



## Children's Campus at SF State

A Center for Early Care and Education, Professional Development and Research



# 2017 -18 Family Handbook

Located on North State Drive  
On the SF State University Campus  
Near the intersection with Lake Merced  
Boulevard

Mailing Address:  
1600 Holloway Avenue  
San Francisco, CA 94132

[children@sfsu.edu](mailto:children@sfsu.edu) 415.405.4011

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Dear Families,

Children’s Campus at SF State provides high-quality early care and education services for children 6 months – 5 years of age. We implement a play-based, emergent curriculum that promotes creativity and exploration and emphasizes the development of children’s sense of self and social development. We serve children of SF State faculty and staff as well as families in the community.

Children’s Campus is licensed and regulated by the California Department of Social Services and, Community Care Licensing Division. In addition to complying with these state regulations, Children’s Campus adheres to the standards established by the National Association for the Education of Young Children (NAEYC).

A program of Student Affairs and Enrollment Management, Children’s Campus is the “lab school” for the University. As such, the center supports the academic mission of the University by: (1) providing training for “pre-service” early child education (ECE) students and students studying other related fields (6-12 ECE interns work at the center every semester along with interns from other disciplines such as speech/language pathology, psychology, dietetics, etc.); (2) providing placements for students to complete course assignments through observation and classroom participation; (approximately 300 students spend time at the center each semester engaged in these activities); and, (3) provide a venue for research that adds to the knowledge in the field of early care and education.

The Center operates on a non-discriminatory basis affording equal access to services without regard to race, gender, sexual orientation, religion, national origin or ancestry. Children with special needs are welcome in the program once staff and families determine that the program can meet the needs of the child in a group care setting.

We are excited to be working with you and your family and look forward to a year filled with fun and stimulating experiences!

Please contact us with any questions or concerns.

Front Desk:	405-4011	Fax:	405-3832
Director:	405-3611		
Assistant Director:	405-3627		
Hummingbird Room:	405-3651		
Chickadee Room:	405-3822		
Robin Room:	405-3811		
Sparrow Room:	405-3813		
Hawk Room:	405-3637		
Owl Room:	405-3644		

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## **Program Mission**

The Children's Campus mission is to:

1. Provide support and training for pre-service early childhood education students.
2. Provide SF State faculty and staff and the community with a high quality, early care and education program that is based upon evidence-based practice for infants, toddlers and preschool children.
3. Expand research opportunities that add to the field of knowledge in early care and education.
4. Support current early care and education teachers with professional development opportunities that promote improved practice.

## **Program History**

Children's Campus, A Center for Early Care and Education, Professional Development, and Research, expands and builds upon more than 30 years of excellence in teacher training, academic enrichment, scholarship, and collaboration that was initiated by SF State's Child Study Center. Opened in 1970, the Child Study Center was among a unique group of laboratory schools that existed on elite campuses nationwide including New York University, Yale University School of Medicine, Wellesley College, and Stanford University. The Child Study Center's impact on student learning, teacher training and curriculum development was immense.

SF State faculty had long sought an on-campus full-time, year-round early childhood education program. Following the closure of the Child Study Center, and at the request of University administration, the Marian Wright Edelman Institute initiated a number of meetings, conducted a campus-wide child care needs assessment, and investigated possible sites for a new early childhood education center. A University-wide Children's Campus Planning Committee was created to oversee the planning and facility design. The Planning Committee included faculty and staff with expertise and experience from child development, early childhood education, developmental psychology, special education, kinesiology and SF State Facilities and Planning. Design consultation was provided by Louis Torelli of Spaces for Children.

Over an 18 month period, with the support of the College Dean, Provost and University President, Children's Campus was constructed, licensed and opened for business on January 28, 2009. To honor their lifetime commitment and service to early childhood education and teacher training, Children's Campus dedicated its two preschool classrooms to the Child Study Center's former directors, Kate Danforth and Carol Fields, who retired from SF State in 2007 with emeritus faculty status.

## **Policy Updates**

In the unusual event that Children's Campus policies change during the year, parents will be provided with a minimum of 30 days advance written notice of the change. This handbook will be updated to reflect this change and distributed via email and posted on the website.

## **GENERAL INFORMATION**

### **Children**

Children's Campus provides care and education for children between the ages of six months and five years. We serve a diverse community in terms of race, genders, ethnicity, and ability, and we strive to create an environment of inclusion that celebrates our differences and highlights our commonalities. Our program accepts children with special needs once it is determined that the Center can provide a safe, supportive, developmentally appropriate group care environment for the child.

### **Group Size and Staffing**

The center adheres to standards for maximum group size and staffing set by NAEYC (National Association for the Education of Young Children), which are much lower than the State of California Community Care Licensing requirements. Classrooms support mixed age grouping to enhance children's physical, cognitive and social learning skills.



<b>Group Size and Staffing – NAEYC Standards Compared to California Licensing Regulations</b>						
<b>Age Group</b>	<b>NAEYC Standards</b>			<b>California Licensing Regulations</b>		
	<b>Max. Group Size</b>	<b>Number of Staff</b>	<b>Staff:Child Ratio</b>	<b>Max. Group Size</b>	<b>Number of Staff</b>	<b>Staff:Child Ratio</b>
Infants* 6-15 mos.	8	2	1:4	12	3	1:4
Toddlers 12-28 mos.	12	3	1:4	12	2	1:6
Toddlers 21-36 mos.	12	2	1:6			
Preschoolers 36-48 mos.	18	2	1:9	Based on licensed capacity		1:12
Preschoolers 48-60 mos.	20	2	1:10			
The ages listed are age groupings identified by NAEYC.						

<b>Children’s Campus Group Size and Staffing</b>			
<b>Age Group<sup>1</sup></b>	<b>Group Size</b>	<b>Number of Staff</b>	<b>Staff:Child Ratio</b>
Infants 6-18 mos.	6	2	1:3
Young Toddlers 18-28 mos.	12	3 (staff reduced to 2 in summer if all children are 21 mos. or older)	1:4 (1:6 in summer if all children are 21 mos. or older)
Older Toddlers 24-36 months	12	2	1:6
Preschoolers 36-60 mos.	16 (20 in summer) <sup>2</sup>	2	1:8 ( 1:10 in summer) <sup>2</sup>
	<sup>2</sup> Preschool group size increases in the summer to accommodate demand for summer services. If there is not sufficient demand to operate both preschool classrooms in the summer, the two preschool classrooms are combined.		
<sup>1</sup> Age of child at enrollment. Preschool children must be 3 years of age by September 1.			

### Hours of Operation and Enrollment Options

Children’s Campus is offers services 12 months per year and is open 7:30am to 5:30pm Monday through Friday. The center closes on designated holidays and on days scheduled for teacher training/preparation. Please consult the Children’s Campus calendar on the website to view/download the annual program calendar: <http://childrencampus.sfsu.edu>.

Families have the option of enrolling in a 12 month (August-August) or 9 month (August-May) program. We offer part-time and full week schedules: five days per week -Monday through Friday, three days per week - Monday/Wednesday/Friday, or two days per week – Tuesday/Thursday.

## **Linkages with SF State University**

Children's Campus at SF State is a program of SF State University. The center operates under the administration and support of Student Affairs & Enrollment Management and SF State University policies and procedures.

Children's Campus research committee is housed and supported by the Marian Wright Edelman Institute.

As part of the University community, the center is supported by University Facilities & Maintenance, classrooms schedule walking field trips to interesting places on campus such as the library, baseball field, and other campus facilities. We receive support and training from numerous University Departments and faculty, such as Graduate School of Education, Child and Adolescent Development, Music, Psychology, Creative Arts, Science, etc.

## **Staff**

The Administration, Head Teachers, and Teachers are early childhood professionals who have experience, education, and training in early childhood education. All full time staff members are SF State employees. The program is administered by the Director with assistance and support from the Assistant Director. A Head Teacher, who oversees the additional teaching staff in the classroom, leads each classroom. Head Teachers hold a minimum of a Bachelor's Degree and a minimum of 3 years teaching experience. The second full-time Teacher has, at a minimum, an Associate's degree. All other staff in the classroom are graduate or undergraduate students studying child development/early childhood education, other fields of study related to young children, or have an interest in working with young children and families.

Staff members are responsible for maintaining a healthy environment. We begin with our own health by submitting health appraisals and proof of negative TB tests and other require immunizations as required upon hire. All staff, interns and substitutes have California Livescan fingerprint clearance (state and national criminal background checks). There are always staff in the center with pediatric CPR and First Aid training certification.

The Children's Campus staff uses a team approach, with the Head Teacher overseeing all aspects of his or her classroom. As a learning community, we engage in ongoing reflection and professional development to evaluate and improve individual and team performance, continuously strengthening our practice, leadership and outreach.

## **Interaction Guidelines**

Children's Campus staff members follow the ethical principles of the National Association for the Education of Young Children <http://www.naeyc.org/files/naeyc/file/positions/Ethics%20Position%20Statement2011.pdf>

We share the following core values as guides for interactions among staff members, between staff and children, between staff and families, between staff and University students, researchers, and employees.

- We strive to respect each individual and work to create a positive emotional climate for all learners, with sensitivity to differences in age, ability, background, language, culture, religion, and family structure.
- We use smiles, warm tones of voice, positive touch, social conversations, and joint laughter to support the development of effective working relationships.
- We promote regular and reciprocal communication that recognizes effort and accomplishment, offers predictable, developmentally appropriate response to initiative, emotions, and concerns, and is proactive in resolving conflict.

## **Advisory Council**

Children's Campus has an Advisory Council that lends support around specific decision-making for the center and serves as a critical community champion of the Children's Campus. Members of the Advisory Council share their talents in service to our mission by providing our organization with professional expertise, diverse knowledge of constituent perspectives, connections to local groups and campus colleagues or peers, and other forms of needed assistance. The Advisory Council is comprised of University faculty and staff, Children's Campus staff and two parents from Children's Campus.

The role of Advisory Council, which meets with the Director monthly October - May, is to provide guidance, advice and support to the Children's Campus in the following areas:

1. Review program reports on enrolled families, student interns, and student observers.
2. Review and discuss reports from Research Committee on research, observation projects, and Committee activities.
3. Review and provide recommendations on Children's Campus tuition and fees.
4. Review and make recommendations regarding applications for scholarships when funds are available.
5. Hear and discuss feedback from parents, including parent requests, and recommendations.
6. Offer leadership in grant writing and fundraising; participate in writing and researching grants to support Children's Campus.
7. Review marketing survey.

### **Advisory Council Family Member Guidelines**

The Advisory Council is one of the ways families can participate at Children's Campus. We solicit parent members to the Council via the Family Participation Form distributed summer before the start of the new program year. When a space opens on the Council, we ask families that are interested in serving on the Council to submit an interest statement to the Director. These statements, along with the Director's recommendations are presented to the Advisory Council. The Council reviews and confirms new parent representatives. The family representatives join the next Advisory Council meeting after their appointment is confirmed.

Family member responsibilities on the Council include:

- Attending the Advisory Council meetings.
- Reporting family-related feedback to the Advisory Council and suggesting program improvements.

## **ADMISSION AND ENROLLMENT POLICIES**

### **Newly Enrolling Families**

New families are selected for enrollment from the on-line Children's Campus wait list. Families can access the wait list through the Children's Campus website. There is a fee to register on the wait list and this fee must be paid within two weeks of wait list registration (see the current tuition/fee schedule posted on the website).

Families are selected for enrollment from the waitlist in priority order, as follows:

1. Siblings of currently enrolled SF State faculty and staff families
2. Siblings of currently enrolled Community families
3. SF State faculty and staff families with previously enrolled children
4. New SF State faculty and staff families
5. Community families with previously enrolled children
6. New Community families

*Selection within these categories will be based on the age of the child, available openings, and the mix of full-week and part-week children in the classroom.*

While most new enrollment occurs at the beginning of the program year, new families may enroll during the year as vacancies occur. Once selected for enrollment, new families are offered an Admission Agreement that outlines their program schedule (number of months and days of the week) and monthly tuition amounts. Families have one week to return the signed Agreement and pay the annual, nonrefundable registration fee (see current tuition/fee schedule posted on the website) in order for the enrollment slot to be reserved for their child(ren).

Newly enrolling families are also required to complete a variety of enrollment forms that include health history and immunization records, a physician's report, emergency contact information, persons authorized to pick-up the child, permission forms, information on your child, and release of liability. All enrollment forms must be submitted prior to the child's first day of attendance except for the physician's report which can be submitted within 30 days of entry into the program.

## **Returning Families**

All families must re-enroll their child each school year by completing an Enrollment Request Form. These forms are distributed in late winter to give currently enrolled families priority enrollment for the upcoming program year. Returning families must pay the nonrefundable annual registration fee with their next month's tuition in order to hold the enrollment slot for the new program year (see current tuition/fee schedule posted on the website). Returning families are asked to complete several enrollment forms to ensure the center has updated information on the child.

The program attempts to accommodate returning children's schedule requests. SF State faculty and staff receive priority in changing schedules for the new program year.

All outstanding tuition and fees from the previous program year must be paid in full by August 15th in order to participate in the new program year.

## **Orientation, Open House and Intake Meetings**

New parents entering our program in the fall and existing parents transitioning to a new program (infant, toddler or preschool) will be invited to attend an adult only classroom orientation meeting held prior to the beginning of the new program year in the summer.

New parents will have the opportunity to schedule an intake meeting with their child's teacher at the beginning of the school year. During this meeting, teachers strengthen the home/school connection by talking with families about their children, their family and the goals families' have for their children.

All families receive a welcome email from their child's Head Teacher a week before the first day of the new program year. In this email they will receive a copy of the classroom daily schedule, snack menu, expectations for the first day/weeks, classroom protocols and an introduction to the classroom staff.

A center wide Open House is held for families a few days prior to the start of the new program year in August. The Open House gives your child an opportunity to see their new classroom and meet many of their teachers and peers.

