

WELCOME!

Dear Families,

Welcome to the University of Michigan Towsley Children's House Early Childhood Program.

It is a pleasure to have your child/ren enrolled in our program. We look forward to having your family as a part of our community and we hope to make your arrival as smooth as possible. We are proud of our exemplary early childhood programming and enthusiastically welcome you to our community.

This handbook will provide program policies and procedures as they relate to your child/ren and family and your role within the Program. The history, research and training mission, philosophy and curriculum of the Program are explained along with many other items. Please read the entire handbook, as it will provide information and answer many of the questions you may have about our program.

If you have further questions or concerns, we are always available to assist you. We look forward to being a part of the growth of your child/ren and welcome your participation as a member of the University of Michigan Towsley Children's House.

Sincerely,

Beth Ann Blanchard
Director
U-M Towsley Children's House

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PARENT AGREEMENT TO POLICIES AND PROCEDURES:

Please note: each family must sign and return the Policy Acknowledgement (part of the permissions form) at the time their child enrolls, agreeing to the policies and procedures related to the U-M Children's Centers and found in this handbook. The permissions form will be part of the enrollment process.



Mission Statement

The University of Michigan Early Childhood Programs are committed to providing exemplary early childhood care and education for children of University faculty, staff and students; to collaborating with and serving as a resource for the University faculty's educational, research and service missions; to providing students interested in the development of young children with a setting for observation, participation and research and to partnership among parents, early childhood teachers and researchers to achieve these goals.

Philosophy Statement

Our program is dedicated to providing a safe, supportive, consistent, challenging, and holistic environment for young children and their families. Each child's day has an individual rhythm, as well as, a predictable flow and structure. To ensure this balance, we provide a warm, nurturing setting that encourages children to learn through hands-on interactive exploration. A play-based approach is implemented to provide a child-centered and teacher-guided curriculum, in which children are encouraged to construct their own knowledge. We are committed to creating a nurturing learning environment in partnership with parents to develop a sense of belonging and high self-esteem in each child. Staff receives comprehensive ongoing professional development to keep current with the unique needs of young children and their families.

We believe this philosophy represents the foundation on which to begin a lifelong learning process and to launch a positive sense of self, others, and the world around them.

We strive to....

- Nurture positive self-esteem by providing an environment for successful experiences.
- Provide an inclusive environment meeting the unique and special needs of all children.
- Provide opportunities to develop social skills.
- Encourage emotional development through verbal expressions of thoughts and feelings, finding acceptable ways of expressing feelings, and learning to recognize and accept emotions in others.
- Foster responsibility for oneself in self-help, health, safety, and interpersonal areas and to facilitate appropriate independence.
- Encourage the physical development of large motor skills through outdoor and indoor activities as well as fine motor development through the use of manipulative toys, blocks and puzzles and other small tools and writing utensils.
- Enhance creativity by offering many kinds of materials and experiences in music, art, dramatics, and literature.
- Develop language, literacy skills and multilingual skills and appreciation through stories, music and songs, dramatic play, problem solving, group discussion, and a print rich environment.
- Facilitate cognitive development by broadening the child's experiences to increase their knowledge base, concepts, and skills acquisition.
- Promote cross-cultural understanding and respect by providing children with experiences in diversity through multi-cultural and anti-bias curriculum.
- Stimulate divergent thinking by offering ample opportunity for hands-on experience in problem solving and exchanging ideas.

Core Values

Community (Anti-Biased Curriculum)

We foster relationships between children, adults, and families to create an inclusive environment where individuality and differences are embraced.

Play (Play-based Approach)

We believe play is essential to children's growth, development, and understanding of the world around them.

Nature (Nature Centered Program)

We provide children with connections to nature to experience all of Earth's wonders.

Inquiry (Project-based Approach)

We create an environment where children are encouraged to ask questions, investigate, collect information, and represent their understanding.

History

The UM Towsley Children's House, established in 2008, is rich in history although new in establishment. This program is the result of the evolution of the past UM Children's Center for Working Families (established 1980) and UM Pound House Children's Center (established in 1976) merging together. The combination of these two former programs brings more than 50 years worth of early childhood experience to this program.

Program Overview

Towsley Children's House is a program serving children from 3 months to 5 years old with full-day programming. The Program provides young children with an exemplary early childhood education program while serving as a resource for the University faculty's scholarly agenda and providing University students interested in the development of young children with a setting for observation, participation, and research.

The full day program offers a full week or part week option. Healthy snacks and a hot lunch are provided for children once they are eating solid foods. Parents are welcome to join their child for this meal.

Program	Age Group	Class Size
Infants	3- 18 months	8 children
Toddlers	18 months- 3 years	12 children
Preschool	2.9- 5 years	16-18 children

The Multi-Age Preschool Level Classroom

The multi-age classroom is designed to foster acceptance of differing abilities and ages. It allows the children to experience leadership and nurturing skills and creates a real-life community where children grow together at their own rate and ability level. In Evergreen, Maple, Oak, Sycamore, Birch, and Willow, the children remain in the same classroom from year to year until they leave the program.

Curriculum

Alongside a nature-centered, play-based curriculum, Towsley Children's House incorporates The Project Approach to guide learning and development. The Project Approach refers to a set of teaching strategies that enable teachers to guide children through in-depth studies of real-world topics. Projects have a complex but flexible framework where teaching and learning are seen as an interactive process. During a project, children can feel highly motivated and actively involved in their own learning and produce work of high quality.

A project, by definition, is an in-depth investigation of real-world topics. Projects have a beginning, middle, and end. The study may be carried out with an entire class or with small groups of children. Projects typically do not constitute the whole educational program; instead, teachers use them alongside other approaches. Topics of study are based on children's interests, the curriculum, things happening in the environment, etc.

Operating Budget

The primary source of funding for the Program is generated from tuition, with additional support through the University General Fund. The University provides many sources of indirect support, such as physical space, insurance, utilities, and custodial service.

Research and Training

A primary mission of the U-M Children's Centers is to provide observation, training, and research opportunities for faculty and students. These individuals come from a variety of disciplines, including psychology, education, social work, nursing, pediatrics, and psychiatry. The training and research activities at the programs are a positive addition to the program and provide information on the development of children to the research community at large.

Research Procedures

The U-M Children's Centers have developed careful procedures regarding children's participation in these research programs. Each project is evaluated by a U-M Internal Review Board for approval, and then approved by the Research/Training Coordinator.

U-M Children's Centers utilize an *active consent* procedure. This requires parents to give an affirmative statement allowing their child to participate in a study. A letter describing each research project will be sent for your consideration. In the active consent procedure, parents must sign and return the form indicating whether they consent to or decline permission for their child to participate in the project. Then, even if a parent has signed an affirmative consent, **participation by each child is completely voluntary, and children are never coerced into participating.** Parent cooperation and responsiveness in facilitating this permission system is appreciated. When a child has

participated in a particular study, a note confirming his/her participation will be put in each child's mail folder.

All researchers are required to spend time in each classroom establishing rapport with the children prior to their involvement. Consequently, the children are usually eager to participate in research projects. The children in the programs are typically involved in several studies per year. These projects typically study children's learning styles, social interactions, and cognitive capacities.

The confidentiality of each child is protected.

Throughout the year, summaries of research conducted at the programs are posted on the bulletin board in the office area. Questions regarding any study should be directed to the Research/Training Coordinator.

Confidentiality Statement

The U-M Children's Centers recognize and support each child's and family's right to confidentiality. Teaching teams will discuss and record observations and developmental accomplishments for a child as a part of the assessment process. To assure that information about each child is confidential, the program's teaching and administrative staff:

- Share a child's assessment **only** with the child's parents or legal guardian.
- Maintain each child's file containing health and assessment information in a locked file in the center's office. These files can only be accessed by the center's teaching and administrative staff or the child's parents or legal guardians.

Parents or legal guardians must complete and sign the form *Consent for Release of Confidential Information* to allow the teacher or director to discuss or share information about their child with another designated person. A copy can be picked up from the office.

Quality Assurance

Towsley Children's House is professionally staffed, and each dedicated classroom includes a team of teachers comprised of Teachers and Associate Teachers. Many of these teachers have advanced degrees in Early Childhood Education (ECE) and/or Child Development, and all are University of Michigan employees.

The teaching teams are complemented by university students. Undergraduate practicum placement students, temporary student employees, or graduate student researchers are routinely involved with each classroom of children. The adult-to-child ratio ranges between 1:3 and 1:7 within the programs.

The professional teaching staff and university students work as a team. The addition of university students' participation in the program adds to the dynamic and stimulating environments within the Center.

State Licensing

The U-M Towsley Children's House is licensed by the State of Michigan and operates in compliance with the rules and regulations. The rules set forth the minimum standards for the care and protection of children attending Michigan's child care centers.

