

Parent Handbook Contents

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INTRODUCTION

The Child Development Center (CDC) is an Ohio licensed program for young children that is part of the School of Family and Consumer Sciences, Bowling Green State University. It is operated under the direction of the Director of the School of Family and Consumer Sciences and a faculty liaison from Human Development and Family Studies. The center is in operation Monday thru Friday 8:30 – 4:00 during the academic year. Summer hours are 8:30-12:30 Monday thru Thursday.

The Child Development Center is licensed by the Ohio Department of Job and Family Services. The license is posted in the center and the laws and rules are available at the center or online*. The center's licensing record, including compliance report forms and evaluation forms from the health, building and fire departments, are available upon request from the Ohio Department of Job and Family Services. The toll free number for the Department of Job and Family Services is 1-866-886-3537 (choose option 4). You can also use 1-419-245-2830, which is a toll call but goes directly to Toledo. Any person can use these numbers to report a suspected violation by the center.

Capacity and Ratios

The licensed capacity in each age category of the CDC is:

Infants 0 toddlers 2 preschool 24 school-age 6

The staff: child ratio in the CDC is typically 1:6 with the participation of university practicum students. However, at all times, the CDC observes the following minimum staff/child ratios and group sizes maintained for each age group:

	<i>License Regulations</i>		<i>Typical in CDC</i>	
	<i>Staff/Child Ratios</i>	<i>Group Sizes</i>	<i>Staff/Child Ratios</i>	<i>Group Sizes</i>
3 year olds	1:12	16-24	1:6	18-20
4 year olds	1:14	16-24	1:6	18-20
5 year olds	1:14	16-24	1:6	18-20

*<http://emanuals.odjfs.state.oh.us/emanuals>

Mission Statement:

The Child Development Center strives to provide a premier preschool program for young children and their families as well as a positive practicum experience for pre-service early childhood teachers.

Outcomes for College Students and Faculty

The major purposes of the Child Development Center are to provide for University students and faculty:

1. A demonstration program for young children with integrated educational experiences based on child development and early education theories and on the children's individual needs and interests.
2. Opportunities to learn about typical growth and development and the behavior of preschool children through both observation and participation with the children and families.
3. Opportunities to gain experience in planning and implementing activities with young children.
4. Opportunities to conduct research and special projects with young children and their families.

Outcomes for Children/Families

The broad goals for the children's program are:

1. To develop in each child a sense of self and the concept of being a worthy individual.
2. To provide for each child a personalized environment in a caring supportive atmosphere that favors development of emotional health.
3. To help each child achieve competence in interpersonal relations.
4. To develop in each child an active curiosity about the world and an enthusiasm for learning based on personal satisfaction and involvement.
5. To provide each child with a range of opportunities to develop basic learning skills and to acquire new information.
6. To provide each child with opportunities to be expressive and creative through the use of language, physical activity, play materials and through the media of art and music.

The broad goals for families are:

1. To develop a mutually cooperative and supportive relationship between school and each family.

2. To increase knowledge of their child's development and typical preschool development.
3. To acquaint families with developmentally appropriate activities, assessments and environments.
4. To familiarize families with available community resources.
5. To become conversant with health, nutrition and safety issues.
6. To allow families to share their own cultures as well as learn about other cultures.
7. To become advocates for children and families.

Philosophy

The Child Development Center program is based on an open classroom approach with space organized into learning centers (see pages 20-21). There is a regular daily schedule with a variety of activities planned and available at different times during each session. Within this framework, children generally select their own tasks to pursue, either individually or in small groups. The expectation is that each child will be actively and productively engaged in a variety of experiences which will further his/her development socially, intellectually, emotionally and physically.

Children are viewed as active organizers of experience rather than passive recipients of instruction. Their primary source of learning is their interaction with the physical and social environment. Children usually direct their own learning through a variety of active and quiet activities. Open-ended activities provide success for each child at any developmental level. Successful experiences promote self-confidence and reinforce children to continue to actively explore, act on, and interact with their environment. This flexibility in programming allows the enrollment of children with special needs.

The teacher's role is to structure the environment to meet the children's needs and capitalize on their interests. Teachers provide a learning environment that challenges without being frustrating, and act as facilitators for learning by observing, questioning, modeling and talking with children, and providing information the children would not be able to discover for themselves. Teachers set developmentally appropriate limits on behaviors and encourage children to use problem-solving skills to resolve conflicts.

Teaching strategies and approaches are linked to key curriculum concepts.

The teachers (head and practicum) use varying group sizes at varying times. Circle time is usually the whole group but may be divided into two groups so two practicum teachers can have the experience with fewer children to manage. English Language learners are sometimes put into a small, more relevant group of their own during story time. Practicum student activities are usually run on a voluntary basis for preschoolers; being offered at choice time and conducted as children are interested and for as long as children are engaged. Small group activities are planned from children's goals and children are strongly encouraged, but not forced, to participate.

Basic Tenets of Child Development

- Children develop emotionally, intellectually, physically and socially; these areas are interrelated, affect one another and are of equal importance.

We plan activities and have goals in all areas. When we write the email at the end of the day we frequently list multiple domains for activities. Ex: John, Eli and Maya wrote "words and drew pictures for stories in the writing area. (literacy, small motor, creative)

- Development is a result of the interactions among biological and environmental influences, it is sequential, it emerges in a predictable order but the rate varies within a child and from child to child.

We individualize by planning open-ended activities that can be made more challenging for children with more expertise and simplified for children with less experience in an area. Practicum students are required to write such adjustments as part of their lesson plans.

- Early childhood years are a critical period in children's lives for developing self-esteem, and the optimal period for developing certain abilities and understandings.

Feeling competent during activities is a good esteem booster and another reason for open-ended developmentally appropriate activities. Social and emotional goals and activities are written to promote self-esteem.

- Children are naturally curious and exploratory, continually striving toward competency.

This is stated in our philosophy and the basis for our teaching strategies. We set up an interesting environment and children construct knowledge from it.

Basic Beliefs about Learning

- Children should feel comfortable and secure, have opportunities to use play to translate experience into understanding and have opportunities to learn those things that are important to them at the moment through active manipulation of objects.

Dramatic play, through well stocked house and block areas, as well as prop boxes, is seen as essential to playing and replaying experiences in school as well as in the child's home and community. It is through this play and playing it with others who have different experiences, that children learn how their immediate world works, not only for themselves but also for others. Work sheets, mandatory participation and sit down activities are kept to a minimum.

- The curriculum is designed to enhance all aspects of their development, is sequenced developmentally and is presented repeatedly and in varied ways. It allows for challenge and success, uses individualized instruction and is systematically assessed and used as a basis for future instruction.

This curriculum addresses all areas, is opened – ended to allow for success by all and is repeated in similar and different ways each semester with new practicum students. Activities are tailored to each child and adapted as the child grows.

Developmental Tasks of Early Childhood

Children between the ages of 2 and 7 are:

- developing basic attitudes about themselves and others

We have children from many countries so we use multicultural materials and activities often to foster self-esteem in every child. One of the school rules is “use kind words and touches” and children are encouraged to be respectful to teachers and children.

- developing internal controls

We allow children to make many choices during the day (activities, when and if they want snack, who to play with what area to clean up at that time, etc.) to practice self control We also build it into activities like songs where you can yell at the right time and only once.

- learning how to communicate effectively and influence others,

We emphasize communication always, every day, reminding them to use their words or giving them the words if they need them. We have puppets that help with issues, arguing, grabbing, going along with a friend misbehaving and have the children recommend better ways to solve problems.

- comprehending the rules of society and customs valued by their culture

We write the rules with the children, asking what the rules are in their houses. A teacher sits at snack with the children to encourage polite conversation and asking

to have things passed, we celebrate many holidays, asking families what holidays they celebrate and how we can make them meaningful at school.

- gaining mastery of their bodies

Activities are planned to work on large and small motor skills as well as recognizing and responding to emotions and self-control.

