



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA of Metropolitan Washington

Infant and Toddler Handbook

The YMCA at Diplotots One

The United States State Department

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Dear Families,

Welcome to the Infant and Toddler classrooms at Diplotots One. We are excited about working together and forming a relationship with you and your child. The infant and toddler years are very exciting with a lot of developmental changes and issues that are specific to this age. It is expected that prior to children starting in the Infant or Toddler room (or within the first week of school) parents read over the Infant and Toddler handbook.

This handbook is a supplement to your Parent Handbook. The Parent Handbook answers your questions about general policies such as enrollment, drop-off and pickup policies, and billing. This Infant and Toddler Handbook is specific to your child and the practices and guidelines relating to these classrooms. Please take the time to read through this information. If you have any questions, please feel free to ask us at any time.

Thank you,

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CLASSROOM COMPOSITION AND STAFFING

There are two infant classrooms, (one younger and one older), three toddlers classrooms and one two's room. Each room is staffed with three full-time teachers. Our professional staff come from a variety of educational backgrounds in addition to years of experience in the early childhood field. The Diplotots One Early Learning Center is committed to providing high quality care with skilled and educated professional staff.

DAILY SCHEDULE

The daily schedule for the children is a guide. It provides a framework for planning and organizing the daily routine and play activities for the children. The daily routines for children may be a little different based on the age of your child. Infants follow their own individual needs. They are fed, changed, and nap when they need it. Toddlers are changed/taken to the toilet before transitions in the day and as needed. Adjustments to the schedule are made as your child gets older and needs change. You may also notice that as your child gets older, they may alter their own schedule to fit in with the group. Some common changes you may notice in your child's behavior after enrollment in any group care situation include altered sleep/wake patterns (staying awake for longer hours or napping more frequently for short periods of time) or changes in appetite.

The following daily schedule is an outline of a typical day with the infants and toddlers. Keep in mind again that, if needed, the schedule will include children's individual needs based on their age. This is a *sample* that includes the different types of components to the daily schedule.

Typical Daily Schedule Sample

7:00 - 9:00 Classrooms combine / Classroom Activities/Gross Motor Activities/Morning Snack

9:00 - 9:30 Morning Breakfast

9:30 - 11:00 Large and Small Group Activity

11:00 - 11:45 Outdoor Activity/Gross Motor Play

12:00 - 12:30 Lunch

12:45 - 2:45 Nap time

2:45 - 3:15 Afternoon Snack

3:15 - 4:00 Outdoor Activity/Gross Motor Play

4:00-5:00 Large and Small Group Activity

5:00 - 6:00 Classrooms Combine / Classroom Activities

Note: The infant room functions on a much looser schedule than any other classroom. Younger infants who are not yet on a consistent schedule are able to eat and sleep as needed.

MEALS AND FEEDING

Meal Times

There are two mini snack times (8am and 5:30pm), two regular snack times (9am and 3:30pm) and a lunch time (noon) every day.

The YMCA follows USDA guidelines as it pertains to providing snack and lunch to your children. Menus are posted outside your child's classroom on the parent information bulletin board and will be sent out on a monthly basis via email.

Lunch time in the infant room.

INFANTS

Young infants will be fed according to their own schedule. As they grow and start eating solids foods, their eating needs will change and the eating times will be adjusted toward the group schedule. During lunch, infants not yet eating table food will be served cereals and jarred foods. Parents with children younger than 12 months old have the option of choosing our food or providing the food. **If a child needs a specific type of formula or food for a medical condition, a doctor's note will need to accompany this.** A parent may bring in breastmilk if desired. There is no reduction in fees when a parent provides food.

As your infant grows and becomes more adept at eating, they will start using their fingers for eating "finger-foods" and working on using infant utensils. As infants gradually start to eat cereals, jarred foods, and table foods, parents will inform the teachers in the classroom as to what their child can eat. It is recommended that infants try new foods at home first, then parents can add the new food to the classroom list.