Non-Discriminatory Policy

The U-M Towsley Children's House, as part of the University of Michigan, adheres to a comprehensive non-discriminatory policy aligned with both federal and state laws. This policy ensures equal opportunity for all individuals, including children, families, and employees associated with the center. Discrimination is explicitly prohibited based on race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status. This commitment to nondiscrimination extends to all aspects of its operations, including employment, educational programs and activities, and admissions processes.

Inclusion

Our philosophy is centered on inclusivity, which is essential to our mission of providing individualized care. We are committed to promoting an inclusive and accessible environment for all members of our community, including children, families, and staff with disabilities. Our center adheres to the University of Michigan's policies on accessibility and nondiscrimination, ensuring compliance with laws such as the Americans with Disabilities Act (ADA). We connect families to university and community resources, and support services available through the University of Michigan.

Supporting Children and Families Disabilities

UM Children's Centers strive to provide inclusive and supportive environments for children and families of all abilities. Each classroom is guided by curriculum activities that reflect the children's interests and our routine assessments. We ensure that every child is included in all activities at a level that matches their abilities. Rather than singling out children with special needs during curriculum planning, we assess where each child is developmentally and tailor activities and teacher support to encourage their progress. Children at our center are placed in classrooms based on chronological age rather than developmental age.

It is not uncommon in our centers for young children to have diagnosed or emerging developmental needs that require extra attention and an understanding of how we can work together to support them. To do the best for both your child and the other children in the class, we require parents to work with us as follows:

1. **Before enrollment:** Parents will be asked during enrollment if their child has any identified special needs and/or is being seen by a therapist or public school program.
 1. If so, the center requires that any treatment plan or IEP be shared with the center.
 2. The center may require an intake meeting with parents/guardians and therapists/specialists involved with the child before enrollment proceeds.
 3. Families must commit to open sharing of communication with specialists for center teachers and the director.
 4. Families must commit to meeting with teachers on a regular basis.
 5. Families must commit to notifying the center if treatment is discontinued or changed to another provider.
 6. A form giving access to treatment information and commitment to the above agreement must be signed upon enrollment.

2. **For currently enrolled children with emerging concerns:** When a teacher notices that a child is having difficulties in the classroom, parents will be asked to (and are required to) meet with the teachers and center director to discuss what is being seen in the classroom and

at home, how we might accommodate the child's needs and work together for consistent approaches.

This meeting will focus on expectations about how to proceed together. Some of the discussion topics may be:

- how to keep communication ongoing to make sure that all parties get the information they need
 - set up regular times to check in – this may mean a monthly meeting to keep all parties working together
 - options for evaluation and treatment – staff will provide community resources for consideration
 - permission for the center to bring in a consultant to observe the child in the classroom and provide guidance to the teachers
 - whether the size and tempo of a large classroom is working for the child, including possible environmental changes that could be made to the room itself
 - access to treatment plans and information that can help the child be successful
3. After this initial meeting, teachers and parents will communicate frequently about how things are going and the group will meet as agreed to review strategies, successes, and challenges.
4. **When accommodations cannot be made:** Rarely, there may be a situation where a child cannot continue to participate in our programs due to:
- Child exhibits severe behavioral problems which could endanger the safety of self and/or others, and that cannot be resolved through professional consultation with emotional/behavioral health specialists.
 - Child exhibits special needs, or needs related to a serious illness, not possible to be met in the program.

In the case of a child who is unable to participate in the program due to physical/emotional or other developmental needs, the Center Director and program staff will invite the parents or guardians, and other resource persons (as appropriate) to work together on the best course of action for this child.

To ensure that individual needs of children are met, the UM Children's Centers consult with the Washtenaw Intermediate School District (Early On 0-3, Good Start, Head Start) and the Mary A. Rackham Institute (University Center for the Family and Child, University Center for Language and Literacy and the University Psychological Clinic). We are also willing to work with other agencies in our community to meet the needs of the children enrolled.

If the UM Children's Center needs to terminate care, parents or guardians may be given a two-week notice in writing, including options for alternative care. The UM Children's Centers also reserve the right to terminate immediately if necessary.

Supporting Staff with Disabilities

The University of Michigan Disability Equity Office coordinates with a wide, diverse range of partners and leadership across the University to enhance universal access for people with disabilities. Staff have access to resources available at the University.

<https://disability.umich.edu/resources/staff>

Cultural Competence

Relationship development is the foundation of our work at Towsley Children’s House. Being culturally competent is a large component of that work. Our program provides a safe and supportive environment for young children and their families. Cultural competence encompasses being aware of one’s own biases, developing positive attitudes towards cultural differences and gaining knowledge of diverse cultural practices and world views. Learning and practicing cultural competence helps us to better serve our diverse community.

Upon enrolling, families are asked information to assist staff in best serving each individual family. Additionally, teachers utilize annual home visits to families to familiarize themselves with languages spoken in the home, family demographic information, communication method preferences, and other information unique to the child and family.

Our program encourages home language use in daily activities, play, and interactions throughout the day. We strive to create a welcoming environment for all children and families by displaying pictures and materials that represent various cultures and ethnicities, and by utilizing the family information collected to communicate with families in ways that serve their individual needs. Teachers and staff also undergo training hours annually addressing cultural competence and sensitivity.

We are committed to the mission of the University of Michigan as it relates to diversity, equity, and inclusion. We use the NAEYC Advancing Equity in Early Childhood position statement as a framework for our work with children, families, and staff. We reference the “Anti-Bias Education for Young Children and Ourselves” to guide our practice.

Our Cultural Competency Plan (CCP) is important because we ensure that our work with children, families, university students, outside stakeholders and staff is done in a culturally competent manner. The CCP meets the needs of children, families, and staff with goals and systems in place to support the plan. We seek diversity among the children, families, and staff participating in this program that are consistent with the policies of the University of Michigan. 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.

Anti-Bias Education Goals:* Excerpt from: Derman-Sparks, L. & Edwards, J. (2010). *Anti-Bias Education for Young Children and Ourselves*. National Association for the Education of Young Children. Washington, D.C.

- Each child will demonstrate self-awareness, confidence, family pride, and positive social identities.
- Each child will express comfort and joy with human diversity; accurate language for human differences; and deep, caring human connections.
- Each child will increasingly recognize unfairness, have language to describe unfairness, and understand that unfairness hurts.
- Each child will demonstrate empowerment and the skills to act, with others or alone, against prejudice and/or discriminatory actions.

Tools and Resources:

- Staff Training
 - Onboarding of new staff includes training offered by U-M such as “Change it Up: Bystander Intervention Training”. Additionally, new staff read and discusses the book, “How Does it Feel? Childcare from families Perspective”
- Washtenaw Intermediate School District (WISD) as a resource for specialists, referrals, teacher education and classroom support.
- University Center for the Child and Family (UCCF) as a resource for specialists, referrals, teacher education and classroom support
- Staff dialogue groups and meetings

Information is shared with children and families through relationship work, conferences, email, parent handbook and continuous discussion about their child. Classrooms send out weekly communication to families to educate, inform, or share news about the classroom.

Information is shared with staff through ongoing dialogue groups, book study, emails, staff meetings, performance evaluations, staff handbook and goal setting.

Social Emotional Health and Well-being

Social and emotional development is the foundation of our work with children. We believe that building trusting relationships and intentionally observing and teaching social and emotional skills is essential to our daily practices. We know that children develop and learn in the context of relationships.

Children’s social and emotional health affects their overall development, and learning. When children have a solid foundation in social and emotional well-being, they are more likely to: express emotions, make friends, follow directions, solve problems, and focus on tasks.

Through everyday interactions, a material-rich environment and planned activities children have experiences to build skills in:

- Forming strong relationships with others
- Express and manage emotions
- Read and comprehend others’ emotions
- Develop empathy for others
- Explore the world around them and problem-solve
- Regulating one’s own behavior

Teachers are intentional about their daily interactions with children, setting up a rich classroom environment, observing children’s social and emotional development and planning activities to support their development. EDUCA provides a platform for teachers and parents to communicate back and forth about their child’s social and emotional development and learning. Teachers create “Learning Stories” written from observations of what they see and hear children learning during play throughout the day and over time. It focuses on the child’s interests and strengths, reflects on the learning taking place, how future learning will be supported and invites families into a conversation about learning. We also use the Desired Results Developmental Profile (DRDP) assessment tool.

Personnel

Administrative Staff

Director

The Director is responsible for the daily operation of the UM Towsley Children's House. In so doing, the Director is responsible for a variety of aspects of the operation of the program, some of which include: insuring the State of Michigan Licensing Rules for child care centers are met; supervision of enrollment of the program, overseeing collection of parent fees; evaluating staff annually; informing parents about program events and Center related information, overseeing the research and training within the program; insuring that policies and procedures are current and available; monitoring and developing annual budget projections; providing for staff development and organizing training opportunities, providing guidance and direction to teaching staff in support of a well-planned play based curriculum; providing staffing and overseeing hiring; supervising the physical plant including all building and grounds.

