

# FRESNO STATE PROGRAMS FOR CHILDREN

## Handbook

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**WELCOME** to Fresno State Programs for Children at California State University, Fresno (Fresno State). Fresno State Programs for Children (PFC) includes the Campus Children's Center-Infant/Toddler Program, the Campus Children's Center-Preschool, and the Joyce M. Huggins Early Education Center. The centers enroll more than 200 children per year.

Fresno State Programs for Children is a comprehensive early care and education program that strives to ensure the optimal development of each child enrolled through provision of licensed, safe, hygienic, physical facilities; appropriate educational programs; well qualified staff; varied opportunities for parent involvement; and information and support in obtaining social, health, psychological and nutritional services. We have a unique program where parents, teachers, children, university students, faculty, and others work together to provide a program rich in experiences, relationships and learning.

One of the most significant findings of educational research is the importance of early childhood education and its positive impact on children's later success in school. Through training teachers and others in human services professions, demonstration of innovative programs, curricula and resources, supporting programs and conducting research relevant to child development and early childhood education, Programs for Children contributes to educational reform efforts aimed at improving services to children and families.

More than 300 students in a variety of majors utilize the program each year for laboratory experiences, student teaching, observation, research and other course-required experiences. A large number of students, teachers and visitors from other schools, agencies and the community also visit the program annually.

Because Programs for Children centers are laboratories, training, demonstration and research centers in early childhood education, prior to enrollment, parent's consent is requested for participation in training, demonstration and research activities that occur on a routine, daily basis at the center.

Every effort is made to preserve child and family confidentiality. Parents have the right to information concerning the nature, purpose and use of any materials and activities that may involve their child. In the case of a specific research study, parents are asked for written permission for their child to participate in the study and be provided information on the study. There are no negative consequences if permission is not granted.

Programs for Children centers are fully accredited by the National Association for the Education of Young Children (NAEYC). Accredited programs are committed to meeting national standards for program quality in early childhood education (ECE). We look forward to a positive and mutually rewarding association with those involved with the program.

## Table of Contents

<b>PROGRAM MISSION</b>	<b>5</b>
<b>PROGRAM GOALS</b>	<b>5</b>
<b>ORIENTATION FOR NEW FAMILIES</b>	<b>6</b>
<b>OPERATING DAYS/HOURS</b>	<b>7</b>
<b>PROGRAM PHILOSOPHY</b>	<b>7</b>
<b>ADMISSION POLICIES</b>	<b>7</b>
<b>FEEES</b>	<b>9</b>
<b>ARRIVALS &amp; DEPARTURES / SIGNING IN &amp; SIGNING OUT</b>	<b>10</b>
<b>ABSENCES AND SERVICE LEAVES</b>	<b>11</b>
<b>HEALTH AND WELLNESS</b>	<b>12</b>
<b>EMERGENCY INFORMATION</b>	<b>13</b>
<b>NOTICE OF ACTION</b>	<b>13</b>
<b>TERMINATION OF SERVICES</b>	<b>14</b>
<b>GRIEVANCES</b>	<b>15</b>
<b>UNIFORM COMPLAINT PROCEDURES</b>	<b>15</b>
<b>PROGRAM PRACTICES, CURRICULUM, VALUES AND BELIEFS</b>	<b>16</b>
Image of the Child and the Role of the School.	16
Relationships.	17
Community Relationships.	18
Community Relationships to Support Individual Families.	18
Curriculum/Projects.	19
Curriculum Outcomes.	19
Documentation.	22
Environment.	23
Children with Special Needs.	23
Relationships.	24
Partnerships Between Families and School.	24
Partnerships Between Teachers and Children.	25
Partnerships Between School and Outside Consultants.	25
Infants and Toddlers.	26
Fostering Friendships.	26
Conflict Resolution.	26
Creating a Positive Environment.	27
Challenging Behaviors, Promoting Self-Regulation and Positive Guidance.	27

Curriculum.	28
Teaching/Working With Children.	30
Learning Environments.	30
Learning Communities.	30
Supervision of Children.	31
Addressing Learning Goals and Routines Throughout the Day.	32
Scaffolding the Children’s Understanding: Including Skills and Knowledge Through Instruction.	34
<b>ASSESSMENT AND EVALUATION</b>	<b>35</b>
Program Assessment Plan.	35
Child Assessment Plan.	37
Child Assessment Methods and Use of Information.	39
Using Assessment Information in the Classroom.	39
Employee Evaluation Procedures.	40
<b>HEALTH AND SAFETY</b>	<b>41</b>
Hand Washing.	46
<b>EMERGENCY PROCEDURES</b>	<b>50</b>
<b>HEALTHY ENVIRONMENTS</b>	<b>50</b>
<b>MEDICATION</b>	<b>51</b>
<b>DIAPERING AND ASSISTING CHILDREN IN THE RESTROOM</b>	<b>52</b>
<b>INFANT AND TODDLER NAPS</b>	<b>53</b>
<b>SUSPECTED CHILD ABUSE REPORTING</b>	<b>54</b>
<b>TEACHERS/PROFESSIONAL DEVELOPMENT</b>	<b>54</b>
<b>FAMILIES AND THE COMMUNITY</b>	<b>57</b>
Community Resources and Program Enhancement.	59
Community Participation and Advocacy.	59
<b>PHYSICAL ENVIRONMENT</b>	<b>60</b>
<b>LEADERSHIP AND MANAGEMENT</b>	<b>62</b>
<b>APPENDIX I</b>	<b>64</b>
<b>APPENDIX II</b>	<b>68</b>
<b>APPENDIX III</b>	<b>70</b>
<b>APPENDIX IV</b>	<b>72</b>

## **PROGRAM MISSION**

The mission of Fresno State Programs for Children, Inc., is to assist students who are parents attain their educational goals by providing quality care for their young children in a convenient and appropriate educational setting. Programs for Children will strive to ensure that no qualified student parent is denied access to California State University, Fresno, or has his or her academic progress impaired by the lack of adequate and affordable childcare services. PFC will encourage and promote effective communication with, and cooperation between, PFC and appropriate academic programs.

## **PROGRAM GOALS**

Programs for Children will meet its mission by achieving the following goals related to access, quality, and academics:

- Assist student parents who are attending Fresno State and need early education and care services for their children.
- Provide a high quality ECE environment that supports children's physical, social, emotional, cognitive, linguistic, and creative development.
- Support parents who are completing their education while facing the demands of parenting through programs and resources.
- Offer opportunities for observation, fieldwork, laboratory experiences, student teaching, and research for students, faculty and other professionals.
- Demonstrate innovative ECE programs, curricula and resources that can serve as models for best practices.
- To be a respected and guiding force among professionals and leaders in the early care and education community in our region.

Program goals are achieved with funding from the California State Department of Education, California State University, student body fees, tuition and other sources.

This document describes principles, practices, and procedures used by Fresno State Programs for Children. This information guides daily practices used for working with children, families, program staff, Fresno State, and the larger community that enable the program to run smoothly and achieve its goals. It is intended as a resource for program staff, parents, students, administrators and others who are involved with the program. Depending on your relationship with PFC, you may receive additional policy documents, such as a Parent Handbook, a Volunteer Handbook, a Student and Hourly Employee Handbook or Personnel Policies that provide specific information in regard to your relationship with Programs for Children.

## **ORIENTATION FOR NEW FAMILIES**

From the moment that families are informed that there is an opening in the program, staff begin to build relationships with parents as they welcome them to the program and provide orientation. Orientation to the program consists of meeting with the office manager, a program administrator and the classroom teacher. Information is provided both in writing and verbally, and if appropriate, in a language that is most comfortable for the family.

When parents submit the initial enrollment documents they identify who is legally responsible for the child. They then meet with an office manager who will provide information about eligibility for subsidized care, payment of childcare fees, schedules, and other documentation required for their child to attend the program. The office manager will also talk with the parent about their educational goals, program policies, review required enrollment documentation, and answer any additional questions they may have about enrolling their child.

After the parent has met with the office manager, he or she will be introduced to a center administrator. The administrator will provide additional information about the program including, program philosophy, goals and objectives, guidance and discipline, different formal and informal ways that the program communicates with parents, including ways the program interacts with parents when there are difficulties or differences, Individualized Family Service Plans (IFSP's) and Individualized Education Plans (IEP's), and other individual plans are incorporated into the child's school day. The center administrator will also discuss health and safety precautions, security, guidelines for dispensing medications, exclusions for ill children, program emergency plans, meals and snacks, nap and rest periods, field trip information, confidentiality, the center's role as laboratory and research/demonstration programs. In addition the center administrator introduces the parent and child to the teacher.

In order to further support a positive relationship between the family and school, the classroom teacher will meet with the parent prior to the child attending the center. The parent and teacher will develop a plan for helping the child transition to school, including developing a schedule for the child to visit the classroom, sharing the daily routine and any additional information that the parent feels will support the child's transition. At this meeting the teacher and enrolling family member will review the Family Profile in order to learn more about how the family defines their culture, family structure, race, religion, and home language.

## **OPERATING DAYS/HOURS**

The centers are open five (5) days a week (Monday through Friday) from 7:30 am- 5:30 PM. An Extended Day Program is available to 6:00 PM for preschool children. Center hours may vary during the summer months.

The centers follow the California State University, Fresno days of operation schedule. The center is closed for the following holidays and times: Labor Day, Veteran's Day, Thanksgiving (Thursday and Friday), December 25-January 1, Martin Luther King's Birthday, President's Day, Cesar Chavez's birthday, Memorial Day and Fourth of July. The center is open during the academic year from the first day of the Fall Semester to the last day of the Spring Semester. Summer programs are operated based on parent demand for education and childcare services and the needs of the academic programs.

## **PROGRAM PHILOSOPHY**

Fresno State Programs for Children has a philosophy based on current early childhood education and child development theory and research. This philosophy of early education and care is based on the following principles:

- Understanding the importance of the family and community in the lives of children.
- Respect for children's ethnic, cultural and linguistic backgrounds and respect for families with a diversity of family structures, socioeconomic, racial, religious, and cultural backgrounds; gender, abilities; and preferred languages.
- Recognition that collaborative participatory relationships among children, parents, teachers, and others not only create powerful and successful education and care programs but improve the quality of life in the community.
- Commitment to the rights of all children to receive education and care services that maximize their developmental potential in all domains.
- Knowledge of the contribution of a stimulating, educationally rich environment to children's constructive efforts to make sense of their world.
- The belief that proper guidance of children occurs in an atmosphere of respect for persons, positive human relationships, non-violent conflict resolution and cooperation to promote the welfare of the group.

## **ADMISSION POLICIES**

The program accepts children between the ages of three (3) months and twelve (12) years for early education and care services. Priority for admission is accorded in the following order:



- Children who have been qualified as at-risk or receive services from Child Protective Services.
- Children of low-income Fresno State students.
- Children of other Fresno State students.
- Children of Fresno State employees.
- Children of alumni and the broader community.

Children with disabilities and other special needs are welcome in the program. Through an innovative arrangement with Fresno Unified School District (FUSD), children with special needs are enrolled in the Huggins Center to support their inclusion. The Huggins Center meets requirements of the *Americans with Disabilities Act* and is fully accessible.

The open enrollment period begins on March 1. When a family's completed new application is received, it is dated and placed in order of receipt for a position in the appropriate age category. The Program Manager maintains a waiting list for each category so that families can be notified immediately by telephone when an opening becomes available. We must have a valid phone number for in order to place a child on the list. A determination is made at the time of the offer of services as to whether or not the child still qualifies for enrollment in the category indicated on the application. Applications must be renewed on an annual basis each March. The original application date is used to determine priority.

The center is able to provide subsidized services to children of qualified low-income students as determined by Department of Education policies. For those wanting to receive subsidized services, an income declaration must be completed with the application. As noted in Section 89403 of the California Education Code, family income, composition and size are used as factors in ranking applications for admission. Returning families and siblings are given priority for enrollment, if they are still eligible. If families receive subsidy for services proof of current student status is required each semester. A copy of the "Training Verification Form" with the computer printout of classes attached is required each semester and kept in each child's file. After the fourth week of the semester a program administrator will verify enrollment. As noted above, limited space is also available on a tuition basis for other students, faculty and staff.

Prior to admission, and as requested thereafter, the enrolling family member is required to submit a current and completed California immunization record, medical report including negative TB test, emergency card and other forms including admission agreement, research release and field trip acknowledgement and permission slip.

Fresno State Programs for Children encourages all children to receive the recommended screening tests and immunizations according to the American Academy of Pediatrics and the Centers for Disease Control. All Physicians' Reports will be reviewed. If any abnormalities or special needs are detected a program administrator will meet with the enrolling adult to follow-up and gather additional information in order to determine a plan of care for the child. Except in cases of documented medical exemption and personal belief exemption (PBE) submitted before January 1, 2016 , current immunization and health services are a condition of new or continued enrollment in the program. If appropriate, children may attend the program if documentation of an upcoming appointment is submitted to the office manager. When a vaccine-preventable disease outbreak occurs in the program, those who are unvaccinated are at a higher risk of becoming infected. In order to stop the spread of the disease, children who are not vaccinated will required by the PFC to stay home from school and school-related functions until the outbreak ends or they get vaccinated.

All records related to children and families are confidential and stored in secure locations. 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 and may be reviewed by program administrators. If it is advantageous for the child or family to share health information with individuals not associated with the program, PFC staff will request written permission prior to sharing. Information regarding parent eligibility may be reviewed by representatives of the State of California, federal government, independent auditors or others as necessary for the administration of the program. Fresno State Programs for Children shall permit review of the child's file by the enrolling child's family member or authorized representative upon request. Each child's emergency and health information is required to be updated quarterly or more frequently if there is a change in the child's health status or emergency contact information.

Fresno State Programs for Children serves children and families without regard to their sex, sexual orientation, gender, ethnic group identification, race ancestry, national origin, religion, color, or mental or physical disability.

### **FEES**

Subsidized child care is provided to Fresno State students or participants in programs approved by Fresno State Programs for Children. Subsidized parent fees are determined by the Department of Education, Child Development Division.

Recertification of ongoing need and current student status are required each semester in order to continue to receive subsidized childcare.

You must notify the office manager or his/her designee of any change in your school status, class schedule, financial status, government assistance status, employment, address, phone number or other changes that may affect your child and attendance at the center. To the extent possible, you should inform the center of these changes in advance. Failure to provide such notification may jeopardize your child's status in the program. In the case of fee-based enrollment, changes in enrollment require one month's notice.

A tuition schedule for non-subsidized families is available from any PFC office. All payments are made to Programs for Children in the form of a check or money order .

All tuition fees are paid monthly and are due in advance by the tenth day of the month. . A penalty for late tuition may be imposed. If after one month, payment has not been made, the child may be refused admission to the program and further action taken to secure back payment from the parent. A handling fee is imposed for the processing of checks returned for insufficient funds.

Because program and licensing regulations require staffing based on the number of children enrolled, refunds are not provided due to illness, vacations, withdrawal, etc.