If a family begins their enrollment at the Children's Campus mid-year, they will receive an email before their child begins, and an intake meeting with the teachers will be scheduled either before the child begins attending or as soon as possible after enrollment.

## **Immunizations**

Prior to admission to the Center, children shall be immunized against diseases as required by the California Code of Regulations, Title 17 (a copy of these requirements is included in the enrollment forms). Families must provide evidence of the child's immunization and provide updated immunization records as the child receives additional vaccinations throughout the year.

Children can be exempt from these immunization requirements; however, state law requires a health care provider to certify that the family has been provided information on the benefits of immunizations. Please contact the center if you want to request an exemption form to take to your child's healthcare provider.

## **Class Assignments**

Families will be informed of their child's classroom by August 1 of each year.

## **Extra Days**

Families may request an extra day of service outside of their regular schedule and the center will allow your child to attend an extra day, if there is room in the classroom. Extra days must be approved by the Director in consultation with the Head Teacher, in advance. Families and teachers may not arbitrarily alter child care schedules. Families will be charged at a full day rate for each extra day added and this is to be paid no later than when the next month's tuition is due. If you want to bring your child to the Center on a day he or she is not scheduled in order for you to attend a family-teacher meeting, you will not be charged for the duration of the meeting, provided you notify the Head Teacher in advance *and* we can accommodate your child in the classroom. *Center holidays, sick days and family vacations cannot be "made up for" by adding an additional day to child's schedule.*

## **Schedule Changes**

You are obligated to the schedule outlined in your Admission Agreement for the enrollment term outlined in the Agreement. If you need to change your schedule either by reducing or increasing the days your child attends, you will need to fill out a Schedule Change Request Form. The \$25 schedule change request fee will be added to families' account and due with the next month's tuition.

The policy for schedule changes is:

- Complete one request form per child.
- SF State faculty and staff will have priority for schedule changes.
- For schedule changes reducing your contracted schedule, the reduced tuition will become effective when a new child is enrolled to fill that space or 30 days after submitting the Schedule Change Request, whichever occurs sooner. Any tuition over-payment from a reduced schedule will be applied to the next month's tuition.
- Schedule changes for increasing your contracted schedule will become effective if there is space available.

Priority for schedule changes will be based on the following guidelines:

1. Longevity of attendance at the center.
2. Children enrolled Monday-Friday.
3. Children enrolled Monday/Wednesday/Friday.
4. Children enrolled Tuesday/Thursday.

## **Late Pick-Up**

Our center closes at 5:30 p.m. It is imperative that your child be picked up by the end of the day for staffing reasons. Staff have their own commitments and are not authorized for overtime. If you expect to be late picking up your child, call the center immediately. You will need to arrange for another adult to come for your child. If no one has arrived by 5:30 or called the center, we will begin calling all persons listed on your Emergency Card. If a child is not picked up by the end of the day, and we are unable to contact the parents or someone on your emergency list, we will contact the police and Child Protective Services.

Parents who pick up their child after the center closes will be assessed a late fee of \$10.00 at five minutes after closing, and \$2.00 for each minute thereafter. Late charges will be billed in your monthly statement. We reserved the right to dismiss families who are non-compliant with our late pick policy.

## **Child Personal Rights/ Family's Rights**

Families are notified of their rights and those of their children. This information is included in the center's enrollment forms and is also posted in the entrance hall across from the front desk.

Each child is accorded the following personal rights:

- To be accorded dignity in his/her personal relationship with staff.
- To receive safe, healthful and comfortable accommodations.
- To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse or other actions of a punitive nature including interference with functions of daily living such as eating, sleeping, or toileting, or withholding of shelter, clothing, medication or aids to physical functioning.
- To be free to attend religious services or activities of his/her choice.
- Not to be locked in any room, building or center premises.
- Not to be placed in any restraint.

Families/authorized representative, upon presentation of identification, have the right to:

- Enter and inspect the child care facility without advance notice whenever children are in care.
- File a complaint against the facility with the licensing office and review the facility's public file kept by the licensing department.
- Review, at the facility, reports of licensing visits and substantiated complaints made against the facility during the last 3 years.
- Complain to the licensing office and inspect the facility without discrimination or retaliation against yourself or your child.
- Request in writing that a family member not be allowed to visit your child or take your child from the facility, provided you have shown a certified copy of a court order.

You may contact the **Peninsula Regional Community Care Licensing Office** at:

California Department of Social Services, Community Care Licensing,  
851 Trager Ave, Suite 360  
San Bruno, California 94066  
Tel: 650 266 8843

## **Withdrawing**

Parents requesting withdrawal shall submit a 30-day written notice to the Director, and shall continue to be responsible for fees, whether or not the child attends the program. If the parent does not provide a 30 day notice, he/she will be charged the required amount of tuition fees for child care for the 30 days. All fees must be paid within that billing period.

## **Termination of Enrollment**

Children's Campus reserves the right to terminate enrollment. Possible causes for termination include, but are not limited to, the examples listed below. A two week notice will generally be provided prior to termination; however, the center has the right to terminate immediately.

- Failure to make fee/tuition payments in a timely manner (see additional information about non-payment of tuition in the Financial Policies section).
- Failure to adhere to SF State policies, to follow policies as outlined in the Children's Campus Parent Handbook, or to comply with Community Care Licensing requirements.
- Aggressive or abusive behavior by a parent or child, either physical or verbal (intimidation, loud voice, threats, slander, or obscene language) towards children, staff or any other person at the Center.

- Failure to provide necessary documentation and paperwork as mandated by SF State, the government, funding sources or by our program.
- Falsification of paperwork such as the Physician’s Report, immunization record, child health status, and change and family information, may be a cause for termination.
- Group program settings and activities are not appropriate for all children. If we determine that our program is not appropriate for a child or that the parent or child constitutes a safety or legal hazard to the child, other children, staff, or the program, we reserve the right to terminate services.

## **FINANCIAL POLICIES**

### **Tuition and Fees**

The center’s tuition and fees are established by the University President or designee, upon the recommendation of the Director and Advisory Council. The current tuition and fee schedule is posted on the Children’s Campus website: <http://childrenscampus.sfsu.edu/>. All fees are nonrefundable.

Fees include:

1. Wait List Fee – this is a one-time payment for registering a child on the Children’s Campus Wait List. All families wanting to enroll must register on the wait list. Once the fee is paid, the child can remain on the wait list until the child is enrolled, the families informs us to remove the child from the wait list, or the child is no longer age eligible to enroll in the center. Please see the Admission Policies section for additional information.
2. Annual Registration Fee – this fee is paid each year when enrolling or re-enrolling in Children’s Campus. Please see the Admission Policies section for additional information.
3. Schedule Change Fee – this fee is paid when requesting a change to a child’s schedule (e.g.: increase or decrease in number of days of service per week/months of service per year). Please see the Admission Policies section for additional information.
4. Late Pick-Up Fees – a \$10.00 late pick up fee is assessed at five minutes, and \$2.00 for each minute thereafter. Please see the Late Pick-Up policy for more information.
5. Late Payment Fee – a \$35 fee is assessed if monthly tuition payments are not received by the fifth school day of the month. See below for more information on tuition payment due dates, payment options and late payment fee.

Tuition is billed monthly, as outlined on the Admission Agreement. No reductions are provided in monthly tuition for days when the center is closed for holidays, parent-teacher conferences, staff training/planning, unavoidable emergency or maintenance or for days children don’t attend due to illness, vacation or any other absences.

### **Financial Responsibility**

Financial responsibility for tuition must be determined at time of admission. If tuition needs to be split between individuals, then both individuals must complete their own separate Admission Agreement and sign their own financial agreement page. If there are custody papers regarding financial/legal responsibility, Children’s Campus must have a copy with enrollment papers.

### **Late Payment Fee**

Tuition is due on the first of each month. Tuition is considered late if it is not paid within five (5) school days of the due date. A \$35.00 late payment fee will be charged on the 6<sup>th</sup> school day.

## **Paying Tuition and Fees**

Children's Campus does not accept any payments on site. All payments must be made through the University payment system using a University Identification Number (UIN). SF State staff and faculty have a UIN (employee identification number); Community families will be issued a UIN after submitting enrollment paperwork.

Tuition and fees can either be paid (1) electronically or (2) by cash or check through the Bursar's Office (in person or via mail). Tuition must be posted in the University payment system on time to avoid a \$35 late payment fee (tuition is due on the first day of the month and is late if not paid by the 5<sup>th</sup> school day).

### **Electronic Payment**

You can pay your tuition and fees electronically through the University's electronic payment system. This is the fastest and most convenient way to pay tuition and fees. This is a free service if paid by an electronic transfer from a bank account (e.g.: checking). You can also pay by credit card; however a 2.75% surcharge will be added to credit card transactions.

To access the University's electronic payment system: [cms.sfsu.edu](http://cms.sfsu.edu)

### **Payment by Cash or Check**

You can pay by cash or check in person at the Bursar's Office in the Administration Building or Student Services Center. Checks should be made payable to SF State. Please enter your UIN on the check to ensure your payment gets credited to your account. If paying by cash, you must provide your UIN to the cashier.

You can mail a check to the Bursar's Office. Keep in mind it takes several days for the Bursar's Office to post your mailed payment so be sure to allow sufficient time for processing so your payment is recorded by the due date.

Bursar's Office  
San Francisco State University  
1600 Holloway Ave - Adm 155  
San Francisco, CA 94132-4161  
Phone: 1.415.338.1281  
Fax: 1.415.338.7787  
[bursar@sfsu.edu](mailto:bursar@sfsu.edu)

## **Tuition Statements**

A tuition statement will be emailed each month to families a few days before the first of each month. This statement will outline your monthly tuition along with any outstanding charges from the previous months.

## **Enrollment Holding Fee**

A holding fee is charged to hold an enrollment slot prior to the child being able to begin attending. This is typically used to hold a space for an infant not old enough to start at the beginning of the school year, or if a family would like to enroll or change schedules mid-year but wants to hold the space before starting. Families who would like to hold a space must pay the full tuition rate for the entire period of the hold. The availability of a holding fee is not guaranteed and is given to families under the discretion of the Director and based on availability.

## **Non-Payment of Tuition**

Tuition is due on time every month. We will take the following actions after one month's of tuition has not been paid in full. SF State is an entity of the State of California and all resources of the State will be used to secure payment. These resources include sending your information to the Franchise Tax Board to intercept your future state income tax refunds, which will be applied to your outstanding debt.



- 1) We will offer you a payment plan to pay off the arrears and all future payments must be paid on time. If you are late in paying tuition after a payment plan is agreed to, you will receive a two-week termination notice. This payment plan is a one-time option to bring accounts current.
- 2) If the payment plan is not followed or tuition arrears go beyond two months, you will receive a two-week termination notice and you remain obligated to pay the outstanding balance.

If you leave the center with a balance owed, you remain obligated to pay the outstanding balance and SF State will use all resources of the State of California to collect this payment.

## **Refund**

No refunds are provided, unless the slot is filled by another child. Please see the Admission Policies section on schedule changes and the Admission Agreement for more information.

## **CENTER POLICIES**

### **Security**

Security is of our utmost concern! We pay careful attention to all the adults who come and go at the Children's Campus. Student observers/participants/researchers wear an identification tag while at the center and Interns wear name badges. University facilities employees are in uniforms. All other adults who are visiting the center must be accompanied at all time with a center staff person. If you notice any adult on the grounds without an identification tag, inform staff immediately.

The front doors to the center and exterior gates to play yards are locked during all business hours. **Please use only the main entrance to enter and leave the building.**

### **Parking Options**

There are twelve 20-minute parking spaces in front of the center. Please park in these spaces when dropping off or picking up your child. The two handicap 20 minute spaces are only for vehicles with handicap placards. If you do not follow the above parking guidelines, you may get a SF State parking ticket. Children's Campus is not responsible for any citations given to parents for parking violations.

If you are volunteering in the classroom, playing on the lawn or at the center for an event and expect to be at the center for more than 20 minutes, there are three paid parking areas available, depending on the time of day.

- The public parking garage at the end of N. State Drive (Lot 20 paid parking) is open 24 hours. You must use Lot 20 or on-street parking for public parking during the day.
- All other parking spaces on N. State Drive are considered Parking Lot 19 and this lot is restricted to staff and faculty parking between 7:30 AM and 5:00 PM (requires a University Parking Permit during these hours). Lot 19 opens to the public at 5:00 PM (you can purchase parking for Lot 19 from the vending machine near the Library Annex Buildings).
- Paid parking lot on Winston Drive.

Free, on-street parking is available on Lake Merced Boulevard and on Winston Drive.

## Transportation Vehicle Safety, and Car Seats

Children must be transported to and from the center by parents, guardians or other adults designated by the parent/guardian. All vehicle occupants shall be secured in an appropriate restraint system. Staff is not permitted to transport children to and from school.

All families must adhere to the California seat belt and car seat laws. No child may be left unattended in the cars in the parking lot and must follow the guidelines posted on car seats in the hallway.

Additional information about car seat regulations can be found at: <http://www.chp.ca.gov/community/safeseat.html>

## Drop Off Time and Pick Up

To fully participate in the program and the day's activities we recommend that **children arrive by 9:00 AM**. Teachers plan the day to optimize learning time, and when children miss a significant part of the day they are missing many opportunities to learn. Setting schedules and maintaining routines are essential family roles that lead to optimum early childhood growth, development, and set the foundation for future success in school.

For those families that drop off between 7:30-9:00 AM and pick-up between 4:00-5:30 PM, please note that the center may combine classrooms during these periods. This means you may be asked to drop-off or pick-up your child in a classroom that is not his/her regular classroom.

If your child will be absent or late on a particular day, please call the classroom or front desk to notify us.