If your infant (eating table food) or toddler should have a food allergy or a food intolerance, please notify your child's teacher immediately and a doctor's note **must** be given to the center stating **exactly** what foods cannot be given to your child. *If a doctor's note is not provided, we must provide the child with all the food we are serving for that meal or an alternative can be brought from home.* When a child has an allergy or an intolerance, it is the parent's responsibility to provide an appropriate food substitute.

Bottles

Parents of bottle-fed babies will need to provide 3 - 4 labeled bottles, nipples, and lids. Glass bottles can be brought into the center if they have a rubber sleeve. If you are breast feeding your child, all breast milk must be dated and have your child's name on it. Fresh breast milk will be stored in the refrigerator up to 24 hours. We cannot thaw out frozen breast milk or prepare breastmilk bottles using breastmilk stored in a bag. Milk that exceeds the 24 time frame will be discarded. Contents remaining in any bottle must be discarded within one hour. Only breast milk, formula, or water will be placed in your child's bottle. **No bottles will be served with cereal or any other food product in them.** The only items served from a bottle include water, breastmilk, and formula. This is a licensing standard. Parents are welcome to come and bottle feed or breastfeed their infants at any time.

We provide infant drinking water to make the formula for the infants. Bottles are not heated in the microwave, as this will produce "hot spots" in the formula or breast milk, and are warmed by using a crock pot and container of hot water. **All formula must arrive to the center in a vacuum sealed container and must be un-opened. We cannot accept pre-made bottles of formula.**

If your child is breast fed and a parent forgets to bring in breast milk or the daily supply is depleted, we will notify the parent immediately and provide them with center formula at the request of the parent.

OLDER INFANTS AND TODDLERS

Children who are 12 months and older will be given the lunches and snacks that are being served and drink whole milk. Breast milk is considered cow's milk and can continue to be given to your child through the infant and toddler stages.

The older infants will be sitting in chairs with trays or a small table with chairs; toddlers will be at tables and chairs to eat their meals. Children in the toddler room (and some infants) will be using sippy cups or regular cups and using utensils. Upon entering the younger toddler classroom, your child should be on a soft spout sippy cup and a cup.

SLEEPING AND NAPPING

Sleeping

Infants nap according to their own schedules. If an infant should fall asleep while being rocked, lightly bounced, or taken for walk in a stroller, they will be put in their cribs to continue their sleep. When a child reaches 12-14 months, cot sleeping will be encouraged. All the bedding for infants is provided, and when they transition to the younger toddler room we ask that parents bring in a sheet and a blanket.

Children who are on cots may not bring a soft stuffed animal or other soft attachment items.

Children only sleep in cribs or on cots. Children should not be left to sleep in car seats or strollers at drop-off. Children are not placed in cribs to play; only to sleep. For Infants, we cannot have any swaddle devices or sleeping sacks per NAEYC and State Licensing Requirements. Sleep sacks that are sleeveless are allowed but not encouraged as the child ages.

Safe Sleeping Practices

It is our practice for infants to be placed on their backs to sleep in a crib. Once the child has the ability to roll over they may be placed on their stomach.

Infants and toddlers under 16 months are provided with a firm, tightfitting mattress in a crib that meets current safety standards. There will be no pillows, quilts, bumpers, comforters, sheepskins, stuffed toys, swaddles, sleep sacks or other fluffy products in the crib. Each child is provided there separate crib, crib sheet and crib mattress. The above practices are supported by the U.S. Consumer Product Safety Commission, the American Academy of Pediatrics, and the National Institute of Child Health and Human Development.

We understand that practices may be different at home and that some children have unique situations (e.g. – twins that may sleep together in the same crib). However, we must follow licensing guidelines and adhere to the above stated policies. It may or may not be difficult for some children to adjust if they are used to sleeping in a different position or with a parent/sibling.

