



Child and Family Study Center

Growing & Learning Together
Family Handbook



University of Wisconsin-Stout
College of Education, Health and Human Sciences
School of Education - Child and Family Study Center
Family Handbook - Revised July, 2008

Child and Family Study Center
811 Sixth Street East
Menomonie, WI 54751
715-232-1478

Welcome!

We are excited to welcome you to the University of Wisconsin-Stout Child and Family Study Center. Since 1926, the Child and Family Study Center (CFSC) has had a lengthy and proud history of providing quality child care for families within the Menomonie community and supporting the academic programs at the University of Wisconsin-Stout.

We look forward to getting to know you better. We hope this will be a rewarding experience for you. The center meets personnel qualifications, staffing patterns, and curriculum standards established by the Department of Children and Families, Division of Early Care and Education, and the National Association for the Education of Young Children (NAEYC).

A large part of what has made the Child and Family Study Center thrive, is the involvement of the families we serve. This handbook was designed to provide our families and staff with information about the Child and Family Study Center (CFSC) programs, staff, policies, and guidance methods. Thank you for taking the time to familiarize yourself with this information. We welcome your questions, comments, and suggestions for improving our Center.

We look forward to a successful year for the children, families, and staff at the Child and Family Study Center!

Child and Family Study Center Staff

NOTE: Please be sure that you **READ THIS MANUAL THOROUGHLY AND CAREFULLY.** You are responsible for being aware of its contents. If you have any questions, please contact the Center office.

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The University of Wisconsin-Stout, the Child and Family Study Center (CFSC), the Wisconsin Department of Children and Families (DCF) and/or Wisconsin Department of Public Instruction (DPI) may alter all policies in this handbook at any given time as necessary. Advance notice, when possible, will be given for compliance and/or participation.

Administration of the CFSC

The CFSC is a unit of the School of Education, College of Education, and Health and Human Sciences of the University of Wisconsin-Stout.

University of Wisconsin Stout - Charles Sorensen, *Chancellor*
Dr. Julie Furst-Bowe, *Provost*

College of Education Health and Human Sciences - Dr. Mary Hopkins-Best, *Dean*
School of Education (SOE) - Dr. Jacalyn Weissenburger, *Director*

Child and Family Study Center (CFSC) - Judy Gifford, *Director*
Marcia Wolf, Head Teacher (Infants) Elizabeth Welch, Head Teacher (Preschool)
Jamie Lynch, Head Teacher (Toddler Ones) Heidi Anderson, Head Teacher (Preschool)
Kathy Preusse, Head Teacher (Toddler Twos) Linda Vanderloop, Administrative Assistant

Licensing and Accreditation

The CFSC is licensed through the Wisconsin Department of Children and Families, Division of Early Care and Education, 610 Gibson Street, Suite 2, Eau Claire, WI 54701. The telephone number is 715-836-2317.

Preschool

811 Sixth Street East
Menomonie, WI 54751
715-232-1478
Capacity: 38
Ages: 30 months to 6 years
License #520007

Infant/Toddler Annex

Home Economics Building (Room 165/175)
Menomonie, WI 54751
715-232-2428
Capacity: 30
Ages: 6 weeks to 3 years
License #520246

Mailing Address: CFSC, UW-Stout, 811 Sixth Street East, Menomonie, WI 54751

Complete State Licensing Policy and University/Center Policy handbooks are available for review at the Child and Family Study Center during normal days and hours of operation. If there is a question about a policy or procedure, the staff and director will use the handbooks listed above for an interpretation.

Notification/Official Postings: A bulletin board is provided in each Center site near the front entryway. All official notifications including licensing inspections are posted on these bulletin boards. Additional information is provided to families near the computer check-in area.

The CFSC has achieved re-accreditation by the National Association for the Education of Young Children (NAEYC). This mark of quality provides assurance that the CFSC is committed to meeting the highest standard in early care and education.

Introduction

CFSC Mission

Committed to excellence in early childhood education and care, the Child and Family Study Center serves as a laboratory school for professional development in teacher education with a focus on providing comprehensive programs for children and families within a developmentally appropriate environment.

The Child and Family Study Center is licensed by the state of Wisconsin for children ages six weeks through six years and accredited by the National Association for the Education of Young Children.

Affirmative Action Statement:

The University of Wisconsin-Stout is an equal opportunity affirmative action institution committed to diversity in its people and programs.

ADA Statement:

The University of Wisconsin-Stout CFSC is committed to making individuals with disabilities full participants in its programs, services, and activities through its compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. The CFSC recognizes that individuals with disabilities may need accommodations to have equally effective opportunities to participate in or benefit from the Center's programs, services, and activities.

Multicultural Policy:

Our program is committed to multicultural education, dedicated to human rights, dignity of the individual and social justice. We strive to create a program that truly reflects the lives of our children, families, staff, and community. By recognizing the impact culture plays on families, we will make every effort to provide culturally responsive childcare by affirming human differences and the right of people to make choices about their own lifestyles. We seek to recognize, appreciate, and respect the uniqueness of each child. We encourage all families to share their customs, cultures, and talents.

Child and Family Study Center Program Philosophy:

The Child and Family Study Center functions as a laboratory school for the University of Wisconsin-Stout. It supports the University's mission in that it allows students to have practical experience along with their course work. The School of Education utilizes the center as a site for its student teachers, class observations and practicum courses. The Director monitors the use of the center and ensures confidentiality for the children and their families.

Child and Family Study Center Program Goals:

The CFSC program goals focus on the "whole child" representing all areas of development: social, intellectual, physical, and emotional. The program goals are to develop: self-concept and self-worth, language skills, social interaction skills, independence, curiosity, self-expression, appreciation, problem-solving, large and fine motor coordination, creative expression, along with awareness and respect for other's experiences and backgrounds as well as their own.

Language Needs of Families:

If the need arises for a translation of the program policies and procedures, the Child and Family Study Center will contact the International Student Services department to obtain a translation or contact a translator for any family requiring it. The International Student Services is located on campus in Room 400 Bowman Hall.

Program Description

Program Options:

1. Full Day Program - 7:30 a.m. - 5:30 p.m.
Infant/Toddler Program includes breakfast, lunch, and snack.
Preschool Program includes breakfast, lunch, and snack.
2. Morning Program - 7:30 a.m. - 12:30 p.m. - Preschool Only
Program includes breakfast and lunch.
3. Afternoon Program - 12:30 p.m. - 5:30 p.m. - Preschool Only
Program includes snack.
4. 4-K Program - 8:45 a.m. - 11:45 a.m.
Children enrolled in the 4K program must also be enrolled in the 4K program with the School District of the Menomonie Area.

General Program Dates:

The center operates in accordance with the UW-Stout academic year calendar.

- Fall Program: September to December
- Spring Program: January to May
- Summer Program: Summer session dates (Preschool only)

Official Holidays / Center Closings:

Labor Day
Thanksgiving Break
Winter Break
March Spring Break Week
Spring Holiday
Early Childhood Conference (in April)
4th of July

*A yearly calendar with specific dates is available in the center office and also on the CFSC website.

On the days that the University is closed, the CFSC can not be open. University closing information, due to inclement weather, can be obtained by listening to the radio announcements on station WMEQ 92.1 FM.

Admission

Enrollment Requirements:

1. Children must be within ages six weeks to six years.
2. Application form must be completed and payment of the non-refundable \$10.00 application fee per child per semester. (Same requirements for summer applications.)
3. A signed, written contract must be on file.
4. All required enrollment documentation must be completed and on file in the Center Office PRIOR to the first day of attendance. Refer to the Check Off List on page seven.
5. Enrollment decisions made to support full rosters consider continuing family needs, student parent status, date of application and available openings in accordance with state regulations.

A child is considered enrolled for a given month if he/she has a completed and approved current written contract on file, the center maintains a vacant opening in anticipation of the child's future attendance at the center, and all childcare fees are paid in full.

