

Welcome to the Texas State University Child Development Center!

A Partnership in caring

We look forward to getting to know you and your children, and we are delighted that you have chosen to become part of our caring community. Our goal is to join as partners with you for an experience that will enhance your child's development, support your family, and create an atmosphere of trust, caring and understanding.

Communication is very important

This handbook will give you information to work with our staff to provide the best program possible for your family. It has been written to describe our program, goals, policies and the myriad of practical details that go into making each day at the Child Development Center, or CDC, as enjoyable and successful as possible. It will serve as a reference guide to answer many of your questions. The teaching staff will communicate with you frequently. We will send notes via Himama, monthly newsletters, and our bulletin boards and emails will give you additional information. We want to understand your expectations for your child. When you have questions, concerns or suggestions, don't hesitate to let us know! Talk to a teacher, visit the office, or call us anytime.

Your children are important to us. As they
explore and grow,

in a safe and nurturing environment, we hope you will be provided with the peace of mind you need to pursue your education and career goals. We strive to be a model of quality care and are committed to providing the best resources available for children.

We see ourselves as a community of learners
including children, families, and teachers, and we look forward to a close and lasting relationship with you and your family.

Table of Contents

ABOUT THE CHILD DEVELOPMENT CENTER

Mission and Goals.....	1
Purpose.....	2
Philosophy.....	3
Staff.....	4

ADMISSION & ELIGIBILITY

Admission and Nondiscrimination Policy.....	5
Enrollment, Classroom Placement and Transitions.....	5
Withdrawal and Termination Policy.....	6

BUSINESS OPERATIONS

Tuition, Fees and Payment Options	7
Income Tax Information.....	7
Hours of Operation.....	7
Holidays and In-Service Days.....	8
Emergency and Unanticipated Closings.....	8

GETTING STARTED

Your Intake Appointment.....	9
Arrivals and Departures	9
Key Card Access.....	9
Parent Parking.....	10
Arrival and Departure Safety.....	10
Daily Sign-In and Sign-Out.....	11
Child Release Policy.....	11
Late Pickup.....	12
Attendance.....	12

WHAT TO BRING AND WHAT TO WEAR

Infant, Toddler, and Preschool Programs.....	13
What NOT to bring.....	13
Clothing.....	14

HEALTH AND SAFETY

Health requirements for admission.....	15
Keeping everyone healthy.....	15
Head Lice Policy.....	17
Medications.....	17
Cleaning and Disinfection	18

Sunscreen.....	18
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Injuries.....	18
Emergency Plan.....	19
Emergency Drills.....	19

DAILY ROUTINES

Arrivals and Separation Anxiety.....	20
Daily Schedules.....	21
Meals and Nutrition.....	21
Infant Feeding.....	22
Rest time.....	22
Departures.....	23
Positive Guidance Policy.....	23
Chronic Disruptive Behavior.....	25
Special Needs.....	27
Biting.....	28

CLASSROOM ACTIVITIES

Creative Curriculum.....	29
Curriculum and Diversity.....	29
Infants and Young Toddlers	30
Toddlers and Twos.....	30
Toilet Learning	31
Preschool Program	32
Learning Centers and Group Activities.....	32
Assessment.....	32
Outdoor Play	33
Enriching/Extracurricular Experiences	34
Field Trips.....	34
Videos/Technology Use.....	34
Birthday Parties	35
Animals	36

FAMILY INTERACTIONS

Communicate, communicate, communicate.....	37
Daily Notes Via Technology.....	37
Parents As Partners	38
Recycling/Donations.....	38
Family Meetings and Social Gatherings.....	39
Work Days and Parent Tasks.....	39
Parent/Teacher Conferences	39
Parent Representative and Parent Association.....	39

Program evaluation.....	40
Governance of the Center	40

Parent Rights 40

 “I have a problem—where do I go?” 40

LICENSING AND REGULATION

Why Accreditation Matters41

Licensing Information..... 41

Child Abuse Reporting 41

APPENDICES

Appendix A: Parent’s Guide to Immunization Requirements..... 43

Appendix B: Food Allergies Policy..... 44

Appendix C: Guidance Methods 47

Appendix D: Biting..... 48

Appendix E: Understanding and Responding to Children Who Bite..... 49

Appendix F: Volunteer Guidelines 52

Appendix G: Staff Hired By Parents 55



ABOUT THE CHILD DEVELOPMENT CENTER

Mission

The mission of the Texas State University Child Development Center (CDC) is to provide a model early education and care program for university students, staff, faculty and the community.

Goals

- Provide children a developmentally appropriate, nurturing, stimulating, and safe early childhood environment.
- Encourage parent/teacher partnerships and involvement through two-way communication and mutual support.
- Welcome and appreciate diversity in backgrounds, lifestyle, individual differences, and needs.
- Provide meaningful employment and training opportunities for Texas State students.
- Sustain a supportive workplace that respects individual teaching styles, fosters creativity, involves staff in decision making and encourages teacher loyalty and professional growth.
- Serve as a model program for the child care community and state.
- Serve as a training, research, instructional and educational site for various university academic disciplines that incorporate child development, care, education, health and safety.

The CDC is dedicated to the highest quality, individualized, developmentally appropriate care possible for each child. Our purpose is to support the University's mission of research, teaching and community service by promoting access to higher education to a diverse population. We are licensed by the Texas Department of Protective and Regulatory Services and we are a 4-Star Texas Rising Star Provider. We must abide by university policies and procedures, Texas Department of Family and Protective Services (TDPRS) child care licensing requirements, and the USDA Child Care and Adult Care Food Program (CACFP). Our program was also planned in accordance with accreditation standards of the National Association for the Education of Young Children (NAEYC). We are currently accredited by SACS (Southern Association of Colleges and Schools) through AdvancEd. More about our accreditation and AdvancED can be found on page 39.

We are open to children of students, staff, and faculty of Texas State University and the local community. Our year round program follows the university staff calendar year with the exception of staff in-service days. The CDC is mostly self-supporting, with all tuition and fees collected from parents to be reinvested in providing a quality program for children and families.

Purpose

- Operate as an accredited program to serve young children, their families, and university students preparing to work in the field of child development.
- Function as a lab school setting for the Family and Consumer Sciences (FCS) Department providing university students with practical knowledge of child growth and development and provide a research facility for Texas State University faculty and students.
- Provide an environment in which children can develop intellectually, physically, socially and emotionally within a developmentally appropriate curriculum under the guidance of qualified teachers and staff.
- Form a partnership with families to assist children in meeting their maximum potential by advocating parent education, a greater understanding of child growth and development and acting as a resource for information and support.
- Heighten community awareness, acting as an advocate for higher standards for programs involving children and families, provide a training site for area childcare providers and increase professionalism in the early care and education field.

Our function as a Lab School

Many colleges and universities with education and human service programs provide settings where students learn about and practice teaching, curriculum development, and program management, or gain experience observing children so that they are better prepared for their future professions in related fields such as early childhood teaching, counseling, physical therapy, etc.

The CDC is a “lab” setting where Texas State students can observe or gain the kind of “guided apprenticeship” under the supervision of teachers that is necessary in learning to take active roles in their future professions. These students are never left alone with the children or counted as staff. Please see **Appendix F: Volunteer Guidelines** for more detailed information regarding visitors.

Research

The CDC is also a setting where faculty and students from Texas State can conduct research studies about children’s learning and development, about teacher education practices, and about early childhood program policies and practices. All research studies proposed at the CDC are evaluated by Texas State faculty and CDC administration to ensure that the studies employ appropriate methods, and that the CDC program is not overly disrupted by implementation of the research. Once a proposed study is evaluated to be appropriate for the CDC, researchers must complete an application to the Institutional Review Board (IRB) to further ensure the procedures protect the rights of Human Subjects in research. These visitations are screened, monitored, and supervised to insure that they in no way interfere with classroom activities or offer uncomfortable or unsafe situations to the children. ***No child will be involved in a research project without parental consent.***

Our Philosophy

We believe in providing a loving, supportive environment where well-trained, sensitive staff appreciates the uniqueness of each child. Staff should encourage children to feel empowerment over her or his life through independence, trial and error and successful challenges. Our program is based on sound early childhood education child development theory and practices which are developmentally appropriate and child centered.

The Difference Between Day Care and Child Development

We value the importance of early childhood education in our programs, as well as the staff who work here. The care at the CDC is provided by teaching staff trained in developmentally appropriate practices for children. This means that the children are engaged in learning throughout the day, including lunch time, rest time, outside play, etc. In order for children to learn and be ready for school and life, staff must provide a safe, nurturing environment in which children experience activities including sharing, exploring, testing limits, making mistakes and trying again.

We are:

- Professionals
- Trained educators and caregivers
- Seekers of knowledge
- Supporters of diversity in all forms
- Providers of resources
- Communicators and Listeners

We are not:

- Day Care
- Uneducated
- Unskilled
- Babysitters
- Drop in care



STAFF

Our high-quality setting for young children is built by gifted teachers selected for their educational background in child development, their abilities and experience, and their commitment to children and families. We choose people who are warm and nurturing, who understand child development, respect children and can apply their knowledge in the Center. Our staff values working as a team with each other, with parents, and with students. We believe that child care is a partnership between families and teachers who value children as individuals and believe that positive relationships are the foundation for future success. (See our website for more information about staff members.)

Our beliefs regarding diversity are also reflected in those chosen to work at the CDC. **We seek males and females from a variety of backgrounds who share our early childhood philosophy.** All staff members have been fingerprinted, have a cleared Department of Public Safety background check and are CPR/First Aid certified. Background checks are submitted according to the Child Care Licensing schedule.

All classrooms are led by Early Childhood Teachers who have either a bachelor or associate degree or a Child Development Associate Credential. Ongoing professional development for our entire staff is a valued component of the program, keeping us current in the field of early education. Our teachers supervise and guide the lab students who are assigned to their class.

While we strive to maintain consistent full-time staff in each of the classrooms, on occasion teacher vacancies may require staffing changes to better meet the overall needs of the Center. We will do all that we can to reduce staffing transitions in the classrooms; however, when this is not possible, we will inform parents of upcoming changes and our plans to maintain our quality of care.

Teaching Assistants

Teachers are assisted by our part time teaching assistants (TAs). **All** of our paid teaching staff is required to complete ongoing annual training to learn valuable child development and education skills.

Our TAs are generally university students. We employ these students on the basis of their interview, experience, recommendations and hours of availability. Due to their class schedules, we typically have various students working in the classes as support staff. We ask for your understanding during the start of each semester while our TAs try to adjust their university class schedules and work schedules. While we do our best to maintain stability in the classroom with familiar and consistent support staff, the TA schedules may require a shift in placement. Our priority is placing the most consistent and familiar staff in the classrooms.

ADMISSION & ELIGIBILITY

Admission and Nondiscrimination Policy

- The CDC provides services for children of faculty, staff, and students of Texas State University, and the local community. All eligible interested families are placed on a wait list once the Center receives a completed wait list application and wait list fee payment of \$25.00.
- Wait list submission and payment do not guarantee admission of the child.
- Wait list Priorities
 1. Children of non-probationary CDC staff with primary guardianship.
 2. Siblings of currently enrolled children.
 3. Children of FCS employee with primary guardianship or custody of waitlisted child.
 4. All others are based on the date of application and best fit for the classroom.
- The CDC is open to all Texas State University and community families without regard to race, color, national origin, gender, religion, age, physical or mental ability, political beliefs, sexual orientation, marital, or family status. The Center is committed to making all reasonable accommodations to meet every child's needs. Please call 512-245-2621 if you require alternative means for communication of program information.
- The Center does not admit nor retain any child whose needs cannot be met or whose behavior would endanger other children or staff.

Enrollment

Enrollment is based on classroom availability and best fit for the classroom. We are open to children **age 3 months (as of August)** through 5 years. Children who turn five years old before September 1st must withdraw by mid-August. (The Center does not offer a kindergarten program and with our limited space we cannot allow children who turn 5 on or before September 1st to remain enrolled.)

Class Placement and Transitions

- Children are placed in classes according to their age and development and are generally expected to remain with their class until the late August shift following the departure of the kindergarten bound children.
- Prior to the departure of the kindergarten bound children, parents are notified of their child's next classroom placement. Children are placed based on their development and teacher recommendation. Parents are given ample notice and children are given transition time before they are moved to a different classroom.
- Once a child is enrolled in the Center, he/she is guaranteed a space the following semester, provided the following procedures are followed:
 - Parent(s) must complete and submit the Center's Letter of Intent form indicating the family's childcare needs by the posted deadline. (Verbal communication with a teacher or other staff is not sufficient.)
 - If a parent fails to follow the above procedures, it will be assumed that the child is not continuing enrollment, and the space will be filled for the next semester.

Withdrawal

- Parents may withdraw a child from the Center with at least 30 days notice. A withdrawal form must be completed as documentation of the parent's intent to withdraw. Total charges for 30 days must be paid regardless of full attendance, with the exception of those families who have indicated withdrawal through their Letter of Intent and Withdrawal form. Verbal notification with a teacher or other staff is not sufficient.
- Tuition and fees will not be prorated based on early withdrawal.
- Parents must return all Parent Parking Placards and CDC access cards on their child's last day of enrollment.