- developing problem solving strategies

We let them solve conflicts themselves by asking what the issue is, restating it if necessary, asking them what can be done and restating the solution if necessary. We try to step in only if needed, I watched as P. grabbed the vacuum cleaner and wouldn't give it back to S. and A. A. turned it off and said he wouldn't turn it on unless P. waited her turn and she gave in. I probably wouldn't have thought of that. Problem solving skills are also practiced every day building in the block area, working in the water table, moving in the gym, making art projects etc.

- mentally organizing, representing and symbolizing their world

We have many materials out for them to choose from and return to labeled places at clean up time or when finished. The writing area allows scribblers, tracers and writers alike a chance to "play" with symbols. Construction materials in the block, art and woodworking areas synthesize creativity, imagination, planning and memory skills as children construct something that coordinates all aspects of the self.

- learning about the properties and laws of the physical world

Many differing materials in the sensory table (sand, beans, gravel, water, fingerpaint, etc.) and tools (shovels, funnels, buckets, sifters, etc.) allow children to explore the properties of materials. Interacting with science and nature activities help young children construct knowledge about the physical world.

Curriculum

Our Laboratory School status puts us in a unique situation with regards to curriculum. We use a blend of The Ohio Early Learning Content Standards, The Work Sampling System (our primary assessment tool), with some other historic and classic curricula such as Montessori, Froebel, Reggio Emilia, etc. included. Our practicum students are taking other early childhood classes the semester they are with us and need to carry out their activity plans for those classes at our site, so we need to be somewhat eclectic.

Observing and documenting children's learning regularly in the context of ongoing classroom activities reveals information that we use to guide our decisions about curriculum and instruction. Through watching and listening to children (and parents) we discover the diverse ways children show what they know and what they can do. As we incorporate this information into our instructional planning we are able to respond to individual children's interests and skills and provide activities that emerge naturally.

We have divided the curriculum up into 7 domains: aesthetic, affective, cognition, language/communication, physical, social and construction, each having their own developmental foci, goals and objectives. These are expanded below.

Aesthetics

Developmental foci include, enjoyment, stimulation, insight and satisfaction with the ultimate goal being integration of feeling, thought and action within art, music and other sensory experience. Objectives include:

- increase familiarity with varying forms of art and music
- develop familiarity with the basic elements of art (line, form, color, texture, composition) and music (musical sounds, melody, volume, rhythm, pitch, tempo, beat, harmony)
- use tools and techniques related to art and music to achieve a desired effect
- recognize their strengths as artists and musicians by contributing to the aesthetic environment of the school
- reflect on and talk about their observations and reactions to aesthetic experiences
- gain pleasure from a variety of sensory experiences with no other goal in mind

Affective

Developmental foci include trust, autonomy, initiative, industry, self concept and self esteem with the ultimate goal being for children to feel lovable, valuable and competent. Objectives include:

- learn that school is safe, predictable, interesting and enjoyable
- engage in affectionate relationships beyond the family
- identify the characteristics and qualities that make each of them unique and evaluate themselves positively
- increase their knowledge, understanding and appreciation of their own gender, culture and race as well as explore similarities and differences among people to gain personal insight

- develop mastery in using age appropriate materials and tools
- practice self-help skills
- independently begin, pursue and complete a task to experience the pleasure of work
- keep trying in situations that are difficult for them, and recover from setbacks
- make choices and experience the consequences of personal decisions
- gain awareness of both positive and negative personal emotions, the situational circumstances that influence them and how to act deliberately to affect their own emotions

Cognition

Developmental foci include perception, physical knowledge, logical math knowledge, representational knowledge, critical thinking skills and common social knowledge with the ultimate goal being for children to integrate knowledge and experiences as they construct a new or expanded knowledge. Objectives include:

- attend to particular sensory stimuli while ignoring extraneous stimuli
- coordinate their use of the senses and develop finer degrees of sensory acuity
- recognize or construct relationships among objects and events via the process of comparing (likenesses and differences, incongruities), classification (grouping according to similarities and differences), patterning (repeating a particular configuration), and seriation (sequencing according to the magnitude of a particular characteristic)
- construct the concepts of number invariance (conservation and one to one correspondence), quantity (counting, equal and unequal sets, associating a number of objects with a numeral name association, measurement) and time.
- attach meaning to symbols
- learn how to define problems and set their own goals
- learn information gathering techniques, acquire factual information that is interesting and useful to them and recognize and use diverse sources of information
- develop and practice a repertoire of strategies for remembering
- develop strategies for analyzing and learning the attributes of objects and events
- apply current knowledge to make inferences or predictions
- learn how to review, summarize and evaluate their experiences
- develop perspective-taking skills (determining how objects or events are perceived from more than one point of view)
- integrate decision-making skills (observe, infer, define, generate alternatives, analyze, select a solution, implement, evaluate)
- learn about history, folklore and traditions relevant to them

Construction

Developmental foci include iconic representation with the ultimate goal being for children to translate mental images into tangible products that represent their own interpretation of an object or event. Objectives include:

- engage in a wide range of experiences from which to draw their interpretations
- interpret events and reconstruct them in tangible ways
- use diverse approaches to represent objects or events
- interact with classmates to construct collaboratively a representative object

In construction activities, children create models or pictures that represent their internal vision of an object or event. This construction is the concrete way in which children symbolize the world; it is a highly creative process. Yet for youngsters to build out of real materials the models or pictures that originate in their minds, they must draw on other abilities as well, such as creativity, imagination, aesthetic appreciation, fine and gross motor and perceptual skills, planning, language and often social interaction techniques. As children construct something out of paper and paste, clay or blocks, they coordinate all aspects of the self. It is this synthesizing characteristic that explains the importance of construction within our program.

Language/Communication

Developmental foci include listening skills, receptive language, expressive language, and emergent literacy with the ultimate goal being for children to accurately interpret the communications of others as well as communicate more effectively themselves.

Objectives include:

- Learn appropriate attending behaviors (looking at speaker, waiting for own conversation turn, responding meaningfully to oral and visual cues)
- learn how to interpret interpersonal nonverbal and verbal messages accurately
- improve memory skills related to nonverbal, oral and written messages
- practice listening for and extracting content from auditory information
- increase their receptive vocabulary
- experiment with language sounds, rhythm, volume, pitch and words
- expand their ability to use words to represent knowledge, events, ideas imaginings and perceptions and to present ideas to others coherently
- recognize and use humor as a means of communication
- seek out book experiences for pleasure and information
- become familiar with the elements of the story in order to gain increased pleasure and meaning from literary experiences (setting, characters, detail, plot, main idea, sequence, mood, etc.)
- attach meaning to print
- explore the mechanics and conventions of reading and writing

- express themselves in their own form of writing

Physical

Developmental foci include body awareness, gross motor and fine motor development and physical health with the ultimate goals being for children to achieve mastery of the environment through improved body control and for children to develop attitudes, knowledge, skills and behaviors related to maintaining, respecting and protecting their bodies.

Objectives for physical development include:

- gain confidence in using their bodies
- develop awareness of the location of their own body parts
- develop spatial awareness (personal and general space and direction)
- engage in a variety of activities that require balance, coordinated movements, endurance, flexibility, and agility
- use their bodies in appropriate activities to strengthen muscles and muscle groups
- develop fundamental motor skills such as jumping, hopping, throwing, kicking, striking, running and catching
- coordinate finger, thumb, and eye-hand movement
- control the movement of their bodies in relation to objects and use their bodies to move or change objects

Objectives for physical health include:

- develop a positive attitude about their bodies
- learn how to keep their bodies clean and fit
- learn and practice good nutritional habits
- learn appropriate safety habits at home and school

Social

Developmental foci include social skills and socialization with the ultimate goals being for children to develop successful patterns of interactions, internal controls and pro social values.