### **ARRIVALS & DEPARTURES / SIGNING IN & SIGNING OUT**

Your child is signed in and signed out each day on the classroom attendance sheet as a confirmation of the established attendance schedule and fees. You must sign your child in and out using your full signature with first and last name. The exact times each day that your child has attended the program should be noted. If there is any question regarding days and hours of attendance, attendance sheets and records can be checked. If a child is not properly signed in and signed out, they are counted as absent for that date. When your child is dropped off at school you and the child will be greeted by a teacher, a daily health check will be completed to ensure that the child is well enough to participate at school.

In order to ensure the safety of all children, a parent or authorized adult must turn off the vehicle engine upon stopping in the parking areas and accompany each child in and out of the center. In addition, we also expect our parents, caregivers and visitors to keep our children safe by adhering to the school's request to escort your child from the

parking lot to the classroom. We also request that no child under the age of 12 be left in a car alone.

Programs for Children staff will not allow any child to leave the center with anyone other than his or her parents or legal guardians unless authorized by the parent (with written permission, or in person). If there is any question about the person coming for the child, the staff will ask the person for photo identification. If permission has not been received and the name is not on the emergency card or in the file, the staff will not allow the child to leave. Noncustodial parents cannot legally be denied access to their children unless relevant court papers are on file with the Programs for Children's Centers. If the adult picking up the child appears to be under the influence of drugs, alcohol or appears unstable the child will not be released.

### **ABSENCES AND SERVICE LEAVES**

If your child is going to be absent, please call your child's classroom by 8:30 a.m. so that the meal count can be adjusted. On the day your child returns to the center, you must complete a written absence explanation on the sign-in sheet, regardless of the reason, in order for your child to be readmitted to the program. If you receive subsidized care, each absence explanation must state the exact reason for the absence. To simply write "sick" or "ill" is unacceptable and will be considered unexcused. Families who receive subsidy may be required to provide written verification from medical, legal or social service agency or divorce/separation agreement as additional documentation for absences.

Subsidized parents are limited as to the number of allowable absences. Absences are defined as follows:

- Unexcused absence: any absence not listed below:
- Excused absences include: illness of the child or parent, quarantine of the child, siblings or parent, family emergency or time spent with a parent or relative as ordered by a court.
- "Best Interest" Days include: time the child is out of town with family members; time during which the classes of the parent have been canceled; time parent has not been scheduled to work or has taken the day off. A maximum of ten (10) best interest days is allowed per fiscal year.

Subsidized childcare will be terminated if the child accumulates more than (3) unexcused absences during the year so that a family able to attend more regularly can receive the subsidy award.

A limited “Service Leave” is defined as any period of time between the last day of instruction in the fall semester to the first day of instruction in the spring semester (Winter Break) and the last day of instruction in the spring semester to the first day of instruction in the fall semester (Summer Vacation). If you wish to take a limited service leave, please notify the office in advance. A Service Leave without the loss of enrollment in the Huggins Center can be granted as long as all other conditions for enrollment are met as specified in the Admission Agreement.

## **HEALTH AND WELLNESS**

We believe in health and wellness in collaboration with parents as a way to manage illnesses. Adults and children are expected to wash their hands upon arrival. Your child will be taught to wash frequently throughout the day, including after toileting and before and after eating.

The teaching staff is required to greet and evaluate your child’s health with your assistance. Families may not leave their child without checking-in with a classroom supervisor. Topics such as nutrition, wellness, and organized active play are embedded in classroom curriculums.

Through hand washing and sanitizing practices, we use best practices as a way to prevent your child from becoming sick. It is common for children to share illnesses and diseases. This is especially true with infants and toddlers as they teeth/mouth toys and/or become exposed to new viruses. When illnesses arise, it is important to avoid attending the center to get well. We expect your child to be well enough to participate in our daily scheduled program, which includes both indoor and outdoor activities. If your child is too ill to play indoors or outdoors, they are not well enough to attend. Colds are common so children may attend if they have a clear, runny nose and appear healthy and active. Children may attend if they have a condition that is not contagious and/or their physician provides a statement they can attend child care.

Current contagious illnesses will be posted in designated parent communication areas. Handouts will be made available that outline the symptoms, mode of transmission, period of communicability and control measures. Please see Appendix IV for Illness policy Child exclusions and non-exclusions.

We will call you to pick up your child if staff recognize one or more of the following symptoms:

- Unusual tiredness or irritability
- Elevated temperature (101°F)

- Infected skin patches
- Severe coughing
- Diarrhea
- Breathing trouble
- Unusual spots or rash
- Bleeding/oozing sores which cannot be completely covered
- Sore throat or trouble swallowing
- Unusual spots or rash
- Vomiting
- Crying more than usual
- Headache
- Reddish, inflamed eyes
- Unusually dark, tea-colored urine

(Recommendations are taken from the Fresno County Health Department, Child Health and Disability Prevention Program.)

### **EMERGENCY INFORMATION**

In the event of an emergency, it is essential that the enrollment office ( Huggins Center) has on file:

- Current class schedule, with classroom numbers and phone numbers
- Current address
- Home, work, cell and pager telephone numbers
- Physician's name and telephone number
- Authorized people who may pick up your child

Please notify the office immediately of any changes so we can keep our information up-to-date and reliable. Enrollment officers will update your classroom teacher as updates are provided. It is your responsibility to keep the center informed at all times as to your whereabouts (course schedule, employment, etc.) so you can be located immediately. If someone other than those persons listed on the emergency card is picking up your child, please notify the center in advance by telephone or in writing with the name of the person. In order for the child to be released to any person not familiar to center staff, photo identification is required.

In the event of an emergency or if your child is injured or becomes ill during the day, you will be contacted first. If you cannot pick up your child within one hour of being called, you must make arrangements to have your child picked up within one hour. If you cannot be reached, adults listed on the emergency card will be contacted in the order in which they are listed. Ill or injured children cannot be accommodated at the Centers beyond one hour.

### **NOTICE OF ACTION**

A Notice of Action is a standard form given or mailed to parents within 30 days of the date the parent signed the initial application for services (enrollment) or when a change

in service level, family status, or fees occurred. The Notice of Action is mailed or delivered to the parent at least 14 days before the effective date of an adverse action.

### **TERMINATION OF SERVICES**

While two weeks notice is desirable, parents can terminate enrollment at any time. Every effort will be made to discuss with parents reasons for termination. (See "Fees" for refund policy).

Your child may be terminated from the Fresno State Programs for Children for the following reasons:

- Abusive behavior, sexual harassment or any kind of threats by parents toward staff or other parents.
- Extreme needs of a child that is not possible to accommodate in the program.
- Tuition fees are more than one month past due

*Subsidized* childcare for your child will be terminated for the following reasons:

- One or more of the criteria required to receive subsidy no longer applies to the family. These criteria include changes in eligibility status such as changes in income, family size, work status, student status, the family has used the time allowed to receive subsidy, or any other factor that determines eligibility.
- Falsification of any information on official documents including but not limited to the
- Application, income declaration, enrollment packet, sign-in and sign-out sheets and emergency card.
- Three violations of contracted hours.
- Your child accumulates more than (3) unexcused absences.

An unexcused absence is any absence NOT included below:

Excused absences include: illness of the child or parent, quarantine of the child, siblings or parent, family emergency or time spent with a parent or relative as ordered by a court.

"Best Interest" Days include: time when the child is out of town with family members; When the classes of the parent has been canceled; time parent has not been scheduled to work or has taken the day off. A maximum of ten (10) best interest days per fiscal year (July 1 – June 30) is allowed.

When subsidized families are terminated from the program, parents have the right to appeal this action. The process for appealing termination of services can be found on the back of the Notice of Action.

### **GRIEVANCES**

The grievance process for parents regarding any aspect of the program or performance of staff needs to proceed to resolution in the following order: consultation with the teacher or staff member involved followed by consultation with the Program Director or Associate Program Director. If no resolution is achieved, the matter is taken to the Executive Director of programs for children. Grievances to the Executive Director should be made in writing. The Executive Director makes the final decision on the best course of action to resolve the matter. This decision shall be made within 60 days of the complaint.

If parents have any concerns about their child in relation to the school as we have said above they should:

1. Initially contact the class teacher
2. If the concern remains they should contact Program Directors
3. If still unresolved, the school will include the Executive Director and Program Board Managers.

**\*\* NOTE:** This procedure DOES NOT apply to termination of subsidized childcare and development services. To appeal the termination of subsidized services parents MUST follow procedures outlined on the back of the Notice of Action.

### **UNIFORM COMPLAINT PROCEDURES**

It is the intent of Fresno State Programs for Children, Inc. to fully comply with all applicable state and federal laws and regulations. Individuals, agencies, organizations, students and interested third parties have the right to file a complaint regarding Fresno State Programs for Children's alleged violation of federal and/or state laws. This includes allegations of unlawful discrimination (Ed Code section 200 and 220 and Government Code section 11135) in any program or activity funded directly by the state or receiving federal or state financial assistance.

Complaints must be signed and filed in writing with the State Department of Education.

Child Development Division



Complaint Coordinator  
1430 N. Street, Suite 5408  
Sacramento, CA 95814

If the complaint is not satisfied with the final written decision of the California Department of Education, remedies may be available in federal or state court. The complaint should seek the advice of an attorney of his/her choosing in this event.

A complaint filing a written complaint alleging violations of prohibited discrimination may also pursue civil aw remedies, including, but not limited to, injunctions, restraining orders, or other remedied or orders.

Legal Reference: 5CCR, Chapter 5.1. Uniform Complaint Procedures

### **PROGRAM PRACTICES, CURRICULUM, VALUES AND BELIEFS**

Fresno State Programs for Children recognizes each child as an individual with potentials and abilities. Careful consideration is involved with providing a curriculum that is developmentally appropriate and appeals to multiple interests and potential for children of various ages and abilities. A warm, caring environment combined with a well-trained, creative staff stimulates children’s social, emotional, physical, cognitive and language and literacy development.

We believe that collaborative, participatory and caring relationships among parents, staff and children are essential to a successful early education and care program. Enhancing children’s relationships with each other and the adults in their lives is essential to ensuring the wellbeing of children as well as the community. To ensure that children have the best experience possible careful attention is given to the following concepts related to development, education and care.

#### Image of the Child and the Role of the School.

The program views the children as unlimited, active learners who construct their own understandings as they interact with children, parents, teachers, other adults, and the environment; further, the children are able to communicate their knowledge, beliefs and ideas in multiple ways. From this perspective of the image of the child, the role of school is to facilitate children’s active efforts to construct, organize and modify their understandings through providing a responsive environment that offers indoor and outdoor experiences, supports social interaction with children and adults, provides experiences to use technology, and provides opportunities to include formal academic

knowledge and skills necessary to express understanding, reflect, and build on prior knowledge.

### Relationships.

The importance of relationships and building a sense of a community as part of the educational process are central to our program. The program stresses participation, collegiality, communication and interaction among parents, children, staff, faculty and the community. In order to facilitate relationships the program continually examines different ways to encourage communication among children, families, and program staff.

Recognizing the essential role of the family in children's education, the program seeks to develop reciprocal relationships with parents and families. Building relationships with parents begins at the time of enrollment when teachers learn about family expectations, goals, culture, structure, race, religion, and other ways families identify themselves. All of the centers have an open-door policy, we invite parents to stop by their children's class to visit or observe at any time without prior notice. Parents interact frequently with teachers and are involved in curriculum development activities, volunteering, sharing interest and expertise, sharing two-way journals, sharing books or objects from home related to project studies, joining the class at mealtime, and contributing art materials and other donations, participating in assessment of their children and the program, discussion groups and special events. Parent groups plan monthly activities such as potlucks, speakers, discussions, etc. Discussion topics identified by parents and staff, may include nutrition, home activities, community resources, guidance and, health and safety.

Positive relationships are developed with students, the university, and the community as teachers and other program staff welcome visitors, provide information requested, and share ways the program may assist them. The centers also maintain resources for parents, students, and educators, all welcome to browse and check out materials. If you are interested in a topic or service that is not included in the resource area, which is located near the entrance of each center please check with a teacher or administrator for additional resources.

The program is designed for children to experience as few teachers and classroom moves as possible in the program. Each child is assigned to a primary caregiver in the infant/toddler program or teacher in the preschool program who is responsible for working with the child and a primary care group. Teachers are responsible for primary contact with children, providing appropriate learning activities supervision, caring,

wellbeing and protection. When children transition to a new class every attempt is made for them to move with a group from their current class.

Since conflict is an inevitable part of relationships, when conflicts arise individuals are encouraged to speak with the individual with whom they are in conflict and use a positive, constructive sharing of information and ideas to resolve the issue. Sometimes it is not possible for conflicts to be resolved between individuals most immediately involved in an issue. For these kinds of instances there are alternative ways of addressing and resolving problems or conflicts in ways that are respectful to all parties involved. Since building and maintaining relationships is such a cornerstone of the program individuals are encouraged to program staff if they have questions or concerns. Parents who are non-native English speakers should see an administrator if they need the help of a translator in order to negotiate difficulties with a teacher or staff member and every effort will be made to arrange such services.

### Community Relationships.

In order for early education programs to thrive they must develop and maintain strong community relationships that support individual families, advocate and provide resources for the program, and invite involvement as a community member in local, state and national organizations that support early education. PFC is a participant in both the campus community, as well as the larger valley community in these three areas. The program makes sure that all families, regardless of structure, race, religion, cultural background, gender, abilities, socioeconomic factors, or language have opportunities to become involved in the program and community as it relates to the program and the field of early education.

### Community Relationships to Support Individual Families.

Positive community relationships are necessary to support reciprocal parent partnerships, achieve mutual positive outcomes for children, and guide collaborative work. Program staff uses relationships with the community support families in several ways. Staff is knowledgeable about, and maintains associations, with family support services and specialized consultants in the community who provide culturally and linguistically appropriate services. They use this information to suggest and guide families to applicable services. Staff also works with other programs, agencies, family support services and consultants to support children's full participation in the program (including children with special needs and children who use challenging behavior) and to provide continuity among services for children and families. These collaborative effort results in a broad base of campus and community services that provides families and

program staff with a network of support and resources intended to meet family needs. A list of available resources and supports is available to families at the front desk. Family members are advised to ask a teacher, administrator or the front desk staff for the resources list if they would like to review it. Families are also encouraged to meet with the classroom teacher or administrator if they would like assistance in identifying resources based on their needs.

### Curriculum/Projects.

The curriculum encompasses the learning goals delineated by the California Department of Education – Child Development Division (CDE) in the ***Desired Results, Learning Foundations and Curriculum Frameworks system***. According to CDE, “A *desired result* is defined as a condition of well-being for children and families (e.g., children are personally and socially competent).” The desired results for children encompass the four developmental domains, i.e., cognitive, social-emotional, language, and physical development and include the indicators below:

- **Desired Result 1: Children are personally and socially competent.**
- **Desired Result 2: Children are effective learners.**
- **Desired Result 3: Children show physical and motor competence.**
- **Desired Result 4: Children are safe and healthy.**

Other sources for curriculum development include the *Program for Infant and Toddler Caregivers (PITC)* and *Developmentally Appropriate Practice* as recommended by NAEYC. The principles and practices related to relationship-based approach to curriculum also inform curriculum development. The curriculum sources noted above support teachers’ development of curriculum and implementation of learning opportunities that is consistent with the program’s goals and objectives.