Termination Policy

The Center's policies and procedures are designed to comply with accepted administrative procedures for implementation of a developmentally sound children's program. Policies are also planned to meet the guidelines of the Department of Agriculture, the Texas Department of Protective and Regulatory Services, the National Association for the Education of Young Children, and Texas State University. Any parental action that would jeopardize the Center's standing with any of these bodies (revoking a license, revoking a contract, disciplinary action, etc.) can result in termination of a family's enrollment.

The CDC reserves the right to cancel the enrollment of a child for the following reasons:

- Behavioral problems of children, parents or guardians, which the Director determines to be a continuing physical or emotional hazard to other children and/or staff.
- Non-payment or excessive late payments of tuition and/or fees.
- Parent or guardian not observing or repeatedly violating the rules, policies and procedures of the Center as outlined in the Family Handbook and/or parent agreement. (This includes refusal to abide by the Center illness policy.)
- Child has special needs, which we cannot adequately meet with our current staffing patterns or operation.
- Physical and/or verbal abuse of staff or children by parent/guardian or child.

BUSINESS OPERATIONS

(Note: All policies are subject to change.)

Tuition and Fees

- **Monthly tuition is based on the CDC annual budget and is divided evenly over a twelve month period. The CDC does not prorate tuition due to holiday breaks, required professional development day closings, absences, or unexpected closings.**
- All payments must be made by check, money order, or electronic withdrawal. **Cash is not accepted.**
- **Tuition payments** may be made either in full on the first of each month or half on the first and remaining half by the 15th.
- **Returned Checks**-If for any reason a check is returned for non-sufficient funds, the CDC will charge a \$50.00 NSF fee. The fee and the tuition must be paid by money order or cashier's check. If the family presents 2 NSF checks, all future payments must be made by money order or cashier's check.
- **Services will be terminated for accounts which are 30-45 days past due.**
- **Late Payment Fees**-A late payment fee of \$5.00 is assessed for each day payments are received late. Repeated late payments may jeopardize child enrollment.
- **Late Pickup Fees**- Late pick up of children will result a late pick up fee of \$5.00 per 5 minutes after 5:30 p.m. (or portion thereof).
- **Tuition is based on the class the child is in, regardless of the age of the child.**
- In the event of non-payment, parents/guardians will be responsible for paying any amounts actually incurred by Texas State University such as, but not limited to, court costs, attorney's fees and reasonable costs for collection. **All** delinquent accounts will be referred to Business Services. Texas State University class registration will be blocked due to non-payment at the CDC.
- Parents experiencing difficulty making tuition payments should speak with the Assistant Director.

Income Tax Information

Annual account statements will be given to currently enrolled families in January. Statements will be mailed to families no longer in attendance. The statement will include all charges, credits, discounts, and payments for the previous calendar year. The tax ID number is printed on all CDC generated receipts.

Hours of Operation

- The Center opens at 7:30 a.m. and closes promptly at 5:30 p.m. Monday through Friday.
- If children have not been picked up by 5:30 p.m., the parent will be assessed a **late pickup fee of \$5.00 for every five minutes** (or portion thereof) after 5:30 p.m.

Holidays and Staff In-Service Days

- The CDC will observe all Texas State University staff holidays.
- Families will be notified of all staff in-service days before the beginning of each fall semester.

Emergency/Unanticipated Closings

- In case of an emergency situation, e.g. power outage, weather, flooding, chemical spill, inoperable phone lines, etc. the CDC will close and parents must immediately pick up their children from the center.
- If Texas State University closes early because of inclement weather, the CDC will remain open one hour past the official closing to allow parents to pick up their child.
- If Texas State University closes for the entire workday (8:00 a.m.-5:00 p.m.) due to inclement weather or other safety-related reasons, the CDC will also be closed.
- If Texas State University opens later than the normal hour of 8:00 a.m., the CDC will open when the university opens.

- If Texas State University closes early unexpectedly for a holiday the Center will remain open 30 minutes later, to allow for pick up.
Note: If you are unable to pick up your child within the allotted time, you must contact the CDC immediately to make alternate arrangements for pick-up.
- If there is a Tornado *Warning* in effect (meaning funnel clouds in the area), we strongly suggest that you *not* come to pick up your child until the warning is lifted. It is not safe to drive under these conditions. (See Emergency Plan on page 18.)
- Should the Center temporarily close, families will be responsible for full tuition payments during any closure(s) lasting up to two weeks. Should there be a closure lasting longer than 2 weeks, families will be responsible for 75% tuition after the two week period for up to an additional 6 weeks. After the 8 week closure, families wishing to “hold” their spot in the Center must continue to pay 25% tuition through the duration of the closure. Once the Center reopens, tuition responsibility will go back to 100%.

GETTING STARTED

Registration

When a space becomes available, the CDC will send an offer of enrollment to families via email. Once you have accepted the spot, an enrollment deposit of \$50.00 and a registration fee of \$35.00 will need to be paid prior to receiving the registration documents. All registration documents will need to be completed before the required 2-hour transition time. During the scheduled transition time, you and your child will meet the teacher(s) and visit the classroom.

Our teachers and administrators gather information during the enrollment process by asking parents questions about special needs of the child and prior childcare experiences. All the data is kept strictly confidential in the child's file and kept locked in an administrator's office. We will only release your information under your authorization or when requested by Child Care Licensing.

Arrival and Departure Procedures

Parents are required to terminate cell phone calls when escorting children to and from class or when driving through our parking lot.

Key Card Access

The facility has a card swipe system at the main entrance to assist us in limiting those who can enter the building. In order to enter the facility, parents/guardians must have a Texas State University identification card. If a parent is not affiliated with the university, then he/she must obtain a CDC access card. The Access Card form will be included in the registration packet. The card will provide access to the Center Monday through Friday 7:30 a.m. to 5:30 p.m. except during university holidays, staff in-service days and emergency closings. **Parents and guardians are not permitted to hold the door open for unfamiliar visitors. If you have a question regarding access, please contact the front desk.**

Once the child is no longer enrolled at the Center, the parent/guardian's cards will be deactivated in the Center's system. As part of our security procedures, visitors will always be escorted while in the facility and will never be left unsupervised while inside the facility. Visitors may include but are not limited to volunteers, tour participants, lab students, facility workers, and unfamiliar individuals who are picking up children.

All individuals other than parents and/or authorized release persons who enter the CDC (beyond the main door) must wear an identifying nametag. This policy includes all students, both academic and work-study, faculty and prospective clients. CDC staff will not allow a person without identification to enter a classroom.

No person can come to observe and/or visit a CDC child (other than for academic purposes) without the permission of the custodial parent(s). The responsibility for granting this permission lies with the parent, i.e., the parent must notify CDC staff in writing that (individual X) has permission to visit Susie on Friday afternoon. The individual must follow the same policies that the parents follow and those persons in the classroom follow (appropriate language, behavior, etc.) A child having a visitor remains in the classroom under the supervision of a teacher. Visits must be brief in nature in order not to disrupt the group's schedule.

Parent Parking

The CDC has temporary parking for drop off and pick up at curbside in front of the building. Parents will be given a CDC Parking Placard during enrollment. The placard is to be placed on the dashboard and allows for 20 minute parking. Without the placard, parking services may issue a citation, even if you have a Texas State parking permit.

Parents and guardians without a university hangtag can also use the CDC Parking Placard to park in the red lot next to the ROTC building. The placard is only for 20 minute parking for drop off and pickups.

Arrival and Departure Safety

The arrival and departure routine will be discussed later in the handbook. (See Daily Routines on p. 19.) However, we believe that the safety of your child can never be stressed enough. Many children are eager to come to the Center and greet their teacher and friends. The sidewalk near the parking can have skateboarders and bike riders who may not see your little one near your vehicle. If you have more than one child under your care, have your oldest stand near the wall and wait to walk to the front door near your side. Children who are not **walking** near their parent or guardian while entering and leaving the CDC pose a significant risk to their safety and to the safety of other children and families. Children cannot be allowed to run to or from the building or classroom ahead of the parent or guardian.

There are safety issues involved with departing the CDC as well. The same rules apply to walking your children from the room. It is important that you always notify the classroom staff when you are taking your child from their care. If you are picking your child up from the playground, you **must** let the teacher know that the child is leaving. Don't forget to sign out and walk your child to your vehicle. It is your responsibility to have your child near you while leaving the facility to minimize the risk of injury to your child and others.

Children may not be left in a vehicle at any time. It is **not permissible or lawful** to leave a child unattended in a vehicle even if the air conditioner or heater is left on. Accidents do happen. According to the Texas Penal Code, Title 5 (Offenses Against the Person) Chapter 22, Section 10 (Assaultive Offenses):

- (a) A person commits an offense if he intentionally or knowingly leaves a child in a motor vehicle for longer than 5 minutes, knowing that the child is:
 - a. Younger than 7 years old; and
 - b. Not attended by an individual in the vehicle who is 14 years or older.
- (b) An offense under this section is a Class C misdemeanor.

If we witness unattended children in a motor vehicle, which violates the acceptable conditions described, we are required by law to report the incident to Child Protective Services (CPS).

Child Safety Seats—Texas law requires children under the age of eight or less than 4 feet 9 inches tall to be restrained in an approved safety seat when riding in a motor vehicle.

Daily Sign In and Sign Out

Parents must walk their child to his/her class upon arrival. **DO NOT allow your child to walk into or out of the Center or a classroom without an adult.** *For the safety of your child, make sure the child goes from your care directly to the teacher or teaching assistant's care.* Children are NEVER to be left in a classroom unattended. If the class is on the playground, you must still sign in, escort the child to the playground and let the staff member know that you are releasing your child to their care.

Once you have entered the classroom, make sure the child and staff member are both aware of who is responsible for your child. **Sign in and sign out records must be signed with the full signature of a parent, guardian or parent-delegated person for each arrival and departure from the Center. This is a serious requirement, only because it is a state licensing rule, but also for the protection of your child.**

If you plan to take your child out of the CDC and return during the day (e.g. for a doctor's appointment, to take your child to lunch, etc.), please notify the classroom staff at the beginning of the day and follow the departure and arrival procedures.

Child Release Policy

You must inform the teacher/teaching assistant of the class when picking up your child. Children will be released from the CDC **only** to authorized persons whose names appear on the registration form or on a written note from the parent. (A note must be given to the Center staff in advance. We will not accept a note given to the pickup person.) A telephone call will suffice only in case of an emergency. Authorized pickup people must be at least 16 years of age, live locally, and have transportation. **Anyone who is picking up a child and is unfamiliar to a staff member must show identification before the child can be released. Anyone who does not provide ID will not be allowed to take the child.**

If any individual (including parents/guardians) attempts to pick up a child and appears to be under the influence of alcohol, drugs or impaired (as determined by the appropriate staff person), we will contact another person on the list to pick up the child. If this individual insists the child be released to his or her custody, the Center staff will contact the appropriate law enforcement officials to determine if the child may travel with the pickup person.

Please honor the hours of operation for the CDC. We are licensed for care Monday-Friday 7:30 a.m.-5:30 p.m. Caring for children outside of those hours jeopardizes our license and our insurance coverage. When children are picked up close to 5:30 p.m., an expedient departure respects the time of the closing staff. **All parents and children must exit the CDC by 5:30 p.m.** Late pickup of children will result in the assessment of a late pickup fee of \$5.00 per 5 minutes after their pick up time (5:30 p.m.). If you know that you are going to be late for pickup, please call the CDC. If you are late and have not contacted the CDC, the charge person will call all child contacts. If after 30 minutes the child is still at the CDC and we have not been contacted, CPS will be notified. University Police will also be called and the child will be transferred from the CDC to the jurisdiction of the University Police Department (UPD).

Attendance

Parents are asked to notify the CDC of late arrivals and of absences due to illness or vacation. When possible, please notify the CDC in advance. This helps the administration schedule staff appropriately and helps teachers to plan activities. We *are* concerned when a child does not arrive, until we are informed of their status. When a child has been absent for 3 days and we haven't been contacted by the family, we will contact the family to check on the child.

WHAT TO BRING & WHAT TO WEAR

Infant and Toddler Program (Dandelions, Daffodils, Daisies, Buttercups, Poppies)

LABEL EACH ITEM WITH NAME

- diapers
- diaper cream
- baby wipes
- sunscreen
- jacket or sweater for outdoor play (appropriate to the weather)
- crib sheet (Dandelions only) & small blanket that will fit inside of cubby
- water bottle (toddlers)
- a picture of your child
- a picture of your child's family (however you define it)
- at least two full changes of weather appropriate clothing

***NOTE:** Food and beverages from home **must** be labeled with the child's **first name and last initial** and **date** every day.