Objectives include:

- develop play skills (how to join a group, make and take suggestions, deal with unpleasant situations and play productively alone)
- develop friendship skills (initiate, maintain and terminate interactions and relationships)
- learn how to negotiate conflicts in democratic ways (compromising, voting, bargaining)
- develop empathy for others (recognizing others' emotions, respect others' emotional responses)

- become aware of similarities and differences in opinions, points of view and attitudes
- perceive adults as sources of gratification, approval and modeling
- learn how to control antisocial impulses
- learn how to delay gratification
- learn how to conform to reasonable limits set upon behavior, play space, use of materials or the types of activities in which they are involved.
- identify the reasons for classroom rules
- learn how to be cooperative (work with others toward a common goal)
- learn how to be helpful (share information or materials, give physical assistance, offer emotional support)
- distinguish acceptable classroom behavior from unacceptable classroom behavior
- use their knowledge of appropriate behavior in one circumstance to determine appropriate conduct in another circumstance
- develop awareness and concern for the rights and well-being of others

Assessment

Pre-service teachers spend a good deal of their semester observing children. At the beginning of the semester, each pre-service teacher selects a preschooler (sight unseen) to observe, assess and photograph. The resulting information and documentation is then compiled and used to create an assessment portfolio, which is then shared with parents during Parent/Teacher Conferences held at the end of each semester. Results from assessments will also be used to plan instruction.

Assessments may include:

The WABC (Wiig Assessment of Basic Concepts) is a norm-referenced assessment designed to evaluate a child's understanding and use of basic word opposites and related concepts. Basic concepts such as colors, numbers, location and descriptive words are the building blocks that children need to follow directions, engage in classroom routines and provide descriptions. A good knowledge of these concepts is directly related to academic achievement. The WABC allows each child to demonstrate his/her concept knowledge by *pointing to (receptive)* objects, animals or people and then *naming (expressive)* locations, attributes and features of these items in a sentence completion format. For example: Which bear is big? (child *points to* one of two bears) You showed me big, this bear is...(child *responds* "small, tiny, little"). This test evaluates a child's *receptive language* (that which s/he receives, understands when someone else speaks it) as well as *expressive language* (that which the child can express, say him/herself). Receptive language is easier for young children; children who don't yet speak much can "bring me your shoes" when asked. There are two levels to this test, one meant for 2.5 – 5 years and one for 5-7 year olds. The

first level will be given to each child Fall Semester and the second level given Spring Semester, if age appropriate. The results will be used to plan instruction and will be shared with parents at Parent/Teacher Conferences held at the end of each semester.

A Speech and Hearing Screening will be administered by the clinicians from the BGSU Speech and Hearing Department Fall Semester. They use the Fluharty Preschool Speech and Language Test, which quickly identifies those preschool children for whom a complete speech and language evaluation is recommended. It contains five subtests; Articulation (how each sound is made), Repeating Sentences, Responding to Directives and Answering Questions and Describing Actions and Sequencing Events. Scores reflect performance in articulation, receptive language*, expressive language*, and composite language.

*definitions under WABC paragraph

Clinicians also perform an audiometer-hearing test by having your child sit in a quiet place with a set of headphones over their ears, which are connected to an audiometer. The audiologist controls the loudness and tones at specific frequencies and tests each ear independently. The child conveys that they have heard the tone by raising their hand. Once each frequency of normal hearing ability is tested they can determine if your child is hearing normally or to what degree the hearing loss is.

A score sheet is filled out and left at the CDC for both tests; we will put it in your cubby the same or next day. Some children require further assessment at the Speech and Hearing Clinic, which is indicated on that sheet.

A Vision Screening will be administered by the center's administrator. She has the training and equipment, provided by Prevent Blindness America and does a combination of tests. LEA Chart tests for visual perception. The tester will show and child will name four simple pictures (circle, square, house and apple) getting progressively smaller. Many eye problems may be detected by this test. The Acuity Cover /Uncover tests for muscle balance in both eyes. The Stereopsis Test helps the examiner evaluate the quality of the patient's depth perception. While wearing special polarized glasses, the patient looks at a series of 3-D objects that range from being very raised to nearly flat.

The results of this screening will be given to parents as soon as we have them. This screening is optional; if child has glasses or has been seen recently by an ophthalmologist, we will not screen them. The screening results can be used for Kindergarten entrance.

The DECA (The Devereaux Early Childhood Assessment) is a nationally normed assessment that measures protective factors within preschool children aged two to five. These protective factors are individual and environmental characteristics that are thought to moderate or buffer the negative effects of stress and result in more positive behavioral and psychological outcomes in at-risk children than would have been possible in their absence (Masten & Garmezy, 1985). Children whose behavior reflects these protective factors tend to have positive outcomes despite stress and are often characterized as "resilient". Children lacking, or with underdeveloped protective factors, are more likely to develop emotional and behavioral problems under similar risk conditions and are described as "vulnerable". The three primary purposes of the DECA are: 1) to identify

children who are low on the protective factors so that targeted classroom and home-based strategies can be implemented leading to the strengthening of these abilities, 2) to generate classroom profiles indicating the relative strengths of all children so that classroom design and instructional strategies can build upon these strengths to facilitate the healthy social and emotional growth of all children, and 3) to screen for children who may be exhibiting behavioral concerns so that these can be addressed before they become entrenched and possibly develop into behavioral disorders.

The DECA checklist is completed by parents, family caregivers or early childhood professionals (preschool teachers and child care providers). Children who score “vulnerable” are referred to Children’s Resource Center.

College students may give practice preschool assessments throughout the semester to their assigned preschooler. The results of these assessments are only seen by the professor as proof of the student completing the assignment. Due to the student status of the test giver, the results are not deemed relevant.

Beery-Buktenica Developmental Test of Visual-Motor Integration is an internationally respected and backed by decades of research and clinical use, the Beery VMI, now in its fifth edition, offers a convenient and economical way to screen for visual-motor deficits that can lead to learning, neuropsychological, and behavior problems. The Beery VMI helps assess the extent to which individuals can integrate their visual and motor abilities. The Short Format and Full Format tests present drawings of geometric forms arranged in order of increasing difficulty that the individual is asked to copy. The Short Format is often used with children ages 2–8 years.

Confidentiality

Unless otherwise noted, all assessment results are kept confidential.

Child Guidance and Discipline Policies

The major emphasis at the CDC is to help children learn self-control. Our hope is that each child will learn self-discipline through careful guidance. Your child will be treated with love and respect and they, in turn, will learn to treat their teachers and friends with respect. Our expectations will be kept within each child’s capabilities and all children will be made aware of these expectations. Teachers will use positive reinforcement and redirection, such as:

- Setting clear limits
- Redirecting the child to an appropriate activity
- Showing children positive alternatives
- Modeling desired behavior
- Reinforcing appropriate behavior
- Encouraging children to control their own behavior, cooperating with others and solving problems by talking things out.

Occasionally, despite our best efforts using positive guidance techniques with young children, they become so upset that they may attempt to harm another child or adult or to destroy materials. In the event that this happens it may become necessary to use a brief separation period or "time away". The separation shall last no more than one minute for each year of age of the child. When the child is to return to the activity, teachers will review the reason for the separation and what behavior is expected. Under no circumstances will children be disciplined for failure to eat, sleep or have toileting accidents.

If a situation arises where a child is consistently endangering himself or others, the head teacher will gather information about the precipitating circumstances and ways of managing such behavior and will schedule a conference with the child's parents to find a satisfactory method for dealing with the problem.

Staff

Typically, we have the head teacher and three or more practicum students present. The majority of the students working in the classroom are enrolled in an undergraduate practicum to learn the skills necessary for working with young children and their families. These students change each semester and are introduced to you through daily contacts. Teachers arrive 30 minutes prior to the children and stay 30 minutes after their departure. There are two head teachers, one primarily responsible for our morning children and one for afternoon, although they work together and children know both well. At times, s/he may be in the observation booth or office area so that teachers in training have opportunities to supervise the room.

Administration

The center has an administrator who also serves as head teacher. Twenty percent of her time is spent in administrative tasks and the rest in teaching.

Head Teachers

This is a full-time, 10 month position. They work with students Monday-Friday from 8:00 a.m. - 12:00 p.m. or from 12:30-4:30 p.m. This schedule provides for a 30 minute pre-session and a 30 minute post-session during which the Head Teachers are responsible for guiding discussion with all other staff of what will or what has happened during the day.