### Curriculum Outcomes.

The curriculum occurs throughout the child’s day. It aims to maximize the potential of individuals to achieve academic excellence and have successful and fulfilling life by developing the following abilities:

- **Self-Regulation**  
The ability to recognize one’s needs and find ways to satisfy these needs.  
Desired Result 1, Indicator 1: Children show self-awareness and a positive self-concept.  
Desired Result 1, Indicator 3: Children demonstrate effective self-regulation of their behavior.
- **Communicative Competence**

The ability to communicate with others

Desired Result 1, Indicator 5: Children show growing abilities in communication and language.

Desired Result 2, Indicator 4, Children demonstrate emergent literacy skills.

- **Task Persistence**

The ability to persevere and overcome obstacles

Desired Result 1, Indicator 1: Children show self-awareness and a positive self-concept.

Desired Result 2, Indicator 1: Children are interested in learning new things.

- **Motivation for Learning**

The desire to want to learn

Desired Result 2, Indicator 1: Children are interested in learning new things.

- **Wanting to Go to School (Attendance)**

The desire to stay in school and attend regularly

Desired Result 2, Indicator 1: Children are interested in learning new things.

- **Intentionality (Focus)**

The ability to direct one's actions to achieve a goal

Desired Result 1, Indicator 1: Children show self-awareness and a positive self-concept.

Desired Result 2, Indicator 1: Children are interested in learning new things.

- **Multiple Literacies**

Different ways to express ideas

Desired Results 1, Indicator 5: Children show growing abilities in communication and language.

- **Interests**

The desire to pursue a wide range of studies.

Desired Results 2, Indicator 1: Children are interested in learning new things.

- **Questioning**

The ability to raise questions and seek answers.

Desired Result 2, Indicator 2: Children show cognitive competence and problem-solving skills through play and daily activities.

- **Problem-Solving**

The ability to use a variety of strategies to tackle problems

Desired Result 2, Indicator 2: Children show cognitive competence and problem-solving skills through play and daily activities.

Desired Result 2, Indicator 3: Children show interest in real life mathematical concepts.

- **Physical Well-being**

A commitment to wellness--engaging in active play, taking care of one's physical needs, eating nutritiously, practicing good hygiene and staying safe.

Desired Result 3, Indicator 1: Children demonstrate an increased proficiency in motor skills.

Desired Result 4, Indicator 1: Children show an emerging awareness and practice of safe and healthy behavior.

- **Creativity**

The ability to be creative

Desired Results 2, Indicator 2: Children show cognitive competence and problem-solving skills through play and daily activities.

- **Social Competence**

The ability to function as part of a social group and accept diversity.

Desired Result, Indicator 2: Children demonstrate effective social interpersonal skills.

Desired Result 1, Indicator 1: Children show self-awareness and a positive self-concept.

Desired Result 1, Indicator 4: Children show self-awareness, acceptance, understanding and appreciation of others special needs, genders, family structures, ethnicities, cultures and languages.

Curriculum, including the goals for the knowledge and skills to be acquired by children and the plans for projects and other daily learning experiences, encompass family beliefs, values, experiences and languages, as well as developmental needs that are

revealed through individual and group assessments. Curriculum is based on children's interest, reflects family cultural and linguistic backgrounds, offers meaningful and rich topics that are multi-faceted and support children as they gain a greater understanding of their world. Some of the investigations that the children and teachers may undertake include investigations of nature, light, color, homes, sound, weather, community, cultures, and careers. These curriculum studies allow children to develop their language, social skills, literacy, mathematical, scientific, creative and reasoning skills. In selecting projects, teachers observe children's interests, and consider the values, beliefs, experiences and languages of their families, and develop a project that would meet curriculum goals and align with assessment of children's progress.

Rather than "covering" the curriculum or a project teachers and children together "uncover" a project (Katz, & Chard, 2000). Projects develop the language, literacy, scientific, mathematical and social knowledge of all children. Small groups are the preferred instructional organization because they provide a social context that fosters meaningful dialogue, collaborative problem-solving and productive "conflict" among children. Group projects such as murals and other large-scale, collaborative endeavors like constructing a dinosaur are encouraged (Rankin, 1998). Parents and others in the community interact with the children and teachers both formally and informally and are involved in curriculum development activities, discussion groups and special events.

When University students work in the classroom they are invited to be active participants in curriculum development. They are encouraged to observe the room and become acquainted with children in the room or center, understand the children's developmental needs and interests, and base their subsequent work on what they have learned from children and teachers in the room and/or center.

#### Documentation.

Documentation is a visual account of learning. It consists of a formal, systematic, selective presentation that may include observational notes, photographs, audiotapes, video, and/or the actual products of children's work (Rinaldi, 1998). Documentation serves as an individual and collective "memory" of activities, a method for reflecting on learning that leads to new experiences, a way of sharing learning with others (Vecchi, 1998). Documentation displayed in the centers affords opportunities for communication, discussion, assessment, and curriculum development between parents, children, teachers and community members.

### Environment.

The classroom environment is viewed as crucial to the child's development and learning. The environment must be safe, healthy and encourage engagement and interactions that will promote all development. When observers, visitors or staff see a situation that may compromise children's well being, or about which they have a question they are encouraged to share with a staff member or administrator.

Included in each classroom are a variety of materials child initiated and open-ended materials that are available for children. Objects and artifacts from our families and Fresno's heritage are incorporated in the environment and learning materials. Attention is given to the display of materials and their availability to children. Thoughtfully chosen, natural materials are emphasized. All curriculum aids, books, music, etc. are carefully selected in order to ensure diversity but also to be free from race, culture, and gender bias. A variety of inclusive family lifestyles are included. Materials must also present positive, contemporary and accurate images. The classroom environments (indoors and outdoors) are designed to encourage children to work together but also provide spaces where they can be alone. All classrooms also include areas and furniture for parents and other adults to sit comfortably and visit with children.

### Children with Special Needs.

Special needs of children are addressed based on a philosophy that stresses "full inclusion" and the belief that all children can be successful learners. Each child has the right to the services and educational opportunities provided by the program. Thus the program, rather than the child, must adapt itself to these changing and diverse needs. Each site builds a partnership with the child's family and specialists and work together to develop a plan that is appropriate for the child and family.

For those children previously identified as having special needs, staff will work closely with parents and other professionals involved in serving the family so that the Individualized Educational Plan (IEP) for the child is fully implemented and the learning environment appropriately modified so that objectives are successfully attained. Instructional activities afforded by the program enhance cognitive, language and physical development of all children. Social dimensions including self-help skills, self-esteem and positive social interaction are emphasized.

For children in the program for whom a developmental delay or other disability is suspected, staff document children's development and challenges, communicate with families in a sensitive, supportive, and confidential manner, and provide recommended next steps and community resources should the family wish to seek further evaluation.



Program staff makes sure that families understand their legal right to make all decisions about their child's evaluation and possible services.

Assessment is ongoing and is part of the instructional program. Informal and formal methods are used including individualized educational and developmental plans (IEP), parent interview and survey (Ages and Stages Questionnaire), checklists, observation, anecdotal records and developmental profiles (Desired Results Developmental Profile - Revised (DRDP-R) and DRDP Access. Assessments used in the program align with the program's curriculum goals and objectives.

Fresno state Programs for Children centers meet requirements of the *Americans with Disabilities Act* and are fully accessible.

#### Relationships.

Programs for Children promotes positive relationships among children and the adults in the children's lives, i.e., teachers, parents and family members, the school, the campus, and the community. All children and adults are valued and supported as individual contributing members of the school community. Through program participation individuals build a positive sense of self worth and sense of belonging. Below are some ways that Programs for Children promotes relationships in the program.

#### Partnerships Between Families and School.

Ongoing respectful communication between families, program staff, and visitors to the program helps to build meaningful partnerships and provides positive experiences for program participants. Program staff provides opportunities for ongoing reciprocal communication with families. Teachers and families establish and maintain regular communication. Teachers learn about families through journals, informal conversations, assessments, written reports, or meetings. The partnership between teachers and families helps teachers gain information about each family's structure, including values, child rearing practices, culture, home language, race, religion, and individual child needs.

Teachers and other program staff share information about school routines, expectations, and rules in order to provide a positive learning environment. Gaining and sharing this and other relevant information will ensure a smooth transition between home and school. Administrative staff supports ongoing communication with families, staff and visitors through an open-door policy and scheduled meetings. On occasions where teacher and family practices and values differ, families and teachers work

together to make sure that children are able to participate at school and have successful experiences. Program staff works with families to find an adult to translate when language is a barrier to communication between families and staff.

#### Partnerships Between Teachers and Children.

Establishing positive relationships between children and teachers promotes emotional well being and builds the foundation for meaningful learning. The Programs for Children's Centers use several organizational strategies that promote secure relationships between children and their teachers. These strategies include maintaining the required adult-child ratio at all times and minimizing the number of transitions children experience during the day that are the result of either the child moving to a new classroom or a new teacher coming into the child's classroom, and allowing one classroom change or less per year allow the children and teachers to nurture positive relationships by promoting positive interactions between adults and children and among children.

In order to further support relationships between teachers and children, each teacher is assigned to a specific classroom or group of children for which she or her is responsible for creating and maintaining an environment that supports development and ensures the well-being of the children. Teachers create a positive emotional climate through respectful behaviors such as conversations, affection, shared laughter, and labeling and appropriate expression of feelings. Physical and emotional care and supervision of all children is consistent, predictable and rooted in self-regulation, safety and working with the group. Daily classroom routines and learning activities encourage the use of materials in a variety of ways; provide children with challenges and resources to answer their questions.

#### Partnerships Between School and Outside Consultants.

When a child or family has unique needs or challenges it may be helpful to ask a specialized consultant or agency to provide additional support to the child, family, or Program. Consultation with the parent/guardian and written consent is required before the Program will contact a consultant or agency. When outside consultants or agencies are included they must have professional qualifications and appropriate credentials and skills that will support the family. If the consultant works with the child or family at one of the PFC centers, a center administrator will arrange access to the center or classroom and work with the parent to make sure the child/family is available. If the services provided take place at another location, an administrator will provide necessary information to the parent/guardian so that he or she may contact the individual or

agency to make arrangements to meet. To the extent possible, Programs for Children will work with individuals or agencies that do not charge for services.

### Infants and Toddlers.

To support the unique needs of infants and toddlers, teachers are responsive to infants' and toddlers' individual nonverbal cues and provide immediate physical comfort and needed care. Teacher's interactions should be based on the child's temperament and level of arousal. Caregiving routines are used as an opportunity to build a one-to one relationship with each child. Social interactions with teachers should be ongoing and include verbal and nonverbal face-to-face communication. The program uses a continuity of care model in its infant/toddler program. In this model children are assigned to a primary caregiver/teacher who works closely with the children and the parents in their group. Each primary care group will be maintained (to the extent possible) for 9 months or until the group of children transition to the preschool program. Every effort is made to keep the children together in their new preschool classrooms.

### Fostering Friendships.

Friendships help children develop social competence and build a classroom community. Teacher and other staff members facilitate friendships through several practices that should be incorporated by all adults throughout the day. For all children, including infants/toddlers the following guidelines should be used:

- Encourage children to work together and learn from one another.
- Support children as they interact with one another as they enter, sustain, and enhance play.
- Facilitate positive interaction with all children, including those who may be timid, lacking social experience, bullied, or excluded.

### Conflict Resolution.

Conflict is part of any meaningful relationship, including children's relationships. Teachers use conflict to assist children as they develop social competence and a sense of self.

Teachers use the following practice throughout the day to support conflict resolution:

- Assist children in identifying feelings
- Describe problems and testing alternative solutions
- Guide children who bully, isolate or hurt other children
- Help all children understand and follow classroom and program rules

### Creating a Positive Environment.

Creating a positive environment for children in the program that is predictable, harmonious, and consistent facilitates positive relationships, enhances learning, and promotes prosocial behavior. Teachers facilitate a positive environment by being aware and anticipating potential behavior problems and sources of conflict by using the following practices:

- Treat all children, parents and other staff members with consideration and respect; remember adults are role models of appropriate social behavior.
- Encourage children to be an active participant in the classroom community developing rules, plans, and activities.
- Encourage children to talk about their and other's emotions
- Provide experience where you label and explore feelings and ways in which feelings can be expressed.
- Include activities and discussions that promote a positive sense of self and value differences.
- Intervene when children tease, reject, or exclude others.
- Be aware and avoid stereotypes in the classroom, instead provide models, images, and artifacts which counter stereotypical limitations related differing abilities, gender, family structure, race/ethnic background, or culture.

### Challenging Behaviors, Promoting Self-Regulation and Positive Guidance.

Addressing challenging behaviors is central to optimal development, and developing partnerships and relationships in the classroom. When addressing challenging behaviors our goal is to look beyond a child's surface behavior and attempt to understand the whole child and support the development of self regulation, temperament, stages of development, and to understand what the child is trying to communicate through behavior. When challenging behaviors are persistent and/or serious, program staff will work with parents and other professionals to observe the child's behavior and develop and implement an individual plan that supports the child's inclusion and success.

"Positive guidance" refers to the methods utilized to help children develop behaviors that facilitate individual growth, positively resolve conflicts and develop social competence leading to constructive relationships with other children and adults. Guidance and discipline, like other aspects of child rearing, need to be consistent with developmental stages and needs. For children who use challenging behavior positive behavioral supports are used.

The positive guidance philosophy of Programs for Children is based on the belief that children are self-regulating and desire positive relationships with others. This philosophy has major implications for the types of guidance methods utilized, the organization of the environment and the role of the teacher.

Early childhood educators universally recognize the importance of young children's social development as important not only to their acceptance by others, but as a key to later success in school. A growing body of research indicates that unless children achieve minimal social competence by the time they enter first grade, they are likely to be at risk throughout life for significant academic and social problems. According to Katz (1997) given the life-long consequences, relationships should be counted as the first of the four R's of education.

A variety of factors contribute to behavioral challenges including the environment, unrealistic or rigid expectations of adults, poor planning or structure, inappropriate materials or activities, etc. Parents should also be aware that transitions from one developmental stage to another might be marked by an increase in problematic behavior.

Understanding behavior is essential in planning effective responses. Multiple aspects of the situation--temperament style, child behavior, specific circumstances, other children, family, environment, early childhood educator response, etc.--need to be considered in designing prevention and intervention approaches to develop positive behavior and greater social competence

**Individuals employed by Fresno State Programs for Children or conducting business with Fresno State Programs for Children staff may never use physical punishment such as hitting, shaking or grabbing children, and do not engage in psychological abuse or coercion, threatening or withholding food, belittling or derogatory remarks as forms of discipline.**

Specific strategies for addressing challenging behaviors and for developing a behavior plans can be found in Appendix I.