Preschool Program (Tiger Lilies, Zinnias, Bluebonnets, Marigolds)

LABEL EACH ITEM WITH NAME

- baby wipes (as needed)
- at least two full changes of clothes
- jacket or sweater for outdoor play (appropriate to the weather)
- Water bottle
- small blanket that can fit within cubby
- a picture of your child's family (however you define it)
- a picture of your child
- Sunscreen
- Weather appropriate shoes

What NOT to bring

- **Outside food, peanut butter products, candy, gum, or money**
- **Toys from home**

The CDC provides a rich assortment of toys and learning materials. Children may bring a small security object for naptime, such as a favorite stuffed animal. **No other toys should be brought to school, where they can be lost, broken, carried home by another child, or become a source of conflict in play.**

Children in older age groups have designated "sharing days or show-n-tell" to bring items from home to share with their class. You may encourage your child to pick **one** item to share before class. Please put the item in a bag with the child's name on the outside for easy identification. After sharing during circle time, the items will be kept in the cubbies. Please speak to your child's teacher for more information about the class procedures. "Sharing" items may not be any object which encourages violence in any form. Items not allowed: guns, knives, swords, action figures or any item that encourage aggression. Please remember that sharing day is an optional activity. Books and items related to the current units of study **are welcome at any time**. The same rules apply to these items. Nothing that encourages aggression or violence will be allowed inside the Center.

Clothing

Manageable clothing for children is required. Children must arrive dressed for program activities. Clothing that is appropriate for the weather and type of play in which children engage is preferred. Our environment includes sand, water, markers, playdough, and paint. You can count on one thing. Your child's clothes will show evidence of your child's learning and experimentation! Comfortable play clothes that you don't care about getting dirty or stained by paint and can be easily laundered are the best choices.

Periodically we will have children who are afraid of "getting dirty" and refuse to engage in valuable learning experiences. Families may bring a large shirt specifically identified for messy activities.

Consider ease of diapering for younger children and clothing that allows independent toileting in older children (e.g. pants that are easy to pull up and down). Please have a couple of extra changes of clothing in your child's cubby so we can change clothing as needed to keep children comfortable and dry. Please label **all** clothing with your child's name.

All children must wear shoes. Sturdy and safe shoes (flat rubber soles are the best) are important for the daily activities of children who spend time climbing, balancing, running and riding trikes. Shoes are also worn inside for safety and are needed during emergency drills. Party shoes, flimsy sandals, or boots with heels that might cause slipping, tripping or pinched fingers for children who are sitting on the floor are prohibited. Flip flops are not permitted. Sandals must have closed toes and a strap on the heels.

Clothing appropriate for the day's weather conditions is essential (sweaters, coats, hats, mittens, etc.). Keep in mind how erratic Texas weather can be in the fall and spring.

During cooler weather, it is necessary for each child to dress appropriately. **Children will go outdoors daily unless there is precipitation.** Appropriate shoes, socks, mittens or gloves, a heavy coat, and a hat will be necessary for winter play.

Every child must always have an extra change of clothing (labeled) at the CDC.



HEALTH AND SAFETY

Health requirements for admission

Health regulations are determined by the Texas Department of Human Services and the State Department of Health. We ask for your cooperation in meeting the following requirements, for the protection of everyone:

- Updated immunization records must be submitted when new immunizations are given. Please see the ***“Parent’s Guide to Immunization Requirements” Appendix A.***
- **The CDC will refuse entry and continued enrollment of unvaccinated children.**
- Hearing and Vision Screening-The Special Senses and Communications Disorders Act, Texas Health and Safety Code, requires that all **four and five year olds** enrolled in a licensed day care center and group daycare home in Texas must be screened or have a professional examination for possible vision and/or hearing problems.

Keeping everyone healthy

The following statement identifies “child care” as “daycare”. We do not consider ourselves a “daycare program”, however the rest of the message is valid and relevant.

“The risk of transmission of the agents that cause infectious diseases is increased when children are gathered into groups for any reason. This risk is particularly significant in day care because of the many close physical interactions between children and adults. The majority of daycare programs attempt to exclude ill children. However, illness among young children is frequent and many parents want to bring mildly ill children to daycare programs. This results in a struggle between staff and parents and a desire for absolute criteria to use to determine when a child’s illness requires exclusion. Daycare personnel criticize parents for demanding care for sick children. In turn, parents criticize daycare programs, believing that their children acquire their illnesses from daycare contacts. The resulting tensions strain parent/staff relationships, negatively affecting the quality of the daycare experience. Unfortunately, absolute criteria for exclusion of ill children does not exist. Daycare programs base their exclusion policies on two issues:

- (1) Risk of transmission of infectious diseases and*
- (2) The demand of sick children for increased adult attention, which may exceed the resources of the daycare program”*

(Quoted from Pediatrics in Review)

We want your children to enjoy themselves here, and this is difficult if they are sick. Children should come to the Center only when healthy. The health policy of the CDC is designed to best meet the needs of our children, parents and staff. No policy will eliminate the problem of illness endemic to group care-especially of young children-no policy will satisfy all the populations the center serves, and no policy can entirely eliminate the element of subjective judgment inherent in individual situations.

Center health policies may differ from your child’s pediatrician’s opinion. **In all situations, the Child Development Center’s policy will override your child’s doctor’s recommendation. Group care conditions differ from individual care situations.**

Please use our guidelines to identify when your child should not come. This is in your child's best interest and also protects other children, teachers, and adults from exposure to illness. Repeated violations of our illness policy by a parent will be cause for termination of enrollment (see Termination Policy on p. 6).

We are required to make an informal health check as each child arrives at the Center. The daily check will examine whether or not the child has a fever or elevated body temperature of 100 degrees, skin rashes or unusual spots, or determine that a child appears contagious or doesn't seem well enough to be here. **Children should be well enough to engage in all activities, including outdoor play. If your child is not feeling typical or is too lethargic, uncomfortable, or irritable to be here, you may be asked to give him or her the special attention and care needed at home, regardless of whether any or all of the Illness Exclusion Policy criteria are met.**

We know that it causes parents a great deal of stress when they have to miss classes or work due to children's illness. However, you can anticipate that children may experience more illness during their first year in group care. We encourage you to find a back-up caretaker or network for emergency situations when your child is sick. If your child becomes ill and needs to leave the Center, it is very important that we have current and working phone numbers to reach you as soon as possible. **Children must be picked up within 30 minutes of Center contact.** *Repeated violations of this policy will place your child's enrollment in jeopardy.*

If a child is picked up from the CDC with an active illness, they must be symptom free for a minimum of 36 hours before returning.

Every effort is made by Center staff to prevent the spread of disease, including frequent hand washing (children and teachers); instruction in hygiene to minimize the spread of germs; and disinfection procedures for diaper changing areas. Universal precautions are used. Even with all precautions exercised, children entering care are likely to experience an increase in mild illnesses. The frequency and severity of these illnesses will vary from child to child. Parents can expect a child to have six to twelve colds per year.

The CDC will notify parents immediately of any deemed risks involving their child, such as exposure to contagious disease, including but not limited to: COVID-19, Measles, Chicken Pox, Roseola, Conjunctivitis (pink eye), Impetigo, Pediculosis (head lice), RSV, Bronchiolitis, Strep Throat, Ringworm, Fifth's Disease, and Cocksackie. Exposure to a contagious disease is not reason for exclusion.

If your child has been diagnosed with a contagious illness, you must notify the CDC immediately, so we can notify parents of possible exposure at the CDC. (If your child shows signs of chicken pox on Saturday, they were probably contagious at the Center on Friday.) We also need to know so we can be particularly watchful for symptoms in your child's classmates.

Head Lice Policy

Head lice are tiny insects that live on the scalp. They lay eggs, called nits, which cling to the hair and very close to the scalp. Head lice are spread from person to person by direct contact or on items such as hats, combs, sweaters, pillows, etc. They are easily transmitted in a child care setting.

- If a child has nits or lice, parents are required to inform the center.
- The CDC will post the lice alert on the health form.
- As soon as the case is reported, the CDC will send home all classmates' blankets and clothing to be washed. The Center will also bag all dress-up clothing, stuffed animals, and dolls for a period of two weeks.
- Parents are required to treat the infested child with an appropriate product immediately. All family members should be checked and treated if necessary.
- Parents must check the child's hair and remove all nits before returning to the CDC.
- During the daily health check, the child will be checked for nits and lice. The CDC has a zero tolerance policy. If one nit or louse is found, the child will be sent home and may not return until retreated.
- The procedure will be followed until there are no nits or lice found in any child's head for a period of one week.

Medications

When your child needs to take medicine at the Center, the following procedures are required:

- Bring all medicine to the teacher. ***Never*** leave it with your child's belongings. This includes not only prescription and over-the-counter medications, but also medicated creams, ointments, and cough drops.
- Fill out and sign the CDC **MEDICATION FORM**, giving Center staff permission and instructions for administering medicine. Administrative staff will store medicine according to safety guidelines, refrigerating it if required.
- **Non-prescription medication (over-the-counter medications) may be administered only with a doctor's prescription or signed physician's statement.** This includes Tylenol, cough medicine, vitamins, herbs, or topical medication. We will need written directions from the doctor on office stationery or prescription pad indicating your child's name, the name of the medication, the amount and the times to be given. Please write your child's name on the label and complete a **Medication Form** at the Center. This policy has been adopted on the specific advice of the American Academy of Pediatrics and is intended to protect your child. We will not administer aspirin in any form.
- Prescription medication must be in the original child-proof container; showing the child's name, date, directions, an expiration date, and physician's name. (You can ask the pharmacy to dispense the medicine divided into two identical containers, so one can be left at the Center.)
- We will not administer the first dose of any medication.
- Parents can administer medication at the Center as needed.
- If your child requires 2 doses of a medication each day, medication must be administered before and after center attendance.

Cleaning and Disinfection

Keeping the child care environment clean and orderly is very important for health, safety and the emotional well-being of both children and staff. One of the most important steps in reducing the number of germs, and therefore the spread of disease, is the thorough cleaning of surfaces that could possibly pose a risk to children or staff. We routinely clean (scrub with soap and water) to remove germs from the surfaces in the Center, just as our hand washing methods reduce the number of germs from staff and children's hands. However, some items require disinfection to kill germs after cleaning with soap and water. Disinfection usually requires soaking or drenching the item several minutes to give the chemical time to kill the remaining germs. We use a solution of bleach and water to disinfect items at the Center. The solution is discarded at the end of each day.

All toys in the infant and toddler rooms are washed and disinfected between uses by individual children. In addition, all plastic toys are dipped in a bleach water solution at the end of each day and left to air dry. Toys that have been "mouthed" are removed from the play area once the child is finished with it and placed either in a "toy bath" (container of bleach water solution) or a container for dirty toys to be washed and disinfected later. Stuffed toys are laundered every week or more frequently if needed.

Toys and equipment used by older children and not put in mouths are cleaned daily and when obviously soiled. We use a soap and water wash followed by clear water rinsing, bleach water soak and then air-dry the toys.

Sunscreen

Children spend a great deal of time outdoors, and it is important to provide protection for their skin even on overcast days. Parents are asked to apply sunscreen on children at home or upon arrival at the Center. Parents are also asked to provide sunscreen for their child's use at the Center. We will apply your child's sunscreen later in the day.

Injuries

When children are injured, the wound is treated and an **Incident Report** documenting the occurrence and treatment is completed on Himama. Due to issues of confidentiality, the Center staff will not identify other children involved in an accident or incident with your child.

CDC staff members are trained in pediatric first aid and CPR. In the event of a more serious accident, we will notify you immediately and call 911. When a parent cannot be reached, alternate names in the child's files are contacted.

It is very important that parents keep their children's records up to date on parent contact information, alternate contact persons, and physician information. As indicated before in the Arrival/Departure section, notify staff when you drop off your child if your contact information is different that day.

In the event a child needs to go to The Central Texas Medical Center (CTMC) or Dell Children's Hospital, the child will be transported by ambulance (unless you have been reached and wish to provide transportation). Any expenses incurred for the above will be the responsibility of the parent, not the CDC.

State agencies cannot purchase insurance coverage unless liability is established by common law or the Texas Tort Claims Act, according to the Attorney General of Texas. In accordance with this ruling, the CDC cannot purchase any insurance coverage for children attending the Center. Parents need to provide health insurance for their child.

Emergency Plan

We have an emergency plan in the event of fire, weather emergency, intruder, or some other building challenge which is coordinated with the University's emergency response plan. If there is a major disaster, children will be cared for on-site if it is safe. In the event of a large-scale **building disaster** or one that persists for some time (for example, a major fire or flood), we would evacuate to the **Student Recreation Center**, which is next door to the CDC. Monitor local media and the University News Service for additional information.

Parents are asked to pick up their children as soon as possible (weather or disaster permitting). Contact the Center to determine pickup site. Sign-out procedures will be followed. If you send another adult to pick up your child, he or she must be on your child's emergency contact list. Make sure to keep your child's emergency list updated at all times. It is recommended that you register for the University Alert System. See the Emergency Plans in the Appendix.