Vicki Knauerhase has been on staff since Fall of 1990 and has a Masters Degree in Early Childhood Special Education.

Cindi Baum has been on staff since October of 2000 and has a Masters Degree in Guidance and Counseling.

Kenny Hyttenhove joined us Fall of 2010 and has a Bachelors in Early Childhood Education.

Teaching Assistants

The teaching assistants are enrolled in HDFS 320 and majoring in Early Childhood Education which results in pre-K through third grade certification. To fulfill the requirements of this course, students are assigned to be in the classroom with the

children two mornings (8:00 a.m. - 12:00 p.m.) or afternoons (12:30 p.m. - 4:30 p.m.) per week.

Program policy and supervision is provided by the Director of the School of Family and Consumer Sciences and the faculty liaison. Dr. Susan Peet is currently serving as liaison. She is a member of the Human Development and Family Studies division, supervises students participating in the center and works with the head teachers in the development and implementation of center policies.

Diversity

The Child Development Center enrolls children from a variety of backgrounds and life styles and with varying abilities. We view this as a positive learning experience for college students as well as for children and families. We do not discriminate in any way. Boys and girls are encouraged to do woodworking as well as cooking; families are portrayed with single parents, grandparents as parents, step parents, as well as traditional mothers and fathers; ethnic and cultural dolls, food, clothing, holidays, music, etc. are included in the daily curriculum. All children need to feel good about who they are and we strive to support the development of each child as an individual with unique characteristics and abilities.

Participation in Child Study

During the year, children in the Child Development Center participate in activities planned by staff members and students of the Department of Family and Consumer Sciences and related areas. Students serve as assistant teachers in the CDC groups and observe the children. Children may also participate in other approved projects or activities such as individual interviews. Parents may be asked to participate in child study activities, such as allowing a student interviewer to visit you at home.

Research activities involving the children are usually either observation studies or individual tasks lasting 10-20 minutes and conducted in the Center. Parents sign general permission for a child's participation in research activities at the time of enrollment. Generally, children enjoy this experience, but in no case is a child forced to participate even though parents have granted permission. Research and other project information will be in the parent newsletter and will be posted in the Center approximately one week in advance so please check the parent bulletin board. **Parents have the right to refuse the participation of their child in any research project.** Please check with the head teacher if you have any questions.

College Student Activities

Because we are a Laboratory School, each preschooler is assigned to a college student for the semester. The older student will assess the preschooler's skills throughout that time and use the child (and others) for several activities assigned in our class as well as the phonics, literacy and assessment classes. It is important for your child to be in regular attendance during the semester to participate in these activities. Your college student is

counting on you. (Regular attendance is also important of course, to help your child develop group social skills, academic skills and feel like an important part of our school.)

REGISTRATION AND ATTENDANCE

Registration and Enrollment

Children who are three years old (and toilet trained*) by September 30 are eligible for enrollment during the fall semester. If there is room, slightly younger children are sometimes admitted. Children may continue a second or third year or until they are enrolled in kindergarten. Vacancies are filled as they occur from the waiting list. Enrollment is open to the community and selection is generally on a first come, first served basis. However, because we are a lab school, we try to maintain a mix of ages, abilities and cultural backgrounds, which means we occasionally accept students who meet these criteria out of order.

A child is considered to be enrolled in the center only after the registration paperwork and fee have been received and the administrator confirms the availability of space. Required paperwork packets will be sent to the child's home and must be returned no later than the first day of school. Any change to this information must be communicated immediately so that current information is always on file. A medical form signed by a physician or certified nurse practitioner is required to be submitted within 30 days of admission. This medical must be updated every 13 months.

Prior to starting school, new families are required to have an initial interview to help us know your child and family better. We hope to learn more about the skills, interests and needs of your child (ren) and your family as well as cultural, language, discipline, goals and involvement preferences. This interview can take place in your home or in the classroom.

***Toilet Trained**

Toilet trained means that your child takes him/herself to the bathroom or tells a teacher s/he has to go (urine and feces) and knows how to wipe him/herself after either. There should be no more than one accident a week (average) while adjusting to school. If your child is not toilet trained, you can decide to withdraw your child or pay tuition while your child stays home and learns toileting skills.

We will remind your child to flush and wash hands and are happy to help with buttons, snaps and belts. We encourage parents of young children to dress them in elastic waist pants for easy maneuvering. We have no diaper changing facilities and are not licensed to change diapers.

Tuition, Fees and Payment

Current fees are in the Appendix at the end of the book. ***

Tuition invoices will be put in your child's cubby once, twice or monthly each semester depending on the plan you choose on the enrollment sheet.

Make checks payable to: The Child Development Center, or simply, CDC.

Send tuition payments to: Child Development Center; Johnston Hall; Bowling Green, OH 43403; Attn: Vicki Knauerhase. Our tax ID number is available upon request.

Registration fee: An annual, non-refundable registration fee *** for fall and *** for summer is charged. This fee is due before the fall and summer sessions to hold your child's spot in the classroom. Since we always have families who are anxious to have their child in the center, if you know that you need to cancel your registration, for any reason, the courtesy of a phone call is requested; you may leave a message at 419-372-6909.

Delinquent Accounts/Returned Checks: A fee of \$5.00 per day will be charged to the account if payment is not received by the designated day. A \$25.00 fee will be charged for any returned checks.

Scholarships: We are fortunate to be able to offer partial scholarships each year. If you would like to apply, please request the Scholarship Form from Ms. Knauerhase and return promptly. She will forward all requests to a Department Scholarship Committee for review (all requests will be kept confidential). Scholarships are offered when you enroll and are not available in the middle of the school year.

Withdrawal: A minimum of 30 days written notice is required for the withdrawal of any child enrolled in the Child Development Center to allow us time to fill your space. Payment is required until the withdrawal date or the space is filled.

Termination: The Child Development Center reserves the right to discontinue admittance for reasons of non-cooperation, delinquency in payment of tuition, or inability of child or parent to adjust to the program, as determined by teachers and the faculty liaison. Tuition problems will not be carried over semesters.

Grievance Policy

If you, as a parent of a child enrolled in the Child Development Center, have a problem with the center please address it to:

1. The Head Teacher:

Vicki Knauerhase A.M. vickik@bgsu.edu

After that the chain to follow is:

2. The Director of the School of Family and Consumer Sciences:

Dr. Deborah Wooldridge 419-372-7851 dgwoold@bgsu.edu

3. The Dean of the College of Education and Human Development:

Dr. Roz Hammond 419-372-7403 or hammond@bgsu.edu

The Ohio Department of Job and Family Services Day Care Licensing Division contact information is on the first page of this handbook.

AT SCHOOL

Annual Schedule

The Child Development Center operates fall and spring semesters, Monday through Friday from 8:30 -11:30 and 1:00 - 4:00 for the half day program or 8:30 – 4:00 for the school day program. We are usually open during both six week sessions of summer school. The summer program runs Monday through Thursday from 8:30 - 12:30, with a mid morning snack and a packed from home lunch at noon. Children who have participated in either the morning or afternoon fall and spring semesters are given first priority to enroll for summer session.

The CDC observes the same holidays and schedule as Bowling Green State University. The center opens a week after classes start to allow for college student orientation, and closes for the semester at the end of the last week of classes. The current calendar for the University is in the appendix.

Transition Policy and Practice

Transition to CDC

Prior to starting school, new families are required to have an initial interview to help us know your child and family better. We are seeking information on the skills, interests and needs of your child(ren) and your family as well as cultural, language, discipline, goals and involvement preferences. This interview can take place in your home or in the school room. We encourage parents to accompany a child or have a child start with partial sessions the first week(s) as needed.

Transition within CDC

The Child Development Center takes only preschoolers between the ages of 2.5 and 5 years in an AM or PM class; class time is chosen by the parent. The child generally stays in that class until s/he moves on to Kindergarten unless the other time slot becomes more convenient for the parent and a space is available.