### Curriculum.

Curriculum is what happens during the course of the child's day. Because young children are learning so much about themselves and the world at a rapid rate it occurs

throughout the day during routines and specific activities. Curriculum in early childhood education is broad-based and addresses all areas of development including the social-emotional, language development, cognitive, and physical domains. Content areas include early literacy, early mathematics, science, technology, creative expression and appreciation for the arts, social studies, and health and safety. Teachers take into consideration several sources when developing curriculum/learning experiences, including partnerships with parents, individual and group interests, knowledge of the community, learning foundations and individual and group assessment information provided by California Department of Education-Desired Results Developmental Profiles and early childhood program standards recognized by the National Association for the Education of Young Children. General principles used in curriculum development include:

- Teachers use a variety of strategies to facilitate curriculum that is responsive to the needs of the individual and the classroom community. Strategies that support a responsive curriculum include:
  - Development of a predictable yet flexible daily routine
  - Materials and equipment that can be used in a variety of ways and reflect the children's experiences, family structures, languages spoken and cultures
  - Opportunities for children to build on prior learning and experiences they have had at school, home or elsewhere
  - Teachers incorporate children's IFSP and IEP goals and objectives into curriculum planning, as well as other goals families have identified for their children via parent-teacher conferences and informal conversations.
  - Inviting a child, parents, or a group of children to contribute curriculum ideas
  - Teachers gain knowledge to develop curriculum through careful observation of the children, using information that emerges from assessments, and providing subsequent activities that are aligned with curriculum goals and objectives.
  - Through planning, reflection and collaboration teachers gain insight about children's process, research, and how to scaffold learning
  - Teachers invite family members to contribute materials, expertise, interests and relevant skills to the curriculum, especially with regard to the development of the study of a topic through inquiry-based project work (families are invited to share expertise as a guest speaker, help teachers connect with campus resources, share observations of children from home. donate or share related materials, etc...)

### Teaching/Working With Children.

Teacher's direct work with children is integral to development and education. Teaching is multi-faceted and includes areas such as developing an engaging environment, providing supervision, using routines in learning goals, developing a learning community, making learning meaningful to all children, creating an environment that responds to children's interests and needs, and using teaching strategies and approaches that promote skills and knowledge that are responsive to the individual needs of the children. Each of these areas is discussed in more detail below.

### Learning Environments.

Establishing and maintaining a safe, healthy and enriching learning environment requires ongoing collaboration and partnership between all teachers and program staff. Numerous sources are used when considering learning environments these include: individualized learning plans, including Individualized Education Plans (IEP's) for children with special rights who are over three years of age; Individual Family Service Plans (IFSPs) for children 0-3 years with special rights and their families; Desired Results Developmental Profiles-Revised (DRDP-R's), and Environment Rating Scales (Cryer, Harms & Riley, 2003, 2004). Based on these and other resources learning environments in our program:

- Ensure children's needs for personal health, a healthy environment, and safety at all times
- Include routines, transitions, activities, and classroom arrangements that minimize or prevent challenging behaviors
- Allow for space and materials to be organized and provide for exploration, research, discovery and conceptual learning in all content and development areas (language and literacy, math, science, expressive arts, social-emotional, and physical development)
- Include displays that are relevant to the children's current work and interests (e.g. three-dimensional creations, emergent writing, art, and documentation). Children's work is positioned at their eye level. The use of displays facilitates children's ability to reflect on their work, extend their experience and scaffold learning in the classroom.
- Promote collaboration between teachers and children in arranging the environment/materials in predictable ways.

### Learning Communities.

One of the goals of our program is to develop a learning community in which stakeholders, i.e., children, families, students, faculty from a variety of disciplines,

community members and program staff interact in order to share perspectives, tools, and information that support children and families, the program and early childhood education. Appropriate learning communities are developed by demonstrating respect for the cultures of the children and families, respecting individual differences, and inviting a variety of voices to be heard in matters that may impact families or the program.

### Supervision of Children.

Providing adequate supervision for children is a cornerstone of ensuring that children are safe at all times. Although supervision of children is the primary responsibility of program staff however, *all individuals who work at any of the PFC centers are responsible for making sure children are safe at all times.* It should also be noted that in addition to the strategies outlined below, adequate supervision of children is the result of knowledge of child development, understanding routines and expectations of the classroom and program, and providing a balance of developmentally appropriate active and quiet activities.

Teachers should be able to hear and see children (infants, toddlers, young twos and preschoolers) at all times and position themselves so that they can easily turn or rotate to maintain visual supervision of the space. To make sure that children are always supervised while in the classroom, teachers must make sure that all staff position themselves in the room, including the restrooms, so that all children are visually supervised at all times. Since adults place themselves relative to the children's interest, this will require ongoing monitoring and moving throughout the room. For example, if children and a teacher move from the block area to the reading area, teachers may need to move in order to make sure that the block area is still supervised. *It may be tempting, but do not congregate with other adults (parents or staff members) in the classroom.* If another adult wishes to speak with you at length a meeting time may be set when children are not present.

**While children are napping they must be visually supervised at all times. Infants younger than 12 months must be placed on their backs for sleeping, without the use.** For infants and toddlers, when children are placed in cribs staff must check the sides to make sure they are up, locked and secure. A staff member must be present in the nap room while children are sleeping at all times. In preschool rooms teachers must be sitting *in* the classroom with the children. Cots should be head-to-toe. If it is necessary to leave napping children, the teacher must make sure another staff member can take their place-even if it is only a short time.



**While outdoors, every area of the yard that children use must be visually supervised, a teacher must be present in that area at all times.** When staffing prohibits all areas in the yard from being supervised adequately, areas that cannot be supervised must be “closed”. For example in the late afternoon, when one teacher and eight children are outdoors, the children may use the climbing structure and the sand area (all other areas would be closed) so that the teacher can easily see and supervise all the children at one time.

When supervising kindergarteners and school age children, teachers need to keep them in sight most of the time. When children are out of sight, teachers need to frequently check on them.

#### Addressing Learning Goals and Routines Throughout the Day.

When working with young children addressing learning goals are not limited to a specific part of the day. Individual children and the group are supported to work towards meeting their identified learning goals throughout the day through participation in routine activities such as meals, diapering, and cleanup, as well as when children participate in planned activities such as art, block play, or group games. Learning goals are most likely achieved when they are included in a manner that is natural, logical, and meaningful to children. Including goals in this manner requires thoughtful preparation of the routine, environment, activities, and interactions.

An appropriate daily routine is a cornerstone of ensuring that learning goals are addressed throughout the day. Appropriate daily routines include several components. On a daily basis, routines include times for indoor and outdoor activities, and provide sufficient time for children to choose from a variety of materials and to reflect about their work. Routines are predictable in terms of children and adults knowing what to expect (first is breakfast, then group, then work time...), however within each activity period, time and flexibility are provided to support children’s interests, transitions, and interactions. Teachers also support children’s learning goals as they work together throughout the daily routine in a variety of activities such as set-up, participation in planned activities, cleaning up and maintaining the classroom.

Within the daily routine learning goals are addressed as teachers facilitate interactions with members of the classroom community. Teachers purposefully organize the day to allow time and space for individual, pairs, small groups, and whole group interactions. Children of multiple ages have the opportunities to work together. This practice allows children to work on short and long term projects and activities while learning from one another.

During all routine activities such as tooth brushing, meals, hand washing, and toileting, teachers facilitate children's self awareness, language, and social interactions. For infants and toddlers, diapering is a rich learning opportunity and a cooperative process. During this time the teachers talk with the child throughout the process narrating what they are doing, why they are doing it, asking the child questions, and discussing what will happen next. All children are encouraged to help themselves as much as they can. For example, by holding the diaper or opening the diaper tabs. This helps develop self-awareness. All meals and snacks are served family style. During all meals and snacks adults sit and eat with the children modeling and engaging them in meaningful conversation, as well as promoting social skills, self-help skills, and self-discovery.

Making Learning Meaningful by Understanding and Responding to Children's Interests and Needs Throughout the Day. Learning is most effective when it is related to children's interests, needs and experiences, in other words, when it has meaning in the lives of the children. Teachers use information from the family, the child, assessments, observations and knowledge of the child and learning to understand which activities, experiences and teaching strategies will result in the most interesting, meaningful and beneficial opportunities for children.

Collaboration with parents is a primary means for understanding how to provide meaningful experiences for children on a daily basis. Daily conversations, journals that are shared between home and school, infant/toddler daily records, parent meetings and discussion groups, and being receptive to parents' ideas and suggestions help teachers to understand children's experiences, interests and needs. Teachers also gain information by listening and talking with children, and through observing and documenting interest and ideas. These methods help teachers gain knowledge of children's social relationships, developmental skills, interests and ideas, which will be used to develop learning opportunities for the group or for individual children.

Specifically teachers make learning meaningful by:

- Scaffolding children's work
- Designing the environment, organizing materials, and modifying schedules and teaching strategies to meet the needs of the children in the group
- Being mindfully present with the children
- Including group and individual assessment information while planning experiences
- Using curriculum as a flexible framework for teaching
- Ensuring curriculum is developed to support learning experiences and routines

- Included play as the cornerstone for learning experiences
- Engaging in conversations with the children that promote reflecting on previous experiences and using an enriching vocabulary

Families are included in this process when:

- Teachers offer opportunities for families to participate in classroom experiences
- Teachers support, develop, and maintain the home language whenever possible
- Ensuring that when children are acquiring language, teachers support the child's experience by using tools such as pictures, familiar objects, gestures and body language
- Teachers work together with families who may have differing values and practices to establish a meaningful relationship and shared understanding.

In addition to the strategies described above, for infants and toddlers, teachers use responsive caregiving techniques, such as:

- Understanding each child's unique nonverbal cues
- Encouraging the child's immediate interest, and supporting and extending the experience
- By using simple language with the children, for example using narration to describe what the children are doing, discussing emotions, or their interests.

### Scaffolding the Children's Understanding: Including Skills and Knowledge Through Instruction.

In addition to making learning is relevant to children by making sure it responds to needs, interests and is meaningful, teachers support learning by including a broad range of strategies, responses, and approaches that encourage development and provide skills and knowledge necessary for deeper understanding of concepts and ideas.

In daily practice teachers use the following techniques to encourage understanding, skills, and knowledge:

- Identify components of an experience and divide it into realistic and do-able parts
- Teachers understanding key concepts related to a topic or developmental area and are able to provide related experiences that are meaningful to children; therefore providing an experience for the children rather than a random activity.
- Teachers promote the inclusion of skills necessary to increase children's understanding and engagement related to the groups' or individual child's area of interest.

- Curriculum projects, explorations, and learning centers expand and build on previous learning, interest, and engagement. Emerging skills are practiced and fostered within this process. Teachers use knowledge of children’s abilities to adjust their teaching techniques and scaffold learning as children gain competence.
- A balance of teacher and child initiated activities or interactions are used to support and challenge children’s learning.
- Teachers facilitate children’s entrance into and sustaining play
- Through being at the children’s eye level, observing, and engaging children in conversations, teachers extend children’s experience and deepen learning.
- Through their own knowledge of content, teachers extend learning by asking questions, posing problems, and facilitate the children’s expression of their ideas, which builds on the meaning of their experiences.
- Collaborative inquiry and reflection are used with individual children or small groups to extend leaning.
- For infants and toddlers, teachers gain information through observation and collaboration with families, and with consent, from other professionals. This information is used to prepare opportunities and the environment, which challenges infants’ and toddlers’ in all developmental domains.

### **ASSESSMENT AND EVALUATION**

Assessment and evaluation are essential activities for understanding children's progress, developing curriculum, maintaining program quality, obtaining feedback from parents, ensuring consistent high standards for performance of program staff, and monitoring compliance with the guidelines set by the State Department of Education and Community Care Licensing and accrediting organizations. Programs for Children has developed a three-part assessment plan: program assessment, child assessment, and employee evaluation. These assessments have multiple uses and serve both formative and summative purposes. They are used to assess what presently is occurring and are formative in that they are used to set priorities for ongoing program planning, curriculum development, and professional development planning. Annual teacher evaluations also serve a summative purpose, as they make it possible to determine whether professional developmental goals from the prior year have been met. Comprehensively these assessment tools are a key component in maintaining a high quality program.

#### Program Assessment Plan.

Programs for Children completes an annual program assessment that includes gathering evidence related to all areas of program functioning, including adherence to

program and regulatory policies and procedures, program quality, children's progress, and family and community satisfaction. Once completed, these assessments are used to develop goals for improvement and innovation in the program, such as professional development plans, quality improvement activities and strategies and actions that will improve efficiency and adherence to program operations and policies. Findings of the self-assessments are shared with families, staff and the PFC Board of Directors, and are used as a basis for continuing successful practices and for program improvement.

The instruments used to assess the program are: Desired Results Developmental Profiles, the Infant Toddler Environmental Rating Scale, the Early Childhood Environmental Rating Scale, Parent Survey and the State of California Contract Monitoring Review. Specifically, assessment results are used as a basis for informing parents of children's developmental progress, planning and implementing developmentally appropriate learning experiences for children, and self-evaluation of the program in order to make systematic changes in policies and procedures used in the classroom, center, and program.

Research demonstrates that a high-quality learning environment in ECE programs, have long-term benefits for children's school achievement and social adjustment. Therefore Fresno State Programs for Children centers and classroom environments are annually assessed using the *Environment Rating Scales*. Assessments of the learning environments are conducted in the fall semester. Based on assessment findings, action plans are formulated for improving the learning environment. Classroom teachers, administrators and parents who have been trained to use the Environmental Rating Scales are welcome to participate in the process.

Fresno State Programs for Children regularly solicits information from stakeholders as part of the ongoing assessment process. Parents are asked annually to complete the Desired Results for Children and Families - Parent Survey. This survey provides information about how the program is meeting the needs of the child and the family. The survey results are reviewed at the classroom, center, and program levels to identify trends and areas that may require modifications or improvements. As an additional part of the annual self-assessment, the program reviews its administrative practices. Documents related to admission and enrollment and program governance are reviewed to ensure compliance with the California Department of Education Funding Terms and Conditions and Community Care Licensing regulations. Parents, Board members, and program staff are encouraged to participate in program assessment through completion of surveys, participation in program governance or through daily interactions with program staff.

The NAEYC Accreditation self-study process is conducted annually, and every 5 years the centers undergo a comprehensive review and program visit to maintain accreditation. This comprehensive assessment of all aspects of the program is undertaken to ensure that Programs for Children meets the highest standards of quality as established by the ECE profession.

Family members are also asked to complete the Ages and Stages Questionnaire - Third Edition (ASQ-3) for developmental screening and the Ages and Stages Questionnaire: Social-Emotional (ASQ: SE) for social-emotional screening twice per year. This screening instrument is used to identify children's abilities as well as potential areas of concern. Based on the results teachers will inform family about whether ongoing monitoring of the child's development or further assessment is needed.