DIAPERING

The YMCA does not supply Diapers and Wipes. Your child will be changed at regular intervals throughout the day and as needed. Feel free to bring in over the counter diaper cream if you would like it to be applied to your child's rash and fill out the appropriate paperwork for the application of diaper cream. We will not be applying baby powder on the infants. The use of powder has been linked to childhood asthma and other respiratory difficulties. Due to sanitation purposes and licensing regulations, cloth diapers are not allowed.

"SHOE-LESS" ENVIRONMENT *INFANT AND YOUNG TODDLER SPECIFIC*

With infants commonly on the floor, the YMCA wants to provide a clean, safe, and healthy environment in the Infant Room. We practice a "shoe-less" policy in this room. We ask that adults entering the infant suite please slip a pair of shoe covers over their shoes or remove your shoes. We take this action to prevent outside contaminants from being brought into the room and spread onto the carpet, particularly during the cold weather with the snow and salt. The infants and younger toddlers spend much of their time exploring on the floor, so it is best that these areas be kept as clean as possible.

WHAT TO BRING

Clothing/Seasonal Items

Active and sometimes messy play is going to be a part of your child's day. It is recommended that children wear comfortable, washable play clothes that are easy to move around in and OK if something spills on it! Children must be dressed in clothing and not just wearing a diaper and/or onesie.

Parents are asked to bring five complete changes of **labeled** clothing, including socks, onesies, shirts, pants, shorts, etc. to be left at school. *If clothing items are not labeled, it makes it extremely difficult to remember which items of clothing go to which children.* It is also a good idea to keep a light sweater or sweatshirt in your child's cubby in case it feels a little chilly in the classroom or is chilly outside. For older infants who are walking, it is helpful if parents keep a clean pair of shoes here at the center for your child to wear in the classroom. As they grow closer to the young toddler age of 14-16 months it is recommended that they begin to transition to hard bottom shoes to prepare for the next classroom and playground play.

Children who are enrolled in the warmer months should also bring a hat, sunglasses, and sunscreen. We must have the appropriate sunscreen permission form in order to apply sunscreen. Sunscreen will not be applied to infants under 6 months. If you want your child to have sunscreen applied before reaching 6 months of age, a doctor's note **must** be provided to the center stating your child can have sunscreen applied. Children who are enrolled in the colder, winter months must be properly dressed to go outside. *Every child goes outside.* Infants must have warm and protective clothing and toddlers need to have clothing appropriate for playing on the playground (boots, snow pants, hat, scarf, water proof mittens).

Bottles

Parents of infants are asked to bring 3 - 4 labeled (with name and date) bottles to be kept at the center. It is common practice for children in the toddler room to drink from sippy cups instead of bottles. We do provide transitional sippy cups for the older infant and younger toddler age.

Other Items

If your child uses a pacifier, parents are asked to provide a labeled one. Children in the Infant room who use pacifiers will have them on an as-needed basis throughout their day. Once the children transition into the younger toddler classroom they will not be given a pacifier during the program day.

At times a new child may have a hard time transitioning; we try to work with the families in helping this adjustment be less stressful. A toddler is welcome to bring a comfort item to help them transition into child care. Eventually, your child will not feel the need for it at school and will have formed positive relationships with their teachers. We view transitional comfort items as something that will benefit the child in helping them feel secure in this new environment.

As an accredited center, we encourage the reinforcement of the home environment. Please be sure to bring in a couple of family photos on your child's first day. This will allow them to see you throughout the day, and allow the teachers to get to know all family members and develop a sense of community and family.

INFANT AND TODDLER DEVELOPMENTAL NEEDS AND CONCERNS

Separation Anxiety

Separation can be a difficult process for both the children and parents. When babies are somewhere between 8 and 10 months of age they are often distressed when they are separated from their parents. This anxiety can last into the second year of life. Typical reactions associated with separation anxiety are crying, clinging, and trying to

follow. When a toddler becomes more verbal, separation anxiety may include words of protest: "Mommy stay" or "I go." New people and new routines can be scary for little ones.