The Director is available to discuss any concerns regarding the philosophy and policies of the Center, or to negotiate difficulties.

Program Director

The Program Director provides support to the Director on any number of projects and tasks needed to operate the program. The Program Director is responsible for the coordination and implementation of the undergraduate practicum course, program assessment tools, and auxiliary programs such as parent education and social events.

Billing and Finance Coordinator

The Billing and Finance Coordinator provides assistance on behalf of many U-M Children's Centers as the M-Pathways lead user, prepares budget reports and reconciles accounts, prepares personnel documents, and various ad hoc reports at the request of the Director. The Billing and Finance Coordinator supports the program with tuition collection. This position provides support for the Child Care Tuition Grant Program under the auspices of the Tuition Grant Coordinator and on behalf of the Office of the Provost.

Research and Training Coordinator

The Research and Training Coordinator acts as a liaison between University researchers and trainees and the U-M Children's Centers. This involves attracting research and training projects, introducing new researchers to the programs, facilitating the smooth running of research projects, and compiling statistics on the types and amount of research and training in the annual report.

Administrative Assistant

The Administrative Assistant coordinates all the day-to-day communication within the Children's House. Additionally, this person assists the parents, students, staff, and program director in various aspects of program operation which may include: typing, phone calls, filing, copying, and providing tours and program information, assisting with enrollment and various aspects of program operation.

Teaching Staff

The classroom teaching staff consists of teachers, associate teachers, student staff and psychology students. At least two professional teachers, sometimes three depending on the group size and age of the children, are on with children along with student support. This model allows for: a low child to adult ratio, more one-on-one interactions, closer social/emotional and behavior support, and small group activities.

The teaching staff has paid planning time (or non-contact time) as part of their dedicated work day. The schedules of contact and non-contact time vary to accommodate the degree of supervision and participation in program activity that is associated with each teacher level.

Teacher

The Teacher is responsible for developing and teaching curricula in accordance with developmentally appropriate practices in an educational laboratory setting. Teachers are responsible for daily and ongoing communication with parents, supervision of Associate Teachers and university students, facilitating research and training activities of interdisciplinary departments and supporting the administrative, educational, and operational activities of the Center in collaboration with the Director.

Associate Teacher

The Associate Teachers are responsible for teaching curricula in accordance with developmentally appropriate practices in an educational laboratory setting, and to assist in the research and training activities of interdisciplinary departments.

University Students

University Undergraduates

The U-M Children's Centers are laboratory schools serving as interdisciplinary research and training sites for the university. Each semester, university undergraduates are involved in practicum placements for various departments such as Psychology, Education and Nursing. We work in collaborations with neighboring universities and colleges who place students at Towsley for early childhood practicum purposes. These courses are field placements for students interested in the growth and development of children.

Each academic semester the Psychology 307 practicum "Directed Experiences with Children" is offered through the U-M Children's Centers as a laboratory class for students interested in the growth and development of children. Students are supervised within each classroom placement by the designated classroom teachers.

University Student Employees

The U-M Children's Centers employ university students who work as support staff with the teachers and throughout the programs. These student employees often elect to return semester after semester throughout their undergraduate careers, providing long term work experience for the student and continuity of staffing for the Centers.

Staff Screening

To comply with licensing regulations, and in the best interests of children, all staff is screened by Michigan State Police and Michigan Protective Services, for any substantiated criminal history on file within our state.

Additional screening procedures include:

1. Individual interview
2. Reference on file
3. Personal certificates of no history of unsubstantiated child abuse
4. Documentation of work history

Ongoing Training for Staff

Training in the areas of Cardiopulmonary Resuscitation (CPR), First Aid, Blood borne Pathogens, Active Attacker and Identifying Abuse and Neglect occurs routinely for staff, and in accordance with state guidelines. Use of fire extinguishers and knowledge of evacuation procedures is also training that staff receive annually.

Professional development opportunities for teachers are supported by the program and occur throughout the year including attendance at Early Childhood Conferences, and in-service opportunities within the routine school year for all U-M Children's Centers. Participation by the teaching staff is organized in advance, thoughtfully and strategically by program Directors to maintain the consistency of the classrooms for the children.

Enrollment Policies and Procedures

The University of Michigan Towsley Children's House is open to the public while providing priority to families currently affiliated with the University of Michigan, Ann Arbor, as students, staff, and faculty. Available spaces are filled based on a waiting list system, which includes enrollment priority criteria as described below. Enrollment occurs on an annual basis beginning in the late winter for the following fall, and as openings may occur within a school year if a family leaves the program. The waiting list provides a first-come, first-served, age-eligible process using the enrollment priority criterion to determine the order in which families will be contacted. Families can access the waitlist application online at <http://hr.umich.edu/childcare/application/application.php>.

Please note that children need not be toilet-trained to be eligible to enroll in the program for any age group.

In all matters of enrollment:

- A family is expected to act in compliance with U-M Children's Centers policies and procedures (for example, timely payment of fees, cooperation with all program guidelines and procedures.) Failure to comply with these policies and procedures could result in the termination of services.
- The unique and special needs and circumstances of children are considered reasonably accommodated.
- The Director maintains final discretion.

Enrollment Priority

1. Siblings of children currently enrolled at TCH.
2. Children currently enrolled at a U-M Children's Centers program who want to enroll at a different U-M Children's Centers program.
3. Families currently affiliated with the University of Michigan: This includes students, staff, and faculty.
4. Non-U-M-Affiliated Families: Please note: Families who do not have a current U-M affiliation are considered "Non-U-M Families".

**Through an agreement with LSA and College of Engineering, some infant spaces are offered to LSA/COE their faculty and staff first. More information <https://hr.umich.edu/infant-care-expansion-pilot-program-lsa-engineering>.

Registration Fee and Security Deposit

To secure a child's space at the time of enrollment a **non-refundable registration fee** is charged. The security deposit, also due at this time, will be refunded 60 days after the child's last day of attendance provided that the withdrawal policies were followed.

Agreement to Policies and Procedures

All parents enrolled in the U-M Children's Centers will be asked to sign a statement agreeing to the policies and procedures in the Family Handbook.

Early Withdrawal Procedures

Occasionally, a family must leave the program prior to the end of the school year. A parent must complete an early withdrawal form and submit it to the Director to indicate dates for leaving the program. (These forms are available through the Administrative Assistant or Director). Strict attention is paid to the specific deadline dates. Withdrawal notices must be submitted via the form at <https://forms.gle/ZUD72qnJiNpAYqhr9>.

Withdrawal Policy

When the time comes for you to withdraw your child from the program, please complete the "Withdrawal from Program" form available on the parent documents website and at the front desk. Upon receiving this notice, the center will begin the process of filling the vacancy, so extensions to the date listed on the withdrawal form may not be available. Withdrawal notices must be submitted via the form at <https://forms.gle/ZUD72qnJiNpAYqhr9>.

Your security deposit, if any, will be refunded if the following are met:

1. Written notice is submitted at least 6 weeks prior to your child's last day of attendance via the form at <https://forms.gle/ZUD72qnJiNpAYqhr9>.
2. Your account balance is \$0.

Refunds are processed monthly and will be mailed.

Payment Policies

Tuition

Tuition Payments are emailed to each family on a monthly basis prior to the tuition due date.

Note: No payments can be accepted at the Center.

Late Tuition Payments

Tuition payments received **after the due date** each month (i.e. the last business day of each month for the next billing cycle) are considered late payments and will be charged a late fee on the next tuition bill. A late fee will be charged for no payment or partial payment.

Parent Late Pick-Up: Daily Fines

The Centers understand that unforeseen circumstances may occasionally prevent a parent from picking up his/her child on time. If a parent knows they will be late on any given day, they are expected to make arrangements in advance to have their child picked up by an authorized adult, and inform the Center. Parents who are habitually late inconvenience the Centers staff, as well as cause concern for their child.

Fines will be assessed for late daily arrivals to pick-up children at the end of the session. Pending emergency circumstances (as described), reaching a third late fee will result in the termination of services indicated by the original signed agreement.

Outstanding Balance/Tuition

Non-payment will result in a discontinuation of care. If you are having difficulty paying your monthly bill, please reach out to us and/or refer to U-M's Financial Assistance for Child Care webpage.

Financial Assistance

A number of financial assistance options are available for families who qualify. Please visit <https://hr.umich.edu/benefits-wellness/work-life/child-care-resources/financial-assistance-childcare> for the most up-to-date information.

Disenrollment Policy

U-M Children's Centers strive to create supportive, reciprocal relationships with families. In rare circumstances, the U-M Children's Centers may have to disenroll a family and their child(ren) from the program. Administrators intend to be forthcoming and work in partnership with families in resolving unforeseen circumstances and challenges that arise. This policy outlines the expectations of families, circumstances in which disenrollment may be considered, the process for considering

disenrollment, documentation of factors informing the disenrollment decision, and the process to appeal.

