

# 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 myriads 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 Lillio, 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.

# Candid Kids



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# 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 with 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 childcare 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 (DFPS) childcare licensing requirements, Workforce Solutions Child Care Services (CCS), and the USDA Child and Adult Care Food Program (CACFP). Our program was also planned in accordance with accreditation standards of the National Accreditation Commission for Early Care and Education Programs and the National Association for the Education of Young Children (NAEYC).

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 a high-quality program to serve young children, their families, and university students preparing to work in the field of early childhood 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, act 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, child life studies, social work, 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 G: 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 visits 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 the CDC

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 childcare 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 individuals 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 teachers who have a child development associate (CDA) credential, or an associate, bachelor, or master's degree. 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.

## Teacher Aides and Teaching Assistants

Teachers are assisted by our full-time Teacher Aides and part-time Teaching Assistants (TAs). **All** our paid teaching staff are required to complete ongoing annual training to learn valuable child development and educational skills.

Our Teacher Aides have years of experience in early childhood group settings and complete the same hiring requirements of our teachers. We encourage our teacher aides to pursue the educational requirements for a teacher position.

TAs are university students selected based on their interview, experience, recommendations and hours of availability. We have more TAs than full-time staff and we could not be successful without these remarkable individuals. They become connected to our children, learn the classroom routines and substitute as the teacher during teacher planning, vacations and anytime the teacher is unavailable. ***They deserve the same level of respect and appreciation as our full-time staff.*** Please refer to the **Parent Code of Conduct** on page 48 for more information regarding our expectations of parents.

Due to their class schedules, various students may be assigned to a class. We ask for your understanding at the start of each semester as our TAs adjust their work and class schedules. While we do our best to maintain stability in the classroom, the TA schedules may require a shift in placement. Our priority is placing the most consistent and familiar staff in the classrooms.

# ACCREDITATION AND LICENSING

The CDC is seeking accreditation through the National Accreditation Commission (NAC). The National Accreditation Commission for Early Care and Education Programs offers early childhood leaders the opportunity to demonstrate and document quality performance using research-based criteria and evidence-based practices.

The National Accreditation Commission provides a comprehensive, ongoing quality improvement system that recognizes the inherent diversity among programs through the self-study and award process. Over 1,300 early learning programs in 35 states, the District of Colombia, and overseas participate, including university and college campus-based programs, private child care, faith-based preschools, Head Start, public PreK, corporate centers, DoD programs, employer-sponsored programs, and Montessori programs.

## National Accreditation Commission Key Factors

- Promotes professionalism and program quality in early care and education programs across the nation.
- Aligned with state early learning outcomes and quality improvement initiatives.
- Respects individual program autonomy and philosophy.
- Included in government-funded quality enhancement initiatives,



**We are also a Texas Rising Star 4-star provider.** The Texas Rising Star program is a quality rating and improvement system (QRIS) for childcare programs participating in the Texas Workforce Commission's (TWC) Child Care Services program. Texas Rising Star certification is available to licensed centers and licensed and registered childcare home facilities that meet the certification criteria.

The Texas Rising Star program offers three [levels of quality certification](#) (Two-Star, Three-Star, and Four-Star) to encourage child care and early learning programs to attain progressively higher levels of quality.

Numerous research studies have shown that children who attend higher-quality early learning programs are more prepared for school entry than children who do not attend high-quality programs. Childcare and early learning programs that achieve Texas Rising Star certification, offering quality care that exceeds the Texas Health and Human Services Commission (HHSC) Childcare Regulation (CCR) minimum standards, are in a better position to positively affect the physical, social-emotional, and cognitive development of children.



## What Might a Texas Rising Star Early Learning Program Provide?

- Smaller class sizes and more teachers;
- Teachers with higher education and ongoing training;
- Positive and patient teachers;
- Age-appropriate activities and quality curriculum;
- Indoor and outdoor classrooms that held with learning and development;
- Support for learning at home; and
- Community resources for families.

## Licensing Information

The CDC is licensed by the State of Texas, and the Department of Family Protective and Regulatory Services (DFPS). The DFPS website [DFPS - Texas Child Care Licensing \(CCL\)](https://dfps.texas.gov/child_care/) [https://dfps.texas.gov/child\\_care/](https://dfps.texas.gov/child_care/) The most recent licensing inspection reports are posted in the lobby. If you would like to view a past inspection report, please speak to Center admin. To reach the local child care regulation office, call 512-753-2259.

## Child and Adult Care Food Program (CACFP)

As a CACFP participant, we are an equal opportunity provider. In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. If you have questions or concerns, call the USDA at 1-866-873-2263 or the Food and Nutrition Division at 1-800-835-5832.

## 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.

The employees of The Child Development Center are not required to discuss their suspicions with parents prior to reporting the matter to the appropriate authorities, nor are they required to investigate the cause of any suspicious marks, behavior, or condition prior to making a report. As mandated reporters, we can be held criminally responsible if we fail to report suspected abuse or neglect.

The CDC takes this responsibility very seriously and will make all warranted reports to the appropriate authorities. The Child Protective Services Act is designed to protect the welfare and best interest of all children. As mandated reporters, the staff of the CDC cannot be held liable for reports made to Child Protective Services which are determined to be unfounded, provided the report was made in “good faith.”



Causes for reporting suspected child abuse or neglect include, but are not limited to:

- Unusual bruising, marks, or cuts on the child's body
- Severe verbal reprimands
- Improper clothing relating to size, cleanliness, season
- Transporting a child without appropriate child restraints (e.g. car seats, seat belts)
- Dropping off or picking up a child while under the influence of illegal drugs/alcohol
- Not providing appropriate meals including a drink for your child
- Leaving a child unattended for any amount of time
- Failure to attend to the special needs of a disabled child
- Sending a child to school over-medicated to hide symptoms, which would typically require the child to be kept at home until symptoms subside.
- Children who exhibit behavior consistent with an abusive situation

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.





# 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 a non-refundable wait list fee payment of \$50.00.
- 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 employees with primary guardianship or custody of waitlisted child.
  4. All others are based on the date of application and best fit for the classroom.
- Refusal of enrollment offer will result in removal from the wait list. Families wishing to remain on the wait list must submit a new wait list and fee.
- A non-refundable enrollment deposit of \$100.00 is due upon acceptance of the enrollment offer.
- The CDC is open to all TXST 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. Contact us for alternative means of communication.
- We are also a Child Care Services (CCS) Provider. CCS provides scholarships for childcare. <https://texaschildcaresolutions.org/financial-assistance-for-child-care/> Parents are encouraged to speak with CDC Admin if there are any questions regarding CCS.
- The Center does not admit nor retain any child whose needs cannot be met with current staffing or whose behavior would endanger other children or staff.

## Enrollment

Our teachers and administrators gather information during the offer of enrollment process by asking parents questions about atypical needs of the child and prior childcare experiences to determine if the CDC is the best fit for the child and family. Enrollment is based on classroom availability and best fit for the classroom. We are open to children **3 months (as of August)** through 5 years. Without a kindergarten program, we are unable to keep 5 year olds enrolled after the summer semester.

## Class Placement and Transitions

- Children are placed in classes according to their age and development and are expected to remain with their class until the late August departure of the kindergarten bound children.
- Prior to the start of the next school year, parents are informed of their child's next placement during parent conferences in May.

Placement is based on child development and teacher recommendation. Parents are given ample notice of the scheduled transition times for children to visit their new classroom. Before Fall classes commence, an Open House is scheduled. Parents are encouraged to attend the event as it provides an opportunity to do the following:

- Tour the classroom, explore the learning centers and play areas, and meet other parents;
- Learn about classroom and program expectations for the child and parent;
- Gain an understanding of the child's daily routine;
- Connect with the classroom teacher(s) and learn about communication expectations;
- Once a child is enrolled in the Center, they are guaranteed Spring and Summer enrollment, provided the following:
  - Family account is current and without a due balance for any CDC expense.
  - Parent(s) have submitted their 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.) Childcare will not be guaranteed for those failing to submit the form by the deadline.

