Baby TALK

engage • connect • nurture • support

Family Handbook

2021-2022

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Welcome to Baby TALK Early Head Start (BTEHS), we appreciate your trust in allowing us to participate with you in your child's education and development. At Baby TALK (BT), our mission is to positively impact child development and nurture healthy and responsive relationships during the critical early years.

Head Start is a national program that promotes school readiness by enhancing the social and cognitive development of children through the delivery of educational, health, nutritional, and social services to all enrolled children and families. Early Head Start (EHS) programs were established to provide early, continuous, intensive, and comprehensive child development and family support services on a year-round basis. Through two program options, home-based and center-based, BTEHS will provide support to caregivers of children age birth to three years and pregnant women living in Decatur/Macon County.

Our goal is to join families in raising their young children; we strive to encourage caregivers as they establish nurturing relationships with their children while providing guidance specific to development. At BT, we strive to promote healthy and responsive interactions (such as reading) to enrich the relationship you have with your child and enhance child development.

BT recognizes parents/caregivers as experts on their own children and provides support and information through respectful and reciprocal relationships.

BT is committed to a collaborative model; it is our desire to work closely with other community agencies to deliver education and support on an individualized basis while meeting the needs of each child and family. BT believes in meeting families where they already are, which means we are capable of meeting you and your child at a doctor’s appointment, the Macon County Health Department, and even in your home.

We ask that parents/guardians read this handbook to become aware of our policies and please talk with us if you have any questions or suggestions. We welcome you and your family to BTEHS and look forward to building a trusting relationship with you as we focus on your child’s development!

Attachment Caregiving
Children at our center will have one identified adult as their primary caregiver; this BT staff member will remain with your child until he or she transitions to a different program, ideally at the age of three. The goal of attachment caregiving is to allow the BT staff to create a loving and trusting bond with you and your child.

Attendance
Children, enrolled in center-based programming, should arrive starting at 7:30 AM and no later than 8:30 AM. Having children present and consistently on time benefits his/her education tremendously and also allows the classrooms to function on a predictable schedule.
Parents/Guardians must avoid unnecessary absences; if your child is going to be absent or late, please contact the center to inform your child's teacher of the reason (217-475-2234). We encourage you to schedule medical, dental, or other appointments outside of the child's class time. If absences, late arrivals, or early pick-ups become excessive or routine, BTEHS staff will discuss alternative options that may be a better match for your family.

Breast Milk
Mothers are encouraged to breastfeed their child(ren); breastfeeding has been shown to have positive emotional, physical, and cognitive benefits for children. The Wellness Specialist, along with the child's teacher, will assure that breast milk is correctly stored. If a mother chooses to express milk or nurse at the center, **they can choose to do so in the classroom and/or in the Breastfeeding Lounge.**

Cell Phones
Cell phones should not be used while in the BT building, except in emergency situations, or as needed to support the health and development of the child. Talking or texting may interfere with successful and personal communication.
*Parents/Caregivers should notify BT staff of changes to phone numbers (this includes changes to phone numbers for emergency contacts).

Children's Clothing
Children should wear clothing that is comfortable for play both indoors and/or outdoors (and for large motor experiences). Upon arrival, parents/guardians are responsible for putting their child's coat in a plastic zippered bag (this will be provided). Children may engage in messy activities throughout the day, so clothes that you don't want to get dirty should not be worn.
At least one set of extra (season-appropriate) clothing, including socks and undergarments, should be kept at the center at all times and replaced as needed. Parents/Caregivers, for the safety of the children, we strongly encourage children, that can walk, to wear (or bring) tennis shoes that can be worn while playing in the gym or on the playground. Shoes, with open toes, do not always allow for safe play so, they are not allowed.

Children's Records
Children's records are confidential; however, BT employees and State/Federal Monitors, who need to know a portion of the information, are allowed to view records. Parents/legal guardians may contact BT staff to view the contents of their child's file. Other individuals will only have access upon written approval by the child's parent/legal guardian. Requests for files must be in writing and include a signature from the person requesting the information.

Confidentiality of Information
All information about a child, child's development, child's family, and classroom activities are held in confidence. Discussions will be limited to individuals within BT that need to know specific information in order to provide quality education, care, and services. Consent to exchange information with doctors, school personnel, and other relevant professionals will be requested.

Curriculum

The Creative Curriculum will be used as a foundation for the children's activities at the center; teachers will plan the day to promote each child's development while also remaining aware of each child's specific needs. HELP assessments, individualized children's goals, and family goals are also implemented throughout the day. Home Visitors use the Baby TALK Curriculum and structure activities around your child's developmental goals. The Baby TALK Curriculum is also used as our parenting curriculum for both center-based and home-based programs. HELP at Home is also used as a supplemental curriculum.

Daily Communication Form

Each child at the center will have a daily log sheet that will be used to communicate specifics about his or her care. Input (upon arrival) about your child will help the teacher provide the best care throughout the day. During your child's time in the classroom, his/her teacher will update the daily log; it will include information you might need to know at pick up. Topics of information can include, but is not limited to, eating, feeding, diapering, toileting, sleeping, playing, and/or any health concerns. BT staff will provide copies of the daily log to parents/guardians upon request.

Daily Schedule

The daily schedule for young infants will be based on his/her needs; it will always include developmental activities and routine, nurturing care. Children will enjoy time outdoors and/or in the gym on a daily basis. The classrooms are open from 7:30AM-4:00 PM, Monday-Friday. In order to provide the best experience possible, it is important that children arrive before 8:30AM. Infants will nap, be fed, and have diapers changed according to their individual needs, however; they will participate in learning experiences and spend time outdoors or in the gym as their schedules allow. Toddlers and two-year-olds will follow a more set, yet still flexible, schedule that will look similar to this:

7:30 - 8:30	Welcoming Time
8:30 - 9:00	Breakfast
9:00 - 9:15	Brush Teeth
9:15 -10:00	Classroom Exploration/Sensory Experiences
10:00 -11:00	Outdoor/Gym Play
11:00-12:00	Lunch
12:00 - 2:30	Rest Time
2:30 - 3:00	Diapering, Restroom, Hand-Washing, Snack
3:00 - 4:00	Free Choice/Reunion Time/Music Time/Outdoor Play

Drop Off/Pick Up

All parents/guardians are responsible for transporting their child(ren) to and from BTEHS.
BTEHS does provide *some* transportation of children with their parents/guardians; during transportation, families are expected to follow the transportation policies and procedures as well as the drop off/pick up policy, *as it pertains to all enrolled families*).

As outlined in this handbook, BTEHS expects:

- Parents/Guardians must pick up their child (ren) by 3:50 PM, in order to engage with the teacher and discuss the day/necessary information.
- Children need to arrive no later than 8:30 AM so they can participate in breakfast and other learning activities completed in the morning. If a late arrival is unavoidable, please call the center to inform BT staff of the reason.
- BTEHS encourages you to make appointments outside of classroom hours so that your child misses as little of the day as possible. Children arriving late will likely miss out on quality interaction time with their attachment caregiver and their peers.

- Children will attend regularly, unless they are ill.
- Parents/Guardians will keep emergency contact information updated at all times because it is imperative that we are always able to reach you.

Drop Off and Pick Up Policy:
-A parent/guardian (or other authorized caregiver) is expected to drop off and pick up his/her child at the beginning/end of each day; only authorized individuals are allowed to pick children up and drop children off.
*If the BT staff does not know the individual picking up a child, he/she will check the release list to make sure that individual is on the list and that individual will be asked to provide a photo ID.

-When a child is picked up late, a late pick up notice will be issued and will then be forwarded to our Early Care and Education Manager.
*After two late pick up notices have occurred; families may be charged at a rate of $5 per every ten minutes late—this rate will remain in effect for any late pickups that occur moving forward.
*After three late pick up notices have accrued, families will be given a letter stating if one more late pick up occurs the child will be moved to a home-based slot.

-BT staff is not available to help families to their vehicles; BT staff may help families to the door and stand with children while caregivers secure other child (ren) into a car seat.

-In the event a child has not been picked up 30 minutes after the close of classrooms (and after attempts have been made to reach the parent/guardian and contact has been made to everyone on the emergency contact list) this will become an "Emergency Situation" and local authorities will be contacted.
*Local authorities may include contact with the Department of Children and Family Services and/or the local police department. The incident will be documented and the Early Care and Education Manager will follow up with the parent/guardian.
*Every effort will be made to ensure fair implementation of this policy!

