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CSU STANISLAUS

CHILD DEVELOPMENT CENTER

Family Handbook

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CHILD DEVELOPMENT CENTER (CDC)

CDC Educational Services Building
1 University Circle
Turlock, CA 95382
Office: (209) 667-3036
CDC@csustan.edu
7:30am- 5:00pm

Infant Program (License # 500321740)
Serves ages: 2 months- 23 months years
Sessions: M/W/F and/or T/Th; AM and/or PM
AM-- 8:15- 11:15pm
PM—1:00- 4:00pm

Toddler /Preschool Program (License # 500317738)
Serves ages: 2 - 5 years
Sessions: M/W/F and/or T/Th; AM and/or PM
AM-- 8:15- 11:15pm
PM—12:30- 4:00pm

Licensed Children's Program

The California State University Stanislaus Child Development Center is licensed by the California Department of Social Services, Community Child Care Division. The CDC operates an infant program for children who are 2 months to 23 months and toddler/preschool programs for children who are 2 to 5 years of age. The CDC facility, staff, and programs meet the State guidelines as determined by Title 22 and operate under License #'s 500321740 and 500317738 (NAEYC, 10B.16).

Laboratory Facility

The CDC is a licensed children's program that serves as a laboratory center for California State University, Stanislaus students and faculty. The CDC is academically affiliated with the Psychology/ Child Development Department under the College of Science. The Child Development Program Faculty and Center staff work collaboratively to support the instructional laboratory experience through observation, practical application, and direct guidance for CDEV application courses.

While functioning as an instructional site, the program provides high quality care and education to the children and families enrolled at the center. The blending of goals for developmental instruction for children and college students with those for quality child care for campus and community parents makes the Child Development Center an exciting and unique learning opportunity. The university setting in which the Center is located, offers an atmosphere where education is of utmost importance; here children and adults can experience together the newest ideas and technologies.

Equal Opportunity & Non-Discriminatory Statement:

California State University, Stanislaus is an Equal Opportunity Employer and does not discriminate against persons on the basis of race, religion, color, ancestry, age, disability, genetic information, gender, gender identity, gender expression, marital status, medical condition, national origin, sex, sexual orientation, covered veteran status, or any other protected status

Welcome

Welcome to the Child Development Center:

It is with great pleasure that we welcome you and your family to the Child Development Center (CDC). Our goal is to provide your child a safe, welcoming and developmentally appropriate learning environment. Our staff strives to provide a nurturing setting that fosters the development of your child's cognitive, physical, social and emotional growth. We welcome your ideas and creativity in helping us maintain a high-quality program for your child and encourage your active participation.

This handbook is designed to ensure that your family has a rewarding experience with the program. This Family Handbook provides you with information about our program and policies. These policies ensure that we meet the needs of all the children and families we serve. *Please take the time to **read the entire handbook**. You are held accountable for knowledge of all written policies included in this document.*

Given the nature of an every-changing quality education program, this handbook is a "living" document. You will be notified of formal policy changes during the year via a written policy. In addition, the handbook will be updated as needed.

We are happy to serve you and your family.

Respectfully,
CDC Director

Mission Statement

The Child Development Center’s mission is to provide a high-quality learning program and commit to meeting the individual needs of children, families, staff and university students, preparing them to reach their fullest potential and become contributing members of society (NAEYC, 10B.17)

Vision Statement

The Child Development Center’s vision is to create a community of learners where children and adults alike feel safe, supported and empowered by creating an inclusive and welcoming environment. Our program strives to promote positive growth in the lives of all children, families, staff and college students by building a program that views each individual holistically and respectfully. The Center ensures high quality learning experiences and supportive leadership throughout the program fostering a collaborative, optimal environment where one can reach their fullest potential. We undertake every effort to make ourselves an exemplar educational facility, an easily accessible resource to the community and an early learning program where irreplaceable experiences and memories are made.

(NAEYC, 10B.17)

Values

<p>RELATIONSHIP</p> <p>A significant piece of the quality care and education we provide is measured by the relationships we strive to create and maintain within our program and community. We are committed to ensuring these relationships are respectful, supportive, honest, and inclusive.</p>	<p>EMPOWERMENT</p> <p>Empowering individuals with both knowledge and support is one of the cornerstones for which we believe supports an individual’s belief in their own abilities and potential for positive learning and growth. Through the fueling of motivation, inspiration and passion, one’s competence, determination, commitment and ability to overcome challenges is within reach.</p>
<p>COLLABORATION</p> <p>Collaboration is a sign of an effective team as it harnesses multiple perspectives with <i>shared</i> values. We commit to collaboration- recognizing it encourages problem-solving, a positive view, self- reflection, close partnerships and learning from one another- to ensure the highest level of service to children and adults. Those who effectively collaborate prevail.</p>	<p>RESPECT</p> <p>We believe that respect is critical to building positive, lasting relationships which influences our growth, success and love for learning.</p>

Program Goals & Outcomes

Children will have the opportunity to....

- Develop self-regulatory skills to be safe, kind, and respectful
- Develop an appreciation of diverse cultures, customs, and life styles
- Develop social, emotional, cognitive, language, and physical abilities

(NAEYC, 10B.17)

Families will have the opportunity to...

- Share family culture, customs, traditions, and practices
- Contribute valuable information about their child
- Gain child development and early education related knowledge
- Participate with the implementation of center programs

College Students will have the opportunity to...

- Participate in observation, interaction, research and practicum experiences
- Gain knowledge in developmentally appropriate best practices in a controlled, supervised and supportive setting
- Gain authentic, personal experiences relating to physical, social-emotional, and cognitive development of infant, toddler, and preschool age children
- Contribute personal culture, customs, traditions, and practices

Staff will have the opportunity to...

- Maintain a safe, healthy, and nurturing learning environment
- Plan a program that meets each child's developmental need
- Create and maintain a high-quality program for children, students, and families
- Create an environment that supports children's development and respects diversity
- Build relationships with families to support learning and growth

Philosophy for the Children's Program

Our view of children's development and learning is based on program beliefs grounded in research, developmental theory, and supported by NAEYC code of ethics and developmentally appropriateness

At the Child Development Center, we understand that children develop through naturally occurring developmental stages but recognize that each child is a unique individual and will develop physically, socially, emotionally, and cognitively at his or her own pace. We see children as competent, self-motivated learners, capable of engaging with ideas and the world around them. We believe children learn through play-based, hand-on experiences that are developmentally appropriate and provide them with real life skills and experiences. Providing an environment that is both safe and nurturing encourages children to develop, play, explore, learn and create within a social context while also developing meaningful relationships with peers and adults. Children will become independent, critical thinkers in a classroom community built on trust, respect, openness and honesty. Experiences provided at the center grant children opportunities to construct and re-construct personal beliefs, understandings, and knowledge in meaningful and relevant ways. Similarly, our responsibility is to assist children

in creating positive self and group identities and explore similarities and differences in the world around them. A safe and inclusive classroom culture fosters a setting for children to explore diversity and culture.

The center's overarching goal is to support children in reaching their fullest potential and develop the life skills necessary to be sufficient and contributing members of their community and society.

While, grounded in developmental theory and research, components of our philosophy are a living text that are responsive to the diversity of our families, students, and staff's needs and expertise.

Enrollment, Fees, & Attendance

Enrollment

Enrollment begins in late spring for the next academic year. Currently enrolled families receive priority enrollment and remaining openings are offered to families on the waitlist. **Waitlist applications** are date and time stamped upon submission to the CDC. Enrollment priorities go to the campus community (faculty, staff, students) and then the surrounding community. Priority will also be determined by care provided as followed: full day/full week, then half day/ full week, followed by individual sessions. Occasionally, spots open up throughout the year. These are filled from the waitlist. Waitlist applicants are contacted when an opening becomes available; if offered a spot the enrollment process requires:

- Intake interview and CDC tour
- Non-refundable registration fee
- Completed enrollment packet

The CSU Stanislaus Child Development Center offers program sessions for infants ages 2 months to 23 months and toddler/preschool sessions for children ages 2 to 5 years of age. Toddlers are integrated into the preschool program based upon age and maturation -- beginning at 42 months of age. A written request (available at the CDC) must be submitted prior to a child transitioning into the preschool room.

The schedule for the programs follows:

Infant Program (ages 2 months - 23 months) OR
Toddler/Preschool Program (ages 2 years - 5 years):

Monday, Wednesday, Friday morning (MWF am) 8:15 am until 11:15 pm
Tuesday, Thursday morning (TTH am) 8:15 am until 11:15 pm
Monday, Wednesday, Friday afternoon (MWF pm) 1:00 pm until 4:00 pm
Tuesday, Thursday afternoon (TTH pm) 1:00 pm until 4:00 pm

In order to accommodate the child-care needs of students and working parents, children may be enrolled in more than one session when space is available. Children may change sessions when they are available, by completing a Notice of Session Change Form.