## 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 and requirements of the Department of Agriculture, Texas Department of Protective and Regulatory Services, the National Association for the Education of Young Children, Texas Rising Star, Texas Workforce Commission Childcare Services (CCS), the current accrediting body and Texas State University. Any parental action that would jeopardize the Center's standing with any of these bodies can result in termination of a family's enrollment.

Every effort will be made to resolve differences. However, circumstances that can result in a child /family's dismissal from the school, include, but are not limited to:

- Behavior aspects of a child:
  - Any child who is not yet ready for the group experience or whose needs cannot be met in a group setting (i.e.-cannot get along with other children, unable to follow class rules and teacher instructions, requires one-on-one attention from the teacher for a majority of the day),
  - A child who continually places the safety of him/herself, other children, or staff members at risk.
  - A child with behavior problems so severe that they cannot be accommodated within the scope of the regular program and regular staff-child ratio, or lack of a written plan

or instructions from a psychiatrist, psychologist, counselor, or therapist specializing in young children.

- Behavioral problems of parents or guardians, including but not limited to physical and/or verbal abuse or threats, which the Director determines to be a continuing hazard to children, staff and/or other parents/guardians.
- Failure to treat CDC staff and children with respect.
- 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, drop off or pick up policies.)
- Excessive absences impact the child's learning, their classroom environment, and/or teacher's knowledge of the child.
- Parent or guardian failing to communicate consistently with teachers and administrators regarding child needs and classroom events and expectations. Timely responses to emails, messages in Lillio and phone calls are critical in maintaining a strong home/center relationship.

The Child Development Center reserves the right to dismiss any child at any time if the Director deems it necessary. Although families can be dismissed immediately, when possible, the Center endeavors to follow the procedure below:

- Parents will be notified of the issue by teachers or office staff as soon as possible.
- Parents, teachers, or office staff will set up a conference for discussion of problems within 48 hours.
- A follow-up conference will be scheduled within 2 weeks.
- If significant improvement is not observed, parents will be asked to seek outside assistance to aid in a solution.
- After a reasonable time, if a solution cannot be reached, the Director may initiate dismissal.

Any past due balances must be paid at the time of the dismissal. An invoice detailing the past due balance will be forwarded to the address indicated in the child's file within one week of the dismissal. Any balance remaining after the 30-day period will be referred to the agency's legal counsel for collection.

Ultimately, continued enrollment will be at the sole discretion of the Director. A parent who wishes to appeal a dismissal from the Center may do so by arranging a meeting with the FCS Chair, at which the teachers and CDC administrative staff will outline attempted modifications and discuss their effectiveness. The parent may request further or alternative modifications. However, the FCS Chair will not overturn the decision of the Director unless it is shown that she/he has acted in a biased or unprofessional manner during the dismissal process.

The Center Director or designee will assist the parent in gathering their child's belongings at the time of dismissal and parents are required to leave CDC property in a calm and respectful manner, immediately. The Child Development Center will request assistance from university police should any parent become disruptive and/or uncooperative while gathering their child's belongings upon dismissal. Following a dismissal, any parent or child who harasses, threatens or in any manner causes harm to anyone affiliated with The CDC by calling, writing, or any other means, will be fully prosecuted.



# BUSINESS OPERATIONS

*(Note: All policies are subject to change.)*

## Tuition, Fees and Payment Options

- **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, unless prior notice is given.**
- 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 15<sup>th</sup>.
- **Returned Checks**-If for any reason a check or online payment is returned for non-sufficient funds, the CDC will charge a \$50.00 NSF fee and a \$30.00 University 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.
- **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 pickup fee of \$5.00 per 5 minutes after 5:30 p.m. (or portion thereof). **Please note that the CDC closes at 5:30; therefore, late fees will accrue until the time the family leaves the building.**
- **Tuition is based on the class the child is in, regardless of the age of the child.**
- **Childcare services will be terminated for accounts which are 30-45 days past due.**
- In the event of non-payment, parents/guardians will be responsible for paying any amount 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 for TXST students due to non-payment at the CDC.**
- Parents having trouble 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 who are 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 or their parents have not left the building 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.
- All staff in-service days and holidays are included on the CDC calendar and posted on the CDC website before the start of the Fall semester.

## Emergency/Unanticipated Closings and Inclement Weather Information

- In case of an emergency closing and/or inclement weather, parents will be notified of the closing via Lillio, text message and by email.
- Should the Center need to close, we will attempt to reach the child's parents to arrange pick up. If we are unable to reach the child's parents, the persons listed on the emergency contact form will be called until pick up arrangements can be made. We will notify the parents or emergency contact person of the pickup location should the children need to be evacuated from the Center. Parents/emergency contact individuals should report directly to the alternate location if one has been shared.
- If Texas State University closes early because of inclement weather, the CDC will remain open 30 minutes 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 24.)

## Pandemic Emergency Response

In the event of a pandemic, The Child Development Center will follow guidelines and directions implemented by the TXST Medical Officer, Centers for Disease Control and Prevention, Federal and Local Governments, and the Texas Health and Human Services Commission (Child Care Licensing). Please review the COVID response flowchart in Appendix M if someone in your household is exposed or tests positive.

To ensure the safety of children, families, and staff, the school will monitor the situation and take into account the guidance and suggestions from the authorities on the situation. Decisions made by the center will consider the safety of children, families, and staff. Decisions may include:

- Closure of the center
- Length of closure to be determined by the CDC Administrative Staff and FCS Chair.
- Adjusted hours of service
- Daily health checks of children and staff
- Limited entry into the building
- Limited access to the property

- Limitations on what the children may bring into the center, such as:
  - Blankets
  - Stuffed animals
  - Pillows

The Child Development Center will communicate these plans through a variety of methods such as mass emails and constant contact.

## Tuition Policy during a Center Closure

Should the Center need to close for any reason, tuition will not be refunded or reduced for closures of less than 15 school days.

If the closure extends beyond 15 school days, 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%. All decisions are at the discretion of the CDC administration. Please remember tuition is not determined by attendance but by enrollment status. All enrollment is maintained during a closure period as long as all commitment to the school are fulfilled.

# GETTING STARTED

## Registration

When 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 \$100.00 and a registration fee of \$75.00 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. 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 Childcare 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

For the safety of all the children and staff, we have a card swipe system at the main entrance to assist us in limiting those who can enter the building. Only people who are authorized can enter the building while children are present. When families enroll, parents/guardians must have a CDC access card. A \$20 deposit must be paid for each 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 7:30-9:00 a.m. and 2:00-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've forgotten your card, do not follow another family inside. Instead, you are required to press the call button for access. These procedures are designed to protect the welfare and best interests of the employees, children, and families of the CDC. Be alert and immediately report any breaches or concerns to CDC administration. **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. Visitors may include but are not limited to volunteers, tour participants, lab students, facility workers, and those unfamiliar picking up children.

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 and classroom personnel follow (appropriate language, behavior, etc.) A child's visitor will remain under the supervision of CDC staff. Visits must be brief 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 parking permit can also use the CDC Parking Placard to park in the red lot next to the ROTC building. **Please be mindful of children and adults when driving through the parking area.**

## 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, scooter 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.

## Classroom Arrival

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.

Children are required to be escorted by their parent or the adult dropping them off, to their designated classroom. Children are required by law to be supervised at all times while in the Center. The CDC prohibits idling vehicles be left in the parking area. Parents are also prohibited from leaving siblings or other children in an unattended vehicle during drop off and pick up.

**Children must arrive by 9:00 a.m. to be admitted to the classroom.**

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 9:00 a.m. (unavoidable situations, appointments, etc.), we ask that you **notify the classroom teachers ahead of time by phone or Lillio message. Drop-offs are not permitted between 10 a.m. and 2:00 p.m. (unless prior arrangements have been made).**

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:

- Finish outside meal (breakfast bars, donuts, kolaches, etc.) before entering the CDC.
- Walk with your child to the classroom.
- Make verbal contact with the classroom teaching staff.