Diapering
Diapering will typically be done by the child's teacher and if you would like your child to have a lotion or ointment applied- we ask that you please complete a permission form. BTEHS provides a generic brand of diapers and wipes; if a request is made to use a different brand of diapers and/or wipes, the parent/guardian must provide a medical note from the child's physician.

Emergency Policy
BT staff is trained in CPR, First Aid, and other emergency procedures. Emergency evacuation procedures are practiced on a routine basis; these procedures consist of tornado drills, fire drills, earthquake drills, and lockdowns.

Events
BTEHS will provide regular opportunities for families to come together and families are strongly encouraged to attend events whenever possible. Parents/guardians, and other important family members in your child's life, will always be invited to participate in these events and events may include, but are not limited to, Family Fun Days, Parent Meetings, Policy Council Meetings, and/or other Family Fun Events are especially important for families enrolled in the home-based option, as it allows you and your child to socialize with other adults and children.

Please refer to the monthly calendar to keep up-to-date on events!

BT recognizes that parents/guardians want to make their child's birthday SPECIAL; parents/guardians, of children at the center, are allowed to bring a store bought, nutritious snack for the celebration. We just ask that

you please communicate with your child's teacher at least one or two days in advance, so that the teacher can be more accommodating to your wishes.
*No balloons are allowed in classrooms!

Formula

BTEHS will provide iron-fortified infant milk-based formula to children enrolled in center-based programming. Formula will be prepared and served according to standard directions (unless a prescription from your child's physician states otherwise). If you provide a note from your child's physician, we will provide an alternate formula. Parents/Guardians will need to complete the CACFP INFANT FORMULA/FOOD WAIVER NOTIFICATION.
*PLEASE notify your child's teacher immediately if his/her formula changes.

Guidance and Discipline Policy

The goal of our guidance and discipline policy is to help children learn to make good choices for themselves; as children learn to control their emotions and behaviors, they become better equipped to interact with others in a positive way. BT staff provides positive behavioral support and always uses disciplinary measures that demonstrate kindness and compassion while remaining consistent with expectations. Every attempt is made to help children gain the confidence and knowledge that is needed to develop self-control.

Promoting positive behaviors in children is a primary goal at BT. Thoughtfully planned environments, interactions, and schedules are used to minimize inappropriate behaviors. Appropriate behaviors are consistently taught with patience as BT staff provides social emotional support on an ongoing basis. The main "rules" of the classrooms are to 'be kind to yourself, be kind to others, and take good care of our center.' BT staff serves as models of these "rules" and exude appropriate behaviors at all times. Children are encouraged to follow the "rules" and acknowledged when they help create a pleasant and productive environment.

Techniques used to reduce inappropriate behaviors may include:
*Reminders about "rules" and the reasons for them
*Redirection from an area or activity that is causing problems
*Consistent responses and consequences to unacceptable behavior
*Paying attention to desired behavior while ignoring unacceptable behaviors

Adults may NOT:
*Use any type of physical punishment
*Take away food, nap, or bathroom opportunities
*Use abusive, profane, or derogatory language (including yelling and belittling)
*Use any form of public or private humiliation or emotional abuse

Hand Washing

Hand washing is one of the best ways to keep children healthy; therefore, we assure that children and staff wash their hands properly and often, with soap and water.
*Parents/Guardians, you will be asked to assist with your child's hand washing upon arrival at the center and before leaving the center

Children must be assisted to wash their hands at least during these times:
*Upon arrival and before leaving the center
*Before and after each meal or snack
*After using the toilet or having his/her diaper changed
*After wiping or blowing his/her nose
*After touching items soiled with bodily fluids or wastes (blood, drool, urine, stool, vomit, etc.)
*Before and after cooking/any other food experiences
*After outdoor play
*Before and after using the water table

Head Start Performance Standards/DCFS License
The Illinois Department of Children and Family Services licenses the BTEHS program to provide safe and appropriate care for the children enrolled in the center. Our program follows all of the guidelines of the Head Start Performance Standards along with the DCFS Child Care Center rules for licensed childcare programs; these guidelines/rules are available in the reception area or online at https://**eclkc**.ohs.acf.hhs.gov/ or www.state.**il**.us/**dcfs**/docs/**407**.doc.

Holidays and Center Closings
BTEHS programs will be open and closed according to some public school holidays, breaks, and professional development opportunities.

In the case of snow or severe weather, the center will close when Decatur Public School closes. Center closings due to snow or severe weather will also be posted on the Decatur Area Baby TALK Facebook page and listed on WAND TV. Any other unscheduled closings will be reported to parents/guardians as soon as possible through written notice and telephone communication; this information will also be posted on the Decatur Area Baby TALK Facebook page.

Home-Based Services/Summer Home Visits
Enrollment in BTEHS services requires parents/guardians and children to be a part of home visits, for children enrolled in center-based services, these visits will occur during the summer months and for children enrolled in home-based services, these visits will occur on a weekly basis, year round.
A BT staff member will schedule these visits with you; these visits allow time for you and your child to interact with BT staff in your home environment. Parents/Guardians, the focus of these visits will be planned between you and BT staff; the staff member will support you in meeting both child and family goals. Parents/Guardians, as mentioned previously, you will also be invited and encouraged to attend monthly meetings and two monthly socializations. Other supportive family members and/or siblings may also attend the visits and other events.
*Families must keep their 90-minute weekly visit *over the summer* to remain in the partial year, center-based option and *weekly* to remain in the home-based option.

Individualized Goals
Each child enrolled in BTEHS will be assessed using the HELP; the HELP is an ongoing developmental assessment tool. Information from the HELP paired with discussion with the parent/guardian regarding the family's goals for the child will be used when BT staff plans activities. For children enrolled in center-based, teachers will use the goals to plan for activities while creating a developmentally-appropriate environment for your child. For children enrolled in home-based, home visitors will use the goals to plan for activities you and your child can complete together.

In-Kind
The federal government requires that 20% of the Early Head Start grant be matched with contributions from parents/guardians and the community; these contributions are called “In-Kind” and consist of (but, not limited

to) volunteering, attending BT events, donating materials, working on your child's educational goals at home, and serving on the Policy Council. You will be asked to fill out In-Kind sheets when you provide services or materials to our program.

Mandated Reporter

All BT staff members are mandated reporters; the Department of Children and Family Services must be called if we suspect child abuse or neglect. Unless the child is in immediate danger, BT staff will meet to discuss the concerns with the family prior to contact with DCFS.

Meals

Breakfast, lunch, and snacks will be provided by BTEHS; breakfast and lunch are cooked and delivered to the center by Empowerment Opportunity Center (EOC). Menus are received each month from EOC and reviewed; menus will be posted in the hallways and in each classroom. The food choices and milk requirements must meet the nutritional requirements of the Child and Adult Care Food Program (CACFP) and be age appropriate. Baby food will also be provided in accordance with the CACFP guidelines. Parents/Guardians are expected to complete CACFP forms for each child at the center.

Any concerns with the menus will be welcomed by the Wellness Specialists. We will need a note from your child's physician noting any allergies he/she has; children who are allergic to any food on the menu will be given a food substitute. Children will eat family style and in their own individual classrooms. Teachers will bottle feed babies the expressed breast milk provided by their mother; Moms are also welcome to come in and breastfeed, as desired. If a child is not breastfed then BTEHS will provide formula, as directed by the parent/guardian.

*Parents/Guardians should NOT bring food from home.

Medical and Dental Services

BTEHS supports families in obtaining comprehensive services needed to promote a healthy child and family. EHS and DCFS require that physicals, immunizations, lead, and TB screenings will be completed on a regular basis. BT staff will assist each family in finding a medical home as well as obtaining the needed dental, vision, hearing, and mental health services. BT will also provide a dental exam and fluoride treatment for all enrolled children on an annual basis.

Medication Administration

BT staff will only give children medication (both prescription and over the counter) with written permission from the parent/guardian and medical provider. Both prescription and over the counter medication will be accepted, if they are in the original containers. Prescription medications shall be labeled with the entire label from the pharmacy. Over the counter medication shall be clearly labeled with the child's first and last name, the name of the medication, and clearly visible directions. The Wellness Specialists or other designated BT staff will administer the prescribed medication, as directed by the child's physician. The parent/guardian is asked to discuss information about necessary medication with the child's teacher and the Wellness Specialists. No medicine should be left in diaper bags, pockets, or other unsecured places.