Information about all assessments conducted in the program is shared with parents. Information provided includes the purpose and use of each instrument, and how it will be used in the program; interpretation of results, and how those results will be included in future opportunities for children; how teachers or other program staff were trained to use instruments-including training procedures, interpretation of results, appropriate conditions for use of instruments; and how to find information about assessment instruments used in the program.

#### Child Assessment Plan.

Child assessments are integral to providing high quality education and care services. The purpose of using assessments is to gain information that may be used to support children's learning by:

- Identifying children's interests and needs
- Arranging for additional developmental screening and referral for diagnostic assessment when necessary
- Describing learning and developmental progress of each child
- Allowing staff to adapt and improve curriculum, teaching practices, the learning environment, and the program
- Encouraging children's curiosity
- Extend children's engagement and support self-initiative
- Communicating with families
- Planning for program improvement
- Design learning goals, guide curriculum and monitor progress of each child

Children are assessed throughout the day during typical daily activities including: play, inquiry and exploration; outdoor time; meeting time; meal time; and transitions. Given the nature of the assessments used there is no need to pull children aside or disrupt daily activities, rather through a process of close observation, documentation and note-taking teachers record information about children's knowledge and skills and use it to complete the assessments used.

Fresno State Programs for Children uses the Desired Results Developmental Profiles for ongoing assessment of all children enrolled in the program for ten or more hours per week. Additional methods such as checklists, or observations may also be used to gather information about their skills and knowledge in a particular area (eg. play skills) or in conjunction with a curriculum project. The Desired Results system of assessment adheres to the principles of authentic early childhood assessment in which teachers and parents gather information about all aspects of the child's life including individual growth and development, experiences, abilities and disabilities. In order for assessments to be meaningful and relevant they also include information about the child's family values, culture, language and priorities. Furthermore, when teachers communicate with families about their child's assessments it shared in a way that is sensitive to family language, identity, culture, and values. Information about children is gathered primarily through observing children in settings that are familiar to the child. For each child an assessment is conducted two times per year, usually once during the fall semester and once during the spring semester. The first assessment must occur within sixty days of enrollment. In addition to this formal assessment teachers share information about the child verbally and through documentation.

The DRDP provides a comprehensive assessment that looks at the whole child, assessing learning and development across multiple developmental domains. During the assessment process parents and teachers each contribute information about the child that provides a picture of the child's sensory, language, cognitive, gross motor, fine motor, social/emotional development, self-help skills, health and safety practices, and the child's approach to learning. Information contributed by parents, teachers, relevant specialists, Desired Results Developmental Profile and the ASQ is integrated and shared twice a year in written form at parent conferences. The conference includes individualized learning plans, goals, and any additional referrals to professionals that may be necessary are developed. A plan for ensuring follow-up on referrals is also included. Parents are also provided with information verbally about their child's progress on a regular basis.

At group and individual parent meetings, parents are informed about the purpose and use of the assessment, specific instruments used, access and interpretation of data, assessment methods, training and confidentiality. If parents feel that the assessments used are not appropriate for their child, teachers will work with parents to come to an agreement on methods that will meet their child's needs. Communication with families about assessment is sensitive to family values, culture, identity and home language.

As part of each child's initial assessment and parent conference, parents are provided with information about confidentiality and assessment. This should include the following information:

- Categories of individuals who will have access to assessment information about individual children, and the reasons they will need access.
- Information and regulations about family rights and access to files.
- Description of how individual children's records are kept confidential.
- Explanations of how an individual child's assessment information will be represented, used, and interpreted.
- The purpose for which the assessment is designed, and how it is used in the program.
- How results of assessments are determined, and how the results are used to develop learning opportunities for their child.
- How teachers were trained to use the assessment, interpret the results, and under what circumstances the child will be assessed.
- Where parents can find information about assessment instruments used.

#### Child Assessment Methods and Use of Information.

Information used to assess children, and included in each child's developmental profile is gathered through a variety of formal and informal methods including intake information gathered at the time of enrollment, two-way communication journals with parents, observations, child portfolios, anecdotal records, daily journals, and other types of documentation. These diverse methods promote sensitivity to family culture and home languages, children's abilities and disabilities, and allow for information to be collected in settings that are familiar and natural for the child. Information gathered is used to encourage parents and teachers to collaborate to improve curriculum, adapt teaching practice and the environment, and provide individualized learning experiences for each child in the program.

#### Using Assessment Information in the Classroom.

Using information gathered through assessments and ongoing conversations with children, teachers develop curriculum and providing experiences that address learning goals through developmentally appropriate experiences. During weekly classroom



meetings teachers discuss their own and parent observations of children's interests, needs, strengths as they related to learning goals. When appropriate, lab students, student teachers, or other qualified professionals may be involved in this process. This information, as well as assessment results are used to develop the weekly plan for the group and individual children and monitor children's progress.

Since assessment is an integral part of any program, teachers are provided with ongoing training and guidance about appropriate assessment methods for young children, training specific to the Desired Results Developmental Profiles, and its purposes and values of assessment in the program. Staff share and explain this information with others.

#### Employee Evaluation Procedures.

Fresno State Programs for Children, Inc. (PFC) is committed to providing high quality early education and care services. This commitment is reflected in ongoing assessments and evaluation procedures that support examination and reflection of individual performance, practices and beliefs as they relate to the program's vision, mission and goals, and professional criteria outlined by the National Association of Education for Young Children.

PFC addresses evaluations through a structure that includes observation and evaluation by supervisors, opportunities for discussion and feedback about job performance, support and suggestions for improvement, and opportunities to establish goals. The purpose of performance evaluations is to promote professional and personal growth, and ultimately program improvement.

Individuals who will participate in annual evaluations are:

- Teachers (associate teachers, teachers, master teachers)
- Administrative staff (including office and kitchen staff)
- Site Supervisors
- Students

Employee Evaluation Schedules and Procedures:

1. The evaluation period will be from April 1 – May 31, with evaluations administered no later than May 31. Specific evaluation procedures are outlined below.
2. **Teachers and Staff:** Employees will be evaluated through ongoing observation and feedback. Evaluations will be completed by the employees' immediate supervisor in consultation with a faculty administrator, with the program director responsible for final review. Once completed, evaluations will be administered to the employee. The original

evaluation will be signed by the employee, supervisor and administrator and then forwarded to Auxiliary Human Resources to be placed in the employee's personnel file. Additionally, a copy will be kept in the employee's on-site personnel file and one will be provided to employees.

3. **Site Supervisors:** Site supervisors will be evaluated through ongoing observation and feedback. The Program Director or Associate program director, with the program director responsible for final review, will complete evaluations. The original evaluation will be signed by the employee, supervisor and administrator and then forwarded to Auxiliary Human Resources to be placed in the employee's personnel file. Additionally, a copy will be kept in the employee's on-site personnel file and one will be provided to employees.

4. **Students:** the master teacher or supervisor will evaluate Students annually. However, the master teacher or supervisor may evaluate a student employee each semester. The evaluation will be administered to the student, kept in the onsite file and the student will be provided a copy.

As part of the evaluation process each of the full time teaching staff will complete a self-evaluation based on ongoing reflection and feedback. These employees will set professional development goals in collaboration with an administrator. The employee evaluations will be reviewed by administrators, after completion to determine individual and group priorities for ongoing professional development. All full time teaching staff are expected to have training in working with children with special needs, collaboration with families, familiarity with the project approach, assessment, diversity, and in working with the age of the children they teach. When there is a shared area of need for multiple members of the teaching staff it is often decided that a part day or full time workshop is needed. In other cases administrators may work with the teacher individually decide how to meet professional development goals by attending outside conferences and workshops. Additionally, teachers meet weekly to discuss curriculum and teaching. This is an opportunity for teachers to give each other feedback and reflect on their teaching together. Likewise teachers discuss feedback from families at these meetings as well as informally throughout the week.

## **HEALTH AND SAFETY**

In order for children to fully engaged and fully benefit from their school experience school and families must work together to make sure that the children are healthy and are in a healthy environment. Ensuring healthy environments requires working with parents on an ongoing basis on supporting children's health, diligence about the

physical maintenance of a safe and healthy environment (such as monthly evacuation drills, hand washing procedures), and carefully following health and safety practices and policies.

Supporting children's health begins at the time of enrollment. In partnership with parents a comprehensive report is developed that includes a routine health screening, immunizations, any special conditions, or chronic illness and make any necessary accommodations. If necessary, areas used by staff and children who have allergies or other health needs will be maintained according to the recommendations of health professionals. Health consultants are utilized to inform the program of possible health threats, and to observe and provide feedback regarding health practices and policies.

Our nutrition program for children is an extension of our philosophy regarding the nurturance of healthy individuals. We provide breakfast, morning snack, lunch and afternoon snack for the children in our programs.

The program receives funding for the Federal Child Care Food Program for the children's nutrition program. Thus the nutritional program meets federal standards. Meals served are: breakfast (8:00 AM), morning snack (10:00 AM), lunch (12 PM) and afternoon snack (3:00). Menus emphasize foods based on their nutritional value and the diversity of cultural and ethnic food choices. Raw and fresh foods are used extensively and the amount of ready-prepared, frozen items kept to a minimum. Salt, sugar and fat content are carefully watched. A variety of different ways of preparing foods, cooking foods and eating foods are introduced to the children. Menus are published on a weekly basis in the classrooms.

Meals are served family-style. Teachers and assistants sit with the children during meals and snacks and model healthy behavior and appropriate table manners. The children are encouraged to try new foods, but are never forced to do so. Food is never used as a punishment or a reward. Mealtimes are pleasant with friendly conversation. The atmosphere is relaxed and children are not rushed to finish before they are ready. If appropriate for age level, children assist in table setting and cleanup. To enhance the mealtime experience, real tableware is used. Preschool children use table plates and silverware and infant and toddler use plastic plate and silverware. Use of tableware also increases awareness of the importance of reusable items over paper and other non-recyclable materials as part of our efforts to conserve the environment and natural resources.

For infants and toddlers, staff carefully follow parent directions regarding breast milk, formula and solid foods. Infants are always to be held when given a bottle. Children are assisted in learning to feed themselves by being given finger foods. Messes are expected. Information regarding what a child has consumed is conveyed to parents directly or in writing.

In order to support healthy nutrition habits Fresno State Programs for Children participates in the United State Department of Agriculture (USDA), Child and Adult Care Food Program (CACFP). All centers act in accordance with CACFP rules and guidelines related to food safety preparation, serving and storage.

It is Fresno State Programs for Children's policy that food may not be brought from home except when a child has dietary needs that cannot be met by the program. If a child must have a special diet due to allergies or other health concerns the program must receive a note from the doctor indicating which food must be eliminated from a child's diet and which food should be used to substitute. With the parent's or legal guardian's consent, food restriction information is posted in the kitchen and in the center or classroom where the child attends. Also, the teacher needs to document the type and quantity of food the child consumes and provide this information to the child's family. This will ensure that the child receives appropriate nutrition that falls within CACFP guidelines. Food brought from home must:

- Be labeled with the child's name and the date
- If a cold food, must be refrigerated until it is served
- If necessary, the program will provide food to supplement food brought from home
- The temperature of hot food will be checked prior to setting it on the table for children. Food that is hotter than 110 degrees is kept out of children's reach at all times.
- **\*\*PLEASE NOTE: Any food brought from home for the group of children must be commercially purchased and packaged, or whole fruit. No home-baked goodies are permitted.**

The program also work in partnership with local organizations such as First Five Commission of Fresno, the Department of Dietetics, the University Farm Store and, Gardening and Horticulture to continually learn new ideas related to nutrition and heal that can be used in the program and shared with families. Guidelines and policies for ensuring appropriate nutrition and extensive. Below is a partial list of guidelines related to the nutrition program to be used in the program.

#### Infants and Toddlers/Twos:

- Infants that are unable to sit are held for bottle-feeding. All other children sit or are held to be fed.
- Infants and toddlers/twos are never to have a bottle in a crib or cot, and are NEVER to eat from a propped up bottle.
- Children may not carry cups or bottles while crawling or walking at any time.
- With the exception of breast milk, staff serve only infant food and formula that is purchased by the program or is brought to the center by parents in factory sealed containers or prepared according to manufacturer's instructions.
- Bottles may not contain solid foods (e.g. formula and rice cereal) unless the child's health care provider provides written documentation including the medical reason and instructions for this practice.
- Formula or breast milk that is prepared but not consumed or refrigerated after one hour is discarded.
- If necessary to warm formula or breast milk it is heated in water at no more than 120 degrees Fahrenheit for no longer than 5 minutes (see additional information regarding breast milk below).
- Milk or formula is never to be warmed in a microwave oven.
- Unless recommended by the child's health care provider and approved by the child's family, solid foods and fruit juice is not offered to infants younger than six months.
- Sweetened beverages are avoided.
- Only formula is provided for children younger than twelve months of age, and whole milk is used for children between 12 and 24 months. Children over 24 months are served 1% milk.

#### For all Children:

- Prior to all meals and snacks, children wash their hands with soap.
- In order to reduce the potential for choking children in the program are not served hot dogs, whole grapes, nuts, popcorn, raw peas, hard pretzels, spoonfuls of peanut or other nut butters or similar types of sticky foods, or food in pieces that cannot be swallowed whole.
- Food should be cut into pieces no more than ¼ inch, for toddler pieces of food should be in pieces no more than ½ inch and match the child's ability to chew and swallow food safely.
- Weekly menus are to be posted and copies available for parents at each center. Copies of menus must also be available for review by CACFP or CCL officials.

- Meals and snacks are served at regularly established times that are no less than two hours apart, but no more than 3 hours apart (and on demand for infants and toddlers).
- Parents, the child's health provider, and teachers will work together to determine when to introduce new foods, transition from a bottle to a cup, and to make sure that food provided by the program meets the child's nutritional needs and developmental stage. This information will be documented on the daily record, or at a parent conference.
- For children over one year teachers will include cleaning gums and tooth brushing after one meal.
- Staff is required to discard food with expired dates.
- All meals are served family style.

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

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

#### Procedures For Using Breast Milk In The Centers

- Programs for Children encourages the use of breast milk in its centers. Breast milk use in the centers must meet the following criteria.
- Milks must be provided in ready-to – feed containers labeled with the infant's name and date and storing it in the refrigerator for no longer than 48 hours (or no more than 24 hours if the breast milk was previously frozen) or in a freezer at 0 degrees Fahrenheit or below for no longer than 3 months.
- When preparing milk for feeding staff should gently mix, not shake, the milk.
- Infants should be held while drinking a bottle.

