If a discrepancy exists between this Handbook and any legal mandate, legal mandate will take precedent.
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MISSION STATEMENT
Our mission is to provide a high quality early childhood program, following the standards of the National Association of Education for Young Children to serve and support the diverse University of California San Diego community.

VISION
To contribute to a bias-free society, to teach children to be world citizens, to build community among families of all cultures and backgrounds coming to UC San Diego, and to utilize all available resources from the campus community that can contribute to the child’s total development.

PROGRAM RATIONALE AND DESCRIPTION
The Early Childhood Education Center serves children three months to five years and provides additional assistance for alternative care through the Child Care Referral Program.

The Early Childhood Education Center’s carefully designed environment encourages the social, emotional, intellectual and physical development of young children. This continually evolving program incorporates the insights of educators working with young children by integrating current research in early childhood education and by utilizing the talents and skills of parent(s) or legal guardian(s) and other members of the university.

A basic tenet of the program is that children develop through active self-initiated and self-regulated processes. Promoting self-initiated activity in young children is not the same as supervised free play. Our educators create a learning framework in which children have the opportunities to initiate their own activities and to take the responsibility for completing them. The adult’s role is to encourage children to make choices and then to extend these choices into purposeful activity.

The UC San Diego Early Childhood Education Center provides:

- A safe, secure and nurturing environment that attends to the physical needs and comfort of each child as an individual
- A carefully designed mixture of indoor and outdoor learning centers challenging children to actively explore their environment by engaging their individual curiosity and interests
- A community of children of varying ages, social and cultural backgrounds that help each other extend and create new interests through cooperative explorations
- A community of adults who form a secure social resource for facilitating the development of interpersonal relations, for encouraging the exploration of new materials, for supporting thoughtful, creative decision-making and for expanding opportunities for individual and cooperative play

The freedom that the children have to make choices about their daily activity is one of the unique characteristics of the Early Childhood Education Center, but young children need more than the freedom to make choices. They need the guidance to help them make these choices within a carefully planned structure that promotes their sense of security and encourages purposeful actions. The Early Childhood
Education Center provides a structure that encourages children to make choices, to act on their choices independently and/or cooperatively and to reflect on the consequences of their activity.

The ability to initiate learning through purposeful play provides the foundation for lifelong learning skills necessary for personal, academic and professional fulfillment.

The center operates four programs:

1. Young Infants (3–12 months or walking)
2. Infants (11 months and walking to 2 years)
3. Toddlers (2–3 years)
4. Preschool (3–5 years or eligible for Kindergarten)

PHILOSOPHY

The Early Childhood Education Center is inspired by the Reggio Emilia philosophy of education—a way of observing what children know, what they are curious about and what challenges them. Learning is hands-on and child-driven with children initiating their own discovery. Parents are collaborators and teachers are facilitators—both are vital partners in learning with the child.

Staff, parents and children collaborate to help bridge the gaps between family, school and community. We encourage other family members to participate in classroom activities ranging from playing with the children, reading a story, leading an art activity or sharing a skill, talent or something culturally significant to enrich the curriculum.

We strive to build relationships within our community to enrich the children’s educational experience. Our goal is to make connections with other area schools, libraries, senior living centers, stores and other UC San Diego departments to improve the lives of everyone involved.

We also strive to contribute to a bias-free society. We teach children to be world citizens and endeavor to build community and understanding among families of all cultures and backgrounds. Understanding the need to address many important topics at an early age, teachers collaborated to create a unique set of social justice lessons that help guide and support this endeavor. Using NAEYC’s Four Core Goals of Anti-bias Education (Identity, Diversity, Justice and Activism), specific activities were designed to guide conversations when teachers recognize entry points into important topics. We hope to strengthen a positive sense of self while building empathy skills and upholding social justice concepts.

YOUNG INFANT PROGRAM (3–12 months or walking)

We have modeled our young infant program on research and guidelines developed collaboratively by the California Department of Education and West Ed and it is designed to be an extension of the family unit. The low child/teacher ratio supports social-emotional growth and language development and provides the opportunity for each young infant to connect with a responsive caregiver, fostering the development of close, caring relationships. Intellectual development has an emphasis on activities that are naturally interesting to infants and utilize appropriate play materials. The classroom is divided into two main areas; one provides opportunity for movement, choice and exploration in a safe and comfortable setting and the other is a napping area, which provides opportunity for quiet moments and facilitates opportunity for breast-feeding. Each area is equipped with an observation window for viewing
young infants in their natural environment without disturbance. Entrance into this area requires authorized access to ensure full compliance with all health and safety standards.

**INFANT PROGRAM (11 months and walking to 2 years)**

Our Infant Room is often a child’s first experience outside the home. The program provides individual attention to help infants feel secure as they make this transition. This group care setting offers a rich environment for promoting interpersonal bonding and for providing intellectual stimulation for infant development. We keep the “caregiver-infant ratio” low to provide as much individual attention as possible.

The daily schedule is designed to meet the infants’ physical needs (e.g., morning rest and afternoon nap, morning and afternoon snacks, lunch and regular diaper changes). An infant’s physical skills are coupled with rapid increases in their cognitive and social skills. The infant program offers a wide range of experiences through art, language, movement, sensory play and musical activities to meet the needs of rapidly developing infants.

Within certain constraints, infants are encouraged to make choices about their day. Even at this early age, infants are excited about their increasing sense of independence. The infant program helps them use their freedom in ways that promote their development. They can move freely throughout the classroom exploring indoor or outdoor activities that interest them. They can work with others on projects or they can work alone. Staff do not try to suggest using materials in a single or best way. The infants are encouraged to find their own way to do things and to learn from the diversity of the responses of their peers.