Contracts:

A new contract will be signed for each child and each term. The CFSC reserves the right to make changes in rates and policies as necessary. You will be notified in writing of any changes that may occur. Every attempt will be made to give at least two weeks notice of change.

Waiting List:

A waiting list will be maintained according to the date of application and shall be kept in the center office. When available space warrants, families on the waiting list will be notified and offered age-appropriate available space in the classrooms. Families on the waiting list will be asked to update their application periodically to indicate continued interest.

Attendance:

Young children thrive on having a predictable routine; therefore, regular attendance is desirable. A minimum of two program days of attendance per week is preferred. Less than two days of attendance per week requires Director's approval. In order to hold your child's space on the center's roster, all program fees must be paid when your child is absent (vacation, illness, etc.).

Absences

The Center must be contacted as soon as possible on the day of your child's illness to inform us of your child's absence from the CFSC as well as the reason for not attending. (Preschool Lab - 715.232.1478 or Infant/Toddler Lab - 715.232.2428) Please contact the center regarding the child's absence by 9:30 a.m. for morning hours or by 2:30 p.m. for afternoon program hours. If contact is not made, the center staff will contact the home regarding the child's absence. If the staff member does not make contact with the home, the emergency contact list will be called. If a child is absent two weeks in a row without prior notification from the parent/guardian, the child will be withdrawn from the program and all fees become due and payable at once.

Check Off List

All Paperwork MUST BE COMPLETED PRIOR to the first day of attendance.

Infant List (6 weeks to 12 months)

Application Form
Records Check Off Sheet
Child Enrollment Form
Health History and Emergency Care Plan
Child Health Report
Immunization Record
Permission Form
Child Information Sheet
Intake Form (for children under 2)
Contract (signed and dated)
Infant Meal Notification
Current Course Schedule (for student parents)

Families Provide:

Diapers
Bottles
Wipes (in plastic container)
Pacifier
Change of clothes
(socks included)
Formula Or Breast Milk
*label all items with child's name

Toddler List (12 months to 36 months)

Application Form
Records Check Off Sheet
Child Enrollment Form
Health History and Emergency Care Plan
Child Health Report
Immunization Record
Permission Form
Child Information Sheet
Intake Form (for children under 2)
Contract (signed and dated)
Current Course Schedule (for student parents)

Families Provide:

Diapers
Toothbrush
Wipes (in plastic container)
Change of clothes
(socks included)
Blanket/Pillow
(full days only)
*label all items with child's name

Preschool List (3 years to 6 years)

Application Form
Records Check Off Sheet
Child Enrollment Form
Health History and Emergency Care Plan
Child Health Report
Immunization Record
Permission Form
Child Information Sheet
Contract (signed and dated)
Current Course Schedule (for student parents)

Families Provide:

Toothbrush
Backpack
Change of clothes
(socks included)
Blanket/Pillow
(full days only)
*label all items with child's name

Admission

Confidentiality:

The Child and Family Study Center respects families, children, and staff and provides a safe environment for all of the children in our care by:

1. Enforcing regulations governing access to files and familial rights.
2. Maintaining the procedures used to keep individual child records confidential, including a child's specific health care needs.
 - Children's records and files are kept in the main office.
 - Only the teaching staff and administration at the Child and Family Study Center are allowed access to the child records. Parents/guardians are only allowed access to their own child's records at any time.
3. Identifying the individuals who will have access to individual child screening and assessment results as well as the reasons for their access.
4. Explaining how and why children's individual screening results and assessment information will be represented, used, and interpreted.

Access, Rights, and Responsibilities:

1. Families are welcome to visit any area of the facility at any time during the program's regular hours of operation. UW-Stout students and CFSC children are only allowed in the CFSC and on the CFSC playgrounds if Child and Family Study Center staff are present.
2. Follow check-in, check-out procedures.
3. Families are encouraged to utilize the Observation Booth and to do so in an appropriate and confidential manner.
4. Inform the CFSC of changes in family structure and information such as divorce, separation, new address, new phone number, new siblings, family loss, etc.
5. Application must list name, address and telephone number of both parents/guardians.
6. According to University policy, written agreement must also include driver's license and Social Security numbers.
7. Be courteous and respectful at all times to children, staff, and other parents/guardians.
8. Refrain from using profanity or abusive behaviors towards others.

Custody Records/Court Orders:

In the event of any legal matters regarding the custody of your child, we must have copies of the court documents for custodial arrangements such as billing and visitations. To honor requests and directives for records or information about the child, court-ordered documentation must be provided. Childcare information will be released to both parents/guardians unless prohibited by court order.

Observation:

The CFSC supports the University of Wisconsin-Stout in its efforts to conduct research, train students, and provide services. If your child is enrolled in our center, he/she will be observed for educational purposes. We wish to facilitate research and training in ways that are least disruptive to children.

Admission

Arrival and Departure:

Please observe and respect the CFSC start times and closing times. Our license only allows children to be present during regular hours of operation. It is important that you make contact with the head teacher when you are dropping off your child.

Please sign your child(ren) in at the time of arrival and departure. The electronic check-in systems are located in the common lobby area of the preschool building and the common dining area of the infant/toddler building.

Clothing:

All parents/guardians are required to provide enough extra clothing and diapers to allow for emergencies during the day. This clothing should be loose and comfortable for play and must be labeled with the child's name to ensure against possible loss and/or exchange. A variety of clothing should be provided in case of a weather change. Daily outdoor periods are scheduled year round. Parents/guardians are required to send jackets, mittens, hats, scarves, snow pants, and boots in accordance with the weather. The Center does not provide any extra clothing for the children. Children will occasionally be involved in some "messy" activities. Although smocks are provided for the children, their clothing may become soiled. Please dress your child accordingly.

Rest Time:

All full-day programs require children to participate in a rest period. From approximately 12:30-1:30 p.m., the children are provided a cot, cot sheet and a quiet atmosphere. Blankets or cuddlies can be brought from home but need to be taken home weekly for washing. Children are not required to fall asleep, but are encouraged to rest quietly for thirty minutes.

Personal Belongings:

Care, safety and consideration will be given to all personal belongings kept on our premises during your child's enrollment here. Please label all items; center staff are not responsible for lost or damaged items.

Plant Policy:

Any plant that is brought into the Child and Family Study programs must be approved by the director to ensure that the plants are safe for children.

Pet Policy:

All animals brought into the classroom as pets must have the prior approval of the director. Reptiles, amphibians, turtles, ferrets, psittacine birds, exotic and wild animals, and poisonous animals, are not allowed in any classroom. Visiting animals must be approved by the head teacher and parents/guardians regarding the inclusion of their children in the experience. Any parent not wishing their child to be involved needs to inform the head teacher.

The Child and Family Study Center has a fenced in play yard. In the event that we find a stray animal, we call the Dunn County Humane Society. The organization takes in stray animals that are found in the county.

Wellness Checks:

As childcare professionals, we are mandated by law to report any suspected child abuse and neglect. The following procedure will be used. A wellness check is performed on each child upon arrival at the center. A staff member will look for symptoms of illness and injury. Any injury to a child or evidence of unusual bruises, contusions, lacerations, or burns received by a child in or out of the CFSC shall be recorded (in detail) in a medications and injury log book and reported immediately to the Director or acting director as per DCF 251.07(6)(a) and then to necessary agencies as directed in the DCF 251.07(6)(a).

Discharge of Enrolled Children

Home-School Communication:

The CFSC values on-going home-school communication and sharing childrens' progress with families. Please inform the center of any changes that may occur in regard to work/home schedule, address, telephone numbers, and individuals authorized to pick up your child(ren). Other changes that may affect your child's behavior at school should also be discussed with the child's teacher or director. All information remains confidential.