Continuous Enrollment

Enrollment and billing begin when a registration packet has been issued by the CDC administrator. Parents are responsible financially for each school day from the date of issuance of the packet until the completion of the school semester, or until official withdrawal has occurred.

Children who are enrolled during the fall semester will be continued within the same session during spring semester. No child may be continued into spring semester without continuous enrollment throughout the fall term. Continuous enrollment is necessary in order for a space to be held, since the CDC maintains an extensive waiting list.

Withdrawal

A written notice, available at the CDC, is required for the withdrawal of a child from the CDC. Parents are responsible financially for tuition moneys for two weeks following the submission of this written notice. In the event that withdrawal from the program is necessary, the child may attend the program during the two-week withdrawal period. If a written notice of withdrawal is not tended, parents will be billed for the duration of the semester in which the child is enrolled.

Registration Fee

Registration must be secured with a non-refundable registration fee at the time of the parent interview. Enrollment follows when a registration application, financial-agreement form, policy- agreement form and registration fee have been collected from the parent and an enrollment packet has been issued by the CDC.

Tuition

Tuition is paid on a monthly or per-semester basis. Tuition is due by the 5th day of each month. August and January's fees are due on the first day of the respective semester when these semesters begin after the 5th day of the month. A Fee Schedule, included in the registration packet, lists tuition. These fees are based on the actual number of school days during each month according to the CSU Stanislaus calendar. All fees are subject to change given a written thirty-day notice. Before paying tuition, please consult the fee schedule and determine how much tuition is due. Tuition may be paid online via Cash-Net; paying with a checking account (routing and account number) is complimentary, paying with credit or debit card has an additional fee. Cash may be paid only to the University Cashier's Office in the MRS building; receipts must be brought to the CDC for posting.

There is NO refund or credit given if a child is enrolled but is absent due to illness, vacation, or other cause. If tuition is not received within the month that it is due, the CDC may begin disenrollment procedures; parents are financially responsible for the unpaid balance and disenrollment costs incurred.

Additional Fees

An early morning child care services (7:45 - 8:15 am) is provided at an additional charge. These fees are listed on the Fee Schedule Form.

If tuition fees have not been paid by the 5th of the month, a late fee will be added to the account. Parents who are consistently delinquent with tuition payments may have their children dis-enrolled from the program.

Fines will be charged to parents for children who arrive earlier -- or are picked up later -- than the designated program hours. Parents will be charged according to the fee listed on the Fee Schedule Form.

Center Programs & Activities

Arrival & Departure

Arrival

Instructional programs for infants, toddlers, and preschoolers begin at 8:15am for morning sessions, and 1:00pm, for afternoon sessions. All AM session have the opportunity to request “early morning care” to drop off at 7:45am for an additional fee (see fee schedule). Arrangements must be made with CDC administration prior to services.

It is crucial that parents observe scheduled arrival times. Arriving earlier than arranged services effects the teachers time to prep the learning environment. Arriving after activities are already underway can make it difficult for children to adjust. Similarly, it is difficult for children to leave a class when they are in the middle of an activity or when they are anticipating participation in up-coming activities. Therefore, we require that children attend the entire session in which they are enrolled, unless an emergency or special circumstance arises. In such case, it is helpful for classroom teachers to be advised ahead of time so that they can prepare children for early dismissal. Timely and full attendance guarantees that children get the most out of the program and that university students have opportunities to work with the children on schedule.

Children need to be escorted into the Center by an adult. Upon entry, each child must be signed in on the attendance binder located in the classroom. The attendance binder is the means of verifying that children are present or absent in case of field trip, fire drill, or emergency. All sign in documents must be signed with full signatures and the time you are dropping off or picking up your child.

Parents should wait until a classroom teacher has greeted their child and made the required daily health check. It is the parent’s responsibility to inform others who may bring their child to the CDC about arrival procedures.

It is important that parents say good-bye to their children before leaving for the day. In the case of separation problems, a staff member will assist with this process.

Separation Process

Often, children and parents have difficulty making a separation at the beginning of the school year. Because this experience is common, the staff has established specific procedures to help both parents and children through those initial days. These policies are described below:

1. Be confident. Children rely upon the words of trusted adults as truth. When parents feel confident about sending children to school, children are more likely to be at ease.
2. Always say good-bye and remind children that you will return. Children who do not yet understand time, rely upon the sequence of events for guidelines. They may ask often about when it is time for school or to go home. Speak to them in terms of events, such as, "after you eat breakfast," or "after you play outside."
3. Leave promptly and confidently. Lingering makes the transition agonizing for young children. If you are worried or unsure, utilize to the observation room or call us from home. Staff members will be glad to make such arrangements.
4. Acknowledge children's fears and help them to know what they can do to cope. Do not: reward children for coming to school happily, punish them for crying, or bribe them for good behavior. Coming to school, playing with friends, and engaging in activities make school fun and rewarding, they provide children in

an intrinsic motivation to come back to school. Extrinsic rewards such as: bribes, punishments, and food should be avoided as they take away the reward school naturally brings.

5. Prepare children with tools to help them cope. "Security items" such as: pictures of family, favorite books, blanket or stuffed toys all work to comfort the child with items from home. Be sure to ask staff members for other suggestions. Children always have access to their possessions but are asked to keep them in their cubbies when they are not needed. In most situations, children quickly become interested in school activities and no longer require the use of security objects.

Daily Health Check

Upon arrival at the CDC each day, children will receive a health check by a staff member following the State of California Health Program guidelines and the Department of Public Health poster: *Keep Me Home If...*). Children who are well enough to attend school must be well enough to participate in all activities, both indoors and outdoors. Please do not ask staff members to keep children indoors while others go outside, doing so is unfair to children and staff. Do not bring children to school if they:

- Show any sign of illness
- Have had a fever of 100*(f) within 24 hours
- Have an eye infection with mucus or pus draining
- Have green, mucus nasal discharge accompanied with another symptom
- Have a sore throat with fever or swollen glands
- Show signs of fussiness, fatigue, pale, lack of appetite
- Have vomited or had diarrhea 2 or more times within the past 24 hours
- Have a skin rash or other symptoms of a communicable disease

To maintain the health and safety of all children and staff, children arriving at school with any of the above conditions will not be allowed to stay at school.

If signs of illness occur during the school day, parents and/or designated pickup personnel will be contacted. Parents should keep us informed of any changes in their child's health. Parents are required to immediately inform the Center staff if their child contracts any communicable disease.

Departure

Instructional programs for infants, toddlers, and preschoolers ends at 11:15am for morning sessions, and 4:00pm, for afternoon sessions. Children must be picked up between 11:00- 11:15am or between 3:45-4:00 pm. As young children have a limited understanding of time and usually feel distraught when parents arrive/late, parents are reminded of the importance of picking up their children promptly after school. Due to the operational costs when parents are late, a late pick-up fee will be charged (see fee schedule).

Before departure from the program, each child must be signed out with full signature and time. Children will be released only to those adults who have been authorized to pick them up from the Center, as noted on their official Emergency Form. In the case that a staff member doesn't recognize the adult, or is unfamiliar with the adult, they will ask for a government-issued picture ID. Please remind drivers to carry their driver's license into the Center when picking up a child.

The Center and its staff reserve the right not to release a child to an authorized adult if they suspect that the driver is inebriated or otherwise incompetent. In such situations, another authorized individual will be called to pick up the child and Public Safety will be contacted.

Guidance

Positive Guidance

Positive guidance is the form of discipline that is used at the CDC. The term, guidance, describes the array of behaviors that adults use continuously to influence children toward self-direction and self-esteem (Hearron & Hildebrand, 2013). Thus, the goals of positive guidance include helping children to become fully functioning individuals who are capable of making sound decisions, using self-control, directing their own behavior, and striving toward personal potential. Guidance techniques focus on preparing environments that provide security and nurturance for young children; children become caring individuals who can both nurture others and receive nurturance because they have experienced such relationships with caring adults.

Two types of guidance techniques are used at the CDC:

1. Direct Guidance techniques are the verbal and physical methods that adults use in direct contact or proximity with children to influence children toward positive behaviors. These techniques include, but are not limited to: making eye contact before speaking, modeling desired behaviors, using verbal statements that are developmentally appropriate, using positive phrasing and giving children choices. Direct guidance techniques encourages concise communication. Relationships between adults and children are enhanced and appropriate behavior is encouraged so that punishment is not necessary.
2. Indirect Guidance influences children's behaviors through management of space, equipment, materials, and people in the environment. Indirect guidance does not deal directly or specifically with children but rather is the behind-the-scenes work and planning that promotes children's ability to become self-directed. Indirect guidance techniques include, but are not limited to, providing developmentally-appropriate staff/child ratios, arranging the space within the classroom so that there are clues about appropriate behavior for that space, and arranging materials and equipment so that children can use them safely and with a minimum of help. Time and thought given to this preventive indirect guidance reduce the likelihood of unacceptable behavior and makes punishment unnecessary.