Family Responsibilities:

- Maintain respectful relationships with program staff, as well as other children and families.
- Adhere to payment policies and procedures.
- Follow all policies and expectations as outlined in the Family Handbook.
- Seek medical or developmental guidance as requested or required by the child care center.

Disenrollment may be considered for any of the following circumstances:

- Non-payment for child care and/or lack of adherence to payment policies and procedures.
- Abusive behavior and/or verbal threats by any parent, guardians, or child toward any program staff, other parents, guardians, or children.
- Continued failure to comply with program policies.
- Lack of cooperation from family with the program’s efforts to resolve differences and/or to meet the child’s needs (See Appendix A: “Expectations for Supporting Child’s Developmental Needs”)

Documentation

U-M Children’s Center staff will provide written documentation regarding any factors contributing to a consideration of disenrollment. This may include but are not limited to:

- Billing statements and/or letters regarding non-payment of fees
- Email communications between families and teachers/administrators
- Notes on classroom observations of a child's development or behavior and support provided

Disenrollment Decision Making

Final decisions regarding disenrollment will be made by the Director of Child and Family Care and the Center Director. The family will receive written documentation of the decision and it will be kept on file. Specific factors in disenrollment may inform consideration of immediate disenrollment or an agreed upon notice period. Subsequently, associated tuition fees may be collected or waived which would be included in the disenrollment communication.

Appeals Process

If a family feels they or their child was wrongly discharged the following appeals process will be used:

1. The parent or guardian will state, in writing/email to the Center Director, the concern/conflict according to their view point, within two days of termination of enrollment.
2. A meeting will be held between the family, Center Director, and Director of Child and Family Care to discuss the situation and work towards a solution within two weeks.
3. The Director of Child and Family Care will make a final decision concerning enrollment status within two days of the meeting.

Appendix A: Expectations for Supporting Child’s developmental needs:

U-M Children's Centers strive to provide inclusive and supportive environments for people of all abilities. It is common in our centers for young children to have emerging developmental needs that require extra attention and an understanding of how we can work together to support them. Rarely, there may be a situation where a child cannot continue to participate in our programs due to:

- Child exhibits severe behavioral problems which could endanger the safety of self and/or others, and that cannot be resolved through professional consultation with emotional/behavioral health specialists.
- Child exhibits special needs, or needs related to a serious illness, not possible to be met in the program.

In the case of a child who is unable to participate in the program due to physical/emotional or other developmental needs, the Center Director and program staff will make every effort to involve the parents or guardians, and other resource persons (as appropriate) to decide together the best course of action for this child. To ensure that individual needs of children are met, the U-M Children's Centers consult with the Washtenaw Intermediate School District (Early On 0-3, Good Start, Head Start) and the Mary A. Rackham Institute (University Center for the Family and Child, University Center for Language and Literacy, and the University Psychological Clinic). We are also willing to work with other agencies in our community to meet the needs of the children enrolled.

Evaluation of a child's development by a third party outside of the U-M Children's Centers will not occur without explicit parental/guardian consent. However, if a child requires one-on-one care due to behavior or development, and the families refuse to utilize or seek evaluation, it may be cause for disenrollment.

If the U-M Children's Center needs to terminate care, parents/guardians may be given a two-week notice in writing, including resources to assist the family in finding alternative care. The U-M Children's Centers also reserve the right to disenroll immediately if necessary. If the Center Director determines care cannot be provided due to child behavior or developmental reasons, the deposit will be refunded, and families will not be held responsible for the standard notice of withdrawal and associated tuition expenses. It is expected that tuition is paid for any care received prior to the child's last day.

Transition Policy

Transitions are a part of everyday lives and can be exciting and unsettling. We work hard to create developmentally appropriate transitions that are planned and involve the family in the process.

Daily Transitions

We encourage parents to develop a short good-bye routine with their child. This may involve going with your child to put away their belongings, washing their hands, getting a drink of water then helping them engage in an activity. Some families enjoy reading a story together as a good-bye transition. We ask that parents do not "sneak" away this can cause the child to feel tricked or

betrayed. If you and/or your child need support at good-bye transitions your teacher can provide suggestions and support.

New Child Transitions

For new children, regardless of age or when they enter the program, the transition period may take several days. The child's teacher will reach out to the parents and offer a home visit and classroom visit. The home visit is an informal visit to the child's home from one of the classroom teachers. It gives the teachers the opportunity to interact with your child in their home environment and answer any questions parents may have. This experience allows the children to be more at ease on the first days of school because they see a familiar face and they were able to build a connection. Children find comfort in the fact that their parents know the adults they are being left with during the day.

In addition to home visits, children are invited into the classroom with their parents to visit before they start in the classroom. This gives the child time to interact with their peers with the support of their parent(s) in close proximity. They become more familiar with the classroom environment. The family can then work with the classroom teacher to come up with a plan for the first days of school. Depending on the child's temperament and experiences in childcare settings, the parents and teacher may decide on a gradual start. Some children will transition very easily while others may need more support. Our staff are skilled at comforting children who are having a tough time and reassuring them that their parents come back. Allowing the staff to comfort the child in distress creates an emotional bond with that child. The staff are also there to support the parent and help put their mind at ease. We work hard to communicate with you during this process to ease the transition for all.

Transition to a New Classroom

Children will transition to the next classroom (age level) as spaces become available during the year as children leave the program. If a space becomes available in an older classroom, the Director, parents, and teachers are involved in the decision making process before a child transitions to an older room. Once the decision is made to move to another classroom, a transition plan will be made between the Director, parents, and teachers. A typical time for mid-year transitions is at the end of UM semesters, as well as, June or July. Many children also transition to the next classroom at the start of the Fall UM Semester.

A common transition plan may include the child visiting the new classroom with their current teacher to become familiar with the new children and staff. Gradually the current teacher will stagger the length of time they stay in the new classroom as the child becomes familiar with the new classroom. We work hard as a Center to develop a sense of community between our classrooms. Classrooms often spend time together on the playground, doing activities together and visiting in shared spaces. This helps the children to be familiar with a variety of staff and classrooms that makes transitions easier.

Open House

The center hosts an Open House prior to the beginning of the new school year, which is the beginning of the UM fall semester. This allows new and old families the chance to visit the classroom prior to the new school year starting.

Transitioning to Kindergarten

Another big transition in the child's life may be the transition to Kindergarten. Many of our children have been in the program since they were two years old or younger. The most important part of the transition to Kindergarten is the practice to allow them to be young children and support their individual development, sense of wonder, and ability to play. We work hard to give the children the foundation of skills they will need to be successful moving forward.

The transition to Kindergarten can be exciting and scary. We support children and families with these feelings. Parents will begin making decisions about Kindergarten months before children are ready to discuss it. The staff is here to support parents through this process through individual discussions, parent-teacher conferences, newsletters, and parent education circles on this topic. Children live in the now and do not have a good sense of time. It is best to wait until the few weeks leading up to the Kindergarten transition to begin discussing it in detail with your child.

[Kindergarten Transition Resources](#)

Health and Illness Policies

Health and Wellness

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

Our program supports health and wellness in an environment designed to minimize stress and maximize relaxed interactions and activities. Parents and teachers are challenged to work together in the best interests of the children. When your child has a contagious illness, we ask that you notify the teachers so that they and other parents in the room can know to be aware of signs of the illness.

Center employees will make every effort to keep children safe, healthy, and able to fully participate in the activities of the Center. Teachers are incredibly open to concerns of parents in this effort. In return, teachers will be proactive in bringing any indications that children may be ill or injured or any information regarding accidents that may have occurred during her/his time at the Center to the attention of parents. It is our intention to ensure children can participate healthily, happily, and wholeheartedly in the activities of the Center.

Classrooms are cleaned and sanitized by teachers daily. In addition, we have nighttime custodial staff who follow the NAEYC cleaning and sanitization table when cleaning the entire center.

Illness

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

If a staff member observes changes in the child's health not warranting exclusion, parents will be notified by phone or in person at the end of the day. For the safety and well-being of the children, families, and staff, it may not be appropriate for an ill child to remain at the Center. The following are some indicators of illness:

- significant changes in a child's activity level or behavior that prevent 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.*
- notable change in how the body temperature feels to the touch; notable change in the child's appearance
- comments or complaints from the child indicating illness

Conditions for Exclusion from the Center

If your child exhibits the symptoms listed below while at the Center, the parent(s) will be notified by phone to pick the child up within one hour or earlier. Staff will complete an Illness Report that will be given to and signed by the parent at pick-up. Staff will make every effort to provide a separate space and comfort for a while waiting for pick-up because of illness. Likewise, due to the nature of enrollment at a Children's Center, if a child requires one-on-one attention due to illness for a significant portion of the day, the Center reserves the right to ask the child to be picked up. We have this policy so that we can maintain our low teacher: child ratios throughout the day.

