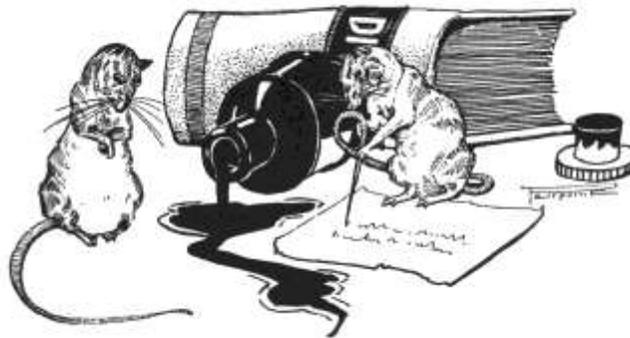


CREATING CENTER POLICY

Center policies are created in a process that includes close adherence to accreditation guidelines from the National Academy of Early Childhood Programs. Center Policies have their roots in these guidelines and are formed as various issues have arisen at the Center over the years. For example the “toys from home” issue was raised by teachers who felt strongly that conflicts within the classroom were occurring because these toys were not easily shared by their owners, thereby creating unnecessary conflicts within the classroom environment. With much discussion among staff members, it was also felt that with the Center’s economically diverse population many families could not afford to purchase expensive “Disney type toys.” In addition, the staff’s strong position on preventing violence dictates a desire not to have children exposed to “war toys” at the Center. Many parents had shared similar views with their child’s classroom teachers. The “Toys from Home” policy was drafted and reviewed by both the staff and the UCSB Children’s Center Parent Council. A draft copy was sent to every parent requesting comments on the proposed policy. When the final draft was completed it was distributed to all parents and finally included in our Parent Handbook.

Some policies have grown out of a desire by parents to clarify procedures at the Center. For example a parent/staff focus group met to discuss the Center’s enrollment procedures and another group met to discuss the Center’s procedures for “transitioning” children from infant to toddler classrooms and from toddler to preschool classrooms.

It is our attempt to have the process of policy making open to all members of our community, both parents and staff alike. All draft policies will be shared with the Parent Council and the larger parent community for comment. All policies in the final draft will be distributed to parents and then included in the Parent handbook.



TOILET LEARNING POLICY

There's no doubt that learning to use the toilet is often as big an issue for parents as it is for the child who is supposed to be learning! This policy has been developed in an attempt to answer some of your questions, and to share our philosophy regarding toilet learning and issues of toddler development in general. The following is: 1) a brief description of toddler development issues that are crucial to keep in mind during any interactions with a toddler, and especially during toilet learning, 2) some signs of readiness to look for before beginning toilet learning, and 3) our school procedures to encourage self-toileting.

TODDLER DEVELOPMENT

The most apparent characteristic of the toddler years is the child's growing desire to act independently, and be in control of his or her own little self. This is obvious from that first defiantly spoken "NO" and those phrases and gestures that say, "me do it," "Mine"!! This growing sense of autonomy however, is coupled with the strong need to be nurtured and cared for. Independent exploration and growth must be balanced with a strong sense of security and trust in one's world (relationships, environment, routines). This precarious balance accounts for the common "one step forward and two steps backward" parents often see when toilet learning begins. During this process, autonomy needs to be respected and fostered by waiting for the child to initiate interest in self-toileting, while respect for a sense of security, should be honored by supporting the child's individual pace in leaning.

SIGNS OF READINESS

While you may think the most important sign in beginning the self-toileting process is your own desire to never have to change another dirty diaper, such is not the case!! Your child will actually start to exhibit his or her own signs of readiness. Self-toileting is a complex process for young children involving a myriad of steps; recognizing a need to relieve the bladder BEFORE it happens, telling someone or finding a toilet on their own, getting to the toilet in a timely fashion, pulling clothes down, sitting on toilet until bladder is empty...and on and on! Since so much is involved, being aware of signs of readiness (and waiting until they appear) will definitely guarantee a less stressful toileting experience for your child and yourself.

Child's Signs of Readiness:

- Awareness of bodily processes:
 - Is able to communicate with words or gestures that a diaper has been dirtied (wet or BM).
 - Is able to communicate that he/she is wetting or pooping in their diaper.
 - Is able to communicate before he or she is about to wet or have a BM.
- Shows interest when parents use the toilet.
- Imitates parents: for example shaving or brushing hair.
- May ask to sit on the potty occasionally.
- Is able to pull pants down by his/her self.
- Has a dry diaper for long periods of time.
- Wants to wear underpants.
- Wants to do things for (and by) him/her self.

If your child is showing several signs of readiness it MAY be an appropriate time to introduce the idea of self-toileting. First check the list below.

Parent's Signs of Readiness:

- Has enough time and patience to respect and accept the child's pace for learning.
- Has recognized the complexity of the toileting process for a young child.
- Will not be daunted by wet pants and a fascination for public toilets!
- Can respond graciously and respectfully to 'accidents'.

WAYS TO ENCOURAGE SELF-TOILETING AT HOME:

- Begin when there is a minimum of changes in the usual home routine (visitors, holidays, etc).
- Read books about using the toilet (the Parent Library has books you can borrow)
- Teach appropriate words for your child to use when they need to go.
- Dress children in clothing that is easy for them to remove by themselves.
- Let them practice using the potty.
- Point out friends, relatives and favorite people who wear underpants!
- Stay relaxed, be positive and encouraging, but don't overdue the praise...it may just increase the feeling of pressure on your child.
- Respond calmly to accidents, don't punish. It is a learning process; remember how much is involved.