The Wellness Specialists will assure that medicine is stored correctly, and kept locked and inaccessible to children. When a child no longer needs to receive a medication, the unused portion or empty bottle will be returned to the parent/guardian.

Any topical products, such as diaper ointment, sunscreen, or insect repellant shall be approved (in writing) by the parent/guardian prior to use on the child. These products will be stored in a safe area within the classroom and will be administered by the child's teacher, as needed.

*Children needing "as needed" medications for asthma will need an asthma action plan completed by their physician (this will be kept in their medical file). Nebulizers, tubing, a mask, and an inhaler must be provided by the parent/guardian.

Morning Welcome and Afternoon Reunion

Helping your child move from your care to his/her teacher's care and back again is an important part of the day. During the morning welcome, parents/guardians will be asked to share anything that might impact your child's behavior for that day. During the afternoon reunion, parents/guardians are always encouraged to talk with your child's teacher about his/her day.

*We ask that cell phones are not used during these times.

Napping

Time to nap will be provided for all children, at the center, on a daily basis. Infants will sleep according to their own schedule and will always be placed on their backs to sleep. Each child will have a crib or cot assigned and sheets will be provided and laundered by the BTEHS program and in accordance with DCFS licensing standards. Toddlers and two-year-olds will typically nap after lunch. Parents/Guardians, it is important that you discuss important information about sleep with your child's teacher; information might include how long your child typically naps or how your child falls asleep.

Outdoor Play

All children, at the center, will have up to two hours of outdoor play on a daily basis (except in cases of extreme weather). Outdoor play might include use of the BTEHS playground and/or walks around the area surrounding the center. As mentioned previously, children should wear clothing appropriate for the weather on a daily basis.

*For the safety of your child, we encourage you to have your child wear tennis shoes.
*Please do not allow your child to wear open toe shoes.
*If your child is unable to go outside, you must come to the center and stay inside with him/her while his/her classroom is outside; unfortunately, we do not have enough staffing to stay inside with one child.

Parent/Community Complaint Policy

"Community," in the context of this program, is defined as families of enrolled children and other local residents. Complaints about the BTEHS program will be approached in an orderly, objective manner that follows logical steps. A person, either parent/guardian or community member, with a complaint should first talk with the BT staff person most directly involved with the problem, in an attempt to resolve the issue and avoid future problems. Individuals with complaints about the BTEHS program will be asked to complete the BTEHS Parent/Community Issues or Concerns Form. The complaint or concern may be made by phone, in which case the BT staff person will complete the form and read it back to the person to ensure accuracy. The first BT staff member to hear a complaint will respond to the complaint within **five** working days.

-If the person issuing a complaint is not satisfied with the response of the BT staff member, he/she may talk with the staff member's supervisor, or whoever is appropriate for the issue. The written issues/concerns form should be given to the BT Director of Programming, or appropriate BT staff, along with a brief description of the meeting. Again, the BT staff will respond within **five** working days.

-If satisfaction is still not obtained, the person may take the complaint to the Executive Director**,** who will schedule a meeting with the appropriate BT staff member(s) which will include the individual making the complaint. Again, the issues/concerns form and descriptions of what has happened thus far should accompany the transfer of the issues/concerns to the Executive Director; the Executive Director will respond to the complaint within **three** working days.

-If the issue is still not resolved, the person may request a meeting with the EHS Child Development Director, the Executive Director, and the chairman of the BTEHS Policy Council. Again, all information pertaining to the complaint will be given to the involved individuals. The Executive Director will respond within **three** working days and provide a summary of the outcome of their meeting.

-If the issue is still not resolved, the Executive Director will meet with the Chairperson of the Baby TALK Board of Directors. The Chairperson of the Baby TALK Board of Directors has the option of calling a meeting of the board, if needed, and will respond within **two weeks.**

At each level, alternatives for resolving the problem and who would be the most appropriate individual(s) for implementing the suggestions will be pre-determined and agreed upon. Once actions are decided on that resolve the complaint, necessary individuals will be informed. If the issue is a program-wide concern, the EHS Director of Programming, Executive Director, members of Policy Council, and Baby TALK Board of Directors will be informed.

*All BTEHS staff involved in the process of resolving a complaint will complete appropriate documentation and report to their supervisors immediately.
*Documentation of all complaints and resolutions will be kept on file in both the EHS Director of Programming's office and the Executive Director's office.

Parental Consent and Other Required Information

Parents/Guardians will be required to complete several consent forms; these will include, but are not limited to: permission to take children on walks, have photos taken, release to share medical and educational information, and permission for the Mental Health Counselor to complete observations. Parents/Guardians are also required to complete other forms upon the registration and enrollment process; these will include, but are not limited to: an application and enrollment form for child and family, CACFP forms, emergency contact information, and a DCFS verification form. Parents/Guardians must also provide proof of income, the child's certified birth certificate, medical/insurance cards, and other additional information, as requested.

Parent/Teacher Conferences and Educational Home Visits (for Center-Based Families)

All families enrolled in BTEHS center-based program will receive two educational home visits (from the child's teacher) during the program year. Parent/Guardians will also be expected to attend two Parent/Teacher Conferences, at the center, during the program year.

Policy Council

*Please consider being a Policy Council member! BTEHS is always looking for parents/guardians who are interested in being more involved in their child's education. Please contact Debra at 217-475-2234 and be the voice for your child and others!

What is Policy Council?

Policy Council is a group of parents/guardians and individuals from the community who work together to make decisions about the overall design and operation of the BTEHS program. The members of Policy Council provide guidance and advice to the administrators and coordinators of the program and are the voice for all BTEHS families.

Policy Council is composed of three center-based representatives, one home-based representative, two community representatives, and a member from the Baby TALK Board of Directors.

Policy Council meets at least once a month and more if deemed necessary for the benefit of the program; however, members do not meet during the month of July.

Prohibited Substances/Activities

In order to provide a safe environment, the following substances/activities are not allowed on or near BT property or while attending an event sponsored by BT:

1. Use of alcohol, cigarettes, marijuana, or illegal drugs
2. Any type of physical or aversive punishment
3. Weapons or dangerous materials
4. Abusive, profane, or derogatory language (including yelling and belittling)
5. Also, BT is a fragrance free childcare facility

School Readiness

BTEHS recognizes that learning starts before birth and desires to support the learning of each and every child enrolled. BTEHS has set program-wide school readiness goals according to the Head Start School Readiness Framework. As mentioned previously, BTEHS uses the HELP assessment; in addition to completing the HELP, BTEHS utilizes a tracking database called KinderCharts to monitor each individual child's progress towards school readiness goals. The data collected through KinderCharts is used to identify program goals and to make sure all children and groups of children are receiving the support they need to meet their developmental goals. The school readiness goals are provided below and can also be found on our website at www.babytalk.org/baby-talk-early-head-start.

-Parents/Guardians will have the knowledge and confidence to advocate for their child throughout their child's future academic career.
-Children's development will be monitored using the HELP assessment while developmental progress is promoted.

5 Domains of Development, according to the Head Start Early Learning Outcomes Framework

Perceptual, Motor, and Physical Development

1.1 Children will achieve fine motor developmental progress.

Young Infants (0-8 months)
might be doing the following:
1.1A: opens hands when in a relaxed state
1.1B: transfers an object from one hand to another
1.1C: begins to reach for, grasp, and move objects
1.1D: holds a small object in each hand and bangs them together

Mobile Infants (6-18 months)
might be doing the following:
1.1E: begins to gain control of small muscles and purposefully manipulate objects
1.1F: uses pincer grasp
1.1G: uses hands in a purposeful manner

Toddlers (18-36+ months)
might be doing the following:
1.1H: begins to coordinate movements when using small muscles and begin to manipulate various types of objects
1.1I: imitates circles, crosses, horizontal and vertical lines when drawing
1.1J: controls placement of objects in a more effective manner (e.g. stacking blocks into 8-9 block towers)
1.1K: attempts to help with dressing self
1.1L: uses hand-eye coordination in a more controlled manner

1.2 Children will achieve gross motor developmental progress.

Young Infants (0-8 months)
might be doing the following:
1.2A: lifts head and chest up when playing on tummy
1.2B: rolls over well, both ways
1.2C: gains balance, sits with/without support
1.2D: starts to crawl

Mobile Infants (6-18 months)
might be doing the following:
1.2E: crawls
1.2F: stands alone
1.2G: starts to walk well without support

Toddlers (18-36+ months)
might be doing the following:
1.2H: kicks, throws, and catches balls
1.2I: walks up and down stairs
1.2J: rides a toy by using his/her hands or feet
1.2K: walks on tiptoes, walks backward, and runs

1.2L: pedals a tricycle

1.3 Children will be able to participate in and practice self-care routines.

Young Infants (0-8 months)
might be doing the following:
1.3A: coordinates sucking and swallowing
1.3B: sleeps a few hours at a time

Mobile Infants (6-18 months)
might be doing the following:
1.3C: uses cup and spoon at meal time
1.3D: cooperates with dressing

Toddlers (18-36+ months)
might be doing the following:
1.3E: uses toilet independently
1.3F: serves self during mealtimes

Social and Emotional Development
2.1 Children will take pride in their successes and recognize their own accomplishments.