Transition to Kindergarten

We provide the parents with a packet of information on skills that are valuable for starting Kindergarten. We post enrollment and pre-assessment times when the school district sends them to us.

Procedures For Child Supervision

All children upon **arrival** must be seen by a teacher; AM children stamping in on the chart, PM putting a photo on the magnet board. Any parent **departing** with a child must say good bye to a teacher. Children being picked up by older siblings (parent in car, older child runs in) will be walked to the car by a teacher.

All children who attend school must be marked on the **daily attendance**.

Daily attendance sheets must also record all children that are absent, on vacation, or absent

due to illness. Attendance clipboards are to be kept with each group of children at all times. A daily record indicating arrivals and absences helps to establish a rapid and accurate account of all children in the event of an emergency. All completed attendance sheets must be kept on file.

In some cases, special considerations/procedures are put in place to ensure **supervision of specific children**. The Master Teacher will outline any special considerations/procedures currently in place at the location.

Maintaining attendance records, in conjunction with constant supervision skills, is critical in ensuring the safety and well being of the children in our care.

Children will be within sight of a teacher at all times with the exception of the bathroom (which has an observation window if needed) when they will be in earshot.

Teachers, including student teachers, will be responsible for the well being of any child in his/her vicinity.

No child will be **outside** unless a teacher is outside and children should be accompanied into the bathroom from the play yard. If a teacher is inside (at computer or cleaning) child may be left in his/her charge until returning outside.

Children should be counted regularly on applicable **field trips** (public crowds). Supervision is especially important when on a field trip due to unfamiliar surroundings and people.

Arrival and Dismissal

- All children must be accompanied into the center and received by a teacher. No child can be dropped off from a car or outside the door.
- Children may leave the center ONLY with their parents or a person listed on the Alternative Child Pick Up form; any other arrangements must be in writing and signed by the parent. Please say good-bye to a teacher when leaving so we know who has been picked up by whom.
- Older siblings sent in to pick up younger siblings will be walked to the car by an adult.
- In Ohio a child needs to be in a car seat until s/he is 40 pounds AND 4 years old and then in a booster seat until 7 yrs. or 4' 9". We have short- term loaners if needed.
- Arrival and dismissal times are set and need to be honored by parents in order for college students and teachers to adequately prepare the center and to keep other commitments. Late fees for dismissal may be necessary for chronic offenders.
- Please call the center (372-6909) if you will be late picking up your child, or if your child will not be attending school.

Custody Agreements

If there are custody issues involved with your child, you must provide the CDC with court papers indicating who has permission to pick up the child. The center may not deny a parent access to their child without proper documentation.

Daily Schedule

8:30-9:00	ARRIVAL	1:00 - 1:30
<p>The teacher can talk informally with the child and parent. This communication helps get the day off to a positive start. Children put belongings in lockers, stamp in and choose an activity until everyone arrives.</p>		
9:00-9:20	CIRCLE	1:30-1:50
<p>All the children come together to participate in stories, songs and discussion. Children are introduced to activities available that day.</p>		
9:20-10:45	FREE CHOICE TIME	1:50-3:15
<p>All areas of the room are open and ready for use. Children chose the activities that they are interested in and the children they wish to play with. Teachers will have activity ideas which children may or may not participate in. Snack will be set out at this time.</p>		
10:45-11:00	CLEAN UP	3:15-3:30
<p>The children and teachers return materials to their proper places.</p>		
11:00 - 11:30	LARGE MOTOR	3:30 - 4:00
<p>The children play outside, weather permitting, or participate in a large motor activity inside. Games and the obstacle course are favorites.</p>		

Rules and Expectations

We try to keep the rules simple and have children help us establish them.

They are basically:

- walking feet and talking voices (inside)
- respect for people and property
- nice touches and kind words

We have some other common guidelines such as snack food stays at the table, wash hands before snack and after using the toilet, wear a helmet when bike riding, etc.

Toys at School

Children should not bring gum, toys, candy, money, or food to the center. When things are brought from home, we ask that the child leave them in his/her cubby.

Activity Backpacks

The center owns 30 – 40 activity backpacks that can be checked out and used at home for a few days. The children like to use them as “homework”. A black binder clip on each backpack should be attached to your child’s cubby for easy check out.

Clothing

The children at the CDC will be involved in many potentially messy classroom activities such as sand, water, paint, cooking and outdoor play. Please dress your child in comfortable, washable play clothes. Simple clothes that the child can fasten and unfasten (especially pants) are preferred. Shoes that fit and stay on your child’s feet are recommended (gym type shoes or sandals with back straps).

An extra set of clothes should be kept, and replaced when used, in your child's cubby. Please put them in a plastic bag with the child's name on it.

We play outside every day that it is above 20 degrees and not raining. **Dress your child for the weather;** coat, mittens and hat in winter. Labeling coats and boots is helpful.

Field Trips

Field trips are an important part of our program but must be considered in terms of safety, interest and benefit to the children.

- Driving trips off campus must have permission signed by a parent. Children must have a car seat or booster seat appropriate for their age/size. Current car seat laws in Ohio require children who are 4 (and under) AND weigh 40 pounds to use a car seat. Children aged 8 (and under) AND who weigh 80 pounds need to be in a booster seat. We will also need a signed permission slip if we use the University shuttle bus as transportation.
- Parents who drive will be assigned a pre-service teacher to ride with them and will have emergency forms for each child in the car.
- Children must board and exit from the curbside of the vehicle.
- Smoking is prohibited.
- Walking trips will include at least two adults. If the trip is an on campus trip, permission was signed with enrollment paperwork.
- All children leaving the center must wear a nametag, which includes the school name, address and phone number.
- A person trained in first aid will be in attendance on all field trips. A first aid kit and cell phone will be taken on all field trips.

Bad Weather Closing

During inclement weather, we are closed only if the University is closed. Whether you want your child to attend during this time is, of course, up to you.

Learning Areas

We know that children learn through play. Below are listed the areas of the CDC room where activities will take place during child initiated play and SOME of the things that children gain from playing in each area.

ART

- properties of art materials
- creativity
- fine motor skills
- critical thinking
- planning and evaluating
- copying
- representing
- visual discrimination
- texture, color, line, space, shape

DRAMATIC PLAY

- symbolic play
- planning play episodes
- problem solving
- lengthened attention span
- cooperative interaction
- taking roles
- taking turns
- sharing
- experiencing social expectations & attitudes of others

SCIENCE

- properties of materials
- experimentation
- inquiry/investigation
- problem solving
- cause and effect
- critical thinking
- processes of living things
- creativity

WOODWORKING

- hand/eye coordination
- small motor skills
- creativity

WATER (SENSORY) TABLE

- relaxation
- conversation
- sensory experience
- manipulation
- experimentation
- imagination
- investigating materials
- pre-math skills
- problem solving

MANIPULATIVES

- matching
- small motor skills
- hand/eye coordination
- visual discrimination
- completion
- classifying
- sequencing
- number concepts
- directionality
- reading readiness skills

BOOKS

- creativity
- visual discrimination
- language skills
- left to right tracking
- picture/word association
- exposure to many concepts
beyond immediate
environment

BLOCKS

- symbolic representation
- patterns
- symmetry

planning
critical thinking
visual discrimination
problem solving
safety

SNACK

sequencing
self-help skills
pouring, serving
estimating
properties of foods
new foods
measuring
mixing
results
manners
social skills
conversation

COMPUTER, DESK

small motor skills
hand/eye coordination
introduction to technology
action/reaction results
alphabet/numbers
shapes
working with others

stability
planning
size relations
trial and error
problem solving
interaction of forces
pre-math concepts:
 more, less, number, etc.
visual perception
hand/eye coordination
classification
cooperation
self-esteem
completion

MUSIC

pitch
rhythm
sound discrimination
creativity
diversity in music
movement

INCLUSION

Inclusion Policy

The Law: In 1975, Public Law 94-142 was passed ensuring the rights of children with special needs to a "free appropriate public education in the least restrictive environment". The least restrictive environment (LRE) provision of the law states that children with special needs must be educated with their typically developing peers to the maximum extent possible with necessary supports provided. The LRE for many children is the same school that their brothers and sisters attend; the same program they would have attended had they not qualified for special services.