SELF-TOILETING AT SCHOOL

Our policy reflects our general philosophy of respect for each child. We are sensitive to the child's growing sense of autonomy; we encourage the child's active participation in care giving routines and respect individual styles and pace of learning. On a practical level, toilet learning is encouraged by including the child as much as possible in the process but only to the extent he or she is willing to participate. Even before self-toileting begins, however, the child is included in the care giving process: by getting their own diaper, helping to dress themselves, washing their hands etc. While diapers are being changed, caregivers talk with the children giving them language they will use in the toileting process ("your diaper is very wet...this is a 'pee-pee' diaper"). Self-toileting begins in a non-threatening, no pressure way. It is as simple as asking if the child would like to sit on the potty before the diaper is changed. We respect his or her decision. If a child shows an interest in using the toilet, that too is facilitated by the caregivers. Children in underpants are taken to the bathroom on a regular basis in keeping with the daily routine (as is done for diapering). Training pants are dealt with in a very matter of fact way that is still respectful of the child's feelings. The child is an active participant by getting dry pants and is reminded of where the potty is, or how to ask an adult for help. Many children continue to wear diapers for napping and at night after this process begins. Waiting until the child is repeatedly waking up with dry diapers is a general guideline for discontinuing this procedure. The process of self-toileting is a gradual process, and one that is impacted by developmental issues of autonomy and a continued need for security and nurturance. The greatest tool a parent or teacher has in this process is the child's own strong desire to begin self-toileting.





FOOD POLICY



Eating together plays an important role in everyday life here at the Center. Children and teachers have a chance to come together as a group for lunch and morning and afternoon snacks. They also enjoy sharing the ‘fruits of their labor’ after their many cooking projects. It is important that these times be as beneficial to the children as possible, in terms of what they are actually eating, as well as the expectations surrounding mealtime routines.

The Children’s Center provides morning and afternoon snacks for all children. Morning snack consists of a bread item such as crackers or cereal, and milk (whole for 1-2 years and 1% for 3-5 years). The afternoon snack includes a piece of fruit and a bread/cracker item. Water is served with the afternoon snack. Lunches, through the Centers’ food program, are delivered daily to any child eligible through the Child Care Food Program (CCFP), or as requested by a parent. **A lunch and snack menu is posted in the front hall.** [Note: The lunches are provided *by* the Center for eligible children; parents *not* receiving these funds may order lunches and pay monthly. Families may provide alternatives for documented allergies; a doctor’s note must be on file for CCFP and CDE Grant families.]

Our general food policy stems from our view in two areas: caring for the whole child, including their physical self, and, the role of mealtimes in our daily life. We strive to help your child become aware of and learn to nurture their “whole self;” this includes the intellectual, creative, social, emotional and physical. Fostering each child’s physical well-being goes far beyond the creative large and small motor activities. We encourage children to learn to care for themselves with appropriate routines such as hand washing before eating and learning to balance work (play) with quiet activities and rest times. In addition, we discuss the importance of taking care of their body by giving it healthful foods. Our snacks, lunches and cooking projects are always nutritionally balanced; we ask that the lunches you provide be the same. Because of the severity of peanut allergies, the Center does not use peanuts or peanut butter in any of the classroom cooking projects.

The role of mealtimes here at the Center is the second area of importance in regards to our curriculum and Food Policy. The staff and children look forward to lunch and snack times as an opportunity for enjoyable group interactions. It is a relaxed, pleasant time that brings forth conversation from the serious to the lighthearted, amongst the children and teachers. We encourage feelings of companionship and a sense of “family” between children and staff. Certain lessons of responsibility (hand washing, cleaning up, packing up lunch boxes) are also practiced during this time. It is not feasible, however, nor is it conducive to an enjoyable mealtime, for the staff to constantly monitor what each child eats, in what order, and how much! Therefore we ask that you pack a variety of foods that are ‘okay’ to eat no matter which is eaten first!

COOKING



GOOD FOODS TO EAT

MEALS AT THE CENTER

- ◆ Two snacks are served daily by the Center. The morning snack consists of a bread item (crackers, cereal...) and whole or 1% milk. The afternoon snack includes a cracker/cereal item and a piece of fruit. Water is served with afternoon snack.
- ◆ Children will be allowed to choose what to eat from their lunches in the order in which they choose.
- ◆ Uneaten food will be packed back into lunch boxes from home (so that you can get an idea of what and how much your child is eating). The Child Care Food Program does not allow items from Center lunches to be saved. The remaining contents of these lunches will be disposed of at the end of lunch.
- ◆ Any food allergies will be posted in the classroom. Allergic foods will be withheld accordingly (for Child Care Food Program lunches the allergy must be documented by a doctor's note). Parents may provide appropriate alternatives. Please speak to your child's teacher about such allergies.
- ◆ Gum is not allowed at school for safety reasons.

LUNCH BROUGHT FROM HOME

- ◆ We ask that every effort be made to pack only nutritious lunch items. Families are encouraged to use two ice packs in lunchboxes to insure safe food temperatures.
- ◆ Try to pack items in a way that encourages children to help themselves and is "ready to eat" or prepared to meet your child's chewing abilities. (i.e. peel, section and cut up oranges)
- ◆ For infants and toddlers, please try out new foods at home first, before sending to school, to insure there is no allergy present. All foods should be prepared to meet your child's chewing ability.
- ◆ Uneaten food will be packed back into the lunch box so that you may see how much (and what!) your child has eaten.
- ◆ **If a food is sent from the following "never" list, we will ask your child to save it for home (see next page).**



The following lists have been compiled in keeping with our food policy; they are ideas that have been collected from Parents and Teachers. Please prepare all foods to meet your child’s chewing abilities.

LUNCH SUGGESTIONS

DAIRY PRODUCTS:

Yogurt, string cheese, cheese cut into new shapes (wedges, strips, etc.), cream cheese (on celery, bagels, or rice cakes.)

FRUIT:

Grapes (cut length-wise to prevent choking), melon, apple slices, dried fruit such as apricots or apples, fruit salad combo, applesauce (no sugar added).