Young Infants (0-8 months)
might be doing the following:
2.1A: explores new objects with eagerness
2.1B: attempts new skills on his/her own while "checking in" with a familiar adult

Mobile Infants (6-18 months)
might be doing the following:
2.1C: becomes more intentional and confident when playing and interacting
2.1D: uses trial and error to solve a problem
2.1E: outwardly expresses pride (e.g. smiles, claps, or says "I did it!")

Toddlers (18-36+ months)
might be doing the following:
2.1F: seeks out assistance and reassurance from others
2.1G: demonstrates confidence in abilities and achievements
2.1H: demonstrates eagerness and determination when problem solving during new tasks

2.2 Children will have at least one secure attachment with a caregiver.

Young Infants (0-8 months)
might be doing the following:
2.2A: establishes eye contact
2.2B: shows preferential responses to loved one

Mobile Infants (6-18 months)
might be doing the following:
2.2C: readily explores environment
2.2D: attempts self-direction

Toddlers (18-36+ months)
might be doing the following:
2.2E: wants to do things without help
2.2F: separates from caregiver with minimal anxiety

2.3 Children and primary caregivers will be securely attached.

Young Infants (0-8 months)
might be doing the following:
2.3A: exhibits separation anxiety, e.g. does not want to be held by another person when being held by primary caregiver
2.3B: responds to caregivers by smiling and cooing
2.3C: establishes, maintains, and disengages eye contact

Mobile Infants (6-18 months)
might be doing the following:
2.3D: initiates and maintains interactions with caregiver
2.3E: attempts to change the situation when separation anxiety occurs (e.g. follows caregiver when he/she leaves the room)
2.3F: uses key adults as a secure base when exploring the environment

Toddlers (18-36+ months)
might be doing the following:
2.3G: plays physically farther away from primary caregiver with increasing confidence, moves closer as needed
2.3H: seeks physical closeness when distressed
2.3I: uses glances and words to stay connected, without having to be physically near or touching the caregiver
2.3J: separates with assistance from attachment figure with minimal anxiety

2.4 Children will be able to communicate their feelings and begin to understand other's feelings.

Young Infants (0-8 months)
might be doing the following:
2.4A: uses facial expressions and sounds to get needs met
2.4B: expresses emotions through sounds and gestures
2.4C: watches and observes other children and adults
2.4D: cries when hearing another infant cry
2.4E: begins to share in simple emotions by reading facial and gestural cues

Mobile Infants (6-18 months)
might be doing the following:

2.4F: expresses wants with intentionality
2.4G: expresses fear by crying or turning toward caregiver for comfort
2.4H: shows anger/frustration when a toy is taken away
2.4I: smiles with intention to make someone else smile
2.4J: reacts to a child who is upset by observing or moving physically closer to child
2.4K: shares in both positive and negative emotions with caregivers

Toddlers (18-36+ months)
might be doing the following:
2.4L: demonstrates anger and frustration through a wide range of physical, vocal, and facial expressions, and later uses words to describe feelings and name emotions
2.4M: attempts to use a word to describe feelings to a familiar adult
2.4N: expresses wonder and delight while exploring the environment and engaging others
2.4O: begins to express complex emotions such as pride, embarrassment, shame, and guilt
2.4P: imitates comforting behaviors from caregivers
2.4Q: shares in and shows emotional response for peer's feelings

Approaches to Learning
3.1 Children are able to focus and attend to people, objects, and activities appropriate for their age during interactions, communication, and play (in environments sensitive to their sensory-regulation needs).

Young Infants (0-8 months)
might be doing the following:
3.1A: shows active interest in people and toys for a least a minute
3.1B: establishes and sustains eye contact with caregiver
3.1C: focuses attention on sounds, people, and objects
3.1D: repeats interesting actions over and over
3.1E: indicates preferences by using nonverbal cues, e.g. turning head, kicking feet

Mobile Infants (6-18 months)
might be doing the following:
3.1F: listens without being distracted by other sources
3.1G: plays with a toy for at least 2-3 minutes
3.1H: participates in back and forth interactions, e.g. peekaboo
3.1I: demonstrates preferences
3.1J: repeats activities over and over again

Toddlers (18-36+ months)
might be doing the following:
3.1K: focuses on pictures/story for at least 5 minutes when engaged with picture books
3.1L: paints or colors within limits of paper
3.1M: repeats experiences he/she enjoys, e.g. says "more" after reading his/her favorite book
3.1N: attempts to try a difficult task for an increasing amount of time
3.1O: practices an activity many times in order to master it, even if setbacks occur

3.2 Children are able to organize a variety of sensory experiences that support learning, imagination, exploration, and creativity (in environments sensitive to their sensory-regulatory needs).

Young Infants (0-8 months)
might be doing the following:
3.2A: enjoys a variety of physical contact, holding and cuddling
3.2B: is able to sometimes console self when upset

Mobile Infants (6-18 months)
might be doing the following:
3.2C: enjoys a variety of messy play activities
3.2D: is able to sleep through the night

Toddlers (18-36+ months)
might be doing the following:
3.2E: handles fragile items with care
3.2F: plays with sand and water

3.3 Children learn age appropriate play skills that develop into creative and symbolic, imaginary play.

Young Infants (0-8 months)
might be doing the following:
3.3A: plays with toys by mouthing, patting, shaking
3.3B: combines objects in play
3.3C: physically manipulates objects, e.g. twists and turns toys, drops items

Mobile Infants (6-18 months)
might be able to do the following:
3.3D: plays with objects according to function
3.3E: demonstrates object permanence
3.3F: imitates adult's actions

Toddlers (18-36+ months)
might be able to do the following:

3.3G: plays house with abstract props
3.3H: builds in sequencing while engaged in play (beginning, middle, end)
3.3I: projects feelings and words onto stuffed animals

3.4 Children enjoy learning and communicating through the rhythm of music and rhymes.

Young Infants (0-8 months)
might able to do the following:
3.4A: manipulates objects, e.g. turns, shakes, bangs
3.4B: listens and moves to music
3.4C: demonstrates interest in sounds, songs, music, and colors

Mobile Infants (6-18 months)
might be able to do the following:
3.4D: attempts to make sounds to music
3.4E: participates in music activities by performing some accompanying hand movements

Toddlers (18-36+ months)
might be able to do the following:
3.4F: recites nursery rhymes
3.4G: enjoys using instruments while listening to music
3.4H: selects movements that reflect mood, e.g., jumps up and down when excited
3.4I: imitates basic movements during an activity, e.g., places bean bag on head

3.5 Children will be able to relate to others.

Young Infants (0-8 months)
might be able to do the following:
3.5A: establish eye contact
3.5B: vocalizes or responds with smile when socially approached
3.5C: enjoys social play
3.5D: plays peek-a-boo

Mobile Infants (6-18 months)
might be able to do the following:
3.5E: extends toy to show others
3.5F: repeats sounds or gestures if laughed at
3.5G: gives toy to familiar adult spontaneously and upon request
3.5H: plays ball cooperatively

Toddlers (18-36 months)
might be able to do the following:
3.5I: engages in parallel play
3.5J: defends possessions ("mine")
3.5K: relates best to 1 familiar adult at a time but enjoys a wide range of relationships
3.5L: tends to be dictatorial and demanding
3.5M: participates in games like Ring a Round the Rosie or Hide & Seek.

