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Field Trip Policy

Field trips are an important part of our curriculum and are enriched through parent participation. Families of preschool children are asked to sign a blanket permission slip for field trips throughout the year and waivers before each driving or off campus walking trip (excluding Dinosaur Park for OFCC). If parents join the classroom for an off-campus adventure, they, too, need to be covered by a waiver of liability. For more information, please see a program coordinator.

Infants and Toddlers: Field trips for infants and toddlers include wagon rides and walking trips to visit nearby areas, the horse stables, and surrounding fields. Infants and toddlers are not transported for field trips in vans or cars.

Preschool: Preschool children may take walking trips or be transported by UCSB van or public bus. All families are notified of up-coming driving field trips in writing several days in advance. Effective January 1, 2002 children who are under 6 years of age or sixty pounds will be required to have a car seat. Families should label their child's car seat before bringing it to school. Occasionally, classrooms will ask for a donation to help defer the cost of transportation or other costs incurred on the trip. Donations are appreciated but not required in order for children to participate.

Walking trips

Notes/Field trip maps should be posted on the classroom door and sign out sheet, and the office must be notified before leaving the grounds or when visiting another yard. A classroom back pack with a small first aid kit is standard for *all* field trips away from the center.

Off Campus trips (walking or in vehicles)

One week written notice needs to be given to families for all off campus trips; written notice of location, approximate return time and phone contact phone numbers are to be left on the class sign-in sheet, classroom door and with the office staff. Please bring the following items with you:

- Accurate list of children present
- Classroom back-pack with first aid kit
- Emergency forms for each child
- Cell phone

Two UCSB vans (1/2 day) per quarter are allotted each preschool classroom. Written requests must be made to the administrative assistants *at least* one week prior to the trip and pre-approved by the Preschool Program Coordinator. Children under 60 lbs and under 6 years must bring car seats for van trips as well.

DISCIPLINE

Based on the nurturing relationship between teacher and child, discipline at the UCSB ECE Children's Centers 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, create an inviting environment, and 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 children and severity of the situation, all means seek to guide children as problem solvers. Infants, toddlers and preschool 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. Rules are kept few, basic, clear and concise. Boundaries and expectations expand in keeping with the abilities of the children.
- *Consistency* - So those children know what to expect (and from that can anticipate, predict and change their own behavior accordingly), limits and expectations are consistent throughout the classes. In addition, all adults respond in a consistent manner to conflict situations.
- *Tone* - "You are safe, the situation is under control and we can work it out." These are the messages a child must receive from the adults intervening. A firm, kind, serious tone with a relaxed demeanor reinforces this message.
- *Modeling* - Our actions speak clearly to children. It is imperative that the adults in the Center set an example of compassionate, caring 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 time to work through their own problems. If a situation does not escalate to destructive or aggressive behavior, a teacher may choose to simply observe as the children seek a solution or his/her presence can serve as a gentle reminder to use words instead of actions. Teachers trust the children to 'figure it out' but are there to help if they should need it. 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." Such a simple statement can clarify the problem, diffuse tension and help the problem-solving begin. Children also need help to consider others emotions or needs especially when they are 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. Acknowledging the emotion is imperative 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/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 such as, "What do you think we 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. For example, "You may not throw the sand; if you want to throw something here are some bean bags and a bucket to throw them 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 go to a different area." "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 Center. 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.

When More is Needed

If a child's behavior is excessively disruptive or harmful to individual children or the class or should the teacher and administrative staff concur that they need additional support and expertise to best meet this child's needs, while working closely with Center staff, some or all of the following steps will be required of the family:

Additional parent - teacher conferences will be held. The family coordinator or program coordinator may also attend to share their observations, professional opinions and offer support to the family and staff. The purpose of the conference is to clearly define the problem, reexamine possible causes, brainstorm any changes that the staff and/or family can make and reinforce consistency between home and school. Parents may be asked to meet with the parent coordinator on a regular basis. This provides a chance for extra support for the family and assured communication between home and school.

Community Resources - Professional support may be sought (for example, a Resource Specialist from the Santa Barbara County Schools). The parent coordinator facilitates the referral process, working with parent, staff and specialist.

Schedule adjustment - Staff may determine that an adjusted schedule (i.e. shortened hours or different arrival time) is in the best interest of the child and/or class. Typically, this is an interim measure, the duration 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. Orfalea Family Children's Center staff welcome additional insights and suggestions and request an exchange with family, counselor and staff.

The child's continued enrollment at the Center will be made contingent upon the family's willingness to cooperate in finding a solution, as well as the child's success in changing the behavior in question. Disenrollment will be implemented only as a last resort as the Orfalea Family Children's Center 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 that they acquire the skills necessary to peacefully seek solutions to the many challenges ahead of them.

KEYS TO CARING & EFFECTIVE DISCIPLINE

To develop safe and constructive behavior in children and to help them develop self-control pay attention to the following:

A. PREVENTION

1. **Give children caring attention, show them respect, be loving, see that their basic needs are met.** When you do this, they are more likely to be healthy, feel good about themselves, want to please you, feel loved, and get over upsets faster.
2. **Provide appropriate activities and materials for their level of development and allow for lots of exploration.** When you do this, children learn a lot, they are not bored and frustrated. Remember, their main job is to learn and they learn best through action and experience along with observation.
3. **Only make rules and set limits that are necessary for the child's safety and positive social interaction.** Make sure the rules and limits are clear to the child, can be met by the child, are consistently upheld to the child so that she or he doesn't get confused. When you do this it will take the child less time to learn the rules and to understand why they are important; the child will not continually need to test the limits if you are firm, kind, and calm in consistently reinforcing these limits.
4. **Be a good behavior model.** Children learn by what they see and hear. They are very impressionable and especially imitate behavior (positive or negative) they experience from those they love and admire. They are building their idea of how people should treat each other by how you treat them and how they see you treat others. When you express appreciation of behavior you like, you build the child's self esteem, sense of pride and the desire to cooperate.
5. **Have realistic expectations.** Don't put children in unfair (difficult) situations where it is too hard or impossible for them to comply.
6. **Make transitions (changes) easier for children.** Don't rush them or expect them to drop what they are doing and do what you want immediately. Give alerts and reminders.