MEAT OR ALTERNATIVE:

Chicken or turkey dogs (cut lengthwise to prevent choking), cubed meat, beans and rice, tofu, sunflower seed butter, tuna, hard-boiled egg, chicken drumsticks.

VEGETABLES:

Carrot, celery, cucumber, or zucchini sticks (all thinly cut length-wise) with a small container of dip (cottage cheese with seasoning, hummus or salad dressing), snap peas, sliced tomatoes, corn on the cob, stuffed celery.

BREAD PRODUCTS:

Rice cakes or mini soy cakes, chow mein noodles, tortillas, mini bagels, mini muffins, pasta, pancakes, crackers, rice.

INSTEAD OF SANDWICHES:

Quesadillas, burritos, leftover spaghetti, pizza, stew, wraps, beans and rice, etc.

BEVERAGES:

Water, milk, 100% fruit juice, etc. (If packed frozen, beverages are nice and cool by lunch time).

“NEVER” FOODS:	“DISCOURAGED” FOODS:	CHOKING HAZARDS: NEVER FOODS
<p>The following foods <u>are not allowed</u> at school. Your child will be asked to save them for home.</p> <ul style="list-style-type: none"> • Soft drinks • Candy • Gum • Cake • Donuts • Sugared drinks • All choking hazard foods (see list) 	<p>Try to not send these foods.</p> <ul style="list-style-type: none"> • Fruit roll ups • Jello • Cookies • Chips • Sugared cereals 	<p>These foods are <i>choking hazards</i> for children</p> <ul style="list-style-type: none"> • Nuts, popcorn • Whole grapes • Whole hot dogs or cut in rounds or chunks * they must be <i>cut lengthwise</i> • Raw peas and carrot chunks or rounds • Hard pretzels • Meat no larger than can be swallowed whole

BIRTHDAY PARTY POLICY

Sharing your family's special occasions is an important part of life at the Children's Centers. Our birthday policy is based on our attempt to honor our families who come from many backgrounds, cultures and belief systems. In addition, we wish to provide children with only nutritious foods in accordance with the Centers' Food Policy.

Young children greatly enjoy celebrating birthdays. Each classroom has a unique way to recognize this special occasion by including it in their daily schedule in ways that all children can participate. Teachers always try to balance children's exuberance and energy, without creating an overwhelming situation in the classroom. **To these ends, we ask that you please honor our request for no birthday party "goodies" in classrooms. The following are not allowed: sweets such as candy, cake or ice cream, party favors, hats or balloons.** Always check with your child's teacher in advance of your child's birthday. If you would like to contribute food please bring a 'non-sweet' food such as: unfrosted muffins, fresh fruit, 100% juice popsicles or healthful cookies (no chocolate, low sugar).

If you are having a celebration for your child outside of school, please do not deliver invitations to school unless all of the children in your child's classroom are being invited.



GUIDANCE & DISCIPLINE



Based on the nurturing relationships between teacher and child, discipline at the Children's Centers at UCSB is considered an opportunity for growth in the sometimes complex business of getting along with others. In order to minimize conflict, much effort is taken to provide appropriate activities, to create an inviting environment, and to meet the individual needs of children. Still, conflicts are a natural occurrence as children try to relate to one another in a group setting.

From a positive perspective, much can be learned from these conflict situations: *seeking and giving comfort, searching for and generating creative solutions, identifying emotions and finding appropriate responses to them, collaborating with peers, developing self-control...* Above all, we strive to create an environment where children are safe and know they will be cared for and listened to, not just by their teachers, but by one another as well.

Many techniques are used for assisting children through conflict resolution. Although the style (pace, wordiness...) is different depending on the age of the child and severity of the situation, all efforts seek to guide children as problem solvers. Children are all competent individuals and bring their own feelings, actions and ideas to conflict situations. Teachers respect and build on these attributes through their language, interaction and example. The intent of these discipline techniques is to encourage the growth of moral autonomy. That is, the ability of an individual to make decisions based on their own knowledge of 'right and wrong,' derived from an intrinsic motivation to do so, rather than from a desire to reap rewards or avoid punishment.

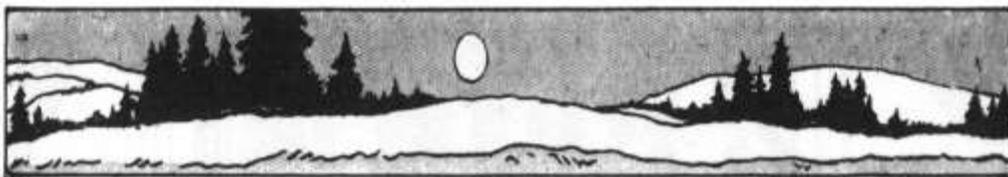
THE FOLLOWING ARE DISCIPLINE TECHNIQUES USED REGULARLY AT THE CENTER:

- *Limit Setting* - In order for children to build trusting relationships and feel confident to explore, they must clearly know what is expected of them. Classroom and playground rules are therefore few, basic, clear and concise. Expectations of each child expands the overall abilities of each child develops.
- *Consistency* - So children know what to expect and are enabled to anticipate, predict and change their own behavior accordingly, limits and expectations are consistent. In addition, conflict situations are handled in the same way by all teachers.
- *Tone* – “You are safe, the situation is under control and we can work it out.” This is the message a child must receive from any intervening adult. A firm, kind, serious tone with a relaxed demeanor reinforces this message.
- *Modeling* - Adult actions speak clearly to children. It is imperative that we set an example of caring, compassionate individuals who are able to express their own needs and feelings clearly and calmly, and, willingly respond to the needs of others. “I feel angry when you hit me: Let's sit down so you can tell me with your words what is bothering you.”
- *Passive Intervention* - Children are given the opportunity to work through their own problems. If a situation does not escalate to destructive or aggressive behavior, a teacher may simply choose to observe the children who are seeking a solution. The teacher's presence can serve as a gentle reminder to use words instead of actions. Teachers trust the children to 'figure it out' but are available to help if needed. When additional intervention is necessary to facilitate the resolution process, it is as non-intrusive as possible.