## Hand Washing.

Hand washing is required in order to keep children and adults healthy, and must be included throughout the child's and adult's day. To support the regular practice of hand washing all adults working in the centers or visiting the program, and children who are developmentally able are taught proper hand washing procedures and monitored on a regular basis. When necessary, adults help children wash their hands. Children and adults wash their hands when they:

- Arrive for the day
- After diapering or using the toilet
- After handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, touching any mucous, blood or vomit)
- Before meals or snacks, preparing or serving food, or after handling raw food that requires cooking (e.g., eggs, meat poultry)
- After playing in water that is shared by two or more people
- After handling pets or other animals or any materials such as dirt, sand, or surfaces that might be contaminated by contact with animals
- When moving from one group to another that involves contact with toddlers and twos

Adults also wash their hands:

- Before and after feeding a child
- Before and after administering medication
- After assisting with toileting
- After handling garbage or cleaning

Children and adults use the following proper hand-washing procedures:

- Using liquid hand soap and running water
- Rubbing hands vigorously for at least 20 seconds including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, and turning off the faucet by using a paper towel to turn off the water

Staff adheres to the following additional requirements related to hand washing and sanitation:

- Except when handling blood or body fluids that might contain blood (when wearing gloves is required), wearing gloves is optional, but not a substitute for hand washing in any situation described above.
- Staff does not use hand-washing sinks for bathing children or removing smeared fecal material.
- When running soap and running water is not available (e.g. on walks), cleaning hands with an alcohol-based hand sanitizer with 60%-95% alcohol is an

alternative to traditional hand washing for children over 24 months and adults when visible soiling is not present.

The following precautions are taken to ensure that water play does not spread infectious disease:

- No child drinks from the water table or container used for water play
- Children with sore on their hands are not permitted to participate in communal water play
- Fresh potable water is used and water is drained and changed before a new group of children participate in the water play activity; or
- Fresh potable water flows freely through the water play table and out through a drain in the table
- Fresno State Programs for Children facilities and water will meet or exceed federal, state, and local guidelines for facility contents and maintenance.

Maintaining children's health and safety indoors and outdoors requires active participation from all adults in the program as well as providing children with information about health and safety, and opportunities to use safe and healthy practices during the day. Several operating policies ensure that the children are in a safe and healthy environment:

- Required adult-child ratios must be maintained at all times throughout the day. The maintenance of required ratios ensures appropriate supervision and safety (and meaningful interactions between children and adults, and among children).
- All full time staff in the program is trained in pediatric first-aid and CPR. Training must include managing a blocked airway and rescue breathing for infants and children. A full time trained staff member is to be with each group of children at all times.
- Each classroom and office has an emergency and disaster plan that includes the identification of the hospital or other medical facility to be used in an emergency, and arrangements for emergency transportation.
- Daily Health checks are completed as children arrive at school. If it is determined that children are not well enough to fully participate in daily activities the child will be excluded from school for the day.
- All appropriate staff has immediate access to written medical consent forms, health insurance information and individual emergency care plans for children with known medical or developmental special conditions.
- To minimize exposure to communicable illness the program has policies for exclusion of ill children, contacting parents when children are ill, and informing



and following procedures outlined by the local county health department, Community Care Licensing and the Center for Disease Control .

- When children become ill at school they are moved to an isolated area that includes a cot, a nearby restroom and will be supervised until a family member is able to pick up the child.
- When an outbreak of a communicable illness occurs information is provided to families through posting of fact sheets and verbally that includes symptoms of the disease, how the disease is spread from person to person, period of communicability, and control measures that are used at school and should be used at home.
- A healthy and safe environment is also maintained through ongoing regular cleaning and sanitation of toys and equipment, reporting of potential health and safety hazards, and through teachers' attention and adherence to personal health practices. The specific practices that are necessary for maintaining a safe and healthy environment are extensive and are required to be followed at all times. The Cleaning and Sanitation Frequency Table (NAEYC) and Code of Safe Practices for the classrooms, offices and food preparation provide specific tasks and procedures to be used in Programs for Children centers. These documents can be found in the appendix of this document and are provided to employees when they are hired. For quick reference they are posted in each classroom.
- The centers strive to minimize the use of chemicals used to clean and sanitize. Ventilation and routine cleaning are used rather than room deodorizers, sprays and air fresheners in the centers.
- To minimize the possibility of spreading infectious disease the following procedures are used:
  - Surface that may come in contact with body fluids are disposable or made of material that can be sanitized.
  - Staff uses barriers and techniques that minimize the possibility of contact with body fluids, openings in the skin, or mucous membranes (e.g. gloves, tissue, diaper squares).
  - When spills occur they are immediately cleaned with detergent then rinsed with clean water.
  - After cleaning surfaces they are sanitized with a bleach water solution described in the Cleaning and Sanitation Frequency Table posted in each classroom.
  - Rugs and carpets are cleaned by spot cleaning, blotting with a disinfecting detergent, as well as by steam cleaning or shampooing.
  - Diapers and other contaminated materials are placed in a plastic bag that is tied, and then placed in a closed container.

- Any toy that a child has placed in his or her mouth or that has been contaminated by body secretion or excretion is either washed by hand using water and detergent, then rinsed, sanitized, and air dried or washed and dried in mechanical dishwasher before it is used by another child.
  - Staff clean and sanitize toilet seats, toilet handles, toilet bowls, bathroom doorknobs, handles, and latches, and bathroom floors daily, or if visibly soiled. We do not accept or use potty chairs.
  - Before walking on surfaces that
  - infants use specifically for play, adults and children remove their shoes or cover them with clean foot coverings. If children or adults are barefoot, their feet are visibly clean.
- Maintaining health requires that children be provided with periods of outdoor play. All children in the program are provided with daily opportunities for playing outdoors. When qualified officials determine that weather or air quality present health risks, or unsafe conditions, the children will be provided with alternative indoor activities.
  - To protect children from outdoor elements and hazards teachers take the following precautions. Teachers are careful to ensure the children are dressed appropriately for the weather, including layering clothing in order to stay warm, and wearing light clothing in the summer months. During the summer months children have opportunities to play in the shade at all times when outdoors. When in the sun, children must wear sun-protective clothing, and/or use sunscreen with UVA and UVB of SPF 15 or higher. When public health officials recommend that insect repellent should be used they must contain DEET, and should be applied only to children who are two months or older, and only once a day. Parents must complete the Authorization to Administer Medication form prior to applying sunscreen or insect repellent.

Although the children in the program enjoy animals in their classrooms, and they provide numerous educational experiences, precautions must be taken to make sure that the children are protected from potential injuries and illnesses that can result from having animals in the environment. Teacher must carefully supervise interactions between children and animals, and teach the children about appropriate handling of animals, and if a child has allergies to an animal make sure that he or she is not exposed to the animal. When animals are in the classrooms they must appear to be in

good health and have documentation stating that they are immunized if appropriate, and are not a danger to children. Reptiles are not kept as classroom pets.

## **EMERGENCY PROCEDURES**

### **Prevention is the key—never leave a child unsupervised!**

All teachers and regular instructional aides are certified in CPR and First Aid Procedures. In case of emergency, notify a teacher or instructional aide. Do not try to handle a situation if you are not properly trained!

In the event of an emergency or if a child is injured or becomes ill during the day, notify the teacher or administrator immediately. The parent is then contacted first. If the parent cannot pick up the child within one hour of being called, the parent must make arrangements to have the child picked up within one hour. If the parent cannot be reached, other persons on the emergency card will be contacted in order in which they are listed.

Fire drills are conducted monthly. The emphasis is on helping children evacuate the building calmly and safely. Only assist the number of children you can safely and comfortably handle. Exit routes for each program are posted on the rear door of each classroom.

## **HEALTHY ENVIRONMENTS**

- There are clear guidelines on children's exclusion from the program when ill. If a parent indicates a concern about the child's health, direct them to a teacher immediately.
- Hand washing is the number one prevention of the spread of illness for yourself as well as for the children.
- Kleenex, washcloths, bibs, utensils etc. are used for only one child. Placing soiled tissues, clothing or toys in their proper place can decrease the spread of illness.
- If you have concerns about any child's health please notify the classroom teacher.

Child safety is a serious matter and is given high priority by center staff. Any accident, whether a bump, scrape, or fall that a child has while in the Center is recorded on an

accident form. Please report even the smallest accident to your supervising teacher and s/he will help fill out an accident form for the child. Minor scrapes and bruises are treated with soap, water and a bandage in the classroom. Children with more serious injuries are brought to the office for necessary first aid and observation. Parents are notified as soon as possible regardless of all injuries. If medical intervention is required, emergency procedures as specified on the emergency card are followed and campus police notified for any assistance if needed.

If you are injured at work, please notify the teacher and/or supervisor immediately.

**Center Phone Numbers**

Rm #25	Office	278-0225
Rm # 24	AM Preschool/ School Age	278-0056
Rm # 26	Infants	278-0297
Rm # 38	Toddlers	278-0369
Rm # 40	Preschool I	278-0371
Rm # 50	Preschool II	278-0374
Rm # 52	Preschool III	278-0375
Campus Children’s Center, Infant/Toddler Program Office		278-2652
Infant Room		278-7706
Toddler Room		278-4204
Campus Children’s Center, Preschool		278-2004

**MEDICATION**

To make sure that medication is administered to children properly, and appropriate procedures related to health are followed, the following policies are to be used. If a physician has ordered a special medical management procedure for a child in care, an adult trained in the procedure must be on-site whenever the child is present. Any teacher or administrator or teacher who administers medication (a) has specific training, (b) an annual written performance evaluation by a qualified health professional on the six required steps of medication administration:

1. Verification that the right child
2. Receives the right medication
3. In the right dose
4. At the right time
5. The correct route

6. The right method with documentation of each time the medication is administered.

If it is requested that teachers or administrators provide special medical procedures for a child in the program the procedures must be approved by Community Care Licensing, the program director, and teachers must be trained by a health professional that they competent in the procedures and are guided in writing about how to perform the procedure.

The following steps are to be followed in order to make sure that medication is administered properly.

- Only prescription medication is to be used in the program. Parents may request that their child's doctor prescribe over the counter medication.
- Medication may be given to children ONLY if the Authorization to Administer Medication form is completed and signed by the parent or guardian.
- Any medication received from the parent or guardian must be in the original container and include:
  - The child's first and last names
  - The date that the prescription was filled, or was recommended by the licensed health provider
  - The name of the licensed health care provider
  - The expiration date or period of use for the medication
  - Manufacturer's instructions, or original prescription label that details the name of the medication, the strength, and instructions for administration and storage of the medication
- All medications are kept in locked containers

### **DIAPERING AND ASSISTING CHILDREN IN THE RESTROOM**

The following policies and procedures are to be used with children who are not potty-trained.

1. Only commercially available disposable diapers and pull-ups are used for children who are not potty-trained.
2. Based on the daily record, diapers and training pants are checked a minimum of every two hours when children are awake, and when they awaken from nap. Each time a diaper or training pants is changed it is documented in the child's daily record.
3. Diapers and training pants are always changed when wet or soiled.

4. While changing a child on an elevated surface, teachers are to keep one hand on the child at all times.
5. Diapers, training pants and soiled underwear are changed only in the designated changing area in each classroom.
6. Changing areas are located at least 3 ft. from other areas that children use and are only used for one designated group of children.
7. Staff is required to follow diaper-changing procedures posted in the changing area of the classroom. Changing procedures are used to evaluate teachers who change diapers.
8. Surfaces used for changing diapers or soiled clothing is NEVER used for other purposes. EVEN IF IT IS FOR JUST A FEW MINUTES.
9. Containers used for disposing of soiled diapers and diapering materials have a lid that opens and closes tightly, using a hands-free device.
10. Containers are kept closed and not accessible to children.
11. Kitchen Assistants/ food preparers do not change diapers until their food preparation duties are completed for the day.

In addition to the general health and safety information included above, the following procedures are to be used with infants and toddlers.

#### **INFANT AND TODDLER NAPS**

- In order to reduce the risk of Sudden Infant Death Syndrome (SIDS), unless otherwise ordered by a physician, infants less than 12 months may *only* be placed on their backs to nap on a firm mattress that meets the standards of the U.S. Consumer Product Safety Commission.
- Items such as pillows, puffy quilts, stuffed and other toys and materials are not placed in the crib with children who are younger than eight months.
- If blankets are used the child should be placed at the foot of the crib, the blanket should be tucked under the mattress, and reach no higher than the child's chest.
- Infant's heads should never be covered at anytime while napping.  
Please see Appendix II for safe sleep regulations

## **SUSPECTED CHILD ABUSE REPORTING**

### Fresno State Programs for Children Child Abuse and Neglect Reporting Policies

All program staff are mandated reporters and are required to report all suspected incidents of child abuse, neglect, or both by families, staff, volunteers or others to Child Protective Services. When staff report suspicions of child abuse or neglect at work they are immune from termination, retaliation, or other disciplinary actions for that reason alone, unless it is proven to be malicious. Although it is not required to share this with a supervisor all staff are able to share their suspicions with a supervisor.

## **TEACHERS/PROFESSIONAL DEVELOPMENT**

Working effectively with children and families, and ensuring high quality early education and care occurs when program staff are committed to continuing to learn about new and innovative ways to support children and families, working across disciplines for their own professional development and to support program participants, and when they continually examine their goals, practices and beliefs as they relate to the services provided by the program. Fresno State Programs for Children strives to support professional development of staff by providing them with information, support in obtaining required certification, building and maintaining skills, and continuing professional growth. The goals of including these types of support are to strengthen individual growth, attract and retain qualified program staff to continually examine ways of improving program quality, and to model professional growth for programs and individuals. Staff development opportunities include providing planning time, training and resources that include the importance of team building, building community partnerships, and working closely with families. See job descriptions for specific duties.

Fresno State Programs for Children's professional development plan is comprehensive and integrated into several areas of employment. Some information is shared during orientation to the program. Additional information is provided in program meetings, through mentoring, coaching and through other professional development opportunities. Topics for professional development are identified through staff evaluations, individual professional development goals, and through information gathered through the program evaluation process. Topics incorporated into the professional development include program policies and procedures, ethical considerations and issues, building positive collaborative relationships with colleagues, families and the community, and curriculum and teaching. The professional development plan is written and shared with staff.

All employees of the program must be at least eighteen years old and have completed high school or equivalency. All teaching and administrative staff are required to possess a current Child Development Permit issued by the California Commission on Teacher Credentialing. As part of the process of obtaining and maintaining the permit, and the annual evaluation process, individuals will work with a program administrator to develop an individualized professional growth plan that will include educational and professional goals and suggested resources, events or other types of training that will help the teacher attain their goals. Teachers and administrators are encouraged to share goals with a supervisor, professional growth advisor, and other colleagues for feedback and suggestions. When staff shares professional development goals with a supervisor he or she may provide information, ideas, resources, training and referrals that may assist in meeting professional and educational goals. Any plan developed should coordinate with the Child Development Permit Matrix and any applicable requirements of the California Department of Education, Community Care Licensing, or NAEYC.

Although student employees are not required to hold a valid teacher permit, for most positions they are required to possess child development or early childhood education units. If students have questions related to working with children they should speak with their academic advisor. They may also wish to speak with a teacher or administrator about their experiences related to working with children, families, leadership, and the community.