During the learning/play periods each day, children can move freely from indoor and outdoor activities such as:

- Finger and easel painting
- Gluing different materials with emphasis on color, shape and texture
- Singing and dramatic play
- Reading and creating stories with flannel board characters
- Puppet play to encourage language expression
- Outside play with sensory materials like sand, water, bubbles and play dough, climbing and playing on playground equipment
- Problem solving using puzzles, building with blocks and other small motor activities

**TODDLER PROGRAM (2–3 years)**

Our toddler program provides a loving and secure atmosphere similar to the infant program but with increasing emphasis on autonomy, self-motivation and self-selection of activity. The larger program offers the young child a range of different types of experiences. The philosophy of the program is to allow the children to discover for themselves the pleasure of working together in small groups. The teachers create activities that invite children to join together to explore an idea, or experiment with color, or find a new way to climb. A daily meeting time provides children with a time to develop their language and social skills.
The daily schedule in our toddler program includes a choice of activities in a number of different locations:

- A variety of work areas are available indoors and outdoors with a range of teacher-prepared activities and games to stimulate small muscle coordination and development of cognitive processes, language, mathematics, reading and writing. These include puzzles, clay, cutting and gluing tasks and scientific experiments. These work areas provide a setting for conversations on a range of topics between the children and their teachers.
- A creative play area encourages dramatic play with clothes and equipment to create different settings within a home, a store or other community settings.
- A block-building area with animals and vehicles helps children think about ways of constructing their own settings and experimenting with inclines and wheels.
- Students have ready access to drawing and collage materials so that they can choose to express themselves in artistic ways as they wish.
- Circle time provides an opportunity for movement and music and experiencing cultural diversity through songs and rhyme.

A reading corner provides a quiet place for individual children or small adult-led groups to interact with books and ideas. It serves as the location of many quiet discussions on topics like how to handle feelings, what jobs children would like to have as adults or how animals act.

An active outdoor area contains equipment for large muscle development and motor coordination and working space for sensory materials like sand, water, clay or paints and construction materials like wood, blocks and cardboard. The toddler program takes full advantage of the mild climate, moving many traditional indoor activities outdoors—often resulting in interesting variations.

Teachers usually talk with one or a few children at a time and extend each child’s experience with a positive response, question, suggestion or explanation. Emphasis is placed on understanding the image a child has of self and helping the child develop a positive self-image.

**PRESCHOOL PROGRAM (3–5 years or eligible for Kindergarten)**

As children grow, they need more space to explore and a wider set of activities to expand their interests. The preschool program uses the large space of a double classroom and a well-designed outdoor play area to provide young children a rich diversity of challenging activities.

The children usually work with an adult on a learning project in groups of four or five students. These intimate working groups allow for important social interaction among children and adults. The adults can listen carefully to what a child offers, encourage the children to ask questions or make observations, direct reflections on actions and outcomes and help children work cooperatively with their peers.

Through creative use of outdoor and indoor learning centers, children in the preschool program have much more space in which to work than is normally available in larger group care settings. During morning and afternoon learning sessions, children can choose from among six to eight special projects that are set up each day, either indoors and outdoors. The program curriculum is carefully designed to provide for the many areas of growth in young children and includes the following types of activities:
• **Pre-writing and Writing Projects**: Children use scissors and paste, as well as a wide range of writing and printing tools—including computers—to create books, labels, stories, captions, poems, signs and banners. These activates focus on fine motor control, eye/hand coordination and visual discrimination. Children develop an understanding and appreciation of early literacy skills.

• **Listening Center Tasks**: Children listen to stories read to them by adults, participate in flannel board stories and listen to recorded materials. They develop skills in verbal expression, listening, comprehension, vocabulary and auditory discrimination of words and rhymes.

• **Sensory Experiences**: Children have the opportunity to manipulate, mix, measure and experiment with a range of sensory materials, such as clay, sand, flour, mud, salt and water. Cooking experiences help students understand the need for following directions and making materials like playdough provides wonderful opportunities for innovative experimentation with materials. While children watch the transformation of materials as they are mixed, heated or cooled, they are developing important observational and conceptual skills.

• **Creative Expression**: Children have access to a rich variety of media for artistic expression. In addition to teacher-prepared art experiences, a child may select materials for self-directed projects in painting, printing and drawing. These activities develop the child’s fine motor skills using a variety of mediums that include threading, gluing and 3-D construction.

• **Dramatic Play**: The dramatic play area provides children with props to explore various roles, relationships and interactive strategies through imaginative play. The area undergoes frequent changes—becoming a fire station, a pediatrician’s office, a restaurant, an office or an airliner—as children use their own actions to understand their world.

• **Cognitive Tasks**: Each day, different types of puzzles, memory games, measurement tools, cubes, scales and other manipulative materials are set up for the children to explore. These tasks are designed to help the children to develop their concepts of size, position, color, shape, time, quantity and comparison. Adults are available to help children to learn from their observations and to challenge them to use materials in new ways.

• **Science Experiments**: Children participate in activities, such as sprouting seeds, growing plants, examining materials with magnification and microscopes, examining and building simple machines and experimenting with wheels and inclines. These tasks promote basic thinking skills and understanding of cause and effect relationships, sequence and predictions. Children’s curiosity about their physical world provides the direction for construction of these tasks.

In addition to these learning centers that change daily, several other areas are always available to children. These include a computer center, a block-building area, a dramatic play corner, a library area and shelves of art materials.