Every child is unique and they all respond to separations differently. Parents should be aware; however, that children take their cues from them. ***When a parent feels good and responds positively to dropping their child off, the child will sense this.*** The following is a list of things to do that can help the separation process go smoother for both you and your child. These helpful hints can be applied from the youngest of babies to the oldest of preschoolers.

- Talk to your child ahead of time as to what is going to happen, such as "Today is a school day!"
- Talk with your child's teacher daily and establish a friendly relationship. This helps when you may have to give your child to them at drop off and the more comfortable you are, the better your child will respond. You can help your child begin to settle by offering a toy or read a book.
- Say your good-byes to your child and then leave. Make the departure definite. Depending on your child, they can get mixed signals from a parent who hangs around for too long or from ones who go and then turn around and come back. On the other hand, it is never best to simply sneak away from your child without saying good-bye. Always tell your child good-bye and you will see him later. Sometimes it is helpful for a parent to get into a routine as to saying the same thing every drop off, like "I'm going to work now. Have a great day at school. I love you very much and I'll see you later. Good-bye."

Children become comfortable with routine and life becomes somewhat predictable for them. When a child sees their parent departing positively, and then discovers that every day they do come back, separations become easier and a trust is built between the parent and child and makes them feel comfortable and good about being in school.

- This last one may be a difficult one to do for a parent. If your child begins to cry while you are leaving, please don't turn around and come back. It is a natural reaction for many parents to immediately want to go back to comfort their child when they are distressed. Of course the teachers are sensitive to that. However, coming back to ease a crying child will not make the separation any easier when a parent really has to leave; in fact, it may be harder for your child the second time around.

After you leave, feel free to observe through the window to see how your child is doing. It is typical for children to regain their composure and get into their daily routine shortly after the parent leaves. Sometimes children who have had easy drop-offs for the first week or two may suddenly start to become upset at their parents' departure. This is a *typical* reaction in a group care setting. Then usually children become accustomed to the idea of coming to school every day or every week. Providing continuity of care will also be helpful as your child will have a consistent caregiver and group of friends for a long period of time. Having continuity provides for a very trusting and predictable environment for your child.

Biting

Children biting other children are unavoidable occurrences of group child care, *especially* with toddlers. It is a common happening in any child care program. When it happens, and sometimes continues, it can be scary, very frustrating, and very stressful for children, parents, and staff.

Every child in the Infant and Toddler classrooms is a potential biter or will potentially be bit.

Biting is purely a sign of the developmental age of the child.

It is a developmental phenomenon – it often happens at predictable times for predictable reasons tied to children's ages and stages.

Why do they bite?

Every child is different. Some bite more than others; or some may not bite at all. The group care setting is where the biting derives its significance. If a child has not really been around other children very much, he probably would not bite because neither the cause for biting or opportunities have presented themselves. There is always the possibility that **any** child, including your own, can be either a biter or be bitten. Group care presents challenges and

opportunities that are unique from home. The children are surrounded by many others for hours at a time. Even though there are plenty of toys and materials available for all the children, two or three children may want that one particular toy. The children are learning how to live in a community setting.

We cannot and tell a parent who bit their child and practice confidentiality to protect all children. There are many possible reasons as to why an infant or toddler may bite:

1. Teething.

2. Impulsiveness and lack of control. Babies sometimes bite just because there is something there to bite. It is not intentional to hurt, but rather exploring their world.

3. Making an impact. Sometimes children will bite to see what reactions happen.

4. Excitement and overstimulation. Simply being very excited, even happily so, can be a reason a child may bite. Very young children don't have the same control over their emotions and behaviors as some preschoolers do.

5. Frustration. Frustrations can be over a variety of reasons – wanting a toy someone else has, not having the skills needed to do something, or wanting a caregiver's attention. Infants and toddlers are simply lacking the language and social skills necessary to express all their needs, desires, and problems. *Biting will often be the quickest and easiest way of communicating.*

What do the teachers do in response to children who bite?