Contrary to other views on discipline, guidance is a continuous process that encourages children to behave in appropriate ways. The Center's guidance policy states that staff may never use physical punishment, psychological abuse, or coercion when disciplining a child such as spanking, time outs, or threats (NAEYC, 1B.4, 1B.8, 1B.10).

To assist the CDC's guidance practices, the center implements the use of expectations help everyone know how to behave in school and how to treat each other.

The CDC Expectations are...

We are safe

We are kind

We are respectful

CDC Challenging and Aggressive Behavior Policy

While theoretically derived guidance techniques utilized at the Center prevent many challenging and aggressive behaviors it is sometimes necessary to work more intentionally with a child who displays challenging or aggressive behaviors (e.g., grabbing for toys, pushing, kicking or hitting, biting) harmful to themselves, other children, or adults.

Utilizing guidance techniques aids adults in helping children make safe, autonomous, and socially appropriate choices. Guidance techniques will vary depending on the developmental level and individual needs of children. Each individual case of challenging or aggressive behaviors will be treated with a course of action unique to that child and their family. The most important feature of this policy is that the Center staff will take a developmental

approach in addressing challenging and aggressive behaviors while working with the child's family to determine what the appropriate course of action should be. The course of action will be a collaborative effort.

Very young children often behave undesirably or with aggression without understanding the consequences of such behaviors. In some instances, young children may have limited communication skills. Depending on developmental levels children may struggle to get their messages across and may engage in challenging or aggressive behaviors in an attempt to get their needs met. The Center recognizes that there are varying levels of challenging and aggressive behaviors. Any form of discipline or punishment that violates a child's personal rights shall not be permitted regardless of authorized representative consent or authorization.

Progressive Actions to Take with Challenging and Aggressive Behaviors

1. Use age appropriate language to explain the desired behavior to the child and also help the child to see how their aggressive behavior made the other person feel (e.g., "Hitting hurts, see how his face looks sad and he is crying? We use soft touches with our classmates to keep them safe").
2. Redirect the child to a similar age appropriate toy, material or activity (e.g., child A has the fire truck and child B wants the fire truck, they begin struggling over it. Redirect child B to the fire truck in the sensory table).
3. Remove the child from the immediate situation. Take the child to an alternative area of the classroom and use age appropriate language to discuss with the child desired behaviors, clearly outlining expectations. (e.g., we use soft hand inside the classroom, this is a soft touch *while modeling soft touches*).
4. Remove the child from the classroom. Taking ratio and supervision into account a classroom teacher can take the child to an adjacent classroom or have the demonstration teacher or director remove the child from the classroom (please note that a child will never be without adequate supervision). A discussion of desired behaviors may be accompanied by a book or song (e.g., "biting hurts"). After one-on-one cool down time with an adult in a less stimulating environment the child may be ready to return to class (NAEYC, 1E.1).
5. Implement an individual behavioral plan to prevent undesirable challenging or aggressive behaviors. CDC staff (director, demonstration teacher, classroom teachers) will work together with the child's family to develop an individualized behavior plan, which should be discussed and documented. This behavior plan should specifically discuss goals and actions to be carried out by both the family and the center accompanied by a timeline and additional outside agency resources to be utilized (NAEYC, 1E.1). Each behavioral plan shall meet the child's individual and developmental needs and the unique needs of the child's family. The center, family and outside resources (if applicable) must agree and sign the behavioral plan before implementation begins.

Progressive actions one through four should be accompanied with staff self-reflection, assessment of the function of the behavior and conversation with administration about positive behavioral support strategies such as what interactions or environmental causes may contribute to the challenging behavior as well as how to encourage the desired behaviors for that individual child (NAEYC, 3B.2).

Contingencies for Withdrawal Based on Challenging and Aggressive Behaviors

Failure of the family or center to meet the behavioral plan goals, actions or timelines will result in the child's withdrawal from the Center. The purpose of the above policy is to limit or eliminate the use of suspension, expulsion and other exclusionary measures. Only after all other options have been exhausted will a child be asked to withdraw from participation in the program (NAEYC, 1E.1). The conversation between Center administration and the child's family should be documented and appropriate forms completed. This policy acknowledges that it complies with the federal and state civil rights laws (NAEYC, 1E.1).

Negotiating Disagreements Between Adults

As a program that serves many adults, families, college students, and staff, with differing opinions, values, goals, and understandings, disagreements are inevitable. To find solutions to differences and disagreements, effective negotiation skills are necessary. This means developing an ability to resolve disputes and conflicts and requires each person to present a willingness to work with other people to reach agreeable solutions.

Using the Center wide expectations for all children and adults, we encourage adults to negotiate in a *safe, kind, and respectful* manner. The following describes skills we encourage adults to practice when negotiating a conflict or disagreement:

1. Clear, calm communication- a clear concise explanation of the problem as each person sees it. Facts and feelings are shared rationally.
2. Active listening- listen to the person, make note of details and paraphrase your understanding withholding judgements.
3. Understanding- before solutions can be generated, a common understanding must be reached. Thereafter problem solving by both parties is encouraged for a solution to be mutual and affirmed.
4. Follow up- a follow up with both parties, individually or collaboratively ensures the conflict or disagreement is resolved, that both parties are reliable and following through with their course of action, and/or to reevaluate the solution if necessary.
5. Preserve the relationship- the center's goal is to serve as a quality early education program and laboratory facility. It takes all individuals for the program to run effectively and is necessary for all parties to work cooperatively and collaboratively.

(NAEYC, 10B.20)

Teaching & Curriculum

The program uses a variety of developmentally, culturally, and linguistically appropriate and effective teaching approaches that enhance each child's learning and development in the context of the program's philosophy and curriculum goals.

Play

Play is a key factor in children's ability to learn, discover, reinforce, and build new knowledge about the world around them (Masterson & Bohart, 2019). Research has shown that because play changes the connections of neurons in the prefrontal cortex of the brain to help wire the brain's control center, play is more beneficial to healthy brain development than any other kind of learning (Hamilton, 2014). Play is not only recognized by the United Nations High Commission for Human Rights as the right of every child but has been shown to foster development in all domains of learning including cognitive, language, physical, social, and emotional (White, 2012). Play is critical to children's learning and development and is therefore an essential and intentional part of our program. The CDC strives to ensure that up to 75% of a child's school day is dedicated toward play-based experiences used to increase higher level thinking skills and deepen understanding on a breath of developmentally appropriate concepts.

Hamilton, J. (2014, August 6). *Scientists Say Child's Play Helps Build A Better*

Brain. NPR. <https://www.npr.org/sections/ed/2014/08/06/336361277/scientists-say-childs-play-helps-build-a-better-brain>

Masterson, M., & Bohart, H. (2019). *Serious Fun: How Guided Play Extends Children's Learning*. NAEYC.

White, R. (2012). *The Power of Play: A research Summary on Play and Learning*. Minnesota Children's

Museum. <https://www.childrensmuseums.org/images/MCMResearchSummary.pdf>

The Planning Process

The Child Development Center follows research-based, best practices that provide the foundation for a developmentally appropriate approach to curriculum, outlined in the National Association for the Education of Young Children (NAEYC) standards for accreditation. The Child Development Center is a play-based program where children are viewed as competent, capable, active participants in their learning and development. An integrated approach to curriculum is taken by introducing a variety of relevant, meaningful and interesting experiences that are designed to fuel a love for learning, motivation, persistence and engagement. Experiences that are presented in a wide variety of modalities through an intentionally designed environment, child directed play, adult directed play, and routine transitions encourage children to relate concepts back to practical life situations, promote children's problem solving, and aids children's ability to see relationships among a variety of ideas or events.

Lesson Plans

The Center offers a mixture of free choice activities as well as structured activities that utilizes play-based, hands-on learning activities that are well thought out through in-depth curriculum planning. At the Center, the classroom becomes the third teacher, in conjunction with the children and staff as facilitators. The Center's philosophy of learning revolves around the idea of motivation-based learning, meaning that all learning experiences should be driven by children's own natural desire to investigate a particular subject. Every activity and material placed in the environment has a purpose, adds to the learning, and helps scaffold information across domains. Definitions and explanations of key terms that are used in planning lessons are included below:

Learning Centers: The Center strives to ensure that each age group has an intentionally designed indoor and outdoor classroom space that incorporates a variety of learning centers designed to promote and stimulate growth and learning among a variety of domains. Because children spend as much as 75% of their day engaged in these learning centers, each learning center is designed and rotated based on the children's developmental needs, individual interests and interests of the group. The NAEYC highlights the importance of elements of both novelty and familiarity intertwined in self-directed activities, as this engages children in meaningful learning that is both challenging and achievable (NAEYC, 2020). Thus, you can expect to see the classroom filled with a variety of projects that are different each semester depending on the interests occurring at that time. Examples of these learning centers include math, science, reading, writing, art, sand/water play, 3D building, manipulatives, dramatic play and gross motor. These play-based learning centers provide children with opportunities to test new knowledges and theories, to enact experiences, to solidify understandings, negotiate with peers, problem solve, improvise, and discover. The teacher's role during this time is to make sure each child has the opportunity to pursue their interests and to make the most of these learning opportunities.