Staff will inform the parents/guardians when:

1. New behavior has been observed.
2. Routines in the classroom have been changed.
3. There are important upcoming events.
4. There is a new staff member in the classroom.
5. There will be a field trip.
6. The child should be working on particular skills at home.
7. There has been an accident.
8. Any child in the group has a communicable disease to which other children have been exposed.

Parents/guardians will advise the Center when:

1. Their child will be absent from the Center and reason for absence. Please call the Preschool at 715-232-1478 or the Infant/Toddler Center at 715-232-2428.
2. Their child has been diagnosed with an allergy, communicable disease, or health problem/restriction.
3. Their child has been given medication in the past 24 hours.
4. Their child will be taken home earlier than usual or picked up by another authorized individual.
5. The usual family schedule has been changed.
6. There are visitors who are important to the child.
7. Family members are absent.

Discharge of Enrolled Children

Termination of enrollment from a program can occur by one of the following ways:

The Parent/Guardian Decision or Mutual Decision:

In the event a parent/guardian chooses to withdraw their child from the Child and Family Study Center, the following procedure is expected:

1. A written request to withdraw is submitted to the office.
2. Payment is expected for two weeks after notice of withdrawal is received at the Child and Family Study Center's Office.

The Center's Decision:

The Center Director may request in writing a child be withdrawn from a program if the needs of the individual cannot be adequately served by the center. Moreover, a child will be withdrawn from the program if:

1. The parent(s)/guardian(s) fail to pay fees as scheduled. If the balance exceeds two weeks of care or there are documented repeated late fees, the child will not be permitted in the program.
2. The parent(s)/guardian(s) fail to observe center rules relating to the arrival and departure of children and compliance with checking in and out of children.
3. The child poses a repeated safety concern for other children in attendance.

The Director has the option to cancel a child's enrollment when circumstances warrant, such as incomplete enrollment documentation, delinquent tuition accounts, or if the Director determines that the needs of a child cannot be reasonably or adequately served by the center. Families will be contacted, documentation provided and a meeting will be held to determine the final decision. If outside agencies are involved, they will be notified in writing. A written appeal may be submitted to the Director.

Family Terminates Without Notice:

If a family terminates without notice or if a child fails to attend for two contracted weeks, the child is withdrawn from the program by the Center Director. The family will be notified in writing and will then be billed and is responsible for paying for two weeks of child care fees.

Re-Admittance:

Any time a child is withdrawn from a program, someone on the waiting list may fill the open space. For a child to be re-admitted, an opening will have to be available, a new application form must be completed, and a new registration fee paid.

Fee Payment and Refunds

Payment Policies:

Current fee schedules may be found in the CFSC program brochure and CFSC website. The fees for all early childhood programs offered by the CFSC are **DUE AT THE BEGINNING OF EACH WEEK** of service. Weekly payments are due no later than the first day of your child's contracted schedule for that week. In general, the Center's fees are inclusive. Fees for child meals, field trips and materials are not additional charges. The payment box for the Preschool Center is located on the wall near the check-in computer. The payment box for the Infant/Toddler Center is located on the outside wall of the Toddler Two Classroom.

Late Fee:

Please pick up your child at the scheduled time. Our license authorizes the CFSC to be open only from 7:30 a.m. to 5:30 p.m. Monday through Friday. Please note that families are assessed \$15 for each 15 minute increment when children are picked up late. This fee will be electronically charged to your account. If a child is left at the Center for more than 30 minutes after their program ends, parents/guardians will be contacted. If they cannot be reached, emergency contacts will be called. Dunn County Human Services (715-232-1116) will be contacted if parents/guardians and/or emergency contacts cannot be reached.

Student Parent Subsidy:

UW-Stout student parents carrying a minimum of 6 credits per semester may qualify for a student rate on childcare fees. The student must be the enrolled child's parent or legal guardian and must provide a copy of a current course schedule at UW-Stout. Without a current course schedule on file, student parents will be billed at the full rate.

Agency Fee Payment Assistance:

For those parents/guardians who receive childcare fee payment assistance from an agency outside of the Center or University, a written authorization must be received and kept on file in the center office prior to the start of attendance. Parents/guardians are responsible for all childcare fees, either through out-of-pocket payments or documented, authorized agency fee payment assistance for childcare fees. Qualifying student parents may receive either the student parent discount **OR** childcare fee assistance from an outside agency.

Program Fee Statements:

Program fees are electronically filed and can be confidentially accessed through the software system found with the check-in/check-out family data computer. A hard copy or an e-mail copy may be requested at any time. End of the year statements will be made available for all families.

All statements must be paid in full for continued enrollment in the CFSC. If you are delinquent with fee payment, have not followed the payment policy and have a history of late fees, you will receive a notice of termination and your child will not be able to attend until suitable arrangements have been made to pay your account in full. Tuition is due during each week of the contract whether or not your child attends.

We understand that there are times when some families experience temporary financial difficulties. If this is the case, please see the Director to arrange a temporary payment schedule.

Fee Payment and Refunds

NSF Checks:

If a check is returned for non-sufficient funds, you will be required to pay all fees incurred as a result of the returned check to the University of Business Office. Childcare services may be temporarily stopped until the full payment of tuition and NSF charges have been made in cash. In addition, we may not be able to accept personal checks from that time forward.

Refunds:

Refunds will only be issued if the childcare account is in good standing and all assessed fees are paid, and the child has permanently withdrawn from all programs at the CFSC. Statements with a credit balance over \$10.00 will be refunded.

Curriculum:

Under the direction of the CFSC Director and with the knowledge of the Early Childhood Education faculty in the School of Education, the laboratory teachers design and implement a developmentally and culturally appropriate curriculum that is child-centered and uses the thematic project approach and developmental goals. Because this is a laboratory school, the teachers must approve, incorporate and monitor the University of Wisconsin-Stout Early Childhood students' lesson plans in carrying out their curriculum.

Curriculum Statements:

All curriculum is based on the needs, abilities, and interests of the children. Curriculum follows developmentally appropriate practices and is relevant to children's environment.

Infant

The infant curriculum is individualized. Each child has his/her own weekly block plan based on his/her own developing needs, interests and abilities. The child's individualized portfolio is used to guide weekly planning. Planning is done in the five developmental areas; physical, language & communication, cognitive, social, and emotional. A home/school connection is also part of the weekly planning.

Toddler 1

Toddler 1 curriculum is designed to meet the developmental needs, abilities and interests of the specific children in the program. Individual developmental portfolios are updated weekly and used to select weekly goals. Curriculum is written to accommodate goals in all areas of development. A weekly block plan supports the goals through a variety of daily lessons.

Toddler 2

Toddler 2 curriculum is centered around a weekly or bi-weekly theme. The themes chosen are based on the children's interests and developmental goals. Materials and equipment are carefully selected or made to support the theme for the week. Dramatic play, blocks, science shelves, math shelves, books, small manipulative shelves, sensory, and art easel are all areas switched weekly or bi-weekly to support a theme. Teachers identify goals from developmental portfolios and areas of development.

Preschool

Preschool curriculum is also centered around a weekly or bi-weekly theme. Each area of the room is enhanced weekly to support a theme. Materials for classroom shelves are carefully selected or made to support the theme as well as developmental goals. Classroom centers include dramatic play areas, science activities, block building, writing, art, math, sensory, large muscle activities, small manipulative activities, resources, people, and field trips. Teachers identify goals from developmental portfolios and areas of development.

Classroom Curriculum Centers may include, but are not limited to:

- Small Manipulative
- Block Building
- Large Muscle
- Science and Math
- Dramatic/Creative Play
- Books and Listening
- Writing
- Sensory, including water, sand, and other materials
- Art and Easel
- Music
- Computer
- Multicultural

Daily Schedule:

Developmentally appropriate activities are planned throughout the curriculum. A schedule of routine classroom activities is maintained and posted for each classroom.

