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 OFCC 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 OFCC 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 that can be borrowed)
• Teach appropriate words for your child to use when they need to go.
• Dress them 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 2% 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 Federal Food Program (FFP), 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 FFP 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 foods that are ‘okay’ to eat no matter which is eaten first!
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 2% 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 Federal Food Program does not allow items from sack lunches to be saved. The remaining contents of 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 Federal 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.

♦ Try to pack items in a way that encourages children to help themselves. (i.e. section or peel oranges)

♦ 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.
The following lists have been compiled in keeping with our food policy; they are ideas that have been collected from Parents and Teachers.

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 balls, apple chunks (with peanut butter!), dried apricots or apples, fruit salad combo, applesauce (no sugar added), trail mix with dried fruit, and cheerios.

MEAT OR ALTERNATIVE:
Chicken or turkey dogs (cut lengthwise to prevent choking), cubed meat, beans and rice, tofu, peanut butter, tuna, hard-boiled egg, chicken drumsticks.

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

BREAD PRODUCTS:
Rice cakes or mini rice cakes, dry chow mien noodles, tortillas, mini bagels, mini muffins, pasta, pancakes, crackers (with cheese or peanut butter), rice.

INSTEAD OF SANDWICHES:
Quesadilla (tortilla with melted cheese), burritos, pasta salad, leftover spaghetti or pizza, sandwiches cut into fun shapes.

BEVERAGES:
100% fruit juice, water or milk. (If packed frozen, beverages are nice and cool by lunch time)

<table>
<thead>
<tr>
<th>“NEVER” FOODS:</th>
<th>“DISCOURAGED” FOODS:</th>
<th>CHOKING HAZARDS: NEVER FOODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following foods are not allowed at school. Your child will be asked to save them for home.</td>
<td>Try to not send these foods.</td>
<td>These foods are choking Hazards for children 4 and under</td>
</tr>
<tr>
<td>• Soft drinks</td>
<td>• Fruit roll ups</td>
<td>• Nuts, pop corn</td>
</tr>
<tr>
<td>• Candy</td>
<td>• Jello</td>
<td>• Raisins</td>
</tr>
<tr>
<td>• Gum</td>
<td>• Cookies</td>
<td>• Whole grapes</td>
</tr>
<tr>
<td>• Cake</td>
<td>• Chips</td>
<td>• Whole hot dogs or cut in chunks</td>
</tr>
<tr>
<td>• Donuts</td>
<td>• Sugared drinks</td>
<td>• Raw peas and carrot chunks</td>
</tr>
<tr>
<td>• All choking hazard foods (see list)</td>
<td>• Sugared cereals</td>
<td>• Hard pretzels</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Meat no larger than can be swallowed whole</td>
</tr>
</tbody>
</table>
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).

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 UCCB 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 then, 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 to consider 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.
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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. We hope this helps to alleviate any concerns you may have.

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 silly 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. It may or may not be, 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 sensorimotor 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 concern at the Center is to stop 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 on and offer such things as 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. In most instances the child who did the biting is then redirected to another area. “You hurt Maria; you need to leave the sandbox and find somewhere else 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. (Naturally, we don’t feel it necessary to 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 always the most effective way to solve any 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. 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, matter of fact, 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 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 by 5:30pm each day. Half day children must be picked up by 12:30pm.

Please be reminded that all children and parents are expected to leave the building and play yards by 5:30, which is closing time. Since our teachers have been working since 8:30am, they have completed their eight-hour day and must, by University personnel policy, be finished with their responsibilities at the Center.

We believe that each child’s “end of the day reunion” with their parent is a special part of their daily routine at the Center. Thus, we encourage you to arrive between 5:10pm and 5:20pm to allow time for you to reconnect with your child in a leisurely manner before leaving the Center; we also understand this is not always possible. Please let your child’s teacher know when you are leaving the classroom or play yard with your child.

After 5:30pm please pick up your child in the front office. Families will be charged a $5.00 late fee when the child is picked up after the 12:30 or 5:30 pick up times or remain in the building or play yards after 5:30pm. Another $5.00 will be charged for each additional 15 minute interval the child remains at the Center.

For parents with more then 3 late notices the late fee triples to $15.00 for each 15 minute period or portion thereof. A temporary suspension from the Center will be imposed after 6 late pick-ups.

If we have not made contact with a parent or someone listed on the Emergency Release Form by 6:30pm, a Center Administrator will call the Campus Police Department for further instructions. 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.

The staff very much appreciates your cooperation in this matter. Remember, this is one more way you can show support to your child's teacher. If you have questions, please call the Director, Leslie Voss at 893-3665.
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 Academy of Pediatrics 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%. Still, SIDS remains the leading cause of death in young infants.

As part of this campaign, 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 do continue to put infants to sleep on their backs after the age of one, if the infant is not able to roll in both directions on his/her own.