It is our job to provide a safe setting in which no child needs to hurt another to achieve his or her ends and in which the normal range of behavior is managed (and biting is normal in group care). Again, the name of the child who bites will not be released because it serves no useful purpose and can make a difficult situation even more difficult. Punishment does not work to change a child who bites: neither delayed punishment at home, which a child will not understand, nor punishment at the center, which will not be used and would make the situation worse.

There are several things the teachers do to assess the biting situation and what can be done to prevent it from happening again. Teachers can try to minimize the behavior by:

- Letting the biting child know in words and manner that biting is unacceptable.
- Avoiding any immediate response that reinforces the biting, including dramatic negative attention. The teachers will tell the child that "Biting hurts" and the focus of caring attention is on the bitten child. The biter is talked to on a level that s/he can understand. The teacher will help the child who is biting work on resolving conflict or frustration in a more appropriate manner, including using language if the child is able.
- Examining the context in which the biting occurred and looking for patterns. Was it crowded? Too many toys? Was the biting child getting hungry/tired/frustrated?
- Not casually attributing willfulness or maliciousness to the child. Infants explore anything that interests them with their mouths, and that includes others' bodies and limbs!
- When biting changes from a relatively unusual occurrence (a couple times a week) to a frequent and expected occurrence, it will be addressed with added precautions.
- The teachers will keep track of every occurrence, including attempted bites, and note location, time, participants, and circumstances.
- "Shadow" children who indicate a tendency to bite. This technique involves having a teacher with a child who bites. This teacher would be able to then anticipate biting situations and to teach non-biting responses to situations and reinforce appropriate behavior in potential biting situations.
- The teachers may consider changes to the room environment that may minimize congestion, commotion, competition for toys and materials, or child frustration.

PARENT INVOLVEMENT AND COMMUNICATION

Parent Visits

Parents are welcome at any time to come and visit their child. For mothers who are breast feeding, the infant room provides a comfortable and peaceful area to enjoy that feeding time. Observation windows are also available for

you to come and watch your child without them knowing you are here. We also encourage use of the State Departments breast feeding rooms.

For some children, particularly toddlers, multiple separations from the parent during the day may make the transition to school more difficult. If you find that your visits are more upsetting to the child than consoling, we ask that you use your judgement when making multiple visits throughout the day.

Parent Conferences

Parent conferences are scheduled 2 times a year (fall semester and spring semester) and may also be held at *the request of any parent*. The infant and toddler years are marked by so much growth and change that conferences are a good time to discuss all the developmental issues surrounding them. Teachers put out sign-up sheets prior to the times conferences will be held. A developmental summary is shared with the parents during this time along with a formal assessment tool called The Ages and Stages Questionnaire which is assessed at the beginning of the school year. Should there be any concerns that arise based on any teacher observation or assessment, a proper referral will be made with the expectation of working cooperatively with the parents to assist in their child's healthy development. Parent conferences typically take around 15-20 minutes.

Confidentiality Issues

There are times in the Infant and Toddler classrooms different issues surrounding confidentiality and maintaining the child's personal space and privacy will arise. These are classrooms where many times parents are fresh to parenthood and seeking information to help them make sense of their quickly developing child; as well as, wanting to be a part of the classroom and their child's school environment.

There are areas in which a parent will need to be aware of when interacting in the classroom and being around the children. Confidentiality is an important component to the parent/school relationship. It is honored by the teachers for all children and their families.

Please understand that the teachers do not and cannot discuss any child's development; family situation; or any other personal information unique to that child with other parents. Confidentiality leads to the issue of developmental comparisons between children in the classrooms. We realize it is a natural parental response – you see your child growing up among a group of others close to the same age range. Comparing children is sometimes relevant or helpful but is also a "dangerous" thing to do – the windows of time that any skill takes to develop in the infant and toddler years are so vast that it truly serves no positive purpose to note that your child either can or cannot accomplish the same developmental tasks as the next child.

