

Eichers' Children's Center's

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INFANT POLICIES & PROCEDURES

Caring for infants requires some policies additional to those that apply to the care of the other children here at Eichers. Infancy is a period in a child's life in which they develop at such a rapid pace that their needs (nutritional, developmental, sleep...) may change more than half a dozen times before their first birthday! This hasty developmental pattern requires us as educators to stay ahead of the curve and be prepared for each milestone as it approaches. It has been our experience that often parents settle into a routine with their baby and may not realize that just as you adapt to one routine, they are ready for a new one all together! To ease the reoccurring frustration that often strikes as we try to find a balance between your schedule with your infant at home and our routine here as we care for multiple babies of the same age, we have set these policies. Please keep in mind that you have chosen a group setting for your infant; often what works for you in a one on one setting at home is not conducive to a four to one ratio. We do our best to give your infant the security of a familiar routine but often their schedule fluctuates here, as the environment is so dramatically different. The skills that your infant needs are not mastered when first introduced. It takes time and practice under supervised conditions, which is what we will provide while your child is with us. Could you imagine allowing your child at 16 to jump in a car and drive away without first having practiced? Of course not! There are not many skills in life that come to us without some degree of preparation and practice. Here at Eichers we strive to provide the perfect environment for the many skills that your baby will need to practice. We pride ourselves in offering the best infant care you will find for your baby besides you! We hope you find these policies illustrate our passion for fostering the appropriate development of your infant. With so many families and many different pediatricians, all whose recommendations vary, it becomes difficult for us to set black and white rules regarding introducing new experiences to your baby. Remember, your pediatrician is a medical doctor; their recommendations are medically based and often fueled by attempts to delay issues such as allergies. The American Academy of Pediatrics has to set standards across the board, keeping in mind that we live in a very rule oriented society. If you have a good pediatrician, they should always make you feel that even though there are standards, you are the parent and you know your baby better than anyone. Ask questions and please play an active role in the relationship between you and your child's pediatrician as it may be one of the best professional relationships you have, as long as it is one that is built on mutual trust. We encourage you to find a healthy balance between following the advice of your many resources as a parent; your pediatrician, us as educators and caregivers, as well as other mentors that may exist in your family or culture. One size does not fit all when it concerns infants and development, we are not here to push an infant to hit a milestone before they are ready, we merely want to create a rich and nurturing environment so that each infant has the opportunity to reach their potential. Our policies and procedures for infants are safe, healthy, and constructed based on recommendations by professionals in child development; we work to foster things such as speech development as well as fine and gross motor skills (we often consult the *Brigance Diagnostic Inventory*

of Early Development). Please read these policies thoroughly and feel free to come to us with any questions that arise; each policy has a specific purpose that we would be happy to explain further!

***Ms Nikki's note: I am the director here at Eichers. I have a degree in Biology and Education and am currently raising my four young children. There is not one policy here that I have not followed with my children or stand behind 100%. Through the guidance of my mother, Mrs. Eichers, and her experience in the child care industry since 1981, combined with my background and perspective, we have created philosophies we truly believe in. My family is proof that these practices can work. I am here for you as a parent and enjoy my truly important job of taking care of your children and helping you through this most trying yet wonderful time of raising an infant or toddler. Please see me with any questions you have about these policies or how to make them work for your family; I find great joy in helping fellow parents navigate through all the current and sometimes conflicting recommendations!

These policies are recommendations are created with a healthy, well developing infant in mind; not every infant is ready for all of these policies at the same age, it is a guideline. We would never recommend something that we did not feel your baby was ready for; we do however ask you to agree to the most important policy, be open to suggestion and communication.

First Things First – What to Bring

Please make sure that your infant has everything they need here daily; check their cubby often! Below is a list of items that should be available daily for the staff to use for your child.

- ✓ Bottles: bottles need to be premade and ready just to heat up. Please let the staff know if bottles are formula or breast milk. Each bottle and cap needs to be labeled with your child's name and each bottle needs to have the date on it. We have a labeling company from which we order labels for each of the infants. These labels stay on bottles even through the dishwasher. We also will order you removable dates to apply to bottles each day. The cost of the labels will be your responsibility when you register.
- ✓ Blanket: we supply all the linens needed (sheets, bibs...) but you are welcome to bring a blanket from home for your child to sleep with. The blanket provided should be of the muslin variety. Please see the office if you need an example. We ask that this muslin blanket be taken back home and washed weekly. Please label any items that you bring from home for your child.
- ✓ Extra Clothes: bring at least 3 complete season appropriate changes of clothes, including onesies (we love onesies as a first layer under clothes!) and socks. Also, we ask that you keep an extra sweater or sweatshirt at the center as well as a season appropriate hat.
- ✓ Diapers & Wipes: bring a package of each, labeled, and we will let you know when you get low. It often works well to bring a hard container of wipes and then refills as needed.
- ✓ Shoes & Outdoor Attire (discussed further bellow)