AAP recommends the following measures to help 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 fluffy blankets, comforters, stuffed toys 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
- Put your baby to sleep with a pacifier during the first year of life. Pacifiers have been linked with lower risk of SIDS.
- 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 Concerns Parents May Have

1. Putting your infant to sleep on his/her 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. (for infants with chronic gastroesophageal reflux disease or certain upper airway malformations, sleeping on the stomach may be the better option. The AAP urges parents to consult with their child’s doctor in these cases to determine the best sleeping position for the baby) If you feel there is a medical reason for your child to sleep on his/her stomach, the Center will require a doctor’s note indicating the best position for your child.

2. Placing infants on their sides to sleep is not a good idea. The AAP says there is too much risk that the infants will roll over onto their bellies while they sleep.

3. If your baby develops a flat spot on the back of their heads from spending too much time lying on their backs, a condition known as positional plagiocephaly, it is easily treatable by changing your baby’s position frequently and allowing for more “tummy time” while awake.
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. The Children’s Centers 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-R (DRDP,) which has been developed by the California Department of Education (CDE) in conjunction with Sonoma State University. Desired results are defined as “a condition of well-being for children and families.”
The DRDP-R is divided into two age ranges: Infant/Toddler (birth -36 months) and Preschool (36 months-pre kindergarten). It focuses on four developmental domains; cognitive, social-emotional, language and physical development, which can be found throughout the four Desired Results for children:

- Children are personally and socially competent
- Children are effective learners
- Children show physical and motor competence
- Children are safe and healthy

These Desired Results as identified by CDE are reflected in the program’s more comprehensive Goals and Objectives.

The Centers use the DRDP-R 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-R 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-R, 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 enrolled the DRDP-R is completed on a semi-annual basis, typically within a month prior to Fall and Spring parent conferences. While the DRDP-R 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-R 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-R is not able to understand the child’s primary language, an 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-R 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, using the Mission and Values statement, Philosophy and Program Goals and Objectives as a guiding framework. 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-R. The schedule, routines, environment, materials and activities are all components considered in curriculum planning.
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. Individualization of these identified activities, is noted on the back of the plan through articulating the foundation (for building beginning skills) and the extension ( for stretching the skill and adding new challenge). When adaptations are made for a particular child, the adaptation is noted on the back of the plan without including the name of child. Additionally, each child has his/her own goals which are indicated on the summary sheet of the DRDP-R. To ensure that individual needs are being addressed, the teachers refer to the summary sheets when planning the weekly curriculum.

Confidentiality
Children’s DRDP-R assessments and results, child’s portfolio documentation is always accessible to parents, upon request. The information contained in these documents will only be seen by the classroom teacher, program coordinators and family coordinator and will be keep confidential at all times. With parent’s written permission, the child’s portfolio will be shared with other professionals serving as resources for the child; when children move on to kindergarten, the family may take the information with them to share. Teachers keep the children’s files in a file box accessible only with teacher permission.

How the DRDP-R is used for children with disabilities & other 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-R 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 Sonoma State University in conjunction with the State Department of Education, offers specific suggestions for teachers using the DRDP-R to supplement optimal performance for children with disabilities.

How the components work to ensure Reliability and Validity
Each DRDP-R 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-R 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 Program or Family 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 all children with IFSP or IEP’s to keep the lines of communication
flowing between teachers, specialists and the family. The Family and Program 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-R. (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.*
SUPPORT FOR CHILDREN WITH DISABILITIES
& OTHER SPECIAL NEEDS

Referral Process

- After making observations of child, teacher brings written notes/documentation to Program Coordinator and Family Coordinator to discuss possible classroom strategies, future steps, and another pair of eyes for observation.
- Classroom strategies are noted on the “Individual Classroom Summary” sheet for future reference and follow-up.
- Program and Family Coordinators will make ongoing classroom observations as needed.
- Classroom teacher continues to document child’s behavior, both strengths and area of challenge, and will continue to share with Family Coordinator and Program Coordinator.
  - Teacher may use an Antecedent, Behavior, Consequence (ABC) format to determine the reason behind the behavior.
- Teacher will communicate with parent regarding the ongoing observations and share information with parent during the process.
- Classroom teacher meets with Program and Family Coordinators to discuss classroom strategies and next step.
  - Individual adaptations will be noted on reverse side of lesson plan for follow-up.
- If a referral is needed, Family Coordinator will make contact with family to discuss classroom observations and the referral process.
  - “Referral Summary” form will be completed and a copy given to parent.
  - Parent will be given the opportunity to make the referral call themselves or Family Coordinator will, with permission, complete the referral.
- Family Coordinator continues to work with family throughout the referral process and both teacher and Family Coordinator will attend the child’s IFSP or IEP meeting.
- Classroom meetings are ongoing to ensure child’s needs are being met.
  - “Individual Classroom Summary” form will be used to continue to document strategies, goals and outcomes.
- IFSP or IEP is reviewed to determine what classroom activities/curriculum can be used to achieve goals.
- As needed, a goal/curriculum activity chart will be developed to assist with planning and implementation of goals.
- The team: parent, classroom teacher, special education staff and Family Coordinator, will continue to work together in the best interest of the child.