Each schedule reflects a balance of the following:

- Active and quiet areas
- Indoor and outdoor activities (weather permitting)
- Protection from excess fatigue and over-stimulation
- Free selection of individual activities by children
- Large and small group activities
- Meals and snacks
- Quiet time for rest

Parents/guardians and grandparents are invited to participate as their schedules permit. Please talk with your child's teacher to coordinate participation.

Field Trips:

Part of our program involves excursions away from the Center by walking or riding a bus. These trips are carefully planned and appropriately supervised. With the exception of short walks within the immediate neighborhood of the Center, we will inform you prior to the event. If you do not wish for your child to take part in these trips for any reason, please inform the staff and make outside arrangements for childcare during the field trip time period. Upon enrollment, each parent/guardian will be asked to complete and sign a permission form that includes a field trip authorization. Any child without a signed slip will not be permitted to participate in excursions. Parents/guardians are welcome to participate in field trips/excursions. Please speak with the head teacher regarding any excursion in which you would like to participate.

Outdoor Play Space and Activities:

The outdoor playground is an extension of the classroom. Activities are planned to facilitate gross and fine motor development, creativity, and an appreciation for the natural environment. Campus walks extend our play space even further.

Staffing Ratio:

Staffing ratio is maintained at all times, indoors and out.

Ages of Children	Minimum Number of Child Care Workers to Children	Maximum Number of Children in a Group
6 weeks to 2 years	1:4	8
2 to 2-1/2 years	1:6	12
2-1/2 to 3 years	1:8	16
3 to 4 years	1:10	20
4 to 5 years	1:13	24
5 to 6 years	1:17	32

Technology in the Classroom:

All children have opportunities to access technology that they can use by themselves, collaboratively with their peers, and with teaching staff or a parent. Technology is used to extend learning within the classroom and to integrate and enrich the curriculum. Occasionally a videotape/DVD may be used to support the curriculum. All videotapes/DVDs must be reviewed and approved for use by the head teacher. Videotapes/DVDs used in the classroom must complement the objectives of the weekly or bi-weekly theme.

Campus Activities:

At times, children enrolled at the Center are asked to participate in other on-campus activities and resources, such as play therapy, music, physical activities for the young child, and intergenerational activities. Parent/guardian written permission is required prior to participation.

Religious Teaching and Holiday Celebrations:

Religious teaching will be left up to the families of each child. If questions come up from time to time, we will tell children to speak to their parent/guardian. Holiday celebrations reflect respect of all cultural and religious backgrounds. Character development and consideration for others will be encouraged in all classrooms.

Special Needs Policy:

If a child has any type of special need(s), the Center Director and appropriate head teacher should be notified and provided with all necessary information regarding the special need(s). Upon acceptance into the program, the staff will develop an individual program plan for the child based on this information. Families have opportunities to provide input regarding policies and procedures for meeting a child's individualized plan, provided the staff have been given the necessary documentation, i.e. IEP's, evaluations, medical documents, etc., from outside agencies.

Child Progress and Communication with Families:

A written log is maintained for each child enrolled in the Infant/Toddler Center, with information about the child's eating habits that day, nap/rest time, toileting or diapering, medication, behavior, social interactions, cognitive advances/challenges, and physical behaviors. Preschool head teachers will update the home-school connection board regularly and will provide daily notes for children upon request by the child's parent/guardian.

Family members are provided information, either in writing or verbally, about their child's development and learning on at least a quarterly basis. Information is shared in family conferences two times a year. Additional conferences may be arranged upon request.

Weekly newsletters, block plans, and menus are shared with families through email or printed form. A copy of each newsletter, block plan, and menu will be kept on file in the center office.

Child Guidance

Guidance has been defined as everything that adults intentionally say or do, either directly or indirectly, to influence children's behavior, with the goal of assisting children to become well-adjusted and self-directed, productive adults. Classroom arrangement, materials, and curriculum indirectly guide and influence the children, promoting positive behavior. Guidance empowers children to make ethical, intelligent, and socially responsive decisions and choices. With this in mind, the teaching staff at the CFSC will:

- Not hesitate to act if anyone is in danger,
- Give the child minimum help to promote maximum growth through independence,
- Be available if and when the child needs assistance,
- State suggestions and directions in a positive manner,
- Set and follow through with consistent, clearly defined, and positively stated limits,
- Promote problem solving and pro-social behavior, and
- Model appropriate and positive methods of guiding crying, fussing, and distraught children.

We welcome the opportunity to work cooperatively with families and encourage open home-school communication.

Self-Help Skills:

Self-help skills are those skills that are used daily, require routines, and lead toward independence from adults. They include putting on coats and mittens, toileting, hand-washing, and eating. Typically, developing children appear to develop the skills as a result of the combination of maturation, imitation, and adult interaction. Because of this, we want the child to learn at his/her own pace rather than requiring that children know certain skills before entering programs.

Removal or Redirection Guidelines:

Time-out is not encouraged as a method of child guidance. A teacher will remove the child and remain with the child if the child needs time away from the group activity. The teacher and child will rejoin the class when the child is ready.

Prohibited Punishment:

Some forms of child guidance are prohibited even at parent/guardian request. The Center will not: spank, hit, pinch, shake, or inflict any other form of corporal punishment on children in our care. Also, prohibited are: verbal abuse, threats, derogatory remarks about the child or the child's family, binding or restricting movement, enclosing the child in a confined space (i.e. a closet, room, box, or similar space), withholding meals/snacks/naps, or forcing meals/snacks/naps.

Model Teaching:

The head teacher serves as a model teacher for student teachers, practicum students and visitors. Because of his/her role, the head teacher follows guidelines for developmentally, culturally, and educationally appropriate practice as outlined by the National Association for the Education of Young Children (NAEYC).

Contingency Plans

Injury Procedures:

Every effort is made to ensure the safety of the children at the Child and Family Study Center. Minor injuries such as bumps, bruises, minor cuts, insect bites, etc., shall be treated at the Center with the use of a first aid kit. Proper first aid procedures are followed.

Major injuries will be treated off-site at the Red Cedar Medical Health Center – Mayo Health System. If an accident should occur in the Child and Family Study Center, the parent/guardian of the child(ren) involved will be notified immediately. If a child needs to be transported, the classroom head teacher, director, or administrative assistant will dial 9-911 emergency services. The center director or head teacher will accompany the child to Red Cedar Medical Health Center – Mayo Health System for medical treatment and will remain with the child until a parent/guardian arrives. The parent/guardian will be responsible for bearing the cost of the medical treatment, unless negligence is proven on the part of the Child and Family Study Center. If contact cannot be made with the parent/guardian, the teacher will call the doctor indicated on the child's enrollment/health record form. The emergency contact may also be called in an effort to notify the child's family.

The emergency service for the Center is provided at Red Cedar Medical Health Center- Mayo Health System, 2321 Stout Rd., Menomonie, WI 54751. The telephone number for the hospital is 715-235-5531. The nurse line number is 715-233-7677.

In case of a dental emergency, the parent/guardian of the child will be contacted immediately. The emergency contact will be called if a parent/guardian cannot be reached. CFSC staff will then contact the dentist specified by the parent/guardian.

In the event of any incident or accident requiring professional medical treatment within 48 hours of injury, the head teacher must report it immediately to the Director. The Director will comply with licensing reporting procedures.

Pick-up Authorization:

Please make contact with the head teacher when you are picking up your child. When you registered your child, a form was completed listing who is authorized to pick up your child. Any additions, deletions or changes must be **in writing** on the child care enrollment form. Temporary changes must be made in writing by the parent/guardian on the Authorization Form for Child Pick-up. Authorized individuals should be prepared to show picture ID when picking up children.

Persons appearing under the influence of drugs/alcohol will not be permitted to pick up the child(ren) from the Center. An authorized person indicated on the child enrollment forms by the parent/guardian will be contacted and/or the University Police will become involved.

Family Schedule Changes:

In the event that a parent/guardian wishes to change the contracted hours, adjustments shall be made when the Director has determined that child/staff ratios can be maintained.