All families should complete the following activities with their child upon arrival. These activities provide a predictable routine for the children and helps them transition into the school day with a few more minutes of one-on-one time with their family. Please note that the teachers' priority is supervision of the children, so extended conversations are not always possible during drop off and pick up. If you should require more in depth information a meeting can be scheduled with the teacher.

- Sign into the fingerprint check in.
- Wash the child's and own hands upon entering the classroom.
- Change diaper/use toilet.
- Place child's belongings in provided areas.
- Apply sunscreen.
- Sign-in on the classroom sign-in sheet.
- If applicable, complete the parent portion of Infant Daily Intake Form.

## Pick Up Time

Picking up your child on time is equally important as drop off. Young children need the security of knowing that they will be picked up when the other children are going home. For this and reasons related to staffing, picking up your child on time is essential. Please note that the teachers' priority is supervision of the children so extended conversations are not always possible during drop off and pick up. If you should require more in depth information a meeting can be scheduled with the teacher.

- Sign your child out in Procure.
- Help your child gather their belongings and any work from the day.
- Exit the building by 5:30.
- Children who are not picked up in their classroom by 5:25 will be brought to the Lobby with their belongings. There he or she will wait to the Staff members who are responsible for closing the center that day.

For families who have more than one child enrolled at the center, we ask that the **older** siblings are dropped-off first and picked-up last. For families who have children not enrolled at the center and are involved in pick-up and drop-off, we ask that these siblings follow the rules of the classroom, follow directions of the teachers, and are kept under your supervision at all times.

## **Daily Sign-in and Out**

Each family member that will regularly drop-off and/or pick-up your child will be registered into the Procure database system. The registration process includes a safety fingerprint to check your child in and out using the Procure touch screen located on the wall next to the reception desk. As an additional safety feature, each person is required to sign in and out in the classroom each day upon arrival and departure. It is a requirement that one signs in with their full time and notes the time on the sign in sheet. Both sign in and out procedures are required by Licensing.

## **Daily Information**

**Infant Classrooms:** In order to meet the individual needs of each infant, we ask each family to complete a Daily Infant Intake Form when dropping off their child. The teachers will record information on this form throughout the day, indicating diaper changes, food intake, sleeping patterns and anecdotal notes. Families take this form home each day.

**Toddler and Preschool Classrooms:** An information board provides information for toddler and preschool families listing the activities of the day as well as the snack menu for the month. This board is located near the parent area. Toddler classrooms also have toilet learning information posted in the bathrooms for families to review. In addition, teachers communicate briefly with families each day at drop off and pick up to share information and ensure smooth transitions from home and school.

## **Weekly Classroom Highlights**

Each Head Teacher sends out a weekly email to families that briefly highlights aspects of the curriculum that has been occurring in the classroom and connects play to learning. These emails also contain reminders and information about upcoming classroom and center activities.

## **Documentation Boards**

The boards in the hallway are used as parent education and teacher training resources. We use these boards to demonstrate how the children learn through play, display children's work, and post information for parents.

## **Social Media**

*Although we cannot prohibit families from using social media sites we request you follow the policies we have established.*

- No discriminating remarks may be made against Children's Campus, enrolled children or family members, teachers, University students, or any other person connected in any way to Children's Campus or SF State University.
- Be aware at all times of how you are representing yourself. If the content seems questionable it is better to err on the side of caution and not post the information.
- With parent permission, individual and group photographs of children at Children's Campus may be taken and shared with families. While we cannot prohibit parents from sharing these photos on social media sites, we advise against posting pictures of other children. Social media sites have settings that allow you to share things more privately. We encourage you to explore these options when posting pictures. In addition, please do not "tag" photos with the names of anyone in these photos in order to protect their privacy. You may be comfortable with sharing photos on social media sites; however not everyone feels the same.

## **Restraining Order**

Please inform the Director immediately if a restraining order has been issued against anyone. In order to protect the child, we cannot allow the child to attend the Center until we receive (1) a *signed* copy of the restraining order indicating that the order has been served, and (2) a photo of the individual to be restrained. The Director will post the order and photo at the front desk and inform all employees of the situation. A copy of the restraining order will be kept in the child's file and the Director will notify the staff once the order has been lifted. In the event that the restrained individual arrives at the Center, or we receive a copy of a restraining order that has *not* been served and the restrained individual comes to the Center, an administrator will immediately contact University Police to request assistance.

## **EMERGENCY PROCEDURES**

The Center has developed emergency procedures to protect the safety of the children and staff. These procedures are practiced with the staff and children at regular intervals (monthly fire drills and quarterly earthquake drills). If there is an actual emergency or center/campus closure, families and staff will receive a text message, email or phone call to alert them of the situation.

### **Emergency Evacuation and Relocation**

If it is necessary to evacuate the building, we evacuate to the great lawn unless directed by the University Police to another location. If it is necessary to evacuate the building for an extended time, children and staff will relocate to the *Seven Hills Conference Center* (located on State Drive). Children and staff remain until a parent or other authorized person arrives to pick up each child. Families will receive a text, email or phone call regarding the location of the children.

### **Lockdown**

The University has an emergency communication system in place in the event a lockdown of the building is required. A lockdown could be required in situations where evacuation is not appropriate, such as criminal activity or an active shooter in the area. The center has procedures for locking down the building. Parents are notified as soon as possible via phone/email/text messages once the police inform us it is safe to contact you.

### **Emergency Supplies**

Each classroom has an emergency backpack that includes child emergency contact information and first aid supplies. This backpack is taken on all walks as well as in emergency drills and in the event of an actual emergency. Additional emergency supplies are stored in the outdoor shed.

### **In the Event of an Emergency Closure**

If we need to close the center for an emergency such as no water, heat, electricity or any other emergency where we or SF State University determine it is not safe to bring the children into the center or on campus, we will send a text/email message to all families as soon as possible.

## **PARTNERING WITH FAMILIES**

Children's Campus offers family members a variety of ways to become involved in their child's school community, to participate in family activities, and to confer with the staff to build a strong partnership with you and a bond between home and school. This communication is supported formally and informally through daily communication with teachers, individual parent-teacher conferences, center-wide and classroom meetings, and email communication from teachers and the administrative team.

We place a strong value on confidentiality. Information you provide will *not* be shared with other families and will be shared with other staff only if it is necessary for them to know in order to meet your child's needs. Please see the section on Confidentiality.

## Daily Communication

All classrooms have a phone. However, there are times when the entire class is outside or busy and are unable to answer the phone. Since classroom phones do not have voicemail, please call the front desk to leave a message (415-405-4011) if you are not able to reach the teachers in the classroom. *All phone numbers can be found in the Appendix, on the Program Calendar, and on the website.* Please also remember that our center is a cell-free zone; if a call must be taken, cellphones may only be used outside the center. Please refrain from using your cell phone in the classroom, the hallway or on the yard.

If you need to have an extended conversation with your child's teacher, please arrange for a time to meet. Teachers' time is very limited during drop-off and pick-up times and they may not be able to speak to each family at length. Teachers are all available via email and encourage families to communicate with them this way.

## Family Involvement

Families are welcome in the center and their child's classroom at any time.

Parents are also encouraged to bring in a piece of fruit or a vegetable each week for the **Community Produce Bowl**. The produce is served to the children at snack time.

Family members extend their involvement by volunteering in school-wide and/or classroom activities. Families complete a Family Participation form each year and are encouraged to volunteer at the Children's Campus. There are a variety of ways families can volunteer in the program such as:

- **Room Parent:** works with the Head Teacher to plan, organize and engage classroom parents in activities such as potlucks/classroom parent events, promoting parent donations for classroom wish lists, and scheduling parents for Team Meeting Snack donations. The Room Parent coordinates collections for end of semester gifts for staff.
- **Staff Snack Donation:** treat your classroom staff once per semester with a meal for their monthly team meetings (enough food for 4-6 staff)
- **Volunteer in Classroom:** Volunteer in the classroom by assisting with activities, cleaning, setting up classroom displays, sharing your family's culture, etc.
- **Staff Meeting Meal Donation:** Treat your teachers with an appetizer, entrée or dessert for an All Staff Meeting. Families will can choose a month and date for their donation. We ask that you bring enough food for 13 people. Your contribution to the All Staff Meetings is greatly appreciated.
- **Parent Representative to Children's Campus Advisory Council or Research Committee –** see the sections in the Handbook on the Advisory Council and Research Committee for more information.

There are multiple family social events at the center, such as Open House, "Meet and Greet" pot luck at the beginning of the year, and an End of the Year Celebration. In addition, each classroom organizes family events every semester. All these events offer the whole family a chance to participate in their child's school community.

## Family Education Events

We hold family education in the fall on topics such as developmental expectations and kindergarten readiness to help families learn more about their children's developmental stage, our curriculum, and to develop home/school connections. Watch for emails and posted flyers about specific events.

## **Family Partnership for Program Improvements**

We make every effort to dialogue with families in a positive manner to plan strategies, problem-solve and provide assistance in a timely and effective manner. Please feel free to suggest ways that we can strengthen our partnership with you, as we seek to provide a high-quality learning environment for everyone in our school community.

All families are invited to participate in the Children's Campus program evaluations or input surveys that occur throughout the year. This feedback from parents provides important information for our continuous quality improvement. A summary of the evaluation/survey results are shared with the family.

## **Open House**

Your family will be invited to attend an Open House at the center prior to your child's first day of school in August. This is a time for your child to visit the classroom with a family members to become familiar with the space, the teachers, and meet other members of the school community.

## **Supporting Children's Transition Into the Center**

The entry process is carefully planned to make the children's first days of school as comfortable as possible. If possible, it is helpful if families can plan to be more available during the first few days, in case the child is not yet ready to separate. Each family and each child will have a different way of transitioning into the program and the classroom teachers will work with every family to determine what is best for them. Families and teachers will collaborate on plans for children whose separation requires more in-depth planning.

We make every effort for all children to know and be known by all adults in our school environment so that they are comfortable interacting with and seeking assistance from any adult. All teachers develop relationships with all the children to develop a strong classroom community.

Children are assigned to a classroom and typically stay in the same class for the duration of the program year. During the summer, children may transition to a different classroom or combine with another classroom depending on enrollment.

## **Family Conferences, Portfolios Assessments and Screening Tools**

Family Conferences are held twice times a year; a midyear conference in January and an end of school-year conference in May. Families new to the school receive an intake conference so families can share their goals for their child, enrollment questionnaires and ASQ's are reviewed. The midyear conference is a check-in with the family to review their child's portfolio, discuss their development for the first half of the year and set any goals needed for the second half. The final conference is centered on the portfolio and a developmental summary is presented.

Teachers prepare a portfolio for each child to document his/her development across five domains of development: cognitive, motor skills, language/literacy, social/emotional and self-help. The portfolio includes anecdotal notes, work samples, and photos.

All children are assessed using the Desired Results Development Profile (DRDP -2010) twice per year; the results are shared at the mid-year and end of year conferences. The DRDP is a child assessment instrument developed by the California Department of Education that measures developmental outcomes based on competencies children attain along a developmental continuum. The DRDP outcome measures are based on the California Learning Foundations for infants, toddlers and preschoolers, which are aligned with the California elementary content standards. The children's developmental profile is verbally shared with parents at the mid-year conference; the DRDP Rating Record is provided to the parent and discussed at the end of the year.

All new families enrolled are required to complete an Ages and Stages Questionnaire and an Ages and Stages Social and Emotional Questionnaire. The ASQ and the ASQ SE are screening tools used to look at how children are doing in important areas, such as speech, physical ability, social skills, problem-solving skills, and can help identify a child's strengths as well as any areas where a child may need support.

This is a tool that is routinely used to check a child's development. The first 5 years of a child's life is a time where they gain many skills and we want to help you follow your child's growth. The questionnaires are a quick check of your child's development in a variety of areas that is completed parents and scored by our professional staff.

## **Observation Rooms**

Families are welcome to observe from the observation booths and/or windows. When using the observation rooms, please remember to turn on the top white button which is located on top of the black box, so that staff members are aware someone is in the room. Many families find it comforting to watch their child play throughout the day and all families are welcome to observe at any time.

## **Photography, Videography and Other Technology**

With parent permission, children at the Center may be audio-taped, video-taped or photographed inside the classroom for program use, as part of student coursework, or research. Photographs and videos are an essential part of the program as a means to document children's learning and engagement in the program, share the life of the classroom with the community of children and families, and to document the program for licensing, and professional development for teachers.

## **Family Grievance Procedures**

We encourage family members to dialogue with staff about the program. However we ask that you refrain from having such conversation in the classroom in front of the children or with other parents. A parent who has a grievance should arrange to talk with the involved staff person. If that brings no resolution, the parent should arrange to speak with the person's supervisor or Director.

If your concern is not resolved to your satisfaction with the center staff, you may submit your written grievance to the Associate Vice President, Student Affairs, Eugene R Chelberg, [chelberg@sfsu.edu](mailto:chelberg@sfsu.edu).

## **Confidentiality**

The use or disclosure of all information pertaining to the child and his/her family is restricted to purposes directly connected with the administration of the program. The center shall permit the review of the basic data file by the child's parent(s) or parent's authorized representative, upon request and at a reasonable time and place. All information about children and families is kept in strict confidence and may not be discussed with other families or outside entities without parent permission.

The use of photos taken at Children's Campus by Children's Campus staff is limited to school documentation and child portfolio purposes. Parents have the right to review all photos taken of their child.

## **Baby Sitting**

Due to industry best practices and our insurance requirements, Children's Campus staff *may not* provide care after hours for children enrolled in the program. Staff may not drive children to or from the center.

Aside from insurance requirements and liability concerns, Children's Campus is a center for professional development for pre-service students. Professional boundaries are an important area for students to develop; caring for children outside the classroom blurs professional boundaries.

## **HEALTH AND SAFETY POLICIES**

Protecting children and staff's health and safety is our first and foremost concern. The following summarizes our practices for supporting children's health and safety.