For example, the window of time for a child to accomplish walking can range anywhere from 9 to 18 months. If your 11-month-old is walking, but the child next to him is 13 months and not walking – that is completely not an issue or concern. The teachers perform assessments on all the children – not by comparing them to each other – but rather by observing and noting progress and growth they have made within themselves.

You are always welcome in the classroom; however, we ask you to refrain from making comparisons and asking about other children's developmental levels.

HEALTH AND SAFETY

Health Related Issues and Illness

Group care poses many different and new situations that children are exposed to on a daily basis. One thing they are typically exposed to is different types of illness. As a general center policy, we do not refuse mildly ill children. Children may have a cough or a sniffle and still attend our center. Please refer to the *Parent Handbook* for more center-related policies concerning Health and Safety.

It is common for infants and toddlers to frequently get sick in group care.

Perhaps you will see a runny nose lasting a long time or you find yourself visiting the pediatrician every few weeks during those colder months. Children this young have not yet built up their natural antibodies for fighting off viruses and bacteria that invade their little bodies. Young children's immune systems are immature, making them less resilient to illness.

Healthy Practices

Hand washing

At the YMCA we are firm in the belief of healthy practices. Hand washing is one of the best ways to cut down on the transmission of germs. Teachers in the classrooms follow proper hand washing techniques throughout the day – including but not limited to: before and after eating or handling food; before and after feeding a child; before and after diapering; after handling or cleaning body fluids – after wiping noses, mouths, bottoms, sores; after outdoor activities; upon entering the classroom. Children as well engage in many hand washings throughout the day. We ask all parents to follow these procedures upon entering the classroom in the morning in addition to washing hands after any diaper changing procedures as well. You will be asked at morning drop off to wash hands of you and your child and ensure that they have a clean diaper or pull up on. If they are potty-training, we ask that you take them to the bathroom prior to handing them off to their teachers for the day.

Hygiene Issues

Per licensing standards, we are unable to perform a couple of things that are considered invasive procedures to the child and it is potentially also a situation where germs could be spread thus increasing the risk of infections, so we ask the parents do these procedures as needed to their child. The first is maintaining trim fingernails on your child. Infant and toddler fingernails grow very quickly and can be very sharp. Unfortunately we have had children being scratched by other children and the length of fingernails makes the wound worse. We are unable to clip nails, so we ask parents to please make sure their child's nails are trim.

Oral Hygiene

As an NAEYC accredited center we work heavily on incorporating daily routines into our child care program. Starting at the infant age, we work with all children on oral hygiene. For Infants, we wipe gums after every feeding using a soft tissue or gum wipes and wearing gloves while doing so. For Toddlers, we begin the tooth brushing process after each meal. Please note we provide toothbrushes and gum wipes for each child.

General Disinfecting

Toys that have been mouthed in the Infant and Toddler classrooms are disinfected every day throughout the day. Teachers often will place a toy into a container after a child has mouthed it to be cleaned in the next batch. At the end of the day, other equipment and materials will be cleaned as well. The diaper changing area is disinfected after each use. A sanitizing solution of bleach water is used for general disinfecting equipment and toys and the Kitchen room has a sanitizer for sanitizing toys.

Fresh Air/Outdoor Play

Classrooms are aired frequently, particularly during the colder months with warm, stale heated air warming the center. The children play outdoors daily, weather permitting.

Fresh air in the colder months does not cause or promote illness; it actually facilitates good health. Cold air is not related to making a child sick. If a child is in attendance during the outdoor time, they are healthy enough to then go outside with the rest of the children.

All children in attendance during their classroom's outdoor play time will go outside. Please do not ask for your child to stay inside during the outdoor time as we have to meet licensing requirements at all times as it pertains to staff to child ratio.

Taking the children outside is considered healthy practice in a quality child care program.

Of course the infants and sometimes toddlers are not as mobile and free to move and play in the snow as the preschoolers are. Taking them on short walks in the buggies and providing them with that fresh air and sunshine is what they need to get.