Health Care

Illness:

If your child is ill, he/she should be kept at home for the protection of all children. Following licensing policy and according to the American Academy of Pediatrics, if your child exhibits any of the following symptoms, accompanied with a fever, he/she will need to be temporarily excluded.

1. A fever over 101°F (ear thermometer) and behavior change or other signs and symptoms.
2. Two or more incidences of diarrhea not associated with changes of diet.
3. Vomiting more than two times in the previous 24 hours.
4. Pink eye, until treatment is started.

For further clarification on other conditions requiring temporary exclusion, please refer to Signs and Symptoms Chart, Appendix A, taken from Managing Infectious Diseases in Child Care and Schools, American Academy of Pediatrics, c.2005.

If a child has a contagious illness, the Center must be notified immediately and the child must be kept home for a period of 24 hours beginning from the first time the prescription medication is administered or for the length of time prescribed by the physician.

If a child develops any of the symptoms listed above while at the Center, he/she will be isolated from the other children in the company of a teacher. The parent/guardian will be called and asked to take the child home within the hour. Student parents will be contacted in class.

Communicable Disease Policy:

Parents/guardians are asked to notify the Center Director within 24 hours if their child has been diagnosed with any communicable disease. Staff and teachers provide information to families verbally and in writing regarding any unusual level or type of communicable disease to which their child was exposed, signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the program and that the families should implement at home. A notice will be posted by the main entrances. The program will also notify the Dunn County Health Department when any illness or condition specified by law or regulation is present in the program within 24 hours of the program's awareness of this situation. The name of the child will remain confidential. The Child and Family Study Center has a working relationship with the Dunn County Health Department. Contact with the Health Department is made whenever necessary throughout the year in order to keep current on relevant health information.

Mildly Ill Child Care:

The CFSC is not licensed as a sick child care facility. If your child is unable to participate in normal daily activities (including playing outside), then your child must stay home. To provide for the protection of the ill child and others in the program, the sick child will be sent home with a parent/guardian. According to the American Academy of Pediatrics, if the child has a fever, but is behaving normally, the cause of the fever should be sought, but the child does not require exclusion for fever alone, unless accompanied by other signs or symptoms of illness.

Health Care

Procedure for Sharing Information:

All health information is confidential. However, specific information concerning a child's special health needs is shared by the head teacher with everyone responsible to care for the child.

Prescription Medications and Over the Counter Medication Policy:

ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINERS. The child's first and last name, name of licensed health care provider, expiration date, and manufacturer's instructions must be on the label, including the name and strength of the medication as well as directions on administering and storing. All medication is administered only with written permission of the parent or legal guardian and as prescribed or as recommended in writing.

Only head teachers can administer medications. A written report, including type of medication given, dosage, time, date, and the name of the person administering the medication, shall be kept in the child's file and in the Child and Family Study Center medical logs as specified in DCF 251 and housed in the individual classrooms. Logs are reviewed periodically.

All medications are kept in a locked container. Medications which require refrigeration shall be kept in a separate, covered container, clearly labeled *Medications*. If a dosage is missed, the appropriate dosage will be given at the next proper time and parents will be notified verbally or in writing of the error and steps taken to correct the mistake. Teaching staff who administer care to children requiring special medical procedures are trained and are competent in the procedure and guided in writing by the prescribing health care provider.

First Aid:

Each classroom at the CFSC maintains a portable first-aid kit stocked and available at all times. During all field trips the kit is carried with the teaching staff. Staff are trained in Standard and Pediatric First Aid, CPR, and AED by the American Red Cross.

Health Care

Hand Washing Policy and Procedures:

The Child and Family Study Center follows these procedures regarding hand washing.

1. Staff members and those children who are developmentally able to learn personal hygiene are taught the hand-washing procedures and are periodically monitored.
2. Hand washing is required by all staff, volunteers, and children when hand washing would reduce the risk of transmission of infectious diseases to themselves and to others.
3. Staff assists children with washing of hands and face after meals and as needed to successfully complete the task. Children wash either independently or with staff assistance.

Children and adults wash their hands:

1. On arrival for the day.
2. After diapering or using the toilet (use of wet wipes is acceptable for infants).
3. After handling body fluids (e.g. blowing or wiping a nose, coughing on hand, or touching any mucus, blood, or vomit).
4. Before meals and snacks, before preparing or serving food, or after handling any raw food that requires cooking (e.g. meat, eggs, poultry).
5. After playing in water that is shared by two or more people.
6. After handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals.
7. When moving from one group to another (e.g. visiting) that involves contact with infants and toddlers/twos.

Adults also wash their hands:

1. Before and after feeding a child.
2. Before and after administering medication.
3. After assisting a child with toileting.
4. After handling garbage or cleaning.

Proper hand washing procedures are followed by adults and children and include:

1. Using liquid soap and running water.
2. Rubbing hands vigorously for at least 10 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, a single-use towel, or a dryer; and avoiding touching faucet with just-washed hands (e.g. by using a paper towel to turn off water).

Except when handling blood or body fluids that might contain blood (when wearing gloves is required), wearing gloves is optional, but not a substitute, for hand washing in any required hand washing situation listed above.

1. Staff wear gloves when contamination with blood may occur.
2. Staff do not use hand-washing sinks for bathing children or for removing smeared fecal material.
3. In situations where sinks are used for both food preparation and other purposes, staff clean and sanitize the sinks before using them to prepare food.

NOTE: The use of alcohol-based hand rubs in lieu of hand washing is not recommended for early education and child care settings. If these products are used as a temporary measure, a sufficient amount must be used to keep the hands wet for 15 seconds. Since the alcohol-based hand rubs are toxic and flammable, they must be stored and used according to the manufacturer's instructions.

Health Care

SIDS Prevention/Sleeping Infant Health Policy:

Wisconsin state law requires all group centers to include in their health policy the steps that they will take to reduce the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden death of an infant under one year of age, which remains unexplained. In addition to this policy the Child and Family Study Center employees are required to have training in SIDS risk reduction procedures and to be currently certified in Infant/Child CPR and First Aid.

In accordance with the American Academy of Pediatrics and the American Public Health Association, the Child and Family Study Center's policy is as follows:

1. Infants under 12 months of age shall always be placed on their backs on a firm tight-fitting mattress for sleep in a crib unless the infant has a letter from their pediatrician specifying otherwise.
2. When infants can easily turn over from a back position to a belly position, they will be put down to sleep on their backs, but allowed to adopt whatever position they prefer for sleep.
3. Pillows, bumper pads, quilts, comforters, sheepskins, stuffed toys and other soft products shall not be used in the crib.
4. Sleeping in infant seats, car seats, and swings is not permitted on a regular basis.
5. Water beds, sofas, soft mattresses, and other soft surfaces shall be prohibited as infant sleeping surfaces.
6. There will be no blankets or comforters under the baby. If the baby is to be swaddled, then the blanket shall not be allowed by the baby's face.
7. Positioning devices that restrict movement are discouraged and shall not be used unless the infant has a letter from their pediatrician specifying otherwise.
8. If a blanket is used, the infant shall be placed at the foot of the crib with one thin blanket tucked around the crib mattress, reaching only as far as the infant's chest.
9. The infant's head shall remain uncovered during sleep.
10. "Tummy Time" shall be provided for awake, non-mobile infants.

For more information on SIDS reduction, ask any Child and Family Study Center employee, visit the SIDS Website at www.firstcandle.org, or contact one of the following agencies:

Wisconsin Child Care Information Center ~ 1-800-362-7353

U.S. Consumer Products Safety Commission ~ 1-800-638-2772

National SIDS and Infant Death program Support Center ~ 1-800-638-7437

Shaken Baby Syndrome:

All CFSC staff have been trained in Shaken Baby Syndrome and pamphlets are available to parents/guardians on the infant lobby table.