B. ACTION - CHILDREN LEARN FROM ACTIONS, NOT JUST FROM YOUR WORDS.

1. Stop unacceptable or unsafe behavior, **calmly and gently with little ones and firmly but kindly for older ones.** Showing our anger doesn't help a child learn. When we yell, yank, hit, etc., a child cannot learn well. They experience fear, confusion, and anger. If they are **punished** (hurt and humiliated) instead of **disciplined with respect**, they will build up fear, resentment, a tendency to be rebellious or passive and sneaky.
We cause ourselves **more trouble** in the long run, when we over react and punish. We also teach the child a rough way of behaving instead of **modeling self-control**.
Realize that a child who is "acting out" is **feeling bad and may likely be experiencing trouble in her or his life**. The acting out is a signal and a CRY FOR HELP, not a provocation for punishment. See yourself as a helper and a guide in these times.
2. Tell children the rule - what to do, **without nagging, complaining, moralizing** (i.e. "We don't bite people. Biting hurts. If you need to

- bite, bite this teething toy" or "Use words when you are angry. We don't hit other people. It hurts. They don't like it.")
3. Talk to children **at their level**, eye to eye; slowly.
 4. **Involve children in solving a problem.** Ask them for their ideas about how to solve a problem. When they have none, make suggestions, give them choices.
 5. **Let children experience** natural consequences of their actions when the consequences do not involve danger for themselves or interfere with the rights of others.
 6. Impose consequences for continued misbehavior that are **related** to the behavior, **respectful** to the child, **reasonable** and fair. Be aware that imposing consequences for misbehavior is not the only way to deal with it and sometimes doesn't fit and doesn't work.
 7. "Time away from a group or an activity" may be necessary when a child can't respect rules or others. Often people call this a "time out" and overuse it **without** any long term benefit to the child or any real learning on the child's part. Children need to be told you are having them go to another place so that they can "take time to feel better and change how they are acting." **It is not productive to humiliate the child or use the time out as a punishment or "an example to others."** If the child won't go, accompany them firmly and kindly. Sit with them and let them cry or express anger (or if this is not possible, say you see they are upset and it is okay, but that they need to stay there until they "are ready to come back to the group or activity and will follow the rules set."

Later when the child is recovered and calm and you are together you can talk to them kindly and respectful about what happened and let them know again what behavior is expected and why. Listen to what the child has to say. **Firmness and respect are keys here.**

- C. SELF-CONTROL** To discipline with a positive attitude requires self-control on your part. **When you use self-control even though you are upset, you show a child how to act.** It is okay to say to a child older than two how their behavior makes you feel **if** you can say it without hatefulness or fury. You say it to teach them that they affect others (i.e. "I feel **angry** when you keep yelling at me. Then I can't understand you. Tell me in a quieter way so I can listen to you.")
- D. TALKING CARE OF YOUR FEELINGS AND HEALTH** This is important so you can think more clearly, have more patience, and be more cheerful and calm.
- E. EXPERIENCE AND UNDERSTANDING OF CHILDREN'S DEVELOPMENT AND INDIVIDUALITY** The more you spend time with children and learn about development and situations affecting children in the family, the more appropriate expectations you will have the more accurately you will interpret a child's behavior and the more appropriate your response will be to the situation.
- F. ADEQUATE HELP AND EMOTIONAL SUPPORT:** With these you won't "burn out."

Theresa L. Weissglass, Santa Barbara, CA 1989

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 to the children involved. But, it is very important to remember that biting is a natural behavior for very young children and, for some, it is a behavior difficult to control. Listed briefly are some of the reasons a toddler may bite. Also included are 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 objects to try and relieve discomfort. Children who have never bitten others frequently start 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 typical way of exploring the world.

Curiosity - A child may simply want to see what will happen if she/he bites. Children rarely bite out of curiosity more than once or twice.

What To Do?

Here at the Center our first concern is to stop bites before they happen. Whenever two children start to get mad at one another, a caregiver comes up close. They may reflect what they see happening ("you both want that truck don't you?") then help the children find appropriate ways to solve the problem ("Can we find the other red 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 (teething rings, 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 child and if handled in a calm, matter of fact, consistent manner it too will disappear, to be replaced by more appropriate actions.

Please review the Children's Center discipline policy for additional steps taken with families involved or when child's behavior persists.

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Teeth!

Food Policy

Eating together plays an important role in everyday life here at the Centers. Children and teachers have a chance to come together as a group for morning and afternoon snack and lunch. 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. The afternoon snack includes a piece of fruit and a bread item such as a mini muffin or bagel. Water is always available. Sack lunches, prepared by Dining Services on campus, are delivered daily to any child eligible through General Child Care grants (GCC), the Federal Food Program (FFP) or as requested by a parent. [Note: The lunches are provided *by* the Center to children eligible for GCC and FFP; parents *not* receiving these funds may order and pay monthly. Families may provide alternatives for documented allergies; a doctor's note must be on file for FFP and GCC families.]

Our general food policy stems from our views in two areas: caring for the whole child, including their physical self, and, the role of mealtimes in our daily life. First, the whole child. 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 physical well-being goes far beyond creative large and small motor activities. We encourage children to learn to care for themselves in 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 your body by giving it healthful foods. As such our snacks, sack lunches and cooking projects are nutritionally sound. We ask that the lunches you provide be the same.

The second area of importance involves the role of mealtimes here at the Center. 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, between the children and teachers. We want to encourage these feelings of companionship and "family" between the children and staff. Certain lessons of responsibility (hand washing, cleaning up, putting away lunch boxes) also accompany this time. However, it is not feasible (given the number of children with containers that need opening or spills to help wipe) 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.