Another Good Reason: While the law is certainly one reason to include special needs children in the CDC, we believe that such inclusion is to the benefit of ALL children and families. Following the inclusion logic, supports and services are brought to the special needs child in the classroom as opposed to pulling the child out and working in a separate room or area (whenever possible). The professional serving the child with special needs works within the existing framework of the classroom and includes the child's peers for a natural inclusionary approach. Therefore inclusion results in an increased learning experience for typically developing children because they have the opportunity to be included in the services provided by the previously mentioned professionals. Research on inclusion tells us students who have had the opportunity of getting to know friends with different abilities are more sensitive, more socially aware and mature and have a higher ability to interact with peers. Children gain a greater understanding and knowledge of all kinds of differences/similarities in people (not just people with disabilities). Children with special needs in inclusive settings frequently surpass educational expectations because children learn best from each other. Inclusion gives children with special needs the opportunity to play with their typical peers who model age-appropriate skills and behavior. Everyone contributes to everyone's education.

Inclusion also encourages ongoing teacher training; professionals in the classroom serve as models for appropriate inclusionary implementation that the classroom teacher(s) can continue when the specialist is not on site. The specialist who is accustomed to working with children with special needs and now has a chance to work with typically developing children also providing constant reminders of what they are working toward in their therapy sessions.

Special Services Policy

Because the CDC includes children with special needs, we need to provide for the special services that are spelled out in their Individualized Education Plans (IEPs). Therefore you may see professionals here, working with a group of children, including themselves in what the child(ren) is already doing:

Because the CDC is a laboratory school used to train future professionals from many specialty areas, some of these individuals may be in training. Each student trainee will be under the supervision of a professional in that field to ensure the highest possible quality, but realistically the quality of services may vary. This is to be expected.

The administrator and head teacher have a good working knowledge of community agencies and other support services that are available in this area for children with special needs and can help with referrals.

Care of Children With Special Needs

Any child care center providing for the special needs of a child who has special needs or who requires treatment for health conditions while the child is receiving child care in the center will do so in accordance with a written medical/physical care plan for the care of the child.

A child who has special needs is a child who has been identified as not functioning according to age-appropriate expectations in the areas of affective, cognitive, communicative, perceptual-motor, physical, or social development to such an extent that the child may require special help, program adjustments, and/or related services, on a regular basis, in order to function in an adaptive manner.

The written plan for the care of the child:

1. May be written by and will be approved and signed by the parent and the head teacher
2. Will include written instructions for any procedures necessary for the health of the child
3. Will list any additional services and providers of the services which the child is receiving
4. May contain written permission from the parent for the center to contact providers of additional services
5. Will be modified and revised as often as deemed necessary to meet changing needs and will be reviewed and approved by the parent and head teacher after each revision, at least once annually
6. Will be on file at the center

Only persons trained by the parent or by a licensed or certified medical professional may attend to health conditions requiring special procedures. There will be a trained person on site at all times whenever a child who has special needs or who requires treatment for health conditions is present.

There will be on file at the center a statement which identifies the child, the nature of the required special procedure, and the person or persons who will be attending the child and performing the special procedure. The statement will be signed by the parent, any health professionals who have trained staff, and the trained staff members, to confer permission and accept responsibility for such procedures.

A child who has special needs or who requires treatment for health conditions while receiving child care in the center, may receive care in a group with children on the child's developmental age.

PARENTS

Open Door Policy

You are encouraged to observe the program at any time. Observation areas are open to University students, faculty and parents. It is not necessary to make an appointment. Any parent of a child enrolled in the program will be permitted unlimited access to the center during its hours of operation for the purposes of contacting their children, evaluating the care provided by the center or evaluating the premises. It is unlawful for the center to discriminate in the enrollment of children upon the basis of race, color, religion, sex or national origin.

You are welcome to volunteer in the classroom or on field trips at any time. In the past parents have shared their careers, holidays, talents and cultures or read a book in any language (including English) at circle time.

Home School Communication

We feel home-school communication is very important.

- Notices of up-coming events, at the CDC, on campus or in the community are posted at the entrance to the CDC.
- Photos and children's work is also displayed to let parents see the learning that is taking place.
- News is also disseminated through the weekly newsletter. It will be in your child's cubby on Monday and contain the next week's activities as well as other news from the center. PLEASE READ THEM.
- An email is sent daily to each parent at the end of the morning/afternoon letting you know at least one thing your child did that day at school. Since the same email goes to everyone, news is upbeat and limited to activities and positive items.
- Parent/teacher conferences, evening meetings (mentioned below) and daily comments at pick up and drop off are also used to keep you informed.
- There is a small parent library in the front hall with materials you may want to check out. Additions to this are always welcomed.
- Should you have any problems, questions or suggestions, please feel free to discuss the matter with the head teacher. We are here to make your child's stay a pleasant learning experience.

Parent Roster

The center will prepare a roster of parents and phone numbers to be distributed to the other CDC parents ONLY. It will be updated each semester. If you do NOT wish to be on the roster, sign in the appropriate place on the enrollment form.

Evaluating the Program

At least yearly, you will be asked to evaluate the program with a formal written survey. Results of this survey will be available to you. Your informal written or verbal feedback is welcome at any time.

Parent Conferences

Parent conferences will routinely be offered at the end of each semester. Assessment results and general information about your child's school experience will be shared, and written reports and photos will be offered for you to keep. Language translators will be sought if needed. A conference may be scheduled at any time a parent or teacher sees fit. Please schedule a conference if you have concerns; pick up and drop off times are usually busy and not a good time for lengthy discussions.

Parent Meetings

Parent meetings, pot lucks and educational evenings will be offered throughout the year. This is an excellent opportunity for parents to meet each other and to learn more about the program, child development etc. Attendance at these meetings is optional but encouraged. If you have an idea for a gathering, please let us know.

Parking

Parking near the CDC can become limited quickly, especially at pick up and drop off times. You may park outside the door, in the fire lane, or in a parking spot for QUICK drop off or pick up. The Student Union Lot allows 15 minutes without paying and CDC parents have 30 minutes. These 30 minutes must be **in the CDC**; they are not intended for you to run errands. If you need longer than 30 minutes, we can stamp your ticket but the fee is subtracted from our budget. We will do this if you are helping in the CDC but appreciate your picking up the cost if possible.

Parking allows us one free parking event a semester, which we usually use for Open House. You must have a slip (we will supply) that states you were at our parent event to get out free.

Nutrition Policy

The CDC offers a morning snack from 9:30-10:45, lunch at 11:30am (for those children who stay all day) and an afternoon snack from 2:00-3:15. Daily snacks generally include two food groups; fruit/vegetable and bread/cereal with milk and water available daily. We occasionally include a protein as well. While snack at the CDC does not take the place of a meal, we make sure it fits in the guidelines for meeting nutrition standards. Sweets and sugary snacks are discouraged and seldom used.

We protect children with food allergies from contact with the problem food. We ask families of a child with food allergies to give consent for posting information about that child's food allergy and, if consent is given, then post that information in the food preparation area and in the areas of the facility the child uses so it is a visual reminder to all those who interact with the child during the program day. If possible those foods are

not used on days those children are present. In the case of peanut allergies, peanut butter is excluded from the program when an allergic child attends.

The CDC prepares written menus and includes them in the newsletter. Menus are kept on file for review by the nutritional consultant.

We prepare snacks with the children whenever possible. Snack is served during choice time with children coming for a snack as they become hungry. Children must wash their hands prior to coming to the table. Children get their own dishes and set their place at the table. Food is served family style with children asking for items to be passed and serving themselves with small pitchers and serving tools. A recommended serving number is on each serving plate. Children take the recommended amount and may have more when the first serving has been eaten. When finished, children put their used dishes in the dish tub before leaving the area. An adult will sit with the children during snack.