- Help your child put away their personal belongings and get settled for the day.
- 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. We ask that you make your drop off routine smooth, quick and consistent to help the child learn what to expect each day.

We believe it is best for parents to tell the anxious child upon arrival that after all of the child's things are put away, the parent will kiss, hug, and say goodbye to the child so that your child can trust that you will not just disappear. This will prepare your child for your departure. We discourage parents from sneaking out of the building in an attempt to avoid separation issues with their child. Be assured that if your child cries or is unhappy, one of the staff will stay with them until he or she is busy and involved. If the drop off is particularly difficult and your child has difficulty self-regulating or is aggressive with the drop off person, we ask that you relinquish the child to our staff, say goodbye and leave. We do not permit children to injure a child or an adult when they are in our care, and we will not permit it to happen when the child is in your care as we do not want patterns to be created.

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. Feel free to call the front desk or reach out via Lillio to check on your child after a difficult separation.

## 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 completed 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, not 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.

## Departures

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.

## 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.**

Parents or persons designated to act "in loco parentis" are required to sign any incident/accident reports from the day at pick-up. The classroom teacher will be able to briefly discuss the matter with you or another authorized adult at pick-up. However, should you feel it necessary to have an in-depth discussion or meeting, it is most appropriate to schedule the meeting for a later date because the teacher is responsible for supervising the remaining children in the classroom. A telephone conference may be scheduled for later in the day or for the next day at nap/rest time if the parent(s) is unable to meet at the center during the course of the day.

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.

## Notification of Absence

Parents are encouraged to inform the school by 9:00 a.m. if a child will not be attending or will arrive late due to an outside appointment.

If your child is ill, we request that you notify the office not only of the absence, but also of the nature of the illness. This enables our administrators to keep track of any illnesses, which may occur at our school. This information will only be shared with staff on a “need to know” basis. If your child has a communicable disease, we ask that you share the diagnosis with the office, so that the parents of the children in the school may be notified that a communicable disease is present. Once again, only the communicable disease information will be shared. The Child Development Center will take all measures necessary to protect your child’s confidentiality.

Parents are not required to disclose this information by law, and your continued enrollment will not be based whatsoever on your decision to share, (or not) the reason for your child’s absence from school.

## Authorized Pick-Up People

At enrollment, parents will be required to include any and all persons who, in the course of events, may be asked to pick-up their child from the Child Development Center. In an emergency, the child’s parents will be called first. If they cannot be reached, staff will call those authorized to pick-up the child. State regulations require each family to have at least two people authorized to pick-up, other than the parent. These individuals must be local and able to respond within 30 minutes of notification.

Should the staff contact a parent, and the parent is unable to pick up the child, it is then the responsibility of the parent to arrange for their child to be picked up by someone on the list. Failure of the parent to make such arrangements will jeopardize program enrollment.

## Late Pickup

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.). Late fees will accrue until the family leaves the building. 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).

## Center's Right to Refuse Admission

The Child Development Center reserves the right to refuse admission to any child at any time with or without cause.

Possible reasons for the refusal of admission include but are not limited to:

- Lack of staff to maintain appropriate Staff to Child Ratios as determined by State Licensing Regulations.
- Staff deem the child too ill to attend.
- Domestic situations that present a safety risk to the child, staff or other children enrolled at the CDC if the child were to be present.
- Parents' failure to maintain accurate, up to date records.
- Parents' failure to complete and return required documentation by requested deadline.
- Parents' failure to follow the tuition policy as outlined in this handbook.

Parents will not be reimbursed tuition for days when their child is refused admission to the program.

## 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.

Excessive absences can negatively impact the child's ability to adjust to the classroom, their peers and their teachers. Inconsistent attendance can also affect the child's learning, social connections, and the teacher's ability to connect and learn about the child. **Consistent attendance is key in helping children become more comfortable during drop offs and during all daily transitions.** Inconsistent attendance will jeopardize continued enrollment.

# WHAT TO BRING & WHAT TO WEAR

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

### **LABEL EACH ITEM WITH NAME**

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

**\*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
- weather appropriate shoes
- jacket/sweater for outdoor play
- a current picture of your child's family (however you define it)
- a current picture of your child
- Non aerosol sunscreen
- water bottle
- blanket that can fit within their cubby

### What NOT to Bring

- Outside food not identified as meal replacements, foods containing nuts, 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 permit 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 encourages 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. Items that encourage aggression or violence are not permitted.

### 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 and **return all clothing borrowed from the CDC within the next week. Also, when clothing is sent home, please remember to replace them and bring extras.**

**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 be closed with 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 at least two extra changes 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.**
  - Children who do not have immunizations that meet the State requirements must have documentation of a plan of action to “catch up” within the next year.
  - Parents of children who do not have all current immunization must follow the submitted plan of action to obtain all required immunizations to continue CDC enrollment.
- 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 “childcare” as “daycare”. We do not consider ourselves a “daycare program”, however the rest of the message quoted from Pediatrics Review 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 ”*

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 Coxsackie. 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 childcare 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 and dispense 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.
- Children are monitored post-administration of 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, Disinfection and Pest Control

Keeping the childcare environment clean, orderly and pest free is very important for health, safety and the emotional well-being of both children and staff. Doing so while keeping the center free of strong chemical smells is also important. Pest treatments are scheduled to ensure pesticides are applied during child-free times. If treatment is urgently needed, children's schedules are changed to mitigate the risk of exposure.

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 Odo-Ban, a disinfecting and sanitizing solution) to sanitize items at the Center.

All toys in the infant and toddler rooms are washed and sanitized between uses by individual children. In addition, all plastic toys are dipped in a sanitizing 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" or a container for dirty toys to be washed and sanitized 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, sanitizing soak and then air-dry the toys.

## Sunscreen and Insect Repellent

Children spend a great deal of time outdoors, and it is important to provide protection for their skin even on overcast days. We want to make sure that they are protected from the sun and insects. Parents are asked to apply sunscreen on children at home or upon arrival at the Center. For CDC staff to reapply sunscreen and/or insect repellent in the afternoon, parents must give consent on the Permission and Needs form. We recommend sunscreen for the body and sunscreen sticks for the face. The sunscreen stick helps prevent eye contamination.

Insect repellent is optional. Per our governing agencies, **aerosols are prohibited** for sunscreen and insect repellent. Sunscreen/insect repellent must be labeled with each child's first name and last initial. They are stored out of children's reach.

## Sunscreen Application

1. Teachers will put on gloves to apply sunscreen to the child's arms, legs, face, and any exposed skin.
2. Gloves are changed between each child's application and as needed.  
If provided, insect repellent is applied after sunscreen on the children's arms and legs. We do not apply insect repellent to children's faces.

## Injuries

When children are injured, the wound is treated and an **Incident Report** documenting the occurrence and treatment is completed on Lillio. 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 Christus Santa Rosa, Seton 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 also recommended that you register for the University Alert System. [Sign Up for TXState Alerts : University Police Department : Texas State University](#)

## Drills and Procedures

- 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 safety of the children and classroom visitors.
- Each staff has adult and child CPR and First Aid certification.
- To further insure children's safety, parents who are present during an active event or drill must follow the staff's lead regarding emergency procedures.
  - Fire drills are staged monthly and severe weather and intruder drills are held quarterly.
  - If evacuation is required, no one will be permitted inside the building.
  - Evacuation plans are posted in each room.
- The CDC has the following emergency equipment:
  - Fire extinguishers and smoke detectors, which are wired directly to campus for notification.
  - Weather radios for notification of alerts, watches and warnings for our area.
  - An AED machine for cardiac events. It is located on the first floor near the administrative offices.