Feeding

Food may be the single most discussed topic related to infants here at Eichers. We are very passionate about our view on feeding infants and want to be very clear on our expectations and procedures. Outlined below is what we do here with our infants; these practices are tried and true and your infant's development and best interest is at the heart of all of these policies. Please read this section thoroughly; if you have reservations about the way we do things here, Eichers may not be a good fit for you and your family. Our intention is to create experiences which develop the skills necessary for reaching developmental milestones. We respect that each family has a different parenting style and has the right to differing opinions; however, we feel that once you get to know us and see your child succeed at each milestone, we can come to a happy medium in which everyone is satisfied and your child is thriving. Our current issue as it relates to feeding is that parents, now more than ever, seem to be scared to feed their infants. Between the risk of choking and the fear of allergies, we have parents waiting well beyond the point of a developmentally appropriate timeline. Choking is a risk throughout childhood and allergies are either going to be an issue or not, delaying food will just take you beyond the window of opportunity with your infant where introducing

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foods comes with ease and pleasure. New research is actually showing that early introduction may be the key to preventing some allergies (Cambridge University study). During the first year of your baby's life you will spend more time feeding them than any other activity, be patient and enjoy it! Please read carefully and consider our many years of experience with these very practices!

- **4 Months**

- This is the window of opportunity to start rice cereal! Practice, practice, practice! We can't tell you how many frustrated parents we deal with that wait too long to start spoon feeding their infants. If you miss the early window (even earlier than 4 months can be appropriate for some infants), this introduction can become a struggle for parents and frustrating for the baby. Parents will be asked to supply the rice cereal if a specific brand is preferred. If no specific brand is supplied, **at four months we will start introducing the cereal.** We have the time, the patience, and the experience to begin this process with your baby and many parents are relieved to have the help with this! A little bit of one of your infant's bottles will be used to mix the cereal. Often in the first weeks, cereal can be a messy task with lots of faces and very little swallowing. Keeping up with the routine will help your baby develop the oral muscles needed to improve these feedings; these are the same muscles used in speech!
- It is around this time that infants are ready for the next stage nipple on their bottle.
- Make time! Introducing solids is time consuming but please make time for this with your baby.

- **5 Months**

- Infants should be on a three meal a day meal plan including jar food. Parents should supply the food (jar or homemade).
- In the beginning your infant may be eating small portions but very quickly they become ready for full jars at each meal or more than one jar. Often the number of ounces in your infant's bottle will increase as well.
- We usually recommend skipping stage one foods and starting with stage two. Stage one is very runny; your baby already knows how to drink, it is the texture of the higher stage food that will introduce new consistencies (the exception to this is if you want to mix the food into rice cereal as this can make the stage one foods thick enough to stay on a spoon). Stage three foods are a great for introducing some small chunks.
- Gagging is not choking! Infants can be very dramatic when it comes to texture, don't be scared by their gagging as **this is** a reaction to the new sensation of thicker foods and chunks.
- Infants will be offered a sippy cup of water when they begin practicing with finger foods.

- **6 Months**


- **We start introducing finger foods at this age.** We often start with Puffs and Cheerios to allow the infants to build their hand/eye coordination. Once they are able to self feed and do well with "gumming" the food once it gets to their mouth, we introduce the next phase of introductory finger foods (peas, diced peaches, diced bananas...). Starting foods at this age is not just a nutrition issue; **more than that it is once again a development issue.** At 9 months when your infant should be eating our lunches, we can't just expect them to be able to pick the foods up and successfully eat them if they have had no practice. It is a great activity throughout the day to be able to put the infants in a highchair or the table and let them enjoy this task.
- Once again, gagging is not choking!
- Encourage your infant to hold their bottle; we will work on this task as well.

- **7-8 Months**

- Infants this age should begin to eat less jar food and more finger foods. Experiment with different flavors and textures! Your child's ability to grab and eat food should be pretty efficient at this point if you have been offering foods at home as well.
- Infants should hold their own bottle at this age.