Another important part of the daily schedule includes whole group meeting times and smaller group meetings. These special times of singing, rhyming and language development games focus on the child’s importance as a member of the group and provide a setting for children to learn to speak and listen to one another.
The Early Childhood Education Center is accredited by the National Association for the Education of Young Children (NAEYC). NAEYC administers the largest and most widely recognized accreditation system for all types of early childhood schools and childcare centers. Early childhood programs accredited by NAEYC voluntarily undergo a comprehensive process of internal self-study, invite external professional review to verify compliance with the criteria for high quality early childhood programs and are found to be in substantial compliance with the criteria.

A high quality early childhood program has:

- Frequent, positive, warm interaction among teacher and children
- Planned learning activities appropriate to children’s age and development, such as reading stories, block building, painting, dress-up and active outdoor play
- Specially trained teachers and administrator
- Ongoing professional development
- Enough adults to respond to individual children
- Many varied age-appropriate materials
- Respect for cultural diversity
- A healthy and safe environment for adults and children
- Inclusive environments
- Nutritious meals and/or snack
- Regular, two-way communication with families who are welcome visitors
- Effective administration
- Ongoing systematic evaluation

VISITATION AND IMMUNIZATION REQUIREMENTS FOR VOLUNTEERS

We know from the science of brain research that positive interactions in nurturing environments support healthy brain development for young children (Bowlby, 1969). Secure attachment provides a base from which your child is able to explore the environment and manage stressful situations. As parents, you are the most important caregivers in your child’s life and the transition from your home to our group care experience can be a most positive one if your child feels that you trust his or her new caregivers. Our teachers become partners in the daily life of your child and are trained to establish and maintain an emotionally warm and physically safe environment so that your child can develop the basic trust necessary to acquire independence. They will work closely with you to develop a visitation and gradual separation plan so that they can get to know as much as possible about your child, including his or her temperament and cultural background. The one to two hour parent-accompanied visitations is two weeks for children ages 3 months to 3 years and one week for the 4-year-old age group. This visitation period takes place prior to enrollment.

Visitation is currently on hold due to COVID-19 protocols. Instead, we offer Zoom meetings with your child’s classroom teachers before enrollment to share information, answer questions and learn more about your child and family.
Parents are allowed to provide care and supervision to their own children, but once a parent volunteers to perform any of the following as described below, then immunizations are required (per SB 792). [Again, due to COVID-19 protocols, parent volunteering is on hold.]

“Care and Supervision” means any one or more of the following activities provided by a person or childcare center to meet the needs of children.

- Assistance in diapering, toileting, dressing, grooming, bathing and other personal hygiene
- Assistance with taking medications
- Storing and/or distribution of medications
- Arrangement of and assistance with medical and dental care
- Maintenance of rules for the protection of children
- Supervision of children’s schedules and activities for the protection of children
- Monitoring food intake or special diets

**PRIMARY CAREGIVING**

To support the establishment and building of trusting relationship, we practice “primary caregiving.” Each teacher is assigned and primarily responsible for a small group of families. That teacher will be the one who is usually responsible for caregiving routines, such as feeding and diapering. He or she will coordinate planning, record keeping and documentation of developmental progress for your child and is the main person you will go to for information and conferencing. Because the primary caregiver will not be present the whole time that your child is in the program and all teachers interact with all children, it is essential that as a family, you and your child also establish trusting relationships with other staff members who are part of the classroom team. Love, reassurance and familiarity foster an atmosphere of safety that will enable your child to trust us enough to risk exploration and enjoy new discoveries through play without your presence.

**INFANT SLEEP REQUIREMENTS**

The American Academy of Pediatrics and American Public Health Association have written guidelines for childcare centers called Caring for our Children – National Health and Safety Performance Standards: Guidelines for Out-Of-Home Child Care Programs. They strongly recommend the following rules regarding infant sleep position and surroundings:

- Infants under 12 months of age shall be placed on their backs on a firm, tight-fitting mattress for sleep in a crib.
- Waterbeds, sofas, soft mattresses, pillows and other soft surfaces shall be prohibited as infant sleep surfaces.
- All pillows, quilts, comforters, sheepskins, stuffed toys and other soft products shall be removed from the crib.
- If a blanket is used, the infant shall be covered loosely, the blanket tucked around the crib mattress reaching only as far as the infant’s chest or the infant will be swaddled.
- The infant’s head shall remain uncovered during sleep.
• Unless the child has medical reasons, and thus a note from his/her physician specifying otherwise, infants shall be placed on their backs for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS).
• When infants can easily turn over from their back to stomach or side, they shall be put down to sleep on their back but allowed to adopt whatever position they prefer for sleep.
• Unless a doctor specifies the need for a positioning device that restricts movement within the child’s crib, such devices shall not be used.

This series was created by the Infant Mortality Risk Reduction Work Team of the National SIDS and Infant Death Program Support Center (NSIDPSC). You may copy it with proper credit. The NSIDPSC is a cooperative project of the SIDS Alliance, Inc. and the Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB) Sudden Infant Death Syndrome/Infant Death Program.

**WATCHING YOUR CHILD GROW: AUTHENTIC ASSESSMENT**

Meeting a child’s individual needs in a group-care setting requires a partnership between the program and family. It also requires that the teaching staff acquire specific knowledge of each child in their care.

This process begins before the child ever enters the classroom, as families share information during the enrollment process and intake conferences and continues throughout a families’ tenure in the program. Ongoing communication between families and teachers is critical. In addition, a more formal assessment process has been developed over the years to guide us in daily observation of, reflection about and incorporation into the curriculum of each child’s unique developmental path.