## DAILY ROUTINES

### 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	Meal Clean Up, Learning Centers and Outdoor Play
11:00-2:00	Lunch and Rest Time
2:00-5:15	Learning Centers, Outdoor Play, Snack, and Pick up
5:15-5:25	Lobby or Multipurpose Room Pick Up (All parents and children should be out of the building by 5:30 for insurance purposes and to permit staff to leave.)

### 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 delivered** between 8:00-8:15 a.m. (Clean up and handwashing is from 8:30-8:45) Breakfast will not be available for children arriving after 8:30. Children arriving with breakfast items (donuts, kolaches, toast, etc.) must finish these items before entering the building.

**Lunch service** starts between 11:00-11:20 a.m. **Meal counts are taken by 9:30 a.m.** to prepare appropriate servings for each class. **Children may not arrive between 10 a.m.-2:00 p.m.,** as arriving after 10 is disruptive to the classroom and rest time starts after lunch has ended.

**Snack service** starts between 3:00-3:30 p.m. Children picked up during snack service are permitted to take their snack home, if feasible.

Family style eating allows the children to serve themselves if possible. The staff will assist in serving and help encourage healthy eating habits. While we encourage children to eat during all 3 meals, some children may go home hungry if they choose not to eat all that is offered.

We attempt to provide meals from a variety of ethnic backgrounds reflecting the diversity of our families, including Meatless Mondays. A monthly menu is posted on our website. As with all of our programming, 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 the CDC is a nut-free facility. These products are not allowed in the Center due to the serious health risk to children who are allergic to tree nuts and peanuts. For more information on our ***Food Allergies Policy***, please see ***Appendix C***.

## BPA Information

**BPA-Free Products-** Some research has shown that BPA can seep into food or beverages from containers that are made with BPA. Exposure to BPA is a concern because of the possible health effects on the brain and prostate gland of fetuses, infants and children. It can also affect children's behavior. The CDC meals are served on reusable melamine plates and bowls.

If you're concerned about BPA, you can take steps to reduce your exposure:

- **Use BPA-free products.** Manufacturers are creating more and more BPA-free products. Look for products labeled as BPA-free. If a product isn't labeled, keep in mind that some, but not all, plastics marked with recycle code 3 or 7 may contain BPA.
- **Avoid heat.** Don't put plastic containers in the microwave or dishwasher, because the heat may break them down over time and allow BPA to leach into foods.
- **Focus on fresh whole foods.** When you can, choose fresh whole fruits and vegetables.
- **Use alternatives.** Use glass, porcelain or stainless-steel containers for hot foods and liquids instead of plastic containers.



## 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.** The CDC has a lactation room on-site for breastfeeding and pumping.

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, vitamins or supplements cannot be mixed in a bottle.

## Rest Time- Infants

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. The approximate rest time for infants and toddlers is 2 hours.

Non-walking infants rest in cribs. They are placed in a face-up sleeping position in their own crib, unless we have a completed Sleep Exemption Form that includes a signed statement from a healthcare professional stating that a different sleeping position for the child is medically necessary.

An infant who is developmentally able to roll from back to stomach and stomach to back may do so independently after we've placed the infant in a face-up position for sleep.

We are not permitted to swaddle infants for sleep unless we have a completed Sleep Exemption Form that includes a signed statement from a healthcare professional stating that swaddling the child for sleeping purposes is medically necessary.

## Rest Time-Non-Infants

We will provide a mat for each child. If you wish, you may bring a **small** blanket and stuffy/lovey to help your child rest. (All items must be able to fit in child's cubby.) 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. After 1 hour of rest, children are provided a quiet activity.

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 three to five-year-olds is 1-1½ hours.

## 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 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 D***.

We will make every effort to work with parents of children who have 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. For more information on ***Chronic Disruptive Behavior***, please see ***Appendix E***

## Atypical 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.

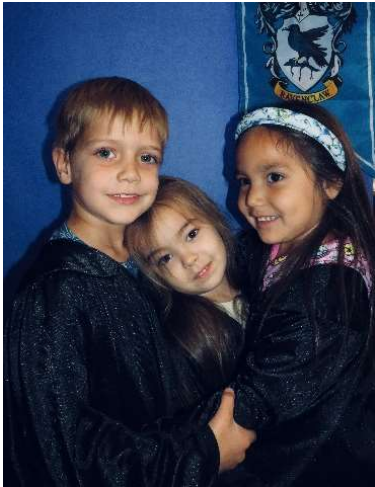
If a child is exhibiting a behavioral, cognitive, physical, or emotional need, the following procedures will be followed:

1. At parent or staff request, a meeting will be scheduled within one week of the request (based on staff and parent availability) 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 discussed 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, Butterfly Effects, and more. Speech, ABA, occupational and physical therapy can be completed at the CDC, as we will provide any space needed.
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.
4. If the results of an outside evaluation suggest the need for accommodations for atypical 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 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 ensure a safe and healthy environment for all children.
6. **If the parental permission for the needed evaluation is refused and the behavior continues or the child's needs cannot be met at the CDC, enrollment of the child will be terminated.**
7. Written documentation of the above steps will be given 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 appropriately, consistent with accepted practices in the early childhood field. Please see *Appendix E*, 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, Diversity and Cultural Competence

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 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.

Cultural competence is the basic understanding of our own culture and ethnicity, a willingness to learn about the cultural practices and worldview of others, maintaining a positive attitude toward cultural differences, and a willingness to accept and respect these differences. The purpose of this plan is to bring an awareness to any unconscious biases we (as a community of teachers and learners) may have; and to be accepting of knowledge about differing cultures and how culture impacts management style, problem-solving, asking for help, learning, etc. It is important for children, families, and teachers to have an awareness, positive attitude, willingness to learn, and skills to communicate with everyone.

While diversity may include different faiths, gender roles, socioeconomic status, and ethnicity it is not limited to just these areas. We believe that diversity also includes the different physical, cognitive, and social abilities that one possesses. We strive to create a developmentally appropriate classroom environment using an Anti-Bias curriculum that supports each child's uniqueness, their home culture and heritage, and their beliefs.

One of the most important things that we can do to teach our children about diversity is through role modeling that all people are treated with kindness and respect.



While it is impossible to list all the things we do to encourage diversity, listed below are some of the ways we incorporate diversity into our curriculum:

- Each classroom invites children to bring in a picture board to hang in the classroom highlighting family, traditions, and likes/dislikes.
- 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.

## Language Development and The Importance of Play

Before children learn to speak, they're taking in much information through their senses. During play, mealtime, bedtime, and bath time, they're gaining a better understanding of how their bodies and objects work.

Play is the main occupation of babies and toddlers because when they're not eating and sleeping, they're playing. They learn new skills, concepts, and all about the world around them through play.

While play may seem simple and fun to you, it is one of the best learning experiences for your child. They are learning sizes, colors, shapes, actions, and concepts by simply placing a square cube into a large cup or pushing a button to make an object pop out.

Once they are able to label the objects, actions, and concepts that they are learning, they will have a much better time during play. As much as independent play is great for learning, guided play with an adult is a great way to get your toddler learning to talk. It is, in fact, the only way to really get their language exploding.

The best way to get children to talk is by turning everyday activities into learning experiences. As they go about their day-to-day life, there is a wealth of knowledge and teaching opportunities for them to encounter. We just have to be available and willing to do it with them, and at the CDC, we are. Below are strategies to expand language skills, taken from the Brain Mind Institute website and written by licensed speech-language therapist, Rachel Cortese, MS, CCC-SLP.



# Strategies to expand language skills

When working with kids on language skills, your goal should always be to help them reach just the next level of complexity — nothing more and nothing less. For example, if your child communicates in one or two word bursts, your goal should be to model and use three and four word sentences. But make sure to follow your child's lead so they remain engaged and empowered to try out new words and communicate in new ways.

