



**Schoolcraft
College**

**Children's Center
INFANT PROGRAM**

PROGRAM DESCRIPTION

The philosophy of the Schoolcraft College Children's Center Infant Program is based on the belief that babies need consistent love, attention, praise, concern, and caring; they also need caregivers who are well prepared and knowledgeable in sound principles of child development. The Infant Program maintains a commitment to the physical, emotional, social, and intellectual growth of the child. Toward this end, learning is seen as a developmental process that occurs naturally and progressively within a stimulating and nurturing environment. Teachers offer a wide variety of interesting play experiences geared toward each child's developmental level so that he/she has sufficient opportunity to explore, manipulate, and come to a better understanding of the world through his/her own efforts.

PROGRAM COST

Full Time \$295.00 per week

WHAT TO BRING WITH YOUR CHILD

While a child is in the Infant Room, the parent will provide the following:

- ◆ Disposable diapers, wipes, and any ointments or creams your child will need for diapering
- ◆ Diapers: disposable or cloth. Children who use cloth diapers **MUST** have an absorbent inner lining that can be completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine.
- ◆ Both the diaper and outer covering are changed as a unit. Cloth diapers and clothing that are soiled by urine or feces are immediately placed in plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.
- ◆ Two (2) two port-a-crib sheets, One or two (1 – 2) sleep sacks
- ◆ Two (2) pacifiers, if needed.
- ◆ One (1) nose aspirator, clearly labeled, to be left at school.
- ◆ Three (3) changes of seasonal clothing.

EQUIPMENT

The Schoolcraft College Children's Center provides all equipment needed to care for young children, including cribs, bouncy seats, Bumbo seats, excersaucers and highchairs. The Children's Center will not use baby walkers (seats with wheels) when caring for children.

FOOD

Breast milk and formula shall be prepared at home and placed in an assembled shatter-proof unit (including cap), **CLEARLY LABELED** with the child's first and last name, and dated before being brought to the Center. Families will bring at least one extra bottle per day (in case of cracked bottles, defective nipples or spills). Breast milk, formula and milk left in a bottle at the end of a feeding will be discarded. Bottles are warmed in hot water.

When the child is developmentally ready for solid food, families will provide food. Solid foods will be prepared at home and brought to school in a shatter-proof unit, **CLEARLY LABELED** with the child's first and last name and dated before being brought to the Center.

We will place the amount of food to be fed in a bowl and store the rest for a later feeding or return it to the parent.

Teaching staff do not offer solid foods and fruit juices to infants younger than four months, unless the practice is recommended by the child's health care provider and approved by families.

All bottles must be taken home each night, properly cleaned, and returned clean, labeled and dated the next day.

Nursing mothers are welcome to come to the Children's Center to feed their baby whenever possible. Communication with the Children's Center staff ensures that your child will be kept on a schedule that accommodates your availability to nurse. When available, nursing mothers seeking privacy have the option of feeding their baby in the Children's Center Conference Room.

**ALL SUPPLIES MUST BE CLEARLY LABELED
WE CANNOT ALLOW A CHILD TO REMAIN IN THE CENTER WITHOUT ADEQUATE SUPPLIES**

Infant/Toddler Classroom Adult: Child Ratios and Maximum Group Size

	NAEYC Ratios	State of Michigan Ratios	Max. Group Size
Infant (8 wks.-12 mos.)	1:3	1:4	6
Transition Toddler (12-24 mos.)	1:4	1:4	8
Toddler (18-30 mos.)	1:5	1:4	8
Toddler (18-30 mos.)	1:5	1:4	11

The Children's Center staff maintains ratios and group size during indoor, outdoor times, and during in house or on-campus field trips.

Intake Questionnaire

CHILD & FAMILY INFORMATION	
Child's Name (Pronunciation)	Today's Date
Child's Nickname (if applicable)	Date of Birth
Child's Ethnicity	Language(s) spoken in home
Parent/Guardian 1 (Pronunciation)	Occupation of Parent/Guardian 1
Parent/Guardian 2 (Pronunciation)	Occupation of Parent/Guardian 2
Does your child have siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what are their names and ages?
What other adults live in the household with your child? (Mother, Father, Grandmother, Grandfather, etc.)	
Do you have any pets in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what type? What is/are your pet(s) name(s)?
STATUS OF PARENTS	<input type="checkbox"/> living together <input type="checkbox"/> living apart <input type="checkbox"/> divorced <input type="checkbox"/> widowed
Has either parent been away for a long period of time? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, for how long? For what reason?
Was your child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what age was your child at the time of adoption?
Has your child been in child care previously? Have a Nanny? If so, how many days/hours per week?	
What holidays or special traditions does your family celebrate?	Would you be willing to share your traditions with the children in our class? <input type="checkbox"/> Yes <input type="checkbox"/> No

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SLEEPING

Is your child sleeping through the night? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your child's sleeping pattern during the day?
Does your child sleep on his/her back? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have a pacifier? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how is it handled?
Does your child suck his/her thumb? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child like to be held? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a position in which your child prefers?	
Are there any special things you do or say to comfort your child? Please explain.	

EATING

Is your child currently: <input type="checkbox"/> Breast Fed <input type="checkbox"/> Bottle Fed	If breast feeding, will you be sending frozen expressed milk to school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you giving your child any solid food at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you mix foods together? If so, please designate. <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list your child's feeding schedule:	
TIME OF DAY	TYPE AND AMOUNT OF FOOD GIVEN
Has your child had any feeding problems, allergies, or sensitivities? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE INFORM US OF ANY CHANGES IN YOUR CHILD'S FEEDING SCHEDULE.

DIAPERING

Does your child get frequent diaper rashes? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what do you do at home and what should we do here?
What type of ointment do you use on your child?	How often should it be applied?

HEALTH

Was your child a full term pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were there any complications with the birth of your child?
Has your child had any serious illnesses (measles, chicken pox, pneumonia, asthma, fever over 103 degrees, allergies, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list.
Has your child had any operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Does your child have any special needs such as orthopedic, emotional, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Does your child get medication often? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.

CHILD'S BEHAVIOR

How would you describe your child's temperament/personality?
How does your child express feelings of happiness, enjoyment, etc.?
What frustrates your child? How is it shown?
What about your child do you find most enjoyable?
Does your child prefer to play: <input type="checkbox"/> Alone <input type="checkbox"/> With Siblings <input type="checkbox"/> With other children <input type="checkbox"/> With adults

SIGNATURE

Parent/Guardian	Date
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