed in a plastic-lined, covered container, wet bag, or other waterproof container, and used only for that child's soiled diapers.

   (e) Soiled diapers or training pants must be stored and handled in a manner that will not contaminate any other items and must not be accessible to children.

   (f) Soiled diapers or training pants must be removed from the center every day by the child's parent.

   (g) A child's supply of clean diapers or training pants may only be used for that child.

(10) Toilet learning or training must be planned cooperatively between the child's regular caregivers and the child's parent so the toilet routine established is consistent between the center and the child's home.

(11) Equipment used for toilet learning or training must be provided. All of the following equipment is acceptable for toilet learning or training:

   (a) Adult-sized toilets with safe and easily cleanable modified toilet seats and step aids.

   (b) Child-sized toilets.

   (c) Non-flushing toilets or potty chairs, if they are all of the following:
(i) Made of a material that is easily cleanable.

(ii) Used only in a bathroom area. (iii) Used over a surface that is impervious to moisture.

(iii) Washed, rinsed, and sanitized after each use.


**b. Child Accident Report**

![Child Accident Report Form](image-url)
c. Illness Report

Illness Report

Child Name: ________________________________

Date: __________________ Classroom: __________________

Symptoms: ___________________________________________

Fever of ______ °F at ________ AM/PM Taken: Axillary Forehead

Vomiting: ________ AM/PM ________ AM/PM

Diarrhea: ________ AM/PM ________ AM/PM

Your child may return to HSCC when they have been 72 hours symptom and fever free, without medication.

Family Notified:

Time: _______________ AM/PM

Notified via: 

Email Phone At Pick-Up

Reported by: ________________________________

Family/Guardian Signature: ________________________________

Print Name: ________________________________

HSCC Director/Administration Signature: ________________________________

Diagnosis That Require Exclusion (This list is representative, but not all-inclusive):

- Hepatitis A, B, non B
- Shingles
- Chicken Pox
- Herpetic Gingivostomatitis
  (excluded if cannot eat, drink, has constant/uncontrolled drooling or fever)
- Strep Throat (can return once under treatment and no fever)
- Pertussis
- Whooping Troche
- Diarrhea: E. coli with shiga toxin, Salmonella, Rotavirus, Cyclosporiasis, Cryptosporidiosis
- Measles
- Giardiasis
- Hemophilus type B
- Scabies
- Rubella
- Influenza A, B
- Thrush- does not exclude

Pink eye: Exclude only if fever, pain, severe drainage that requires wiping, crusting requiring wiping, or not acting as normal self.
d. Pandemic Illness Policy

Pandemic Illness Policies

Symptoms will be monitored daily upon arrival and throughout the day for children and staff. Centers will follow the guidelines issued by the Michigan Department of Health and Human Services and the Centers for Disease Control and Prevention, as well as coordinate with University of Michigan protocols.

- Families are required to report to the center director if any family member becomes symptomatic or receives positive COVID-19 test results.
- If a family member exhibits any of the following symptoms, they and their children cannot enter the facility until testing rules out COVID:
  - Adults: Fever of 100.4°F or higher, new cough, shortness of breath, or two or more of the following: rash, loss of taste or smell, and congestion.
  - Children: Fever of 100.4°F or higher, cough, shortness of breath or two or more of the following: rash, loss of taste or smell, congestion, vomiting and diarrhea.
  - If the family has traveled internationally in the past fourteen days.
  - If anyone in the family has had a known exposure to COVID.

If a family member has symptoms (adult or other unenrolled child), all family members should stay home until 1) ten days after symptoms appear or 2) until COVID testing shows negative for symptomatic member.

Please note: If families have more than one child enrolled, when symptoms are present in one child but not the other, they must both stay home until a doctor has determined that the symptoms are not COVID.

The asymptomatic child can return once a negative COVID test is acquired for the symptomatic child.

Symptomatic children who have been tested and results are negative can return three days (72 hours) after symptoms of fever, vomiting and diarrhea, abate without medication.

If the family elects not to be tested, the child(ren) should stay home for ten days and until fever has gone without medication for three days, whichever is longer.

Testing results should be documented by a physician or test site and submitted to the center.

If a child becomes ill while in care:

- A location in each center will be identified to safely isolate individuals who develop symptoms during care.
- A staff member will stay with the child (and any enrolled siblings) until family arrives, and will wear face mask, gloves, eye shield and smock for protection.

Children must be picked up as soon as possible after the parent is notified that they have symptoms requiring them to go home.
e. Medication Permission Form

MEDICATION PERMISSION AND INSTRUCTIONS
CHILD CARE HOMES AND CENTERS
Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
Child Care Licensing Division

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

[Blank for Caregiver/Facility] to give or apply the medication

[Blank for Specify, prescribed medication/over the counter product], to my child [Blank for Child’s Name], as follows:

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 CAREGIVER GIVING THE MEDICATION:

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>AMOUNT GIVEN</th>
<th>CAREGIVER’S NAME</th>
<th>CAREGIVER’S SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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