### **Community Care Licensing**

The Children's Campus facility is licensed by the California Department of Social Services, Community Care Licensing Division. Community Care Licensing (CCL) regulations outline required health and safety, environment, facility and administration requirements that must be followed by all child care programs. Each time an analyst visits the center, there is a "Notice of Site Visit" which informs everyone that there was a visit and if there were any violations found and if so, which type. These notices are posted on the communication board in the front entrance. To learn more about the California licensing regulations, please visit their website: [www.dss.cahwnet.gov/ord/PG240.htm](http://www.dss.cahwnet.gov/ord/PG240.htm)

### **Daily Health Checks**

Each morning the teacher completes a brief health check of each child upon arrival. This is completed before the parent or guardian leaves so that a child who appears to be ill or injured can be taken home or to the doctor. Signs we look for include:

- Fever or elevated body temperature
- Skin rashes, unusual spots, swelling or bruising
- Complaints of pain or not feeling well
- Signs/symptoms of disease (severe coughing, sneezing, breathing difficulties, discharge from nose, ears or eyes, diarrhea, vomiting, etc.)
- Reported illness in child

### **When to Stay Home and Exclusion for Illness**

For most common illnesses, your child will let you know if s/he needs to stay home based on symptoms and changes in his/her disposition that indicate s/he cannot participate in classroom activities. Please reference the ***Inclusion and Exclusion Guidelines in Appendix E*** for more information on when to keep your child at home to prevent spreading contagious illness and when a doctor's note is required for re-admittance.

Please keep in mind the ability of the classroom staff to care for your child if he/she is ill, as we cannot compromise staff's ability to care for the health and safety of other children in the group. As a result, there may be circumstances where we cannot accept your child due to illness. If a disagreement arises regarding the inclusion or exclusion of a child from school for health reasons, the family may request a review of the situation by the center's health consultant. Until this review can take place, policy guidelines and the recommendation of the staff shall prevail.

### **Illness Isolation**

If a child becomes ill at the center and in need of exclusion, the family will be called and the child will be supervised in our designated isolation office or one of the administrative offices where a cot with a clean sheet and blanket is available if needed.

### **Notification of Contagious Illness**

We will inform parents of known contagious illnesses to alert you of the situation and provide you with information about the illness. Please see Appendix F for more information on what types of illness are considered contagious and require notification.



## **Supervision**

Children are under visual supervision at all times. Staff is always on alert and have their eyes on the children at all times. Children are never left alone unsupervised - children who leave the classroom or playground for any reason are with a teacher or other staff member. Children will not be left alone with a volunteer or participant. Children may be taken out of the classroom with a researcher or therapist and work with them alone *only with parent permission and if the individual complies with CCL health requirements and background clearances*. Staff count children before leaving an area and after arriving at the new destination (e.g.: when children go outside they will be counted before leaving the class and upon arriving at the playground and once again when leaving the playground and again when arriving back to the classroom). Staff-to-child ratios on the playground are the same as in the classroom.

## **Child Release**

Children may only be released to their parents/guardians and persons authorized on the Emergency Information Form (LIC 700 Form). When a person is not familiar, staff will check the child's file and ask for photo identification for positive identification. Families must provide written permission if someone else is going to pick up their child. Children must be signed in and out with the Procure System as well as on the attendance sheet in the classroom.

## **Cleaning and Sanitization**

SF State University custodians clean the Children's Campus daily. Classroom staff clean, sanitize and disinfect toys throughout the day.

## **Sunscreen**

The Center supplies sunscreen and will apply to your child as needed with your signed consent. Families are asked to apply sunscreen to their child at the beginning of the day and teachers will reapply when necessary, with parent consent. You may use your own sunscreen if you prefer. Sunscreen from home needs to be labeled and keep in a location out of reach of children.

## **Smoking**

Smoking is prohibited on the SF State campus, except in designated smoking areas. If you smoke, we ask that you thoroughly wash your hands before entering the classroom and suggest you change your clothes if they smell like smoke. Secondhand smoke is very dangerous to young children as well as adults.

## **Drugs and Alcohol**

Any adult that appears to be under the influence of drugs or alcohol or has the smell of drugs or alcohol on their clothes or breath will be asked to leave the center immediately and may not pick up any children. We will call someone else on the emergency list to pick up if necessary. Continued attempts to pick up under these conditions will result in being removed from the pick-up list permanently or possible termination from the center. Please note that picking up under the influence of substances is a reportable offense to Child Protective Services.

## **Facility Safety**

We use a public water supply from the City of San Francisco. Our heating and air conditioning units are maintained through the University. The SF Sate Facilities Department does periodic checks for environmental hazards as well as monitoring the status of our safety equipment. The University implements an integrated pest management program which minimizes the use of chemical insecticides.

## **Guidelines for Injuries at the Center**

Staff are trained in pediatric first aid and CPR. First-aid kits are maintained in all classrooms and on the playgrounds. Teachers will complete an Injury Report every time a child gets hurt – whether the injury needs a bandage or just some TLC,

and this report is given to the family at pick-up. Parents will be called if a child sustains a head bump, face injury, or experiences excessive bleeding to inform them of the situation. An Incident Report is completed if another child was involved in an incident that resulted in an injury to another child or adult and families are given the report at the end of the day. All Injury and Incident Reports are logged and reviewed periodically to determine if new safety measures are needed.

In the event of severe injuries to children which require immediate medical attention, families will be notified and EMS may be called. An Unusual Incident Report will be completed and submitted to Community Care Licensing.

## **Biting**

Biting is a part of a child's development, especially from ages 12 months through 3 years. Sometimes biting is related to teething; biting can also be an expression of feelings they cannot yet express with words (we have seen children bite when they are frustrated as well as when an expression of excitement or happy moments). No one can predict which children will bite, but we are ready to help children who do bite to learn other behavior. In addition, we are also ready to give treatment, sympathy and advice to children who are bitten. When a child is bitten or bites, two reports are always written; an Incident Report for the child who bit and an Ouch Report for the child who was bitten. If the bite breaks skin and draws blood, a phone call is made to the family of the child who has been bitten. If biting persists more than is developmentally appropriate, staff and parents together will develop a plan to help alleviate the biting.

## **Special Health Care Circumstances**

Please let us know if your child has special health care needs. Children's Campus staff will meet with parents and health consultants to develop specific protocol and recommendations to support the child's participation at the center.

## **Medication Policy**

The Center will administer prescription and over-the-counter medication and ointments. Prescription medication must be in the original container with the pharmacy label. *Over-the-counter medication requires physician orders.* Both prescription and physician orders for over-the-counter medication must include:

- Doctor's Name and Phone Number
- Date of Prescription or Doctor's Orders
- Child's Name
- Name of Medication, Dosage and Frequency Instructions

Parents must complete a Medication Administration Form if they want the center to administer medication (a copy of the form can be downloaded from the website or request a copy from the front desk). All medication must be given to the teacher for proper storage. The Head Teacher, Center Director or Assistant Director are the only staff authorized to administer medication to children. The person administering the medication will record the time the medication was given on the log sheet.

If necessary *and with doctor's orders*, you may keep Benadryl or Epi-pens at the center for severe allergy reactions. Our staff are aware of the signs of severe allergic reactions and are trained in the use of Epi pens. If a child is showing allergic symptoms, the Director or Operations Manager will be notified immediately and we will follow the family's and doctor's guidelines for administering medication.

## **Asthma Action Plan**

Parents must complete an Asthma Action Plan for their child with asthma. This form outlines the health information staff need including steps to take should your child's asthma symptoms change. Parents may get a copy of the Asthma Action Plan on the website or from the front desk staff.

## **IEP or IFSP**

If your child has been diagnosed by a professional with a special need, please inform center staff upon enrollment or diagnosis and provide the center with a copy of the Individual Education Plan (IEP) or Individual Family Service Plan (IFSP). Please discuss your child's educational/developmental goals with your child's teacher and how the classroom can support attainment of these goals. If appropriate, we welcome consultation from your child's therapists as we want to do all we can to ensure the optimal learning environment for your child.

## **Prohibited Practices and Reporting Child Abuse**

In addition to CCL regulations that require Children's Campus staff to report suspected child abuse or neglect, State law requires all SF State employees to report any suspected child abuse or neglect to the Child Protective Services at the San Francisco Human Services Agency.

In accordance with Community Care Licensing regulations and NAEYC accreditation standards, and to protect each child's personal rights, the following practices are prohibited:

- Corporal or any type of physical punishment. This includes hitting, spanking, beating, shaking, pinching or other measures that produce physical pain.
- Withdrawal or the intent of withdrawal of food, rest, or bathroom opportunities.
- Abusive, profane or derogatory language, including yelling and belittling.
- Sexual abuse, including both sexual assault and sexual exploitation.
- Any form of public or private humiliation, including threats of physical punishment.
- Any form of emotional abuse, including rejecting, terrorizing, ignoring or isolating a child.

If any staff member or other adult engages in a practice prohibited by the program while in the center, the Director will take the necessary steps to assure that there is no reoccurrence of the practice. All observations or suspicions of child abuse or neglect will be immediately reported to the Child Protective Services Agency no matter where the abuse might have occurred. The Director will follow the direction of the Child Protective Services Agency regarding completion of written reports. If the parent or legal guardian of the child is suspected of abuse, the Director will follow the guidance of the Child Protective Agency regarding notification of the parent or legal guardian.

If a staff person is accused of abusing a child, he/she will be placed on administrative leave pending the results of the investigation by SF State and CCL.

## **CLASSROOM PROTOCOLS**

### **Transition Strategies for Infant Classrooms**

Our recommendation is that all infants gradually transition into the program; however, we understand that some families don't have this option. Generally, we recommend that families transition into the program by staying only for few hours on the first days and gradually increasing the hours into the infant's regular day. The teacher will discuss transition strategies with families during the intake conference.

### **Infant Eating Policies**

Families must provide all food for their infants while at the center. This includes breast milk, formula, solid foods, and milk once the infant has transitioned to cow's or other type of milk. In addition to these general guidelines, please reference the specific information that follow on breast milk, formula, solid foods and milk.

- All bottles and food containers must be labeled with the child's name and date.

- Families provide bottles and nipples. Bottles and nipples used by one infant will not be shared with or used by another infant.
- Bottles of formula or breast milk are warmed in a crock pot filled with water. Once a bottle is heated, it is never reheated.
- Bottle feedings may *not* contain solid foods (i.e. cereal) *unless* the child's health care provider supplies written instructions and a medical reason for this practice.
- Teaching staff will offer children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.
- For children that eat solid foods and drink from a cup, the center provides dishes, eating utensils, and cups.

### **Breast Milk Storage and Feeding**

- For infants who are breast feeding, families must leave enough bottles of breast milk for the infant based on the length of time they are at the center. Staff are not able to call mothers to come to the Center each time the infant is hungry. Breastfeeding mothers may breastfeed wherever they feel comfortable; in the classroom, lobby or private location.
- Breast milk must be provided in bottles labeled with the infants name and date the milk was expressed and the date the milk was thawed if previously frozen.
- Stored breast milk may separate into layers; cream will rise to the top. Staff members will *gently swirl* the warmed bottle to mix the milk layers; they will never shake it.
- In accordance with guidelines from the Academy of Breastfeeding Medicine, any breast milk that is served but not completely consumed will be returned home to you but not fed to your baby. We will not discard your breastmilk.

### **Formula Storage and Feeding**

- For infants that are formula fed, parents must provide the formula in bottles and provide enough bottles of formula for the infant based on the length of time they are at the center. Licensing regulations do not allow staff to prepare bottles of formula.
- All bottles must be labeled with the infants name and date the bottled was prepared.
- Any formula that is served, but not completely consumed within one hour will be discarded.

### **Solids and Milk**

- Families must provide enough food for the child to ensure the child has adequate food choices for the entire day.
- Containers of food brought to center must be labeled with the infants name and date.
- New foods must be introduced to the child by their families before being offered at the Center. This is necessary in order to monitor the child for possible allergic reactions.
- All food is transferred to a dish before being fed to the infant.
- If food needs to be warmed, it must be provided in glass container that is leak-proof. This food is warmed in a crock pot filled with water and it is essential that no water from the crock pot enter the food container.
- Any food left over in the dish at the end of the meal is discarded.
- Infants are held in the lap of a staff member until he or she can comfortably sit at the table to eat.
- All foods will be cut into pieces no larger than ½ square inch.
- Families must provide milk if their child drinks milk from a bottle or cup.

## **Toddler and Preschool Eating Policies**

### **Snack**

All toddler and preschool children are provided two nutritious snacks a day which include two of the following food groups at each serving: whole grains, fruits and vegetables, and dairy products. Water is served with both morning and afternoon snack.

Snacks are served family style with teachers and children sitting together to encourage the development of self-help skills. Children are encouraged to serve themselves, take care of their own dishes after eating and dispose of items in the compost, garbage and dish bins. Teachers may choose to offer snack as a choice or as a whole group activity.

Children's allergies will be accounted for in the preparation of snack whenever possible. Families will be asked to provide alternate foods if the center is not able to accommodate the child's allergies. Menus are posted in each classroom's parent area on a monthly basis. Children's Campus only offers vegetarian snack options and is a **PEANUT AND TREE NUT FREE SCHOOL**. Families are welcome to bring snack but should be reminded to keep snacks healthy and as sugar-free/low salt as possible.

### **Community Produce Bowl**

We ask families to bring in a piece of produce each week for the classroom fruit and vegetable bowl. These donations are served at snack time and allow children to build community by sharing food from their homes, introducing different produce and participating in the preparation of snack.

### **Lunch**

Families are required to provide lunch for their children. The Center provides organic cow's milk at lunch – 1% for children 2 years of age and older, and whole milk to those younger than two years. If your child prefers or requires another type of "milk" beverage, such as soy or almond milk, families must provide this in a thermos to be stored with their lunch.