Emergency Drills

- The Center has policies and procedures for fire, intruder and severe weather emergencies. Each staff member is aware of these procedures so as to insure the children's safety.
- To further insure children's safety, parents who are present during an active event or drill are asked to follow the staff's lead regarding emergency procedures.
- Fire drills are staged monthly and severe weather and intruder drills are held quarterly.
- Evacuation plans are posted in each room.
- The CDC is equipped with fire extinguishers and smoke detectors, which are wired directly to campus for notification.
- The CDC has weather radios and we are notified of alerts, watches and warnings for our area.

DAILY ROUTINES

Arrivals

Beginning the day in the Center is an important time for both children and parents. **We ask that you terminate cell calls** before dropping off your child so that we can speak with you, gather information about your child's morning and help with the transition.

Classes begin after breakfast around 9:00 a.m. Children should arrive no later than 9:30 a.m.

The CDC teaching staff set aside time before 9:00 a.m. for welcoming children and easing transitions into classroom activities. It is difficult for staff to remove themselves from the scheduled activities in order to greet children and address possible separation issues after at this time. In addition, the CDC functions as a lab setting for the university and it is important that all children arrive in time for morning activities. Our routine schedule creates stability for our children. While our curriculum plans are executed throughout the day, the start of the day sets the tone for the children. Children who arrive before 9:00 a.m. transition into the classroom easier, rest better, and join in playgroups easier. Late drop-off can be disruptive to the child, the class, and often has adverse effects on program quality for all involved. In the event your child needs to arrive later than 9:30 a.m. (unavoidable situations, appointments, etc.), we ask that you **notify the classroom teachers ahead of time by phone or Himama message**.

Drop offs are not permitted between 11:00 a.m. and 2:00 p.m. (unless prior arrangements have been made). This is during the lunch and rest period.

For security and licensing purposes, parents must sign in their child when dropping off and picking up in the classroom. The check-in procedure is as follows:

- Walk with your child to the classroom.
- Make verbal contact with the classroom teaching staff.
- Make sure your child has gone to the restroom or check/change their diaper before releasing the child to the teacher.
- Wait until the daily wellness check is completed.
- Share information with the teacher.
- Sign in the child.

Separation Anxiety

We know that for many of you, separating may be a new experience. It is very common for young children to be anxious when separated from parents. A staff member will greet you and help you with this transition and separation when you are first getting started. Children need to be assured that separation will result in a reunion. Always say goodbye when you leave, so that your child can trust that you will not just disappear. Be assured that if your child cries or is unhappy, one of the staff will stay with your child until he or she is busy and involved. If you would like to check on your child after drop off, stop by the observation booth. Going back into the class shortly after drop off may lead the child to believe that you are there to take them home. We ask that you make your drop off routine smooth, quick and consistent to help the child learn what to expect each day. Feel free to call the classroom to check on your child after a difficult separation.

Daily Schedules

Each classroom teaching team designs a daily schedule appropriate to the age and developmental level of the children. The teaching team follows the same daily routine to provide consistency and predictability. Each classroom's daily schedule and weekly lesson plan is posted on the Parent Board outside of the classroom. The schedule for each group is planned to meet the physical, social, emotional, and cognitive needs of the children. The schedule is arranged into blocks of activity throughout the day. Children are told in advance when it is time to move from one type of activity to another, e.g., from activity time to snack time. This transition helps children develop time concepts and time management skills. A typical schedule is as follows:

7:30-8:30	Arrival and Breakfast
8:30-11:00	Learning Centers and Outdoor Play
11:00-2:00	Lunch and Rest Time
2:00-5:30	Learning Centers, Outdoor Play, Snack, and pick up

Meals and Nutrition

As participants in the Department of Agriculture Child and Adult Care Food Program (CACFP), we provide highly nutritious and appealing breakfasts, lunches and afternoon snacks for children. We must follow specific rules and regulations for meal planning, service, and documentation. We receive a partial subsidy based on the number of meals served and income base of our families. We must offer all of the meal components to receive the subsidy. Each year, our families must complete CACFP re-enrollment documentation.

Breakfast is served between 8:00-8:45 a.m. (Clean up and handwashing is from 8:45-9:00) Breakfast will not be available for children arriving after that time. Lunch service starts at 11:00 a.m. **Children may not arrive between 11-2, as this is meal service and rest time.** Classroom meal counts are taken early in the day to prepare appropriate servings for each class. We may not have enough prepared for late arrivals. Also, arriving during rest time can cause disruption for everyone else in the room.

Family style eating allows the children to serve themselves if possible. The staff will assist in serving and help encourage healthy eating habits. We attempt to provide meals from a variety of ethnic backgrounds reflecting the diversity of our families, including Meatless Mondays. A monthly menu is emailed to our families. As with all of our programs, the Center follows a non-discriminatory policy as it relates to our meal program. If your child has specific food allergies and cannot consume any item in a CDC meal, you must provide a doctor's note and treatment plan to the CDC regarding the allergy. Families must provide a replacement meal anytime they do not want their child to consume the CDC meal and/or beverage based on allergies, food limitations, or preference.

In support of your family values, food styles, or preferences, feel free to send a meal for your child anytime. Please remember that peanut butter and peanut butter products are not allowed in the Center due to the serious health risk to children who are allergic to peanuts. For more information on our ***Food Allergies Policy***, please see ***Appendix B***.

INFANT FEEDING

Infant feeding requires special instructions. A written care plan, signed by the parent, must be posted for infants under 12 months of age. **Parents must provide all bottles, formula and cereal for children under the age of 1 year or until the child's feeding schedule matches the CDC meal periods.**

Bottles must meet these guidelines:

- Bottles must be plastic; glass bottles can break.
- Bottles must have plastic nipple covers per the TDPRS licensing requirement.
- Bottles will not be refilled at the Center. All milk and water for the day must be brought in the morning.
- All bottles, nipple covers, and food must be labeled with a permanent marker.
- Enough formula, milk and food must be brought for the day.
- Medications and vitamins cannot be mixed in a bottle.

Rest Time

All children in attendance for more than five hours will have a supervised rest period after lunch. We make every effort possible to provide an environment which is quiet enough for those who need to nap and yet not too restrictive for those who do not. We will provide a mat for each child. If you wish, you may bring a **small** blanket (must be able to fit in child's cubbie) to help your child rest. Please do not bring toys which encourage children to play during rest time. Teachers will monitor all items brought from home to make sure they are appropriate for rest time. Teachers assist children in resting by reading stories, providing soothing music, and patting children's backs. Children are not required to sleep but are expected to rest quietly on their mats during this time.

When children are tired, they will fall asleep on their own and we **will not** wake them or prevent them from sleeping based on the request of a parent. The approximate rest time for infants and toddlers is 2 hours. The approximate rest time for three to five-year-olds is 1-1½ hours. Children who do not sleep must rest quietly for at least 1 hour. Older children still awake and restless after 1 hour may "read" a book or participate in a quiet activity as long as the sleeping children are not disturbed.



The end of the day is often a very busy time for families. We encourage you to plan to arrive early enough to spend a moment talking with your child's teacher. Therefore, **we again ask that you terminate cell calls before pickups.** Your child may want to show you some of the day's activities while you are there so we ask that they are given your full attention.

- **Parents and/or guardians MUST walk their child(ren) (including older siblings of children who attend the Center) to and from the classroom.** Children may not be left alone at any time. If your child is not capable of following your verbal instructions, then you must hold their hand when escorting them to and from the staff member of the classroom. Children may not be left unsupervised in the hallway, while you sign in or sign out. You are responsible for your child until you release him/her to the teacher or when the teacher releases the child to you. Parents who are present during an active emergency event or drill are asked to follow the staff's lead regarding emergency procedures. Please model appropriate behavior.

Positive Guidance Policy

Each of us has strong beliefs about what is important for children, and at times these beliefs may differ. We want to create an atmosphere of mutual respect and partnership between families and the CDC staff as we share our information and insights about your children and determine which guidance methods work best for each child. Learning to get along with others is a process of growth that takes support and guidance.

We are committed to ensuring that guidance for children in our care supports the Center and family goals for your children. Our goal is to create a safe environment where children can learn:

- To foster self-concept and self-esteem
- To develop social skills
- To respect and value diversity
- To develop skills and independence in caring for themselves and their environment
- To facilitate the development of self-control

Young children crave consistency and structure. They thrive in an atmosphere where they are given plenty of choices and a few simple rules to follow. It is my belief that children need space and opportunity for play in order to interact with their friends.

Our goal in guiding children is for them to move towards controlling their own behavior. We avoid using techniques that will damage the child's good feelings about themselves or others.

We begin by arranging the environment to prevent discipline problems. This includes planning interesting activities, not asking children to be still for too long, and meeting their needs for food, rest, and active play.

When children do misbehave, we positively guide them in finding a better way to solve the problem. Because a very young child does not have the cognitive maturity and are very ego-centric, it can be

very difficult for them if they do not get their way. Conflicts will arise. When they do we will guide children in a constructive manner. Because discipline is viewed as an opportunity to teach children better ways of handling their frustration and anger. Very young children will be redirected into other activities. When misbehavior includes destroying or abusing materials, the children will be given the chance to use the materials again in an appropriate manner, but if continued the materials may be put away until another day when the child will be given another opportunity to use it appropriately. When children disrupt group activities, they can choose to participate without interrupting or choose another activity which would not interrupt the group time. Small and large group activities are always optional in all classrooms.

If your child has had a difficult time, the staff will give you a verbal or written note which summarizes your child's day. We will then work together with the family to assure consistency at home and at school in working with the child, and all will be discussed in a confidential manner that is respectful to your family.

Our Methods of Positive Guidance Include:

- Encouraging children to solve problems through the use of words
- Learning to acknowledge feelings and associate feelings with actions
- Redirect children to focus on a different activity in a positive manner
- Tell children what they can do, rather than what they can't do
- Continual focus on building self-help skills in order to strengthen self-esteem and positive self-image
- Positive reinforcement and acknowledging appropriate behavior that should be continued in the future
- Assisting children in planning actions and language for similar situations in the future
- Modeling kind, patient, and gentle actions, words and behavior

Discipline is helping children learn self-control, setting limits and correcting behavior. Discipline is also encouraging children, guiding them, helping them feel good about themselves, and teaching them how to think for themselves. The classroom environment is structured to avoid discipline problems. Within established limits, children are able to make choices of learning and play activities. We provide ample play spaces and materials to discourage conflict and create an environment that supports independence and success.

Guidelines for behavior are clearly explained. We continuously model appropriate behavior and language skills to the children. Children are allowed many opportunities for decision-making and self-direction. The program strives to support the development of an internal control system allowing children to grow and function within a social setting.

Children are encouraged to develop language skills to help them communicate their needs and feelings. We model language skills so children will learn to use language for problem solving. If a child is having difficulties in the group setting, the teacher will observe and assess the behavior and plan ways to help the child.

When conflict arises, teachers encourage children to use language to solve their problems. If a child is having difficulty using language or being self-directed in one area of play, he/she is redirected to another activity. In the event the child is unable to gain control, he/she will be asked to leave the

activity and is given personal space away from the others. A child may choose to return to the activity when he/she is able to follow the guidelines for behavior.

Corporal punishment and the use of food, rest or toileting as a form of control is never appropriate and is never used at the Center. We will never tease, humiliate, yell, or speak to the children with disrespect. Maintaining our goal of fostering a strong self-esteem, children will be encouraged and praised by their teachers in positive ways. Parents must follow the CDC's discipline policy while in our building. For more information on our **Guidance Policy**, please see **Appendix C**.

We will make every effort to work with parents of children having difficulties in childcare. We are here to serve and protect all of our children. However, when a child exhibits a problem behavior on a continual basis that is not resolved through appropriate behavior management strategies, the classroom staff will meet with the Director to ask for further guidance.

Chronic Disruptive Behavior

The causes of challenging behavior are extremely complex and intricately interconnected. We focus on elements in the child's environment that we can influence directly and work to increase children's capacity to develop the skills that support them in full participation in the classroom and with adults and peers.