UC San Diego’s Early Childhood Education Center supports the research that a child’s developmental progress is an essential factor in the planning and adapting of curriculum. We believe the best way for identifying progress in young children is by using tools that support the staff to authentically assess children in their natural environment. The program is committed to working with families to care for the “whole child” socially, emotionally, creatively, physically and cognitively.

**The Portfolio** – Families often keep a collection of “artifacts” at home that signify their child’s journey and growth, such as a list of first words, pictures from the first haircut, a photo of baby’s delight at bath time and that ragged favorite blanket. As a child grows, the collection changes…baby teeth, drawings they wrote their own name on, report cards, the program from the school play…and so it goes. Here at the center, we keep a similar collection known as the “Child Portfolio.” Portfolios encourage “authentic assessment,” that is, assessment done over time in the natural environment based on the child’s typical activities. The portfolio includes:

- Learning Stories
- Photos of the child interacting and playing
- Language samples (dictated stories, records of conversations)
- Anecdotal notes (written notes highlighting typical or significant events)
- Writing and drawing samples
- Areas of development
- Invitation to include the child and family voice into the Learning Story
This portfolio, shared during parent conferences, is a visual tool for guiding our thinking about each child while documenting their growth. The child’s file also includes more formal records, such as family conference notes, health documentation and a biannual written developmental profile.

ECEC use Learning Stories as a narrative-based approach to children’s assessment that highlights their strengths and serves as a guiding force for the curriculum. Learning Stories was created by educators in New Zealand and in recent years has been utilized by many Early Childhood Centers in the U.S. breaking away from traditional methods. Learning Stories are linked to specific evaluative outcomes from the Early Years Learning Framework. The five Learning Outcomes are designed to capture the integrated and complex learning and development of all children across birth-to-five age range.

**The outcomes are:**

1. Children have a strong sense of identity.
2. Children are connected with and contribute to their world.
3. Children have a strong sense of wellbeing.
4. Children are confident and involved learners
5. Children are effective communicators

Elements of the framework put children’s learning at the core. All three elements, Principles, Practice and Learning Outcomes, are fundamental to early childhood pedagogy and the curriculum decision-making.

**Principles:**

- Secure, respectful and reciprocal relationships
- Partnerships
- High expectations and equity
- Respect for diversity
- Ongoing learning and reflective practices

**Practices:**

- Holistic approaches
- Responsiveness to children
- Learning through play
- Intentional teaching
- Learning environments
- Cultural competence
- Continuity of learning and transitions
- Assessment for learning

**Timeline** – The narrative approach is an ongoing cycle that includes gathering and analyzing information about children’s holistic development. Learning Stories are shared with families during assessment periods in the fall (November) and in spring (April). During these periods, parent-teacher conferences take place.
**Conditions for Assessment** – Children are assessed in their natural school environment by the teaching staff that they know and with whom they are familiar. Teachers are constantly observing during the course of the day while children are engaged in play and interacting with one another.

**How Do Teachers Use the Learning Stories in Planning the Curriculum?**
The center curriculum is derived from the needs, interests, strengths and areas of continued development of the children, as a group and individually. The program is committed to meeting children’s needs in a safe and nurturing environment that invites children to wonder, explore and develop through play. Identification of children’s interests and needs, and the curriculum strategies to meet them, are natural outcomes of interpreting authentic assessment. The schedule, routines, environment, materials and activities are all components considered in curriculum planning. The intentionality in activity planning is displayed on the classroom’s Weekly Activity Plan.

**Using Learning Stories for Children with Special Needs**
Children who have either an IFSP or an IEP benefit from family members, specialists and classroom teachers working together. Collaboration is needed when conducting the observation of the child and for planning and implementing the program. Special consideration will be given to ensure that the person completing the assessment is also the person who knows the child best. This may be the specialist working with the child or the classroom teacher.

**Including Families in the Assessment Process**
Including families in the assessment process begins with the intake conference when the child begins the program and as the child moves through the program. During this conference, teachers seek information about the family’s values, religious or cultural beliefs, birth and health histories. If the family is not comfortable sharing in English, teachers or parents can contact the Program Coordinator to request an interpreter.

**Intake conference:**
- A family survey is used when children transition to toddler and preschool to update family information and include the families’ goals and expectation as the child moves.
- Teachers use prepared questions designed to include the family in the assessment process at the intake/parent conference. Parents meet with the teacher formally twice a year for a parent conference. At this meeting, teachers share the child’s portfolio, including the Child Developmental Progress Form, with the family. Teachers encourage the parent to share in the goal writing process by ascertaining what their goals are for their child, by better understanding the family culture and by asking families to participate in classroom activities.

**Parent Conference:**
- Teachers give families the opportunity to answer questions that teachers may not have be able to answer during the assessment period.
- Families receive a written summary of their child’s development, including the goals that were written collaboratively.
- Teachers use the Child Developmental Progress Form as a tool to share information with families. Families will receive a copy of the summary form. This information continues with the child as they progress through the program; information is added as it is shared. Teachers are available to talk with families at arrival and departure times and we strongly support a policy of open communication between teachers and families.
- Additional meetings may be scheduled, depending on the needs of the child and family.
Training Staff to Use Authentic Observation/Learning Stories

As a part of the center’s new staff orientation, key points on authentic assessment and procedures for developing a child’s portfolio are discussed. Staff development includes topics such as: observation skills, discussions on the best ways to communicate with families when there are concerns, how to use the results obtained to plan and implement curriculum and make adaptations to the classroom as needed. Specific training on the procedures and use of Learning Stories begins at the administrative level, with training administrators and key staff. Locally, trainings are held to continue to build the capacity of the program to train staff members who work directly with children. Additionally, as the teachers use Learning Stories, opportunities for periodic discussions are encouraged and provided on the best practices in using the tool and how to best communicate the planning and implementation strategies that are generated from the results of the ongoing observations.