Lunch is a relaxed, pleasant, group activity that brings forth conversation among the children and teachers. We encourage feelings of companionship and a sense of "family" between children and staff. Certain lessons of responsibility (hand washing, cleaning up, and packing-up lunch boxes) are also practiced during this time. It is not feasible, however, nor is it conducive to an enjoyable mealtime, for the staff to constantly monitor what each child eats, in what order, and how much. Therefore we ask that you pack a variety of foods that are 'okay' to eat no matter which is eaten first.

- We ask that every effort be made to pack only nutritious, low salt, sugar and fat lunch items.
- Please pack items in a way that encourages children to help themselves and is "ready to eat" and prepared to meet your child's chewing abilities. (i.e. peel, section and cut up oranges, peel hard boiled eggs, cut long noodles etc.).
- Uneaten food will be packed back into the lunch box so that you may see how much (and what) your child has eaten.
- If a food is sent from the following "never" list (see below), we will ask your child to save it for home. **Lunches must be Peanut and Tree Nut free.**
- Milk and water are served.
- Food brought from home should be brought in a lunch box labeled with the child's name.
- Food will not be shared among children.
- Families should send ice packs in lunch boxes so that food remains at a cool temperature to prevent spoiling as lunches are kept in cubbies.

### **Food Guidelines**

The following food guidelines are in place because particular foods are associated with choking incidents. Food that is round, hard, small, thick and sticky, smooth, compressible or dense, or slippery tend to be involved in most choking accidents.

#### Never Foods: \*\*\*

- Whole hot dogs or hot dogs cut into sliced rounds
- Whole grapes, whole cherry tomatoes (sliced in quarters or lengthwise is ok; round slides are not ok)
- Any type or size of nut or seeds
- Spoonful of nut butter
- Popcorn
- Raw peas

- Rice cakes
- Any type of pretzel, chips, hard candy or marshmallows
- Chunks of raw carrot (raw carrot sliced lengthwise is ok)
- Meat, larger than can be swallowed whole
- For infants and toddlers: all foods need to be cut into pieces no larger than ½ square inch for infants
- Peanuts in any form – whole, peanut-butter, or foods containing peanuts as an ingredient
- Tree nuts in any form – whole, nut-butter, or goods containing nuts as an ingredient (tree nuts include, but are not limited to almonds, brazil nuts, cashews, filberts, hazelnuts, macadamia nuts, pecans, pine nuts, pistachios, walnuts, etc.)

\*\*\* Additional food could be added to the Never List, with 30 days’ advance notice. Any additions made are added to keep the children safe. Staff will send a note home as a reminder if a child’s lunch doesn’t follow these guidelines.

## **Peanut and Tree Nut Safe Policy**

To provide a safe learning environment for all students and staff at the Children’s Campus, our school has declared itself a Peanut and Tree Nut Safe School. This means that all children and staff must refrain from bringing to school any food products that contain peanuts and tree nuts, peanut oil, peanut butter and nut butters. While this may cause inconvenience to some, it is necessary to implement in order to protect the health of those students and staff that have severe allergies to peanut and Tree nut products. (See Appendix B for more details)

## **Allergies/Special Dietary Needs**

Families must inform the staff and teachers of any special dietary / nutritional needs and if their child has any allergies. If a child has a food or any other allergy (bees, medication, etc.), this should be listed on “Allergy Form” included in the enrollment packet and provide permission to post the child’s allergy information with the child’s photo in the kitchen area in all classrooms, in all administrative offices and at the front desk so it is visible to all staff. If a child has medication such as an EPI-pen or Benadryl, then a Medication Form must also be completed.

Children will **not** be served food that they are allergic to; however, if your child has special dietary needs that restrict their ability to eat snack on a daily basis, families will have to provide snack for their child.

## **Nap Policies**

### **Infants**

Infants nap as needed and all infants will sleep in a crib while at school. Families should understand that children’s nap schedules may differ at school compared to home. Infants who aren’t used to cribs or noise while sleeping may find it difficult at first to sleep for an extended amount of time at school. Cribs will be available for each child and bedding will only be used for one child and will be cleaned and individually stored. Families can provide a “sleep sack” that may help their child nap more comfortably.

Staff is trained on how to reduce the risks of SIDS (Sudden Infant Death Syndrome), which is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined. The following are proactive steps the Center takes to lower the risk of SIDS in child care. These steps are followed for all children under 12 months of age.

- Infants will always be put to sleep on their backs.
- Infants will be placed on a firm mattress, with a fitted crib sheet, in a crib that meets the Consumer Product Safety Commission safety standards.
- No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, positioning devices or extra bedding will be in the crib or draped over the side of the crib.
- Infants will not be dressed in more than one extra layer than an adult.

- If additional warmth is needed, a one-piece blanket sleeper or sleep sack may be used.
- The infant’s head will remain uncovered for sleep. Bibs and hoods will be removed.
- Sleeping infants will be actively observed by sight and sound.
- Infants will not be allowed to sleep on a couch, chair cushion, bed, pillow, or in a car seat, swing or bouncy chair. If an infant falls asleep any place other than a crib, the infant will be moved to a crib.
- An infant who arrives asleep in a car seat will be moved to a crib.
- Infants will not share cribs, and cribs will be spaced 3 feet apart or separated by a solid barrier.
- Infants may be offered a pacifier for sleep, if provided by the parent.
- Pacifiers will not be attached by a string to the infant’s clothing and will not be reinserted if they fall out after the infant is asleep.
- When able to roll from back to front, the infant will be put to sleep on his back and allowed to assume a preferred sleep position.
- In the rare case of a medical condition requiring a sleep position other than on the back, the parent must provide a signed instruction from the infant’s physician.
- Awake infants will have supervised “Tummy Time.”

### **Nap for Toddlers and Preschoolers**

Toddlers and preschool children will nap in the afternoon as a group. If children do not sleep, they will rest on a cot for a minimum of 30 minutes before they will be allowed to get off their cot. If there are several children who do not sleep, after the rest time, they will be allowed to play quiet activities or play outside while the others are napping. Teachers may pat backs and play soft music to encourage sleeping but if a child isn’t asleep within 10 minutes of help, a teacher must move on to another child.

Families are expected to bring in a small crib blanket for naptime. In addition, we encourage families to also bring a soft toy to help their child feel safe. These items must fit inside the cubby. If items are too big, they will be sent home and the child should return with a smaller items for school. The blanket and soft toy are sent home at the end of the week to be washed.

Cots will be available for each child with a sheet. This sheet will only be used for one child and will be cleaned on a weekly basis. Children’s Campus does not provide a blanket. Families are expected to bring a blanket and to wash this blanket weekly.

### **Walking Field Trips**

Walks on campus are part of our curriculum, and the rules vary depending on the age of the child. A note will be left on the classroom door indicating time of walk and estimated return time. The front desk will have the teacher’s cell phone number and walk destination. Teachers will inform Administration when leaving campus with a group of children. Teachers take the first aid backpack, emergency contact information, and have their cell phones turned on for the duration of the walks. Walks will only take place on campus. When crossing a street, one adult stops the traffic and stays in the street, then children cross with another adult in single file or pairs, and allow traffic flow to resume only after all the children have safely crossed.

### **Off-Campus Preschool Field Trips**

Off campus field trips are limited to preschool aged children and must be pre-arranged with the Director. Families are notified at least one week in advance and sign an additional permission slip. When taking children off-campus there is a 1:2 adult to child ratio maintained at all times. Off-campus field trips can only be taken if sufficient number of families participate on these trips to help with supervision and meet the 1:2 adult-to-child ratio.

### **Diapering**

Children’s Campus provides diapers, wipes and ointment to all children in the infant and toddler programs. Parents may provide their own diapers, wipes and/or ointment if they prefer a specific brand. If your toddler or preschool child requires a

“pull-up” at nap time, parents must provide this. Our center only provides disposable diapers or and wipes. If you prefer cloth diapers, arrangements must be made with the teacher and parents must provide these. Staff cannot rinse soiled cloth diapers or clothing.

When changing a child on the changing tables, we never leave the child unattended.

Families are required to change their child or have their child use the toilet before leaving them at the Center for the day. Teachers will check diapers and remind children to use the toilet every 2 hours.

We use a very specific diapering procedure when changing a child’s diaper which is designed to protect staff and children’s health and safety and proper sanitation. This procedure is posted in the diaper changing areas of the classrooms.

## **Toilet Learning**

When and how to help your child learn to use the toilet depends on how ready your child is, as well as parents’ beliefs and values about toilet training. Please see Appendix D for more information about toilet learning, signs that your child is ready and how Children’s Campus works with you to support your child’s toilet learning.

When you feel your child is ready for toilet learning, staff will work closely with you to support your child’s toilet learning. The first step is to talk with the Head Teacher to discuss how Children’s Campus supports toilet learning and to formulate specific plans for your child. At this meeting, a Toilet Learning Agreement will be reviewed and signed (see Appendix D).

Children in the preschool classroom must be toilet trained. Exceptions can be made for a documented special need. If necessary, preschool children can wear a “pull-up” during nap; however, parents must provide these.

## **Extra Clothing**

We play with all kinds of materials each and every day so please send your children in clothes that can get dirty. We ask each family to send in at least one extra change of clothing for your child and keep this at school each day. This should include shirt, pants, socks, and underwear. Please label all clothes with your child's name. Remember to update this extra set of clothes as the weather changes and as your child grows!

For your child's safety, dress your child with proper shoes - sturdy, rubber-soled shoes. Provide adequate outer clothing for your child, which includes rain boots and rain jackets/hats. We spend time outside every day, even in the rain.

## **Holidays and Special Occasions**

At Children's Campus, holidays and birthdays are seen as educational opportunities and give us a chance to learn about our own diverse population. As a part of our emphasis on family identity and respect for diversity, we encourage children and teachers to talk about their family traditions. We encourage families and staff to share their family traditions with the children. If you would like to celebrate your child’s birthday or family tradition at school, please arrange this in advance with your child’s teacher at least a week in advance. Celebrations are at the discretion of the classroom teachers as he or she knows the needs of the group. At school we promote healthy eating and would like to model this during celebrations as well. Birthday celebrations occur after afternoon snack. Please check with your teacher about the specific time.

## **Toys from Home**

Families are asked *not* to allow their child/ren to bring toys from home. Sharing toys from home is difficult for most children and teachers cannot be responsible for the safekeeping of toys that do not belong to the Children’s Campus. However, children are permitted and encouraged to bring a small “lovey” or other such item from home to help them with the transition into school and at nap time. Some classrooms may have designated “sharing days” and will send home specific guidelines as to what types of materials are permitted on these days.



## **CURRICULUM AND LEARNING**

### **Educational Philosophy**

We believe children develop optimally within a community of trusting relationships in an authentic nurturing environment. Respecting that the family is the first teacher, our collaboration with the child and their family is essential. Integral to our philosophy is recognizing that children are competent learners who develop skills and abilities across all domains in an integrated fashion – social and emotional development, physical development, self-help skills, language and literacy development, and cognitive development. Children have an innate curiosity and, as active learners, they construct their understanding of the world through their social interactions with peers, adults, and materials.

### **Curriculum**

The Children’s Campus utilizes a curriculum model that is play-based and emergent, and which is guided by the California Foundations for Early Learning. In this type of curriculum, children construct their knowledge by having hands-on experiences within a safe, supportive and nurturing environment. Children are given choices and are encouraged to strengthen their understanding of the world through a variety of natural materials and activities. The curriculum emerges with the children’s growing interests and skill levels as the year progresses. We avoid commercial characters and prescribed products in favor of open-ended explorations that promote creativity and imagination.

Activities and materials are chosen by teachers to reflect the children’s interests, investigations and curiosities. Our curriculum emphasizes learning, and incorporates a variety of big body play and outdoor activities to meet the developmental goals of our program. These goals are created based on the California Learning and Development Foundations along with the teachers’ knowledge of child development and the individual needs of the children and families in their classroom.

Close observation and teacher reflection informs the planning of curriculum in order to create engaging, interesting, and challenging experiences for the children throughout the year. We develop our own plans to provide children with a variety of opportunities for learning and encourage broad exploration. We support children in doing as much for themselves as possible. In addition, we strive to support a variety of social experiences by organizing our time and space to balance individuals, pairs, small groups, and large group activities.

Most of all, children are supported in developing strong social-emotional skills, respect for self, each other and their community. All staff members serve as coaches as children practice social skills involved in peer interactions, friendship formation, and conflict resolution. The Children’s Campus staff uses their extensive knowledge of research-based practices and tools in developing curriculum: National Association for the Education of Young Children (NAEYC) Accreditation guidelines, Developmentally Appropriate Practice, Program for Infant and Toddler Care (PITC), California Preschool Learning Foundations, California Infant/Toddler Learning and Development Foundations, Early Childhood Education Rating Scale (ECERS/ITERS) and the Project Approach.

All classrooms are arranged in interest areas that include areas for books, blocks, art, puzzles and manipulative, science, and dramatic play. Children have the opportunity to work and play in these centers by choice. Each area contains educational toys, materials, and games that may be used individually, with a friend or in small groups. The classroom curriculum provides opportunities to practice making decisions, follow directions, work independently, and learn the care and use of materials.

The program provides a warm, nurturing atmosphere in which caregivers play and talk with children as they care for their needs. Children are cared for in a manner which assists them in developing trust in their surroundings and in their caregivers. The curriculum is based in rich relationship-based interactions.

## Big Body Play

We believe the value of exuberant and boisterous rough and tumble play to a child's overall development. This vigorous body play allows very young children to learn about their bodies and how to regulate them as well as how to begin to relate to other children and show concern for them. Big Body Play contributes to infant and toddler physical development because it is so vigorous and because children - since they enjoy it so much - tend to engage in it for an extended amount of time. For preschoolers, the vigorous body play allows children to negotiate, take turns, wait, compromise, sometimes dominate and sometimes hold back, and make and follow rules.

## Daily Schedules

Classrooms follow their own rhythm of the day and this rhythm will change as the children's needs change. Please check your classroom family board for detailed information regarding your child's daily routine. A daily schedule is posted in each classroom in the parent sign in area.