Challenging Behavior refers to any activity that:

- Interferes with children's learning, development and success at play
- Is harmful to the child, other children or adults
- Puts a child at risk for later social problems or school failure

Strategies that have been shown to work effectively are:

- Setting clear and consistent expectations and limits
 - Assisting children in social competence and impulse control
 - Calmly acknowledging children's feelings before beginning to deal with conflicts and solutions
 - Posing choices that give the child control over the situation
 - Modeling the expected behavior—act as we expect children to act
 - Telling children what to DO, instead of what not to do
 - Observing and analyzing behavior (adults' and children's) to better understand it
 - Adjusting environments so that challenging behavior is not needed
 - Teaching appropriate behavior that helps children participate fully
 - Naming the behavior you want to reinforce (“You put the puzzle on the puzzle shelf all by yourself!”)
 - Avoiding comparisons between children
 - Helping children appreciate their own behavior and achievements (“You must feel proud of the way you shared the markers with Sam,” rather than “I like the way you...”)
 - Remaining calm and respectful, not angry or threatening
 - Viewing challenging behavior as an opportunity to teach
 - To encourage sharing, providing sufficient toys, showing our own generosity toward others and acknowledging children when they do share
- 25
- Avoiding situations where children must wait beyond their ability
 - Preparing a safe environment
 - Trusting children to succeed
 - Adequately preparing children for transitions and changes in their lives

- Stating rules simply – “I cannot let you throw the blocks”
- Expressing interest in children’s play or work, commenting on specifics

Steps for Addressing Problem Behaviors:

1. The behaviors of children shall be addressed by the classroom staff as outlined by our Positive Guidance Policy. This could include positive reinforcement for any appropriate behavior, redirection, reminders of classroom rules, modifying the classroom environment, or the teacher may respectfully help the child gain control when necessary. Classroom staff shall observe all children and document these behaviors to help ascertain any patterns or precipitating factors of the problem behavior. At no time shall the staff use shaming, the withholding of food, or physical punishment of any kind.
2. When a child exhibits a problem on a continual basis that is not resolved through the appropriate behavior management strategies, the classroom staff will meet with the center director to document the problem behavior and ask for further guidance.
3. If the behavior problem is still not resolved, the Director will request a meeting with the child’s parent(s), to discuss the problem behavior. The Director, Parent(s), and Teaching staff will collaborate on the development of strategies to resolve the problem behavior. During this process, the teaching staff will keep the Director and Parent(s) informed of the progress in resolving the problem. Observations will be documented, and a copy will be given to the Parent(s) as well as placed in the child’s file. If a child’s behavior results in the injury of another child or staff member, that child’s parent(s) will be notified as soon as possible and written documentation will be given and placed in the child’s file.
4. If the center staff feel that they need further assistance in resolving the behavior problem, the program may, with parental permission, request the assistance of an outside agency. If the center staff feels the behavior may result in a special need, the program may, with parental permission, refer the child for an evaluation. If the parental permission is refused, and the problem behavior continues, the continued enrollment of the child will be reconsidered with the provisions of # 6 listed below.
5. If the results of an outside evaluation suggest the need for accommodations of special needs, the program will provide these or other appropriate accommodations as long as they are not an undue hardship on the program as outlined by the Americans with Disabilities Act (ADA). In some cases, certain adaptations to our program may be impossible (an additional teacher at the cost of the family, for example) and we may recommend a different placement for the child. Please know that wherever possible, we will draw upon all resources to meet the child’s needs.
6. If all of the above steps fail to resolve the behavior problem, the program may ask the parent(s) to obtain care for their child at another center. The program will provide the parent(s) with 2 weeks’ notice, except where such notice is not reasonable because of safety concerns, and will try to assist the parent(s) in obtaining alternative care and resources.
7. Written documentation of all of the steps above will be provided to the parent(s) and placed in the child’s file.

If the behavior problem is still not resolved, the Center staff shall request a meeting with the child's parent(s), to discuss the problem behavior. The Center staff and parent(s) will collaborate on the development of strategies to resolve the problem behavior. During this process, the classroom staff will keep the Center Director and child's parent(s) informed of progress in resolving the behavior problem. Classroom staff will provide information to the parent(s) in written form with copies kept in the child's file.

If a child's behavior results in an injury to another child or staff member, we will notify the parents of the child responsible for the injury as soon as possible and written documentation of the incident will be provided to the parent(s) and placed in the child's file.

Special Needs

One of the joys of working with young children is watching their individuality blossom with their rapid growth. By the same token, experienced professionals observe idiosyncrasies in a child's development based on experience with hundreds of children over the years. If a teacher notices an unusual tendency within your child or senses some troublesome uniqueness, she/he may approach you seeking information. If the issue involves increasing difficulties for your child, the Center may ask you to seek outside professional assessment for further information. We cannot always provide the best for each child if we are unsure what the child needs.

In some cases, your child may be better suited for another environment that specifically addresses the uniqueness your child has shown. These observed differences might include physical growth characteristics, language or speech development, or behavioral issues.

If a child is exhibiting a behavioral, cognitive, physical, or emotional need, the following procedures will be followed:

1. At parent or staff request, a meeting will be scheduled within 5 days of the request to discuss the need. Parent(s), staff, and pertinent consultants will participate in the meeting. A plan will be drafted at the meeting to address the need, and the plan will be implemented at home and/or at school.
 2. During the planning meeting, services will be arranged to meet the needs of the child. Such services can include physical and emotional therapies, family counseling, parenting classes, etc. The CDC has used several agencies and programs including River Kids, Texas State Communications Disorders Lab, and more. Speech, ABA, occupational and physical therapy can be completed at the CDC, as we will provide any needed space. Services requested and/or scheduled will be followed through within the designated time.
 3. Contingency plans may be implemented until proper services can be arranged. Such plans can include but are not limited to a revised school schedule, a request that the child remain at home on a temporary basis, or 1:1 coverage if available. However, due to center demands, 1:1 coverage is not readily available.
- 27
4. If the results of an outside evaluation suggest the need for accommodations for special needs, the program will support these or other appropriate accommodations as long as they are not an undue hardship on the program as outlined in the Americans with Disabilities Act (ADA).

5. Review dates will be arranged at the initial meeting. The plan will be revised as necessary. If all options have been pursued within the context of the CDC and the need cannot to be met, the Center will reserve the final option of requesting that the child withdraw from the program. Such a step would be taken only in order to assure a safe and healthy environment for all children.
6. **If the parental permission is refused and the behavior continues or the special needs cannot be met at the CDC, enrollment of the child will be terminated.**
7. Written documentation of all of the above steps will be provided to the parent(s) and placed in the child's file.

Biting

Children in their first three years of age are in a developmental phase, which is very oral. Biting, while not an acceptable behavior, is typical for toddlers and not unusual for two-year olds. It may occur in groups of children just on the verge of fluent language. Biting is upsetting for children, parents, and staff. We deal with it in an appropriate manner that is consistent with accepted practices in the early childhood field. Please see *Appendix D*, for information on steps our program takes when biting becomes an issue.

Classroom Activities



CREATIVE CURRICULUM

The Creative Curriculum balances both teacher-directed and child-initiated learning, with an emphasis on responding to children's learning styles and building on their strengths and interests. This curriculum applies the latest theory and research on best practices in teaching and learning and the content standards developed by states and professional organizations. While keeping the original environmentally based approach it clearly defines the teacher's vital role in connecting content, teaching, and learning for preschool children. It features goals and objectives linked directly to our valid and reliable assessment instrument.

Curriculum and Diversity

We are committed to creating a developmentally appropriate learning environment for children in which every child can develop a strong self-identity and comfort with diversity. Young children begin to notice differences at a very early age. We embrace an age-appropriate curriculum that makes every effort to reflect the diversity of our community and world in a way that expresses complete respect for ethnicity, gender, age, class, family structure, and physical ability.

During the course of the year, we:

- Present children with material from different cultures and ethnic groups.
- Talk about children who belong to many kinds of families, (e.g., single parent, blended, nuclear, extended, adoptive, gay and lesbian, multi-racial).
- Present images of women and men in roles that challenge the prevailing stereotypes.
- Include curriculum materials that portray older people and physically challenged people in ways that encourage children to relate to them with respect and appreciation

In all of our work with children, we begin with the premise that the role of the teacher is to help children explore their world in an open-minded and exploratory way. The teacher presents alternatives, asks thought-provoking questions, and gently guides children to think critically. We are happy to share our resources with you, and/or to discuss any ideas or comments you want to share.

Infants and Young Toddlers

The infant program is on the first floor and serves children from the age of 12 weeks to 23 months. The program is designed to promote feelings of belonging and the loving care, which help them grow and develop to their full potential. Our infants and toddlers learn from their everyday experiences. Very young children need intimate, stable relationships with their caregivers. We create small classes with no more than eight infants or ten toddlers, while maintaining a high ratio of adults to children.

The infant and toddler program provides a warm, nurturing atmosphere in which caregivers play and talk with children as they care for their needs. Infants and toddlers are cared for in a manner that will assist them in developing trust in their surroundings and their caregivers. They will have stable and consistent routines. Planning for these age groups includes many sensory, creative dramatic, gross motor, discovery, and self-help activities.

We believe that:

- Every infant is an individual with unique abilities, desires, and emotions. Our program is designed to meet the individual needs of each child and to provide them with educational experiences.
- Infants and toddlers develop security in a predictable environment with the opportunity for anticipation and making choices.
- Caregiving is a crucial part of the curriculum. Children learn from individualized caregiving activities (diapering, feeding, dressing, etc.) while actively participating in them.
- Respect is shown by treating infants and toddlers as active participants rather than as passive recipients in all interactions.
- Infants and toddlers do not need direct teaching or help to achieve natural stages of gross motor and sensorimotor development. Children are not propped in a position they cannot attain themselves.

Our program provides a nurturing, caring developmental setting that encourages visual, language, gross motor and small motor experiences to enhance learning through their own natural curiosity.

Toddlers and Twos

The Buttercups and Poppies typically care for children starting at 24 months. The classrooms are designed to provide stimulating experiences for the children where they can learn through their own inquisitiveness. The emphasis during the toddler years is on building self-confidence and fostering the natural curiosity that toddlers possess.

Throughout the day toddlers enjoy the large variety of play materials that are readily made available to them, as well as creative centers where children can dress up, build with blocks, and experiment in the sensory table. Art, music, language and discovery activities geared to little hands are also introduced. Children engage in multiple mediums during art and play which can often result in messy clothing. We ask that children are dressed in clothing that will allow them to fully engage in these activities. And because we encourage independence, we also ask that children are dressed in easy access clothing, such as stretchy waist pants, Velcro flap shoes, and clothing with minimal buttons.

Our teachers offer the tenderness, warmth, and patience so essential to this young age. Children feel comfortable in our toddler class settings when their parents leave. Deep respect for each child ensures that your toddler will truly enjoy their school/center environment and, from that, develop a long lasting love for learning.

Toilet Learning

We help children learn about body functions as a part of their natural growth experience in a positive and comfortable way. We view diapering as a meaningful learning activity rather than an unpleasant task. It provides a special, close time for the caregiver and child to reinforce their relationship. Parents are asked to bring diapers from home and to check daily to ensure that their child has an adequate supply.

Toilet learning is often an emotionally charged experience for all concerned, including the child, the parent and the teacher. In a group setting, toilet learning can be even more difficult because of the number of children under each teacher's care. The process of self-toileting is a gradual one. We suggest dressing your child in clothing that can be easily lowered and raised. Pull-ups are not permitted as an alternative to diapers or underwear. They feel like a diaper to a child and they tend to "bunch" up when raised and lowered which creates additional challenges for a child who wants to complete the process independently.

Developmental issues of autonomy sometimes conflict with a child's continued need for security and nurturance. We know that sometimes a child learning to use the toilet is as big an issue for parents as it is for the children-it is a milestone we are eager to reach! Please speak to your child's teacher about our practices and for at home tips when your child is ready.

Indications that a child is ready to be toilet trained include the following:

1. The ability to understand the social expectations for using the toilet.
2. The ability to verbalize the need to use the toilet.
3. The ability to control the sphincter muscle, which allows the child to delay toileting until placed on the toilet.
4. The child must have the ability to pull his/her pants up and down with minimal assistance.

In order to make the toilet training process as smooth and effective as possible, these policy guidelines are followed by the Center:

1. A parent-teacher conference is required to discuss a toileting plan. This guideline means that toddlers should not be sent to the Center in underwear prior to developing a plan in conjunction with the teacher.
2. Beginning "toilet learners" will continue to wear disposable diapers, **not pull ups**, with staying dry being emphasized to the child. Diapers will also continue to be worn at naptime, the time most likely for toileting accidents to occur, if the child has accidents after beginning to wear underwear.
3. Parent-teacher cooperation is essential in the toilet training process, which is one of the major hurdles in the socialization of the child.

The Child Development Center has two preschool classes and two pre-kindergarten classes that serve children age three through five years.

Our preschool program prepares children socially and academically, as well as, supports and encourages the development of independence, responsibility, and confidence, all of which are essential for the child's ongoing success in kindergarten.

Our educational program focuses on each child's social, emotional, intellectual, and physical development by offering concrete, hands on activities for the child to explore.

The preschool curriculum is designed to actively engage each child in developmentally age appropriate activities exploring the content areas of literacy, mathematics, science, social studies, the arts and more. Our skilled teachers prepare curriculum that is exciting and challenging, as well as supportive of each child's own learning style. The daily activities are planned around units of study which are interesting and meaningful to young children. A balanced schedule provides experiences in small and large group settings.

Learning Centers

Our preschool room arrangement creates the optimum learning environment. It allows children easy access to educational toys, materials and books, enabling them to initiate and expand their activities. Each classroom is organized with areas for small group instruction, blocks, art, puzzles, manipulatives, science, dramatic play, and reading in addition to larger spaces for group activities. The centers are used individually, with a friend, or in small groups. Learning centers provide practice in making decisions, following directions, working independently, taking turns, and learning the care and use of materials.

Group Activities

Daily group times provide children with the opportunity to learn as part of a large group. Group lessons include stories, music, gross motor activities, language experiences, "sharing time," and discussion of the current unit of study.