Talking and communicating with others should be fun! Remember, language is something kids acquire naturally, so we want to watch what they're interested in, observe and listen to how they communicate, and help bring them to the next level of language skill.

Here are some strategies you can use with kids from birth all the way up to five years old, depending upon their language level. How you do these things may look different during infancy compared to when kids are starting to use words, but the basic idea will remain the same.

- **Imitate:** If your daughter is making noises (babbling), making another sound in play, or even banging a spoon, you can do that too. Imitating children's sounds, words, and actions shows them that they're being heard and that you approve of what they're doing or saying. It also promotes turn taking and, best of all, encourages them to imitate you and your more complex language utterances.
- **Interpret:** If your son is pointing to the apple juice that he wants to drink, he is communicating with you. Take this to the next level by interpreting what he is trying to say. Respond with, "Apple juice! You want apple juice!"
- **Expanding and recasting:** When your daughter says "red truck," you can expand on that by saying, "Yes, a big red truck." If your son says, "The dragon jumping on the bed," you can recast his grammar by saying, "The dragon is jumping on the bed. Use stress and intonation to highlight the words you want your child to focus on.
- **Commenting and describing:** Instead of telling kids what to do during playtime, be a sportscaster and give a play-by-play of what they're doing. Say, "You're driving the red car around in circles," or, "You're putting the cow into the barn. The cow is going to sleep." This models good vocabulary and grammar and helps kids organize their thoughts. Maybe they weren't actually putting the cow to sleep — maybe they were just putting it inside the barn—but by suggesting that you've given them a new concept to consider.
- **Eliminate negative talk:** Try not to say things like, "That's not where the cow goes," or, when they're coloring, "The sky isn't pink." Remember we want to encourage all attempts to communicate and validate those attempts so that kids do more of it. We all respond better to more positive phrasing.
- **Contingent responses:** Respond immediately to all attempts to communicate, including words and gestures. This is a big one. It shows kids how important communication is and gives you the opportunity to model more sophisticated language skills.
- **Balance turn taking:** Give kids the space to exercise their communication skills by making sure they get a turn. Turns don't need to be talking, either. A turn could be your child handing you a toy or making eye contact. Maybe your daughter will look at you because she needs help opening a box. You can say, "You need help opening the box!" Then you can wait for her to hand you the box — that's her taking another turn. Turn taking can be hard for parents because we're used to taking charge of situations, but it is important to give kids the opportunity to use the skills they are developing.

- **Label things:** Even when kids aren't ready to use words yet, you can prepare them by labeling things in their environment. During bubble baths keep referring to the bubbles; during snack time you can label the apple juice.
- **Limit "testing":** If you know that your son knows which sound a pig makes, don't keep asking him. Testing him during playtime instead of just playing with him can be stressful. Instead you could say, "I wonder where the pig is going?" It still invites him to respond, but it doesn't put him on the spot.
- **Labeled praise:** Instead of just saying "good job," put a label on that praise. If you're child isn't yet using words, (or even if they are) you could say, "Good job putting all the blocks back," because it reinforces their good behavior even more. For a child who is using some words to communicate, you could say, "Nice job telling me that you want apple juice," or "Nice job saying more juice please." This will help create positive feelings around communication and motivate them to continue to try and add new words.

## 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 six 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, sensory, 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. Because we encourage independence, we also ask that children are dressed in easy access clothing, such as stretchy waist pants, velcro 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.

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.
4. All children at the CDC are required to wear either a diaper, if not toilet trained, or underwear, if toilet trained. Children are not permitted to attend sans an item to cover their genitals.
5. **All children in the Buttercups and Poppies must be completely toilet trained to move to one of the classrooms for three year olds in August.** The classes for threes (Zinnias and Tiger Lilies) do not have a diaper changing area or the staffing to support those who are not toilet trained.

## Toilet Trained

At the CDC, we consider a child to be toilet trained when they:

1. Can state when they have to go to the potty.
2. Can pull down their pants and underwear independently.
3. Can sit or stand and urinate in the potty and wipe where needed independently.
4. Can sit and complete a bowel movement in the potty independently. (They can ask for assistance with wiping if needed.)
5. Can redress themselves independently.
6. Can flush the toilet and wash their hands independently.
7. Have fewer than 3 potty accidents a week.

## Preschool Program

The Child Development Center has two preschool classes, Zinnias and Tiger Lilies and two pre-kindergarten classes, Bluebonnets and Marigolds, 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. **Due to the classroom design and staffing, all children in the preschool and pre-kindergarten classes must be completely toilet trained and independent in this area of development.**

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 exciting and challenging curriculums and support 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 an 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 and implementing curriculum for groups and individual children, communicating with parents, and program improvement.

Teachers document and assess children’s development and create portfolios for each child, which contain observations, anecdotal notes, collections of children’s work, photographs, developmental checklist, and comments and observations from parents. Discussion of assessments are conducted during parent conferences. These are held 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 in the Fall, Winter, Spring and Summer semesters.. 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, photos and videos that provide examples of children’s developmental progress. Teachers frequently share these observations via an online software medium called Lillio. Evidence for children’s portfolios will be collected on an ongoing basis. **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 attend the Center will be taken outdoors for play (weather permitting) unless there is precipitation. ***Weather permitting*** means weather conditions that do not pose any concerns for health and safety, such as a significant risk of frostbite or heat-related illness. This includes adverse weather conditions in which children may still play safely outdoors for shorter periods with appropriate adjustments to clothing and any necessary access to water, shade, or shelter. We want them to have an opportunity to breathe in fresh air, receive a bit of sunshine, expend energy, and stretch out.



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 active play.

- If temperatures are very cold or very warm and there is no danger on the play surfaces, the children will be taken outside to play for a short period.
- 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 each day.
- Children will not go outside when lightning is detected within 10 miles during an approaching storm.

**Children who are too ill to go fully participate in all daily classroom activities, including going outside, are too ill to attend that day. We do not have the staffing to supervise children separated from their class due to health conditions.**



## Enriching/Extracurricular Experiences

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) for children 2 years of age and up. Eligible children must be completely toilet trained and able to be in the pool during lessons without a parent. Our staff escorts children to the SRC, remain onsite (sitting on the side of the pool within reach of the children) to help supervise the children, and escorts them back to the CDC.



**“Splash Days”** and **“Mud Play Days”** are also planned during the warmer months. Children are dressed in their swimsuits and water shoes and then allowed to play in the sprinklers, sandbox, and greenspace in the mud.



Other extracurricular activities may be offered each semester. We provide supervision to, during, and from the activities. 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 Glades next door, campus library 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?
- **Your 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?

Per the brief:

### **“Appropriate use in formal early learning settings”**

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 CDC. **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 the center and place them 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 send notes for teachers in Lillio. Your child's 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 Lillio. 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 Lillio. 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 are also permitted to notify us about new authorized pick-up persons, registration card updates and any contact changes via Lillio. Afterwards, we ask that you check in with the front desk to ensure we received the updated information.





# 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 send notes in Lillio.

The parent bulletin board near the classroom entrance 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 Spring cleaning, remember that we can use:

unbroken used toys\*

dress up items and plastic grocery bags

books

fabric, ribbons, yarn, 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**–Some classrooms schedule outside events for events. These can happen at parks, museums, etc. These are great ways to get to know staff, network with other parents, and discuss topic of mutual interest. Each Fall and Spring we have festivals on site. Free child-friendly activities, including train rides, petting zoo, face painting and more.

**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 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. 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. The PA may seek a parent volunteer per class (Parent Representative) as well officer roles for the Association.

**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 monthly Parent Association meetings and they share classroom concerns with the Director.

**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 (PA). All parents are invited to become active members of the PA.