Large-Group Time: Children engage in activities with their teachers and classmates in a whole group setting at least once every session time. These planned activities are intentionally designed to encourage a sense of classroom community. Experiences often include music, movement, literacy, or other skill-building activities to focus on the specific developmental needs of the group. These times provide unique opportunities for social and team building involvement that encourage young children to learn how to share ideas, work together and communicate in large group settings. To ensure developmentally appropriateness, large group times comprise a small percentage of the day and are altered depending on children's interests, questions and attention spans.

Small-Group Time: Similar to large group, children engage in project-based activities with their teachers and classmates in small group settings at least once every session time. These planned project activities take place across the week and build on children's existing knowledge, offering new and novel experiences around the chosen project or current interest of the children. Planning for these small groups, teachers take into consideration

the developmental needs and interests of the group and create projects that they can scaffold children using intentional adult direction, questions and feedback to actively engage children in the activity. Experiences might include science experiments, cooking activities, matching/literacy games, fieldtrips to campus, experimenting with different art mediums, etc. Small groups have been proven to deepen children's learning by providing experiences that challenge children in combination with lower teacher to child ratios to add an extra level of support for the child. Similar to large-group activities, small-group time should comprise a small percentage of the day and be altered depending on the children's active participation, interests, questions and attention.

Routines & Transitions: Because routines and transitions are a crucial part of the day that cannot be avoided, the Center's philosophy is that these times should also be imbedded with learning opportunities for children. Routines and transitions such as arrival time, cleanup time, bathroom times, meal/snack times, naptime, departure time are all necessary part of the day that teachers use to help build and keep consistent our Center's classroom communities. During these times of the day, teachers intentionally create opportunities for children to remain engaged and excited. Experiences such as reading books during snack times, doing finger plays while waiting for an open toilet, singing songs while walking to our outdoor play yard, children being encouraged to help teachers count heads of students before going outside or even using out gross motor skills to "conga line" all the way to the bathroom when coming inside are all examples of the Center's intentionality in supporting learning throughout the day.

Anti-Bias Curricula

The Child Development Center incorporates an anti-bias approach into its programming and education. Anti-bias is a methodology to education that delivers valued-based principals based on respect and acceptance of differences (ADL, n.d.). Anti-biased teaching necessitates critical thinking and problem solving by both children and adults. At the Center, anti-bias teaching is grounded in reflection, exploration, and discussion with all. Like many forms of educational theories, anti-bias supports students, educators, and families by providing opportunities to learn from and about one another openly and honestly. The overarching vision of anti-bias education is to foster positive relationships, create a climate of positive self and group identity, and generate an inclusive, welcoming environment for the whole community, in which every child will achieve his or her fullest potential (ADL, n.d.).

According to NAEYC (Derman-Sparks & Edwards, 2019), anti-bias education is most effective when utilizes as a foundational perspective, which permeates everything that happens in the program. The developed anti-bias curriculum implemented at the Child Development Center derives from three major sources:

1. Children's interests, questions, beliefs, and interactions that teachers deem as important to explore, develop and respond to.
2. Teacher initiated activities and plans, based on what teachers and families think is significant for children to explore and learn.
3. Community and world events in children's lives that the teachers believe is relevant and important for children to explore.

Anti-bias curriculum is an on-going journey, in which teachers recreate and adjust in relation to specific groups of children and families (Derman-Sparks, 2001). Accordingly, the CDC invites families to share their ideas, values, traditions, and celebrations while recognizing that individuals have the right to their own values (NAEYC, 2A.6). As with all avenues of curriculum, teachers tailor and scaffold anti-bias education activities, materials, and curriculum to each child's cognitive, social, and emotional developmental. They plan and implement activities that will provide experiences and opportunities that stimulate children to explore new ideas, apply new understandings and skills, and generate new questions, awareness and perspectives (Derman-Sparks, 2001). As a public University program, the center does not participate in any religious celebrations.

ADL, A. (n.d.). What is Anti-Bias Education? Retrieved September 03, 2020, from <https://www.adl.org/education/resources/glossary-terms/what-is-anti-bias-education>

Derman-Sparks, L. (2001). *Anti-bias curriculum: Tools for empowering young children*. Washington, D.C.: National Association for the Education of Young Children.

Derman-Sparks, L., & Edwards, J. O. (2019, November). Understanding Anti-Bias Education: Bringing the Four Core Goal to Every Facet of Your Curriculum. Retrieved September 11, 2020, from <https://www.naeyc.org/resources/pubs/yc/nov2019/understanding-anti-bias>

Child Assessments

The program uses a variety of formal and informal assessment approaches to provide information on children's learning and development. These assessments occur in the context of reciprocal communications between teachers and families, and with sensitivity to the cultural contexts in which children are developing. Assessment results are used to inform decisions while caring for children, improve teaching practices, and to drive program improvement.

Programs at the Child Development Center are based upon fundamental explanations about how children grow, develop and learn. As children move continuously through predictable phases or stages of development, high quality programs challenge children to move forward from where they are -- capitalizing upon their particular strengths and styles for optimal growth opportunities. Developmentally Appropriate Programs (DAP) employ goals for children for the immediate future, and change these goals based upon children's progress. In this way, they meet the dynamic development of each child regardless of ability; children are challenged in the same ways, regardless of whether they are functioning above or below age norms.

The CDC uses a variety of developmental assessments to guide curriculum and systematically document children's developmental growth in a natural setting. The Center utilizes two developmental assessments to create an individual developmental portfolio for each child.

1. The Desired Results Developmental Profile (DRDP) is conducted each year to determine strengths, needs, interests and learning styles of each unique child. Each teacher will be provided with ongoing training in the DRDP throughout the school semester to ensure an accurate scoring of the tool (NAEYC, 4A.1). The results of this assessment tool are used to generate observations about the child's interests, developmental progress, areas of strength and areas for growth each semester to continue to tailor curriculum to children's needs and interests (NAEYC, 4A.2).

California Department of Education. (2015). *DRDP: A Developmental Continuum from Infancy to Kindergarten Entry*.

2. In addition, the Ages and Stages Questionnaire 2SE (screens for social and emotional skills) and Ages and Stages Questionnaire 3 (screens for language, cognition, gross motor, fine motor, personal-social and problem-solving skills) are also used as a developmental screening (NAEYC, 4C.3). These developmental assessments capture a holistic view of the child through a collection of teacher and parent reports, providing relevant information on children's growth and development across all of the child's natural settings. To continue fostering healthy relationships between families and teachers at the CDC, a parent conference is scheduled at the end of each semester (twice a year) to provide families with relevant information about their child's growth and development and provide opportunities for families to raise questions or concerns about how assessment methods meet their child's needs (NAEYC, 4E.2 & 4E.3).

Squires, J., & Bricker, D. (2009). *Ages & Stages Questionnaires®, Third Edition (ASQ®-3): A Parent-Completed Child Monitoring Systems*. Baltimore: Paul H. Brookes Publishing Co., Inc.

Program Policies

Family Involvement

Families are encouraged to communicate with their child's teacher at the beginning and end of each school day to raise any concerns, contribute to decisions about their child's development and to share any other information that may affect the development or well-being of their child. It is encouraged that all families and teachers work collaboratively to support one another for the well-being of the individual child. The CDC recognizes parents as a fundamental and primary resource in the education of each child as parents are key components to the learning that has and will happen at home.

Events

Working with the whole family is an important function of the Center's. CDC events are open to all family members and provide enjoyable ways to learn about child development, research-based information, to share insights and personal experiences about parenting, and to gain ideas from staff and other families. Family Night and Parent Night topics are decided based on the interests of the families enrolled at the CDC. It is encouraged that each family send at least one member to attend each parent/family event so that the staff can ensure that all families receive important information.

Parent-Teacher Conferences

Program wide parent-teacher conferences are scheduled each December and May, on the last two academic days of the CSUS academic calendar. Parents may request a conference anytime during the school year to discuss concerns and/or a child's individual needs. Arrangements can be made with the CDC director or Demonstration Teacher.

Classroom Participation

Families are encouraged to visit, observe, and participate in their child's program. Classroom participation can and will be individualized to best meet the needs of the family and child enrolled. Speak with the CDC Director or Demonstration Teacher required paperwork and various ways to participate in the program. Below are a few ideas:

- Lead the children in a favorite activity.
- Share a favorite hobby with the children.
- Read a favorite book to a child or to a group of children.
- Assist the class with the activities already planned.
- Save and donate recycled materials that the CDC staff can use for art projects, etc.
- Share cultural and family customs with the children.