Assessments

Assessment of children is the process of observing, recording and otherwise documenting the work children do and how they do it. All age groups are assessed formally and informally to ensure that the teachers plan their curriculum goals and activities to support individualized learning. We assess each child in the process and context of his/ her everyday play and routines. We use assessment as a basis for planning for groups and individual children, planning and implementing curriculum, communicating with parents, and program improvement.

Teachers document and assess children's development and create portfolios for each child, which contains observations, anecdotal notes, collections of children's work, photographs, developmental checklist, and comments and observations from parents. Formal assessments and parent conferences are completed twice a year. When assessments identify concerns, appropriate follow-up, referral or other intervention is used.

Assessment results will be used to:

1. Determine children's developmental progress.

2. Make referrals to health professionals when indicated.
3. Individualize teaching strategies.
4. Identify children's interests and needs.
5. Improve curriculum.
6. Communicate with families about their child's progress.
7. Improve CDC programming.

Procedures:

Teachers will conduct the assessments at the beginning of the year, middle of the year and end of the year. A copy of the assessment will be given to the parents to gain input and knowledge of the children. Anecdotal observations of children will occur daily. These observations will consist of teachers' notes that provide examples of children's developmental progress. Teachers frequently share these observations and notes through an online software medium called Himama. Evidence for children's portfolios will be collected on an ongoing basis and be stored.

All children's records will be kept confidential. Teaching staff meets frequently to discuss children's progress, assess teaching practices, design lesson plans, and assess the environment.

Outdoor Play

Texas childcare licensing requires children to have outdoor play at least twice each day. All children who are well enough to be in attendance at the Center will be taken outdoors for play unless there is precipitation. We want them to have an opportunity to breathe in fresh air, receive a bit of sunshine, expend energy, and stretch out. Children will have access to shaded areas and their water bottles.

Studies have consistently shown that children are much healthier and have stronger resistance to illness with exercise outdoors. In order to maintain our teacher-to-child ratio, ALL of the children of the classroom must go out at the same time. During precipitation days, the children will use the Multipurpose Room or the Gross Motor Room for indoor gross motor play.

- If temperatures are very cold, but there is not any dangerous ice on play surfaces, the children will be taken outside to play for a short period.
- Outside time may also be shortened on very hot days.
- Children must be dressed appropriately for the weather. Children who arrive without adequate weather clothing will not be permitted to stay.
- Staff will check the playground area for hazards after a storm.
- Children will not go outside during an approaching storm.

Children who are too sick to go outside are too sick to come to the CDC.

Enrichment activities include cooking, growing plants, taking walks, and having visitors come to the Center to share information about the subject of unit study.

Swim Lessons are offered during the summer semester at the Texas State University Student Recreation Center (SRC). Our staff escorts children to the SRC, remain onsite to help supervise the children, and escorts them back to the CDC.

“Splash Days” are also planned during the summer months. Children are dressed in their swimsuits and water shoes and then allowed to play in the sprinklers.

Other extracurricular activities may be offered each semester. We provide supervision to, during, and from the activities. Participation in these activities will be covered by the activity fee and participation is allowed only if the child follows CDC behavior expectations.

Field Trips

Our campus provides rich opportunities to learn about the community and the natural world. These explorations provide children with a chance to expand their perceptions of the world, encourage language development, and enhance sensory motor development. As part of our curriculum, we may take nature walks to the horticultural gardens next door or travel by Bobcat bus to other campus venues. You will be asked to sign a permission slip at least one week prior to any outing. You are encouraged to participate in our field trips whenever you can.

Videos/Technology Use

The U.S. Department of Education and the U.S. Department of Health and Human Services developed a policy brief on early learning and the use of technology. According to the brief, families and early educators should determine when and how to use various technologies based on the Three C’s: the content, the context, and the needs of the individual child. We should ask ourselves the following questions:

- **Content**-How does this help children learn, engage, express, imagine or explore?
- **Context**-What kinds of social interactions (such as conversations with parents or peers) are happening before, during, and after the use of technology? Does it complement, and not interrupt, children’s learning experiences and natural play patterns?
- **The individual child**-What does this child need right now to enhance his or her growth and development? Is this technology an appropriate match with this child’s needs, abilities, interests, and developmental stage?

Early educators should keep in mind the developmental levels of children when using technology for early learning. That is, they first should consider what is best for healthy child development and then consider how technology can help early learners achieve learning outcomes. Technology should never be used for technology's sake. Instead, it should only be used for learning and meeting developmental objectives, which can include being used as a tool during play. When technology is used in early learning settings, it should be integrated into the learning program and used in rotation with other learning tools such as art materials, writing materials, play materials, and books, and should give early learners an opportunity for self-expression without replacing other classroom learning materials. There are additional considerations for educators when technology is used, such as whether a particular device will displace interactions with teachers or peers or whether a device has features that would distract from learning.”

The CDC staff is mindful of the impact of technology and screen time for children. When thoughtfully integrated into the curriculum, there are benefits to using technology in our early childhood programming. We will ask the 3 C's when considering videos as part of our lessons. If we determine there is a benefit to watching a video, an alternative activity will be provided for children who are not interested. We do this to ensure we are best serving the children's interests and needs, as well as complying with **licensing standard 746.2205**. All programs will be previewed to evaluate content and suitability for the age group of the children.

Birthday Parties

Celebrations at the CDC are planned by the parents(s) and the child's teacher in advance. They are typically held during the afternoon snack time. We require nutritious treats such as yogurt (not frozen), fruit, granola, veggies and dip, etc. High-sugar foods such as cake, candy, donuts, etc. are not permitted. All celebration foods not included in the list must be nut free and pre-approved by the Director. **Party favors and gifts of any kind are not permitted to be distributed to the children.**

If a birthday is to be celebrated away from school and the entire class is not invited, please mail the invitations. If the entire class is invited, please feel free to bring the invitations to school and place in each child's mailbox.

Animals

Animals are a part of our Center. Some of the classes may have fish or the teachers may bring in an occasional “animal visitor”. The children are not only taught how to care for the

animals, but they also have an opportunity to discuss and learn about the science of animals, including their habitats, enemies, habits and behaviors. Animals can help soothe a child who is in a chaotic state. They are a great tool for redirection. The teachers and staff are careful to avoid injury to the animals, although we have had a few fish burials at sea. However, we also take those opportunities to discuss the cycle of life and answer questions that may arise during those occasions.



FAMILY INTERACTIONS

Communicate, communicate, communicate

Communication is the keystone of a productive partnership between parents and teacher. This is so important to the quality of a child's experience at the Center. Quick information or brief questions can be communicated during drop-off and pickup times. Times can be arranged for more extensive conversations with teachers outside of the classroom. The administrative staff is available when teachers are busy in the classroom. You can leave written notes for teachers by the classroom sign in sheet or at the front desk. Your parent mailbox should also be checked daily for classroom notes and reminders.

Our parent email list also serves as a great tool for keeping updated about Center happenings. Parents will receive CDC information from the Parent Association, CDC Director, and the Parent Representatives for their child's classroom. If you would like our Center correspondence sent to multiple email addresses, please let us know. It is a simple and easy way to stay in touch.

We will do our best to keep you informed about your child's day at school, our curriculum, and our thoughts about your child's growth and development via Himama. Please let us know what is going on at home. "Ordinary" events, such as a new pet or a visit from grandparents, can help us shape curriculum around your child's interest and experiences. Each classroom also creates a monthly newsletter about the classroom curriculum, events and reminders.

Some aspects of family life, such as illnesses or separations, can be hard for children to understand or cope with, and are very important for the teaching staff to know about. If we are kept informed, we may be able to help your child think and talk about what is happening. All sensitive family matters are treated confidentially, and discussions are limited to the regular teaching staff.

We believe the best educational setting for children is an inclusive environment in which families and children of all races, cultures, and socioeconomic groups feel comfortable actively participating in the Center activities. We respect parents, guardians, and families as the primary and most important providers of care and nurturing and we believe these entities and childcare providers are partners in children's care and education.

Daily Notes via Technology

Notes regarding the events of each child's day are sent via Himama. The notes include information about the child's attitude and mood, activities the child participated in, information on the child's meals, and any reminders that the teacher may feel are important. These notes are meant to give families a snapshot of the child's day and encourage conversation between the child and parent about the day's events.

Parents As Partners



We welcome your involvement in the Center at whatever level you are comfortable. We know you are a very busy group of people! The CDC offers families a variety of ways to participate in our program, as it is essential to having high quality. Volunteering in the classroom, observations, parent conferences, special classroom activities, CDC parent meetings and workshops, Center events and the Parent Association are all key parent participation elements.

Parents are welcome to participate in classroom activities according to current health protocols. Please confer with the teacher prior to your visit. The observation booths offer a peek into your child's day and help parents understand the curriculum better. Parent conferences are scheduled twice yearly. Teachers provide parents with several options for scheduling this important event. The classroom curriculum relies heavily on parents to share materials, donate items and attend classroom activities. Parent workshops and meetings are scheduled throughout the semester and offer education on child development. You are also invited to participate in the children's program in whatever way is appropriate for you and the group in which your child is enrolled.

Spend time with us in the rooms whenever you can, reading to children, playing with your child or just hanging out at the end of a long day. Share your ideas about curriculum that would be interesting to your child with the teachers when you talk with them or jot some notes on the sheets provided in the sign-in areas.

The bulletin boards near the classroom entrances have current information about curriculum, classroom happenings, reminders, the daily schedule and the monthly menu. If you have a special skill, interest, knowledge about your culture that you would like to share with the children, please let the teachers know.

Recycling/Donations

When you clean your house, remember that we can use:

good used toys*

phones

fabric

purses, wallets

ribbons, yarn and collage materials

books

dress up costumes, dramatic play props (winter coats)

plastic grocery bags

greeting cards

***Due to licensing standard §746.4135, we must be able to verify that the donated toys are safe and not part of a recall.**

Family Meetings and Social Gatherings–Each classroom has a meeting or event at least once a quarter (may vary according to current health protocols). These are great ways to get to know staff, network with other parents, and discuss topic of mutual interest.

Parent Tasks–We need all the help we can get from families and friends to keep our program in top shape. It takes a lot of work to keep the Center clean, attractive and safe. As we work together on the environment, we also build community. Parents are also occasionally asked to help the teacher with special projects and jobs necessary for the maintenance and enrichment of each class, such as repairing classroom materials.

Parent /Teacher Conferences–Early childhood education is a cooperative effort of home and school. It is important that children see home and school not as competing or “opposite” environments, but as unified in nurturing their growth. Conferences by teachers are essential in making this cooperation a reality. These meetings provide uninterrupted time for you and a teacher to focus on your child’s growth and development, and time to share information, concerns, and goals. The visits are scheduled twice yearly (Sept/Oct and May) and placed on the Center closing calendar. If the parent chooses not to meet, we will ask parents to sign documentation indicating their desire NOT to meet.

Parent Representative–The CDC seeks volunteers to serve as parent representatives for each classroom. The representatives are a conduit for information from the classroom teacher to the parents. They notify parents of classroom events and needs, circulate lesson plans and newsletters, and share Parent Association and Director updates. The representatives attend the bimonthly Parent Association meetings and they share classroom concerns with the Director.

Parent Association (PA)–The active involvement of parents is an indispensable feature of our program. We believe in shared decision-making and encourage your input and guidance. PA meetings are held monthly. These meetings focus on policy and operational issues, which require discussion and feedback. We rely on parents, who attend to guide us on policy issues, problem-solving issues, generate ideas, and provide direction for our growth. All teachers, staff and parents are members. The PA may seek a parent volunteer per class (Parent Representative) as well officer roles for the Association.

In an effort to foster open communication regarding CDC practices, programming, or issues, the Director or Assistant Director attends these meetings. All parents are encouraged to attend. Meeting times are marked on the dry erase board in the front lobby and the PA sends out email notices at least a week prior.

Fundraisers–The PA and the CDC staff will hold fundraisers throughout the year. Parents are encouraged to participate. Funds are used for classroom and staff supplies and for teacher appreciation week.

Program Evaluation–We want to know how we are doing! A complete program evaluation is done annually in the Spring Semester. Staff complete a self-study of the program, and parents complete an anonymous questionnaire. Your feedback is essential and will be discussed by the staff in evaluating the year and planning program improvements.

Governance of the Center–The Child Development Center is an integral service of Texas State University and is a department of the university affiliated with the School of Family and Consumer Sciences and the College of Applied Arts. As such, the University makes all final policy determinations. However, parent participation is encouraged and welcomed through the Parent Association. All parents are invited to become active members of the Parent Association.

Parent Rights–Custodial parents have the right to enter and inspect childcare centers where their children are receiving care without advance notice during normal business hours. Access to the facility can be denied when, in the opinion of Center personnel, the parent or guardian is behaving in a way which poses a risk to children in the facility or the adult is a non-custodial parent and the facility has been requested in writing by the custodial parent, along with court documentation, to deny access to the non-custodial parent.