Health Care

Toileting and Toilet Training:

Based on developmentally appropriate practices, the center will not participate in toilet training for enrolled children under eighteen months of age. Although the center does not initiate toilet training, the center will continue routines started at home for children who are over eighteen months. When to begin working with your child on this big step is decided by the child's readiness and parental efforts made at home. Parents/guardians must provide disposable diapers and wipes during toilet training. Center teachers will assist children in using the toilets, wiping front to back, flushing, and hand washing. Child-friendly clothing is helpful and appreciated during the toilet training process (i.e. elastic waistbands).

Toy Cleaning:

Toys placed in children's mouths will be sanitized in a 1:10 solution and rinsed off. Toys will be sanitized daily, weekly, or when soiled. For specific information, please ask the office for a copy of the Cleaning and Sanitation Frequency Table.

Outside Weather and Health:

To protect against cold, heat, sun injury, and insect-borne disease, the program ensures that:

- Children are only allowed outdoors when the temperature is in accordance with DCF 251 Licensing Rules for Child Care Centers.
- Children wear clothing that is dry and layered for warmth in cold weather.
- Children have the opportunity to play in the shade. When in the sun, they wear sun-protective clothing, applied skin protection, or both. Applied skin protection will be either sunscreen or sun block with UVB and UVA protection of SPF 15 or higher that is applied to exposed skin (only with written parent/guardian permission to do so).
- When public health authorities recommend the use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used and these are applied only on children older than two months of age. Staff apply insect repellent no more than once a day and only with written parent/guardian permission.

Ventilation Policy:

Areas in the Child and Family Study Center facilities that have recently been painted, tiled, carpeted, or otherwise renovated are ventilated before they are used by children.

Smoking Policy:

The Child and Family Study Center facility and outdoor play areas are entirely smoke free. No smoking is permitted in the presence of children.

Integrated Pest Management:

The Child and Family Study Center uses the technique known as Integrated Pest Management so the least hazardous means are used to control pests and unwanted vegetation. If pesticides or herbicides are used, they are applied according to the manufacturer's instructions when children are not at the facility and in a manner that prevents skin contact, inhalation, and other exposure to children.

The Child and Family Study Center is a **nut-free environment**. The meals and snacks provided through our center adhere to recommendations of a health and/or nutrition consultant familiar with the implications of nut allergies.

Lunches for the early childhood programs are contracted through UW-Stout dining services. Children in attendance at least one day in a given month are considered enrolled in the state of Wisconsin Child and Adult Care Food Program (CACFP) at no additional cost. The Center provides nutritious snacks on a daily basis. The school food service may make food substitutions, at its discretion, for individual children who are medically certified as having a special medical or dietary need. However, when in the licensed physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the substitutions prescribed by the licensed physician will be made. *The Eating and Feeding Evaluation: Children with Special Needs* form, is available at the center office.

All infants and children at the Child and Family Study Center participate in the Child and Adult Care Food Program (CACFP). The CACFP is a federal program of the Food Nutrition Services, United States Department of Agriculture (USDA). This program gives financial assistance to licensed childcare institutions to provide high quality nutritious meals and snacks to infants and children in their care. The primary goal of the CACFP is to improve the diets of children. In Wisconsin, the CACFP is administered by the Department of Public Instruction. In accordance with federal law and U.S. Department of Agriculture policy, the Child and Family Study Center is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (800) 7953272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Each meal shall provide one-third of the daily nutritional requirements for the child. A monthly reporting of CACFP activities is completed by the 15th of each month and submitted to CACFP online. Participation counts and production records are completed at the time of meal or snack service.

Children and staff will wash hands before meals are prepared and served. Children will be seated family style with their teachers for the meal. Adults sit and eat with children, engaging them in meaningful conversation at snack and meal times. Children are encouraged to taste all foods, serve themselves, and clear their places at the table. Conversational voices and respectful manners are expected. Hands will again be washed after the meal. Children in the toddler and preschool classrooms are provided the opportunity to brush their teeth after at least one meal. Toothpaste is not required.

Milk and Meal Policy:

The program does not feed cow's milk to infants younger than 12 months of age and serves only whole milk to children of ages 12 months to 24 months of age. Staff do not offer children younger than four years of age these foods: hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas and hard pretzels; spoonfuls of peanut butter; chunks of raw carrots; or meat larger than can be swallowed whole. Staff cuts food into pieces no larger than ¼ inch square for infants and ½ inch square for toddlers/twos, according to each child's chewing and swallowing capability.

Nutrition

Food Allergies and Special Nutritional Needs

The program protects children with food allergies from contact with the problem food. The program asks families of a child with food allergies to give consent for posting.

Nut Free Environment Policy:

The Child and Family Study Center is a **nut free environment**. There are children in our center who are SEVERELY allergic to peanuts and tree nuts. Following these reminders could save a child's life:

1. **NO PEANUTS OR TREE NUTS** (almonds, walnuts, etc.) should be brought into the center (this also includes the observation booths).
2. It is **VITALLY** important that your child's hands have been washed and their teeth have been brushed prior to attending school.
3. If your child enjoys peanut butter or any other product containing nuts at home, please check that it isn't on his/her clothing when he/she comes to school.
4. **Be sure to check with your classroom teacher** before bringing in snacks or treats for special occasions and holidays. Foods that we think may be peanut free could actually be made in a plant that also contains peanuts.

Family Diet Preferences:

If the family prefers a specialized diet, you are welcome to provide foods from home to best meet those needs. Any food provided by the parent/guardian must be labeled with the child's name and date to be served and will be given to the head teacher, who will then refrigerate it or put on the shelf in the appropriate place.

Food From Home Policy (snacks, birthday treats, etc.):

We will be happy to celebrate your child's birthday at school, but we must work together to ensure that food brought from home meets the USDA's Child and Adult Care Food Program guidelines. Please speak with your child's head teacher before bringing food from home.

1. Please adhere to the nut-free environment policy.
2. Food that comes from home for sharing among the children must be either whole fruits or commercially prepared packaged foods in factory-sealed containers.
3. All foods and beverages brought from home are labeled with the child's name and the date.

Lunch with Your Child:

Parents/guardians are invited to eat meals with their children. You may join your child and bring your own lunch at anytime. We ask that you inform the head teacher in the morning, so a place can be set for you at the table.

Nutrition Education and Cooking Experiences:

Nutrition education is integrated into the curriculum. Children have many opportunities to participate in food preparation throughout the year. The Toddler and Preschool programs have a cooking experience once a week. This may be alternated between morning and afternoon programs.

Menu Posting:

The program prepares written menus, posts them where families can see them, and has copies available for families. The program serves meals and snacks at regularly scheduled times. Meals and snacks are at least two hours apart but no more than three hours apart for those children eating table food only.

Nutrition

Infant Meal Plan

Infants are always fed on demand. A report listing times of feeding and amount eaten will be available on the chart for parents/guardians. Expressed breast milk can be served to infants. The CFSC supports breast-feeding; available space in the classroom may be used for breast feeding by nursing mothers. The Center will provide one brand of iron-fortified formula. Parents/guardians of infants may select the formula provided by the center or provide their own breast milk or formula, and semi-solid food or baby food. Please ask the Infant head teacher for the specific brand of formula offered.

Except for human milk, staff serves only formula and infant food that comes to the facility in factory-sealed containers (e.g. ready-to-feed powder or concentrate formulas and baby food jars) that are prepared according to the manufacturer's instructions. Bottle feeding does not contain solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice. Staff discards any formula or human milk that is served but not completely consumed or is not refrigerated after one hour. No milk, including human milk, and no other infant foods are warmed in a microwave oven. Fruit juices are also not offered to any infant or child in the Infant Room. Sweetened beverages are avoided.