Celebrations

The CDC welcomes process-based opportunities to celebrate special occasions. For example, on a birthday a family member can join the class and make the child's favorite food during snack time, or show baby pictures of the child during large group. While the Center does not participate in religious celebrations, it is recognized that each individual child brings with them their own family culture. The center strives to respect and incorporate aspects of each child's culture into the classroom, if it is of interest to the child.

CDC Family Spirit

Thursdays, Fridays and Special Events are noted as "CDC Family Spirit Days." Children and adults are encouraged to wear their CDC shirts on these days to show their school spirit. Apparel is available for purchase in the CDC lobby throughout the school year.

Parent Bulletin Board

The parent bulletin board (in the CDC lobby) is kept updated throughout the year with information about upcoming events at the CDC and in the surrounding community, classroom schedules, the activities and snacks planned for the upcoming week, as well as interesting articles pertaining to child development, legislation, and other family related news.

Monthly Newsletter

CDC newsletters are written and designed by intern teachers to inform families about upcoming events, relevant CDC information, and education experiences and learning that happens in each classroom. Newsletters are published and distributed to families and staff early, mid, and late in the fall and spring semesters.

Parking Provisions

There are spaces behind the CDC as well as two loading/unloading spaces at the end of the walk, south of the CDC that are designated for CDC parents. There is a 10-minute drop-off and pick-up time period set for these spaces. Parking is not permitted in the following areas: the service spaces at the end of the walk, south of the CDC and in the visitor spaces in parking lot #5. If you choose to park in lot #5 you can purchase a parking permit from the parking permit machines located at the University campus entrances. Please follow these parking directions carefully as the campus security patrols often. We request that parents please work together and be mindful of the limited available parking to make the situation as convenient for everyone as possible.

Health & Safety

To ensure the health and safety of children, families, students, and staff the Center implements various policies and procedures concerning immunization, communicable disease, and CPR and first-aid training, as well as standards for diapering, hand washing, feeding, dispensing medication, and using health professionals.

Health Records

The program maintains current health records for each child: within six weeks of a child beginning the program, and as age appropriate thereafter. Child health records provide dates of medical services to document up-to-date screening tests and immunizations according to the schedule recommended, published in print, and posted on the websites of the American Academy of Pediatrics, the Centers for Disease Control and Prevention (CDC), and the Academy of Family Practice. When a child is overdue for any routine health services, parents, legal guardians, or both provide evidence of an appointment for those services before the child's entry into the program and as a condition of remaining enrolled in the program.

The content of each child's health and safety file is confidential but is immediately available upon request to administrators and teaching staff who have consent from a parent or legal guardian to access the records, the child's parents or legal guardians or regulatory authorities (NAEYC, 10D.6).

Infant Sleep

To reduce the risk of sudden infant death syndrome (SIDS), infants are placed to sleep on their backs on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission (unless otherwise ordered by a physician and documentation is filed in child's record) (NAEYC, 5A.10, 5A.11 & 5A.22). If infants arrive to the program asleep, or fall asleep, in equipment not specifically designed for infant sleep, the infant is removed and placed in appropriate infant sleep equipment (NAEYC, 5A.12 & 5A.22). Blankets are not allowed in cribs or rest equipment for infants younger than 12 months. The infant's head remains uncovered during sleep. After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.

Diapering

For children who are unable to use the toilet consistently, the program makes sure that the facility is equipped to change diapers and soiled clothing in safe and sanitary fashion. Diapers, underwear, and other clothing are changed when wet or soiled (NAEYC, 5A.1). Staff check children for signs that diapers or pull-ups are wet or contain feces when sleeping children awaken, and they check at least every two hours when children are awake. Staff change children's diapers or soiled underwear in the designated changing areas and not elsewhere in the facility. At all times, caregivers have a hand on the child when the child is being changed on an elevated surface. In the changing area, staff post and follow changing procedures. These procedures are used to evaluate teaching staff who change diapers.

Each changing area is used exclusively for one designated group of children and is separated three feet from other areas in the classroom. (NAEYC, 5A.2). Surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects—and especially not for any object involved with food or feeding. Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly by using a hands-free device (NAEYC, 5A.3). Containers are kept closed and are not accessible to children (NAEYC, 5A.4). Infants are to be changed on the infant classroom changing table, with toddlers using the toilets and changing table located in the children's bathroom (NAEYC, 5A.18).

Handwashing

Proper hand-washing technique is followed by adults and children and includes:

- using liquid soap and running water,
- rubbing hands vigorously for at least 20 seconds, including backs of hands, wrists, between fingers, under and around any jewelry, and under fingernails,
- rinsing well,
- drying hands with a paper towel,
- using a paper towel to turn off water (avoid touching the faucet with just-washed hands) (NAEYC, 5A.9).

The program follows consistent practices regarding hand washing. Hand washing is required by all staff, volunteers, and children when it would reduce the risk of transmission of infectious diseases to themselves and to others (as described in the next paragraph). Children who are developmentally able to learn about personal hygiene are taught hand-washing procedures and are periodically monitored. Staff assist children with hand washing as needed to successfully complete the task. Children wash either independently or with staff assistance.

Children and adults wash their hands:

- upon arrival for the day
- after diapering or using the toilet (use of wet wipes is acceptable for infants)
- after handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or touching any mucus, blood, or vomit)
- before meals and snacks, before preparing or serving food, and after handling any raw food that requires cooking (e.g., meat, eggs, poultry)
- after playing in water that is shared by two or more people (NAEYC, 5A.6)
- after handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals (NAEYC, 5A.7)
- when moving from one group to another (e.g., visiting) when it involves contact with infants, toddlers, and twos.
- adults also wash their hands before and after feeding a child, before and after administering medication, after assisting a child with toileting, and after handling garbage or cleaning (NAEYC, 5A.19).

Staff wear gloves when contamination with blood may occur. For adults and children over 24 months, hand hygiene with an alcohol-based sanitizer with 60% to 95% alcohol is an acceptable alternative to traditional hand washing with soap and water when visible soiling is not present.

Supervision

Attention to the physical design of the indoor and outdoor environments, as well as attention to the factors that affect children's health and safety, is essential to proper supervision. All children should be easily heard and seen (if not in the direct line of sight, then by looking up or turning in place) at all times--including when children are sleeping--by at least one member of the teaching staff (NAEYC, 3C.12). If any child is sleeping, staff position themselves so someone can always hear and see children both asleep and awake (NAEYC, 3C.4, 3C.11). Staff does not need to be directly looking at each child at all times to meet the requirement for sight supervision (NAEYC, 3C.1, 3C.5).

There are a multitude of ways in which supervision is monitored and documented throughout each day including: parent sign in/out binders utilized in each classroom, attendance rosters that the check-in teacher fills out as well as head counts before entering and exiting every door way (NAEYC, 3C.13).

Ratios

The program effectively implements specific adult-child ratios during all hours of operation, in classrooms, and other indoor settings, and in outdoor learning environments to provide high-quality supervision and experience for children, families, students, and staff (NAEYC, 10B.22).

Class sizes and teaching staff ratios are developmentally appropriate by age.

- Program staff maintain developmentally appropriate class sizes (8 children) and staff-to-child ratios (1:4) in infant classrooms, and other indoor/outdoor settings (NAEYC, 10B.1, 10B.6 & 10B.11).
- Program staff maintain developmentally appropriate class sizes (12 children) and staff-to-child ratios (1:6) in toddler and two-year-old classrooms and other indoor/outdoor settings (NAEYC, 10B.2, 10B.7 & 10B.12).
- Program staff maintain developmentally appropriate class sizes (20 children) and staff-to-child ratios (1:10) in preschool classrooms and other indoor/outdoor settings (NAEYC, 10B.3, 10B.8 & 10B.13).

Medication

Safeguards are used with all medications for children. To ensure medication is quickly accessible to staff and inaccessible to children, all medications are kept in a locked cabinet above the adult sink in the child's bathroom (NAEYC, 5A.21). Designated staff administer medication (EpiPen JR and EpiPen) to a child only if the child's record has proper documentation, which includes: licensed health provider written diagnosis and program permission, administration instructions, and required Licensing documents. Parents/Child Guardians will train the CDC Director on proper administration of the medication. This procedure will be shared with all designated staff (NAEYC, 5A.20). If administration procedures are provided from in paper form from the physician, those documents will be shared with staff and filed in the child's record. Any additional medications, including but not limited to, Chapstick, sunscreen, bug spray, scented and un-scented lotions, hand sanitizer, body sprays and other prescribed medication cannot be administered to children who are signed into the supervision of the center (NAEYC, 5A.16). For more information, the CDC's Incidental Medical Services (IMS) Plan.

Staff training & Program Practices in the Event of Illness

All administration and intern teachers who work directly with children shall provide proof of a certificate showing satisfactory completion of pediatric CPR (cardiopulmonary resuscitation) and First Aide (NAEYC, 5A.15).