Language and Literacy

4.1 Children will engage in activities that promote literacy.

Young Infants (0-8 months)
might be doing the following:
4.1A: begins to look at pictures
4.1B: watches scribbling

Mobile Infants (6-18 months)
might be doing the following:
4.1C: engages with picture books
4.1D: begins scribbling

Toddlers (18-36+ months)
might be doing the following:
4.1E: matches objects and pictures
4.1F: imitates drawing lines
4.1G: retells a familiar story by looking at the pictures in a book

4.2 Children will enjoy books.

Young Infants (0-8 months)
might be doing the following:
4.2A: look fleetingly at pictures
4.2B: engage briefly in the reciting of poems or read-aloud books

Mobile Infants (6-18 months)
might be doing the following:
4.2C: engage with picture books
4.2D: points at pictures

Toddlers (18-36+ months)
might be doing the following:
4.2E: labels pictures in books
4.2F: tells favorite stories in his/her own words

4.3 Children will show developmental progress in the areas of receptive and expressive language.

Young Infants (0-8 months)
might be doing the following:
4.3A: responds to sounds found in the environment
4.3B: looks or turns toward familiar person who says his/her name
4.3C: responds to gestures, e.g. waves hello after a familiar person waves to him/her
4.3D: cries to signal hunger or pain
4.3E: coos and uses physical movements and smiling to engage familiar adults

4.3F: combines different types of babbles
4.3G: begins to point to objects in his/her environment

Mobile Infants (6-18 months)
might be doing the following:
4.3H: engages in joint attention with a caregiver
4.3I: follows one step, simple request when a gesture is used
4.3J: understands approximately 100 words relevant to their experiences and cultural context
4.3K: creates long babbled sentences
4.3L: names a few familiar objects in his/her environment
4.3M: uses nonverbal cues to express ideas

Toddlers (18-36+ months)
might be doing the following:
4.3N: points to body parts when prompted
4.3O: understands simple sentences or directions with prepositions (e.g. "put cup in sink")
4.3P: names objects and people in a familiar environment
4.3Q: responds verbally and/or nonverbally to comments or questions while engaged in conversations with peers and adults
4.3R: begins to use telegraphic speech
4.3S: has vocabulary of approximately 80-300 words
4.3T: speaks in three word utterances or simple sentences
4.3U: uses adjectives in speech

4.4 Children will have the capacity to communicate.

Young Infants (0-8 months)
might be doing the following:
4.4A: varies cry to indicate needs
4.4B: gestures to be picked up

Mobile Infants (6-18 months)
might be doing the following:
4.4C: uses a few words/signs
4.4D: points with meaning

Toddlers (18-36+ months)
might be doing the following:
4.4E: says full name
4.4F: participates in storytelling
4.4G: uses verbs, plurals, and past tense

Cognition
5.1 Children will obtain early pre-math and math skills.

Young Infants (0-8 months)
might be doing the following:
5.1A: uses sounds and body language to signal for more
5.1B: explores objects one at a time

Mobile Infants (6-18 months)
might be doing the following:
5.1C: holds on to more than one object at a time
5.1D: understands concept of "more" in regard to food and play, signs or says "more"
5.1E: begins to use number words to label quantities (even if incorrect)

Toddlers (18-36+ months)
might be doing the following:
5.1F: uses nonverbal gestures to demonstrate understanding of quantities
5.1G: begins to use "one", "two", and "three" to identify very small quantities without counting them
5.1H: begins to identify quantity comparison
5.1I: understands progressive number order (can rote count to 10)

5.2 Children will engage in imaginative play.

Young Infants (0-8 months)
might be doing the following:
5.2A: actively explores sensory objects in the environment
5.2B: demonstrates interest in sounds, songs, music, and colors
5.2C: manipulates objects (e.g. turns, shakes, bangs)

Mobile Infants (6-18 months)
might be doing the following:
5.2D: participates in music activities by performing some accompanying hand movements
5.3E: engages in art activities such as finger painting

Toddlers (18-36+ months)
might be doing the following:
5.2F: imitates basic movements during an activity
5.2G: engages in more intricate pretend play
5.2H: identifies and discusses characters that are meaningful to him/her
5.2I: uses imaginary play to cope with fears
5.2J: plays dress up and invites caregiver to play along

5.3 Children will begin to use experimentation and problem solving to make sense of the world.

Young Infants (0-8 months)
might be doing the following:
5.3A: finds a toy partially covered by a cloth
5.3B: imitates familiar gestures

5.3C: explores how to make things to happen

Mobile Infants (6-18 months)
might be doing the following:
5.3D: figures out how to reach things
5.3E: imitates new gestures
5.3F: makes action toys move

Toddlers (18-36+ months)
might be doing the following:
5.3G: demonstrates use of familiar objects
5.3H: solves problems with tools
5.3I: understands early number concepts

5.4 Children will be able to acquire, store, recall, and apply past experiences.

Young Infants (0-8 months)
might be doing the following:
5.4A: turns toward familiar voices, sounds, and/or objects
5.4B: anticipates familiar events, e.g. reaches for bottle and brings to mouth
5.4C: finds an object that is partially hidden

Mobile Infants (6-18 months)
might be doing the following:
5.4D: displays understanding of object permanence (can find a toy or object that is hidden under a blanket)
5.4E: displays knowledge of person permanence (remembers a person exists even when they aren't present)
5.4F: shows awareness of non-present, familiar adults (might ask for mommy or daddy throughout day at school)
5.4G: searches for objects in their usual location
5.4H: anticipates what event comes next in his/her daily routine

Toddlers (18-36+ months)
might be doing the following:
5.4I: remembers steps in familiar routines and can carry them out without prompting
5.4J: recalls a past event (a party, etc)
5.4K: uses play to communicate about previous events or experiences including the sequence of events that took place
5.4L: translates past knowledge to new experiences (e.g. recalls a trip to the dentist and narrates and acts out each step)

5.5 Children will begin to understand concepts, experiences, and ideas through symbolic representation.

Young Infants (0-8 months)
might be doing the following:
5.5A: uses senses to explore objects e.g. observes, mouths, touches
5.5B: interacts with caregivers and the environment
5.5C: physically manipulates objects e.g. twists and turns toys, drops items
5.5D: combines objects in play
5.5E: locates an object that has been partially hidden

Mobile Infants (6-18 months)
might be doing the following:
5.5F: demonstrates object permanence
5.5G: imitates adults actions
5.5H: engages in simple pretend play
5.5I: recognizes familiar people and/or objects in photographs

Toddlers (18-36+ months)
might be doing the following:
5.5J: finds objects after they are hidden in close proximity
5.5K: communicates labels to familiar objects and/or people (e.g. says "dog" when he/she sees four-legged animals)
5.5L: projects feelings and words on stuffed animals (e.g. "the horse is sad")

5.6 Children will demonstrate the emerging ability to recognize risky situations and respond accordingly.

Young Infants (0-8 months)
might be doing the following:
5.6A: signals needs through reflexes and sounds
5.6B: actively observes and explores environment
5.6C: demonstrates interest in own body
5.6D: uses physical movements to explore environment
5.6E: demonstrates trust in caregivers

Mobile Infants (6-18 months)
might be doing the following:
5.6F: uses social referencing to assess uncertain situations (e.g. looks at caregiver for social cues as to whether or not to proceed)
5.6G: actively climbs to reach for wanted objects during play
5.6H: responds to cues from caregiver in uncertain/unsafe situations
5.6I: responds to warning and changes in tone of voice; needs assistance and redirection to stop unsafe behavior

Toddlers (18-36+ months)
might be doing the following:

5.6J: understands when "no" and "stop" is communicated through either words or gestures

5.6K: seeks comfort when fearful
5.6L: responds to warnings and begins to change behavior accordingly

5.6M: communicates to an adult if something is wrong
5.6N: remembers and begins to apply past experiences to future situations

Sick Child Policy

If a child shows any sign of illness (see Communicable Illness Exclusion Policy), he/she should not come to BTEHS nor will he/she be allowed to remain at BTEHS. Sick children will expose all children and staff members with whom they come in contact and these children can then expose others.

Every effort is taken to reduce the spread of illness by encouraging hand washing and following other sanitary practices.

Children will be visually screened when they arrive and in the event a child becomes ill and needs to be picked up, the parent/guardian will be called. Parents/Guardians are expected to come and pick the child up as soon as possible, or within 45 minutes. If the parent/guardian cannot be reached, or has not arrived within 45 minutes, the emergency contact(s) will be called and asked to pick the child up.