- *Physical Intervention* - Children will be physically stopped when hurting each other. The focus will then turn to resolving the conflict at hand.
- *Identifying/Interpreting* – “You both want the truck.” A simple statement can clarify the problem, diffuse tension and help problem-solving begin. Children also need help in considering the emotions or needs of others especially when upset themselves. For example, “See his tears, it really hurt him when you kicked him.”
- *Validating Feelings* - Constructive thinking is virtually impossible when one is overcome by an emotion such as anger, sadness, fear or frustration. It is imperative to identify and acknowledge the emotion before any other ‘learning’ can occur. “I will not allow you to hit him, but, tell us why you are so angry.” It is essential that all children involved in a conflict be honestly listened to. Children are not told to say “I’m sorry,” but rather, to actively comfort or offer help to the child they hurt or upset. Adults may say “I am sorry you got hurt” and at some point, children will spontaneously do the same.
- *Generating Options/Solutions* - “Can you think of a way to use the truck together? Is there a road for it to drive on?” “John is crying from that push you gave him; ask him if he would like you to brush him off.” “Everyone wants a turn, how can we make it fair?” The teacher places a different toy near two infants who are tugging on one doll. From a list of specific choices to the general question “Well, what should we do about it?,” children are given tools to settle conflicts (negotiate, make retribution, collaborate...).
- *Redirection* - A request to stop a negative behavior is accompanied by a suggestion for an appropriate behavior with which to replace it...“You may not throw the sand; if you want to throw something here is a ball and a bucket to throw it into.”
- *Natural consequences* – “You dumped your milk on the floor; please get the sponge to clean it up.” “You threw sand after we asked you not to. Now you need to leave the sandbox and find a different area to play.” “When you crawl under that table it is hard to sit up. Would you like some help getting out?” These are just a few examples of the natural consequences that teachers point out and reinforce as they occur. Children see the results of their own behavior and begin to modify it accordingly.

ABOUT ‘TIME OUT’:

Although it is a popular discipline method, time out is not considered a viable option at the Children’s Centers. While it may interrupt a negative behavior, it does not help children acquire the skills to deal with the situation should it arise again. Young children (under age eight) are generally not yet capable of the reflective thought necessary to make time out a learning situation. If a child needs time to calm down, teachers facilitate this in a non punitive manner helping children find ways to calm themselves. Under no circumstances will staff use any type of corporal punishment, psychological abuse, threats or derogatory remarks when guiding a child’s behavior. The withholding of food, or any suggestion of withholding food, even as a positive reinforcement strategy, will not be implemented.



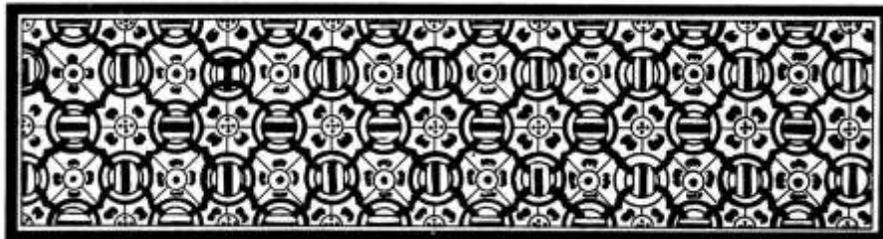
WHEN MORE IS NEEDED:

If a child's behavior is excessively disruptive or harmful to an individual child or the class, or should the teacher and administrative staff concur that additional support and expertise is needed, some or all of the following steps will be required of the family:

- **Additional Parent/Teacher Conferences** - The family coordinator or program coordinator may attend to share their observations, professional opinions and offer support to the family and staff. The purpose of this conference is to clearly define the problem, re-examine possible causes, brainstorm any changes that the staff and/or family can make, and reinforce consistency between home and school. Parents also may be asked to meet with the family coordinator on a regular basis; this provides an opportunity for extra support of the family and ongoing communication between home and school.
- **Community Resources** - Professional support (for example Infant or Preschool Specialist from the Santa Barbara County Schools) may be contacted. The Family Coordinator facilitates the referral process, which includes working with the parent, Center staff and the specialist.
- **Schedule adjustment** - The Center staff may determine that an adjusted schedule (shortened hours or a different arrival time) is in the best interest of the child and/or class. Typically, this is an interim measure; long term adjustments are determined by resolution of the issues.
- **Counseling** - Families may be requested to seek professional counseling outside the Center. The counselor will be encouraged to visit the Center for observations; Children's Center staff welcomes the additional insights and suggestions and will request an exchange with the family and counselor.

The child's continued enrollment at the Center will be made contingent upon the family's willingness to cooperate in finding a solution, in addition to the child's success in changing the behavior in question. Dis-enrollment will be implemented only as a last resort; the Children's Centers' staff is committed to seeking solutions for difficult situations with children and families.

It is our heartfelt desire that our children grow to be adults who value collaboration and cooperation and we hope that they will acquire the skills necessary to peacefully seek solutions to the many challenges ahead of them.



BITING POLICY

“WHEN TODDLERS BITE”

For many of us, biting is the most upsetting behavior toddlers try out. Parents and caregivers are often frustrated by this experience, as it can be both frightening and painful for the children involved. But, it is very important to remember that biting is a natural behavior that is difficult to control. The following includes some of the reasons why a toddler may bite. In addition, we have listed the steps we take here at the Center to prevent or respond to a biting situation.

WHY BITE?