If your child exhibits any of the symptoms listed below at home, keep your child at home until the 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.

Exclusion Period

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

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

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. Staff members will consider factors that might affect body temperature to avoid readings due to influences other than illness.

If the child's temperature is 100 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
- Notable 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.*
- Notable 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 degrees, or greater, the child's parent 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 degrees, exclusion from the center may be necessary, and the parent 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 parent will be informed after the first incidence of vomiting is observed. The child will be observed closely for other signs or symptoms of illness. 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 parent will be informed after the first incidence of diarrhea is observed. The child will be monitored for other signs or symptoms of illness. If the child is observed to have two diarrhea stools within a 24hour period, the parent will be contacted to remove the child from the center. We realize that children, especially infants, may have incidents of diarrhea that 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. If your child's physician notes that the rash is not infectious, the child may return to the center.

Head Lice

A 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. No family or child will be made to feel embarrassed by this condition. As always, confidentiality will be maintained.

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 head lice.

- If head lice are discovered at home, parents are asked to inform the child's teacher so that other parents can be alerted.
- If lice or nits (eggs) are discovered at the Center, parents will be contacted immediately and required to pick up their child.
- Parents are required to contact a physician, treat their child's hair with an appropriate delousing medicated shampoo, and remove all nits from the hair before the child may return to the Center.
- Recommendations on cleaning the child's clothing, personal belongings, and surroundings will be provided upon request.

Covid-19 Symptom Monitoring and Response Protocols for Families

Centers will follow the guidelines issued by the Center for Disease Control for [COVID-19](#) and [Preventing Spread of Respiratory Illnesses](#).

Daily Practices:

- Staff and families should monitor for the following symptoms: chest discomfort, chills, cough, decrease in appetite, diarrhea, fatigue (tiredness), fever or feeling feverish, headache, muscle or body aches, new loss of taste or smell, runny or stuffy nose, sneezing, sore throat, vomiting, weakness, wheezing.
- If symptoms develop, remain home until symptoms improve and fever-free without fever reducing medication for 24 hours.
- Seek medical advice as necessary and communicate to the center any positive results of COVID-19 or other respiratory illnesses. Follow medical guidance and return after 24 hours.
- Consider implementing additional recommendations as necessary such as testing until a negative result is received, masking around others, remaining home for a longer duration of time, and increasing hygiene practices.
- If symptoms return, an additional exclusionary window of 24 hours may be required.

Notification of illnesses:

- If there is a confirmed exposure or case, center leadership will notify families.
- Center leadership will follow the reporting requirements as outlined by the Washtenaw County Health Department:
 - Same day report of any individual cases of any communicable disease (e.g., measles, pertussis, COVID-19).
 - When there is an outbreak where 20% or more of a particular group (e.g., a classroom or an athletic team) is sick within a seven-day period.

Other Illnesses

Exclusion will be required for the following illnesses when symptoms are identified at the Center. This list is representative, but not all-inclusive.

Bacterial meningitis	Mumps	Chicken pox
Pertussis	Fifth disease	Purulent Conjunctivitis
Giardiasis	Impetigo	Hemophilus Influenza Type B
Hepatitis A virus	Respiratory Illness	Roseola
Hepatitis B virus	Rubella	Herpetic gingivostomatitis
Hepatitis Non-A	Scabies	Influenza
Hepatitis Non-B	Shigellosis	Shingles
Strep Throat	Measles	Thrush
Mouth sores with drooling	Tuberculosis	

The source for the preceding policy guidelines is *Managing Infectious Diseases in Child Care and School*, a resource manual for health and safety standards for childcare providers published by the National Academy of Pediatrics.

Contingency Plans for Child Care in Case of Illness

We recommend that you arrange a few contingency plans for the care of your child in the event of an illness that prevents her/him from attending the Center for a few days.

Resources:


[Backup Child, Adult, and In-home Care Resources](#)
[Additional Child Care Resources](#)

Immunization

Your child needs vaccines as they grow!

2025 Recommended Immunizations for Birth Through 6 Years Old

Want to learn more?
Scan this QR code to find out which vaccines your child might need. Or visit www2.cdc.gov/vaccines/childquiz/




VACCINE OR PREVENTIVE ANTIBODY	BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	7 MONTHS	8 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19 MONTHS	20-23 MONTHS	2-3 YEARS	4-6 YEARS
RSV antibody	Depends on mother's RSV vaccine status						Depends on child's health status							
Hepatitis B	Dose 1	Dose 2			Dose 3									
Rotavirus		Dose 1	Dose 2	Dose 3										
DTaP		Dose 1	Dose 2	Dose 3					Dose 4					Dose 5
Hib		Dose 1	Dose 2	Dose 3				Dose 4						
Pneumococcal		Dose 1	Dose 2	Dose 3				Dose 4						
Polio		Dose 1	Dose 2		Dose 3									Dose 4
COVID-19					At least 1 dose of the current COVID-19 vaccine									
Influenza/Flu					Every year. Two doses for some children									
MMR								Dose 1						Dose 2
Chickenpox								Dose 1						Dose 2
Hepatitis A								2 doses separated by 6 months						

KEY

- ALL children should be immunized at this age
- SOME children should get this dose of vaccine or preventive antibody at this age


Talk to your child's health care provider for more guidance if:

1. Your child has any medical condition that puts them at higher risk for infection.
2. Your child is traveling outside the United States. Visit www2.cdc.gov/travel for more information.
3. Your child misses a vaccine recommended for their age.



U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

FOR MORE INFORMATION
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: www2.cdc.gov/vaccines/childquiz/



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

Inadequately Immunized children:

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 see the following website: <https://www.cdc.gov/vaccines/imz-schedules/child-easyread.html>

Required Health Records:

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 each child enters the program.
2. Physical Exam: (Green Form: Section III):
Within thirty (30) days after a child's first enrolled day at the Center, a record of 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.

*For children 29 months and under, the physical must be updated every year.

*For children older than 29 months, the physical must be updated every 2 years.

3. Child Information Record (Emergency Card): All children upon entering the program must have a signed child information card on file, consistent with State of Michigan requirements.

****No child will be permitted to stay until this CHILD INFORMATION RECORD card is returned.****

Chronic Illness

The Individualized Medical Application Plan (IMAP) form must be completed by families for each child with special health care needs or nutritional needs. The child's health provider gives the program an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care. If medication is required in the IMAP a Medication Administration Form must also be completed by the physician.

Medication Procedures

We will NOT give medications in bottles/food. Please give medication to your child's teacher, do not leave in child's cubby. All staff are trained on administering medications. Medication can be given at the Center if the following criteria are met:

1. Medication permission slip is completed and signed by the parent(s) and as needed with the name of the medication, the specific date and time medication is required, and the reason it is being given. These forms are available at the front desk or in the 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 direction for administering. Over-the-counter medication is in the original bottle with dosage information appropriate for the child and is labeled with the child's first and last names. In cases where medication will be administered at home and school, a parent may wish to request a second container from their pharmacist or physician for the convenience of having medication in both places.
4. Dosage and instructions written on the medication permission must match the bottle information and be appropriate for the age and weight of the child. If the medication does not give the correct dosage for a child (e.g. Tylenol) as note is needed from the doctor with the correct dosage.
5. Medication is not expired.

Other over-the-counter items such as diaper creams, sunscreen, and lotions can be applied on an as-needed basis provided the parent(s) have supplied the classroom with a one-time permission slip.

Health, Nutrition and Safety Policies and Procedures

Bloodborne Pathogens (BBP)

The Occupational Safety and Health Administration (OSHA) has issued a rule on bloodborne pathogens. Bloodborne pathogens 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).

Because the health and safety of the children is always our first concern, these rules, while cumbersome in their implementation (i.e., using gloves, etc.), are designed with the children's and staff's best interests in mind. Incidents "where blood is present" include everything from a minor nosebleed to a severe laceration.

As a Center, we have developed an Exposure Control Plan to be implemented in cases where there may be incidents where blood is present. This Exposure Control Plan (kept on file in the office) identifies the way that the Center will respond to incidents whenever blood is present according to OSEH regulations. The Center's staff members receive annual training under the bloodborne pathogens standard that covers the specifics of the procedures. In the event of an incident where a child or staff member has had a direct exposure of blood to the mouth, eyes or non-intact skin, an attempt will be made by the Center to arrange for a blood sample from the source of the exposure incident so that the blood can be tested for Hepatitis and HIV. Additionally, all staff is trained in first aid and CPR procedures annually.

Smoking Prohibited

According to State and University guidelines, and in compliance with NAEYC Accreditation criteria, smoking is prohibited in all licensed childcare centers and child caring institutions, and the facility and outdoor areas are entirely smoke free. The ban includes the grounds and related buildings of covered facilities. This law was enacted to protect and promote children's health by reducing their exposure to the toxic substances in environmental tobacco smoke.