By law, all communicable diseases **or any disease outbreak occurring in the center** must be reported to the Macon County Health Department

Signing Children In/Out

The beginning and end of a child's day are important times for the child, parent/guardian, and the child's teacher; it is during this time that the parent/guardian and teacher will exchange important information. Only the parent/guardian will be allowed to sign the child out of the classroom, unless the parent/guardian has provided written permission for another adult to take this responsibility.
*Parents/guardians must wait until permission from the front office personnel is given before entering/exiting the building. (Front office personnel will need to identify the individual and document/scan the child in/out before allowance is given).

Supplies from Home

Parents/Guardians, we ask that you keep at least one extra full set of clothing and closed toe shoes for your child to use at the center. If your child has a comfort item, this may be brought to his/her classroom to assist in transitions. Except in the case of comfort items, your child should not bring toys or other items from home to his/her classroom. If your child does bring an item from home, BTEHS and the child's teacher are not responsible for said item.
*BTEHS will provide diapers, food, formula, bottles, cribs, cots, sheets, and various learning materials.

Transition Services Policy

BTEHS wants to be as flexible as possible to meet the needs of the children and families enrolled; therefore, there may be transitions that occur during the time your child is enrolled in the program. Whatever transitions occur, it is our goal to make sure they occur as smoothly as possible.

Transition is an ongoing process to ensure that children and families will have appropriate information and support whenever there is a change in typical routines. Transition activities will occur when children are enrolled in BTEHS, change from center-based to home-based, and/or upon leaving the program for various reasons such as moving out of state or starting pre-school. It is our goal that transitions are planned by the child's support team; communicating to all involved parties is extremely important. Communication will occur between the child's family, necessary BT staff members, and/or other community agencies involved.

Informational meetings, trainings, activities, and home visits will be incorporated into the process and all necessary individuals are encouraged to participate.

If/when a child needs to transition from one classroom to another or to a different teacher, the family and involved teachers will meet to discuss ways to minimize any difficulties with the transition. Strategies may include having the child visit the new classroom for short periods of time and/or having the child and some peers visit the new classroom together. Transitions will be kept as minimal as possible to allow relationships to develop and strengthen among child, BT staff, and family.

To ensure the most appropriate placement and services following participation in BTEHS, transition planning must take place for each child and family at least six months prior to the child's third birthday. Head Start Performance Standards 1304.41(c) (2) - Transition Services, 1304.40(h) - Parent Involvement in Transition Activities. The process must take into account the child's health status and developmental level, progress made by the child and family while in our program, current and/or changing family circumstances, and the availability of Head Start and/or other Early Childhood services in the community.

Transportation

All parents/guardians are responsible for getting their child (ren) to and from BTEHS. (As mentioned below, BTEHS only provides transportation to parents/guardians who are enrolled in Decatur Public High Schools/Futures Unlimited and these **children are never transported alone).**

At this time, BTEHS will provide transportation to and from the center for parents/guardians attending Decatur Public High Schools/Futures Unlimited. All adults being transported must wear seatbelts and children must be in a car seat; parents/guardians are responsible for properly securing their child in the car seat.

When the bus arrives to pick up a family, the parent/guardian and child must come out to the bus within three minutes; this is necessary to assure a relaxed welcome of the child to the center and for the parent/guardian to arrive at school on time. Families being transported are expected to follow the transportation policies and procedures as well as the drop off/pick up policy (as it pertains to all enrolled families).

*Transportation services are a privilege that may be lost if the parent/guardian is consistently late, behaves inappropriately, and/or does not call the center when he/she will not be riding the bus to and/or from the center!

*Parents/Guardians must ride the bus with their child to and from the center; to reiterate, this means that parents/guardians must arrive at the center *before* their child's class time ends to ride the bus home with their child. (NO EXCEPTIONS)

*Parents/Guardians are expected to use the BTEHS car seats, which have been installed according to the car seat installation guidelines and regulations.

Volunteers/Rockers and Readers/Foster Grandparents

BTEHS encourages caregivers to volunteer their services in the classrooms and at other BT events. In addition, community volunteers will be assisting in providing high quality services, these volunteers might include community volunteers, Rockers and Readers, and Foster Grandparents. Any individual that regularly volunteers is required to complete a background check, TB skin test, physical, and attend a modified Baby TALK volunteer training session.

Walks

BT staff will take children on walks; these walks are intended to allow children to experience nature and the environment surrounding our center. Parents/Guardians will be asked to sign a permission slip that will allow your child to participate in walks.

BTEHS currently serves:
64 children in center-based programming - 48 children in partial-year classrooms (closed in the summer months) and 16 children in full-year classrooms (open in the summer months)
82 children in home-based programming

Baby TALK
355 E. Marietta St.
Decatur, IL 62522
Telephone: 217-475-2234
Fax for Wellness Specialists: 217-422-9935
Fax for main office: 217-475-2206
Hours: 7:30 AM-4:00 PM
Days: Monday-Friday
Summer Hours: During June and July, the partial year classrooms are closed. Families enrolled in those classrooms will receive home visits. The visits will typically occur on Tuesdays and Wednesdays (between 8:00 AM and 4:00 PM) The full year classrooms will remain open throughout June and July.

Baby TALK's Early Head Start Leadership Team
Cindy Bardeleben- Executive Director
Kelsey Althouse- Director of Programming
Ashley Jackson – Early Care and Education Manager
Regina Abraham – Family Engagement Manager
Allison Walden – Community Engagement Manager
Jeni Weisiger – Early Care and Education Coordinator
Lauren Peterson – Early Care and Education Coordinator
Maria Goad – Early Care and Education Coordinator
Debra Baltimore – Family Resource Specialist
Rebecca Jones – Family Engagement Coordinator
Linda Graves – Family Engagement Coordinator
Dana Rose – Wellness Specialist
Cathy Welsh – Practice-Based Coach

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Cold Symptoms	Viruses *Adenovirus *Coxsackievirus (Hand,Foot, Mouth Disease) *Enterovirus *Parainfluenza virus *Respiratory syncytial virus *Rhinovirus *Coronavirus *Influenza Bacteria *Mycoplasma	*Runny or stuffy nose *Scratchy throat *Coughing *Sneezing *Watery eyes *Fever	Not necessary	Yes	No, unless *Fever accompanied by behavior change *Child looks or acts very ill *Child has difficulty breathing. *Child has blood red or purple rash not associated with injury *Child meets other exclusion criteria	Exclusion criteria are resolved without the support of non-prescribed over the counter medicine, but no sooner than the day after the exclusion.
Cough (May come from congestion anywhere from ears to lungs. Cough is a response to something that is irritating tissues in the airway.)	*Common cold *Lower respiratory infection (pneumonia, bronchiolitis) *Croup *Asthma *Sinus infection *Bronchitis	*Dry or wet cough *Runny nose (clear, white, or yellow-green) *Sore throat *Throat irritation *Hoarse voice, barking cough	Not necessary	Yes	No, unless *Severe cough *Rapid and/or difficult breathing *Wheezing if not already evaluated and treated *Cyanosis (blue color of skin and mucous membranes)	Exclusion criteria are resolved without the support of non-prescribed over the counter medicine, but no sooner than the day after the exclusion.
Diaper Rash	*Irritation by rubbing of diaper material against skin wet with urine or stool *Infection with yeast or bacteria	*Redness *Scaling *Red bumps *Sores *Cracking of skin in diaper region	Not necessary	Yes	No, unless *Oozing sores that leak body fluids outside the diaper	Exclusion criteria are resolved.