Personnel

Staff Records:

All Center staff are required to provide or complete a staff record including:

- Staff Orientation Checklist
- Transcripts and current resumé
- Health History, TB test results, Immunization Records
- Background Check (paid for by employee)
- Documentation of training in SIDS, Child Abuse and Neglect, CPR and First Aid, Shaken Baby Syndrome, and Fire and Safety.
- Registry Documentation
- Continuing Education Form
- Log of School, District and Professional Contributions

Required documents will be kept on file in the Center's office during employment. Background checks are required of all Center personnel including but not limited to Head Teachers, Student Teachers, Center Support Staff, Work-Study Students, Volunteers, and Center Administrators. All personnel are required to notify the Center as soon as possible, but no later than the person's next working day, if any of the following occur:

- The person has been convicted of any crime.
- The person has been or is being investigated by any governmental agency for any other act, offense, or omission, including an investigation related to the abuse or neglect of, or threat of abuse or neglect to a child.

School Grievance Procedure

The aggrieved party should attempt remediation through a conference with the individual involved. Should this prove to be unsatisfactory or undesirable, the grievance may be taken to the Center Director at the secondary level. If the aggrieved party feels that the solution or decision is not agreeable to him or her, then he or she may present his or her grievance to the School of Education Director, who, after hearing the facts and consulting with the Center Director, takes any action he or she thinks is indicated. If the aggrieved party feels that the action taken by the School of Education Director is not agreeable to him or her, the aggrieved party may present his or her case to the Provost for a ruling.

University of Wisconsin-Stout - School of Education
Child and Family Study Center 715/232-1478 (voice) 715/232-1244 (fax)
811 Sixth Street East, Menomonie, WI 54751
Grievance/Complaint Form

Name of Aggrieved Party:

Today's Date:

Address (Number, Street, City, State, Zip):

Telephone Number:

Location of Incident:

Date of Incident:

Nature of Grievance (Please use additional sheet of paper if necessary):

Person(s) at CFSC you have contacted regarding the above grievance:

Method of Contact: ___ Meeting ___ Letter ___ Phone ___ Other (Specify)

Date of Contact:

Outcome of Contact:

Your solution/expectation regarding grievance:

Please attach copies of any documentation you feel are pertinent to your grievance.

Your Signature: _____

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Re-admit When
Cold Symptoms	<p>Viruses (early stage of many viruses)</p> <ul style="list-style-type: none"> Adenovirus Coxsackievirus Enterovirus Parainfluenza virus Respiratory syncytial virus Rhinovirus Coronavirus <p><i>Bacteria</i></p> <ul style="list-style-type: none"> <i>Mycoplasma</i> 	<ul style="list-style-type: none"> Runny or stuffy nose Scratchy throat Coughing Sneezing Watery eyes Fever 		Yes	<p>No, unless</p> <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Exclusion criteria are resolved.
Cough	<ul style="list-style-type: none"> Common cold Lower respiratory infection (eg, pneumonia, bronchitis) Croup Bronchiolitis Asthma Sinus infection 	<ul style="list-style-type: none"> Dry or wet cough Runny nose (clear, white, or yellow-green) Sore throat Throat irritation Hoarse voice, barking cough 		Yes	<p>No, unless</p> <ul style="list-style-type: none"> Severe cough Rapid and/or difficult breathing Wheezing if not already evaluated and treated Cyanosis (ie, blue color of skin and mucous membranes) 	<ul style="list-style-type: none"> Exclusion criteria are resolved.
Diaper Rash	<ul style="list-style-type: none"> Irritation by rubbing of diaper material against skin wet with urine or stool Infection with yeast or bacteria 	<ul style="list-style-type: none"> Redness Scaling Red bumps Sores Cracking of skin in diaper region 		Yes	<p>No, unless</p> <ul style="list-style-type: none"> Oozing sores that leak body fluids outside the diaper 	<ul style="list-style-type: none"> Exclusion criteria are resolved.

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Diarrhea	Usually viral, less commonly bacterial or parasitic	<ul style="list-style-type: none"> Frequent loose or watery stools compared to child's normal pattern (Note that exclusively breastfed infants normally have frequent unformed and somewhat watery stools, or may have several days with no stools.) Abdominal cramps Fever Generally not feeling well Sometimes accompanied by vomiting 	<ul style="list-style-type: none"> For one or more cases of bloody diarrhea or more than usual number of children with diarrhea in group 	Yes	<p>Yes, if</p> <ul style="list-style-type: none"> Diarrhea not contained in toilet (All infants with diarrhea must be excluded.) Blood/mucus in stool Abnormal color of stool for child (eg, all black or very pale) No urine output in 8 hours Jaundice (ie, yellow skin or eyes) Fever with behavior change Looks or acts very ill 	<ul style="list-style-type: none"> Cleared to return by health professional for all cases of bloody diarrhea and diarrhea caused by Shigella, Salmonella, or Giardia. Stool is contained in toilet (for toilet-trained children). Even if stools stay loose, the child is able to participate and the stool consistency has not changed for a week.
Difficult or Noisy Breathing	<ol style="list-style-type: none"> Common cold Croup Epiglottitis Bronchiolitis Asthma Pneumonia Object stuck in airway 	<ol style="list-style-type: none"> Stuffy nose, sore throat, cough, and/or mild fever. and 3. Barking cough, hoarseness, fever, possible chest discomfort (symptoms worse at night), and/or very noisy breathing, especially when breathing in. 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. 		Yes	<p>Yes, if</p> <ul style="list-style-type: none"> Hard, fast, difficult breathing that does not improve with any medication the program has been instructed to use for this child's difficult breathing Barking cough with fever or behavior change Chest retractions Breathing problem that makes feeding very difficult Looks or acts very ill 	<ul style="list-style-type: none"> Cleared to return by health professional. Exclusion criteria are resolved.

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Difficult or Noisy Breathing, continued		<p>4 and 5. 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.</p> <p>6. Deep cough, fever, rapid breathing, or space between ribs looks like it is sucked in with each breath (retractions).</p> <p>7. Symptoms similar to croup (2)</p>		Yes		
Earache	<ul style="list-style-type: none"> Bacteria or viruses Often occurs in context of common cold 	<ul style="list-style-type: none"> Fever Pain or irritability Difficulty hearing “Blocked ears” Drainage Swelling around ear 		Yes	<p>No, unless</p> <ul style="list-style-type: none"> Unable to participate. Care would compromise staff's ability to care for other children. Fever with behavior change. <p>Note: Ear infections are not contagious. By the time a middle ear infection develops, the infection that caused the ear infection is much less contagious than in the days before the ear symptoms develop.</p>	<ul style="list-style-type: none"> Exclusion criteria are resolved.
Eye Irritation, Pinkeye	<ol style="list-style-type: none"> Bacterial infection of the membrane covering the eye and eyelid (bacterial conjunctivitis) Viral infection of the membrane covering the eye and eyelid (viral conjunctivitis) 	<ol style="list-style-type: none"> Pink color instead of whites of eyes and thick yellow/green discharge. May be irritated, swollen, or crusted in the morning. 	Yes	Yes	<p>For bacterial conjunctivitis</p> <p>Yes</p> <p>For other forms</p> <p>No, unless</p> <ul style="list-style-type: none"> The child meets other exclusion criteria 	<ul style="list-style-type: none"> <i>For bacterial conjunctivitis</i>, on medication at least 24 hours (if indicated). Exclusion criteria are resolved.

