

LITTLE FROGS & POLLIWOGS – CAVIAR ROOM HANDBOOK

WELCOME TO CAVIAR! In this room we care for 8 children ranging from Six weeks to “developmentally” 12 months of age. Our ratio is four children to one caregiver. Each caregiver is primarily responsible for four specific children. However, when available all help each other as necessary.

YOUR CHILD’S ARRIVAL:

- 1) Guardians provide all baby food and prepared bottles. We support the use of breast milk and nursing mothers. Per State Law we are not allowed to prepare formula for the children, so the bottles need to be ready to warm and serve. Please label the bottle, nipple ring and cover clearly with your child’s initials. We suggest surgical fabric tape (found in any pharmacy) and a black permanent marker to label the items at home. Guardians place food/formula in the refrigerator or in the child’s designated cabinet area.
- 2) Diapers and wipes are the guardian’s responsibility. Please bring labeled packages, as well as any ointments that may be necessary. In the case of forgotten items, diapers will be charged at \$2 per and wipes \$2 per day.
- 3) If your child needs medication, place it either in the refrigerator or medicine cabinet. All medication **MUST** be in its original container and clearly labeled with your child’s name. You must complete one of our Medication Slips daily. Here are a few suggestions:
 - a) Give your child medication at home whenever possible
 - b) Have prescriptions filled in two labeled containers so you may leave one with us
 - c) Take home extra Medication Slips, complete in advance and return to the room, signedNOTE: The above procedure is followed for all prescriptions, non-prescriptions and topical substances. (i.e. Diaper rash cream, chap stick etc.)
- 4) Complete your child’s Daily Communication Sheet and be sure to answer all questions located at the top. Any “out of the ordinary” requests **MUST** be written on the bottom in the Comments section **AND** discussed with the caregiver.
- 5) Children must arrive clean. If your child arrives after 9:00am, they need to have received their breakfast at home.
- 6) It is your responsibility to be certain that the caregivers are well informed of any changes in your location for the day, as well as permanent changes. All phone numbers are located in the room and their file in the office. Please supply written notification of permanent changes to the office, however daily changes may be written on the Daily Communication Sheet.
- 7) A complete set of labeled, weather appropriate clothing needs to be provided and maintained at all times. **DO NOT** leave any special items, as they can be misplaced. **IMPORTANT** – During the winter months, be sure to have extra socks, warm coat, boots, hat, mittens and ski pants and in the summer months a swimsuit, towel, labeled sunscreen and bug spray.

YOUR CHILD’S DEPARTURE:

- 1) 15 minutes before your child is scheduled to depart, they will be washed and changed to go home.
- 2) Please talk to the caregiver about your child’s day and take the Daily Communication Sheet home.
- 3) Breast milk **MUST** be taken home after 24 hours and formula **MUST** go home nightly. All bottles and any reusable plastic containers will be washed as a courtesy – they must be sterilized at home. Opened jarred baby food will be found in the refrigerator.
- 4) Please be sure your child has enough food, diapers and wipes for the following day.
- 5) Please check your child’s mailbox, located in the coatroom daily.
- 6) If someone other than a parent is picking up your child please let us know. Also, please be sure they know your child’s password and have a valid picture ID on them.

FEEDINGS:

- 1) Are based on your child’s individual needs. Every effort is made to follow guardian’s written direction. All new foods must be introduced at home. Enclosed is a Cabinet Form, please be **VERY SPECIFIC** on times and what your child eats. It is your responsibility to keep this form up to date, as your child’s needs change. It will be posted on the white kitchen cabinet. Feedings are recorded on your child’s Daily Communication Sheet. As your child approaches one-year-old, we will begin to work on serving age appropriate foods. Self-feeding will be encouraged, when providing lunches please provide finger foods cut into small bites. This is in an effort to transition them into the Hoppers Room.
- 2) Allergies **MUST** be noted **CLEARLY** on the Registration and Cabinet Forms. Please explain the allergy at length.
- 3) Formula will be heated in hot water unless otherwise noted.
- 4) Baby food jars must be labeled. Opened containers will be dated and stored in the refrigerator. Guardians are asked to take it home. It will be discarded after 24 hours if not removed.