Once hired and prior to working with children, new employees will participate in an initial orientation where they receive an introduction to the program and receive and review the Employee Handbook and Policy and Procedures Manual. These documents are extensive and intended to provide employees with initial information about the program and also serve as ongoing resources and training tools to support work with children, families and students. All documents related to employment are confidential and stored in a secure location.

**Topics discussed in the Employee Handbook include:**

Nature of Employment

Employee Requirements

Code of Safe Practices

Compliance with Cal OSHA requirements

Employment Categories and Classifications

Payroll and Time-keeping

Employee Benefits

Employee Assistance Information



Leaves of Absence  
Work Conditions and Employee Conduct  
Student Employee Information  
Miscellaneous Information

**Topics included in Program Policies and Procedures Include:**

Program philosophy, values and goals  
Expectations for ethical conduct  
Working with diverse families in the program  
Health, safety and emergency procedures  
Individual needs of children they will be teaching and caring for  
Accepted guidance and classroom management techniques  
Daily activities and routines of the program  
Program curriculum  
Assessment of children and program  
Child abuse and neglect reporting procedures  
Program policies and procedures  
NAEYC Early Childhood Program Standards  
Local, state and NAEYC regulatory requirements

Information required to work with young children is extensive. In addition to discussing these topics during orientation newly hired staff will have a mentor (more experienced staff member) with whom they can discuss these or other items. Orientation will include an overview of the program philosophy, guidelines for interacting with children, and an introduction to the importance of working respectfully and effectively with diverse families and children. One month after being hired a supervisor will meet with new staff members to check on progress and see if there are any additional questions or information that is necessary, provide follow-up training, and determine whether the new employee is physically capable and has the ability to work effectively with children and other adults in the program. If at any time program staff have questions or concerns they are encouraged to discuss them with a supervisor.

In addition to developing a professional development plan based on required Child Development Permits, all employees participate in continual self-growth through reflection and feedback. This process will take place through an annual formal evaluation with supervisors, and in less formal settings such as in meetings, or conversations with colleagues. The goals of these kinds of evaluations are self-evaluations and development of personal goals, as well as ongoing reflection and feedback. Information gathered from these sources informs teachers' practice, adds to

the knowledge base, and offers opportunities for continuing the cycle of reflection and growth. The Board of Directors will evaluate the administrator.

Programs for Children strives to continually improve the quality of the services it provides to children and families and to participate in the growth and professional recognition of the field of early care and education. In order to achieve these goals Programs for Children works towards all staff obtaining degrees in higher education in child development or early childhood education, and when possible, include unit-bearing coursework. The program also maintains California Department of Education and Community Care Licensing staffing regulations at all times.

Staff is provided space away from the children and time away from the children. Each center includes a break room for staff. For every 4-hour period worked, staff is provided with a 15-minute break. A 30 or 60 minutes lunch break is provided at the beginning of the fifth hour worked. In addition to schedule breaks, staff may request temporary relief when they are unable to perform their duties.

Students, substitutes, or volunteers who will be completing assignments or placements in the centers do not work alone with children and are required to work under the direct supervision of qualified staff. Before working in the classrooms individuals who will have temporarily assignments will receive information about their assigned centers or classroom including, but is not limited to:

- Health, safety and emergency procedures
- Accepted guidance and classroom management techniques
- Child abuse and neglect reporting procedures
- Regulatory requirements

In the event that a staff member is accused of child abuse a report will be submitted by the program director to Community Care Licensing, the Auxiliary Human Resources Department, Auxiliary staff counsel and the executive director. As appropriate the staff member and program will be advised on in what capacity and where the staff member will work so that the rights of the child and staff member are protected.

### **FAMILIES AND THE COMMUNITY**

Fresno State Programs for Children serves a unique and diverse population comprised of children of students, faculty, staff, and community members. Families enrolled in the program reflect the diversity of our community.

Relationships are the core of our programs. It is our goal to establish intentional practices that foster strong reciprocal relationships with families. Program staff begin develop this partnership as they learn about individual children a families at the time of enrollment through meetings with office staff, administrators, teachers, and through visiting the centers. This is a continual process that takes place as program staff and families formally (enrollment and parent conference information) and informally (daily conversations and school social events) share information about regarding family dynamics, including child rearing practices, goals for children, socioeconomic, linguistic, racial, religious, and cultural backgrounds. Staff also seeks to learn about each child's interests, strengths and needs through these ongoing communications with families and they incorporate family members goals and concerns into their planning. This information is used to adapt the program environment, curriculum and teaching methods to the families served. Staff also work with families by participating in campus and community cultural events and performances designed for children and their families.

Partnerships are also developed with families by providing leadership opportunities within the program. At the program level, parents may serve on the Programs for Children Board of Directors participating and participate in developing policy and providing oversight of the program. Parents may also provide leadership at the center level by joining the Programs for Children or Parent Advisory Council. Through their participation in parent breakfasts, curriculum nights, and other classroom-based and center-wide events families are encouraged to meet one another and work with other parents to support the program, and mentor, and learn from one another. Families are invited to communicate their schedules of availability to teachers via written letters requesting this information and through informal conversation so that teachers can plan events that fit with family schedules. Events are held at varied times of day and varied days of the week in order to increase the likelihood that all families can attend some events. Parents are also encouraged to develop relationships with program staff by visiting the center at anytime and participating in daily routines and special events in their child's classroom. Advanced notice of a visit to the classroom is not required.

Staff works to develop relationships with other local early childhood programs and elementary schools in order to provide resources to the families of preschool children as they prepare for the transition to kindergarten. Such resources are made accessible to families as they become available.

Request for community services may emerge from the California Department of Education, Desired Results Annual Parent Survey; the Family Needs Assessment

completed at the time of enrollment, shared through informal communication, or on occasion, emerges from other sources. When the request for information arises families are provided with a list of community resources that may be of assistance. When requested, and ***with written consent from the family***, staff will assist parents by facilitating connections with community programs and resources. In addition, a list of community resources is also located in a parent resources area of each center and is available for parents at all times.

When a family or parent requests community resources from a staff member it should be reported to a supervisor. The supervisor will collaborate with the staff member to make sure that the parent is provided with the information requested, including a consent form, and any assistance that may be necessary.

When information or resources is presented it should be provided a way that is useful and meaningful to the family. For example, any literature provided should be culturally and linguistically appropriate for the family; encourage coordination and continuity of services, and support the family's or child's ability to fully participate in the process.

***Please note—this section of the handbook does not refer to incidents that require reporting to a social services agency. Please see the Employee Handbook for guidelines to use in these instances.***

#### Community Resources and Program Enhancement.

Programs for Children uses community resources to enhance children's, families' and program staff's learning experiences. Staff makes connections with campus and community groups that are interested in working with the program. Staff also provides information about community events that may be of interest to families. Participation with community groups facilitates curriculum and the children's learning experience. For example, the music department, art department, or science department may be invited to visit the centers. Families and the centers are also encouraged to attend and participate in events on and off campus such as community performances, art shows, museums, and cultural events. If individuals know of events that may be of interest at the centers, please feel free to share information about the event with center or program administrators so that it can be shared with parents and teachers.

#### Community Participation and Advocacy.

Programs for Children encourages membership and participation in organizations and events, including community or statewide interagency councils and service organizations, that promote the well being of children and families. As a part of this

effort, the program also supports participation in collaborative or joint training opportunities with other early childhood programs and community agencies.

Parents and staff are encouraged to attend Programs for Children Board meetings, share perspectives and participate in program improvement activities, community improvement projects and advocacy efforts. Programs for Children provides opportunities for parents, teachers, administrators and other staff to collaborate and participate in activities related to Fresno State and the community. Opportunities may include serving on governing boards, working with community organizations presenting or attending workshops at the local, state and national level, participating in development of early childhood programs and resources, and participation in research studies. Please see a supervisor if you would like more information about how you may become involved in some of these activities.

Through building and maintaining relationships with the community partners and neighbors, program leaders inform others about the program, seek perspectives and involvement as appropriate, and cooperate on common interests, needs and projects. Community involvement also allows program leaders to gain knowledge about how local, state and national policies affects services and resources for families and staff.

### **PHYSICAL ENVIRONMENT**

The physical environment is a reflection of the program's mission, goals, and values. It aims to ensure ongoing safety and health for children and adults. Program staff chooses supplies, materials, equipment and furnishings that support the program goals, curriculum, and that encourage desired outcomes for children. The environment should be welcoming to children and adults, accessible, and engaging. The environment also mirrors the program's beliefs about development and learning, relationships, parent partnerships, and health and safety. In essence, the environment is "a third teacher" (Gandini, 2012) the parent and teacher, respectively, being the first and second. Since the environment plays such an important role in the child's experiences it necessary to continually reflect is meeting the needs of its participants.

All Programs for Children centers continually assess, and if necessary, modify the environment through formal and informal means. On a daily basis environments are checked to make sure they are, safe, sanitary, free of hazards and provide appropriate opportunities and experiences for the day's work. The physical environment is continually assessed to make sure it is clean, sanitary, and free of hazards. Activities and experiences are assessed to make sure there is a balance of child directed and

adult directed activities, opportunities for children to work alone and in groups, sufficient indoor and outdoor activities, and sufficient open-ended activities.

Annually, as part of the California Department of Education Desired Results self assessment, all centers evaluate the environment through completion of the Environment Rating Scale (Harms, 2005), and the National Association for the Education of Young Children self study. Both of these instruments allow staff to assess the physical environment and provide modifications of necessary.

Criteria for ensuring safe and health environments are important and extensive. Below are some basic practices that all employees and programs visitors should follow.

- Children should be supervised by sight and sound at all times.
- Walkers are not permitted in the program.
- Never leave children alone, even for a few seconds.
- Immediately report any unsafe conditions to a supervisor.
- Make sure coverings are secure and will not cause children or adults to trip.
- Immediately report to a supervisor any maintenance needs or hazards including risks that may lead to electrical shock, tripping, slipping, falling, or burns.
- Remove any broken or unsafe toys or equipment and immediately report it to a supervisor.
- Identify and remove all choking hazards
- When using strollers or buggies make sure children are restrained in accordance with manufacturers instructions.
- Follow cleaning and sanitation procedures outlined in the Cleaning and Sanitation Frequency Table (see appendix) and Code of Safe Practices.
- Make sure you are familiar with center emergency and evacuation procedures.
- Make sure all exits are free of debris, cots, toys and other items.

- Make sure fully equipped first aid kits are immediately accessible indoors, outdoors and for field trips, including walks away from the center.
- The indoor and outdoor spaces should be free from rodents, harmful insects, pests, animals and plants. If pesticides or herbicides are used they are applied according to manufacturer's instructions when nobody is present at the facility and in a manner that prevents skin contact, inhalation and other exposure to children. Pesticides and herbicides are applied only after Plant Operations has been consulted.
- When the centers have work done that may result in dangerous fumes or vapors the children and adults will attend another center until the area is free of danger or health hazard.
- On "Spare the Air" Days outdoor play should occur in the morning or as directed by health officials. Each center has a flag that indicates daily air quality.
- All areas near the centers are smoke free. If you notice anyone smoking near the children or playground please notify a supervisor.
- Except for law enforcement, firearms are prohibited at the centers.
- All center have monthly practice fire/evacuation drills. As a part of each drill smoke detectors and carbon monoxide detectors should also be tested. Drills and checking detectors will be documented on the Fire Drill Log.
- Refer to the Code of Safe Practices as an additional means for monitoring the environment and ensuring children's safety.

### **LEADERSHIP AND MANAGEMENT**

In order for programs to be of high quality and effective they require administrators that are competent, knowledgeable and able to develop and implement systems that result in positive outcomes for children, families, staff, Fresno State, and the larger community. Administrators are responsible for:

- Developing and maintaining an organizational climate that fosters trust, inclusion and collaboration through individual and group gatherings and meetings that occur among and between teachers and administrators.

- Mentoring others through sharing expertise, understanding individual needs, and supporting professional and professional growth.
- Continuing their own growth by making a commitment to increasing competence and professional growth.
- Continually working to build and maintain positive relationships with staff.
- Being fiscally accountable through sound long and short term fiscal planning and management, and by establishing priorities based on the program mission.
- Managing the program in order to ensure that program operations are carried out in accordance with appropriate regulations and the program mission.
- Evaluating the program, centers and individuals for continued improvement and accountability.
- Upholding safe and healthy environments and practices.
- Collaborating with individuals in the program, on campus and in the community to carry out the program mission.
- Advocate for the program and it's families by creating awareness of its needs on the Fresno State campus and in the larger community.

Fresno State Programs has administrators at each of the centers and for the program. All program staff is encouraged to understand the program organization and contribute to its operations. If you have questions about the program please feel free speak with an administrator if there are questions or would like to make suggestions.



## APPENDIX I

### Guidelines for Supporting Children and Managing Behavior

Teaching staff promotes prosocial behavior by interacting in a respectful manner with all staff and children. Teachers:

- a. Model turn-taking, sharing and caring behaviors.
- b. Help children negotiate their interactions with one another.
- c. Engage children in the care of the classroom and materials.
- d. Ensure that each child has an opportunity to contribute to the group.
- e. Encourage children to listen to one another.
- f. Encourage and help children to provide comfort when others are sad or distressed.
- g. Use verbal description to describe ongoing interactions and to identify pro-social behaviors.
- h. Teach the child social, communication, and emotional regulation skills using environmental modifications, adult or peer support, and other teaching strategies to support the child's appropriate behavior.

### Guide to Positive Discipline and Setting Limits

Each child has the right 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. The Early Education Center does not allow any physical or emotional punishment. Our emphasis is on redirection and helping children develop positive methods of problem solving.

Put yourself in the child's place. What is the root of this behavior? Consider the difference between "Don't touch that!" and "It's hard to wait; I know you're curious and it looks nice, but..." The second approach states the same limit, but it shows the child some understanding. Hurried caregivers sometimes see only a child's surface behavior, not the whole child.

**Expect children to test limits**, that's how they learn. The more the environment sets clear limits, the easier your job will be. Behavior problems often develop when children are either over stimulated, bored or restless. Sometimes it helps to look at the environment when behavioral problems occur.

Children will test you. Recognize when children are “pushing your buttons”. Realize it is not a personal issue. Ask a teacher for help when you feel a particular child is pushing your button”.

**When you focus on negative behavior**, it has a negative effect. Recognize positive behavior and focus your energy on encouraging these types of behaviors.

**Express limits in positive terms.** “Be gentle. Touch the baby like this.” vs. “Don’t pinch the baby.” Remember, running is for outside.” vs. “Don’t run in the classrooms.”

**If there isn’t a choice don’t offer one**, or make a demand sound like a question. “Let’s clean up now, OK?” or “Don’t you want to take a nap?” are surefire set-up for the answer, ‘No!’ Then you’re stuck!

**Notice your tone of voice.** Yelling at children is a kind of violence, often as destructive and painful as physical violence.

**Point out the difference between the child and the action:** “I like you but I don’t like it when you throw sand.” vs. you are a “bad boy” or “nice kids don’t hit.” Recognize children’s accomplishments by acknowledging their achievements (i.e. “You put the whole puzzle together.”)