TOILET LEARNING PROCEDURE

Finding a toilet learning method that works for your family is critical for both parents and children. No matter how you do it, remember that this is a learning process, which takes time and many accidents along the way. Being patient is the best way you can support your child’s learning. Approach toilet learning matter-of-factly and without a lot of emotion. Toddlers are all about trying to gain some control over their world. It is very important not to force your child to use the toilet, as toilet learning is particularly ripe for power struggles because toddlers want to have control over their own bodies. When parents are matter-of-fact about toilet learning and do not make a big deal about it, children are more likely to follow their own internal desire to reach this important milestone. The timing for toilet learning is as individual as learning to walk and talk. There is no “right” age by which all children should be toilet trained.

When you do decide to transition from diapers to underwear, decide on a weekend with minimal plans that will allow you a lot of time to work one-on-one with your child to begin using the toilet in a consistent way. Be sure to talk with your primary teacher about your plans to toilet train, sharing information about how it goes over the weekend, what happens or hinders them and whether you plan to use a diaper or not during naps at school. Being consistent, both at school and at home, will benefit your child incredibly.

Signs that your child is ready to toilet train:
- Staying dry for at least two hours at a time, or after naps
- Recognizing that he/she is urinating or having a bowel movement
- Developing physical skill critical for toilet learning—ability to walk, pull pants up and down and get on and off the toilet
- Feeling uncomfortable in a soiled diaper and asking to be changed or use the toilet
- Most importantly, being emotionally ready and wanting to use the toilet

Starting Toilet Learning
Parent’s Responsibilities:
- Recognize that your child is in control of his/her body.
- Encourage children to become more independent.
- Be comfortable using and teaching your child words for body parts, urine and bowel movements.
• Let your child decide whether to use the toilet or not.
• Expect and handle toilet accidents without anger.
• Avoid punishment as well as too much praise around toilet use. (This can make children feel bad when they are not successful.)
• Ensure that your child is using the toilet consistently at home before starting to train at the center.
• Make sure that your child wears loose-fitting clothing that is easy to pull up and down by themselves.
• **No overalls, belts, suspenders, dresses or onesies (t-shirts with snaps between the legs)**. When a child begins to learn to use the toilet, there is a very short window between knowing when to go and getting to the bathroom in time. Clothing that is difficult to take off can slow the child down and become frustrating. No dresses during this time because it is difficult for children to see their underwear when pulling them up and down.
• Determine from the beginning if the child is going to sit or stand and stay consistent. Inform any caregivers of the choice so they can follow through.
• Provide THREE FULL SETS of CLOTHING, including socks and shoes, which should remain in the child’s cubby at all times. Children who are just learning to use the toilet need to be changed in a matter of fact way. Toilet learners should never be made to feel “wrong” for having an accident. ***Please label all clothing.***
• Encourage your child to change his/her own clothing if they have an accident.
• Ensure that children wear cotton underwear or panties. Pull-ups, thick absorbent undergarments and training pants can feel similar to a diaper and can confuse children. They are also an unnecessary expense.

**Child’s Responsibilities:**
• Decide whether to use the toilet or not (able to control the urge to go).
• Learn his/her body’s signals for when he/she needs to use the toilet.
• Pull their pants up and down.
• If an accident occurs, be able to change themselves with minimal assistance.
• Use the toilet at his/her own speed.

**TODDLER DEVELOPMENT**

The most apparent characteristic of the toddler years is the child’s growing desire to act independently and to be in control of himself/herself. This is obvious from the first defiantly spoken, “No!” to those phrases and gestures that say, “Me do it!” or “Mine!” Yet, this growing sense of autonomy is coupled with the still strong need to be cared for and nurtured. Independent exploration and growth must be balanced with a real sense of security and trust in one’s world (relationships, environment and routines). This precarious balance accounts for the common “one step forward and two steps backward” parents often see when toilet learning begins. During this process, autonomy is respected and fostered by waiting for the child to initiate interest in self-toileting while acknowledging respect for a sense of security by honoring their individual pace in leaving behind the security of being cared for during the diapering process.
DISCIPLINE PROCEDURE

Based on the nurturing relationship between teacher and child at the Early Childhood Education Center we consider discipline as an opportunity for growth in the sometimes-complex business of getting along with others. In order to minimize conflict, we take much effort to provide appropriate activities, create an inviting environment and meet the individual needs of children. Still, conflicts are a natural occurrence as children try to relate to one another in a group setting.

From a positive perspective, much can be learned from these conflict situations: Seeking and giving comfort, searching for and generating creative solutions, identifying emotions and finding appropriate responses to them, collaborating with peers and developing self-control. Above all, we strive to create an environment where children are safe and know that they will be cared for and listened to, not just by their teachers, but by one another as well.

We use many techniques for assisting children through conflict resolution. Although the style (pace, wordiness…) is different depending on the age of the children and severity of the situation, all methods seek to guide children as problem solvers. Infants, toddlers and preschoolers are all competent individuals and bring their own feelings, actions and ideas to conflict situations. Teachers respect and build on these attributes through their language, interactions and examples. The intent of these discipline techniques is to encourage the growth of autonomy and the ability of an individual to make decisions based on their own knowledge of right and wrong derived from intrinsic motivation to do so rather than from a desire to reap rewards or avoid punishment.

We regularly use the following discipline techniques at the center.

Limit Setting – In order for children to build trusting relationships and feel confident to explore, they must clearly know what is expected of them. Rules are few, basic, clear and concise. Boundaries and expectations expand in keeping with the abilities of the children.