“I have a problem–where do I go?”–At the CDC, we really value your feedback. We encourage you to come and talk with our teachers and administrators anytime, even about the smallest of your concerns. When possible, we encourage you to address your concerns directly with the person you are having an issue with, but we realize that is not always comfortable or that you not may reach a resolution that is satisfactory. Times can be arranged for more extensive conversations with the teacher outside of the classroom. There are many other ways that you can share your ideas, questions, concerns, complaints, and feedback with us.

Bring all matters regarding policies, program, staff, physical environment, or any other aspect of the CDC, including health and safety issues or your child’s teacher(s), to the CDC Director, Di Fontenot. The Director has an open door policy and can also be reached at dmf69@txstate.edu. Sometimes it may be necessary to make an appointment. Efforts will be made to solve problems in the framework of existing regulatory guidelines, CDC policies, and Texas State University approved procedures essential to the continued operation of the CDC. If your problem cannot be resolved with Ms. Fontenot, you may contact the School Director of Family and Consumer Sciences.

Have a question about your bill? Call the administrative staff at (512) 245-2621.

ACCREDITATION AND LICENSING

We are currently accredited by SACS (Southern Association of Colleges and Schools) through AdvancED. Early learning schools that have earned AdvancED Accreditation meet recognized standards of quality, impact children's lifelong learning and support young children in the highest regard. AdvancED Performance Accreditation for Early Learning Schools motivates schools to continuously improve on behalf of the young children they serve. The *AdvancED Standards for Quality Early Learning Schools* support learning, growth and development of young children in a culture of continuous improvement that engages leaders, staff and parents.

In addition, the CDC is seeking to renew accreditation through the National Association for the Education of Young Children (NAEYC). Since 1985, NAEYC has offered a national, voluntary accreditation system to set professional standards for early childhood education programs, and to help families identify high-quality programs. The accreditation process is also known in terms of its ability to effectively drive student performance and continuous improvement in education.

Why Does Accreditation Matter?

According to Kim Means, Associate Executive Director of NAEYC Accreditation, "Programs which are accredited by the association give parents the comfort of knowing their child will be well-cared-for, and educated by, a highly-qualified professional. Research, science and practical experience have shown that children benefit most when they are in a developmentally appropriate setting which enhances what a child is learning at home."

While many of the criteria in SACS and NAEYC accreditation overlap, the accountability system of each drives continued program improvement at the CDC.

Licensing Information

The CDC is licensed by the State of Texas, and the Department of Family Protective and Regulatory Services (DFPS). The DFPS website is <http://www.tdprs.state.tx.us/> Licensing inspection reports are posted near the front entrance until a new report is received. If you would like to view a past inspection report, please speak to Center administration. We would be happy to provide a copy.

Child Abuse Reporting

The Texas Family Code, chapter 261, mandates that any person "having cause to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect shall immediately make a report" In the State of Texas, reports are made immediately to the Texas Department of Family and Protective Services and the local police depending on the urgency of the report. It is not the responsibility of the CDC to investigate reports. Once the Center makes a report, Child Protective Services handles the report and investigation if warranted. If a CDC staff person is accused of abuse or neglect towards an enrolled child, the staff person will be reassigned to a different work area during the course of the investigation. The CDC is required by law to abide by policies and procedures of CPS and must allow an investigator to interview children at the Center. To report suspected child abuse or neglect call 1-800-252-5400.

Appendices



PARENT'S GUIDE TO IMMUNIZATION REQUIREMENTS

**The CDC will refuse entry and continued enrollment of unvaccinated children.
We will accept children on a delayed immunization schedule as specified by their pediatrician.**

Minimum State Vaccine Requirements for Texas Children

AGE	VACCINE REQUIREMENT
Younger than 2 months	No vaccines required
By 3 months	One dose DTP/DTaP vaccine (Diphtheria, tetanus, and pertussis) One dose Polio vaccine One dose HepB vaccine (Hepatitis B) One dose Hib vaccine (Haemophilus influenza type b) One dose PCV vaccine (Pneumococcal conjugate)
By 5 months	Two doses DTP/DTaP vaccine Two doses Polio vaccine Two doses HepB vaccine Two doses Hib vaccine Two doses PCV vaccine
By 7 months	Three doses DTP/DTaP vaccine Two doses Polio vaccine Two doses HepB vaccine Two doses Hib vaccine** Three doses PCV vaccine***
By 16 months	Three doses DTP/DTaP vaccine Two doses Polio vaccine Two doses HepB vaccine Three doses Hib vaccine** Four doses PCV vaccine*** One dose MMR vaccine* One dose of varicella vaccine*
By 19 months	Four doses DTP/DTaP vaccine Three doses Polio vaccine Three doses HepB vaccine Three doses Hib vaccine** Four doses PCV vaccine***
By 25 months	One dose HepA vaccine*
By 43 months	Two doses HepA vaccine*

* For MMR, Varicella and Hepatitis A vaccines, the first dose must be given on or after the first birthday

** A complete Hib series is two doses **plus** a booster dose on or after 12 months of age (three doses total). If a child receives the first dose of Hib vaccine at 12-14 month, only one additional dose is required (two doses total). Any child who has received a single dose of Hib vaccine on or after 15 month is in compliance.

*** If the PCV series is started when a child is 7 months or older, or the child is delinquent in the series, then all four doses may not be required.

FOOD ALLERGIES POLICY

Purposes:

1. To minimize the risk of a food allergy incident from food introduced outside of the CDC.
2. To collect and distribute information for children with diagnosed allergies, including documented life-threatening food allergies.
3. To implement annual life-threatening allergy and Epi Pen training for all faculty/staff members who routinely work with children.

The CDC views the potentially fatal allergic reactions to nuts and nut related products as a distinct category of food allergy. The effectiveness of these policies requires cooperation between the Center and families and vigilance within the community per the expectations that follow.

For all families regardless of allergies:

Follow the Center policy regarding food brought to the Center that does not originate in the CDC kitchen. Foods that contain peanut, peanut products, or peanut warning labels may not be brought to classrooms or within the Center. Consult the appropriate classroom teacher about any/all food allergies in the class prior to bringing food to the Center.

Center Responsibilities:

1. Circulate a list of students with allergies on a need-to-know basis to teachers, staff and food service personnel.
2. Review information on food allergies, various treatments, the signs and symptoms of anaphylaxis, and instruction in use of Epi Pen before first day of child enrollment. Periodically review this information during the year with teaching staff.
3. Provide appropriate staff a student Allergy Action Plan with information on food and/or other allergies specific to the classroom/students to be kept in the classroom for reference.
4. Maintain open and as needed communication between home and Center.
5. Be certain that volunteers, student observers, aides, and substitutes are informed of the child's food allergies, necessary safeguards, and emergency plan.
6. Discuss use of classrooms and other Center facilities by outside groups and safety considerations necessary.
7. Ensure periodic assessments of effectiveness of the policy. Assessments should occur:
 1. Annually
 2. After an emergency event to determine the effectiveness of the process, why the incident occurred, what worked and did not work with the policy
 3. Amend policy as needed.

FOOD ALLERGIES POLICY (contd)

Family Responsibilities:

1. Notify the Center (512-245-2621) about your child's allergies.
2. Provide written medical documentation, instructions, and medications as directed by a physician using The CDC Center Allergy Action Plan form as a guide. Include a photo of the child on the written form.
3. Provide CURRENT emergency contact information.
4. Attempt to ensure that any residue from peanuts is cleaned from teeth, hands, toys, books, clothing, school bags, etc. before entering building.
5. Check labels of all food items sent to the Center. Due to continual changes in manufacturer packaging and processing, please read the ingredient label of all foods sent to the Center to ensure that it does not contain any of the following...peanuts, peanut butter, peanut oil, peanut flour, peanut meal, or any of the statements "May contain traces of peanuts" or "Manufactured on machinery that may have contained peanuts."
6. Deliver/provide to the Center any approved medications for your child in original containers on the first day of school.
7. Provide meal/food substitutions for prohibited/allergic food items.
8. Consider purchasing a medical alert bracelet and encourage your child to wear it at all times if the allergy is especially dangerous.

Classroom Staff Responsibilities:

1. Encourage hand washing before and after meals.
2. Review information on food allergies, various treatments, the signs and symptoms of anaphylaxis, and instruction in use of Epi Pen before first day of child enrollment.
3. Know the location of Epi Pens for allergic students. To promote rapid, life-saving steps in an emergency, emergency medications will not be locked during the day. While they must not be accessible to any student or unauthorized staff member, they will be kept in a safe, accessible and reasonably secure location.
4. Ensure that no foods are brought to the classroom without permission from the classroom teacher.
5. Maintain a no sharing/no trading policy.
6. Establish effective sanitation and cleaning measures, such as cleaning of meal tables and classroom surfaces with disposable paper towels and cleaning products known to effectively remove food proteins.
7. Avoid use of allergenic foods for classroom activities (e.g., cooking, celebration, parties, or other projects).

8. Educate classmates to avoid endangering, isolating, stigmatizing or harassing children with food allergies. Be aware of how the child with food allergies is being treated; use this opportunity to teach community caring; and enforce Center rules/policies about bullying and threats.
9. Welcome parental involvement in organizing class parties and special events.

Food Service Department

1. Review list of children with identified food allergies prior to meal service.
2. Prepare food with full knowledge of all ingredients: no use of peanuts or peanut oils.
3. Review all manufactured products to ensure that there are no nuts, nut oil ingredients, or nut warning labels.

It is important that children take on more responsibility for their food allergies as they grow older and are developmentally ready. The ultimate goal is that our children eventually learn to keep themselves safe by making good choices and advocating for themselves.



Guidance Methods

- Staff members of the CDC use positive guidance methods in order to help children learn self control without loss of self-esteem.
- Limits are clearly stated in positive terms.
- A balanced schedule of activities suited to each child's development and a positive environment encourage both individual satisfaction and cooperation with others.
- We try to encourage the child to practice courtesy, empathy, and patience by modeling these behaviors as adults.
- We encourage the verbalization of feelings and give the children the words to reconcile their differences.
- We express disappointment at a misdeed, not anger at the child. The focus is on teaching the behavior *appropriate* to the situation.
- A variety of other methods for encouraging children's cooperation is used, including redirection, positive reinforcement, and choices between acceptable behaviors.
- A method of discipline which frightens, demeans, or humiliates a child is strictly prohibited.

The following discipline and guidance policy is supported and mandated by the Texas Department of Protective and Regulatory Services.

Discipline must be:

- Individualized and consistent for each child;
- Appropriate to the child's level of understanding; and
- Directed toward teaching the child acceptable behavior and self-control.

A caregiver may use only positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- Reminding a child of behavior expectations daily by using clear, positive statements;
- Redirecting behavior using positive statements; and
- Using brief supervised removal from the group, when appropriate for the child's age and development.

There will be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited (even with parental permission and/or recommendation):

- Corporal punishment or threats of corporal punishment
- Punishment associated with food, naps, or toilet training
- Pinching, shaking, or biting a child
- Hitting a child with a hand or instrument
- Putting anything in or on a child's mouth
- Subjecting a child to harsh, abusive, disrespectful, or profane language
- Placing a child in a locked or dark room, bathroom, or closet with the door closed
- Requiring a child to remain silent or inactive for long periods of time for the child's age

BITING



Biting can be a common behavior at times with infants and toddlers, but the fact that it is common, developmentally expected, and self-limiting (usually stops as suddenly as it starts) doesn't make it any less upsetting to parents, teachers, and kids. We thought you might want to know what steps our program takes when this problem comes up.

Toddlers tend to bite during the period when they are struggling with the issue of self-control. A child may resort to biting in a situation too difficult to handle or when she or he is feeling frustrated and unable to express feelings effectively in any other way. Although we try to stay calm and matter-of-fact about it and preserve the self-esteem and security of both the child who bit and the child who was bitten, we do actively address the situation. What do we do?

- We try and break the cycle of biting (nothing is as reinforcing as a successful chomp) by preventive measures. We add extra staffing when necessary. We pay particular attention to transition times and to the environment. We “spot” or “shadow” the child who bites to stop the bite before it happens.
- We document each biting incident, noting the day, time, children involved and activities the children were engaged in during the incident. This information helps us determine if there is a pattern. If there is a pattern, we can create a plan of action.
- We offer substitute things to chew and bite to attempt to “redirect” the impulse.
- We provide extra opportunities for sensory exploration. We give children plenty of opportunities to release tension through “tactile” experiences (water, sand, playdough, etc.)
- We work to build children's verbal communication skills. “Next time, you can say MOVE!” Give the message, “It's OK to be angry but biting people is not OK” Adults help to verbalize feelings and suggest alternatives.
- We meet with the parents to discuss methods of handling the situation at home and in the classroom.

Because biting is a part of the young child's typical developmental process, we take a proactive, rather than a reactive, approach. This means that, while we deal with each biting situation as described above and notify parents during pickup that their child was bitten, it is not our policy to divulge personal information regarding a child other than their own. Biting is an emotional topic. If your child was bitten or is biting, you may feel anger, disappointment, confused, embarrassment, and/or worried. **We encourage you to share your feelings, and we appreciate your suggestions.**

There are circumstances when the child requires a smaller teacher/child ratio and we are unable to provide it. If we determine that our methods have failed to reduce or terminate the biting, the family will be asked to find alternate care until this phase ends. We hope you will trust that each biting incident will be handled in a developmentally appropriate and professional manner.