## BEHAVIOR GUIDELINES

At the Children's Campus, our rules and expectations are designed to help children learn to manage their behavior for effective interaction and cooperation. All staff guide and support children by clearly communicating in a positive manner and tone. Typically, the children are eager to act appropriately and are recognized for doing so. We design activities that are age appropriate in both task and duration to maximize positive interactions. Our teachers also carefully monitor the children's activities to anticipate and diffuse problems before they begin.

The following are strategies we recommend families use at home, as these are strategies we use here at Children's Campus. This will encourage home/school problem solving connections.

### Basic Behavior Expectations at the Children's Campus

Knowing and meeting expectations encourages **independent** action and fosters **self-esteem**. Positive guidance methods are used in order to help children learn self-control and self-direction, without loss of self-esteem. Teachers recognize the possibility of potential problems before they occur and can redirect children's behavior before it becomes unacceptable. Each classroom may have slightly different rules and expectations; all teachers ensure rules are being followed by adults and children in the room at all times.

- Children are supported and encouraged to use words to solve problems with others.
- Limits and expectations are clearly stated in positive terms.
- Children are redirected to acceptable activities and behaviors.
- Positive reinforcement is given for appropriate behaviors.
- Choices between acceptable behaviors are given.
- Teachers encourage children to build feelings of self-worth.
- Children are given choices and alternatives to help the turn inappropriate needs or choices into constructive ones.
- Natural and logical consequences, along with "I" messages are used to empower children and help them take responsibility for their behavior.
- Teachers ignore behavior if it is not disruptive or destructive.

### Guidance Methods

Broken rules, disruptive behavior and lack of cooperation can be problematic for teachers and families. However, effective discipline begins long before such behaviors erupt. Our interactive style, expectations, classroom environments, and the schedule all have an effect on children. We continually look at all of these factors for the purpose of helping children channel their energies into activities that are both socially and personally satisfying. We guide children towards self-discipline; we recognize that the ability to control and inhibit certain actions to achieve other new and interesting ends is a life learning process.

Our techniques are practiced to help children develop self-control, not behave according to adult-imposed controls or fears. The techniques we use at Children's Campus include limit setting, natural and logical consequences, redirection, problem solving, lap sitting and ignoring. We want children to learn to take responsibility for their behavior by experiencing the consequences, i.e. cleaning up a spill or comforting a friend after a conflict. We believe that hurt feelings are as important as injured bodies, and therefore teach children to use words and actions to let another child know how they feel.

## **Strategies for Supporting Young Children's Problem Solving**

Our teachers learn to foresee consequences and prevent them rather than having to deal with unnecessary conflict or injury later; however, they cannot prevent all conflict. Children can learn a great deal from conflicts if adults are willing to help them process their feelings and control their hurtful impulses.

When limits are necessary, the teacher's define them, clearly and simply, then follow through consistently.

Some sample strategies:

- State expectations or suggests in a positive form. Use phrase such as, "I think, feel, want, need," etc., instead of "you can't, aren't supposed to, have to," etc.
- Be sure to tell children what they may do whenever you must tell them what you won't let them do. Don't forget to acknowledge the need that is driving the behavior/ children's needs are legitimate and deserve to be respected and acknowledged, even when we limit the behavior the expresses them.
- Redirection can be a valuable way to deal with conflict in many situations if it is consistent with the needs that children are attempting to meet through the conflict situation.
- Redirection is not appropriate when it is used to distract children from their feelings or as an adult's excuse to avoid responding to their feelings.
- Give children choices and options, but only when you are prepared to follow through. "Mateo, shall we change your diaper now?" conveys a pleasant manner, but Mateo will assume you don't think this is a pressing concern and are only asking for his opinion. Be certain you are offering a real choice.

## **Managing Conflict Amongst Children**

- Use narrative language and reflective listening to work through conflict.
- The phrase, "I can't let you...because..." can be very useful.
- Acknowledge tears, hurt, sad, etc. in both children to help both understand the situation.
- Some important messages to get across: "I need you to be gentle with \_\_\_\_\_"; "I can't let you hurt him."
- Give children alternatives; they cannot bite another child but if they are feeling angry/frustrated etc.; they can bite a teething ring or a doll because that doesn't hurt the toy.
- Remember that the child's feelings are always okay. We want to validate these feelings and avoid shaming the child. It is the particular expression of the feelings (the behavior, i.e. biting, hitting, kicking, etc.) that needs to be monitored and redirected to a more appropriate outlet.
- Child can be removed from a situation if it becomes serious, "I'm going to bring you over here because it is crowded over there and I am afraid you will hurt yourself. I'm going to keep you safe."

## **Adult Intervention in Conflict Situations**

A major barrier for children in conflict situations is their lack of expertise with language. Adults who decide to intervene need to furnish language to express the apparent feelings of the struggling children, while they also monitor the conflict to prevent injury. But---an adult who simply says "use your words" is not furnishing language. We tell the child what would be an appropriate phrase in the given situation. To be appropriate it should address the issues he is attempting to manage.

In our efforts to help children learn to problem solve, we encourage each to take the other's perspective by making such comments as, "Donnie, it looks like Chloe wants to play with that, too," or "Donnie, Chloe is shaking her head. I think she's telling you she's not finished with that truck. Do you suppose you could find the other one?" The supportive presence of an adult and an accurate description of each child's apparent feelings are often all that is needed for the children to find their own solutions. In addition, this type of adult assistance avoids the pitfall of giving the impression of favoritism. Children are quick to perceive who is getting defended when adults decide to "settle the problem," and the child who feels undefended then has a store of resentment and anxiety to deal with, in addition to the upset over the conflict. Such feelings fuel confrontations and escalate them instead of eliminating them.

## **Comforting a Crying Child**

Crying is the primary language of the pre-verbal child. It is essential that adults acknowledge the feelings children are experiencing and provide language for these feelings. Verbalizing the child's apparent feelings and offering comfort convey the message that the child's feelings have been heard and are accepted by the adult, and allows the child to see that she can effectively impact the people around her.

Statements such as "You're okay, don't cry. See? It's all better." or "Do I see tears? How about a smile?", they do not meet the emotional needs of the child. Attempts to stop the crying without regard for the message that the crying communicates may satisfy the adult's desire to "comfort" the child, but leaves the child's needs unmet.

## **Gun Play**

For most adults, hearing and seeing children use gun play is unsettling. Having a strong background in child development, teachers understand that, for preschool children especially, this is par for the course. It can be unnerving to see a child pretending to kill someone, yet no study has linked pretend gunplay to future violent behavior, and most child experts agree that by forbidding gunplay entirely, adults give it far more power and will probably drive it underground. Teachers ask open-ended questions about the gunplay to understand the child's perspective. Teachers may comment on the play, "I know you're having fun with your pretend play, but I feel a little scared by guns. Real guns can hurt and I feel afraid when you point your finger at me like that." At the Children's Campus, these are our guidelines for gun play:

1. You must ask other children/adults if they want to play your game.
2. You may not shoot at anyone who is not playing your game.

## **Profanity/Bad Language**

Profanity may come into a classroom community and, as teachers, we need to address the issue when it comes up and not ignore it. The focus at Children's Campus is on positive redirection. We always address the feeling behind the action, and give alternatives to the undesirable behavior. This route is never a quick fix and often times it feels like we're not doing enough. But if teachers are consistent, the behavior will stop. Teachers should address the situation not only with the children but with the families by sharing articles and our strategies that we use in the classroom to help families at home.

Teachers first tell the child that those words shouldn't be used at school and next help to describe the feeling behind the word to offer the child an alternative. For example, "you're really frustrated right now," "I can tell you're really angry," or "we don't use those words at school, try saying this instead." Teachers are firm and set boundaries, but also are not shocked or afraid when the words are heard. If the child continues using unacceptable language in the classroom, teachers will consult the families so together the teachers and parents can support the child at home and in the classroom in learning acceptable ways to express themselves.

## **Challenging Behaviors**

Discipline is based on an understanding of each child's individual needs and level of development. When correcting a child's behavior, the caregiver's response is individualized and consistent for each child, appropriate to the child's level of understanding, and directed toward teaching the child acceptable behavior and self-control.

When a child repeats a challenging behavior, a variety of methods for encouraging cooperation are used. These include the positive methods described above, as well as conferencing with other staff, families and center administration. Every effort is made to understand the child's needs and modify classroom practices so that he or she will be successful. Teachers work closely with families to understand each child and to determine which methods work best for him/her. Staff anticipates problems, and plans to prevent them by maintaining an appropriate learning environment. Our goal is to keep all the children in the school safe and we do our best to support all the children, helping children use words to help defend them and helping other children learn to use kind words and actions instead of hurting others.

Staff observes all children and documents problem behavior to help ascertain patterns and triggers: events, activities, and interactions, as well as any precipitating contextual factors. If a child's behavior problem persists or becomes dangerous to the other children or staff (e.g., punching, hitting, throwing items, kicking, temper tantrums, biting, destroying property, and threatening language), the teachers move other children away until the child is calm and in control. Such situations are rare at the Children's Campus and are discussed thoroughly with the child, teacher, and a family member to determine positive steps toward solution. Families are referred to specialists for help with persistent problems that may be linked to developmental issues, with the goal of supporting the child's successful inclusion in the classroom.

We want Children's Campus to be a safe place for all children but sometimes it is decided that our school is not a right fit for a particular child. We work closely with the families as stated above before coming to this conclusion but there are times when children and their families are asked to find another program.

### **Children's Campus Process of Identifying Behavioral or Developmental Concerns**

1. Head Teachers discuss developmental or behavioral concerns with the Director and reflect on developmentally appropriate behaviors and goals for the children in the age group in comparison with concerns.
2. The classroom team conducts observation and assessment, along with Director, to develop classroom strategies to meet the child's needs and improve the concerns. A behavior log may be kept to record the child's behavior, what occurred prior and after.
3. A family conference is conducted to review the child's behavior or developmental concerns. At that meeting a formal plan may be developed for the child, teaching staff and the family through a collaborative process to help meet the individual child's needs and those of the classroom. The action plan is usually implemented for two to four weeks.
4. If appropriate, families may be referred to outside resources. The family may arrange for specialists outside of Children's Campus to conduct child observations at the center and/or solicit input on strategies to meet the child's needs and improve the concern.
5. Arrangements can be made if the family wants therapists or specialists to work with their child Children's Campus; however, these arrangements must be made in advance and will require liability protections for the University. The family will also be required to authorize release of their child to the specialist.
6. The family must authorize a release of confidential information if they want Children's Campus to share any information with outside specialist.
7. Teachers will continue to document the behavior and keep both the family and Director informed of the efforts being made by both teacher and child and progress with improving the concerns. Additional family conferences will be held as appropriate and as agreed upon to discuss the child's progress and develop revised plans as necessary.
8. *If at any time the child physically hurts a staff member, themselves and/or the other children or people at the center, the families will be asked to pick up the child immediately.* If necessary, temporary suspension may be required to allow the family time to secure outside services necessary to support the child's participation at the center.
9. If the concerns are not successfully resolved through this process, the Center may provide notice of enrollment termination. *If necessary to protect the safety and wellbeing of other children and staff, this termination may be immediate.*

10. If the child has an identified disability, the center may request a conference with the IFSP or IEP team to solicit input and assess whether Children’s Campus is an appropriate placement to meet the child’s needs.

## **SUPPORTING THE ACADEMIC MISSION OF THE UNIVERSITY**

As the lab school for the University, Children’s Campus supports the academic mission of the University by: (1) providing training for “pre-service” early child education students and students studying other related fields; (2) providing placements for students needing to complete observation and classroom participation hours as part of their college coursework; and, (3) providing a venue for research that adds to the knowledge in the field of early care and education.

### **Student Interns**

Children’s Campus serves as a learning center for undergraduate and graduate college students studying to be Early Childhood Educators. These students are typically majors in the Department of Child and Adolescent Development with an Early Childhood Focus and they are enrolled in CAD 600/601 to complete their internship at the Children’s Campus. The students are in their last semester of college and have over 36 units of their major course work completed, including over 18 ECE (Early Childhood Education) units. These students are fingerprinted and have TB clearance before entering the classroom. There may be students from other University Departments completing internships at Children’s Campus, such as the Consumer Family Science Department and Elementary Education who have an early childhood focus or other disciplines that support young children and their families. All students comply with CCL health and background requirements for working at the center.

Interns are a part of the teaching team in the classroom and take on the role of a Teacher’s Assistant. They are NOT included in the staff-to-child ratio meeting both licensing and NAEYC teaching standards, except for short periods of the day.

Head Teachers are responsible for intern supervision in coordination with the Administration and/or University faculty. The Director will determine intern placement before each semester begins.

### **Teaching Fellowship**

The Children’s Campus partners with the Graduate Program in Early Childhood Education Program at SF State to provide a Teaching Fellowship. This fellowship is designed to support or enrich the student’s academic learning experience through supported entry into the professional world of early childhood education and teaching or focused study of particular elements of ECE. Teaching Fellows spend one to two years in training or focused study at the Children’s Campus working as a full-time Teacher. They also receive course credit through the Elementary Education Department.

### **Observers and Research**

Our classrooms and playgrounds serve as dynamic sites for researchers, student observers, teachers, and administrators to explore topics and issues relevant to children’s education and development. The goals and benefits of a campus child care equipped for research and observation is to stimulate innovative research that can have a positive impact on early care and education settings serving diverse populations of children, and to encourage the exchange of ideas among scholars, practitioners, and others concerned with supporting optimal child development and early education.

**Observers:** Students from various departments at SF State conduct observations through the observation rooms. Some of these students will observe only once while others may observe and participate for up to 10 weeks. When students observe a classroom, they are observing *all* the children in attendance.