Laundering/Sleeping Materials

The bedding on the cribs and cots is washed at least twice per week. When illnesses are prevalent, laundering happens even more often. After every sheet change, the cots or crib mattresses are disinfected. Both the Infant and Toddler rooms have a washer and dryer. The infant soft toys are able to be washed as much as needed to prevent the spread of germs.

Common Early Childhood Illnesses

The following is a brief, but certainly not comprehensive, list of some very common illnesses in young children. The information gathered below is from a registered nurse for the District of Columbia.

These illnesses are a few of the common communicable diseases your child may catch during their time at the center, or in other locations – they are everywhere.

Croup

- It is an inflammation of the voice box and windpipe. The airway just below the vocal cords becomes narrow.
- Children are most likely to get croup between 6 months and 3 years.
- Can occur any time of the year, but more common between October and March.
- Two types of Croup: *Spasmodic* – caused by a mild upper respiratory illness; and *Viral* – resulting from an viral infection in the voice box and windpipe that often starts with a cold that slowly develops into barking cough.
- Most children with spasmodic croup do not get a fever. Most children with viral croup have a low fever, but some have temperatures up to 104 degrees.
- Treatment – steam treatments and/or prescribed medication to reduce the swelling in the throat or shorten the illness. Antibiotics and cough syrups are not helpful ways of treatment. If you suspect your child has croup, call your pediatrician.

Fifth's Disease

- Occurs most often in children and is more prevalent in late winter and early spring.
- Begins with a mild fever which may be accompanied by headache, fatigue, and muscle aches – these symptoms last for only a few days and is followed by the characteristic rash.
- Intensely red rash on the face which gives a “slapped cheek” appearance. It spreads to the trunk, arms, legs, and arms as a finer rash.
- The virus is spread by close contact, most likely through respiratory secretions.
- Children are infectious about one week before the rash appears – once the rash appears, the child is no longer as infectious.
- No specific treatment; only symptomatic treatment.

Hand, Foot, and Mouth Disease

- This disease (HFMD) is a common illness of infants and children.
- Characterized by fever, sores in mouth, and a rash of blisters.
- Begins with a mild fever, poor appetite, “feeling sick”, and frequently a sore throat.
- One to two days after fever begins, sores develop in mouth.
- Skin rash develops over 1 to 2 days with red spots, some with blisters.
- Rash does not itch, and it is usually located on the palms, hands, and soles of feet.
- Cause by a virus and is moderately contagious; spread person to person.
- Most contagious during the first week of illness.
- No specific treatment; only symptomatic treatment.

Respiratory Syncytial Virus (RSV)

- RSV is a viral infection that attacks the upper and lower respiratory tracts. It is the most frequent cause of lower respiratory infections in infants and children under age of two.
- In most children, symptoms appear similar to a mild cold. RSV infection can be very mild, like a cold, or very severe, causing hospitalization.
- Spread through direct contact with infectious secretions.
- No specific treatment; only symptomatic treatment.

Rotavirus

- One of the most common causes of diarrhea in children unto three years of age.
- Most prevalent during winter months.
- Spreads person to person from one to three days after exposure.
- Children with this infection should be watched carefully for dehydration due to vomiting, diarrhea, and fever.
- No specific treatment; symptomatic treatment.

Thrush

- An oral infection that appears as creamy white, curd-like patches on the tongue and inside of the mouth.
- This is a type of yeast infection and can result from the use of antibiotics.
- The organism (*Candida*) that causes thrush may also exacerbate diaper rash, as this yeast grows readily on damaged skin.
- Oral thrush and the *Candida* diaper rash are usually treated with an antibiotic.

Conjunctivitis

- Inflammation or infection of the outer membrane of the eyeball and the inner eyelid
- Spreads by bodily contact or surface to surface transfer
- Symptoms are red eye, swollen lids and discharge

We will post a note center-wide to inform parents if a child has one of these illnesses. We communicate to the whole center due to us having many common areas and shared spaces.

We will also inform you if your child must be excluded from the center due to an illness.