Pesticide Notification: Integrated Pest Management Program

In accordance with The Natural Resources and Environmental Protection Act (section 8316 of 1994 PA 451, MCL 324.8316), the University of Michigan Children's Centers (including the Health System Children's Center, North Campus Children's Center and Towsley Children's House) have developed and implemented Integrated Pest Management Plans in cooperation with U-M Plant Building and Grounds Services.

From time to time, as needed, pesticides may be used in or around the Children's Centers. This is your annual notification that when pesticide application (other than bait or gel formulation) is planned, you will receive notification including the target pest or purpose, approximate location, date of application, center contact information and a toll-free number for a national pesticide information center recognized by the Michigan Department of Agriculture (also listed below) at least 48 hours prior to the application by:

1. A notice posted on the entrance door to the center
2. Email

Should an emergency arise that requires pesticide application without sufficient time for prior notification, you will be promptly notified after the application.

Applications are made by trained, certified applicators adhering to all label directions and using extreme care and caution.

Parents or guardians may also request to be notified by first-class U.S. mail, postmarked at least 3 days prior to the application. A form to request notification by U.S. mail is available at the front desk.

Health, Safety and Nutrition Curriculum

Children practice safety and hygiene habits in the classroom, such as hand washing and coughing into their elbows instead of hands. Snack and lunches are served family style and consist of a variety of fruits, vegetables, and whole grains important for nutrition. This provides one of the best opportunities to introduce foods to children and to reinforce and expand good eating behaviors. Teachers sit with the children and have table conversation about food and nutrition. Children learn to serve themselves and they learn about the foods that other children eat. The menu is based on seasonal foods that provide nutritional value for the children. The center uses the guidelines in the *Independent Child Care Centers: USDA Child and Adult Care Food Program Handbook*. Classrooms may provide nutritional information for families that provide their own food. A menu is posted outside of the kitchen and each classroom.

Hand Washing Procedures

Hand washing is the most important means of interrupting transmission of infection to children and staff. Everyone should wash their hand upon arrival and departure. The following is an appropriate hand washing procedure.

1. Use warm water only-not hot, not cold.
2. Wet both hands and wrists well before applying soap.
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 20 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.

Nutrition Policy

The U-M Children's Centers use the USDA Child and Adult Care Food Program recommendations for nutrition, food storage, preparation, and serving as required by Michigan Licensing. In addition, we consult the *Caring for our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education* (3rd ed.). Children are encouraged to taste all foods served. If they do not prefer a certain food, children will not be required to eat that item. (NOTE: Alternate meals will not be provided except in the case of food allergies).

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

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

Snacks

Nutritious snacks are part of the routine morning and afternoon programs. We follow the USDA Child and Adult Care Food Program recommendations for food storage, preparation, and serving. 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:

- Milk (Infant/Toddler- Whole Milk) (Preschool- 2%)
- Vegetables and Fruit (juice, fresh fruit, etc.)
- Bread and Bread Alternates (pasta, cereal, crackers)
- Meat and Meat Alternates (cheese, eggs)

Lunch

Families have the option to provide lunch for their child or purchase a lunch prepared by MDining. Families are expected to pack a ready to eat meal for their child. No refrigerators are available to keep lunches cold therefore please include the appropriate ice packs for your child's lunch when necessary. Microwaves are not available to heat food so parents will need to send warm food in a thermos.

The Lunch provided by MDining follows the USDA Child and Adult Care Food Program recommendation for nutrition and serving. Guidelines suggests that lunch consist of the following:

- Milk (Infant/Toddler- Whole Milk) (Preschool- 2%)
- Vegetable (carrots, celery, etc.) and/or fruit (apples, oranges, bananas, etc.)
- Bread/bread alternate (bread, rolls, pasta, cereal, etc.)
- Meat/meat alternate (cheese, meat, poultry, fish, eggs, etc.)

Each MDining meal will be individually packaged. The meals cost will be provided to families prior to signing up and will have an allergen free and vegetarian option. Lunches will be billed monthly and show on your invoices. Families will need to register and complete lunch selections in the Parent Portal.

Food Restrictions

Program staff does not offer children under the age of 4 hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas and hard pretzels; spoonful of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole. There is no unpasteurized apple cider or pork served at the Centers. As indicated above, all families will be notified in writing by the Center Director if

additional food exclusion policies are put into place (due to the changing needs of those within our community) and parents will be expected to adhere to the policy.

Managing Food Allergies and Food Restrictions

Food Allergies: Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced at the center if staff, parents, children and physicians work together to minimize risks and provide a safe environment for food-allergic children. Consistent with CDC guidelines, the center works to protect children with food allergies from contact with the problem food.

Please note that due to serious food allergies nuts, nut products, peanut butter, or any products with peanut or nut ingredients are not served and may not enter the premises of the Centers.

Family's Responsibility (All Families)

- Be sure outside food does not enter the premise of the center. Keep snacks/breakfast from home in vehicles.
- Wait until you are outside before giving your child a snack at the end of the day.
- If you or your child eats nut products before arrival, please wash hands and brush teeth before entering the building.
- Wash hands with soap and running water for 20 seconds upon arrival to the classroom for everyone's health and safety.

Family Responsibility (If child has an allergy) -

Notify the center of the child's allergies.

- Work with staff to develop a plan that accommodates the child's needs throughout the day.
- Provide written medical documentation, instructions and medications as directed by a physician using the **Food Allergy & Anaphylaxis Emergency Care Plan (FAAACP)** as a guide, as well as, the **Medication Administration Form** ■ The plan should include:
 - Written instructions about food(s) to which the child is allergic and steps that should be taken to avoid that food.
 - Names and doses of medications and how they should be used
 - Specific symptoms that would indicate the need to give one or more medications or contact emergency services
- Provide center with one/two epinephrine auto-injectors to use in food allergy emergencies if the use is called for in the medical plan.
- Help educate the child in the self-management of their food allergy including:
 - Safe and unsafe foods
 - Strategies for avoiding exposure to unsafe foods
 - Symptoms of allergic reactions
 - How and when to tell an adult they may be having an allergy-related problem
- Review policies/procedures with the staff, child's physician and child (if age appropriate) after the reaction has occurred.
- Provide emergency contact information

Center's Responsibility -

Review health records submitted by parents and physicians.

- Include food-allergic students in center activities.
- Assure that all staff who interact with the children with allergies, on a regular basis, participate in trainings on food allergies. The trainings should help them understand food allergies, how to recognize symptoms, know what to do in an emergency, and how to work with other staff to limit (eliminate) allergens in the allergic student's meals and classroom activities.
- The teaching team will review and practice the Food Allergy & Anaphylaxis Emergency Care Plan.
- Keep copies of children's FAAECP plan in a secure place that can be accessed quickly in an emergency.
- Ensure that medications are appropriately stored and easily accessible.
- Contact parents immediately after any suspected allergic reactions. Also, contact parents immediately after a child ingests a potential allergen or has contact with a potential allergen, even if an allergic reaction does not occur. If the child needed treatment, recommend that the parents notify the child's primary care provider or allergist.
- If epinephrine is given, contact EMS, tell them when epinephrine was administered, and have the child transported to an emergency room by ambulance. Contact the parents to tell them the child's location and condition.
- Review policies/prevention plan with the core team members, parents/guardians, and physician after a reaction has occurred.
- Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.

Safety and Security

Minor Injury

A minor injury to a child will be treated at the discretion of staff that have been trained in first aid procedures. A staff member may verbally review the incident with parent/s or authorized adult/s. A written injury report may follow. If so, the parent or authorized adult will then be asked to sign the form acknowledging the incident. A copy of the injury form may be given to the parents for their personal records if requested.

Medical Emergency

In case of an emergency, the staff will render appropriate emergency first aid and call 911. The child will be transported to an emergency facility as needed. Every effort will be made to contact parent/s or authorized adults if parent/s are unavailable. Any injury requiring medical attention will be reported to the State of Michigan Child Care licensing department.

Evacuation Plan

If 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 parents and will send out a parent email to inform them of our situation, plan, and timeline. Our primary emergency shelter is the U-M Ross School of Business (701 Tappan Ave.) If immediate shelter is needed and we must evacuate the building and wait for bus transportation, we will take shelter at Alpha Delta Pi Sorority house (722 S. Forest Street) next door.

Fire Safety

Fire Safety is a regular theme of the children's curriculum. The Center practices fire drills throughout the year. Evacuation routes are posted in each room. Smoke detectors, fire extinguishers, carbon monoxide detectors, and sprinkler heads have been placed throughout the facility and are inspected regularly. Fire extinguishers are in each classroom, and all staff members are aware of their location.