Nutrition

Eating together at school is a pleasant, quiet experience that allows time for conversation and sharing. The staff feels strongly about providing the children we serve with *ONLY* nutritious food while attending the Center. This commitment is reflected in the snacks we serve as well as in the cooking projects that take place in each classroom.

INFANTS (3 MO-1YEAR)

Feedings are a special time that infants and caregivers enjoy together. They provide opportunities for undivided attention and warm interactions. Young infants are bottle fed in their caregiver's arms. When infants are able to get into a sitting position by themselves, they start eating at small tables. The introduction of new types of food and eating utensils is discussed individually with each family. *We encourage mothers who are breast-feeding to come to the Center to do so; a nursing room is available for privacy. Please introduce bottle feeding at home before your baby starts at the Center; it will ease the transition to Center feedings in your absence.*

Parents are responsible for providing all meals and snacks for their infants. Please be aware in the infant classrooms, where staffing allows for individualized feeding, your child's first feeding/bottle will normally take place after 8:30am. Baby bottles of formula, breast milk or juice should be brought pre-made and ready to use on a daily basis. Please label each bottle. Baby cereal, baby crackers and food jars should be provided as needed. Do not include honey or peanut butter in your infant's lunch. Each child has a designated area in the refrigerator and kitchen cupboard for storage of food supplies. All food needs to be taken home at the end of the day.

TODDLER & PRESCHOOL (1-5 YEARS)

BREAKFAST:

The Children's Center does not serve breakfast to children. We ask that parents provide this first meal of the day at home. Receiving appropriate nourishment before arriving will help your child's transition in the morning, and sustain him/her until snack time.

On the rare occasion that your child needs to finish breakfast at school, we request that it be a dry item (i.e. toast, dry cereal) presented in a small bag separate from their lunch box. Please understand that during early morning arrival times, the center staff is dedicated to communicating with parents, comforting children during good-byes, and setting up educational activities for the day, leaving little time to adequately supervise meals. Together, we can get your child's day off to a good start.

SNACK:

The Center provides both AM and PM snacks at approximately 10 AM and 3:30 PM. Morning snack for all children consists of milk (whole milk for 1-2 years and 2% for 2-5 years) and cereal/crackers. If a cooking project is part of the morning activity period, it will accompany the snack served by the Center. For the children attending the Center in the afternoon, the snack at 3:30 is generally a fruit and a bread item (whole wheat tortilla, granola, crackers, etc.). Water will be available.

LUNCH:

Parents are asked to provide a nutritious lunch for their child. We suggest sandwiches, fruit, vegetables, juice (100%) or milk. Do not send 'junk' food (chips, cookies, cake, candy, fruit rolls, or juice drinks that are not 100% juice). Dried fruit, yogurt, etc. are good substitutes for sweets or chips. (See the Food Policy.) Please send lunches in well-marked lunch boxes. If your child is consistently bringing home uneaten food it is wise to reduce the amount of food sent. Many children receive their lunches through our food program. These nutritious meals are designed to meet the Federal Food Program Standards. Income eligible families may apply for this program when enrolling their child. Other families may purchase these meals at full cost.

MEALS AT THE CENTER

- ◆ Two snacks are served daily by the Center. The morning snack consists of a bread item (crackers, cereal, etc.) and milk. Children under the age of 12 months are served formula; children between 12 and 24 months are served whole milk; children 2 years and up are served 2% milk. The afternoon snack includes a bread item (tortilla, muffin, bagel) and a piece of fruit and water.
- ◆ 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 sack 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.

LUNCHES BROUGHT FROM HOME

- We ask that every effort be made to pack only nutritious lunch items (see next page).
- Please 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 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. We hope they come in handy when packing lunches.

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 in half), melon balls, apple chunks (with peanut butter!), dried apricots or apples, fruit salad combo, applesauce (no sugar added), trail mix with dried fruit, nuts, 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, edamame.

VEGETABLES:

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

BREAD PRODUCTS:

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

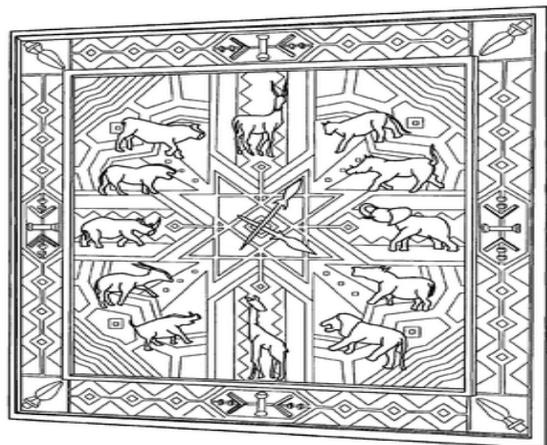
INSTEAD OF SANDWICHES:

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

BEVERAGES:

100% fruit juice, water, soy milk or milk. If packed frozen, beverages are nice and cool by lunch time and the lunch stays cool.

“NEVER” FOODS:	“DISCOURAGED” FOODS:	CHOKING HAZARDS:
<p>The following foods are not allowed 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 • High sugar foods 	<p>Try to not send these foods.</p> <ul style="list-style-type: none"> • Fruit roll ups • Jello • Cookies • Chips • Sugared drinks • Sugared cereals 	<p>These foods are choking hazards for children 4 years and younger:</p> <ul style="list-style-type: none"> • Nuts, popcorn • Whole grapes • Whole hot dogs or cut in chunks • Raw peas and carrot chunks • Hard pretzels • Meat no larger than can be swallowed whole



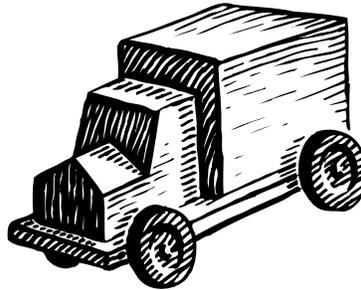
HAPPY BIRTHDAY TO ME! Birthday Party Policy