The program follows these practices in the event of illness:

- If an illness prevents a child from participating comfortably in activities or creates a greater need for care than the staff can provide without compromising the health and safety of other children, or if a child's condition is suspected to be contagious and requires exclusion, as identified by public health authorities, then the child is made comfortable in a location where she or he is supervised by a familiar caregiver.

- If a vaccine-preventable disease to which children are susceptible occurs in the program, staff promptly implement a plan to exclude the child who is under immunized (NAEYC, 5A.14). If the child is suspected of having a contagious disease, then until she or he can be picked up by the family, the child is isolated in a located where other individuals will not be exposed. The program immediately notifies the parent, legal guardian, or other person authorized by the parent, when a child has any sign or symptom that requires exclusion from the program.

The Center informs families about any unusual level or type of communicable disease to which children were exposed, signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the program and what families should implement at home.

Nutrition

Eating well is an important component of a child’s growth and development. The CDC provides a nutritionally-sound snack for each session. The center follows the United States Department of Agriculture (USDA) guidelines to plan and prepare the amount and type of foods provided to children to ensure healthy development (NAEYC, 10D.3). Snack menus are on a rotation schedule and are posted in the kitchen and on the parent bulletin board. Food allergies, intolerances or restrictions will be maintained on lists posted in the kitchen and each classroom. Parents should make sure that their child’s “dietary restriction” card is up-to-date at all times. *Be advised, the CDC is a “nut sensitive” center- avoid bringing food that may contain nut products.* Children are encouraged but never forced to eat. Children with special needs, and for infants, staff are to document the type of food and quantity of food a child consumes and provide that documentation to the family picking up that child (NAEYC, 5B.5).

The snack process at the CDC promotes physical, cognitive, social and language development. Good eating habits are established by modeling hand washing, eating nutritious foods and modeling manners. Both children and adults wash or sanitize their hands before meals and snacks (NAEYC, 5A.5). Each classroom is served snack family style, providing children the opportunity to serve and pass foods, practice social customs, and engage in informal conversations.

The CDC holds realistic, expectations about children’s eating habits, as children are learning autonomy and practicing small motor skills (like pouring their own milk) eating can often get messy. We encourage our staff to sit with the children and assist when necessary, while children are practicing their self-help and social skills.

We encourage mothers who are breast-feeding to continue. To help families provide the benefits of breastfeeding for their children, the CDC will accept, store and serve breast milk as long as it meets sanitary and storage criteria (See bullets below). In addition, teachers will work with mothers to coordinate feeding schedules and make sure all of the infant/toddler programs have space for mothers to breastfeed. The following guidelines will be used for storing and preparing breast milk.

- Breast milk must be provided in ready-to-feed containers labeled with the infant’s name and date (see additional information below).
- Milk must be stored in the refrigerator for no longer than 48 hours (or no more than 24 hours if the breast milk was previously frozen) or in a freezer at 0 degrees Fahrenheit or below for no longer than 3 months.
- When preparing milk for feeding staff should gently mix, not shake, the milk.

Procedures for Using Breast Milk:

- Milks must be provided in ready-to – feed containers labeled with the infant’s name and date and storing it in the refrigerator for no longer than 48 hours (or no more than 24 hours if the breast milk was previously frozen) or in a freezer at 5 degrees Fahrenheit or below for no longer than 2 weeks (NAEYC, 5B.6).
- Infants younger than 12 months are held for bottle feeding.

- Infants, toddlers, and twos do not have bottles while in a crib or cot and do not drink from propped-up bottles anytime.
- Adults wash or sanitize their hands before and after feeding a child (NAEYC, 5A.8 & 5A.19).
- Staff discard after one hour any formula or human milk that is served but not completely consumed or is not refrigerated (NAEYC, 5B.1 & 5B.7).

Maintaining a Healthy Learning Environment

The CDC has specific cleaning routines and frequency to maintain a healthy and safe environment. The cleaning and sanitizing of all surfaces in the facility takes place as indicated in NAEYC’s “Cleaning, Sanitizing, and Disinfecting Frequency Table”. In addition, below are additional CDC cleaning requirements:

- A toy that a child has placed in his or her mouth or that is otherwise contaminated by body secretion or excretion is either to be washed by hand using water and detergent, then rinsed, sanitized, and air dried or washed and dried in a mechanical dishwasher before it can be used by another child (NAEYC, 5C.3).
- Before walking on surfaces that infants use specifically for play, adults and children remove, replace, or cover with clean foot coverings any shoes they have worn outside that play area. If children or staff are barefoot in such areas, their feet are visibly clean.
- Food-serving tables and high chairs are cleaned and sanitized after each use (NAEYC, 5C.1).
- Staff are never to use plastic or polystyrene (Styrofoam™) containers, plates, bags, or wraps when microwaving children’s food or beverages (NAEYC, 5B.9).
- Staff are to discard any food items with expired dates monthly (NAEYC, 5B.4).
- For the safety of children, pedestrians and college students, idling vehicles are not permitted in parking areas (NAEYC, 5A.25 & 10D.7).

Outdoor Activities

Children of all ages have daily opportunities for outdoor play (when weather, air quality, and environmental safety conditions do not pose a health risk). To protect against cold, the program ensures that children wear clothing that is dry and layered for warmth. To protect against heat and sun injury, children have the opportunity to play in the shade. When outdoor activities are not possible because of conditions, the program provides similar activities inside.

Water play

Precautions are taken to ensure health and safety during communal water play. Staff supervise to guarantee children do not drink the play water. Children with sores on their hands are not permitted to participate in communal water play. Fresh potable water is used, and the water is changed before a new group of children comes to participate in the water play activity. When the activity period is completed for each group of children, the water is drained. Alternatively, fresh potable water flows freely through the water play table and out through a drain in the table. Infants, toddlers, and twos do not have access to large buckets that contain liquid.

Emergency Procedures

Emergency information is posted in the parent and staff handbooks, and evacuation locations are posted near every emergency exit doorway. Please familiarize yourself with evacuation routes. In the event of an emergency, university students must remain at the laboratory until given an “all clear” from a CDC administrator.

In the event of major damage or destruction, the University Police Department (UPD) will announce and implement University-wide emergency and evacuation procedures. Every student, parent, family member is encouraged to register for Stan Alert at: <https://www.csustan.edu/emergency/stanalert>

Safety Programs

In the event of an emergency, it would be necessary for the staff, students, and/or parents to guide children to safety. Since young children understand little about emergencies, the cues presented by adults influence children's abilities to handle these situations. For this reason, the CDC staff does emergency preparedness programs with the children, students, and staff throughout the school year.

A written disaster plan is on file with the Safety and Risk Management and the Department of Social Services. Yearly, the CDC participates in an announced campus-wide disaster evacuation drill. At this time, the CDC staff coordinates with the UPD, the Fire Department and other emergency professionals to test all equipment and practice evacuation procedures.

The designated meeting place for evacuations is located at the mulch “boiler plant” area, north of the CDC’s front playground, 100 yards from all buildings. In case of a campus wide emergency, the UPD in partnership with the designated building marshals will help escort staff and children to the place of rescue, providing medical assistance, food and emergency supplies located at the gymnasium (Fitzgerald Arena).

CDC Shelter in Place (active shooter lockdown, tornado or flooding)

A “shelter in place” plan has been devised by the CDC staff, the UPD and the University’s administration. At the discretion of the CDC, in consultation with the University’s administration, this plan, or parts of it, can be put into action at any time. The first portion of the following section are to be implemented only during an active shooter lockdown. It includes:

1. Preventing unauthorized access to the CDC.
 - a. All individuals must show appropriate ID upon entry to the building.
 - b. All individuals must be escorted into the classrooms.
2. Preventing unauthorized rear entrance or exit to or from the CDC at all times.
 - a. Rear doors are alarmed and entry to staff is permitted by key only.
3. Communication on premises.
 - a. CDC administrators can communicate with classroom teachers at all times by the use of a cell phone and/or two-way radio.
4. Communication for emergency use off-premises.
 - a. Teachers can communicate with CDC staff or the UPD when off CDC premises using cell phone and/or two-way radio communication.

If outside, quickly and quietly evacuate the outdoors to the shelter in place gathering area. In the event of an active shooter at the Child Development Center it is advised to Run, Hide, and Fight.

In the event of an active shooter on campus (not at the center), a flood, or a tornado, follow the CDC protocol as described below:

1. **Master Teachers** - Take attendance sheets (on clip board), sign in/out binder, and back pack with Emergency Information Cards. Take attendance, making sure all children are present. Keep adults and children down low and away from windows and doors. Help children stay calm, quiet and occupied until told by the University Police Department, Administrator or designated Building Marshal that it is safe.
2. **Teachers** - Gather children into the designated *shelter in place gathering area*. Keep adults and children down low and away from windows and doors. Engage the children in way that is calm and quiet.
3. **University Students** - Assist staff with the above procedures. Help children stay calm, quiet and occupied. You must remain with the children and teachers until told you can leave by a CDC or University administrator.
4. **Demonstration Teacher** – Last one out of the classroom, ensuring all adults and children are with teachers, leading children to the designated *shelter in place gathering area*. If out of the classroom (in

lobby or office), evacuate to *shelter in place gathering area indoors*. Check all rooms for hiding children before joining staff and other children.