Understanding and Responding to Children Who Bite

Biting is a typical behavior often seen in infants, toddlers, and 2-year olds. As children mature, gain self-control, and develop problem solving skills, they usually outgrow this behavior. While not uncommon, biting can be an upsetting and potentially harmful behavior. It's best to discourage it from the very first episode. This article will help you to understand the reasons young children bite and give you some ideas and strategies for responding appropriately.

Why do young children bite?

Some children bite instinctively, because they have not developed self-control. For example, when 3-year-old Marcus grabs a doll from his 2-year-old sister Gina, her first response is to bite him and grab the doll. She doesn't stop to think about other ways to act or the result of her actions. But there are many other reasons why children may bite.

A child might bite to

- Relieve pain from teething.
- Explore cause and effect ("What happens when I bite?").
- Experience the sensation of biting.
- Satisfy a need for oral-motor stimulation.
- Imitate other children and adults.
- Feel strong and in control.
- Get attention.
- Act in self-defense.
- Communicate needs and desires, such as hunger or fatigue.
- Communicate or express difficult feelings, such as frustration, anger, confusion, or fear.
- Communicate or express difficult feelings, such as frustrations, anger, confusion, or fear ("There are too many people here and I feel cramped").

What can families do to prevent biting?

There is a variety of things that families can do to prevent biting. It helps to:

- Have age-appropriate expectations for your child's behavior based on his or her current skills and abilities.
- Make sure your child's schedule, routines, and transitions are predictable and consistent. At meal and bedtimes, try to do things in the same way and at the same times. Young children thrive when they know what will happen next.
- Offer activities and materials that allow your child to relax and release tension. Some children like yoga or deep breathing. Offer stress reducing items such as playdough, foam balls, bubbles, or soft music.
- Use positive guidance strategies to help your child develop self-control. For example, offer gentle reminders, phrased in a way that tells them what behaviors are expected. "Be sure to hang up your coat on the hook." "You can each have a bucket to use in the sandbox."
- Provide items to bite, such as teething rings or clean, wet, cold washcloths stored in the refrigerator. This helps children learn what they can bite safely, without hurting anyone else.

How should I respond when my child bites?

While every situation is different, here are some good general guidelines for responding when a child bites.

Infants-Infants learn about the world around them by exploring it with their hands, eyes, and mouths. But infants often need help to learn what they should and shouldn't bite.

If your infant takes an experimental bite on a mother's breast or grandpa's shoulder, stay calm and use clear signals to communicate that it is not okay for one person to bite another. A firm "no" or "no biting!" is an appropriate response.

Toddlers and Preschoolers-Toddlers have many strong emotions that they are just learning to manage. Toddlers may bite to express anger or frustration because they lack the language skills needed to express their feelings.

Biting is less common in preschoolers than toddlers. When a preschooler bites, it may be due to something at home or at their childcare program that is causing the child to be upset, frustrated, confused, or afraid. A preschooler may also bite to get attention or to act in self-defense.

Follow the steps below with both toddlers and preschoolers.

1. If you see the biting incident, move quickly to the scene and get down to children's level. Respond to the child who did the biting. In a serious, firm tone, make a strong statement: "No biting. Biting hurts. I can't let you hurt Josie or anyone else." Next, offer a choice: "You can help make Josie feel better, or you can sit quietly until I can talk with you." Help the child follow through on the choice if necessary.
2. Respond to the child who was hurt by offering comfort through words and actions: "I'm sorry you are hurting. Let's get some ice." Perform first aid if necessary. The child who did the biting can help comfort the bitten child- if both parties agree. Help the child who was hurt find something to do.
3. Finally, talk to the child who did the biting. Maintain eye contact and speak in simple words using a calm, firm tone of voice. Try to find out what happened that led to the incident. Restate the rule. "Biting is not allowed." Model the use of words that describe feelings: "Kim took your ball. You felt angry. You bit Kim. I can't let you hurt Kim. No biting." Discuss how the child can respond in a similar situation in the future.

What if biting becomes a habit for my child?

If biting becomes a habit for your child and ongoing positive guidance is not effective, it is time to set up a meeting with your child's teacher(s). Together, you can plan an approach for addressing the behavior that can be applied consistently at home and at the program. Together, you can discuss and define the behavior and find the cause behind it. Next, you and the teacher(s) can develop a plan to address the causes and help your child to replace biting with acceptable behaviors. Try the plan for several weeks but be patient. It takes time to change behaviors that have become habits. Keep in touch with your child's teacher(s) to share information about changes in behavior. After several weeks, evaluate the plan's effectiveness and make changes as needed.

What strategies can I use to help my child overcome a habit of biting?

Here are some strategies for addressing a child's biting habit.

- Observe your child to learn where, when, and in what situations biting occurs. Sometimes an adult may need to stay close to the child to prevent biting.
- Pay attention to signals. Stay close and step in if your child seems ready to bite.
- Suggest acceptable ways to express strong feelings. Help your child learn to communicate her wants and needs ("Amy, tell your sister you were still playing with the truck").
- Use a reminder system to help your children learn to express strong feelings with appropriate words and actions ("Tell Manuel that you don't like it when he gets that close to you").
- Reinforce positive behavior by acknowledging child's appropriate words and actions ("You didn't like being tickled so you used words to ask me to stop").
- Provide opportunities for your child to make choices and feel empowered.
- Be sure your behavior expectations are age-appropriate and individually appropriate for your child. Expecting a child to do something he or she is not able to do can cause children to feel stress. Stress can lead to biting.
- Offer foods with a variety of textures to meet your child's sensory needs.
- Teach your child words for setting limits such as "no," "stop," or "that's mine."
- Teach your child signs for communicating.

What strategies are not helpful?

These strategies should not be used to address a child's biting habit.

- Avoid labeling a child as a "biter." Negative labels can affect how you view your child, and even affect the child's feelings about him- or herself.
- Never bite a child back to punish or show him how it feels to be bitten. Biting a child sends the message that using violence is an acceptable behavior that can be used to solve problems.
- Avoid getting angry, yelling, or shaming a child.
- Avoid giving too much attention to a child who bites after an incident. While this is usually negative attention, it can still reinforce the behavior and cause a child to repeat it.
- Do not force a child who bit and the child who was hurt to play together.
- Do not punish children who bite. Punishment does not help children to learn discipline and self-control. Instead, it makes children angry, upset, defiant, and embarrassed. It also undermines the relationship between you and your child.

Volunteer Guidelines

CDC Policies, Guidelines, and Expectations for Volunteers

We want you to have the best experience possible. The following will provide important information regarding our policies, guidelines and expectations to enhance your experience. All individuals volunteering, participating or working at the CDC must follow current health protocols and adhere to all listed items.

1. The CDC is a secure facility. To gain entry, please press the intercom button and inform the front desk staff of your name and the reason for your visit.
2. Present your ID to the front desk staff and CDC staff will document the date/ time on the attendance log.
3. At the end of your visit, you must be escorted to the front desk by CDC staff.
4. Wear comfortable and appropriate clothes. (Wear shorts, shorts above the knee, see through clothing, flip-flops, leggings or fitted athletic wear without tunic length top to cover bum, and shirts with spaghetti straps are not allowed.) Cover the 3 B's (Breasts, Belly, Bottom). Volunteers and lab students will be given a red bandana to tie on their arm to identify them.
5. NO CELL PHONES, Smart Watches or similar electronic devices. Your attention and focus need to be on the children. If you do not adhere to this, you will be asked to leave.
6. Food and beverages, including gum and candy, are not permitted in the classroom or on the playground.
7. It is safest to leave personal belongings at home/vehicle. Due to our limited locker space, we ask that you bring only your ID and writing utensils if you are observing from the booth. Otherwise, you may not have a locker to secure your items. If we do not have a locker for your belongings, you must reschedule your visit.

UPON ARRIVAL TO YOUR CLASSROOM

1. FIRST WASH YOUR HANDS. See #1 in Health and Safety.
2. Check in with your teacher who will guide you to an area to engage children.
3. Children move and their interests change so you will be moving around the classroom and playground. If you are not sure of where you can be involved, ask your teacher.

HEALTH and SAFETY

1. Always wash your hands when you first enter the classroom, after toileting and nose blowing, before and after attending to an injury, after coming in from playground, and before and after eating or preparing food. Make sure that the children do the same.

2. Use correct hand washing procedure: Wash hands with soap and warm water for at least 20 seconds; use disposable towel; and avoid recontamination from faucets by turning off faucets with the towel after drying your hands.
3. Report all accidents to a full-time staff member or other 'person in charge' right away.
4. When *supervising the indoor area, position yourself where you can see all of the room. Make yourself available for conversation and help in each of the play centers for short periods of time. Sitting rather than standing brings you down to a more approachable level for the child. If sitting, you must be engaged with children.
5. When *supervising and engaging children outside, move around so you can see your entire zone. Sitting on playground equipment is not allowed. Interact with the children. Do not stand in a fixed position.
6. **Lab Students and volunteers are never counted as CDC staff.** They may never be left alone with a child, diaper a child, or administer first aid.

INTERACTING WITH CHILDREN

1. Remember children listen to EVERYTHING you say. Conversations around the children should be appropriate and related to the children's learning environment. Keep in mind you are in a lab school with observers as well.
2. Move about in a relaxed, peaceful, unhurried manner. Get on the children's level to talk and play with them. Speak clearly, smile often and join in the children's activities. Use a quiet, unworried voice. Do not call across the room or playground to get a child's attention unless it is an emergency.
3. Look at children when they speak to you. It is not necessary that children look at you when you are talking to them. In addition, it is not necessary nor expected that children answer adults with "Yes Ma'am, no Ma'am, yes sir, and no sir".
4. Do not engage in horseplay with the children. It is important that they perceive you as an adult rather than a "buddy".
5. Encourage the children to verbalize their feelings and needs to one another. "Tell Sue you are using the ball."
6. Speak in a soft, calm way even when there is trouble. And if you are uncomfortable about a situation, say to the child, "Let's go ask the teacher." When in doubt, ask a teacher.
7. Get the children to respond appropriately by giving them positive attention, two choices and by speaking to them in a kind manner. "You may choose the block center or the art area."
8. When helping children, put emphasis on what they MAY do, not on what they may not do. "We walk in the hallways" rather than "Stop running."

9. When one child hurts another child, focus your attention on the hurt child first. You may then encourage the other child to offer his/her assistance to make the hurt child feel better. Children are not required to apologize.
10. Give children exciting choices to keep them from fighting over toys. Redirect a child who is having a problem to another interesting activity.
11. Reinforce them when they make appropriate choices and offer a choice only when there truly is one.
12. Remember you are there to guide the children's play and not lead the play.
13. In art center we never draw pictorial art. We guide the child's creativity. "What do you think a house looks like? Should we start with a circle or a square?"
14. Remember your reason for being at the Center...the children. Do not congregate with other students or adults. Your focus must be on the children and their needs. Enjoy the children; enjoy the Center. Your feelings about both will be reflected by the children.

OUTDOOR INTERACTIONS - remember the playground is an extension of the classroom.

1. Do not congregate with other adults on the playground. See Health and Safety #5(p 66).
2. Remember the playground is an extension of the classroom. There are many opportunities to be involved with the children. Including a variety of large motor activities: playscape, bikes, ball games, and games.
3. Our outdoor activities also include quieter activities. Reading under the tree, water sensory play, table activities, or meaningful conversations with the children are all acceptable.

CONFIDENTIALITY and PROFESSIONALISM

1. Remember what you hear or see at work stays at the Center. Do not speak about anything that would disparage or embarrass children or their families while at the Center, in public or on social media.
2. Professionalism is expected at all times. We always welcome eager, responsible and mature individuals who enjoy working with children. However, if it becomes apparent that a visitor is not adhering to our policies, that visitor will be reminded of our policies and asked to comply. If the policy violation is repeated, the visitor will be asked to leave and may not be allowed to continue in their former capacity.
3. Supervising- Observers/Lab Students/Visitors are not expected to supervise the children. Unless stated otherwise, you are expected to interact with the children and observe the CDC staff interactions with the children and family members. However, you are required to notify the CDC staff if you notice a safety or health hazard.

STAFF HIRED BY PARENTS

The Texas State Child Development Center employs student and non-student workers as part-time teaching assistants. All teaching assistants are CPR/First Aid certified and have had background checks. Because of their qualifications and familiarity with the CDC enrolled children, parents often seek our teaching assistants as after-hour caregivers. When hiring CDC staff as an after-hour caregiver, parents and guardians understand that the CDC staff member will perform those services solely in his or her private capacity, and not as an employee of the Texas State CDC. We cannot be responsible for our employees away from the CDC, outside their working hours, and will not be liable for their acts or omissions when not on our property, including the transportation of children. You may be required to sign acknowledgement and waiver to this effect.