Young children greatly enjoy celebrating birthdays and other important events. Each classroom has a unique way to recognize special days. We try and find appropriate ways to celebrate in which all children can join. In addition, teachers try to balance the natural exuberance and energy without creating an overwhelming situation in the classroom. **To these ends we ask that you please honor our request for no 'party goods' in the classroom. *The following are not allowed: sweets (cake, ice cream, cookies, candy), party favors, hats or balloons.*** 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 the class are being invited. Please check with your child's teacher for classroom plans for birthdays and other special events. Many classrooms have developed their own special rituals for honoring children on their birthdays. If you would like to contribute food to a classroom event, please talk to your teacher beforehand for suggestions ('non-sweet' foods such as unfrosted muffins, fresh fruit (fruit salad or fruit kabobs), rice cakes, etc.) Sharing your family's special occasions and celebration days is an important part of life at the Children's Center and can be very meaningful for your child. We are confident that together we can create many memorable and special celebrations for the children that are appropriate to the classroom setting.



Toys from Home Policy

It is the Center's general policy to discourage children from bringing toys from home. Because we have such a economically diverse population, we wish that the child's time at school will reflect "an even playing field" with other children. When children bring Barbie dolls, Disney dolls and toys, electronic games and action figures etc., it presents a problem for those children whose families cannot afford to purchase these items, as well as entertaining children when they might be involved in a creative art, science, or cooking project. The Center is fully equipped with age-appropriate toys and materials and we work towards creating a sense of community in each class by sharing and caring for the Center's materials. War toys or toys that encourage violent/angry solutions to problems are never permitted in the Center. We do continue to encourage one small soft cuddly stuffed animal or favorite blankets at nap time and especially for those children moving from infant classrooms to toddler classrooms or from toddler classrooms to preschool classrooms. Other items that may be brought to school from home include: a favorite book, a science item (rocks, bones, pods, leaves) or artwork from home.



Appropriate Comments to Children about their Art

<u><i>Describe What You See:</i></u>	<u><i>When You Do This:</i></u>
<ul style="list-style-type: none">• <i>What colors were used, how the lines go, how filled up the page is, how the child held or used a tool.</i>• <i>How many different colors or strokes or collage pieces were used.</i>• <i>What's the same or different from other artwork the same child has done before</i>• <i>What happened when the child tried something new or special</i>• <i>What (very specifically) you like about the artwork</i>	<ul style="list-style-type: none">• <i>This sends a powerful message that you are really interested in that child's work and therefore in the child</i>• <i>You are giving the child new words, helping with language development</i>• <i>You are telling the child that you are looking carefully at his or her individual art piece</i>• <i>You are helping the children look closely at their own work, developing perceptual skills.</i>• <i>You are helping the children realize what skills they possess, developing feelings of confidence and competence.</i>

From ART, A Creative Curriculum for Early Childhood, Creative Associates, Inc., 1979.

IN SPEECH:

- * *State suggestions or directions in a positive form rather than a negative form.*
- * *Give the child a choice only when you intend to leave the choice up to her/him.*
- * *Your voice is a teaching tool. Use words and a tone of voice which will help the child to feel confident and reassured.*
- * *Avoid trying to change behavior by methods which may lead to loss of self-respect, such as shaming or labeling behavior "naughty" or selfish.*
- * *Avoid motivating a child by making comparisons between one child and another or by encouraging competition.*
- * *Redirect the child in a way that is related to her/his own motives or interests whenever possible.*
- * *The effectiveness of a suggestion may depend largely on its timing.*
- * *Remember crying is a baby's language. It is a way to express pain anger and sadness. Let them know they have communicated. "I see you are unhappy. Could it be that your diaper is wet?". "Maybe you want to be on your back for a while."*

IN ACTION:

- * *Avoid making models in any art medium for the children to copy.*
- * *Give the child the minimum of help in order that s/he may have a maximum chance to grow in independence, but give the help the child needs.*
- * *Make your suggestions effective by reinforcing them when necessary.*
- * *Forestalling is the most effective way of handling problems. Learn to foresee and prevent rather than mop up after a difficulty.*
- * *When limits are necessary, they should be clearly defined and consistently maintained.*
- * *Be alert to the total situation. Use the most strategic position for supervising. Place yourself so that you can see the entire area. While reading to children or sitting on the ground, remember to look up frequently.*
- * *Respond to babies crying by acknowledging the emotions they are expressing. Don't stop babies from crying by automatically putting something in their mouths. This teaches oral gratification and doesn't attempt to solve the problem. Babies have a right to cry and feel what they feel with the knowledge that a kindly adult is there to help.* Adapted from: *The Nursery School: A Human Relationships Laboratory*, Katherine Read, Philadelphia, Saunders, 1975.

Bottle Feeding Guidelines

Bottle feedings are a nurturing, treasured time between infants and their primary caregiver. A gentle dialogue, eye contact and close connection occur during this intimate time. Infants are always held while receiving a bottle until they are able to sit at the table.

Families bring ready-to-feed bottles from home each day. Bottles containing breast milk or formula are stored in the refrigerator every morning when children arrive. Please label bottles containing breast milk with child's name and the date. Bottles are offered to children throughout the day following their feeding schedule. All leftover food and bottles are sent home at the end of the day.

Bottles can be warmed up lightly before a feeding, according to each infant's preference. Warm water is placed in a large cup and the bottle is then inserted to warm; microwaves are never used for heating bottles. If a bottle is partially consumed, the bottle is labeled with the initial feeding time and will only be re-offered to the child within a 1-hour period. After 1 hour the contents of the bottle are discarded. Bottles may not be re-heated or re-refrigerated once they have been offered to an infant. Families are advised to provide small bottles to avoid wasting milk/formula.

Health and safety practices prevent caregivers from handling breast milk. Breast milk should never be poured out of the bottles to mix with cereal or for any other purpose. Caregivers will gently mix, not shake, bottles containing breast milk to preserve the nutritional and infection fighting components. Breast milk bottles will not be rinsed at the center; bottles are placed back in child's food container to go home at the end of the day. A cozy room is provided for breastfeeding mothers as well as a comfortable cushioned chair in each classroom.