Consistency – So children know what to expect (and from that, they can anticipate, predict and change their own behavior accordingly), limits and expectations are consistent throughout the classes. In addition, all adults respond in a consistent manner to conflict situations.

Tone – “You are safe; the situation is under control and we can work it out.” These are the messages a child must receive from the intervening adults. A firm, kind, serious tone with a relaxed demeanor reinforces this message.

Modeling – Our actions speak clearly to children. It is imperative that the adults at the center set an example of compassionate, caring individuals who are able to express their own needs and feelings clearly and calmly and willingly respond to the needs of others. “I feel angry when you hit me. Let’s sit down so you can tell me, in your own words, what is bothering you.”

Passive Intervention – Children are given time to work through their own problems. If a situation does not escalate to destructive or aggressive behavior, a teacher may choose to observe as the children seek a solution. The teacher’s presence can also serve as a gentle reminder to use words instead of actions. Teachers trust the children to “figure it out” but are there to help if they need it. When additional intervention is necessary to facilitate the resolution process, it is handled as non-intrusively as possible.
Physical Intervention – Staff will physically stop children when they are hurting each other. The focus will then turn to resolving the conflict at hand.

Identifying/Interpreting – “You both want the truck?” Such a simple statement can clarify the problem, diffuse tension and help the problem solving begin. Children also need help to consider others’ emotions or needs, especially when they themselves are upset. For example, “See his tears? It really hurt him when you kicked him.”

Validating Feelings – Constructive thinking is virtually impossible when one is overcome by an emotion such as anger, sadness, fear or frustration. Acknowledging the emotion is imperative before any other “learning” can occur. “I will not allow you to hit him, but tell us why you are so angry.” It is essential that all children involved in conflict be honestly listened to. Children are not told to say, “I’m sorry,” but rather to actively comfort or offer help to the child they hurt or upset. Adults may model by saying, “I am sorry you got hurt!” and at some point, children will spontaneously do the same.

Generating Options/Solutions – “Can you think of a way to use the truck together? Is there a road to drive it on? John is crying from that push you gave him. Ask him if he would like you to brush him off. Everyone wants a turn; how can we make it fair?” The teacher places a different toy near two infants who are tugging on one doll. From a list of specific choices to the general questions, “Well, what should we do about it?” children are given tools to settle conflicts (negotiate, make retribution, collaborate).

Redirection – A request to stop negative behavior is accompanied by a suggestion for an appropriate behavior with which to replace it. “You may not throw the sand; if you want to throw something, here are some bean bags and a bucket to throw them into.”

Natural Consequences – “You dumped your milk on the floor. Please get the sponge to clean it up.” “You threw sand after we asked you not to. Now you need to leave the sand box and find a different area to play in.” “When you crawl under that table, it is hard to sit up. Would you like some help to get out?” These are a few examples of the natural consequences that teachers point out and reinforce as they occur. Children see the results of their own behavior and begin to modify it accordingly.

When More is Needed
If after careful consideration and/or modification of the physical, emotional, cultural, cognitive and social environment is unsuccessful, a lead teacher will develop an individualized behavior support plan in coordination with program coordinator or director for children with persistent, serious, challenging behaviors who are not responding to the guidance techniques mentioned above.

If a child’s behavior persists and is excessively disruptive or harmful to an individual child or the class, or if the teacher and administrative staff agree that additional support and expertise is needed, some or all of the following steps will be required of the family:

- Additional Parent/Teacher Conferences – The director or program coordinator may attend to share their observations, professional opinions and offer support to the family and staff. The purpose of this conference is to clearly define the problem, re-examine possible causes, brainstorm any changes that the staff and/or family can make and reinforce consistency between home and school.
• Community Resources – Professional support (e.g., Infant or Preschool Specialist from the San Diego City Schools, Behavior Specialists from the YMCA, C3 Program) may be contacted. The program coordinator facilitates the referral process, which includes working with the parent, center staff and the specialist.

• Schedule Adjustment – The center staff may determine that an adjusted schedule (shortened hours or a different arrival time) is in the best interest of the child and/or class. Typically, this is an interim measure; long-term adjustments are determined by resolution of the issues.

• Counseling – Families may be asked to seek professional counseling outside the center. The counselor will be encouraged to visit the center for observations; center staff welcome the additional insights and suggestions and will request an exchange with the family and counselor.

The child’s continued enrollment at the center will be made contingent upon the family’s willingness to cooperate in finding a solution, in addition to the child’s success in changing the behavior in question. We strive to provide a safe and healthy environment for all children. If the behavior continues after all efforts have been exhausted, or the child is jeopardizing the health and safety of other children in the program, the center director may recommend to the parents/legal guardians/authorized representatives that the child may do better in a smaller setting. In this case, center staff could assist in finding another childcare (if requested).

**TOYS FROM HOME**

The center’s general policy is to discourage children from bringing toys from home. Because we have such an economically diverse population, we would like to ensure that each child’s time at school reflects “an even playing field” with other children. The Early Childhood Education Center is not responsible for any lost, broken or stolen toys brought to school. The center is fully equipped with age-appropriate toys and materials and we work to create a sense of community in each classroom by sharing and caring for the center’s materials. War toys or toys that encourage violent/angry solutions to problems are never permitted at the center. We do encourage one small soft cuddly stuffed animal or favorite blanket for use at naptime. Other items that may be brought to school from home include: a favorite book, a science item (rocks, bones, pods, leaves) or artwork from home.