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Eye Irritation, Pinkeye, continued	<ul style="list-style-type: none"> 3. Allergic irritation of the membrane covering the eye and eyelid (allergic conjunctivitis) 4. Chemical irritation of the membrane covering the eye and eyelid (irritant conjunctivitis) (eg, swimming in heavily chlorinated water, air pollution) 	<p>2. Pinkish/red, irritated, swollen eyes; watery discharge; possible upper respiratory infection.</p> <p>3 and 4. Red, tearing, itchy eyes; runny nose, sneezing; watery discharge.</p>			Note: One type of viral conjunctivitis spreads rapidly and requires exclusion. If more than 1 or 2 children in the group have watery red eyes without any known chemical irritant exposure, exclusion may be required and health authorities should be notified.	
Fever	<ul style="list-style-type: none"> Any viral, bacterial, or parasitic infection Overheating Reaction to medication (eg, vaccine, oral) 	<p>Flushing, tired, irritable, decreased activity</p> <p>Notes:</p> <ul style="list-style-type: none"> 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 can trigger a febrile seizure in young children; this is usually 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. 		Yes	<p>No, unless</p> <ul style="list-style-type: none"> Behavior change Unable to participate Care would compromise staff's ability to care for other children. <p>Note: Temperatures considered meaningfully elevated above normal, leading to concern of possible disease, for children older than 4 months are:</p> <ul style="list-style-type: none"> 100°F axillary (armpit) 101°F orally 102°F rectally Aural (ear) temperature equal to oral or rectal temperature. <p>Get immediate medical attention when:</p> <p>infant younger than 4 months has an unexplained temperature of 101°F rectally or 100°F axillary. Any infant younger than 2 months with fever should get medical attention within an hour.</p>	<ul style="list-style-type: none"> Able to participate Exclusion criteria are resolved.

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Re-admit When
Fever, continued		<p>Warning: DO NOT give aspirin to reduce a fever. Aspirin has been linked to an increased risk of Reye syndrome (a rare and serious disease affecting the brain and liver).</p> <ul style="list-style-type: none"> • Tired and irritable • Can occur with or without other symptoms 				
Headache	<ul style="list-style-type: none"> • Any bacterial/viral infection • Other non-infectious causes 			Yes	<p>No, unless</p> <ul style="list-style-type: none"> • Child is unable to participate. <p>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 reluctant and unusual discomfort when the child is asked to look at her/his "belly button" (putting chin to chest) - different from soreness in the side of neck.</p>	<ul style="list-style-type: none"> • Able to participate
Itching	<ol style="list-style-type: none"> 1. Ringworm 2. Chickenpox 3. Pinworm 4. Head lice 5. Scabies 6. Allergic or irritant reaction 7. Dry skin or eczema 8. Impetigo 	<ol style="list-style-type: none"> 1. Itch ring-shaped patches on skin or bald patches on scalp. 2. Blister-like spots surrounded by red halos on scalp, face, and body; fever; irritable. 3. Anal itching 4. Small insects or white egg sheaths (nits) in hair. 5. Severely itchy red bumps on warm areas of body, especially between fingers or toes. 6. Raised, large, circular, mobile rash; reddening of the skin; blisters 	<ul style="list-style-type: none"> • For infections such as lice and scabies; if more than one child in group has impetigo or ringworm; or chickenpox 	Yes	<p>For chickenpox, scabies, and impetigo Yes</p> <p>For ringworm and head lice Yes, at the end of the day</p> <ul style="list-style-type: none"> • Children should be referred to a health professional at the end of the day for treatment. <p>For pinworm, allergic, or irritant reactions, and eczema No, unless</p> <ul style="list-style-type: none"> • Appears infected <p>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.</p>	<ul style="list-style-type: none"> • Seen and cleared by health professional • On medication at least 24 hours (if indicated)

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Itching, continued		<p>7. 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.</p> <p>8. Areas of crusted yellow, oozing sores. Often around mouth or nasal openings.</p>				
Mouth Sores	<ol style="list-style-type: none"> 1. Oral thrush (yeast infection) 2. Herpes or coxsackie-virus infection 3. Canker sores 	<ol style="list-style-type: none"> 1. White patches on tongue and along cheeks. 2. Pain on swallowing; fever; painful, yellowish spots in mouth; swollen neck glands; fever blister, cold sore; reddened, swollen, painful lips. 3. Painful ulcers on cheeks or gums 		Yes	<p>No, unless</p> <ul style="list-style-type: none"> • Drooling steadily related to mouth sores. • Unable to participate • Care would compromise staff's ability to care for other children. 	<ul style="list-style-type: none"> • Able to participate • Exclusion criteria are resolved.
Rash	<p>Many causes</p> <ol style="list-style-type: none"> 1. Viral: roseola infantum, fifth disease, chickenpox, herpes virus, molluscum contagiosum, warts, cold sores, shingles, (herpes zoster), and others 2. Skin infections and infestations: ringworm (fungus), scabies (parasite), impetigo (bacteria) 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • For outbreaks 	Yes	<p>No, unless</p> <ul style="list-style-type: none"> • Rash with behavior change or fever • Has oozing/open wound • Has bruising not associated with injury • Has joint pain and rash • Unable to participate 	<ul style="list-style-type: none"> • Able to participate in daily activities. • On medication at least 24 hours (if indicated) • Exclusion criteria are resolved.

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Rash, continued	3. Severe bacterial infections; meningococcus, pneumococcus	<ol style="list-style-type: none"> 1. 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. 2. Skin infections and infestations: See "itching." 3. Severe bacterial infections: Rare: These children have fever with rash and may be very ill. 				
Sore Throat, (pharyngitis)	<ol style="list-style-type: none"> 1. Common cold viruses (upper respiratory infection) 2. Strep throat 	<ol style="list-style-type: none"> 1. Verbal children will complain of sore throat; younger children may be irritable with decreased appetite and increased drooling (refusal to swallow). May see symptoms associated with upper respiratory illness such as runny congestion. 2. 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. 		Yes	<p>No, unless</p> <ul style="list-style-type: none"> • Inability to swallow. • Excessive drooling with breathing difficulty. • Fever with behavior change. • The child meets other exclusion criteria. 	<ul style="list-style-type: none"> • Able to swallow. • Able to participate. • On medication at least 24 hours (if indicated) • Exclusion criteria are resolved.

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Re-admit When
Stomachache	<ol style="list-style-type: none"> 1. Viral gastroenteritis or strep throat 2. Problems with internal organs such as intestine 	<ol style="list-style-type: none"> 1. 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. 2. Persistent severe pain in abdomen. 		Yes	<p>No, unless</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Pain resolves. • Able to participate. • Exclusion criteria are resolved.
Swollen Glands (properly called swollen lymph nodes)	<ol style="list-style-type: none"> 1. A body defense against viral or bacterial infection in the area where lymph nodes are located (ie, in the neck for upper respiratory infection, pharyngitis) 2. Bacterial infection of lymph nodes 	<ol style="list-style-type: none"> 1. Swelling at front and sides of neck; fever; runny nose, sore throat, or other symptoms of respiratory infection 2. Swollen lymph nodes in groin or under arms; boils or redness, pain, and warmth indicating infection in arm or leg on same side as swollen glands 		Yes	<p>No, unless</p> <ul style="list-style-type: none"> • Difficulty breathing or swallowing • Red, tender, warm glands • Fever with behavior change 	<ul style="list-style-type: none"> • Child is on antibiotics (if indicated)
Vomiting	<ul style="list-style-type: none"> • Viral infection of the stomach or intestine (gastroenteritis) • Coughing strongly • Other viral illness with fever 	Diarrhea, vomiting, and/or cramping for viral gastroenteritis	<ul style="list-style-type: none"> • For outbreak 	Yes	<p>Yes, if</p> <ul style="list-style-type: none"> • 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 ill 	<ul style="list-style-type: none"> • Vomiting ends

Building For the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care. Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups:)
Milk Fruit or vegetable Grains or Bread	Milk Meat or meat alternate Grains or bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or vegetable

Participating Facilities

Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

Eligibility

State agencies reimburse facilities that offer non-residential day care to the following children:

- children age 12 and under,
- migrant children age 15 and younger, and
- youths through age 18 in afterschool care programs in needy areas.

Contact Information

If you have questions about CACFP, please contact one of the following:

Judy Gifford, Director
Child and Family Study Center
University of Wisconsin-Stout
811 Sixth Street E
Menomonie, WI 54751

David C. Dees, Director
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