- 5) Leftover formula will be discarded one hour after warming for each feeding, per State Law. If your child is going through a period of not eating well or more often, we suggest less formula and more bottles or a jug of formula so that we can pour specified ounces.
- 6) Children under the age of 6 months are not permitted, per State Law to have cereal without a Dr's note.
- 7) Bottle feedings are individualized and based on the child's needs and guardian consultation. Younger infants are held during feedings for "one on one" interaction with the caregiver.
- 8) Bottles, food and pacifiers are not allowed in the play area. Bottles and food are not allowed in cribs.
- 9) At 6 months of age toast, milk, crackers and soft fruits can be provided by the center. However, you are responsible for overall complete nutrition. These snacks are provided as a supplement to their diet ONLY. When packing a lunch please be sure lunch boxes are labeled and include an **ice pack**. Food should be ready to heat and serve. Microwaves are available for warming food. Please include a good variety of foods, as we encourage good nutrition. NO soda, candy, peanut products or products with traces of nuts are allowed with lunches or snacks. Lunch dishes will be returned with your child's leftovers so that you can see how your child ate that day.
- 10) Bibs and baby spoons are provided by the center. Please let us use ours so we don't lose yours.

CHILDREN'S HYGIENE:

- 1) Clothing will be changed as necessary, when soiled. Guardians must provide adequate spare clothing. We DO NOT wash or rinse personal clothing, per State Law, if they are soiled with bodily fluids. They will be placed in a plastic bag and into your child's diaper bag.
- 2) Diaper changes are done every two hours, unless child is sleeping. BM's are changed immediately.
- 3) Face and hands are washed often. Noses are wiped as necessary.

REST PERIODS:

- 1) Quiet, sleepy time music is played in the sleeping area.
- 2) Special blankets or crib toys may not be used until the child is 1 year of age. Please note that the center cannot be responsible for them. They must be clearly labeled with your child's name.
- 3) Children will be allowed to sleep as long as they need to, and will NOT be awakened for feedings unless specified in writing. It is not our policy to call if naps go longer or shorter unless your child appears to be ill. The center provides each child with their own crib that is labeled with their name. Please provide a crib sheet on Monday's and will be sent home on Friday's (or when soiled) for cleaning.
- 4) No child will be allowed, per State Law to sleep for more than 20 minutes in an infant swing or seat.

DISCIPLINE: Only redirection and possible separation to another play area (in plain view of the caregivers) is used. Children will ultimately go through a stage of teething, and this sometimes brings with it the urge to bite another child. If this should occur, we send home notification informing you of your child being bitten or having bit. We CANNOT give you the other child's name, but please rest assured that we would do our best to protect all children. The children in Caviar are very young and their behavior can often be guided or changed by giving a simple, sound "NO" and by showing them appropriate ways to interact.

DEVELOPMENTAL CHECKLISTS: These are sent home when your child reaches six months and at their first birthday. If we become concerned about any substantial developmental delays – we will discuss it with you immediately. With a written release form from you we would be glad to talk with your child's pediatrician.

CURRICULUM:

- 1) Curriculum in the Caviar room is a combination of nurturing care of a child's physical and emotional needs and activities that give way to the opportunity to explore the environment around them.
- 2) Time spent diapering, feeding, and putting children to sleep is used to stimulate and encourage social/emotional, physical and intellectual growth.
- 3) Caregivers will play with the children and snuggle as often as possible. Caregivers talk with children at every opportunity. Children are brought to laughter often.
- 4) Small toys are rotated every day. At the end of the day they are sterilized and stored in baskets until the following week.
- 5) Motor-skills are always encouraged. We provide exersaucers, jolly jumpers, bouncers and a climbing unit. Times spent in exersaucers and jolly jumpers are limited to no more than 20 minutes at a time. Restriction of motor movement by too much holding, bouncers and exersaucers can cause motor delays. Children are placed on the floor as much as possible for unrestricted floor play to practice and perfect motor skills.
- 6) There are several distinct play areas separated by 18" carpeted walls. This gives children many different areas to play and explore.

- 7) Enriched activities (age appropriate activities designed to enhance learning and exploration) occur daily. Children have the opportunity to explore these on their own and with caregiver interaction. They are found on Daily Sheets.

