



**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. Caregivers 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 \$280.00 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.
- ◆ 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.

## 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 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 and formula and milk left in a bottle at the end of a feeding will be discarded. Bottles are warmed in hot water.

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.

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 |
|----------------------------------------|--------------|--------------------------|-----------------|
| <b>Infant (8 wks.-12 mos.)</b>         | 1:3          | 1:4                      | 6               |
| <b>Transition Toddler (12-24 mos.)</b> | 1:4          | 1:4                      | 8               |
| <b>Toddler 120 (18-30 mos.)</b>        | 1:5          | 1:4                      | 8               |
| <b>Toddler 155 (18-30 mos.)</b>        | 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?<br><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)?                                                                      |                                                                                                                                           |
| <b>STATUS OF PARENTS</b>                                                                                                                          |                                                                                                                         |                                                                                                                                           |
| <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?<br><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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| SLEEPING                                                                                                                                          |                                                                                                                         |                                                                                                                                           |
| Is your child sleeping through the night?<br><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<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                 | Does your child have a pacifier? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, how is it handled? |                                                                                                                                           |
| Does your child suck his/her thumb?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                   | Does your child like to be held?<br><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:  
 Breast Fed       Bottle Fed

If breast feeding, will you be sending frozen expressed milk to school?  
 Yes     No

Are you giving your child any solid food at this time?  
 Yes     No

Do you mix foods together? If so, please designate.  
 Yes     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.  
 Yes     No

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

## DIAPERING

Does your child get frequent diaper rashes?  
 Yes       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?  
 Yes       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.)  
 Yes       No

If yes, please list.

Has your child had any operations?  
 Yes       No

If yes, please explain.

Does your child have any special needs such as orthopedic, emotional, etc.?  
 Yes       No

If yes, please explain.

Does your child get medication often?  
 Yes       No

If yes, please explain.

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## 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:  Alone  With Siblings  With other children  With adults

## SIGNATURE

Parent/Guardian

Date