Packed lunches: All foods and beverages brought from home are labeled with the child's name. Staff make sure that food requiring refrigeration stays cold until served. Food is provided to supplement food brought from home if necessary. Foods hotter than 110 F. must be kept out of children's reach.

When packing your child's lunch plan on providing approximately 1/3 of these guidelines. Below is an easy-to-read guide for toddlers and preschoolers created by the USDA. **Preschooler Serving Sizes (age 2-6)**

<p>Meat/Protein Group (2 a day) each equivalent to 1 oz. meat 2-3 ounces of cooked lean meat, poultry, or fish ½ cup cooked dry beans, 1 egg, 2 tablespoons peanut butter</p>	<p>Milk Group 1 cup milk or yogurt 2 oz. cheese</p>
<p>Vegetable Group (3 a day) ½ cup chopped raw or cooked vegetables 1 cup raw leafy vegetables</p>	<p>Fruit Group (2 a day) 1 piece fruit or melon wedge ¾ cup juice ½ cup canned fruit ¼ cup dried fruit</p>
<p>Grain Group (6 a day) 1 slice of bread ½ cup cooked rice or pasta ½ cup cooked cereal 1 ounce ready-to-eat cereal</p>	<p>Fats/Sweets Limit calories</p>

Birthday Treats

In accordance with the National Accreditation guidelines and with the rise in childhood allergies, we are asking families to refrain from bringing in birthday treats. Instead, you may donate a book (your child's favorite?) puzzle etc. as a gift to the CDC or provide a small treat to be taken home for parent approval. You may ask your child's teacher for suggestions.

HEALTH AND SAFETY

Child health records include:

- current information about any health insurance coverage required for treatment in an emergency;
- results of health examinations, showing up-to-date immunizations and screening tests with an indication of normal or abnormal results and any follow-up required for abnormal results;
- current emergency contact information for each child, which is kept up to date by a specified method during the year;
- names of individuals authorized by the family to have access to health information about the child;
- instructions for any of the child's special health needs such as allergies or chronic illness (e.g., asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes); and
- supporting evidence for cases in which a child is under-immunized because of a medical condition (documented by a licensed health professional) or the family's beliefs. Staff implement a plan to exclude the child promptly if a vaccine-preventable disease to which children are susceptible occurs in the program.

Medication Forms

In order to administer medication to your child, we must have a signed statement on file. This form must be completed for us to give ANY medication, prescription or over the counter (including sun block, aspirin, etc.). This form is discussed further in the Registration and Enrollment section.

Mildly Ill Child

If your child appears to be mildly ill (a child who is experiencing minor common cold symptoms but who is not exhibiting any symptoms that would necessitate isolation), we will take the child until more serious symptoms occur. If your child does not feel well enough to participate in activities, **including outdoor play**, s/he should not be in the center.

Communicable Disease Notification

Parents will be informed of any communicable disease their child has been exposed to by the email list proc; parents who do not use email will have a note in the child's cubby.

Hand washing Policy

Teachers, children and guests must wash hands:

- upon arrival at the CDC
- before eating or touching food (cooking, snack prep, putting clean dishes away)
- after using the bathroom or helping a child in the bathroom
- after blowing your nose or coughing or helping a child blow
- after touching pets or other animals
- after playing outside
- when visually dirty

Policy for Care and Handling of Pets

When children have allergies to the pets at the center the pets will be removed and the area cleaned and disinfected. Please let us know if your children have allergies or if there are any problems with our animals. We do not have any biting, aggressive, or animals whose behavior will harm. A hand washing poster is posted near the rabbit cage; the birds aren't handled. We currently have one rabbit and 2 love birds. The children change the rabbit's water daily (bottle hanging outside the cage) and add food to the bird's feeder (also outside the cage) to minimize contact with animal feces.

Weather Health and Safety

To protect against cold, heat, sun injury, and insect-borne disease, the program ensures that children wear clothing that is dry and layered for warmth in cold weather. When the weather is sunny, they will have the opportunity to play in the shade, wear sun protective clothing, applied skin protection or both. Applied skin protection will be either sunscreen or sun block with UVB and UVA protection of SPF 15 or higher. That is applied to exposed skin (only with written parental permission to do so).

When public health authorities recommend use of insect repellent due to a high risk of insect-borne disease, only repellents containing DEET are used. Staff applies insect repellent no more than once a day and only with written parental permission.

Water Play/Swimming Policy

Precautions are taken to ensure that communal water play does not spread infectious disease. No child drinks the water. Children with sores on their hands are not permitted to participate in communal water play. Fresh water is used for each session and the water table sanitized before a new group of children comes to play.

If the temperature is above 80, we may get out the pools and "swim". The small plastic pools hold about 8" of water; the water is changed daily. We have multiple pools with one being designated as the "no splashing" pool for those less comfortable with water.

Administering Medication and Medical Procedures

Staff administers both prescription and over the-counter medications to a child only if the child's record documents that the parent or legal guardian had given the program written permission. The child's record includes instructions from the licensed health provider who has prescribed or recommended medication for that child, this may be by phone. Any administrator or teaching staff that administers medication has specific training and a written performance evaluation updated annually by a health professional on the practice of the five right practices of medication administration:

- Right child
- Right medication
- Right dose
- Right time
- Right method with signed documentation of each time the medication is given.

Medications are labeled with the child's full name, the date that the prescription was filled or recommended, name of health care provider, expiration date of the medication or period of use, manufacturer's instructions or original prescription label. All medication is kept in a locked container.

Soiled Toys

Toys soiled with body fluids will be placed in the "Germ Bucket" and run through the sanitizer at the end of the day or put in the laundry.

Standard Precautions

Surfaces that come in contact with potentially infectious body fluids must be disposable or made of material that can be sanitized.

Staff used barriers and techniques that minimize contact of mucous membranes or openings in skin with potentially infectious body fluids and that reduce the spread of infectious disease.

When spills of body fluids occur, staff cleans them up immediately with detergent followed by water rinsing.

Staff cleans rugs and carpeting by blotting, spot cleaning with a detergent-disinfectant and shampooing or steam cleaning.

Staff dispose of contaminated materials in a plastic bag with a secure tie that is placed in a closed container.

Safety

1. Staff are responsible for the safety of all children in their group
2. No child will be left alone or unsupervised.
3. All children brought to school must be received by a teacher. Parent and/or child must say good-bye to a teacher (preferable the head teacher) when leaving so we know who we are responsible for, at all times, in case of an emergency.
4. Staff and parents have immediate access to a telephone at all times in the event of an emergency.

5. Staff and children participate in monthly fire drills and spring tornado drills.
6. Staff are familiar with emergency evacuation plans for weather and fire alerts and procedures for these will be posted in the center.
7. In the event of a medical emergency staff follow the Emergency Plan.
8. At least one staff member trained in first aid is available at all times.
9. On a field trip, each child has a name tag with the center's name, address and phone.
10. A first aid kit is available for all trips away from the center.
11. When an accident or injury occurs, staff complete an incident report and a copy will be signed by and given to the parent.
12. Use of aerosols is not permitted when children are present.
13. A staff member will immediately notify the Children's Services Agency when s/he suspects that a child had been abused or neglected.
14. The parent of a child enrolled in the Child Development Center and all staff members receive a written copy of the safety policy.

Child Protection Policy

Any student/parent who sees actions that would lead her (him) to suspect child abuse or neglect should document (incident and date, signed, on paper) what was seen with the head teacher for her (his) class.

The two head teachers will confer before calling children's services with a suspected case of child abuse or neglect.

All calls and documentation will be kept in sealed envelopes in the locked file cabinet.

All information surrounding the case is to be kept in strictest confidence.

In the case of Child Development Center staff being involved in actions abusive to children, she (he) will be reported to Children's Services, the Police and withdrawn from the class.

There is a zero tolerance policy in place for child abuse or neglect.