Some University courses require observations in the classroom or on the playground, in which case these students comply CCL health and background clearance requirements and these observers remain under Children’s Campus staff supervision at all times (in classroom observers are never left alone with children).

Student observers wear either a red or blue lanyard while in the Center. A red lanyard indicates the student is here only to observe and must remain in an observation room. A blue lanyard indicates a student who has been completed the background clearance and is approved to participate in a classroom or playground with children under the direct supervision of a teacher.

There may also be observers from the community who are observing our practice as an example of high quality care and education for young children.

**Research:** Children’s Campus supports faculty and graduate student research with the goal of improving practice in the field of early care and education and child outcomes. This research is first approved by the Children’s Campus Research Committee. The primary function of the Research Committee is to ensure that the research conducted at Children’s Campus does not negatively impact the ability of staff to provide a high-quality ECE environment for all children.

The membership of the Research Committee includes the Children’s Campus Director, two parent representatives, and a minimum of three faculty members who represent diverse areas of substantive and methodological expertise relevant to research in child development/ECE. Members serve two-year terms and terms are renewable. When a parent representative position becomes vacant, the Center Director will contact parents that indicated on their Family Participation Form that they are interested in serving on the Research Committee and invite them to submit a statement of interest, describing why they are interested in the position and any relevant skills and experience that would help fulfill the responsibilities associated with the position. The Research Committee selects the new member(s).

If the Research Committee approves the research, the research proposal is then submitted to the University for review and approval. If the research is approved by the University, the Director works with the researchers, Children’s Campus staff and families to coordinate the research. Families will be asked for permission to participate if the research involves individual children. *Families may decline the request to participate in any research project.* The Children’s Campus Advisory Council is updated on research being conducted at the Center and on the activities of the Research Committee.

## Appendix A: Children's Campus Phone Numbers

Front Desk:	405-4011	Fax:	405-3832
Director:	405-3611		
Assistant Director:	405-3627		
Hummingbird Room:	405-3651		
Chickadee Room:	405-3822		
Robin Room:	405-3811		
Sparrow Room:	405-3813		
Hawk Room:	405-3637		
Owl Room:	405-3644		



## **Appendix B: Peanut and Tree Nut Free Policy**

To provide a safe learning environment for all students and staff at the Children’s Campus, our school has declared itself a *Peanut and Tree Nut Safe School*. This means that all children and staff should refrain from bringing to school any food products that contain peanuts and tree nuts, peanut oil, nut butter and peanut butter. While this may cause inconvenience to some, it is necessary to implement in order to protect the health of those student and staff that have severe allergies to peanut and Tree nut products.

There may be children and staff attending our school who have life threatening allergies to peanut, tree nut and peanut and tree nut products. Allergies to peanut and tree nut products are potentially fatal. An allergic child, either through consuming, touching or even smelling the product, can go into anaphylactic shock or die within minutes.

All families/guardians are asked to check ingredient labels on all food products to determine whether the food contains peanuts or peanut oil.

Students who eat peanut butter at home before coming to school should make sure they wash their hands and face before leaving home.

The school follows these guidelines for snack. The food for purchase at the school will not have peanuts or peanut oils identified on the label.

If peanut products are found at school, they will be removed from the classroom.

### **How to Read a Label for Peanut and Tree Nuts**

Always read the entire ingredient label to look for the names of peanut or tree nuts. Peanuts or tree nuts may be within the list of the ingredients or these could be listed in a “Contains: Peanuts” or “Contains” Walnuts (or other tree nut)” statement beneath the list of ingredients. The federal Food Allergen Labeling and Consumer Protection Act (FALCPA) requires the listing of peanuts or tree nuts or processing in a plant that processes peanuts or tree nuts.

## Appendix C: Toilet Learning Information

### Approach to Toilet Learning

#### When is a Child Ready for Toilet Learning?

When and how to help your child learn to use the toilet depends on how ready your child is, as well as parents' beliefs and values about toilet training. There is not one "right" way or one "right" age to learn. Most children develop control over their bowel and bladder by 18 months. This skill is necessary for children to physically be able to use the toilet. How ready a child is emotionally to begin learning to use the toilet depends on the individual child. Your child is ready to learn to use the toilet when he or she:

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

Children younger than 12 months have no control over bladder or bowel movements and little control for 6 months or so after that. Between 18 and 24 months, children often start to show signs of being ready, but some children may not be ready until 30 months or older. Your child must also be emotionally ready. He needs to be willing, and not fighting the process or showing signs of fear. If your child resists strongly, it is best to wait for a while. It is best to be relaxed about toilet learning and avoid becoming upset. Remember that no one can control when and where a child urinates or has a bowel movement except the child. Try to avoid a power struggle. Children at the toilet learning age are becoming aware of their individuality. They look for ways to test their limits. Some children may do this by holding back bowel movements.

Toilet training is a *learning process*. No amount of punishment or reward can make a child go to the bathroom. There are certain battles that we can win, but toileting isn't one of them. Therefore, flexibility and patience is the key to successful toilet-training.

School is such an exciting and distracting place that, when families begin toilet learning with the child, we suggest the first big push comes over a weekend at home. After two promising days at home, we try it at school. Remember that learning to use the toilet is something families do with a child, not to him. The adult's commitment to being sensitive, paying attention and planning ahead are vital parts of this process.

**Stress in the home may make learning this important new skill more difficult. Sometimes it is a good idea to delay toilet learning in the following situations:**

- Your family has just moved or will move in the near future.
- You are expecting a baby or you have recently had a new baby.
- There is a major illness, a recent death, or family crisis.

However, if your child is learning how to use the toilet without problems, there is no need to stop because of these situations. Keep in mind that regression is normal and children will resume their learning as long as we're all patient, calm, reassuring and supportive.

### **General Guidelines at the Children's Campus for Toilet Learning:**

**Timing:** Children are observant, and most know what a toilet is used for long before they learn to use it. To help the child make the connection between the toilet and the urge to go, we will suggest a try whenever a bowel movement is expected, for instance after snacks or lunch. A couple of minutes is enough time for a child to sit on the toilet; if nothing is accomplished, the child can get up and try again at another time. All children are encouraged to use the bathroom every 2 hours.

**Process:** We start with getting the pants down. It's best to dress a child in easy-to-remove clothing so s/he is able to pull down and pull up with no or little help. We then move on to sitting still on the toilet seat so the child is able to concentrate. It's important to follow the child's lead, taking our time and praising each success along the way without overdoing it. Accidents are common and when they do occur, it is clean matter-of factly and then move on to something else.

**Cleaning up:** All children must be taught careful wiping techniques before they are allowed to toilet on their own. Girls are taught to wipe from front to back to prevent bacteria from entering the urethra and causing an infection. All children and teachers need to wash hands with soap and water after every visit to the toilet.

Some children become anxious about flushing. They may be frightened by the running water or troubled by the thought that a part of their bodies is being flushed away. We explain that we need to flush so the toilet is clean for the next person who might use this toilet. If the child still seems upset, we will flush it later after the child has left the bathroom. It's important to remember that bowel movement should never be referred to as "dirty" or "yucky" because the child may feel demoralized by such comments.

**Accidents:** Accidents really are no big deal. Like every new skill a child learns, toileting requires time for experimentation, practice and leaning. We keep the mop handy and try to stay outdoors or on vinyl floors. The flooding stage doesn't last too long, especially if the child still wears a diaper for naps. Children are sometimes very distressed over accidents and need adult reassurance that they can learn this, just as they learned to climb a new slide or hook wooden trains together. Cleaning the floor and letting the child change her own clothes helps her to feel she is still able to manage her own needs, even when things don't quite go according to plan. We help your child by letting her know we have faith in her.



Children's Campus at SF State

Center for Early Care & Education, Professional Development and Research

## Toilet Learning Agreement

Name of Child \_\_\_\_\_

Toilet learning should be a positive experience for a child. Toilet learning is as individual as learning to walk and each child learns at a different pace. We will try toilet learning with your child for approximately 2 weeks once this agreement has been signed and discussed. If the child shows no interest, is fearful, or resistant, we will revisit the decision with the families. **If s/he has 2 accidents in one day s/he will go back into diapers for the rest of the day and we will try again the next day.**

The following is a check-list for both teachers and families so we can work together to minimize frustration and maximize success. *Families must also be engaging in toilet learning at home before we will begin at school. It is imperative that we are consistent at home and at school with our methods for toilet learning.*

### Families:

- Have your child start wearing underwear or pull-ups at home the weekend before we initiate toilet learning at school. If you feel it is necessary, the child can wear a diaper at night or you might try getting the child up once during the night to go to the bathroom.
- Children in the toilet learning process **must** wear underwear to school. Thicker training underwear is recommended. Pull-ups are also an option.
- Children must be able to take down their own pants before beginning the process.
- Have your child wear loose-fitting clothing that s/he can manage independently, such as elastic waist pants. Do not dress your child in belts or T-shirts that snap between the legs. Dresses are not a good idea because the child cannot see to pull down underpants.
- Families must supply multiple pairs of underpants and/or pull-ups each day. Please bring a bag with at least three pairs of extra clothes, including socks, every day. Bring an extra pair of shoes as well.
- If underwear or pull-ups aren't provided, we'll consider the toilet learning process to be "on hold" and we will discuss continued toilet learning with you.
- Please let us know if your son will sit or stand.
- Talk with your child on the way to school about your expectation that s/he will use the toilet at school just as s/he does at home. Sometimes the child who is toileting at home needs to know his parent expects him to do this at school as well. Plan some extra time at drop-off so that you can accompany your child into the class bathroom and cheer on his/her attempt to use the toilet.
- Ensure children understand that "accidents are okay"

### Teachers:

- The child will be told, "You need to go to the toilet/toilet now" and will be taken to the toilet every 2 hours.
- Because of health regulations, teachers cannot wash the soiled clothes. We will put soiled clothes in a plastic bag for you to take home and wash.
- Will monitor the situation closely and let you know about your child's status on a daily basis.

Family Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

## Appendix D - Inclusion and Exclusion Guidelines

Based on the American Academy of Pediatrics publication, *Managing Infectious Diseases in Child Care and Schools*

Symptom	Complaints or Symptoms	Temporarily Exclude?	If Excluded, Readmit When
<b>Cold Symptoms</b>	<ul style="list-style-type: none"> <li>• Runny or stuffy nose</li> <li>• Scratchy throat</li> <li>• Coughing</li> <li>• Sneezing</li> <li>• Watery eyes</li> <li>• Fever</li> </ul>	<p><b>No, unless</b></p> <ul style="list-style-type: none"> <li>• Fever accompanied by behavior change.</li> <li>• Child looks or acts very ill.</li> <li>• Child has difficulty breathing.</li> <li>• Child has blood red or purple rash not associated with injury.</li> <li>• Child meets other exclusion criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Exclusion criteria are resolved.</li> </ul>
<b>Cough</b>	<ul style="list-style-type: none"> <li>• Dry or wet cough</li> <li>• Runny nose (clear, white, or yellow-green)</li> <li>• Sore Throat</li> <li>• Throat irritation</li> <li>• Hoarse voice, barking cough</li> </ul>	<p><b>No, unless</b></p> <ul style="list-style-type: none"> <li>• Severe cough</li> <li>• Rapid and/or difficult breathing</li> <li>• Wheezing if not already evaluated and treated</li> <li>• Cyanosis (ie, blue color of skin and mucous membranes)</li> </ul>	<ul style="list-style-type: none"> <li>• Exclusion criteria are resolved.</li> </ul>
<b>Diarrhea</b>	<ul style="list-style-type: none"> <li>• Frequent loose or watery stools compared to child's normal pattern. (Note that exclusively breastfed infants normally have frequent unformed and somewhat watery stools, or may have several days with no stools.)</li> <li>• Abdominal cramps</li> <li>• Fever</li> <li>• Generally not feeding well</li> <li>• Sometimes accompanied by vomiting</li> </ul>	<p><b>Yes, if</b></p> <ul style="list-style-type: none"> <li>• Stool is not contained in the diaper for diapered children.</li> <li>• Diarrhea is causing "accidents" for toilet-trained children.</li> <li>• Stool frequency exceeds 2 or more stools above normal for that child, because this may cause too much work for the teacher/caregivers and make it difficult to maintain good sanitation.</li> <li>• Blood/mucus in stool.</li> <li>• Abnormal color of stool for child (eg, all black or very pale).</li> <li>• No urine output in 8 hours.</li> <li>• Jaundice (ie, yellow skin or eyes).</li> <li>• Fever with behavior change.</li> <li>• Looks or acts very ill.</li> </ul>	<ul style="list-style-type: none"> <li>• Cleared to return by health professional for all cases of bloody diarrhea and diarrhea caused by <i>Shigella</i>, <i>Salmonella</i>, or <i>Giardia</i>.</li> <li>• Diapered children have their stool contained by the diaper (even if the stools remain loose) and toilet-trained children do not have toileting accidents.</li> <li>• Able to participate.</li> </ul>
<b>Difficult or Noisy Breathing</b>	<ul style="list-style-type: none"> <li>• <i>Common Cold</i>: Stuffy nose, sore throat, cough, and/or mild fever</li> <li>• <i>Croup</i>: Barking cough, hoarseness, fever, possible chest discomfort (symptoms worse at night), and/or very noisy breathing, especially when breathing in</li> <li>• <i>Epiglottitis</i>: Gasping noisily for breath with mouth wide open, chin pulled down, high fever, and/or bluish (cyanotic) nails and skin; drooling, unwilling to lie down</li> <li>• <i>Bronchiolitis and Asthma</i>: Child is working hard to breathe; rapid breathing; space between ribs looks like it is sucked in with each breath (retractions); wheezing; whistling sound with breathing; cold/cough; irritable and unwell. Takes longer to breathe out than to breathe in.</li> <li>• <i>Pneumonia</i>: Deep cough, fever, rapid breathing, or space between ribs looks like it is sucked in with each breath (retractions).</li> <li>• <i>Object stuck in airway</i>: Symptoms similar to croup (above)</li> </ul>	<p><b>Yes, if</b></p> <ul style="list-style-type: none"> <li>• Fever accompanied by behavior change.</li> <li>• Child looks or acts very ill.</li> <li>• Child has difficulty breathing.</li> <li>• Child has blood red or purple rash not associated with injury.</li> <li>• The child meets other exclusion criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Exclusion criteria are resolved.</li> </ul>