A child may bite for a number of reasons, which might include:

- **Teething-** As two year molars begin to come in, many children bite on an object to try and relieve discomfort. Children who have never bitten others frequently start to during teething. They are “thinking (acting) with their mouth”, so to speak, as its presence makes itself felt!
- **Mimicking-** Just as toddlers imitate one another in funny actions and noises, they also imitate more serious behaviors.
- **Language Frustration-** Unable to clearly express their needs verbally, biting may seem to be quick, easy way to get a message across, perhaps to defend a possession or in response to aggression. Biting may become another form of toddler testing, a way to ‘make things happen.’
- **Oral Exploration-** As children develop through the sensori-motor stage they continue to find out about their world through physical action upon it. For many children, mouthing an object (and subsequently biting it) is one of their “ways of knowing.”
- **Curiosity-** A child may simply want to see what will happen if he/she bites. Children rarely bite out of curiosity more than once or twice.

WHAT TO DO?

Our first goal is to prevent bites before they happen. Whenever two children start to get angry with one another, a caregiver comes up close. The caregiver may reflect what it is that they see happening (“you both want that truck don’t you?”) and then help the children find appropriate ways to solve the problem (“Can we find a truck for Josh?”). If a child does start to bite (hit, kick, push) another child the caregiver says calmly but firmly “No, you really want that truck but I am not going to let you bite.” In addition, caregivers may talk about what sorts of things are okay for biting and/or offer teething rings or wet cloth toys to a child who seems interested in biting.

When a child does bite, the caregiver comforts the child who was bitten and says firmly to the other child “No biting! Maria is crying, you bit her arm and it hurts. We need to be gentle with each other/you may bite your teething ring.” The bite is cleansed and disinfected; ice may be applied depending on the severity. The child who did the biting may help the caregiver apply the ice or comfort the other child if that child is agreeable. Both children are encouraged to “use their words.” In some instances the child who bit is then redirected to another area: “You hurt Maria; let’s find another area to play.” Generally, a staff member facilitates the redirection. Throughout the incident, the caregiver remains calm so that biting is not associated with excitement or an undue amount of attention. An accident report is written and the parents are informed. Please note: we do not share the names of the ‘biter’ or ‘bitten’.

If biting seems to have become a pattern for a particular child, we will meet with his/her parents for additional input. A consistent approach between home and school is often the most effective way to solve behavior issues. Some more ‘intensive’ techniques may be used at school such as assigning one staff member to “shadow” the biter. Their most important role is to help the child develop positive alternative behaviors before biting occurs. All staff members use a quick, consistent response if biting does occur so the message is quite clear! Although biting upsets us more than other toddler behaviors, it is vital to remember that it is quite normal for this age group, and if handled in a calm, consistent manner, it will disappear and be replaced by more appropriate actions. Please review the Children’s Centers’ discipline policy for additional steps taken with families involved, or when a child’s biting behavior persists.

WHEN IT'S TIME TO MOVE

Children that are near their second and third birthdays prepare to move from infant to toddler classrooms or from toddler to preschool classrooms. Children are usually moved during the month of their birthday if space is available, or as soon as space becomes available following their birthday. Much planning and forethought is involved in this transition process.

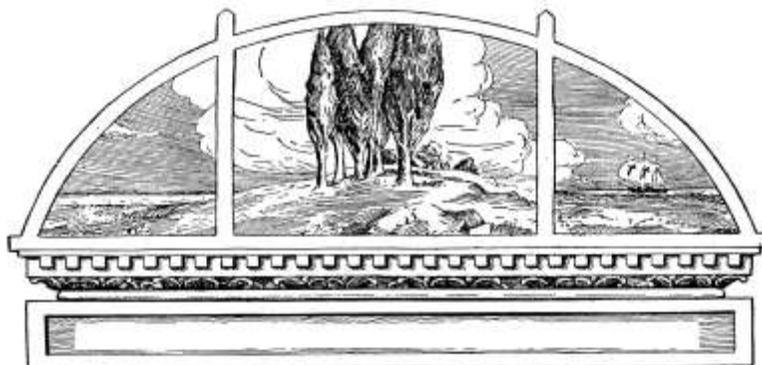
Many factors are taken into consideration (within the confines of space availability), before placing a child in a particular class. The child's needs are balanced with those of the overall group. Group considerations include: creating peer groups in mixed age classes, balancing the numbers of boys and girls, and limiting part time spaces. Parents and teachers play an important role in establishing individual considerations such as: existing friendships, special needs, previous relationship with a teacher, concurrently enrolled siblings in the same class (or not!), and class dynamics. We also take into consideration teacher recommendations and program/classroom dynamics before a placement decision is made.

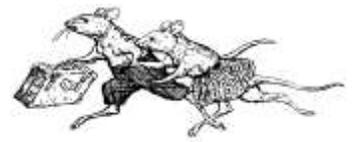
You may want to visit the toddler and preschool classes prior to your child's second or third birthday. When doing so, **please pick-up a 'Visitor's Pass' at the front desk. When observing classrooms, please save your questions for the Program Coordinator since the teacher's attention needs to be with the children. We ask that your child not accompany you on these visits until after his or her placement has been decided.**

After visiting the classrooms, you may have some preferences for your child's new placement. Please drop us a note so that we can take your insight into consideration. Please remember that there are many factors involved in this decision, and it may not always be possible to grant each family's preference.

Two weeks prior to the move, parents will be notified in writing of their child's new placement. If you have any concerns about the placement decision, please see us immediately. A 'transition' meeting will be scheduled by the Program Coordinators to answer any questions you may have. If on the same site, teachers will accompany the children at least once to visit their new classroom during this two-week transition period. We encourage parents to visit the new classroom with their child as frequently as possible, and to meet with the new teacher prior to the child's first full day in the new class. The more familiar the child becomes with the new surroundings, the smoother the transition will be.

Great things are happening for children and families in all of our classrooms! Rest assured that the children will quickly be comfortable in their new classroom.