Accidents/Emergencies

The CDC has devised several procedures to follow in the event that an emergency would occur while a child is in the center's care. In the event of a fire, or tornado, teachers will follow the written instructions posted in the classroom, describing emergency evacuation routes, and the procedures to be followed to assure that children have arrived at the designated spot. In order to prepare children for the unlikely need to evacuate, the center conducts monthly fire and tornado drills. Should we need to evacuate due to fire, weather conditions, loss of power, heat or water to the center, our emergency destination is the Shatzel Hall downstairs foyer nearest the Union parking lot. A sign will be posted in front of the center indicating that we have been evacuated and our location. Parents will be

contacted as soon as possible to come and pick their child up. If a parent cannot be reached, we will contact the emergency contacts as listed on your child's enrollment information.

There is always one staff member present that has received training in First Aid, CPR and Communicable Diseases. In the case of a minor accident/injury teachers will administer basic first aid and TLC! If the injury/illness is more serious, first aid will be administered and parents will be contacted immediately to assist in deciding an appropriate course of action. If any injury/illness is life threatening, the EMS will be contacted, parents will be notified and the head teacher will accompany the child to the hospital with all available health records. Teachers may not transport children in their vehicles. Only parents or EMS will transport.

An incident/injury report will be completed, and given to the person picking up the child, on the day of the incident/injury, if any of the following occur: the child has an illness, accident, or injury which requires first aid; the child receives a bump or blow to the head; or an unusual or unexpected event occurs which jeopardizes the safety of the child. If a child requires emergency transportation, the report shall be available within 24 hours after the incident occurs. The center shall also contact licensing personnel from the appropriate ODJFS office within 24 hours when there is a "general emergency" or "serious incident, injury or illness". The report will be provided to licensing staff within 3 days of the incident.

Emergencies and Accidents-Child or Adult

The center will take the following action in case of an emergency or accident:

1. Secure safety for all children
2. Determine injuries and severity
3. Administer first aid
4. Call 911 and/or parent (if necessary)
5. Continue care until EMS and/or parent arrives
6. Complete incident report

Children/adults will be transported to the source of emergency medical or dental care by parent or ambulance when necessary. All parents must have a signed Emergency Transportation Form and liability statement for each child enrolled (in paperwork packet).

Environmental Health Policy

The CDC strives to keep the environment clean and toxin free. Our custodian cleans nightly Sunday through Thursday, buffing hard floors and shampooing carpeting after each semester (15 weeks). Documentary evidence, available on site, indicates that the building has been assessed for and is free from hazards. All rooms that children use are heated, cooled, and ventilated to maintain room temperature and humidity level. The program

maintains facilities so they are free from harmful animals, insect pests, and poisonous plants.

5101:2-12-33 Management of Illness in Licensed Child Care Centers

Effective Date: January 1, 2007

- (A) A child care staff member with current, valid training in the management of communicable diseases according to rule 5101:2-12-27 of the Administrative Code shall observe each child daily upon arrival at the center.
- (B) The center shall immediately notify the parent or guardian of the child's condition when a child has been observed with signs or symptoms of illness.
- (C) A child with any of the following signs or symptoms of illness shall be immediately isolated and discharged to his parent or guardian or person designated by the parent or guardian:
 - (1) Temperature of at least one hundred degrees Fahrenheit when in combination with any other sign or symptom of illness. Temperature shall be taken by the axillary (armpit) method with a digital thermometer. The thermometer shall be sanitized after each use.
 - (2) Diarrhea (three or more abnormally loose stools within a twenty-four hour period).
 - (3) Severe coughing, causing the child to become red or blue in the face or to make a whooping sound.
 - (4) Difficult or rapid breathing.
 - (5) Yellowish skin or eyes.
 - (6) Redness of the eye or eyelid, thick and purulent (pus) discharge, matted eyelashes, burning, itching or eye pain.
 - (7) Untreated infected skin patches, unusual spots or rashes.
 - (8) Unusually dark urine and/or gray or white stool.
 - (9) Stiff neck with an elevated temperature.
 - (10) Evidence of untreated lice, scabies, or other parasitic infestations.
 - (11) Sore throat or difficulty in swallowing.
 - (12) Vomiting more than one time or when accompanied by any other sign or

symptom of illness.

- (D) A child isolated due to suspected communicable disease shall be:
- (1) Within sight and hearing of a staff member at all times.
 - (2) Cared for in another room or portion of a room away from other children.
 - (3) Provided with a cot and made comfortable. After use, the cot shall be sanitized with an appropriate germicide, or if soiled with blood, feces, vomit or other body fluids, the cot shall be cleaned with soap and water and sanitized with an appropriate germicide.
 - (4) A school child may be made comfortable on a mat that shall be cleaned with soap and water and sanitized with an appropriate germicide.
- (E) The center shall implement the following preventative practices for the management of communicable disease on a daily basis:
- (1) The center administrator shall ensure that training is provided for all staff in the process of handwashing and diapering. Employees shall also be provided with training on basic precautions as outlined in paragraph (D) of rule 5101:2-12-15.1 of the Administrative Code.
 - (2) The center administrator shall ensure that staff are following procedures described in paragraph (E)(1) of this rule.
 - (3) The center shall release employees who have a communicable disease or who are unable to perform their duties due to illness.
 - (4) The center shall notify parents, within the next day of center operation, when their child has been exposed to a communicable disease.
 - (5) Centers shall follow the current version of the JFS 08087 "Ohio department of health **Communicable Disease Chart**" for appropriate management of suspected illnesses. The chart shall be posted in a location readily available to center staff and parents.

Ohio Department of Job and Family Services

CENTER PARENT INFORMATION

REQUIRED BY OHIO ADMINISTRATIVE CODE

The facility is licensed to operate legally by the Ohio Department of Job and Family Services. This license is posted in a conspicuous place for review.

A toll-free telephone number is listed on the facility's license and may be used to report a suspected violation of the licensing law or administrative rules. The licensing law and rules governing child care are available for review at the facility upon request.

The administrator and each employee of the facility is required, under Section 2151.421 of the Ohio Revised Code, ORC to report their suspicions of child abuse or child neglect to the local public childrens services agency.

Any parent, custodian, or guardian of a child enrolled in the facility shall be permitted unlimited access to the facility during all hours of operation for the purpose of contacting their children, evaluating the care provided by the facility or evaluating the premises. Upon entering the premises, the parent, or guardian shall notify the Administrator of his/her presence.

Rosters of the names and telephone numbers of the parent or guardians of the children attending the facility are available upon request. The parent roster will not include the name or telephone number of any parent who requests that his/her name or telephone number not be included.

The licensing inspection reports and complaint investigation reports, for the current licensing period, are posted in a conspicuous place in the facility for review.

The licensing record including compliance report forms, complaint investigation reports, and evaluation forms from the building and fire departments are available for review upon request from the Ohio Department of Job and Family Services.

The department's website is: <http://jfs.ohio.gov/cdc> .

It is unlawful for the facility to discriminate in the enrollment of children upon the basis of race, color, religion, sex or national origin or disability in violation of the Americans with Disabilities Act of 1990, 104 Stat. 32, 42 U.S.C. 12101 et seq.

This information must be given in writing to all parents, guardians and employees as required in 5101: 2-12-30 of the Ohio Administrative Code.

Appendix
(things that change)

2011 FALL SEMESTER

August 29	CDC children's first day
September 5	(Monday) Labor Day, No Classes
October 10-11	Fall Break
November 11	(Friday) Veterans' Day, No Classes
November 23-27	Thanksgiving Recess
December 9	Last Day for children

2012 SPRING SEMESTER

January 16	(Monday) Martin Luther King Jr. Day, No Classes
January 17	CDC children's first day
March 5-9	Spring Recess
April 27	(Friday) Last Day for children

2012 SUMMER SESSION

May 14 - June 22	First 6-week term
May 28	(Monday) Memorial Day, No Classes
June 25 - August 3	Second 6-week term
July 4	(Monday) Independence Day Observed, No Classes

2011 - 2012 Fees

Half day: \$820/semester **Full day:** \$1700/semester **Summer:** \$320/ 6 week session

The registration fee is \$30. A deposit of \$50. is needed to save a spot in summer school, it will be deducted from you summer tuition bill. If you are on scholarship, the deposit may be less.