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Symptom	Complaints or Symptoms	Temporarily Exclude?	If Excluded, Readmit When
<b>Earache</b>	<ul style="list-style-type: none"> <li>Fever</li> <li>Pain or irritability</li> <li>Difficulty hearing</li> <li>“Blocked ears”</li> <li>Drainage</li> <li>Swelling around ear</li> </ul>	<p><b>No, Unless</b></p> <ul style="list-style-type: none"> <li>Unable to participate.</li> <li>Care would compromise staff's ability to care for other children.</li> <li>Fever with behavior change.</li> </ul>	<ul style="list-style-type: none"> <li>Exclusion criteria are resolved.</li> </ul>
<b>Eye Irritation/ Pinkeye</b>	<ul style="list-style-type: none"> <li><i>Bacterial infection:</i> Pink color instead of whites of eyes and thick yellow/green discharge. May be irritated, swollen, or crusted in the morning.</li> <li><i>Viral infection:</i> Pinkish/red, irritated, swollen eyes; watery discharge; possible upper respiratory infection.</li> <li><i>Allergic and chemical irritation:</i> Red, tearing, itchy eyes; runny nose, sneezing; watery discharge.</li> </ul>	<p><i>For bacterial conjunctivitis</i></p> <p><b>No.</b> Exclusion is no longer required for this condition. Health professionals may vary on whether to treat this condition with antibiotic medication. The role of antibiotics in treatment and preventing spread is unclear. Most children with pinkeye get better after 5 or 6 days without antibiotics.</p> <p><i>For other forms</i></p> <p><b>No, unless</b> the child meets other exclusion criteria</p> <p><i>Note: One type of viral conjunctivitis spreads rapidly and requires exclusion. If 2 or more children in the group have watery red eyes without any known chemical irritant exposure, exclusion may be required and health authorities should be notified.</i></p>	<ul style="list-style-type: none"> <li><i>For bacterial conjunctivitis</i>, once parent has discussed with health professional. Antibiotics may or may not be prescribed.</li> <li>Exclusion criteria are resolved.</li> </ul>
<b>Fever</b>	<ul style="list-style-type: none"> <li>Flushing, tired, irritable, decreased activity</li> </ul> <p>Notes</p> <ul style="list-style-type: none"> <li>Fever alone is not harmful. When a child has an infection, raising the body temperature is part of the body's normal defense against outside attacks.</li> <li>Rapid elevation of body temperature sometimes triggers a febrile seizure in young children; this usually is outgrown by age 6 years. The first time a febrile seizure happens, the child requires evaluation. These seizures are frightening, but do not cause the child any long-term harm. Parents should inform their child's health professional every time the child has a seizure, even if the child is known to have febrile seizures.</li> <li><b>Warning:</b> <i>Do not</i> give aspirin. It has been linked to an increased risk of Reye's syndrome (a rare and serious disease affecting the brain and liver).</li> </ul>	<p><b>No, unless</b></p> <ul style="list-style-type: none"> <li>Behavior change</li> <li>Unable to participate</li> <li>Care would compromise staff's ability to care for other children.</li> </ul> <p>Note: Temperatures considered meaningfully elevated above normal, although not necessarily an indication of a significant health problem, for children older than 4 months are :</p> <ul style="list-style-type: none"> <li>100°F (37.8°C) axillary (armpit) or forehead</li> <li>101 °F (38.3°C) orally</li> <li>102°F (38.9°C) rectally</li> <li>Aural (ear) temperature equal to oral or rectal temperature</li> </ul> <p><b>Get immediate medical attention when</b></p> <p>Infant younger than 4 months has unexplained temperature of 101°F (38.3°C) rectally or 100° (37.8° C) axillary. Any infant younger than 2 months with fever should get medical attention within one hour.</p>	<ul style="list-style-type: none"> <li>Able to participate</li> <li>Exclusion criteria are resolved.</li> </ul>

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Symptom	Complaints or Symptoms	Temporarily Exclude?	If Excluded, Readmit When
Headache	<ul style="list-style-type: none"> <li>Tired and irritable</li> <li>Can occur with or without other symptoms</li> </ul>	<p><b>No, unless</b> Child is unable to participate</p> <p>Note: <b>Notify health professional</b> in case of sudden, severe headache with vomiting or stiff neck that might signal meningitis. The stiff neck of concern is reluctance and unusual discomfort when the child is asked to look at his or her “belly button” (putting chin to chest) – different from soreness in the side of the neck.</p>	<ul style="list-style-type: none"> <li>Able to participate</li> </ul>
Itching	<ul style="list-style-type: none"> <li><i>Ringworm</i>: Itchy ring-shaped patches on skin or bald patches on scalp.</li> <li><i>Chickenpox</i>: Blister-like spots surrounded by red halos on scalp, face, and body; fever; irritable.</li> <li><i>Pinworm</i>: Anal itching.</li> <li><i>Head lice</i>: Small insects or white egg sheaths (nits) in hair.</li> <li><i>Scabies</i>: Severely itchy red bumps on warm areas of body, especially between fingers and toes.</li> <li><i>Allergic or irritant reaction</i>: Raised, circular, mobile rash; reddening of the skin; blisters occur with local reactions (poison ivy, contact reaction).</li> <li><i>Dry skin or eczema</i>: Dry areas on body. More often worse on cheeks, in front of elbows, and behind knees. In infants, may be dry areas on fronts of legs and anywhere else on body, but not usually in diaper area. If swollen, red, or oozing, think about infection.</li> <li><i>Impetigo</i>: Areas of crusted yellow, oozing sores. Often around mouth or nasal openings.</li> </ul>	<p><i>For chickenpox, scabies, and impetigo</i> <b>Yes</b></p> <p><i>For ringworm and head lice</i> <b>Yes, at the end of the day</b></p> <ul style="list-style-type: none"> <li>Children should be referred to a health professional at the end of the day for treatment.</li> </ul> <p><i>For pinworm, allergic or irritant reactions, and eczema</i> <b>No, unless</b> Appears infected as a weeping or crusty sore</p> <p>Note: Exclusion for hives is only necessary to obtain medical advice for care, if there is no previously made assessment and care plan for the hives.</p>	<ul style="list-style-type: none"> <li>Exclusion criteria are resolved.</li> <li>On medication or treated as recommended by a health professional if indicated for the condition and for the time required to be readmitted. For conditions that require application of antibiotics to lesions or taking of antibiotics by mouth, the period of treatment to reduce the risk of spread to others is usually 24 hours. For most children with insect infestations or parasites, readmission as soon as the treatment has been given is acceptable.</li> </ul>
Mouth Sores	<ul style="list-style-type: none"> <li><i>Oral thrush</i>: White patches on tongue and along cheeks</li> <li><i>Herpes or coxsackievirus infection</i>: Pain on swallowing; fever; painful, yellowish spots in mouth; swollen neck glands; fever blister, cold sore; reddened, swollen, painful lips</li> <li><i>Canker sores</i>: Painful ulcers on cheeks or gums</li> </ul>	<p><b>No, unless</b></p> <ul style="list-style-type: none"> <li>Drooling steadily related to mouth sores.</li> <li>Unable to participate.</li> <li>Care would compromise staff’s ability to care for other children.</li> </ul>	<ul style="list-style-type: none"> <li>Able to participate</li> <li>Exclusion criteria are resolved.</li> </ul>

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Symptom	Complaints or Symptoms	Temporarily Exclude?	If Excluded, Readmit When
<b>Rash</b>	<ul style="list-style-type: none"> <li>• Skin may show similar findings with many different causes. Determining cause of rash requires a competent health professional evaluation that takes into account information other than just how rash looks.</li> <li>• <i>Viral</i>: Usually signs of general illness such as runny nose, cough, and fever (except for warts or molluscum). Each viral rash may have a distinctive appearance.</li> <li>• <i>Minor skin infections and infestations</i>: See "Itching." More serious skin infections: redness, pain, fever, pus.</li> <li>• <i>Severe bacterial infections</i>: Rare. These children have fever with rash and may be very ill.</li> </ul>	<p><b>No, unless</b></p> <ul style="list-style-type: none"> <li>• Rash with behavior change or fever</li> <li>• Has oozing/open wound</li> <li>• Has bruising not associated with injury</li> <li>• Has joint pain and rash</li> <li>• Unable to participate</li> <li>• Tender, red area of skin, especially if it is increasing in size or tenderness.</li> </ul>	<ul style="list-style-type: none"> <li>• Able to participate in daily activities.</li> <li>• On antibiotic medication at least 24 hours (if indicated).</li> <li>• Exclusion criteria are resolved.</li> </ul>
<b>Sore throat</b>	<ul style="list-style-type: none"> <li>• <i>Viral</i>: Verbal children will complain of sore throat; younger children may be irritable with decreased appetite and increased drooling (refusal to swallow). May see symptoms associated with upper respiratory illness, such as runny nose, cough, and congestion.</li> <li>• <i>Strep throat</i>: Strep infection usually does not result in cough or runny nose. Signs of the body's fight against infection include red tissue with white patches on sides of throat, at back of tongue (tonsil area), and at back wall of throat. Tonsils may be large, even touching each other. Swollen lymph nodes (sometimes incorrectly called "swollen glands") occur as body fights off the infection.</li> </ul>	<p><b>No, unless</b></p> <ul style="list-style-type: none"> <li>• Inability to swallow.</li> <li>• Excessive drooling with breathing difficulty.</li> <li>• Fever with behavior change.</li> <li>• The child meets other exclusion criteria.</li> </ul>	<ul style="list-style-type: none"> <li>• Able to swallow.</li> <li>• Able to participate.</li> <li>• On medication at least 24 hours (if strep)</li> <li>• Exclusion criteria are resolved.</li> </ul>
<b>Stomachache</b>	<ul style="list-style-type: none"> <li>• <i>Viral gastroenteritis or strep throat</i>: Vomiting and diarrhea and/or cramping are signs of a viral infection of stomach and/or intestine. Strep throat may cause stomachache with sore throat, headache, and possible fever. If cough or runny nose is present, strep is very unlikely.</li> <li>• <i>Problems with internal organs of the abdomen</i>: Persistent severe pain in abdomen.</li> </ul>	<p><b>No, unless</b></p> <ul style="list-style-type: none"> <li>• Severe pain causing child to double over or scream</li> <li>• Abdominal pain after injury</li> <li>• Bloody/Black stools</li> <li>• No urine output for 8 hours</li> <li>• Diarrhea</li> <li>• Vomiting</li> <li>• Yellow skin/eyes</li> <li>• Fever with behavior change</li> <li>• Looks or acts very ill</li> </ul>	<ul style="list-style-type: none"> <li>• Pain resolves.</li> <li>• Able to participate.</li> <li>• Exclusion criteria are resolved.</li> </ul>



## Appendix D - Inclusion and Exclusion Guidelines

Based on the American Academy of Pediatrics publication, *Managing Infectious Diseases in Child Care and Schools*

Symptom	Complaints or Symptoms	Temporarily Exclude?	If Excluded, Readmit When
<b>Swollen glands</b> (properly called swollen lymph nodes)	<ul style="list-style-type: none"> <li>• <i>Normal lymph node response:</i> Swelling at front, sides, and back of the neck and ear, in the armpit or groin, or anywhere else near an area of an infection.</li> <li>• <i>Bacterial infection of lymph nodes:</i> Swollen, warm lymph nodes with overlying pink skin, tender to the touch, usually located near an area of the body that has been infected.</li> </ul>	<b>No, unless</b> <ul style="list-style-type: none"> <li>• Difficulty breathing or swallowing</li> <li>• Red, tender, warm glands</li> <li>• Fever with behavior change</li> </ul>	<ul style="list-style-type: none"> <li>• Child is on antibiotics (if indicated).</li> <li>• Able to participate.</li> <li>• Exclusion criteria are resolved.</li> </ul>
<b>Vomiting</b>	Diarrhea, vomiting, and/or cramping for viral gastroenteritis	<b>Yes, if</b> <ul style="list-style-type: none"> <li>• Vomited more than 2 times in 24 hours</li> <li>• Vomiting and fever</li> <li>• Vomit that appears green/bloody</li> <li>• No urine output in 8 hours</li> <li>• Recent history of head injury</li> <li>• Looks or acts very ill</li> <li>• Vomit that appears green/bloody</li> </ul>	<ul style="list-style-type: none"> <li>• Vomiting ends.</li> </ul>

## **Appendix E: Contagious Disease Alerts**

The following illnesses are considered contagious and must be reported to the Center immediately when diagnosed. We will inform all parents at the Center if a child is diagnosed with any of the illnesses following these procedures:

1. An exposure notice will be posted on the classroom door of the involved classroom. This notice will include information about the disease, including how the disease is transmitted, incubation period, symptoms, and treatment. A copy of the notice is also emailed to parents of the children in the involved classroom.
2. The confidentiality of the child or staff member is maintained.
3. If new cases are reported, the exposure notices stays up and the date of illness is updated.
4. The exposure notice is removed after the possible incubation period passes.

### Illnesses Requiring Exposure Notice

1. Chickenpox
2. Conjunctivitis
3. Fifth Disease
4. German Measles
5. Giardia
6. Hand, Foot, and Mouth (Coxsackie Virus)
7. Hepatitis
8. Herpes Stomatitis
9. Impetigo
10. Measles
11. Meningitis (Bacterial)
12. Mumps
13. Pin Worms
14. Ring Worms
15. Roseola
16. Rotavirus
17. Salmonella
18. Scabies
19. Shingles
20. Streptococcal Infection