LATE PICK-UP POLICY

All children must be picked up and families have exited the grounds by 5:30pm each day. Half day children must be picked up by 12:30pm. NOTE: If we have not made contact with a parent or someone listed on the Emergency Release Form by 6:15pm, a Center Administrator will call the Campus Police Department for further instructions.

Each child’s “end of the day reunion” with their parent is a special part of their daily routine at the Center. You are encouraged to arrive no later than 5:20pm to allow time to reconnect with your child in a leisurely manner before leaving the Center; we understand this is not always possible. Please, always let your child's teacher know when you are leaving the classroom or play yard with your child. After 5:30pm your child will need to be picked up in the front office.

All children and parents are expected to leave the building and play yards by 5:30pm. Our teachers and front office staff have completed their eight-hour day and must, by University personnel policy, be finished with their responsibilities at the Center.

The late fine is designed to deter late-pick-ups. If you are on time you’ll never need to worry about it!:

Families will be charged a \$10.00 late fine when children are picked up 1-10 minutes after the 12:30 or 5:30 pick up times or remain in the building or play yards after 5:30pm. After the first 10 minutes, an additional \$5.00 will be charged for each 5 minute interval or portion thereof. Fines are assessed per child, not family.

For parents with more than 3 late notices the late fine triples to \$30.00 for the first 10 minute period or portion thereof and doubles to \$10.00 for every additional 5 minutes or portion thereof. A temporary suspension from the Center may be imposed after 6 late pick-ups. Further abuse of the policy may result in termination from the program.

Please keep the information on your Emergency Release Form current, with your family’s current phone numbers. Changes to this form should be made both in the front office and on your child’s classroom emergency clipboard. Every effort will be made to contact someone on your emergency pick-up form. If, after 45 minutes, a child remains at the Center, with no contact from the family or an individual authorized to pick the child up, the UCSB Police will be informed and a joint decision will be made for the provisions for the child’s care and safety.



RESERVATION DATE POLICY

Families are allowed on the wait list as soon as, but not before, they have a ‘due date,’ theoretically up to 8 months prior to the birth of their child. Reservation dates will reflect the date the form and fee are received by the Children’s Centers. Families that come together through means such as adoption do not always know 8 months before a child joins their family. In order to create some parity for these families the following reservation dates shall apply to families formed through adoption or similar circumstances such as a foster parent or guardian situation:

Upon the Children’s Centers’ receipt of the reservation form and fee:

Children 1 year 11 months and younger:

- *If the child has been in the home 12 months or less* the reservation date shall be 8 months prior to the child’s birth date.
- *If the child has been in the home more than 12 months* the reservation date shall be 8 months prior to the day the reservation form and fee are received by the Children’s Center.

Children 2 years and older:

- *If the child has been in the home 12 months or less* the reservation date shall be 8 months prior to the day the reservation form and fee are received by the Children’s Center.
- *If the child has been in the home for more than 12 months* the reservation date shall reflect the day the reservation form and fee are received by the Children’s Center.

GOING “BACK TO SLEEP” PROCEDURES

The phrase “back to sleep” was coined in a nationwide campaign in 1992 by the American Academy of Pediatrics (AAP) in order to heighten the awareness of Sudden Infant Death Syndrome and the tragedy surrounding this loss. Since that time, the rate of SIDS has dropped by over 40%, but SIDS remains the leading cause of death in young infants. The AAP strongly recommends that all infants under the age of one are put to sleep on their backs. The Children’s Center staff follows this recommendation, as well as other recommended procedures, as applicable to group care. Additionally, we continue to put infants to sleep on their backs after the age of one, until the infant is able to roll in both directions.

AAP RECOMMENDS THE FOLLOWING MEASURES TO REDUCE THE RISK OF SIDS:

- Place the baby on a firm mattress to sleep, never on a pillow, waterbed, sheepskin, or other soft surface. Do not put blankets, comforters, stuffed toys, crib “bumpers” or pillows near the baby to prevent re-breathing.
- Make sure your baby does not get too warm while sleeping. Keep the room at a temperature that feels comfortable for an adult in a short-sleeve shirt.
- Breastfeed, if possible, as there is some evidence that breastfeeding may help decrease the incidence of SIDS
- Talk to your pediatrician about the use of pacifiers as they have been linked with lower risk of SIDS. If your child uses a pacifier, please see the Pacifier Use (below).
- While infants can be brought into the parent’s bed for nursing, or comforting, parents should return them to their cribs or bassinets when they are ready to sleep. It’s a good idea to keep the cribs and bassinets in the room where the parents’ sleep.

ANSWERS TO PARENT CONCERNS

1. Putting infants to sleep on their back does not increase the likelihood of the infant choking on spit up or vomit. According to the AAP, there is no increased risk of choking for healthy infants who sleep on their backs. (In the event of breathing or other health issues, the AAP urges parents to consult with their child’s doctor in these cases to determine the best sleeping position for the baby) **If there is a medical reason for your child to sleep on his/her stomach, a doctor’s note indicating the best position for your child is required.**
2. Placing infants on their sides to sleep is not recommended. AAP states there is a risk of infants rolling over onto their bellies while they sleep.
3. If babies develop a flat spot on the back of their heads from spending too much time lying on their backs, please see the doctor - it may be treated by changing the baby’s position frequently while awake. **Infants at the Center will ALWAYS be placed on their back unless there is a doctor’s note.**

PACIFIER USE

The Children’s Centers follow AAP health and safety recommendations for pacifier use for infants in group care settings, which includes:

- Parents give written permission for pacifier use on the Needs and Service plan, filled out at the time of enrollment. Families provide fresh, clean pacifiers daily which are labeled with infant’s name. All pacifiers go home every night to be sanitized. AAP recommends sanitizing in a dishwasher or in boiling water.
- Staff will wash pacifiers with soap and water before each use. If a pacifier develops cracks, tears, or fluid is collecting inside the nipple, staff will not give the infant the pacifier.
- Staff will work with families to wean infants from pacifiers as the suck reflex diminishes between 3-12 months. Pacifier use outside the crib where there are mobile children is not recommended.
- Pacifiers with attachments are not allowed in the center. Pacifiers may not be clipped, pinned or tied to an infant or infant’s clothing.