- **9 Months**


- We offer our lunches to infants this age. Every food that is offered to the infants is cut to an appropriate size and cooked to the correct consistency. Foods on the menu that are not appropriate for this age group are omitted or supplemented (fish sticks, peanut butter...). Please notify the staff if there is a known food allergy or any special dietary requirement (vegetarian, kosher...); you must provide a comparable supplement if this is the case.
- We do not routinely feed jar food to infants this age. We have very good luck getting them to eat and enjoy the snacks and lunches we offer.




- **10-11 Months**

- Use of the sippy cup should increase while use of the bottle should decrease. Use the sippy cup at meals, we do not encourage allowing children to graze on a sippy cup all day. Please leave your sippy cups at home, we have our own to use and do not want them sitting in cubbies. Start cutting out bottle feedings during the day that do not coincide with meals. Often the bed time bottle is the last bottle to be phased out.
- Children this age can start to be introduced to some whole milk as this will replace formula once they are off bottles.

- **12 Months**

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- Infants this age should be **off the bottle** (a developmental recommendation!) and using primarily a sippy cup or open cup (open cups use a different set of muscles and should be offered often even if your child is not old enough to use it independently). Often parents bring one bottle a day to keep at the center “just in case” for awhile after weaning. Keep the communication open with your infant’s teacher to decide when they no longer need a bottle at the center.
 - At this age, your child is receiving lunch as indicated on the monthly calendar unless there is a documented food allergy or specialized dietary requirement.

- **Breakfast**


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- Please do not bring your baby in hungry! Coming in having eaten at home is important to start your child’s day off right. The exception to this is the older infant or toddler that arrives early in the morning and can sit right at the table and self feed their breakfast.
 - If your infant is 0-7 months, we can feed them their morning cereal or jar food at school as long as they come in having had a bottle at home. Infants need to arrive by 8:30 in order to be included in “breakfast time.” If infants arrive after this time they should have had their breakfast at home. Please verbalize to your baby’s teacher what foods or bottles they have already had.
 - If your infant is 7-12 months and needs to have breakfast with us, you must supply a breakfast of **finger foods** for us to offer them. As with the younger infants, infants need to arrive by 8:30 am to be fed breakfast as it is offered at our scheduled snack time. Infants who eat breakfast at home will simply be offered our supplied snack at that time.

- **“Reflux”**

- Babies spit up! Please do not feel that we will expect a medical explanation for your baby’s frequent spitting up. Spit up is normal and should be of no real concern unless they are spitting up their full bottle, not gaining weight, or seem to be in a lot of distress. We are not medical doctors and are not here to undermine true reflux, but please make sure to ask lots of questions to your pediatrician and do not just look for a diagnosis.

Sleeping

Sleep in a group setting can be frustrating for care givers and parents. Often infants do not sleep as well with us as they do at home. It is important to understand that although it makes sense that infants may not sleep as well in a group setting, we want to do everything we can to set them up for a successful nap schedule. Often this success comes from parents teaching their infants how to nap and self soothe, as well as coordinating school and home nap schedules. Around 6 months we find that most infants are taking naps around 9:30 am and 1:30



pm. Children and babies should be sleeping in a bed/crib. Swings and car seats are not acceptable areas for children to be sleeping while at daycare. Please help set your child up for success here at Eichers' by following these practices at home as well.

We use blankets with our infants, if one is not supplied from home we have many of our own to use. If a blanket is sent from home it needs to be one layer of fabric and large enough for us to tuck under our mattresses. We LOVE and prefer the muslin blankets. We have had many parents request that there is nothing placed in the bed with their infant; we do not use bumpers or stuffed animals but our policy is that each infant has a blanket for covering. **Comfort is a learned behavior and we want to set infants up for successful sleep habits;** we highly doubt that there any adults that would be comfortable just lying down on a mattress with nothing else to fall asleep. Some parents use *sleep sacks* at home but we prefer that you keep them at home for your personal use. Although sleep sacks are acceptable for newborns, they become restrictive for babies as they become more mobile in their sleep. All infants sleep in areas that are within sight and sound of the infant teachers.