Diapering Procedures

1. Have all supplies at hand before starting diapering process. Put gloves on.
2. During diaper change, make eye contact with the child and keep one hand on the child at all times when he / she is on the changing table.. Talk and respond to child cues as you allow him/her to cooperate in the diapering process. Do not distract the child from the diapering process by bringing toys, hanging mobiles over table, etc. One-on-one communication should focus around the experience of diaper changing / fostering self-awareness.
3. After removing, place soiled diaper without rinsing in a plastic bag and tie shut.
4. Clothing that is soiled with urine or feces is immediately placed in a plastic bag without rinsing or avoidable handling and sent home that day for laundering.
5. Use baby wipe to clean skin. Start at front and work towards the back. Look for signs of irritation and apply ointment if needed.
6. Put new diaper on securely.
7. Wash child's hands with liquid soap and running water. Move child to a safe place before cleaning the diapering area.
8. Dispose of diaper, wipes, gloves in diaper trash can with lid only.
9. Spray diaper pad and surrounding area with fresh bleach/water solution. Wipe with clean paper towel and dispose.
10. Wash and dry own hands with liquid soap and running water.
11. Record on diaper chart time diaper was changed. Inform parents of rash or anything unusual. Please use the following codes:

"W" = wet diaper

"BM" = bowel movement

"D" = dry diaper

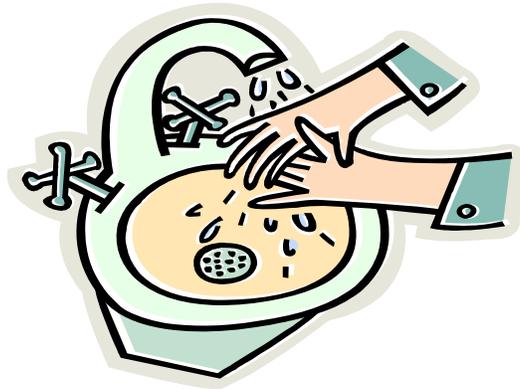
"T" = toilet used

"S" = sat, attempted toilet use

OBSERVE SAFETY FOR CHILDREN DURING DIAPER PROCESS. IF A CHILD IS ON THE CHANGING TABLE, ONE HAND MUST BE KEPT ON HIM/HER AT ALL TIMES.

STAFF SHOULD CHECK CHILDREN FOR SIGNS THAT DIAPER OR PULL UP ARE WET OR CONTAIN FECES AT LEAST EVERY 2 HOURS WHEN CHILDREN ARE AWAKE AND WHEN CHILDREN AWAKEN.

- Note: Disposable diapers must be used to protect children from germs. An exception will be made if the child's family provides a note from a medical doctor requiring the child to use cloth diapers. If cloth diapers are used, the diaper must have an absorbent inner lining completely contained within an outer covering made of water-proof material that prevents the escape of feces and urine. Both the diaper and the other covering are changed as a unit – do not rinse and place in a plastic bag, then tie shut. Bagged cloth diapers are kept in covered container provided by family. Soiled cloth diapers are sent home each day.



Wash your hands properly and frequently.

- Upon arrival
- Before and after handling food
- After helping a child in the bathroom
- After wiping a nose
- If exposed to blood or body fluids
- After handling pets
- Before touching your face
- Before and after giving medication
- After handling garbage or cleaning

Use soap and running water

Rub your hands vigorously for 20 seconds

Wash all surfaces, including:

- Backs of hands
- Wrists
- Between fingers
- Under fingernails

Rinse well

Dry hands with a paper towel

Turn off water using a paper towel, not your clean hands

Help children learn the proper way to wash their hands, too. Please remind families to wash their children's hands upon arrival.



Administering Medication Check List

Prescription Medication

Teachers may administer prescription medication when all of the following criteria are met:

- Must be in original container and include
 - Name of Medication
 - Child's first and last name
 - Date the prescription was filled or recommended
 - Name of Licensed Health Care Provider*
 - Dosage and time to be given
 - Expiration Date of medication
 - Instruction on how to administer
- ✓ **A Medication Permission Form is completed by the Parent, signed and dated**
- ✓ **Teacher will administer medication, as per the following instructions**
 - Verify the medication is correct and has not expired
 - Verify the child is the one authorized to take the medication
 - Verify the dosage and time is correct as per the Medicine Permission slip
 - Administer the medication according to the instructions provided
- ✓ **Teacher will complete the Medication Permission form immediately following the administration of medication.**

Over-the-Counter Medication (but not to reduce a fever)

Teachers may administer an over-the-counter medication when all of the following criteria are met:

- ✓ **A Medication Permission Form is completed by the Parent, signed and dated**
 - ✓ **Medication must be in the original container with the following:**
 - Expiration date and instructions from the manufacturer
 - Dosage to be given specified for the child's age/weight*
 - Frequency of dosage specified for the child's age/weight*
 - Conditions under which to administer the medication
 - ✓ **Follow instructions to administer medication as above**
- * NOTE: If dosage requested differs from printed label OR the label does not reflect dosage specific to child's age/weight the medication must be accompanied by written instructions/ prescription from a Licensed Health Care Provider***

Alternative/Homeopathic Medication

*Alternative Medications, such as teething tablets, may be administered **ONLY** if the above conditions are met AND written instructions or a prescription from a Licensed Health Care Provider* are included.*

***Licensed Health Care Provider is defined as a physician, physician's assistant or certified nurse practitioner by the State of California**

REMEMBER: Inhalers and medication given with a nebulizer or Epi-pen may only be given when the parent and health care provider have completed and signed the *Special Health Care Needs form*, and the classroom staff have been trained, by the parent, in the use of the equipment.