**Parent Code of Conduct**– One of the goals of the CDC is to provide the most appropriate environment in which a child can grow, learn, and develop. Achieving this ideal environment is not only the responsibility of the employees of our program but is also the responsibility of every parent or adult who enters the center. Parents and guardians are required to behave in a manner that fosters this ideal environment. **They are to behave in a manner consistent with decency, courtesy, and respect when interacting with all CDC stakeholders, including all staff, children, parents, lab students, etc.**

Parents who violate the Parent Code of Conduct will not be permitted on CDC property thereafter. Please refer to the Policy on Parent's Right to Immediate Access for additional information regarding dis-enrollment of the child when a parent is prohibited from accessing school property.

- **Parent Dress Code**–Parents are required to be dressed in appropriate clothing while at The Child Development Center or involved in any CDC sponsored events. Inappropriate clothing would include, revealing, extremely short, ripped/torn (in inappropriate places), and/or see through articles of clothing. Anything with suggestive or vulgar language is prohibited.

Parents are required to remove or cover their shoes prior to entering the infant classroom. This will reduce the risk of injury to a child on the floor and will help to maintain a clean floor. Parents not wishing to use shoe covers can simply leave their shoes outside the classroom door prior to entering the room.

- **Swearing/Cursing**–No parent or guardian is permitted to curse or use other inappropriate language on school property at any time, whether in the presence of a child or not. Such language is considered offensive by many people and will not be tolerated. If a parent or guardian feels frustrated or angry, it is more appropriate to verbally express the frustration or anger using non-offensive language. At NO time shall inappropriate language be directed toward members of the staff.



- **Threatening of Employees, Children of Other Parents or Adults**  
Associated with The CDC– While it is understood that parents will not always agree with the employees of the CDC or the parents of other children, it is expected that all disagreements be handled in a calm and respectful manner. Confrontational interactions are not an appropriate means by which to communicate a point and are strictly prohibited. Threats of any kind will not be tolerated. The CDC will act when threats are made. All threats will be reported to the appropriate authorities and will be prosecuted to the fullest extent of the law. While apologies for such behavior are appreciated, the CDC will not assume the risk of a second chance. **Parents must be responsible for and in control of their behavior at all times.**
- **Physical/Verbal Punishment of Your Child or Other Children at the CDC**–While the Child Development Center does not necessarily support nor condone corporal punishment of children, such acts are not permitted in the childcare facility. While verbal reprimands may be appropriate it is not appropriate for parents to verbally abuse their child. Doing so may cause undue embarrassment or emotional distress. Parents are always welcome to discuss a behavior issue with the teacher and to seek advice and guidance regarding appropriate and effective disciplinary procedures.  
  
Parents are prohibited from addressing, for the purpose of correction or discipline, a child that is not their own. No parent or other adult may physically punish another parent's child. If a parent should witness another parent's child behaving in an inappropriate manner or is concerned about behavior reported to them by their own child, it is most appropriate for the parent to direct their concern to the classroom teacher and/or Center Director. Furthermore, it is wholly inappropriate for one parent to seek out another parent to discuss their child's inappropriate behavior. All behavior concerns should be brought to the classroom teacher or Director's attention. At that point, the teacher and/or Director will address the issue with the other parent. Although you may be curious as to the outcome of such a discussion, teachers and/or the Center Director are strictly prohibited from discussing anything about another child with you. All children enrolled in our program have privacy rights and are further protected by our Confidentiality Policy. Be assured that we will not discuss anything about your child with another parent or adult visiting the center.
- **Smoking/Vaping**–For the health of all CDC employees, children and associates, smoking and vaping is prohibited anywhere on CDC property. Parents are prohibited from smoking or vaping in the building, on the grounds, and in the parking lot of the CDC. Parents who are smoking in their cars must dispose of the item prior to entering the parking lot.
- **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/guardian is behaving in a way which pose a risk to children in the facility. In these cases, university police will be contacted for assistance.

## Required Notifications

- The childcare facility must provide written notice to the parent or guardian of any other child captured in a video before allowing a parent to inspect a recording.
- The childcare facility must provide a parent or guardian with a written copy of the rights no later than the child's first day at the facility.
- Parents must notify the center within 24 hours if they are prohibited to visit the premises or be around children due to a legal order.

**Court Orders Affecting Enrolled Children**—In cases where an enrolled child is the subject of a court order (ex... Custody Order, Restraining Order, or Protection from Abuse Order) The CDC must be provided with a Certified Copy of the most recent order and all amendments thereto. The orders of the court will be strictly followed unless the custodial parent(s) requests a more liberal variation of the order in writing. In the case where both parents are afforded shared/joint custody by order of the court, both parents must sign the request for more liberal interpretation of the order. In the absence of a court order on file with the CDC administration, both parents shall be afforded equal access to their child as stipulated by law. The CDC cannot, without a court order, limit the access of one parent by request of the other parent, regardless of the reason.

If a situation presents itself, where one parent does not want the other parent to have access to their child, the CDC suggests that the parent keep the child with them until a court order is issued. If conflicting court orders are presented, the most recently dated court order will be followed. Once presented with a Protection from Abuse Order or a Restraining Order, The CDC is obligated to follow the order for the entire period it is in effect. Employees of the CDC cannot, at the request of anyone, except the issuing judge, allow a Protection from Abuse Order and/or a Restraining Order to be violated. The CDC will report any violations of these orders to the court.

**Parent's Right to Immediate Access**—Parents of a child in our care are entitled to immediate access, without prior notice, to their child whenever they are in care at the Child Development Center, as provided by law.

In cases where the child is the subject of a court order (e.g., Custody Order, Restraining Order, or Protection from Abuse Order) the Child Development Center must be provided with a **Certified Copy** of the most recent order and all amendments thereto. See "Court Orders Affecting Enrolled Children" section for more information on Court Orders.

The orders of the court will be strictly followed unless the custodial parent(s) requests a more liberal variation of the order in writing. In the case where both parents are afforded shared/joint custody by order of the court, both parents must sign the request for more liberal interpretation of the order.

**Any parents wishing to visit the school on non-court appointed days** are asked to schedule appointments with the Center Director and are allowed in the school only at the discretion of the Center Director. An employee of the Child Development Center will accompany **the parent** at all times, throughout the school.

**In the absence of a court order** on file with the Child Development Center, **both** parents shall be afforded equal access to their child as stipulated by law. The Child Development Center cannot, without a court order, limit the access of one parent by request of the other parent, regardless of the reason. If a situation presents itself where one parent does not want the other parent to have access to their child, The Child Development Center suggests that the parent keep the child with them until a court order is issued, since our rights to retain your child are secondary to the other parent's right to immediate access. The Child Development Center staff will contact the local police should a conflict arise.

**"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 a resolution may not be reached that is satisfactory. If the parties involved cannot resolve the concern together and to the satisfaction of both, the matter should be brought to the attention of the Director. A three-way conference may be arranged at this time. There are many other ways that you can share your ideas, questions, concerns, complaints, and feedback with us, including via email, phone calls, in person, or suggestion box, located at the front desk.

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](mailto: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.

**Have a question or concern about the food program?** Call the USDA at 1-866-873-2263 or the Food and Nutrition Division at 1-800-835-5832.

**Social Media**—This social media policy applies to all CDC stakeholders including, but not limited to, parents, employees, students, and visitors.

This policy includes (but is not limited to) the following technologies:

- Social networking sites (e.g. Facebook, Snap Chat, Instagram)
- Blogs
- Discussion forums
- Collaborative online spaces
- Media Sharing services (i.e. You Tube, Tik Tok)
- Micro-blogging (i.e. X (formerly known as Twitter))

As part of our duty to safeguard children it is essential to maintain the privacy and security of all our families and employees. We therefore require that:

- No photographs taken within the CDC settings or at CDC special events and outings with the children, are to be posted for public viewing, except those of your own child.
- Parents are advised that they do not have a right to photograph anyone else's child or to upload photos of anyone else's children. (This excludes those photographs taken by staff for the children's online learning journal, which are sometimes used for display in the setting, for use on The Child Development Center website and in other advertising material if parental permission is given).
- No public discussions are to be held or comments made on social media sites regarding the CDC children, staff or Administrators (except appropriate use for marketing fundraising events) or that could be construed to have any impact on the Child Development Center's reputation or that would offend any member of staff or parent using the school.
- If a parent names the Child Development Center on any social media platform, they must do so in a way that is not detrimental or derogatory to the school.
- Parents are not permitted to set-up private or public social media (i.e. Facebook, Instagram, Twitter) accounts/groups related to the Child Development Center without expressed written consent from the Director.