Another sleep topic that often comes up is the issue of Sudden Infant Death Syndrome (SIDS). **Currently the recommendation is to sleep all infants on their backs as research shows this may reduce the risk of SIDS.** Our practice is to sleep babies on their backs unless informed otherwise by the parents (a physician signature is also needed). We do want to say that there are many babies that sleep better on their tummies and we encourage parents not to be too scared of obscure risks so much that it prevents them from finding the way in which their baby is most comfortable sleeping; lack of sleep has its own set of health risks. If your baby does not sleep well, we encourage you to ask us or your pediatrician for advice on experimenting with their sleep position; we would be happy to help you with this. Often nap time is a great time to try out alternate sleeping positions as you are awake to monitor them, or they are with us and under constant supervision. The tummy sleeping position can be great for infants who startle easily or have reflux issues. One last benefit of a bit more time on the tummy is the shaping of infants' heads. Often back sleeping infants tend to prefer to lean their head to one side or the other after awhile and this may cause uneven shaping of the head or even flatness. We have had a handful of infants that have needed physical therapy or even helmets to help with this shaping. If your baby is a back sleeper please find time for them to spend safely on their tummies during the day. Swaddling is another option for some infants that seems to help with sleeping; we often will try swaddling if we have a young infant that is not napping well.

Please be conscious of your infant's sleep habits. An infant that is always rocked to sleep, sleeps in a swing, or is given a silent sleeping environment may not do well sleeping in a group facility. We do our best to provide good napping conditions at the center, but often it is louder than most babies are used to. Please keep in mind that you are choosing a group facility and instill habits that will set them up for successful sleep here. Often this means teaching them to soothe themselves to sleep in a bed as well as getting used to some activity and distraction while napping.

Make sure to have a night time routine that encourages your child to sleep well. Infants that are in child care may not nap as well, so getting plenty of sleep at night is important. Older infants should be sleeping through the night and as long as they are in good health, should not need to be fed during the night. A good nighttime routine that you stick to each night will encourage sleep. We recommend that bath time be a part of this nightly routine as it both keeps the routine consistent as well as promotes appropriate hygiene. Your child is exposed to a lot of germs each day and this is one way to help promote health! Early waking is another common problem that parents have a hard time coping with. Like night waking, sending the message to your baby that 4 am is not an appropriate time to be awake is necessary to start their day off right. Sleep issues are plentiful when it comes to infants and we do not go into depth here with solutions. Please see Ms Nikki with any questions you may have regarding your baby and sleep.

When your infant is ready to move to the toddler room, we will watch for signs of readiness to transition to one nap. Around this time many infants may be ready for one nap at home as well. Some infants that still need two naps at home do just fine taking one with us, but each infant is unique in their sleeping needs. We will make decisions each day in the best interest of the child and there may be a time period in

which one nap works one day but they are extra sleepy the next day and need two. When your infant is transitioned to one nap with us, we will ask you to purchase a nap mat. This mat will be theirs and should be taken home weekly to wash. We are not able to allow use of nap mats other than the ones we order as we have a specific storage system to meet the state's requirements.

Attire

All infants need to come dressed each day for the weather, which often fluctuates so we love layers. We request that infants wear onesies under their clothing. Onesies are a great first layer for all seasons and often keep diaper leaks from requiring a full outfit change. We find that onesies help babies with sensitive skin as they keep their outer layers from rubbing. Shoes are a must for all age groups! Please bring your infant or toddler into school wearing their shoes each day. Infants spend a lot of time on the floor where it is cooler and shoes and socks help keep feet warm as well as protected. Infants are notorious for removing shoes and socks. We find that the Robeez brand of shoes for infants is really the only one that stays on. We strongly encourage parents to invest in a nice pair of Robeez for your child to wear each day; they are backed by the American Podiatric Medical Association and have different styles to meet your child's needs as their feet and skills grow. Please see their website at www.robeez.com for more information.

Your baby should have what they need each day to go outside; even young infants! This includes a hat, shoes, and an outer layer if needed. During the summer months, all infants that can sit up independently as well as toddlers should have swim attire for outdoor water play (suit, swim diapers, water shoes, towel). During the winter, all infants and toddlers that can walk should have snow pants and boots; infants that are not walking yet need to have a bunting or some sort of warm outerwear.

We ask that as you arrive and leave Eichers with your infant you are aware of how they are dressed. We often see parents entering our center in warm layers only to look at their baby and see no layers or hat. When it is cool outside please make sure to cover your infant's head with either a hat or a blanket as you walk in and out of the building.

Car Seats

It is a recent phenomenon that car seats are not just for the car. Modern convenience has made it so that we no longer have to hold our babies, we can just strap them into an infant seat and go about our busy schedules. The use of infant car seats, or shall we say the overuse, has been an ongoing issue between parents and us. Babies bond with people, not plastic and we love to see parents carrying their babies. **These car seats are for the safety of your infant in the car, not a replacement for your arms.** We do agree that infant seats are nice for taking into a store or a restaurant so that you have a safe, clean place to keep your baby, but the constant use is unbelievable. For babies having trouble strengthening their neck muscles, or starting to get some flatness on the back of their head; being out of the seat allows for more development of the neck and trunk muscles, gives the back of the head a break from the pressure of being in the seat, and allows for some much needed cuddles. Holding your infant, talking and pointing out things as you arrive and leave the building will benefit them and you. All of these small choices play a role in the overall development of your baby.