Diarrhea	Usually viral, less commonly bacterial or parasitic *Infection by bacteria (the cause of most types of food poisoning) *Infections by other organisms *Eating foods that upset the digestive system *Allergies to certain foods *Changes in diet *Formula/Breast Milk *Medications *Radiation therapy *Diseases of the intestines (Crohn's disease, ulcerative colitis) *Malabsorption (where the body is unable to adequately absorb certain nutrients from the diet) *Hyperthyroidism *Some cancers *Digestive tract surgery *Diabetes *Teething (for some children) *Vaccinations	*Frequent loose or watery stools compared to child's normal pattern (exclusively breastfed infants normally have frequent uniformed and somewhat watery stools, or may have several days with no stools) *Abdominal cramps *Fever *Generally not feeling well *Sometimes accompanied by vomiting	For one or more cases of bloody diarrhea or 3 or more children with diarrhea in group within a week	Yes	Yes, if *Stool is not contained in the diaper for diapered children *Diarrhea is causing ·accidents' for toilet-trained children *Stool frequency **exceeds 2 or more episodes of diarrhea** (child will be monitored within the classroom, bathroom, office, etc. by the Site Manager or assigned staff after first episode of diarrhea and monitored for 30 minutes to an hour. If a second episode occurs, the child will be excluded at the discretion of the Site Manager) *Blood/mucus in stool *Abnormal color of stool for child (eg, all black or very pale). *No urine output in 8 hours *Jaundice (yellow skin or eyes) *Fever, with behavior change *Looks or acts very ill	*Cleared to return after being free of symptoms for 24 hours **(if an outbreak has occurred at the center, the child must be free of symptoms for 48 hours)** *Cleared to return by health professional for all cases of bloody diarrhea and diarrhea caused by Shigella, Salmonella, or Giardia. *Diapered children have their stool contained by the diaper (even if the stools remain loose) and toilet-trained children do not have toileting accidents. *Able to participate
Difficult or Noisy Breathing	*Common cold *Croup *Epiglottitis *Bronchiolitis *Asthma *Pneumonia *Object stuck in airway	*Common cold: Stuffy nose, sore throat, cough, and/or mild fever. *Croup: Barking cough, hoarseness, fever, possible chest discomfort (symptoms worse at night), and/or very noisy breathing, especially when breathing in. *Epiglottitis: Gasping noisily for breath with mouth wide open, chin pulled down, high fever, and/ or bluish (cyanotic) nails and skin; drooling, unwilling to lie down. *Bronchiolitis and Asthma: Child is working hard to breathe; rapid breathing; space between ribs looks like it is sucked in with each breath (retractions);wheezing; whistling sound with breathing; cold/ cough; irritable and unwell. Takes longer to breathe out than to breathe in. *Pneumonia: Deep cough, fever, rapid breathing, or space between ribs looks like it is sucked in with each breath (retractions). *Object stuck in airway: Symptoms similar to croup (2 above).	Not necessary	Yes	Yes, if *Fever accompanied by behavior change. Child looks or acts very ill. *Child has difficulty breathing. *Child has blood red or purple rash not associated with injury. *The child meets other exclusion criteria	Exclusion criteria are resolved without the support of non-prescribed over the counter medicine, but no sooner than the day after the exclusion.
Earache	*Bacteria or viruses	*Fever	Not	Yes	No, unless	Exclusion criteria are

	*Often occurs in context of common cold	*Pain or irritability *Difficulty hearing *"BIocked" ears" *Drainage *Swelling around ear	necessary		*Unable to participate. *Care would compromise staff's ability to care for other children. *Fever with behavior change.	resolved without the support of non-prescribed over the counter medicine, but no sooner than the day after the exclusion.
Eye Irritation, Pink eye	*Bacterial infection of the membrane covering the eye and eyelid (bacterial conjunctivitis) *Viral infection of the membrane covering the eye and eyelid (viral conjunctivitis) *Allergic irritation of the membrane covering the eye and eyelid (allergic conjunctivitis) *Chemical irritation of the membrane covering the eye and eyelid (irritant conjunctivitis) (eg, swimming in heavily chlorinated water, air pollution)	*Bacterial infection: Pink color instead of whites of eyes and thick yellow/green discharge. May be irritated, swollen, or crusted in the morning. *Viral infection: Pinkish/red, irritated, swollen eyes; watery discharge; possible upper respiratory infection. *Allergic and chemical irritation: Red, tearing, itchy eyes; runny nose, sneezing; watery discharge.	Yes, if 2 or more childre n have red eyes with watery dischar ge	Yes	*For bacterial conjunctivitis* . **BTEHS THROUGH THE HEALTH & NUTRITION ADVISORY COMMITTEE AND THE POLICY COUNSIL ELECT TO CONTINUE TO EXCLUDE "PINK EYE" UNTIL MEDICALLY CLEARED**	*Exclusion criteria are resolved without the support of non-prescribed over the counter medicine, but no sooner than the day after the exclusion. *For bacterial conjunctivitis once parent has discussed with health professional AND RECEIVED NOTE ON WHEN THEY MAY RETURN. Antibiotics may or may not be prescribed.
Fever	*Any viral, bacterial, or parasitic infection *Overheating *Reaction to medication (eg, vaccine, oral) *Other noninfectious ill-nesses (eg, rheumatoid arthritis, malignancy)	Flushing, tired, irritable, decreased activity *Fever alone is not harmful. When a child has an infection, raising the body temperature is part of the body's normal defense against outside attacks. *Rapid elevation of body temperature sometimes triggers a febrile seizure in young children; this usually is outgrown by age 6 years. The first time a febrile seizure happens, the child requires evaluation. These seizures are frightening, but do not cause the child any long-term harm. Parents should inform their child's health professional every time the child has a seizure, even if the child is known to have febrile seizures. Warning: **Do not** give aspirin. It has been linked to an increased risk of Reye syndrome (a rare and serious disease affecting the brain and liver).	Not necessary	Yes	No, unless *Behavior change. *Unable to participate. *Care would compromise staff's ability to care for other children. **Note:** Temperatures considered meaningfully elevated above normal, although not necessarily an indication of a significant health problem, for the following age groups. Fever is defined by age: *For infants 4 months of age and younger (even if there has not been a change in child's behavior): **-Axillary** (under the arm) temperature: 100.0˚F or greater *For infants and children older than 4 months of age: **-Axillary** (under the arm) temperature: 100.0˚F or greater **-Oral** temperature: 101.0˚F or greater	Exclusion criteria are resolved without the support of non-prescribed over the counter medicine, but no sooner than the day after the exclusion.

					-For **temporal** thermometers: o 0-2 months 100.7°F (38.1°C) o 3-47 months 100.3°F (37.9°C) o 4-9 years 100.1°F (37.8°C) o 10-18 years 100.1°F (37.8°C) ***Get immediate medical attention when** infant younger than 4 months has unexplained temperature of 101^{0}F (38.3^{0}C) rectally or 1OO^{0}F (37.8^0) axillary. Any infant younger than 2 months with fever should get medical attention within an hour.	
Headache	*Any bacterial/viral infection *Other noninfectious causes	*Tired and irritable *Can occur with or without other symptoms	Not necessary	Yes	No, unless *Child is unable to participate **Note: Notify health professional** in case of sudden, severe headache with vomiting or stiff neck that might signal meningitis. The stiff neck of concern is reluctance and unusual discomfort when the child is asked to look at his or her "belly button" (putting chin to chest) - different from soreness in the side of the neck.	Able to participate
Itching	*Ringworm *Chickenpox *Pinworm *Head lice *Scabies *Allergic or irritant reaction (eg, poison ivy) *Dry skin or eczema *Impetigo	*Ringworm: Itchy ring-shaped patches on skin or bald patches on scalp. *Chickenpox: Blister-like spots surrounded by red halos on scalp, face, and body; fever; irritable. *Pinworm: Anal itching. *Head lice: Small insects or white egg sheaths (nits) in hair. *Scabies: Severely itchy red bumps on warm areas of body, especially between fingers or toes. *Allergic or irritant reaction: Raised, circular, mobile rash; reddening of the skin; blisters occur with local reactions (poison ivy, contact reaction). *Dry skin or eczema: Dry areas on body. More often worse on cheeks, in front of elbows, and behind knees. In infants, may be dry areas on fronts of legs and anywhere else on body, but not usually in diaper area. If swollen, red, or oozing, think about infection. *Impetigo: Areas of crusted yellow, oozing	For infestations such as lice and scabies; if more than one child in group has impetigo or ringworm; for chickenpox	Yes	For chickenpox, scabies, and impetigo **Yes** *Children should be referred to a health professional for treatment. *For chickenpox, child needs to be excluded until at least 6 days after onset of rash. *For impetigo, child needs to be excluded until 24 hours after treatment has been initiated. *For scabies, child needs to be excluded until the morning after the first treatment. For head lice **Yes** *Children should receive treatment For ringworm, pinworm, allergic or irritant reactions, and eczema **No, unless**	*Exclusion criteria are resolved without the support of non-prescribed over the counter medicine, but no sooner than the day after the exclusion. *On medication or treated as recommended by a health professional if indicated for the condition and for the time required to be readmitted. *For conditions that require application of antibiotics to lesions or taking of antibiotics by mouth, the period of treatment to reduce the risk of spread to others is usually 24 hours.