ATTENTION NEW INFANT PARENTS:

Welcome! On your first day of school, please bring the following items:

DAILY BOTTLES OF FORMULA/MILK/BREAST MILK

3 months – 12 months: The Center provides formula for children 3-12 months of age. If a family is interested in using the Center formula, please speak to the Lead Teacher. *If a family prefers to supply their own formula, please provide a dated and signed note. No cows milk is served to children under 12 months.*

12 months to 24 months: The Center provides whole milk for children. If supplying your own bottles of formula/milk/breast milk or juice, these need to be brought to the Center pre-made, labeled and dated. Each child will have a designated place on a shelf in our refrigerator for storage.

BABY CEREAL/BABY FOOD – Each child will have shelf space in our kitchen cupboard for non-perishable food supplies. *Special Note for families with infants under the age of 6 months:* If you are considering giving your child solid foods or juice prior to 6 months of age, please consult with your Lead Teacher and physician for signs of readiness for beginning solid food. The teachers will work with you to support your child through this transition.

SNACKS – All children, **over the age of one year**, will be provided with a morning and afternoon snack by the center. AM snack is usually cereal/crackers and whole milk, the PM snack is usually fruit and a cracker product with water.

TWO CHANGES OF CLOTHES – All clothing needs to be clearly labeled with your child's name on the tag (including shoes). Extra clothes are used when a child gets wet or dirty; a sweatshirt is helpful if the weather turns chilly. Soiled clothes will be sent home to be laundered; please replace as needed.

A PHOTO OF FAVORITE FAMILY MEMBERS – This will be attached to cardboard and covered with clear contact paper, or displayed in the classroom, so please be sure it is one with which you are willing to part.

TWO SMALL BLANKETS – These blankets will live at the center and will be laundered regularly by the staff. The center provides crib sheets.

DIAPERS – Please provide a supply of diapers for your child (disposable) (**Note:** due to the increased health risk in the use of cloth diapers in group care, if you are using cloth diapers, this option must be discussed with the Lead Teacher and a physician's note will be required.) The Center provides baby wipes. Please let your Lead Teacher know if you would like to bring your own wipes.

Your child's teacher will be contacting you for a get-acquainted visit for you and your family. We will discuss your child's usual routine, feeding and sleeping schedule. Please stay with your child until he/she feels comfortable with the new classroom and teacher. Welcome to the Orfalea Family Children's Center!

Appendix P

Blood borne Pathogens

Procedures for Caring for Children with Injuries or Illness Involving possible contact with Blood borne Pathogens:

1. Gloves should be worn in all situations involving potential contact with blood.
2. Use abundant paper products to clean or compress wound. Use these paper products or any piece of cloth that is handy as a barrier to contact with blood. Encourage children participate in their own clean up as much as possible.
3. When removing gloves, roll up the end of the glove inside out. Remove the second glove using the inside of the first glove (also inside out).
4. Blood spills must be cleaned up immediately. Wear gloves, use beach water solution and paper towels. Spray bleach around the edges and work from the outside to the inside of the spill to avoid spreading. Use the same technique to clean up breast milk spills.
5. All contaminated materials must be placed into plastic bags, sealed and put into an outside trash container with a lid.
6. All bites must be washed for 15 seconds with soap and water. Ice may be applied to reduce swelling.
7. Wash hands immediately after removing gloves or washing wound / bite whether or not gloves / hands are visibly contaminated. See chart.
8. Use pocket respirators when administering CPR. Discard respirator in plastic bag and seal after use. Place in outside trash can with a lid.

The Environmental Health and Safety Department strongly recommends that all staff have the Hepatitis B vaccine, if you have not already done so. If blood exposure does occur, please inform your supervisor immediately. All injuries involving blood must be documented with other information on the child's accident report. According to the Center for Disease Control, mucus, urine, breast milk and other body fluids are not considered carriers of blood borne pathogens (unless there are traces of blood present). However, as they do carry other diseases, at UCSB ECE Children's Centers **we will treat all body fluids with universal precautions.**

Classroom First Aid Kits

Each classroom has its own first aid kit located in the classroom back pack in addition to band aids and antiseptic in the medicine cabinet. Additionally, first aid kits have been designated for each playground. Outside first aid kits are stored on shelf, easily accessible to staff. Please check to make sure your classroom always has updated emergency information and contact numbers, consent for medical treatment, bandages, tape and pads, gloves, ointments, paper towels, accident reposts, plastic bags for the disposal of contaminated materials, etc.

Clothing

We recommend that children wear sturdy, washable play clothes to school since many activities involve vigorous play with paints, sand, mud, and water. A very important part of your child's experience in each classroom is exploring a variety of materials, and we want the children to feel free to participate in all activities without having to worry about getting their good clothes dirty or stained. We give children the choice of whether they wish to wear smocks during painting, sensory and other messy activities.

Because we encourage children to manage their bathroom and changing needs independently, *we request that the younger children wear pants with elastic waistbands*. Parents are required to provide diapers for their children as needed. We also encourage all children to wear tennis shoes to enable them to participate in all large muscle activities: tricycle riding, climbing, running, etc. *Open toed shoes, flipflops, party shoes and shoes with slick soles are not adequate for these activities*. Additionally, please do not send children in coats, jackets, or tops that have a string around the neck or face. If they get caught, they can act as a choking hazard.

So the children may safely enjoy their time outdoors, it is recommended that parents send a wide-brimmed hat with their child to protect them from sun exposure. Clothing that is light colored and light weight, with long sleeved shirt and full length pants are recommend for the best protection from the sun, especially from March to October. Please apply sun block prior to coming to school in the morning. A second application will be applied after nap with *parents signed permission*. During the cooler months, layered clothing is suggested so children can be comfortable inside and outside.

Each parent is asked to provide two changes of clothes for their child (underwear, too). ALL ITEMS SHOULD BE WELL MARKED OR LABELED WITH YOUR CHILD'S FIRST AND LAST NAME. Please check your child's cubby periodically throughout the year to be sure that appropriate changes are available at all times.