**Violation of Social Media Policy**-Any parent found to be in violation of the above or by posting remarks or comments that breach confidentiality, bring the Child Development Center into disrepute or that are deemed to be of a detrimental nature to the Child Development Center, its employees, or other children could result in immediate dismissal from the school.





# 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 with an expectation child will “catch up” within the next calendar year.**

## Minimum State Vaccine Requirements for Texas Children

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

\* 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.



## ILLNESS EXCLUSION POLICY SUMMARY

The goal of our Illness Policy for children and staff is to prevent the spread of communicable illness. While we cannot prevent all illness, we can reduce its incidence and severity. The staff will assess each child's health upon entering the Center and may use discretion in accepting a child each morning for signs of illness. Parents are asked to observe the child each morning for signs of illness and to call the Center with any questions.

<b>NO</b>	<b>YES</b>
Your child must stay home or will be sent home if she or he has any of the following symptoms:	Your child may be at the Center if her or his condition is as follows:
<b>FEVER</b> Has an oral temperature of 100° or higher, an axillary (armpit) temperature of 99° or higher, or 101° or higher rectally. Has had a fever within the last 24 hours.	<b>FEVER</b> Has an oral temperature below 100°, armpit temperature below 99°, or rectal temperature below 101°. Has had no fever for a full 24 hours <b>without a fever reducing medication.</b>
<b>COLDS</b> Has a runny nose with a fever. Not well enough to participate in normal Center activities, including outside play.	<b>COLDS</b> Has a runny nose without a fever, and is well enough to participate in normal Center activities, including outside play.
<b>COUGH</b> Has a wet wheezy cough, which through the mucus could spread viral or bacterial infection. Persistent hacking or congested cough.	<b>COUGH</b> A child with a dry-sounding cough will usually be admitted if the cough is not related to other illness.
<b>EYES</b> Recurring discharge (green, white, or clear) from the eyes, usually accompanied by redness and itching. Will not be admitted until discharge is cleared <b>EVEN IF ON MEDICATION.</b>	<b>EYES</b> NO signs of fresh discharge from the eyes. Examination by doctor recommended.
<b>DIARRHEA</b> Episode of diarrhea (loose, watery stools) more than once.	<b>DIARRHEA</b> Recovery of typical bowel movements.
<b>VOMITING</b> Recurring vomiting (more than once) or vomiting accompanied by fever.	<b>VOMITING</b> No more vomiting or accompanying symptoms.
<b>LICE</b> Intense scratching of scalp. Will not be admitted with any mites or eggs (nits) in hair.	<b>LICE</b> Treatment with lice removing shampoo or a prescribed treatment. <b>REMOVAL OF ALL EGGS AND MITES.</b>
<b>SCABIES</b> Raised red spots or lines on skin caused by a microscopic mite. Intense itching.	<b>SCABIES</b> Treatment with scabicide and doctor's note certifying lack of contagion.
<b>SKIN</b> Presence of impetigo, draining poison oak, cold sores, fever blisters, unidentified rash, or hives.	<b>SKIN</b> Absence of symptoms. Rash identified by physician and determined to be non-contagious. Note from physician must be presented for child to remain at the Center. Children with heat, allergy, or diaper rashes may attend the Center.

## 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 (cont'd)

## **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.
- When a misdeed occurs, we do not express 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.

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
- Grabbing or pulling a child
- Putting anything in or on a child's mouth
- Humiliating, frightening, demeaning, ridiculing, rejecting, or yelling at a child
- Subjecting a child to harsh, abusive, disrespectful, or profane language
- Placing a child in a locked or dark room, bathroom, or closet
- Placing a child in a restrictive device for time out
- Withholding active play or keeping a child inside as a consequence of behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out.
- Requiring a child to remain silent or inactive for long periods of time for the child's age



## 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
- Recognizing our triggers as adults and being mindful of our responses
- 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
- 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. We also use **Conscious Discipline** methods for guiding children. Conscious Discipline creates a compassionate culture and facilitates an intentional shift in adult understanding of behavior via the Conscious Discipline Brain State Model. It then provides specific brain-friendly, research-backed strategies for responding to each child's individual needs with wisdom. This highly effective approach is proven to increase self-regulation, sense of safety, connection, empathy and intrinsic motivation in both children and adults.
3. 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 and Coordinators and seek guidance.
4. If the behavior is still not resolved, the Director will request a meeting with the child's parent(s). 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.
5. 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.
6. 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.
7. 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. Written documentation of steps will be sent to the parent and placed in the child's file.

## TIPS FOR SUPPORTING LANGUAGE DEVELOPMENT

**1. SIMPLY TALK TO THEM-A LOT.** You may think that you talk to them enough now, but if your child isn't speaking yet, maybe you're not talking to them enough. Use every opportunity to expose them to language, even if they're not responding back. During diaper changes, while you're making dinner, at mealtimes, etc. You can expose them to a ton of new language during everyday activities. Have normal conversations with them, even if you think the vocabulary is too complex.

**2. DICTATE WHAT YOU'RE DOING-**It can get pretty quiet in a house alone with a baby. Since they're not talking back to us, we're less inclined to talk to them. However, as I said before, make everyday activities become learning experiences for your child.

Talk about your day and their days as you go about doing things. I'm washing the dishes. You're playing with the ball. I'm curling my hair. They will love hearing the sound of your voice and hearing the dialogue is a great way for them to start picking up new vocabulary.

**3. LABEL EVERYTHING VERBALLY-**As your child plays, eats, or just hangs out, say the toys or objects that they are holding, seeing, or hearing. Label everything that you can so they hear the words over and over again. This is when repetition comes in, as well. If you're naming the foods they eat or the things they play with, every day, they should start to pick up the vocabulary very soon.

**4. HAVE THEM REPEAT-**Once you get in the routine of labeling everything to them, have them repeat it back to you. Start with just one word or even the first sound of the word. If they say 'muh' for milk or 'buh' for ball, that's a great start! This shows that they are still getting the concept that all of these objects have names, but they just can't make all the sounds correctly yet.

**5. USE WHAT INTERESTS THEM-**Determine what your child likes and use that to your advantage. If they obsess over a certain character, music, food, or toy, provide them with plenty of opportunities to see, hear, taste, and play with that item while also talking about it with them. If your child loves cars and trucks, don't try to get them to sit down and learn animal noises. Use what works. It will be a lot less of a struggle if they show interest in that activity.

**6. USE MUSIC-**Babies and toddlers love a good rhythm and music, so they're more likely to pick up words and gestures from a song. My son loves "Baa Baa Black Sheep" and one of his first words is "Baa Baa" just because of the song.

Try singing simple kids songs with gestures, like The Wheels on the Bus, Itsy Bitsy Spider, and Twinkle Twinkle. If they begin to imitate the movements and gestures that go along with the song, words should follow. Making music may also help to get them singing songs. You can use maracas, drums, and xylophones to get your little one making sounds and noises as well.

**7. USE OPEN-ENDED TOYS-**Toys that provide the use of imagination are the best for little ones. Using stacking cups, Mega Blocks, Shape Sorters, and pretend play toys are a few great items that encourage creativity and exploration. These are far better than electronic games that do all the work for them.

**8. ALLOW FOR AN EXPECTANT PAUSE**-An expectant pause is allowing some time to pass for your child to give you a response. As children are learning to talk, their processing speed will be a lot slower than ours.