5. **Director**- Check all rooms for hiding children. Assist Administrative Support Coordinator in locking doors and evacuate to *shelter in place gathering area*.
6. **Administrative Support Coordinator (ASC)** - Serves as Building Marshal and Monitor (see Safety and Risk Management for responsibilities). Locking all doors and evacuate to *shelter in place gathering area*.

CDC Fire Emergency Procedures

In the event of smoke or fire, pull fire alarm and evacuate the building as far from fire as follows:

1. **Master Teacher** - Take emergency backpack, class roster (on clip board) and child sign in book. Master Teacher will lead children via the posted escape route to the the designated meeting place. Seat children and take attendance. Make sure that all children are present. Help children stay calm and occupied; sing songs, tell stories, finger-plays, etc... until told by a CDC or University administrator that you may return to the building.
2. **Preschool and Toddler Teachers** – Assist with evacuation procedures as necessary. Help keep children calm and occupied.
3. **Infant Teachers** – If class attendance has more than one infant, place infants in portable cribs and wheel cribs out of the building via the posted escape route to the designated meeting place. Help keep children calm and occupied.
4. **University Students** - Assist staff with the evacuation procedures as necessary. Help children to stay calm and occupied. You must remain with the children and teachers until told you can leave by a CDC or University administrator.
5. **Demonstration Teacher** – Last one out of the classrooms or playground to ensure all adults and children are with teachers, leading children to the designated meeting place.
6. **Director**- Check all rooms and playgrounds for hiding children. Join classes and staff at the designated meeting place.
7. **Administrative Support Coordinator**- Serves as the Building Marshal and Monitor (see Safety and Risk Management for responsibilities).

CDC Earthquake Emergencies Procedures

1. **Master Teachers** - Gather children and adults under tables nearest to them in classrooms, or if outdoors, lead them away from trees and windows. Make sure that all children are accounted for. Do not try to leave the building until shaking has stopped and the UPD has called for an evacuation. If the UPD notifies us to evacuate, lead children via the posted escape route to the to the designated meeting place. Take attendance sheets (on clip board), sign in/out binder and backpack with Emergency Information Cards. Take attendance, making sure all children are present. Help children stay calm and occupied; sing songs, tell stories, finger-plays, etc...until the staff and children have been told by the UPD and designated Building Marshall that it is safe to return to the building.
2. **All Teachers** - Gather children and adults under tables nearest to them in classrooms, or if outdoors, lead them away from trees and windows. Assist with evacuation procedures as necessary. Help keep children calm and occupied.
3. **University Students** - Assist staff with the evacuation procedures as necessary. Help children to stay calm and occupied. You must remain with the children and teachers until told you can leave by a CDC or University administrator.

4. **Demonstration Teacher** – Last one out of the classrooms or playground to ensure all adults and children are with teachers, leading children to the designated meeting place.
5. **Director**- Check all rooms and playground for hiding children. Join classes and staff at the designated meeting place.
6. **Administrative Support Coordinator**- serves as the Building Marshal and Monitor (see Safety and Risk Management for responsibilities).

CDC Accidental Injury Emergency Procedures

Major Injuries

1. Provide emergency care for the child or adult (CPR/ First Aide protocol)
2. Send another adult to notify an administrator (director, demonstration teacher, other administrative staff) and call 911.
3. UPD/University Police will provide emergency assistance. They may be contacted from any University phone by dialing 911 or by using a campus “Blue Light” phone.
 - a. Give your name
 - b. Location
 - c. Telephone number
 - d. As much information about the injury and injured person as possible
4. A CDC staff member must notify the parents immediately, when 911 is called.
5. All other staff and University students should make every effort to keep the rest of the children away from the emergency, calm, and occupied.
6. An Accident Report form must be completed as soon as possible, promptly placed in the child’s box and a copy given to the CDC demonstration teacher or director to review and place in the child’s file. The report will be filed and an Unusual Incident Report (LIC 624) will be written with Licensing within 24 hours.

Minor Injuries

1. The area around minor injuries such as cuts, scrapes, bumps, and splinters, should be washed well with soap and water.
2. Apply a Band-Aid or ice as necessary.
3. Comfort the child and help them return to the classroom as soon as they are ready.
4. An Accident Report form must be completed as soon as possible, promptly placed in the child’s box and given to the CDC demonstration teacher or director to review and place in the child’s file.

Accident Reports

Parents MUST be notified of any injuries, big or small, visible or invisible (bruising often doesn’t appear until children are at home), that their child receives while at the CDC.

After providing necessary care for any injuries, a teacher must promptly fill out an Accident Report form with assistance from any individuals who witnessed the accident. The report should give a brief description of the incident and the treatment that was given. This information must be communicated verbally to the Master Teacher who then signs the accident report and immediately places the original (white) in the child’s box for the parent to see while giving a copy (yellow) to the CDC director or demonstration teacher for review and placement in the child’s file.

In addition to completing an accident report form, the Classroom Teachers must talk with the family member who picks the child up on the day of the accident. DO NOT rely on the Accident Report form to inform the parent of the incident.

Child Abuse Prevention, Detection, and Reporting

As educated professionals, the CDC staff recognizes the incredible responsibility it holds to protect children from potentially abusive situations and to report any reasonable suspicions of abuse to Child Protective Services and/or to the Police Department. Prior to each academic year, CDC interns are trained in the prevention and detection of child abuse and in their obligations as mandated reporters. Interns complete an online mandated reporter training that meet state law AB 1207. In addition, child development majors take a required course, CDEV 3010, Child Abuse and Neglect, prior to beginning lab courses and internship. To be sure that all children are safe from abuse adults at the CDC should:

- Make sure children are well supervised at all times.
- Interact with children in the presence of others and with visual supervision of CDC staff.
- Report to the CDC office any individual who is not wearing CDC uniforms or who seems unauthorized or suspicious for any reason.
- Individuals who are unknown to staff will be asked for photo ID every time they enter the CDC.
- Use children's cues to guide physical interactions; ask children if they would like hugs, want to sit on laps or want their backs rubbed.
- Encourage children to be outspoken about what frightens, worries or makes them feel uncomfortable.
- Learn to recognize the signs of abuse.

The Penal Code requires any child care employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse, to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practical possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. "Child Care Custodian" includes teachers, licensed day care workers, administrators of community care facilities licensed to care for children, foster parents, and group home personnel. Employees of the CSU Stanislaus Child Development Centers are mandated to comply with the child abuse reporting requirements of the State of California. Child Protective Services determines the need for any follow up action. Students should always report incidents/concerns related to child abuse to Center Director and Demonstration Teacher (NAEYC, 6A.10). It is recognized that any intern or staff member who reports suspicions of child abuse/neglect where are immune from discharge, retaliation, or other disciplinary action for that reason alone, unless it is proven that the report was intended to do harm (NAEYC, 10D.5).

In managing allegations of child abuse by staff, students, faculty and other adults participating at the facility, the CDC will follow the below course of actions and guidelines set by the International Task Force on Child Protection (2018). All proper agencies and departments (e.g., the University, UPD, CPS, Safety & Risk Management, etc.) will be consulted with every step and action taken.

(NAEYC, 6A.10)

CDC Toilet Training Policy & Procedure

Children must be physically, cognitively, and emotionally ready before they begin potty training. Their bladder must have the capacity to hold more fluid and have better sphincter muscle control. They must be able to understand what is expected of them and be intrinsically motivated to try.

Toilet training will be practiced in a relaxed manner in cooperation with the family. When and how to help a child learn to use the potty depends on how ready the child is, as well as the family's beliefs and values about toilet training. There is not one "right" way or one "right" age to learn. Below are some procedural information and CDC toileting procedures to keep in mind as you help a child learn to use the toilet. **The child's family and CDC partner together to support children through the potty-training process. Therefore, we encourage all CDC staff and family members to keep open communication with one another.**

Signs a child might be ready to start potty training:

- Stays dry for at least 2 hours at a time, or after naps
- Recognizes when s/he is urinating or having a bowel movement. For example, the child might go into another room or under the table when s/he has a bowel movement. This is important—if the child does not realize s/he is having a bowel movement, they won't be successful at potty training.
- Is developing physical skills that are critical to potty training—to pull pants up and down, and to get onto/off the potty (with some help).
- Copies other's toileting behavior.
- Can follow simple instructions.
- Most important, your child wants to use the potty. Child may say he wants to wear "big boy" underpants or learn to go potty "like Daddy does." Child may feel uncomfortable in a soiled diaper and ask to be changed or ask to use the toilet.