		sores. Often around mouth or nasal openings.			*Appears infected as a weeping or crusty sore and it cannot be covered **Note:** Exclusion for hives is only necessary to obtain medical advice for care, if there is no previously made assessment and care plan for the hives.	*For most children with insect infestations or parasites, readmission as soon as the treatment has been given is acceptable. *For head lice, children cannot return until treatment has been provided and all nits have been removed.
Mouth Sores	*Oral thrush (yeast infection) *Herpes or Hand,Foot, Mouth Disease (Coxsackievirus) *Canker sores	*Oral thrush: White patches on tongue and along cheeks *Herpes or coxsackievirus infection: Pain on swallowing; fever; painful, yellowish spots in mouth; swollen neck glands; fever blister, cold sore; reddened, swollen, painful lips *Canker sores: Painful ulcers on cheeks or gums	Not necessary	Yes	No, unless *Drooling steadily related to mouth sores. *Unable to participate. *Care would compromise staff's ability to care for other children.	Exclusion criteria are resolved without the support of non-prescribed over the counter medicine, but no sooner than the day after the exclusion.
Rash	Many causes *Viral: roseola infantum, fifth disease, chickenpox, herpesvirus, molluscum contagiosum, warts, cold sores, shingles (herpes zoster), Hand,Foot, Mouth Disease (Coxsackievirus) and others *Skin infections and infestations: ringworm (fungus),scabies (parasite), impetigo, abscesses, and cellulitis (bacteria) *Severe bacterial infections: meningococcus, pneumococcus, Staphylococcus aureus (MSSA, MRSA).	*Skin may show similar findings with many different causes. Determining cause of rash requires a competent health professional evaluation that takes into account information other than just how rash looks. *Viral: Usually signs of general illness such as runny nose, cough, and fever (except for warts or molluscum). Each viral rash may have a distinctive appearance. *Minor skin infections and infestations: See "Itching." More serious skin infections: redness, pain, fever, pus. *Severe bacterial infections: Rare. These children have fever with rash and may be very ill.	For outbreaks	Yes	No, unless *Rash with behavior change or fever *Has oozing/open wound and it cannot be covered *Has bruising not associated with injury *Has joint pain and rash *Unable to participate *Tender, red area of skin, especially if it is increasing in size or tenderness	*Exclusion criteria are resolved without the support of non-prescribed over the counter medicine, but no sooner than the day after the exclusion. *Able to participate in daily activities. *On antibiotic medication at least 24 hours (if indicated).
Sore Throat (pharyngitis)	*Viral-common cold viruses that cause upper respiratory infections *Strep throat	*Viral: Verbal children will complain of sore throat; younger children maybe irritable with decreased appetite and increased drooling (refusal to swallow). May see symptoms associated with upper respiratory illness, such as runny nose, cough, and congestion. *Strep throat: Strep infection usually does not result in cough or runny nose. Signs of the body's fight against infection include red tissue with white patches on sides of throat at back of tongue (tonsil area), and at back wall of throat. Tonsils may be large, even touching each other. Swollen lymph nodes (sometimes incorrectly called "swollen glands") occur as body fights off the infection.	Not necessary	Yes	No, unless *Inability to swallow. *Excessive drooling with breathing difficulty. *Fever with behavior change. *The child meets other exclusion criteria	*Exclusion criteria are resolved without the support of non-prescribed over the counter medicine, but no sooner than the day after the exclusion. *Able to swallow. *Able to participate. *On medication at least 24 hours (if strep)

Stomachache	*Viral gastroenteritis or strep throat *Problems with internal organs of the abdomen such as intestine, colon, liver, bladder	*Viral gastroenteritis or strep throat: Vomiting and diarrhea and/or cramping are signs of a viral infection of stomach and/or intestine. Strep throat may cause stomachache with sore throat, headache, and possible fever. If cough or runny nose is present, strep is very unlikely. *Problems with internal organs of the abdomen: Persistent severe pain in abdomen.	Not unless multiple cases in same group within 1 week.	Yes	**No, unless** *Severe pain causing child to double over or scream *Abdominal pain after injury *Bloody/black stools *No urine output for 8 hours *Diarrhea *Vomiting *Yellow skin/eyes *Fever with behavior change *Looks or acts very ill	*Exclusion criteria are resolved without the support of non-prescribed over the counter medicine, but no sooner than the day after the exclusion. *Pain resolves. *Able to participate.
Swollen Glands (properly called swollen lymph nodes)	*Normal body defense response to viral or bacterial infection in the area where lymph nodes are located (i.e., in the neck for any upper respiratory infection) *Bacterial infection of lymph nodes that become overcome and infected by bacteria they are responding to as part of the body's defense system	*Normal lymph node response: Swelling at front sides, and back of the neck and ear, in the armpit or groin, or anywhere else near an area of an infection. *Bacterial infection of lymph nodes: Swollen, warm lymph nodes with overlying pink skin, tender to the touch, usually located near an area of the body that has been infected.	Not necessary	Yes	No, unless *Difficulty breathing or swallowing *Red, tender, warm glands *Fever with behavior change	*Exclusion criteria are resolved without the support of non-prescribed over the counter medicine, but no sooner than the day after the exclusion. *Child is on antibiotics (if indicated). *Able to participate.
Vomiting	*Viral infection of the stomach or intestine (gastroenteritis) *Coughing strongly *Other viral illness with fever *Playing hard *Becoming overheated *Becoming stressed/emotional *Tantrums *Motion Sickness	Diarrhea, vomiting, and/or cramping for viral gastroenteritis	For outbreak	Yes	**Yes, if** *Vomited more than 2 times in 24 hours *Vomiting and fever *Vomit that appears green/bloody *No urine output in 8 hours *Recent history of head injury *Looks or acts very iII *After 1 episode of vomiting, the child will be monitored within the classroom, bathroom, office, etc. by the Site Manager or assigned staff after first episode of vomiting and monitored for 30 minutes to an hour. If a second episode occurs, the child will be excluded at the discretion of the Site Manager.	*Vomiting ends; no symptoms for 24 hours *Exclusion criteria are resolved without the support of non-prescribed over the counter medicine, but no sooner than the day after the exclusion.

Figure 22 - Please keep the following in mind when making a decision to exclude a child for diarrhea.

According to the Mayo Clinic, a number of diseases and conditions can cause diarrhea. Common causes of diarrhea include:

- **Bacteria and parasites.** Contaminated food or water can transmit bacteria and parasites to your body. Parasites such as Giardia lamblia and cryptosporidium can cause diarrhea. Common bacterial causes of diarrhea include campylobacter, salmonella, shigella and Escherichia coli. Diarrhea caused by bacteria and parasites can be common when traveling in developing countries, and is often called traveler's diarrhea.
- **Medications.** Many medications can cause diarrhea. The most common are antibiotics. Antibiotics destroy both good and bad bacteria, which can disturb the natural balance of bacteria in your intestines. This disturbance sometimes leads to an infection with bacteria called Clostridium difficile, which also can cause diarrhea.
- **Lactose intolerance.** Lactose is a sugar found in milk and other dairy products. Many people have difficulty digesting lactose and experience diarrhea after eating dairy products. Your body makes an enzyme that helps digest lactose, but for most people the levels of this enzyme drop off rapidly after childhood. This causes an increased risk of lactose intolerance as you age.
- **Fructose.** Fructose, a sugar found naturally in fruits and honey and added as a sweetener to some beverages, can cause diarrhea in people who have trouble digesting it.
- **Artificial sweeteners.** Sorbitol and mannitol, artificial sweeteners found in chewing gum and other sugar-free products, can cause diarrhea in some otherwise healthy people.
- **Surgery.** Some people may experience diarrhea after undergoing abdominal surgery or gallbladder removal surgery.
- **Other digestive disorders.** Chronic diarrhea has a number of other causes, such as Crohn's disease, ulcerative colitis, celiac disease, microscopic colitis and irritable bowel syndrome.
- **Vaccinations and Teething** can also cause diarrhea and/or fever in some children.
- **Viruses.** Viruses that can cause diarrhea include Norwalk virus, cytomegalovirus and viral hepatitis. Rotavirus is a common cause of acute childhood diarrhea.