**Separate feelings from behavior.** Children need permission to express feelings such as anger, sadness, and depression; although they can’t hit another child when they are angry, the feeling of anger is OK.

**Give children space** if they are too angry or upset to listen. Stay until the child calms down, lead the child by the hand out of the situation, and help them reengage in an activity once they are ready.

**Follow through** on your words with action. A hand on a toddler’s shoulder to prevent climbing onto a table will do more than a verbal command.

**Recall moments** when you felt loved, safe, and accepted from your own childhood. Do you remember being held, nurtured, talked to lovingly? These impulses deep in your heart can be trusted; let them be your guide.

[Resources for Social Guidance and Challenging Behaviors](#)

## A.Social Guidance Policy

We believe that it is important for children to learn the difference between acceptable and unacceptable behavior. Our emphasis is on children being sensitive to feelings and learning appropriate expression of these feelings. We help children develop this sensitivity by teaching them with words and actions to express their feelings. As role models for children, teachers never use corporal punishment. Intimidation, embarrassment, teasing, or provoking comparison of children. Teachers observe children who have challenging behavior. They identify events, activities, interactions, and other contextual factors that influence challenging behavior and may contribute to the child's actions in order to determine the function of the behavior. Rather than focus solely on reducing the challenging behavior.

There are several possible explanations for inappropriate behavior in the classroom including developmental experience, individual differences or temperament, the environment, or unmet needs. Regardless of any circumstances, teachers will never use physical punishment, physiological punishment nor coercion pursuing a child to do something with treats, rough handling or force. When restraint is necessary to protect the child or other children from harm. Teachers must request another adult as witness the safe removal of the child from the situation.

When a child's ongoing challenging behavior must be addressed, teachers will approach the situation expediently, logically, objectively and using a plan of action. Staff should follow the steps outlined below:

- To ensure the safety of all of the children, including the child exhibiting the behavior, use the positive guidance techniques outlined above and address the situation immediately.
- Bring your concerns and written observations to your classroom supervisor. Observations should be developed using the functional assessment Antecedents, Behavior, Consequence (ABC) chart and Johnston's (2018) Framework for Understanding Behavior.
- Together with families and other professionals, an individualized plan that includes the child, family and school will be developed to address the behavior.
- The individualized plan needs to include positive behavior support strategies, such as removing materials, modifying the classroom environment that triggers challenging behavior, creating a predictable daily schedule, or providing cues and prompts about upcoming activities, etc.
- An approved plan, timeline and follow-up meetings will be established by the parent, teaching staff, and administrator.

- While implementing the plan teachers should consult with parents and their immediate supervisor to evaluate progress.

#### B. Disenrollment Policy Due to Behavior

The purpose of this policy is to limit or eliminate the use of suspension, expulsion and other exclusionary measures because of challenging behavior. Meeting the requirements described in California Assembly Bill (AB) 752, EC Section 8239.1, when a child is demonstrating persistent and serious challenging behavior, PFC administrators are required to take the following reasonable steps before a decision to exclude is considered (Management Bulletin, 2018, p.2-3):

- Consult with the child's parents or legal guardians and teacher to maintain the child's safe participation in the program .
- Ensure the staff is following Guidelines for Supporting Children and Managing Behavior Section A - Social Guidance Policy.
- Provide other available resources to staff regarding challenging behaviors.
- Inform the parents or legal guardians of a child exhibiting persistent and serious challenging behaviors of the process that the program will use to assist the child in order to safely continue to participate in the program.
- If the child has an IEP or IFSP, and with the parent or guardian's written consent, consult with the local educational agency (LEA) or the local regional center on how to serve the child.
- If the child does not have an IEP or IFSP, consider (1) completing a universal screening including social and emotional development, (b) referring the parent or guardian to local community resources, and (c) implementing behavior supports, before referring the child to the LEA to request an assessment to determine the child's eligibility for special education support and services, including a behavior intervention plan.
- If after following and documenting the reasonable steps referred to above to foster the child's safe participation, and concerns about safe participation remain, consult with the child's parents or legal guardians, the child's teacher, and if applicable, the LEA providing special education services to the child.
- If all possible interventions have been exhausted and the child's continued enrollment would present a continued serious safety threat to the child or other enrolled children, for the best interest of the child, refer the parents or legal guardians to other potentially appropriate placements such as Resource and Referral agencies and programs, or other local referral services available in their community.

Once the reasonable steps outlined above have been completed, PFC may then disenroll the child, subject to the due process requirements and procedures identified in 5 CCR sections 18119–18112.

## APPENDIX II

### Safe Sleep Regulation Concepts

#### Sleep Surface:

- Mattresses must be firm and include a tight-fitted sheet.
- Cribs or infant sleep equipment will be free from all loose articles and objects (e.g. soft items such as blankets, pillows, quilts, comforters, sheepskins, soft toys).

#### Pacifiers:

- All pacifiers must not have anything attached to them.

#### Individual Sleeping Plan:

- Each infant, age 12 months or younger, will have an infant sleeping plan on file, which will cover the infant's sleeping habits, usual environments, and the infants rolling abilities.

##### The Plan will include the following:

- Usual Sleeping Times
- Equipment the infant sleeps in
- Length of time that is usual for them to sleep
- Pacifier use
- Infant's ability to roll over and back on their own
- Medical Exemption documentation

#### Safe Sleep Guidelines:

- Infants must not be swaddled while in care.
- Infants head must not be covered while sleeping.
- If an infant falls asleep before being placed in a crib or play yard, program staff must move the infant to a crib or play yard as soon as possible.
- Infants 12 months or younger must be placed on their backs to sleep.
- The requirements set forth in the above may not apply if there is a medical exception included in the infant's Individual Infant Sleeping Plan.
  - Medical exemptions must be signed by a licensed physician or their designee.
  - The medical exemption must be included in the child's file.
- Infants must have an Individual Infant Sleeping Plan completed and signed by an authorized representative. The plan should indicate that the infant is able to roll from their back to their tummy as well as from their tummy to their back. However, they must be placed on their back when first laid down to sleep; in the event the infant changes position they may remain in the position that suits them if the plan is completed appropriately.
- If the infant is able to roll back and forth for the first time in care the provider may then fill out the appropriate section of the Individual Infant Sleeping Plan, notify the authorized representative and have them sign the form when they pick up the child.

## Supervision

- A staff person must be in the designated sleeping area, visually observing and able to hear the infants at all times
  - A transparent wall or half wall does not take the place of a staff person being in the designated sleeping area with constant visual supervision
- While infants are sleeping, the caregiver will check for labored breathing, signs of overheating, flushed skin, increase in body temperature, and restlessness.

## APPENDIX III

### Teaching Staff – Content Knowledge and Professional Development Plans

In addition to having the required number of child development units for the position held and corresponding child development permit, all full time teaching staff are expected to have specialized college-level coursework and/or professional development training in the following areas:

- Diversity – methods for working with children and families of diverse races, cultures, and languages.
- Curriculum – general early childhood education curriculum knowledge as well as preparation in enacting the project approach.
- Age-group - specific training in either working with infants/toddlers or working with preschoolers.
- Assessment – general knowledge in the principles of early childhood assessment methods and ideally training in using the ASQ, DRDP, and ITERS/ECERS specifically.
- Children with Special Needs – preparation in working with children with special needs (family-centered practice; atypical development and common health problems; IDEA and other applicable laws; children’s and families’ rights under these laws; roles and responsibilities related to IEPs and IFSPs; strategies for supporting inclusion; strategies for modifying curriculum; scheduled, materials; and instruction to meet individual needs; the referral and assessment process; and, community supports and resources.
- Supervision – adult supervision, mentoring and leadership development (required only for staff who supervise others).

It is expected that not all staff will have college coursework or training in all areas above at the time they are hired. Therefore, each staff member is expected to prioritize including these topics in their Professional Growth Plan and to seek out sessions on these topics at conferences, as needed, and to seek out professional development opportunities in each of the above areas. To support the staff in gaining the above content knowledge administrators will also periodically review staff files and Professional Growth Plans and plan on-site professional development trainings to address areas of need.

All full time teaching staff are also encouraged to seek out opportunities to strengthen their leadership skills and act as advocates for young children and families. This may mean: developing relationships with individuals or groups working to improve

the conditions of children and families; becoming members of National Association for the Education of Young Children (NAEYC); attending AEYC events at the local, state or national level; or participating in other advocacy or lobbying events organized around improving the conditions of children and families.



## APPENDIX IV

### Illness Policy -Exclusion and Non-Exclusion

The staff assesses the health of your child daily upon arrival and throughout the day. Your child is admitted to the program and may remain at school if no symptoms of illness are present. Symptoms include, but are not limited to:

- Behavior that prevents the child from participating comfortably in typical daily activities.
- Illness or condition that requires greater care than the teachers can provide without compromising education and care for the other children in the group.
- Any of the following conditions listed below, unless a health care professional determines that the child's condition does not require exclusion:
- Child appears to be severely ill. Including lethargy/lack of responsiveness, irritability, persistent crying, difficulty breathing or a progressive rash.
  
- Diarrhea (loose, watery, mucous-filled stools). For children in diapers, stool does not stay in the diapers or for older children the diarrhea causes "accidents". Children will be excluded when frequency of stool exceeds two or more stools more than are normal for that child or when the stool contains more than a drop of blood or mucus. **Infants** may return to school when the stool is contained in the diaper. Older children may return to school when they are no longer having toileting accidents.
  
- Vomiting - 2 or more times in the previous 24 hours, unless the vomiting is determined to be caused by a non-communicable illness. Child must be free from symptoms for a period of 24 hours before returning to school.
  
- Fever-Axillary (under the arm) temperature of 100 degrees or higher (regardless of whether acetaminophen or ibuprofen was given) accompanied by behavior changes and other signs and symptoms such as sore throat, rash, vomiting and diarrhea. Temperature must be normal for 24 hours before returning to school.
- 
- Rash with fever or behavioral changes.
  
- Oral lesions if child is unable to contain drool or is unable to participate in daily activities because of other symptoms.
  
- Skin lesions that are weeping or draining and cannot be covered by a waterproof dressing.

Due to the risk of contagion and supervision concerns, an ill child should not be brought to school under any circumstances. If your child has any of the illnesses or symptoms listed above, your child must stay home. In the event of illness, your child's physician should see your child or be contacted for medical advice. A doctor's note may be required if there are questions regarding symptoms, special care required for the child's health condition, or confirmation of the absence of a contagion.

A child who becomes ill while at school will be isolated and the guardian or parent will be called to pick up the child from school. Due to health and safety considerations, an ill child can only be accommodated for a brief period of time. The child must be picked up within one hour of the call. It is the family's responsibility to arrange for care when a child is ill.

**The following conditions or symptoms do NOT require exclusion:**

- Common colds, runny noses (regardless of color or consistency of nasal discharge)
- A cough not associated with an infectious disease (i.e., pertussis/whooping cough) or a fever (temperature of 100°F axillary).
- Watery yellow or white discharge or crusting eye discharge without fever, eye pain, or eyelid redness.
- Yellow or white eye drainage that is not associated with pink or red conjunctiva (i.e., whites of the eyes).
- Pinkeye (bacterial conjunctivitis) indicated by pink or red conjunctiva with white or yellow eye mucus drainage and matted eyelids after sleep. Parents/guardians or children and staff members with conjunctivitis should seek and follow the advice about this condition provided by a primary care professional.
- Fever without any signs or symptoms of illness in children who are older than 4 months regardless of whether acetaminophen or ibuprofen was given. Temperature above 100°F. If a child is behaving normally but has a body temperature above the thresholds indicated, the child should be monitored but does not need to be excluded for fever alone. Infants younger than 4 months with fever should be evaluated by a medical professional.
- Rash without fever and behavioral changes.
- Molluscum contagiosum (do not require exclusion or covering of lesions).
- Thrush (ie, white spots or patches in the mouth or on the cheeks or gums).
- Fifth disease (slapped cheek disease, parvovirus B19) once the rash has appeared.

- Methicillin-resistant Staphylococcus aureus (MRSA) without an infection or illness that would otherwise require exclusion. Known MRSA carriers or colonized individuals should not be excluded.
- Cytomegalovirus infection.
- Chronic hepatitis B infection.
- HIV infection.
- Children with chronic infectious conditions that can be accommodated in the program according to the legal requirement of federal law in the Americans with Disabilities Act. The act requires that child care programs make reasonable accommodations for children with disabilities and/or chronic illnesses, considering each child individually.

In cases where it is unclear if a child should be excluded, a center or program administrator will have final decision authority about inclusion/exclusion. The decision is informed by what the family and the child's teachers/caregivers share about the child's condition, current staffing situation, current references, and findings of the daily health check procedure if the child is brought to the facility ill or injured or becomes ill or injured while in attendance.

The following conditions require exclusion from our program for the following period:

**CHICKEN POX**- Until all lesions are crusted.

**CONJUNCTIVITIS**(Pink Eye) -Until 24 hours after treatment started by physician or medical documentation.

**HAND FOOT AND MOUTH**- Until fever is gone and child is well enough to participate in daily activities (sores or rash are in the healing stage)

**GIARDIA**- Medical release required. Children having diarrhea should not return until it has completely dissipated.

**FEVER** -Elevated fevers of 101°F or more require exclusion from child care and the child can return to care when the fever has dissipated without the use of fever reducing medications.

**HEAD LICE**-Pediculicide treatment required and nits (eggs) must be removed.

**IMPETIGO** -Until 24 hours after starting antibiotic therapy or medical release to care.

**MEASLES**-Medical release required and a report is made to the Sacramento Public Health Department.

**MENINGITIS** -Medical release required and a report is made to the Sacramento Public Health Department.

**MUMPS**- Medical release required.

**PERTUSSIS**(Whooping Cough) Medical release required and a report is made to the Fresno County Public Health Department.

**PIN WORMS**-Until 24 hours after treatment started by a physician. **RINGWORM** Until 24 hours after topical treatment started by a physician. **SCABIES** Until 24 hours after treatment started and/or medical release.

**STREPTOCOCCAL**- (Scarlet Fever, Strep Throat) Until 24 hours after antibiotic treatment and/or medical release.

**SALMONELLA & SHIGELLA**-Diarrhea and body fluids cannot contaminate the environment or adults therefore children cannot attend care until it is completely resolved.

**GASTROENTERITIS, VIRAL GASTROENTERITIS**(stomach flu) -Some conditions such as Salmonella will be reported to the Public Health Department.

As required by State law, the County Department of Social Services – Child Protective Services or State Department of Social Services – Community Care Licensing has the authority to observe the physical condition of your child, including conditions which could indicate abuse, neglect, or inappropriate placement. If deemed necessary, these agencies have the authority to interview your child or your child’s teacher privately and to inspect and audit your child’s or the program’s records without your prior consent.

Resources: Managing Infectious Disease in Child Care and Schools, 3<sup>rd</sup>Edition (2013).  
American Academy of Pediatrics