After saying that, it is our policy that **no infant seat may be left at the center.** Often it is the case that parents have one seat, two bases, and they want to leave the seat for whoever picks up the baby at the end of the day. It may be necessary to either get two infant seats, or when your baby starts day care just move right into the convertible seat; this is the more practical option as you will need two eventually anyway if you have two vehicles that transport the baby (see more on the different types of car seats below). We also ask that if you still choose to use the infant carrier that it **stays in the car.** We do not want parents lugging heavy seats up and down the stairs. Simply carry your baby in and out of the building. The only exception to this rule is to mothers on maternity leave who bring their newborns in while picking up an older child, the infant seat allows them to leave the baby in the office while getting the other child. If your infant is younger than 12 weeks and it is the middle of winter, there may be days in which the safer option is to strap them into the seat inside the building due to severe weather, please see the office if this is the case. Our goal is not to make things difficult for parents, but to promote healthy options with your infants' development and best interest in mind.

In addition to what we feel is the over use of infant carriers, we often see the misuse of them as it relates to the actual safety of your infant. We would like to clarify car seat standards and lay out your safe options. Please make sure with either type of seat that you are purchasing a 5 point harness.

- **Infant Carriers:**



Infant seat



Convertible seat

- This seat is optional but is created just for infants; depending on the brand they usually hold infants up to 20 pounds. For some infants, staying in the seat until they are 20 pounds is much too long and they have often outgrown the seat in other ways. There are length restrictions for these seats as well, so please check the manufacturer's guide for each specific brand. Our personal recommendation is that this seat be used in the car for babies until they are 5-6 months, at which point they are usually ready for the next stage of seat and they also have better trunk control, making them easier to put in carts and high chairs instead of using the infant carrier. **DO NOT SLEEP YOUR BABY IN THEIR INFANT CARRIER!** This carrier is not a replacement for a bed and research has shown that the position it puts your baby in can be a very dangerous one to sleep in for extended time. Please check your manual regarding handle bar position during travel; all models are different, many requiring a specific handlebar position for safety and optimal function in the event of a crash.

- ★ **Convertible Seats:**

- If you forgo the optional infant carrier, this seat could be used from birth until around 4 years of age, depending on the child. These seats are larger and can be rear facing for infants under a year and forward facing for infants *once* they are a year and 20 pounds. Depending on the brand they may hold children 5 pounds up to 50 pounds. These seats are fastened into the vehicle and stay there.

Car seats are an expense, but in the scheme of what is really important, they are a worthwhile investment; please do your research and invest in a quality seat for each of your vehicles. Please note that car seats have an expiration date so be cautious when borrowing or buying one used, professionals actually warn against this practice.

Vaccinations

A signed copy of your child's vaccination report is required by the state to be on file at the center. We would like to mention that there is a waiver on the report, the vaccinations are not required, the form is. If you choose to vaccinate your child please keep this updated.

***Warning: this section includes some of Mrs. Eichers' PERSONAL beliefs which are included to get parents to think about their options, not to instruct them to do one thing or the other. ***

It is not our intention to persuade anyone to not vaccinate their child, we do, however, want to share our philosophies regarding the current vaccine schedule. It becomes very difficult to struggle with parents who will not let us put a cheerio in their child's mouth, yet take their baby to the doctor, get 4 vaccines, bring them back to us and cannot even tell us which vaccines were received. If you are going to be concerned about what is going in your baby's body please be concerned across the board. ***We do not disagree with vaccines; we disagree with a few of the practices involving vaccines*** and therefore have constructed our policies around these concerns. Ask questions, do your research, and be mindful of the choices you make. You are your child's advocate.

Children may not return to school for 24 hours after having their vaccinations. For this reason it is often best to schedule your child's doctor appointment for the end of your work week when you can take the time to be with them at home. We have had several children over the years have severe reactions to vaccines and prefer that they are with you for that critical time after receiving the vaccines. We encourage parents do research on spacing out their child's vaccine schedule. This practice may mean more trips to the doctor but we feel that if your child does have a reaction, at least you would know what vaccine they reacted to. Please report any reactions to your child's

Updated October 4, 2016

physician; we find that most parents do not give feedback to their pediatrician. Do not allow your child to get vaccines while they are ill. When your child is sick their immune system is already working hard enough, it is not necessary to add more for their little bodies to handle. The flu vaccine is the one for which we have seen the most reactions and urge parents to avoid this for their children. Any child receiving the flu shot is still not allowed to return to school for a minimum of 24 hours following their vaccination.