WATCHING A CHILD GROW: AN INTRODUCTION TO AUTHENTIC ASSESSMENT

Meeting a child's individual needs in a group care setting requires a partnership between the program and family. It also requires that the teaching staff come to have specific knowledge of each child in their care. This process begins before the child ever enters the classroom, as families share information during the enrollment process and intake conferences, and continues throughout a families' tenure in the program. On-going communication between families and teachers is critical.

In addition, a more formal assessment process has been developed over the years *to guide us in daily observation of, reflection about and incorporation into the curriculum of each child's unique developmental path.* Early Childhood Care and Education Services at UCSB support the research that a child's developmental progress is an essential factor in the planning and adapting of curriculum. We believe the best venue for identifying progress in young children is by using tools that support the staff to authentically assess children in their natural environment. The program is committed to working with families to care for the 'whole child' socially, emotionally, creatively, physically and cognitively.

The Portfolio

Families often keep a collection of 'artifacts' at home that signify their child's journey and growth such as a list of first words, pictures from the first haircut, a photo of baby's delight at bath time and that ragged favorite blanket. As a child grows, the collection changes...baby teeth, drawings they wrote their own name on, report cards, the program from the school play...and so it goes.

Here at the Center we keep a similar collection known as the 'Child Portfolio'. Portfolios encourage 'authentic assessment,' that is, assessment done over time in the natural environment based on the child's typical activities. The portfolio includes:

- photos of the child interacting and playing
- language samples (dictated stories, records of conversations)
- anecdotal notes (written notes highlighting typical or significant events)
- writing and drawing samples

This portfolio, shared during parent conferences, is a visual tool for guiding our thinking about each child while documenting their growth. More formal records such as family conference notes, health documentation and a semi-annual written developmental profile (DRDP) are also included in the child's file.

The written developmental profile used to assess children is the *Desired Results Developmental Profile (DRDP)* which has been developed by the California Department of Education (CDE) in conjunction with the Center for Child and Family Studies at West Ed. Desired results are defined as "*a condition of well-being for children and families.*"

The DRDP system includes two separate age-level DRDP instruments. The age levels are infant/toddler (birth -36 months) and Preschool (36 months-pre kindergarten). Desired Results are defined as conditions of well-being for children and their families. Each Desired Result defines an overall outcome. The DR system was developed based on the following six Desired Results:

Desired Results for Children

DR 1: Children are personally and socially competent.

DR 2: Children are effective learners.

DR 3: Children show physical and motor competence.

DR 4: Children are safe and healthy.

Desired Results for Families

DR 5: Families support their child's learning and development.

DR 6: Families achieve their goal

These *Desired Results* as identified by CDE are reflected in the programs more comprehensive Goals and Objectives. ECCES use the DRDP in conjunction with Authentic Assessment, all of which is included in the child's portfolio. The child's confidential portfolio is designed to be informed by the unique family culture and the child's experiences, interests, abilities and challenges. By combining the DRDP with the child's portfolio the teachers are able to view children's progress over a period of time providing for an overall outcome that is both meaningful and accurate.

Timeline

The DRDP, used to assist in observing children's achievements across time, is completed 60 days after the child's initial enrollment (not required for children when they change classrooms within the program). Once a family is enrolled, the DRDP is completed on a semi-annual basis, typically within a month prior to fall and spring parent conferences. While the DRDP must be completed within the CDE's specified timeframe, the staff contributions to the child's portfolio are on-going.

Conditions for Assessment

All children are assessed in their natural school environment by the teaching staff that they know and with whom they are familiar. Teachers are constantly observing during the course of the day while children are engaged in play and interacting with one another. Because the scales used in the DRDP are based on a progression of typical development, teachers use the one that corresponds to the child's chronological age and there are no expectations that the child will master all the skills until they reach the top of the age range. If the teacher completing the DRDP is not able to understand the child's primary language, a translator may be used. The translator should be known by the child and can be the parent, another staff person or a Teacher's Assistant.

How Do the Teachers use the DRDP in Planning the Curriculum?

Curriculum at the Centers is derived from the needs, interests, strengths, and areas of continued development of the children, as a group and individually. A guiding framework is also provided by our Curriculum Statement, Mission and Values statement, and through our Philosophy and Program Goals and Objectives. The Program is committed to meeting children's needs in a safe and nurturing environment that invites children to wonder, explore and develop through play. Identification of children's interests and needs, and the curriculum strategies to meet them, are natural outcomes of interpreting authentic assessment and the DRDP. The schedule, routines, environment, materials and activities are all components considered in curriculum planning. Program changes are also informed by assessment and summary results and incorporated into the annual CDE self evaluation and program action plan.

The intentionality in activity planning is made visible on the classrooms Weekly Activity Plans for at least one activity representing each of the four 'Desired Results' for children. These areas are identified by a coded symbol identified on the activity plan. When adaptations are made for a particular child, the adaptation is noted on child's summary or is documented in child's individual portfolio. Additionally, each child has his/her own goals which are indicated on the summary sheet of the DRDP. To ensure that individual needs are being addressed, the teachers refer to the summary sheets when planning the weekly curriculum.

Confidentiality

The child's DRDP assessments and results and the child's portfolio documentation are always accessible to parents, upon request. The information contained in these documents is confidential and will only be seen by the classroom teachers and coordinators as needed. With parent's written permission, the child's portfolio will be shared with other professionals serving as resources for the child; when a child moves on to kindergarten, the family may want a copy to share with the next teacher. Teachers keep the children's files in a file box accessible only with teacher permission.