Toilet Learning Policy

There's no doubt that learning to use the toilet is often as big an issue for the 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 in specific and issues of toddler development in general. What follows is: 1) a brief description of toddler development issues which 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" to those phrases and gestures that say "me do it" or "mine". Yet, this growing sense of autonomy is coupled with the still 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 is respected and fostered by waiting for the child to initiate interest in self-toileting while respect for a sense of security is acknowledged by honoring their individual pace in leaving behind the security of being cared for during the diapering process.

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 so 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 bowel movement)
- is able to communicate with words or gestures that she/he is wetting or pooping in the diaper
- is able to communicate with words or gestures before she/he is about to wet or have a bowel movement
- 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 dry diapers 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 of these signs it may be an appropriate time to introduce the idea of self-toileting. First check the following list:

Parents' Sign 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 (there is a great one by Mr. Rogers)
- teach the appropriate words for them 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 them
- respond calmly to accidents, don't punish. It is a learning process-remember how much is involved

The Procedure at School

Our policy reflects our general philosophy of respect for each child. We are sensitive to the growing sense of autonomy; we encourage active participation by the child in caregiving routines and respect individual styles and pace of learning. On a practical level this is carried out by including the child as much as possible in the toilet learning but only to the extent he or she is willing to participate. Even before self-toileting begins the child is included in the caregiving 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, interest is fostered 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). If training pants are being used, wet pants are dealt with in a very matter of fact way still respectful of the child's feelings. The child helps in 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 one and one which 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.

NAEYC Accreditation

The Orfalea Family Children's Center at UCSB is accredited by the National Association for the Education of Young Children. In 2006, NAEYC came out with new guidelines and over 400 criteria included in 10 Early Childhood Program Standards: *Relationships, Curriculum, Teaching, Assessment of Child Progress, Health, Teachers, Families, Community Relationships, Physical Environment and Leadership and Management*. For a complete list of all standards and criteria, please visit: <http://www.naeyc.org/academy/standards/>

There are several *required* and *always assessed* criteria to be aware of:

Required:

1B09 Teaching staff never use physical punishment such as shaking or hitting and do not engage in psychological abuse or coercion.

3C02 Teaching staff supervise infants and toddlers / twos by sight and sound at all times.

3C04 Teaching staff supervise children primarily by sight (preschoolers). Supervision for short intervals by sound is permissible, as long as teachers check frequently on children who are out of sight (i.e. toileting, napping).

5A03 At least one staff member who has first aid and CPR is always present with each group of children.

5A12 SIDS Prevention – Infants are placed on their backs in cribs, unless otherwise ordered by a physician. Pillows, quilts and stuffed animals are not allowed for infants younger than 8 months. If a blanket is used, it must be tucked in around the crib mattress, reaching only as far as the infant's chest. The infant's head remains uncovered during sleep.

10A02 The program administrator has the educational qualifications and personal commitment to serve as the program's operational and pedagogical leader.

10B04 The program and facility are licensed and in good standing.

Always assessed (includes required):

1B10 No use of threats or derogatory remarks are used

1D01 Teachers counter potential bias and discrimination

2B04 Children have opportunities to develop competence and positive attitudes toward learning

2D3 Opportunities to develop competencies in verbal and nonverbal communication

2D7 Opportunities to engage in discussion with others

2E02,04 Opportunities and materials to support early literacy

2F02 Opportunities and materials to build understanding of numbers

2L03 Opportunities and materials to build understanding of diversity

3B04 Identification and countering bias

3C03 Infant sleep arrangements – When infants and toddlers are sleeping, mirrors, video and sound monitors may be used to augment supervision on sleeping areas, but such monitors may not be relied on in lieu of direct visual and auditory supervision.

3D07 Teachers sit and eat with toddlers and preschoolers

3D09 Predictable but flexible routine with time for transitions

3F02 Play is planned each day

4D03 Curriculum is informed by assessments of children's strengths and needs

4F01 Family opportunities to share observations from home and contribute to the assessment

4B05 Characteristics of staff-developed assessment measures

4B06 Staff have knowledge of assessment process used (see Children's Handbook)

5A15 No access to large buckets of liquids for infants and toddlers

6A02 Teachers demonstrate competency (interact with children without physical punishment or psychological abuse, recognize safety hazards and protect children from harm, encourage a variety of learning and social experiences, adapt and respond to changing and challenging conditions in ways that enhance the program and communicate with families and children.)

9A04 There is a variety of age and developmentally appropriate materials available indoors and outdoors

9B02, 04 Outdoor play area is available; 75 square feet per child

9B06 Outdoor play specifications – the outdoor play area protects children from injury from falls, catch points, tripping hazards, excessive wind and sun.

9C01 Each child has 25 square feet of usable inside space.

9C02 Adult work space – includes a break room, adult sized bathroom, a secure place for personal belongings and an administrative area separate from children's space.

9C03 Facility meets ADA requirements

9C07 The building is well maintained. Indoor and outdoor spaces are in good repair and free of hazards. Staff take steps to correct or avoid unsafe conditions.

9C08 Children are protected from building hazards

9C10 First Aid kits are available (classrooms, emergency backpacks, playgrounds)

9C11 Fire extinguishers, smoke and carbon monoxide detectors are checked and in working order

9C12 Bodies of water are surrounded by at least 4 ft. fence

9C16 Choking hazards are removed from infants and toddlers/twos environments

9C17 Bathrooms have barriers to prevent access by infants and toddlers

9D06 The center is a smoke free environment

9D09 Toxic materials are stored appropriately

10B09 Program has plans to recruit and retain well qualified staff

10B12 Ratios and group sizes are maintained at all times

10B13 Program is organized to minimize child transitions

10D08 Disaster preparedness and evacuation procedures are in place

About 'comings' and 'goings'....

Arriving at the Children's Center- Families all have different morning routines and they can vary from day to day. Some mornings are so smooth- everyone is out the door on time, with all of their belongings and still in a good mood! And then other days, well I'm sure you've all had those 'other days' too!