If you're asking them to repeat a sound, word, or object or asking them a question, expect that they may need extra time. Therefore, give them a few seconds to respond before you just decide to give them the answer or move on to the next word.

**9. GUIDED PLAY**-As stated above, play is great for toddlers to learn new language and skills, however, they shouldn't always be left to play independently. Guided play simply means that you sit with them while they play and actually guide their actions while also labeling everything that they are doing.

So while they're playing with a shape sorter, talk to them about the objects and what they are doing: "This is a square. This is a circle. The circle goes in. The square drops down." If they're coloring, use language like, "that is a crayon. The crayon is blue. You're coloring. Draw a circle. Hold the crayon in your hand."

Use this time to ask questions ("what animal is this?"), give commands ("put the grapes in the shopping cart"), or get them to repeat ("This is a block. Say block.")

All of this extra language is so helpful for them to hear, rather than playing quietly by themselves.

Learn tips, tricks, and activities to teach your toddler to talk. Develop language and vocabulary by turning everyday activities into learning experiences.

**10. START SMALL**-If you're still just struggling to get your child to make sounds and one-syllable words, don't expect them to say large words. Even an attempt to say the first sound of a word is a great start!

**11. SPEAK WITH EXCITEMENT**-Toddlers really love seeing their parents get excited. They'll have an easier time responding and imitating when you're showing lots of excitement in your expressions and voice. So be sure to use overly exaggerated gestures, facial expressions, and sounds.





## 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 BITING

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. ("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. 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 close 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 the 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

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 have a completed background check, 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. (Ward 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.





## COMMUNITY RESOURCES



### **Rural Capital Area Workforce Solutions**

Administers programs designed to assist eligible participants in gaining and retaining employment. Provides funding for child care assistance, transportation, work-related expenses and more.



### **2-1-1**

Has a database of community resources, including but not limited to: agencies that help pay for rent or utilities, parenting classes, help finding food or housing, child care, crisis counseling or substance abuse treatment, etc.



### **Early Childhood Intervention**

For children age birth to 36 months with a developmental delay or disability. Early Childhood Intervention Services (ECI) may be able to help you and your child. Services are provided in the home and in other places where your child goes regularly, for example, a childcare center, park, library, or other community setting.



### **Women, Infants, and Children Program (WIC)**

A supplemental nutrition program for pregnant women, mothers, and young children. Participants learn about nutrition and how to stay healthy and receive benefits to purchase healthy foods. Services are free to those who are eligible.



## Provider's Guide to Parent's Rights

Senate Bill 1098 from the 88<sup>th</sup> Legislative Regular Session added Section 42.04271 to the Human Resources Code and states that a parent or guardian of a child at a child care facility has the right to:

- Enter and examine the child-care facility during its hours of operation and without advance notice;
- File a complaint against the child care facility;
- Review the child care facility's publicly accessible records;
- Review the child-care facility's written records concerning the parent's or guardian's child;
- Receive inspection reports and information about how to access the child care facility's online compliance history;
- Have the facility comply with a court order that prevents another parent or guardian from visiting or removing the child;
- Be given the contact information for the child care facility's local Child Care Regulation office;
- Inspect any video recordings of an alleged incident of abuse or neglect involving their child provided that:
  - Video recordings of the alleged incident are available;
  - The parent or guardian does not retain any part of the video depicting a child that is not their own; and
  - The parent or guardian of any other child in the video receives prior notice from the facility;
- Obtain a copy of the facility's policies and procedures handbook;
- Review the facility's staff training records and any in-house training curriculum; and
- Exercise these rights without receiving retaliatory action by the facility.

### Required Notifications

- The child care facility must provide written notice to the parent or guardian of any other child captured in a video before allowing a parent to inspect a recording.
- The child care facility must provide a parent or guardian with a written copy of the rights no later than the child's first day at the facility.

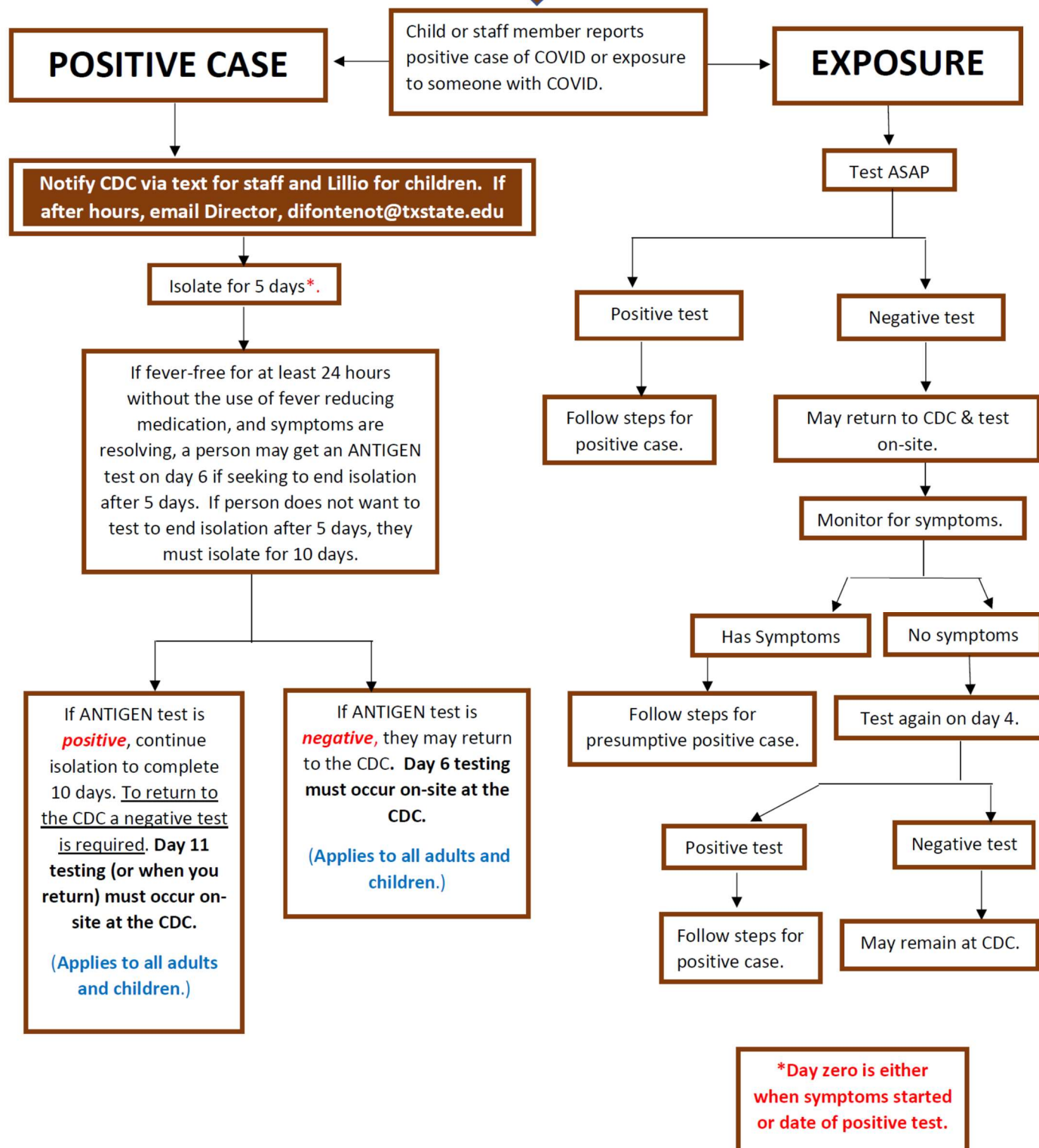
### Helpful Tips

Since a parent may perceive an action taken by a child care facility as retaliatory, keep in mind:

- Documentation is essential in supporting your actions; and
- Follow the suspension and expulsion policy outlined in your operational policies and update your policy, if needed.



# TXST CDC COVID FLOWCHART





# Our Family