How the DRDP is Used for Children with Special Needs

Children who have either an IFSP or an IEP benefit from family members, specialists and classroom teachers working together. Collaboration is needed when conducting the observation of the child and for planning and implementing the program. Special consideration will be given to ensure that the person completing the DRDP is also the person that knows the child best. This may be the specialist working with the child or the classroom teacher. The *DR Access* project, developed by Sonoma State University in conjunction with the State Department of Education, offers specific suggestions for teachers using the DRDP to supplement optimal performance for children with disabilities.

How the Components Work to Ensure Reliability and Validity

Each DRDP Indicator provides valid and reliable measurement of that aspect of a child's developmental progress. The measurements on the entire indicator, taken together, provide a profile of development for the whole child, in terms of progress toward all four Desired Results. Because there are multiple measures within the indicators, a completed DRDP provides enough information to support valid and reliable measurement for individual indicators or a group of indicators. Each measure is defined in terms of the sequence in which a child's development is expected to progress. These sequences of development are derived from research in child development. Teachers and Coordinators review the tool and to fine tune their use of it. For more information on the Reliability and Validity, please ask a Coordinator.

Additional Support

When more support is needed, teachers will schedule meetings with families to discuss a particular concern, or to support the family during a time of high need. Communication books are used for many children with IFSP or IEP's to keep the lines of communication flowing between teachers, specialists and the family. The Coordinators, as well as the Director, are available when families have concerns or need support. Referrals for children with special needs are based on the observations of the teachers, the coordinators, and the family, as well as the outcomes of the DRDP. (See "Classroom Support for Children with Disabilities and Other Special Needs")

The Devereux Early Childhood Assessment (DECA) is a standardized, norm-referenced behavior rating scale which evaluates 'within-child' protective factors in preschool children aged two to five. With parent consent, it can be used to further evaluate positive behaviors which encompass initiative, self-control, and attachment. The scale is completed by parents and the classroom teacher and the results are shared with the parent; together a *DECA Classroom Profile* is generated. This information is used to select classroom strategies that support, reinforce, and build upon the child's strengths. (Information regarding the reliability, standardization and validity of the DECA is available in the DECA Technical Manual.)

Authentic assessment, and the tools, systems and processes to support it, are designed to support us in focusing on the child. Trusting relationships between families, teachers, children and other program staff will always be the most important tool we have in creating a program that keeps each child's best interest at heart.

Including Families in the Assessment Process

Including families in the assessment process begins with the intake conference when the child begins the program and as the child moves through the program. During this conference, the teachers seek information about the family's values, religious or cultural beliefs, birth and health histories. If the family is not comfortable sharing in English, requests for an interpreter should be made to the Program Coordinator.

Intake conference:

- The appropriate DRDP is shared with the family with a brief explanation of the Center's assessment plan.

- A family survey is used when children transition to toddler and preschool to update family information and include the families' goals and expectation as the child moves.
- Teachers use prepared questions designed to include the family in the assessment process at the in-take/parent conference.

Secondly, parents meet with the teacher formally twice a year for a parent conference. At this meeting, the child's portfolio, including the Child Developmental Progress form is shared with the family. Teachers encourage the parent to share in the goal writing process by ascertaining what their goals are for their child, by better understanding the culture of the family and by asking families to participate in classroom activities.

Parent Conference:

- Families are given the opportunity to answer questions on the DRDP that teachers may not be able to answer.
- Families are given a written summary of the DRDP including the goals that were collaboratively written.
- The Child Developmental Progress form is used as a tool for teachers to share information with families. Families will be given a copy of the summary form (taken from the User's guide). This information continues with the child as they progress through the program, information is added as it is shared.

Thirdly, teachers are available to talk with families at arrival and departure times and a policy of open communication between teachers and families is strongly supported.

Training of Staff in the use of Authentic Observation/Portfolios and DRDP

As a part of the new staff orientation to the Center, key points on authentic assessment are discussed and included in the *Staff Handbook* as well as the procedures for developing a child's portfolio. Staff development includes topics such as: observation skills, discussions on the best ways to communicate with families when there are concerns, how to use the results obtained to plan and implement curriculum and make adaptations to the classroom as needed. Specific training on the procedures and use of the DRDP begins at the administrative level, with administrators and key staff being trained. Locally, trainings are held to continue to build the capacity of the program to train staff members who work directly with children. Additionally, as the teachers use the DRDP, periodic discussions on the best practices in using the tool and how to best communicate the planning and implementation strategies that are generated from the results of the on going observations and desired results outcomes.





SUPPORT FOR CHILDREN WITH SPECIAL NEEDS

Children develop at different rates and in different ways. Differences in development may be related to personality, temperament, health and/or experiences. Some children may also have health needs that effect their development.

The first five years are very important in a child's life. The sooner a concern is identified the sooner a child and family can receive specialized services to support growth and development. Parents, family members and caregivers may have concerns about a child's development and seek help when needed.

1. Teachers and families discuss concerns including specific behaviors. Partnership between family and Center staff is ongoing throughout the process.
2. More information is gathered through observation and documentation. Teachers may use an Antecedent, Behavior, Consequence (ABC) format to determine the reason behind the behavior.
3. An action plan is developed and support strategies are implemented for child in the classroom and at home. Individual adaptations will be noted and kept in child's file.
4. Assessment and documentation of the results of classroom modifications will be used to assist in determining the need for further evaluation.
5. The family can make a referral at any time in the process. A coordinator can make a referral at the request of the classroom teachers with the consent of the parents/guardians.
6. Coordinators are available to assist at any time in the process with classroom teachers and/or parents/guardians. Coordinators can help determine what local resources would be most beneficial to support children and families.
7. In the event of an Individual Education Plan (IEP), Individual Family Service Plan (IFSP) or any other type of team meeting with outside specialists, a classroom teacher and/or coordinator will be available upon request as a support and to share observations and insights as needed.