



One-Year-Old Frequently Asked Questions

How would meals work for the little ones?

All food is produced by Forefront Culinary Services, who ensures we are in compliance with the Child and Adult Food program through the state of MT. Meals would work the same way for the littles as are done for the older kids as far as options and time, but the portion sizes/bites would be made to be age appropriate. We plan to support breastfeeding/bottles and accommodating their schedules, especially if they are just starting on various solids. If there is a specific diet or food introduction plan, we will work individually with families. Baby food and/or formula would need to be provided.

Naptime schedule/plan

We will work with parents to plan scheduled naptime(s) with current routine. The closer they get to two years of age, we will work into the center naptime schedule (Noon-2:30pm). Two cribs and two mats are available; each child will have their own set of mattress covers. If census would produce the need for more cribs, the Center will accommodate.

What safe sleep policies are in place for naptime?

Our staff is required by licensing to take a Safe Sleep course upon employment at the Center, which is renewed every three years or on an as needed basis. Staff will also always have a line of sight to children while napping. Children will never be alone in the room; the Director also monitors children via video as a secondary safety mechanism.

Do we get updates during the day?

We use a digital app called ProCare that creates a line of communication during the day for both parents and staff to utilize. If other mechanisms of communication are desired, please discuss them with Center Director.

Are vaccines required of attendees?

Staff and children follow state licensing requirements on vaccinations, similar to the school system, but also recognizing some parents desire a prolonged vaccination schedule.

Sick kid policy/facility cleaning?

- Environmental services staff are shared with Beartooth Billings Clinic.
 - We comply with state licensing regulations.
- (3) The director, owner, manager, or person in charge of the day care facility must designate a staff member to check daily the health status of each child immediately upon that child's entry into the day care facility, and to exclude any child showing symptoms of illness, under the following guidelines: (a) Children must be without fever of 101°F or greater for 24 hours before they return to the day care facility, except that children with immunization-related fevers need not be excluded if they are able to participate in the routine of the day care facility; (b) Children must be without vomiting and diarrhea for 24 hours before they return to the day care facility. Vomiting includes two or more episodes in the previous 24 hours. Diarrhea is defined as an increased number of stools, increased water in the stool, and/or decreased form to the stool that cannot be contained by a diaper or clothing; (c) Children with any of the bacterial infections listed below must be treated with antibiotics for 24 hours before they return to the day care center: (i) strep throat; (ii) scarlet fever; (iii) impetigo; (iv) bacterial conjunctivitis (pinkeye); and (v) skin infections such as draining burn or infected wounds or hangnails; (d) Generalized rashes, including those covering multiple parts of the body, must be evaluated by a health care provider to determine their cause before the child can return to the day care facility; (e) Children with chickenpox may not be admitted to the day care facility until their sores dry up, which usually takes five to seven days. Day care providers must not purposefully expose susceptible children to chickenpox, even with the permission of the susceptible child's parents; (f) Children who are jaundiced must be excluded until a health care provider evaluates the cause and authorizes the child to return to the day care facility; (g) Children with symptoms of severe illness, such as uncontrolled coughing, breathing difficulty or wheezing, stiff neck, irritability, poor food or fluid intake, or a seizure, must be evaluated by a health care provider before they may return to the day care facility; (h) A child need not be excluded for a discharge from the nose which is not accompanied by a fever.

Curriculum or Education Philosophy

Development varies greatly between the ages of 12 months to 24 months. Therefore, skills and curriculum will be individualized to the child. Once the child enters the two-year old room and beyond, there is an established curriculum. We foresee a mostly interactive play-based structure.

Other skills include:

- Motor skills – gross and fine
- Ambulation
- Interactive play
- Building towers/throwing balls
- Feeding themselves with fingers; holding utensils
- Animal noises and sounds (imitation)
- Simple sentences (18-24 months)

What training, licensing, certifications do the staff have for caring for kids under two? Have they updated their knowledge with the change in age?

All staff are required to complete 16 hours of yearly training to keep current on our licensing which can be used at any age or topic in childcare. The staff we have currently have experience in the infant/toddler age group.

37.95.162 CHILDCARE FACILITIES: REQUIRED ANNUAL TRAINING (1) All directors, early childhood teachers, and assistant teachers, at any childcare facility must successfully complete annual training required to be current on the ECP Practitioner Registry. (2) The training must be approved through MTECP in one of three ways: (a) sponsors verified through the Montana professional development system; (b) institutions of higher education that are regionally accredited; or (c) successful completion of college-level course work in early childhood, education, or child development. (3) Education and training must relate to the Montana Early Care and Education Knowledge Base and must fall within the following categories: (a) personal attributes/ characteristics; (b) health, safety, and nutrition which may include training on prevention of sudden infant death syndrome (SIDS) and medication administration; (c) child growth and development; (d) environmental design; (e) child guidance; (f) family and community partnerships; (g) program management; (h) curriculum; (i) observation and assessment; (j) professionalism; or (k) cultural and developmental diversity. (4) A substitute who provides care to children in a childcare facility for less than 500 hours a year is not required to complete annual training or be current on the ECP Practitioner Registry. (5) ECTs at facilities that provide care exclusively to school-age children must complete at least eight hours of continuing education annually and are not required to be on the ECP Practitioner Registry. (6) All directors, substitutes, ECTs, ECLTs, and ECATs must complete a health and safety review course at least every three years. The health and safety review course will count towards the annual training required in (1).

Staff/child ratio

1 adult : 4 one-year-old children

What interaction do the little guys have with the rest of kids at the center? How are staff assigned/distributed among students?

- Social interaction will develop and change as we learn how this new project is going to look daily. We imagine one-year-olds spending time in the two-year-old room and on the playground with them as is age appropriate.
- The lead teachers have assigned classrooms, and we have a teacher's aide that assists in all classrooms, floating between. The Director also spends time on the floor and is always available to assist. The Director is a certified lead teacher as well. As a reminder, all teachers at the Center are trained and able to care for all ages.

What are the hours?

We are open 7:30-5:30; we offer full or half days. 7:30-12:30 or 12:30-5:30 for a half day. (Mornings or afternoons)