Tornado Drills

The Center practices tornado drills throughout the year. During a *tornado watch*, weather conditions are conducive to the formation of a tornado. Center administration will closely watch upcoming weather patterns and warnings to 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 basement of the building and stay until the warning is lifted. If you choose to leave the Center with your child during a tornado warning, the Center will not be liable for your safety.

Release Authorization for a Child

In compliance with State of Michigan rules, the Center may only release a child to the parents or guardian or an adult authorized by the parent or guardian. An authorized adult is one who is designated on each child's emergency card (*Child Information Card*). Any time another adult will be picking up a child, **the Center must have prior written parental authorization. The Center staff will not release a child to anyone without previous written notification by a parent or legal guardian.**

Please be reminded that it is the standard procedure for Towsley Children's House to require photo identification for any individual unknown to the staff prior to releasing a child from the program. This is our routine practice and any authorized individuals who are being sent to the Center by a parent should be prepared to show photo identification to the staff.

Building Access

Parent/legal guardians are issued access using an MCard (those without a MCard will be issued a building access card) during Center hours. Please bring your access card to access the building daily and to ensure everyone's safety. **The card reader is a security system to ensure that the people entering the building are intended to be there; staff and families are the people with activated cards.** The doorbell is to allow guests to alert us that they need access. We can then greet the guest and learn their purpose for entering the building. **This is for the security of the children. When many use the doorbell, it creates a norm of buzzing everyone in and eliminates the intended security checks.**

Visitors to the Center

Visitors are to ring the doorbell to communicate with the front desk staff for entry. All visitors should check in at the front desk and fill out a visitor's badge when arriving for an observation or a visit.

Safety Training

Staff are trained yearly on Active Threat drills by the University of Michigan DPSS. Our secure front entrance doors are always locked. The Center is equipped with emergency “panic” buttons that will be used to notify emergency personnel.

Notes for Families

- Do not leave children unattended in the car.
- Walk your child all the way to their classroom to drop off directly with teachers.

Severe Winter Weather Policies

We do our best to continue provision of services to U-M faculty, staff, and students throughout our snowy Michigan winters! We have put these exceptions in place to protect the safety of our staff when traveling to work.

We may need to delay opening 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.**

Due to the emergency and extremely rare nature of such a partial closing, tuition will not be refunded for the day of care.

In case of a full closure and for families who may still need care in such a situation, the University has some resources for you to consider. For more details, please visit Child and Family Care.

Emergency Closing Policy

If the Center needs to close during the day for any emergency (such as mechanical failure or other unexpected dangers) parents will be notified by telephone to pick up their children as soon as possible. If neither parent can be reached by telephone, the Center will contact those individuals listed as emergency contacts on the child’s Child Information Record.

The Center reserves the right to close for a single day without credit. Closings of two or more days may be reviewed by leadership for partial or full credit for the loss, depending on the circumstance, available alternatives for care, and senior leadership approval.

Parent Engagement and Involvement

Parents are WELCOME in the Center at any time! Parents are also encouraged to participate in their child's classroom activities (e.g. field trips and project work) through prearranged scheduling with the teacher.

Daily Communication

Daily communication with your child's teachers allows for information to be shared. This information is pertinent to both you and the staff in better understanding your child and supporting their social and emotional needs. Working in partnership and communicating regularly can achieve mutual understanding and greater consistency. Any information that parents may give to the staff regarding changes in a child's normal routine is appreciated. These changes often affect a child's behavior, and if the staff is aware of these changes, greater sensitivity can then occur.

Since pick-up and drop-off times are always busy for both the teacher and the children, it is important that information be communicated in writing as well as verbally. This will assure that important details are conveyed as accurately as possible.

Parents may call the Center at any time to inquire about their children. If a parent requests a specific phone call with a teacher, it is advisable to pre-arrange such calls during the teacher's daily *noncontact* time (so as not to interrupt their classroom, child-contact time). If the teacher is unavailable at any time, calls will be returned as soon as possible.

Desired Results Developmental Profile (DRDP)

DRPD is an assessment tool used to measure children's growth and development. The DRDP informs teachers of a child's progress and provides information for planning activities and the classroom environment. In addition, the results of DRDP are compiled twice a year for individualized conferences.

The results of the child assessment tool DRDP are used by teachers to identify each child's current developmental levels, strengths, and areas for growth. By analyzing DRDP data, teachers can individualize curriculum planning, set targeted learning goals, and design intentional activities that support and extend each child's development across multiple domains.

The DRDP is organized by domains that are aligned with a variety of different standards and frameworks, including the Head Start Child Development and Early Learning Framework, the Common Core Standards, and California's Infant/Toddler and Preschool Learning and Development Foundations.

DRPD Domains:

- Approaches to Learning—Self-Regulation
- Social and Emotional Development
- Language and Literacy Development
- Cognition, Including Math and Science
- Physical Development and Health

EDUCA Tool

EDUCA is a communication tool that enables teachers and parents to communicate about their child's development and learning. Teachers create "Learning Stories" written from observations of what they see and hear throughout the day and over time. A "Learning Story" is written in narrative format for the child. It focuses on the child's interests and strengths, reflects on the

learning taking place, how future learning will be supported, and invites families into a conversation about the individual child and their learning. Learning stories are linked to the DRDP and individualized goals, which are used to inform teachers' planning.

Parent-Teacher Conferences

Parent-Teacher conferences provide an opportunity for parents and teachers to share information about each child in a private meeting. These conferences are held twice yearly. At any time, either you or your child's teacher may schedule additional conferences.

Developmental Screening (ASQ-3)

Because your child's first 5 years of life are so important, we want to help you provide the best start for your child. As part of this service, we provide the Ages & Stages Questionnaires, Third Edition (ASQ-3), online screening to help you keep track of your child's development. The questionnaire may be provided every 2-, 4-, 6-, or 12-month period. The first phase of the questionnaire takes place in the fall before parent/teacher conferences.

Family Handbook

The Family Handbook provides comprehensive information regarding policies and procedures for the Centers. Parents are asked to read the complete handbook and agree to its policies and procedures when they enroll in the programs.

Classroom Participation

Families are encouraged to participate in classroom family events, field trips, and project work that happen throughout the year. We recognize that Ann Arbor has a pluralistic culture with many different beliefs, cultural, and religious practices. The Center welcomes families, students, and staff to share their family customs, language, and traditions. Parents and families are encouraged to share, participate, and engage in activities with their children in the classroom. Families may want to participate by sharing stories, songs, clothing, celebrations, recipes, drawings and experiences of their linguistic and cultural background. Discussion of religious holidays and practices are on a nonsectarian basis.

Special Events

Throughout the year, the center will have special events that are designed for all center families. These events may include, but are not limited to, picnics, potlucks, activity nights, and individual classroom events.

Parent Education Programs

The Children's Centers conduct programs periodically on topics of general interest to parents. Directors plan the topics based on input from parents year to year. Parents from the U-M Early Childhood Education and Care programs may attend these programs.

Family Survey

A family survey will be sent out every year to gather feedback and input about the program and families' experiences. Survey results will be taken into consideration to enhance the program.

Center Newsletters

The Center has a newsletter providing the parent community with information regarding the program. Newsletters are sent electronically throughout the year.

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 classroom teachers for any names or phone numbers you may need. The University Center for the Child and Family is a resource available to families in our program.

[Help Me Grow Washtenaw Family Resources](#)

[Ann Arbor Public School Community Resources](#)

[U-M Benefits and Wellness Resources](#)

[Childcare Network Lending Library](#)

Information for the Classrooms

Each classroom teacher will provide parents with information pertaining to their session. Following are many general areas of information that are meaningful for all participants.

The First Days

The first few weeks at the Center are considered a time of adjustment for both parents and children. Many factors, such as a child's age, family experiences, and past group experience, influence the rate of adjustment. Some parents will find they can leave their child immediately, while others will feel more comfortable staying for a few moments at the beginning of each session for a couple of weeks. The teachers will have suggestions as to how to ease each child into the group and make the first few days as smooth as possible.

Clothing guidelines

- It is important that your child come to school dressed appropriately for the weather.
 - Cold weather clothing includes a coat, hat or hood, snow pants, boots, and waterproof mittens.
 - Warm weather clothing includes sunscreen, hat, shorts, swimsuit, towel, and play shoes.
 - Wet weather clothing includes a rain suit and waterproof boots.
- Safety recommendations include choosing clothing that does not contain drawstrings (i.e., for hoods, etc.).
- All clothing likely to be removed should be clearly labeled with your child's name using an indelible marker, to help identify their belongings and prevent mix-ups.
- An extra change of clothing is needed for your child. Be sure to consider the season when providing extra clothing.
- Be sure to mark clothes with your child's name.
- Clothing may become soiled as a natural process of play. For example, even though smocks are available for painting, not all children will wear them or if they do, paint may end up on a sleeve, or pants. Therefore, it is suggested that children are sent to

school in something that is easily washed, or that a parent will not mind having soiled through the sometimes 'messy' process of play.