When the child shows an interest in toileting and is physically and emotionally ready, take the following steps:

- ✘ The child initiates use of the toilet by saying s/he has to use it. You see signs of the child in training needing to use the toilet. You know the child in training has not used the toilet for a long time such as after nap, snack time or playtime. You say, for example, "It's time to use the potty." Or you simply extend a hand for the child to take and lead them to the bathroom. Never force a child to use the toilet.
- ✘ The family has been encouraged to bring the child in clothes that are easy to manipulate like elastic pants. Keep extra clothing in the children's cubby in case of an accident. Make sure any soiled clothes are placed in a plastic bag tied in a knot and returned to the child's cubby.
- ✘ Allow the child to take off their own clothes. Only give assistance when you can see that the child is really struggling or becomes frustrated; or if the child asks. Otherwise, encourage them to be self-directed.
- ✘ Boys sometimes like to sit or stand in front of the toilet. It is their choice. You can encourage children to aim the urine into the toilet; if necessary you can assist their feet and back/hips to help them aim accurately. Make sure you clean any areas around to toilet that gets soiled before you leave the area. Use disposable gloves to clean children or soiled areas and wash your hands afterwards.

- ✘ Allow the child to flush the toilet. Remind them if they forget.
- ✘ The child must wash their hands after toileting. Allow the child to wash their own hands if they know the procedure. If they don't, you may assist by talking them through it, singing a song, or model by washing your own hands and verbally encouraging the child to do like you do.
 - Hand washing steps
 - Turn on the faucet to get hands wet
 - Use the soap dispenser by pushing in on the lever (only once or twice)
 - Lather soap between palms and fingers for **20 seconds** (sing song)
 - Rinse hand
 - Dry hands with disposable paper towel
 - Turn off the faucet **with** the paper towel
 - Throw away the paper towel in the trash can
- ✘ Walk with the child back to the play area. Never leave the child alone sitting on the toilet or in the bathroom. **All children must be in direct supervision of staff at all times.**

Required Supplies:

The following items are to be left at the center and replaced as needed.

- Minimum of 2 changes of clothes including socks, and shoes if available.
- A bag of pull-ups/diapers. You will be notified when the supply is getting low.

Soiled clothes will be returned in a plastic bag at the end of the day.

Proper Clothing:

During potty training please bring your child in “user/child friendly” clothing, for example, pants with elastic waists. Please avoid buttons, snaps, belts, one-piece outfits and overalls.

Program Philosophy

Biting is a natural, developmental behavior in which many young children engage. We recognize that biting is a distressing activity for parents, staff, and the child who has been bitten. Unfortunately, a “quick fix” is not usually available. However, biting does require immediate action by staff to comfort the child who has been bitten, express alternatives to the biter, and to find the cause of the biting.

Purpose

The purpose of the policy is to ensure a positive, safe environment for all children. The center will work with children to ensure that their needs are met and help is offered when needed.

Children bite for a variety of reasons so it’s important for adults to get to the cause of the behavior. Most of the reasons for biting are not related to behavior problems nor does biting make the biter a “bad child”. Since biting is developmentally related, it is more common for toddlers to bite than for older preschool age children.

How Staff Respond

Staff members respond to biting as they would other aggressive behavior – by:

- calmly, yet firmly telling the biter that biting hurts, biting is not safe or allowed, and acceptable alternative behavior(s).
- by comforting the victim immediately and providing first aid if needed
 - wash the bite with soap and water
 - apply ice to reduce swelling
 - if the skin is broken, universal precautions are followed and an injury report is written
- by documenting the biting in an Unusual Incident Report (LIC 624)

When a particular child bites on a regular basis, the center staff attempt to find the cause of the biting and take action to prevent future incidents. The staff look at:

- precipitating factors such as time of day, area of the classroom, the activity, other children involved, etc.
- changes in the child’s life such as health problems, teething, the absence of a family member, the birth of a sibling, transitions, etc.

The staff then develop strategies to help prevent further biting. These might include:

- Ensuring that there are enough materials, including duplicates, for the children to use
- Ensuring that there is enough space in the classroom and that there are quiet times in the schedule
- Shadowing a biter in situations and times when the child has bitten before
- Providing teething toys for children who are getting new teeth
- Showing disapproval of biting
- Working collaboratively with parents to reduce or eliminate biting

How Parents Are Informed

The parents of a bitten child are notified of the incident the day the incident occurred. Confidentiality prohibits the staff from divulging the name of the biter. The parents of the biter are informed personally and privately the same day.

How Biting is Documented

All biting incidents are documented by the teacher(s) in an incident report which is reviewed and approved by the center director. A copy of the incident report is given to the parents. The other copy is kept in the center’s incident report file.

VOLUNTEER IDENTIFICATION FORM

****MUST BE APPROVED BY DEAN OR VP PRIOR TO ACTIVITY****

Return to HR at MSR 320 or compliance@csustan.edu once completed and signed.

Name:	<div style="border-bottom: 1px solid black; height: 20px;"></div> <div style="font-size: small; margin-top: 5px;">(Last, First, MI)</div>
Contact Information:	<div style="border-bottom: 1px solid black; height: 20px;"></div>
	<div style="border-bottom: 1px solid black; height: 20px;"></div>
	<div style="display: flex; justify-content: space-between;"> </div>
Emergency Contact:	<div style="border-bottom: 1px solid black; height: 20px;"></div>
	<div style="display: flex; justify-content: space-between;"> </div>
Department (If current employee):	<div style="border-bottom: 1px solid black; height: 20px;"></div>
Volunteer Dates:	<div style="border-bottom: 1px solid black; height: 20px;"></div>
	<div style="display: flex; justify-content: space-between;"> </div>

- | | | |
|--|------------------------------|-----------------------------|
| Are you receiving academic credit for volunteering? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a University student, staff or faculty member? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you at least 18 years of age? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please add me to the on-going University volunteer pool | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

To be completed by Volunteer's Director:

Volunteer's Director Name:

Volunteering for Department:

Summary of Duties:

Volunteer Director, please check all that apply:

- This volunteer will be responsible for the care, safety and security of people (including direct contact with children and minors), animals and CSU property.
- This volunteer will have responsibility for campus security in some capacity (i.e. access to/monitoring of a building).
- This volunteer will have authority to commit financial resources of the university through contracts greater than \$10,000.
- This volunteer will have access to, or control over, cash, checks, credit cards, and/or credit card account information.
- This volunteer will have responsibility or access/possession of building master or sub-master keys for building access.
- This volunteer will have access to controlled or hazardous substances.
- This volunteer will have access to and responsibility for detailed personally identifiable information about students, faculty, staff or alumni that is protected, personal or sensitive. (For examples of Level 1, 2, and 3 Data, please see [CSU Policy 8065](#).)
- This volunteer will have control over campus business processes, either through functional roles or system security access.
- This volunteer will have responsibilities that require the employee to possess a license, degree, or credential or other certification.
- This volunteer will have responsibility for operating commercial vehicles, machinery or equipment that could pose environmental hazards or cause injury, illness, or death.
- This volunteer will have responsibility for student or campus activities including, but not limited to camps or housing access.
- None of the above are applicable to this volunteer assignment.

I hereby desire to volunteer my services, performing the duties listed above, and that services rendered by me will be at the direction of the above named Volunteer Director. I understand that I will not be compensated for these services and that I serve at the pleasure of my Volunteer Director. As applicable, this assignment will not interfere with my primary responsibilities associated with my Stanislaus State employment and preauthorization to volunteer has been obtained by my supervisor.

Volunteer Signature

Date

Volunteer Director Signature

Date

Dean/VP Signature

Date

Statement of Commitment*

As an individual who works with young children, I commit myself to furthering the values of early childhood education as they are reflected in the ideals and principles of the NAEYC Code of Ethical Conduct. To the best of my ability I will

- Never harm children.
- Ensure that programs for young children are based on current knowledge and research of child development and early childhood education.
- Respect and support families in their task of nurturing children.
- Respect colleagues in early childhood care and education and support them in maintaining the NAEYC Code of Ethical Conduct.
- Serve as an advocate for children, their families, and their teachers in community and society.
- Stay informed of and maintain high standards of professional conduct.
- Engage in an ongoing process of self-reflection, realizing that personal characteristics, biases, and beliefs have an impact on children and families.
- Be open to new ideas and be willing to learn from the suggestions of others.
- Continue to learn, grow, and contribute as a professional.
- Honor the ideals and principles of the NAEYC Code of Ethical Conduct.

* This Statement of Commitment is not part of the Code but is a personal acknowledgment of the individual's willingness to embrace the distinctive values and moral obligations of the field of early childhood care and education. It is recognition of the moral obligations that lead to an individual becoming part of the profession.



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Turlock, CA 95382
Telephone (209) 667- 3036

<https://www.csustan.edu/child-development-center>