Caviar Monthly Themes (brief overview)

September	Me!	March	Sounds
October	Mommies & Daddies	April	Competent Me
November	Inside & Outside	May	Senses
December	Open & Close	June	Messy Fun
January	Big & Little	July	Summer Curriculum
February	Transportation	August	Summer Curriculum

Caviar Room Goals (brief overview)

<p>Zero to Six Months –</p> <ol style="list-style-type: none"> 1) Develop a loving, trusting environment for your child 2) Develop an open relationship with guardians 3) Follow child's schedule as close as possible 4) Use age appropriate developmental activities 	<p>Six to Nine Months –</p> <ol style="list-style-type: none"> 1) Encourage use of bottles for formula/breast milk only 2) Introduce healthy finger foods for snack 3) Introduce a cup for juice and water 4) Use age appropriate developmental activities
<p>Nine to 12 Months –</p> <ol style="list-style-type: none"> 1) Introduce more variety in healthy finger foods 2) Continue use of cup for juice and water 3) Use age appropriate developmental activities 	<p>12 Months and Up –</p> <ol style="list-style-type: none"> 1) Begin preparation for toddler room (Hoppers) 2) Drink mostly or all from a cup 3) Discontinue baby food and encourage healthy table foods 4) Use age appropriate developmental activities
<p>Comments – The Caviar room has collected some healthy food choices from the well-known book titled, <u>"Feed Me I'm Yours"</u> by Vicki Lansky. These food choice recommendations will be sent home with your child before six months, at six months, at nine months and at 12 months of age. The food choices make it very easy to plan healthy lunches and snacks for the very busy family.</p>	

Caviar Daily Curriculum

6:30am-9:00am	Arrivals and greetings, child-initiated play
7:30am-9:00am	Morning snacks – family style (in small groups) for older infants, self-feeding is encouraged
9:00am-11:00am	<p>Enriched activities (posted weekly) Example: Noisy Dumping Materials: Numerous metal juice can lids Basket or other container</p> <p>Place basket filled with juice can lids, the more the better, where the child is playing. Shake the basket and sit back and watch. When the child dumps the lids, show the child how to put them back in the basket. This activity teaches cause and effect and it also helps them practice gross and fine motor skills.</p>
11:00am-12:00pm	Lunches for older infants – family style (in small groups) with social interaction between caregivers and other children. Self-feeding is encouraged.
12:00pm-2: 30pm	Naps for older children, snuggling of younger children.
1:30pm-3:00pm	Snacks for older children, child-initiated play.
2:30pm-4:00pm	<p>Enriched activities, child initiated play and children's music: Example: Shaker Bottles - Small soft-drink bottles with screw caps with interesting objects inside such as – buttons, beads and colored sand. Show child how to make noise with them and sit back and watch the child explore. Safety – check frequently to make sure caps are secure.</p>
4:30pm-5: 30pm	Child-initiated play, good-byes, conversation with guardians and departures.

CAVIAR DAILY COMMUNICATION

Date: _____ / _____ / _____	Child's Name: _____	Arrived At: _____: _____ am/pm	To Leave At: _____: _____ am/pm
Last Ate At: _____: _____ am/pm	Ate What: _____	Woke Up At: _____: _____ am/pm	Slept Well: _____ Y or _____ N

This Morning I Was:
 Happy ____, Sad ____, Tired ____, Upset ____, Not Myself ____

This Afternoon I Was:
 Happy ____, Sad ____, Tired ____, Upset ____, Not Myself ____

I Need:
 Diapers: _____
 Wipes: _____
 Other: _____

I Was Changed At:		
BM's	Wets	By

Today I Ate:		
Time	What	By

SAMPLE

Today I Nap:		
From	To	By

I Enjoyed These Activities Today:

- _____ Jolly Jumper
- _____ Exersaucer
- _____ Tummy Time
- _____ Floor Play In "Immobile" Play Area
- _____ Floor Play In Front Play Area
- _____ Play In Back Play Area
- _____ Play On Porch
- _____ Play Outside
- _____ Bouncer Seat
- _____ Baby Gym
- _____ Other: _____



Little Frogs
&
Polliwogs

Comments:

Little Frogs & Polliwogs – Caviar Registration

Today's Date: ____/____/____			
Child's Full Name:		DOB: ____/____/____	Gender: ____ F ____ M
Street Address:		Start Date: ____/____/____	
City:	State:	Zip:	Home Phone: (____) ____ - ____
Guardian One Information			
Full Name:		Relationship to Child:	
Street Address:		Social Security #	
City:	State:	Zip:	Home Phone: (____) ____ - ____
Employer:		Currently in Military: ____ Yes or ____ No	
Employer Address:			
Work # (____) ____ - ____	Cell # (____) ____ - ____	Email	
Guardian Two Information			
Full Name:		Relationship to Child:	
Street Address:		Social Security #	
City:	State:	Zip:	Home Phone: (____) ____ - ____
Employer:		Currently in Military: ____ Yes or ____ No	
Employer Address:			
Work # (____) ____ - ____	Cell # (____) ____ - ____	Email	
Which guardian should be contacted first? _____			
Special instructions? _____			
List three emergency contacts in the event that you cannot be reached.			
Name:	Home #	Cell #	Authorized to pick-up:
Relationship:	(____) ____ - ____	(____) ____ - ____	____ Yes or ____ No
Name:	Home #	Cell #	Authorized to pick-up:
Relationship:	(____) ____ - ____	(____) ____ - ____	____ Yes or ____ No
Name:	Home #	Cell #	Authorized to pick-up:
Relationship:	(____) ____ - ____	(____) ____ - ____	____ Yes or ____ No
List All Food Allergies: _____			
Reaction: _____			
List All Allergies To Medication: _____			
Reaction: _____			
My Child's Password Will Be: _____			
I give the center permission to post my child's' allergies, with photo in the classroom. Signature: _____			

Developmental History

Does your child have any attachments or fears: ___Y ___N and if so, what? _____

Was your child at a previous caregiver? ___Y ___N and if so, was it a ___ Childcare center ___ Private home

Were you pleased? ___Y ___N and if not, why? _____

Is child a good eater? ___Y ___N

Is child adopted? ___Y ___N

Medical History

Pediatrician's Office Name and Address: _____

Phone #
() -

Last Physical Date: ____/____/____

Pediatrician's Name: _____

Fax #
() -

List all medications taken regularly: _____

List all surgeries or disabilities: _____

Is your child prone to ear infections? ___Y ___N and if so how do they react? _____

Does your child run a fever easily or often? ___Y ___N | Comments: _____

Sleeping Habits

How long is a regular nap? _____. We allow babies to sleep naturally; To reduce the risk of SIDS, infants under 7 months of age will be placed on their backs to sleep, unless there are written medical orders requiring alternate positioning. Also for babies under 12 months of age no pillows, comforters, sleep positioners, any soft items or toys will be placed in the crib.

Toileting/Diapering Habits

Our procedure is to change babies every two hours. All BM's are changed immediately, however sleeping children will not be woken for changes. Please send in lots of LABELED diapers.

Does your child have diarrhea or constipation problems? ___Y ___N, if yes, how do you treat it? _____

Does your child get rashes easily or often? ___Y ___N, if yes, how do you treat it? _____

Medical Emergency Statements

Statement One (must be signed, per State Law)

"In the event I cannot be reached, or when delay could be dangerous – I hereby give my permission for any staff of Little Frogs & Polliwogs to transport my child to a hospital or medical facility and give medical treatment."

_____/_____/_____
Guardian One Signature

_____/_____/_____
Guardian Two Signature

Statement Two (optional)

"If I cannot be reached or have not yet arrived at the hospital/doctor's office, I give permission for my child to receive anesthesia for treatment."

_____/_____/_____
Guardian One Signature

_____/_____/_____
Guardian Two Signature

Little Frogs & Polliwogs CAVIAR ROOM—CABINET FORM CHILD'S DAILY SCHEDULE

Today's Date:	Date of Birth:	Child's Name:	
Arrival Time:	Departure Time:	Please circle days in attendance: M T W R F	Hours: FROM To
LIST ANY/ALL ALLERGIES:			
Strong Dislikes:			

FEEDINGS (PLEASE BE VERY SPECIFIC)

For An Infant, How many hours are feedings apart, usually? _____

How many ounces does child eat at an average feeding? _____

Burped? Y__ N__ How often? _____ Does your child spit up a lot? Y__ N__ How often? _____

Formula? Y__ N__ If yes, name of formula: _____ Served warm? Y__ N__

Breast Milk? Y__ N__ If Yes, mixed with formula? Y__ N__ If Yes, _____% Breast Milk to _____% Formula

PLEASE BE SPECIFIC WITH APPROXIMATE TIMES AND WHAT THE CHILD USUALLY EATS

Breakfast	Snack	Lunch	Snack	Dinner
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(UNLESS PARENTS REQUEST, A CHILD WILL NOT BE WOKEN FOR A FEEDING)

Any medical problems? Y__ N__ If so, what? _____

Any special diapering instructions? _____

Naps: (tell us how often, how long, any special position and does child use pacifier or a special blanket).

Can child go in an Exersaucer? Y__ N__ A Jolly Jumper? Y__ N__ A Swing? Y__ N__

Special
 Comments: _____