Outside Play

Since outdoor activities are scheduled daily, it is important to dress your child/ren appropriately. Outdoor activities are an integral part of the program, providing children with the opportunity to develop large motor skills and an awareness of their world. Teachers consider the wind chill factor and heat index, and temperature when deciding whether to go outside and how long to stay outside.

Sunscreen and Sunblock Application

It is the family's responsibility to apply sunscreen to their child before s/he comes to school and provide permission for program staff to reapply sunscreen or sun block with UVB and UVA protection of SPF 15 or higher to exposed skin in the afternoon.

Suggestions for the minimizing of exposure to the sun include wearing hats, visors, shirts with sleeves, and long shorts or pants.

Toilet Training

Toilet training is recognized as a significant milestone in each child's development, requiring time, patience, and understanding from both caregivers and educators. This process will be initiated only when the child demonstrates physical and emotional readiness, as children develop at their own individual rates. Readiness is typically observed between two and three years of age, but may also occur earlier or later. Indicators of readiness may include staying dry for extended periods, predictable bowel movements, awareness or discomfort with soiled diapers, and the ability to follow simple instructions.

The decision to start toilet training will be made collaboratively between parents and classroom staff, with ongoing communication to ensure consistency between home and childcare routines. Children will not be pressured or forced, and training will be delayed if the child is experiencing stress or resistance. The vocabulary and methods used in toilet training will be agreed upon together by parents and staff to provide a consistent and supportive environment.

We follow the recommendations of the [American Academy of Pediatrics on Toilet Training](#) and [Zero to Three](#).

Water Play

To temper summer heat, a sprinkler or hose may be used to provide water play for the children. This type of water play is following the recommendations of the State of Michigan Licensing Rules. Children should bring swim suits and towels for water play.

Field Trips

During the school year teachers arrange a variety of field trips as an enriching part of the program. Parents will be informed in writing in advance of all planned field trips. Often these trips are within walking distance of the Center. In other cases children may use the University or AATA bus system for transportation. All parents will be notified in advance of each trip. Occasionally children will take spontaneous supervised neighborhood walks without prior notification. The *Parent Agreement, Permissions and Acknowledgement Form* includes a section where parents grant permission for a child to participate in field trips with her/his class.

Birthday Celebrations

Each classroom teacher will have guidelines and suggestions for celebrating children's birthdays in the classroom. We do ask that no outside food comes into the building due to allergy concerns.

Toys from Home

All classrooms are equipped with toys and equipment appropriate to the developmental stages of the children. As a general rule, therefore, toys from home should not be sent to school unless the teacher has requested them. Together, teachers and parents will consider each child's unique needs and circumstances and create a plan if a toy or object is to be included at school.

The exception to this is in the infant and toddler classrooms since young children may need the security of a familiar toy or object when away from home for the first time.

No play guns, weapons or similar violent toys are permitted at the Center.

Technology and Interactive Media Policy

Laptops, desktops and iPad are used daily by staff in the center for adult work. When used in the classroom, technology and interactive media are intentionally used by staff as tools to provide effective learning and development for children. The staff follow the NAEYC and Fred Rogers Center guidelines when these tools are being used in the classroom. It is the policy of the Towsley Children's House that the frequency of technology and interactive media use will be thoughtfully considered and conservatively used.

Guidance and Discipline Policy

The basis of the guidance and discipline policy within the Center is to provide support and encouragement of positive behavior. Since children generally desire positive attention from the adults around them, negative behavior is greatly diminished when those adults provide a supportive, nurturing environment.

Our classroom ratios and group sizes allow for the teachers to provide small group interactions and direct supervision. Transitions are purposefully planned and guided to best support children. Due to our ratios and group sizes the teachers can individualize their response to a child's behavior in relation to the individual and the situation.

We do NOT use time-outs as a method of discipline. Discipline is guidance in areas such as turn-taking, problem solving, and awareness of the effect that actions have on others. Our goal is to help each child develop self-confidence and self-control by providing a healthy environment and highly trained teachers. Teachers will communicate any concerns to parents in a timely manner and will work with parents to find appropriate solutions.

Certain punishments are prohibited. These include: (a) any sort of corporal punishment, including but not limited to hitting, spanking, shaking, biting, pinching or inflicting other forms; (b) inflicting mental or emotional punishment, such as humiliating, shaming, coercion, derogatory remarks, or threatening a child; (c) depriving a child of meals, snacks, rest, outdoor play or necessary toilet use; (d) confining a child in an enclosed area, such as a closet, locked room, box or similar cubical.

For children with persistent, serious, challenging behaviors, we have the teachers, families, and other professionals work as a team to develop and implement an individualized plan that supports the child's inclusion and success.

- Teachers observe child/ren carefully to determine possible causes for difficult behavior.
- Teachers then teach child/ren new skills rather than focus on the difficult behavior or discipline.
- Teachers guide and support children's self-regulation to manage their own behavior.
- Teachers focus on teaching the child social, communication, and emotional skills and use environmental modifications, activity modifications and other teaching strategies to support the child's appropriate behavior.

Teaching staff help children manage their behavior in the following ways:

- by guiding and supporting children to persist when frustrated
- to play cooperatively with other children
- to use language to communicate needs
- to learn turn taking skills
- to gain control of physical impulses
- to express negative emotions in ways that do not harm others or themselves
- to use problem-solving techniques
- to learn about self and others
- to become independent from adult support

Parents will be informed personally and privately the same day if a child is hurt. Parents will be given a copy of our incident form.

Rough and Tumble Play

Here at Towsley Children's House, we believe in the value of exuberant, boisterous, rough-and-tumble play to a child's overall development. This vigorous body play allows children opportunities to use language, both verbal and nonverbal, and learn how to negotiate, take turns, wait, compromise, sometimes take the lead, and sometimes hold back, and make and follow rules. They are learning about cause and effect and developing empathy. Rough and tumble play also supports optimum physical development because it is so vigorous and because children, since they enjoy it so much, tend to engage in it for an extended amount of time.

To support the use of big body play, we do the following:

- Provide training to all staff on the importance of rough and tumble play and how to supervise it
- Prepare both indoor and outdoor environments for this play style
- Establish classroom and playground rules with the children to keep them safe and help them know what to expect
- Encourage staff to use big body games with the children
- Supervise the play constantly, which means ensuring an adult is watching and listening at all times
- Model appropriate play; coach children as they play so that they can interact comfortably with each other in this way

The following indoor and outdoor environment features of our program support rough and tumble play:

- At least 50 square feet of usable indoor play space per child, free from furniture and equipment so that children can tumble and move
- At least 100 square feet of usable outdoor play space per child, free from fixed equipment so that children can run, jump, tag, roll, twirl, fall, and chase each other
- Safety surfaces indoor under and around climbers
- Safety surfaces outdoors under and around climbers, balance beams, and other elevated surfaces from which children might jump

Biting Policy

Our program recognizes that biting is, unfortunately, not unexpected when toddlers are in group care. We are always upset when children are bitten in our program, and we recognize how upsetting it is for parents. While we feel that biting is never the right thing for toddlers to do, we know that they bite for a variety of reasons. Most of these reasons are not related to behavior problems. Our program does not focus on punishment for biting, but on effective techniques that address the specific reason for the biting. When biting occurs, we have three main responses:

1. Care for and help the child who was bitten.
2. Help the child who bit learn other behavior.
3. Work with the child who bit and examine our program to stop the biting.

Our teachers express strong disapproval of biting. They work to keep children safe and to help the child who bit learn different, more appropriate behavior. When there are episodes of ongoing biting, we develop a plan of specific strategies, techniques, and timelines to address it. We do not and will not use any response that harms a child or is known to be ineffective.

We give immediate attention and, if necessary, first aid to children who are bitten. We offer to put ice on the bite if the child is willing. If the skin is broken, we clean the wound with soap and water. If children are bitten on the top of the hands and the skin is broken, we recommend that they be seen by their healthcare provider. A staff member may verbally review the incident with parent/s or authorized adult/s. A written injury report may follow. If so, the parent or authorized adult will then be asked to sign the form acknowledging the incident. A copy of the injury form may be given to the parents for their personal records if requested.

When children bite, their parents may be informed. A staff member may verbally review the incident with parent/s or authorized adult/s. When we experience ongoing biting in a toddler room, we develop a written plan with specific strategies, techniques, and timelines to work on the problem.

We keep the name of the child who bit confidential. This is to avoid labeling and to give our teachers the opportunity to use their time and energy to work on stopping the biting.

In addition, we have current resources on biting available for staff and parents. We encourage parents to bring their concerns and frustrations directly to the teachers.

Afterward

The Family Handbook is intended to provide the basic information and orientation of the Towsley Children's House, including policies and procedures.

If you have any specific questions or need more detailed explanations at any time, please contact your child's teachers or the Director.