Please be aware of what vaccines your child is receiving, read the literature, and be able to tell us if asked, which vaccines were given. This all ties in with the idea that these immunizations are serious business and you need to be alert to the risks and conscious of what you are putting in your child.

ILLNESS

Illness policies are covered in our standard policies and procedures but we would like to reiterate a few points here. Please keep your sick baby home! Bringing in an ill child puts all the other children at risk; you want the same respect from other parents whose baby is in the same room as yours. Fevers, diarrhea, vomiting, and rashes are all common reasons for us to call you to pick up your baby. We are here to care for your child when they are in good health and need your cooperation and understanding when it comes to sending sick children home.

Please take an appropriate amount of time out with your baby to ensure that they are feeling better. Our standard of time off after illness is 24 hours free of symptoms but often an extra day beyond that is best for your baby and their little body; keep in mind how crummy you feel when you are sick and how comforting it feels to be at home during this time. We know you have chosen to work and this is important, but please make sure that you have arrangements set up for your child for whenever illness arises; this may be yourself, a spouse, a friend, or a relative. Our fees are flat tuition based and therefore days out from illnesses are not credited; please be aware that in your baby's first two years these days will be plentiful!

Be honest with us at drop off. We need to know if your child is on any sort of medication whether it is prescription or over the counter. If medication needs to be administered while your child is with us, please see the office for an authorization form. If your child was sent home ill and is returning, fill us in on exactly what happened while they were out, if they saw a doctor or not, and if any diagnosis was made.

Do not be offended if we ask you many questions when your child is sick, remember, we are responsible for the safety of all the children in our care and need to keep a close eye on what illnesses are present at any given time. Do not assume that an illness does not need to be reported just because your pediatrician said your child was fine to return to day care, we have many reasons for needing to know details (for example, fifth disease is common in young children but can be very dangerous to pregnant women).

Please don't call your child's doctor, talk to the receptionist, and then tell us you called the doctor and they said your child was "ok." First of all, most illnesses cannot be dismissed based on a phone conversation, secondly, push to speak to your physician! If you call several times regarding the same issue, but never get to speak to your doctor, he or she may be missing out on the opportunity to diagnose a true issue.

DEVELOPMENT

Most of our strong feelings regarding development at this age came out in earlier sections. We are big into promoting training for each developmental milestone. Skills do not magically appear on the day the child should be performing it, like most skills in life, they need to be learned and practiced.

Speech

- Talk to your baby or toddler! The most critical time for language development is between birth and three years. Explain everything you do to them as you are bathing them, getting them dressed, or running errands. Language is more than the spoken word; your child is learning about conversation patterns, words and their meaning, and facial expressions.
- Read to your child! This is hugely important and is a wonderful time for you to bond with your little one.
- Encourage different food textures and utensils. As mentioned earlier, offer an open cup in addition to the sippy cup as they use different muscles.
- If on a pacifier, the older they get the less it should be in their mouth. For toddlers, limit the use of the pacifier for sleep times.

Updated October 4, 2016

Motor Skills

- Encourage self-feeding early, this fosters hand-eye coordination.
- Offer lots of floor play time to promote rolling, crawling, and sitting up.
- Use a high chair, Boppy, and lots of upright holds to encourage sitting and building trunk muscles.
- Offer walkers and push toys.



Thank you for taking the time to read through these policies! We hope that we have explained where we are coming from and why we encourage you to set your expectations high when it comes to your child. We welcome you to see either Ms Nikki or Mrs. Eichers with any questions on these topics or for any further information. We know you picked Eichers for a reason and we look forward to providing you with exceptional care. We are not just day care, we are committed to providing the best environment for your child to thrive and develop. We welcome you to take a look at our preschool children and see how well these practices carry children through their early childhood years!



Please tear off this page, sign it, and return it to the office!



I have read your infant and toddler policies and procedures and agree to comply with them for the duration of my enrollment. I am aware that there is a required written two week notice when terminating enrollment and regular tuition is due during these two weeks, whether or not my child attends.

Child(ren)'s Name(s): _____

Parent/Guardian Signature: _____

Date: _____