Here at the Center we would like to help you and your child start off this part of your day on a positive note. Your arrival time plays an important part in this. In order for children to have the time to truly involve themselves with activities and friends, to feel they are part of the group and to establish a smooth flow for their entire day at the Center ***they should generally join their class no later than 9:30.*** It is often difficult for a child to arrive late, during clean-up or group time, as they have less chance to 'acclimate' at their own pace. An early arrival will also allow a better chance for you to share a few words, sometimes vital information, with your child's teacher. Teachers are unable to give their full attention to you during busy transition times. Working together we can better provide that 'extra something' each child truly deserves.

Leaving the Children's Center - Families' evenings all vary, yet here at the Center they all start with a 'pick-up' time routine. Somehow it almost always takes longer than expected to gather all the things, watch the 'Mom, I want to show you something' event and try to touch base with the teacher. (Meanwhile of course trying not to seem preoccupied and rushed while thinking about what to fix for dinner!) Naturally if you are able to arrive at least ten minutes before closing it can help make this reunion time a bit more relaxed and focused. (Please remember-everyone needs to be out of the Center by 5:30 PM/ 12:30 for half day families). No matter what time you pick up or how hurried you are ***it is essential that you say good-bye to your child's teacher or the substitute for your child's class.*** The closure to your child's day here is important, but, even more so ***it is a matter of safety.*** Please help us to be sure all children are accounted for.

Thank you for your continued diligence with this matter.

English as a Second Language

Working with Parents:

If a parent's facility in English is not sufficient to understand the paperwork, conferences and other communications, the Center will enlist the aid of a translator when possible. Because we generally have many languages represented at the Center it is not possible to have all the required paperwork and communications translated into all the different languages. Families are invited to observe and encouraged to take part in the program. Parents may share books, hobbies, music, their area of study or work (i.e. marine biology, dance, etc.), share cultural items, help chaperone field trips, join in at parties or special classroom events, attend meetings, share a snack or hobby, or assist with special center projects that occur throughout the year.

Working with Children:

Because we are on a large university campus, we have children from around the world. There are often many cultures and languages represented at the Center. Many families who place their children at the Center want their children to become fluent in English. We also want to honor the child's native tongue and provide enriching experiences for native English speakers. Teachers will endeavor to learn a few words in each represented language. Some teachers help children learn to count in many languages. Some learn and use the words for family members (mother, father, sister, brother, grandmother, grandfather), colors or foods. Children who come to the Center with little or no English will be encouraged to participate as fully as possible. Often children have a hard time during story time or other routines as it can be exhausting to attend in a new language and a respite from listening may be in order. Consider alternate activities as needed.

When someone is in a total immersion situation (no native language being used), receptive language (ability to understand what is said) develops before expressive language (ability to speak). This is the same as when an infant or toddler understands what you say but cannot generate conventional speech. Receptive language develops through words associated with pointing, directing, context, and using the same words repeatedly over time.

The development of expressive language generally follows a progression of overlapping steps (for adults as well as children). Each step meshes with the ones before and after. However, as in any developmental progression, some steps may be skipped or so fast as not to be noticed. The development of expressive language progresses from babbling to full speech:

1. The child will try to get others to speak and understand his/her language—sometimes using a demanding, angry tone. After several tries the child will often go mute.
2. The child will babble, experimenting with the new sounds and sound combinations that are heard. This is often done during solo play.
3. The child will go mute. At this point the child is acquiring receptive language and is unable to generate words and phrases. The child will get increasingly frustrated as his/her receptive language increases. The child wants to be a part of what they now understand is going on and is unable to do so.

4. The child may act out, may cry easily, may anger easily. These are signs of the child's frustration. Just as a long distance runner 'hits the wall' and feels they can go no further, so too, does the individual learning a second language. The length of this stage varies greatly. Children who hear English at home do not seem to have as much difficulty as those who hear it only at school or on television. Once this hurdle is passed, the child will begin speaking.

5. The child begins to do 'silent speech'. You may hear the child muttering to him/herself such phrases as "me too", "my turn", "I want" or simply mouthing words with no sound. The child is practicing so that when they have a chance to speak, the words will be readily available to them. The teacher can encourage this silent speech by giving children phrases that are important to the daily functioning of the classroom and practicing with the child.

6. The child begins speaking in single words and short practiced phrases. These phrases get longer and more complex as the child gains skill and comfort.

Teachers should begin using mostly nouns, pointing to objects while the word is said. Simple three and four word sentences should be used. Repetition of words should be used. E.g. "Put the ball here. Here is the ball. Jim, put the ball here." Teachers should ask parents to teach their child important phrases such as "I want a turn", "Can I play?" "I have to go potty." Teachers should help children practice these phrases and use them appropriately. Teachers should help the child add to their English repertoire by adding phrases as needed and asking the child to repeat words that have meaning, pointing out the objects. Teachers should encourage other children to help the non-English speaking child by teaching the other children how to 'teach'.

Parents should be encouraged to use some English at home-perhaps at supper or on the drive to school and explain the lesson plans to the child in their native language so that the child will have a sense of what to expect and can match the English word/concept to their native word. Share words with parents that you have been using at school and ask them to explain the concepts to their child if the child seems unsure. When new concepts are introduced, the parents should be asked to name the concept in the native language so that the child can match the concept to the native word.

Encourage parents to maintain the child's native language, to read books to their children in both languages, to sing songs, listen to music and speak in both languages. Some children-especially 4-7 year olds will often balk at being bi-lingual and opt for only English. Teachers can help children maintain their bilingual abilities by encouraging the child to share what they know with others, share books and artifacts from home and by asking parents to share native recipes for our snacks.

Some children who are raised in bilingual or trilingual homes show language delays until they are about 4 or 5. These delays are not unusual and are to be expected. Children are organizing the languages in their brains and sorting through different syntax structures. It is not unusual for young bilingual children to mix languages. When this occurs, the teacher should gently supply the "missing" English word by repeating what the child said with the English word. The child may or may not be aware of what was said. If the delays last past the 5th birthday and the child is having trouble being understood, the teacher should advise the parents to take the child for screening.