**STAFF**

We staff classrooms with one lead teacher and assistant teachers, depending on the classroom size and the child-to-adult ratio required by Title 22 regulations and NAEYC accreditation. The center director leads administration and directly supervises the site supervisor, office administrator, program coordinator, enrollment coordinator, office support staff and food preparation staff. We have carefully chosen staff members for their outstanding training, ability and experience with children. The center follows the Child Development Permit Matrix to determine staff qualifications for hiring purposes and conforms to Title 22 and NAEYC Accreditation.

Any reference in this document to site supervisor refers to that person who has been assigned supervisory authority and/or has the responsibility for making decisions at the center in the director’s absence.
RESEARCH AT ECEC

The Early Childhood Education Center supports research activities of the UC San Diego academic community. Most research projects conducted in the classroom are strictly observational. No child will be included in a research project without parental consent. The director and the Human Subject Institutional Review Board review all research.

UC SAN DIEGO’S HARASSMENT-FREE POLICIES

Sexual Violence and Harassment
UC San Diego does not tolerate bias, harassment or discrimination and such behavior is prohibited both by law and by UC San Diego policy. Hard copies of UC San Diego’s policy and more information regarding resolution procedures are available at:

- Office for the Prevention of Harassment & Discrimination (OPHD)
  201 University Center (map)
  (858) 534-8298

Supervisors are urged to review their responsibilities under the policy and, in particular, the requirement that complaint resolutions handled at the department level be reported to OSHPP. In addition, all departments are urged to use the resources offered by OPHD and provide education to their employees on a regular basis. For more information, see Reaffirmation of UC San Diego’s Policy on Sexual Violence and Sexual Harassment.

Commitment to Be Accessible to Individuals with Disabilities
UC San Diego is committed to making each of its programs, services and activities accessible to, and usable by, persons with disabilities. We all share the responsibility of safeguarding the civil rights of individuals with disabilities who seek to participate in the full range of UC San Diego’s programs, activities and services. UC San Diego managers and administrators should carefully review PPM 200-9, UC San Diego’s Disability Access Guidelines, and inform faculty and staff colleagues of their responsibilities. The guidelines include:

- Reasonable accommodations
- Accommodating people with specific disabilities
- Updated list of resource specialists for problem resolution and grievances

For more information, see Reaffirmation of UC San Diego’s Commitment to Be Accessible to Individuals with Disabilities.

Equal Employment Opportunity/Affirmative Action Policy
UC San Diego prohibits discrimination against or harassment of any person employed by or seeking employment with the University of California, consistent with the provisions of applicable state and federal regulations. In compliance with federal regulations, the campus prepares and maintains written affirmative action plans. Managers and supervisors have responsibilities to ensure equal opportunity and affirmative action programs are implemented.
For detailed information on staff and academic policies and resources, see Reaffirmation of UC San Diego’s Equal Employment Opportunity / Affirmative Action Policy.

COMPLAINT/GRIEVANCE PROCEDURE

ECEC reaffirms UC San Diego’s Principles of Community and specifically rejects acts of discrimination based on race, ethnicity, gender, age, disability, sexual orientation, religion, and political beliefs, and, we will confront and appropriately respond to such acts. Whenever there is a need to lodge a complaint or discuss a concern, the personnel below should be addressed in the order they are listed:

**Classroom-Related Issues**
1. Lead Teacher
2. Program Coordinator
3. Director
4. Director of Auxiliary Business Services

**Other Issues**
1. Maintenance and Grounds: Service Referral Desk – Facilities Management
2. Enrollment/Food Program/Referral: Enrollment Coordinator
3. Billing: Office Administrator
4. General Information: Any available administrative staff member

**Reporting of Abuse Procedures**
To report any incident involving a staff member who is suspected of violating the personal rights of any child under the provisions set forth in the California Code of Regulations, Title 22, Section 101223, the appropriate licensing agency to contact to file a complaint is:

Community Care Licensing  
7575 Metropolitan Drive, Suite 110  
San Diego, CA 92108  
(619) 767-2227

The Department of Social Services shall have the authority to interview children, or staff, and to inspect and audit child or center records without prior consent.

The center is also required to file a complaint with this agency in the event that it suspects any child’s rights have been violated by a parent/legal guardian/authorized representative or employee, as set forth in the provisions below:

**Personal Rights, California Code of Regulations, Title 22**
The following is a statement of parent(s), domestic partner(s), or legal guardian(s) Personal Rights as contained in the California Code of Regulations, Title 22, Section 101223. All employees are expected to be familiar with this Code and treat parent(s) or legal guardian(s) accordingly.

*Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.*

(a) **Child Care Facilities.** Each child receiving services from a child care facility shall have rights which include, but are not limited to, the following:
1. To be accorded dignity in his/her personal relationships with staff and other persons.
2. To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
3. To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
4. To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
5. To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In child care facilities, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s) or guardian(s) of the child.
6. Not to be locked in any room, building, or facility premises by day or night.
7. Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

The appropriate licensing agency to contact regarding filing a complaint is:

Community Care Licensing
7575 Metropolitan Drive, Suite 110
San Diego, CA  92108
(619) 767-2227

Additionally, if an employee suspects that a child’s Personal Rights have been violated by another employee, then the employee suspecting such abuse should immediately notify Community Care Licensing, as well as the center director, so that immediate steps may be taken to protect the welfare of the child(ren). This is accomplished by the employee by completing an Unusual Incident/Injury/Death Report (Lic. 624) (Confidential) form available in each classroom or in the administrative office. The original signed copy should be mailed in order to be received at the Department of Social Services, Community Care Licensing office within 36 hours and the director will also fax a copy to that office. **Behavior that poses an immediate risk to the physical or emotional health and safety of the children, or any use of corporal punishment with children, will result in immediate suspension and possible dismissal.**
OPERATIONAL RULES

ENROLLMENT/ORIENTATION

The UC San Diego Early Childhood Education Center offers childcare services to university-affiliated persons and community members without regard to race, color, sex, age, disability, religion or national origin. Our program, which recognizes and respects the value of diversity, accepts children of all abilities. ECEC welcomes all children and develops reasonable accommodations, based on individual needs, in conformance with ADA requirements and the university’s Principles of Community. ECEC does not have the resources to offer additional services; however, center staff collaborate with parents and professionals to implement an Individual Family Service Plan (IFSP) or Individualized Education Plan (IEP) as appropriate. ECEC refrains from any religious instruction or worship.

The enrollment coordinator will arrange classroom tours or curriculum review as requested by incoming parent(s) or legal guardian(s). At the orientation, the parent(s) or legal guardian(s) of an enrolled child will meet with an administrative staff member and will receive copies of the Family Handbook and the Emergency Management Plan. Documentation required by the ECEC and licensing will be completed and signed by parent(s) or legal guardian(s) at the orientation and will be maintained in the administration office for audit purposes. Enrollment will be contingent upon the receipt of all enrollment forms including: Communication data; emergency and medical information and health history; affiliation statement; Contract of Association Membership; tuition fee and 30-day withdrawal notice; photo permission; title acknowledgement(s); and Medication Authorization. Administrative staff will collect specific health and safety information from families for each child and will be maintained on file in the administrative office. Staff keep these files current by updating as needed, or annually. The file content is confidential but is immediately available to administrators, teaching staff or regulatory authorities on request.

Occasionally, a child does not adjust to the center environment or exhibits disruptive behavior. In such cases, it is essential for parent(s) or legal guardian(s) to be available for consultation and to work together with staff to resolve the difficulty. Any decision to move a disruptive child between classrooms will first be addressed between both involved classroom teachers and administration, followed by discussion with the parent(s) or legal guardian(s) before implementation of any move.

If all involved determine that the center is not the most appropriate placement for the child, administrative staff will provide assistance and referrals to support the family in finding an alternate setting.

TRANSFERRING CHILDREN

The processes for transferring children from one room to another, and that used to fill the spaces in the classrooms, are complicated. Many factors are involved in the decision about how a space is filled in a particular classroom. For this reason, we ask that if you have any concerns regarding transfers or openings in a classroom, please consult the enrollment coordinator. The enrollment coordinator manages the center’s enrollment and always has the most current information regarding classroom openings. Consulting teachers and/or other parents can lead to serious misunderstandings.
Additionally, administration is responsible for providing at least one week’s notice to the lead teachers in each classroom involved in any transfer and/or visit from transferring student and parent or legal guardian.

SIGN IN/OUT PROCEDURES

It is essential that a parent/legal guardian/or authorized representative accompanying a child to a classroom (after turning over the child to a teacher or aide who will confirm that the child is in good health) completely signs in the child on the Procare app, acknowledging permission for ECEC to care for the child. A sign out signature is also required when picking up a child. Sign-in/out kiosks and paper forms are available if needed. **It is important to complete this procedure before leaving the classroom.**

Punctuality and consistency are important to your child’s sense of security. Should an emergency arise and you cannot pick up your child(ren), we ask that you follow this procedure:

Call the center to advise staff that the authorized representative whose name is on file in the administrative office will be picking up your child. An authorized representative as used in this handbook refers to any adult person that you have authorized, in writing, to make emergency arrangements for your child. If the adult picking up your child does not have his/her name already on file as that authorized representative, please arrange to fax or email in your signed permission to the center identifying the person to whom you are giving that permission (or arrange for the designated person to bring it in when he/she picks up the child). Your emergency contact will also be required to provide photo identification.

When a child has not been picked up at closing time and no call from the parent/legal guardian/authorized representative has been received, the child will be considered abandoned and late pick-up procedure will be incurred.

Unless a court has ordered otherwise, the following people may pick-up a child from the center:

- A parent or legal guardian
- A person who has written authorization from the parent with physical custody
- Police and child welfare workers who have proper authorization

Know the Law About Who May Pick Up a Child from Child Care

It is the parent(s) or legal guardian(s) responsibility to present a copy of all relevant information regarding custodial and court ordered mandates. With proper identification, please understand that either parent may visit or pick-up the child(ren) at any time unless court documents are on file. Without legal documentation, staff are unable to refuse a parent from picking up his/her child due to a prior request by the other parent.

HOURS OF OPERATION

The center accepts children for full-day enrollment only. The full-day program begins at 7:30 a.m. and ends at 5 p.m. The center provides care on weekdays only. **Please note that due to current COVID-19 procedures, the center has reduced program hours from 7:30 a.m. to 4:30 p.m.**
**PICK-UP POLICY**

The center operating hours are as outlined above. When you pick up a child, please sign out and leave promptly so that the individuals supervising the classroom can devote their full attention to the remaining children.

Please include a “person authorized to take your child from facility” on form LIC 700. In the event of an emergency when you will not arrive by 5 p.m., please contact your authorized person to do so, followed by a phone call to the classroom to let them know.

Families will incur substantial fines if children are not removed prior to the 5 p.m. program closing. An invoice for late pick-up fees use will be included in your monthly tuition billing. All payments are due upon receipt.

The center’s policy is that children not picked by the scheduled 5 p.m. closing will be considered abandoned and appropriate actions will follow.

**Late Pick-up Policy**

The Early Childhood Education Center closes at 5 p.m. Parent(s) or legal guardian(s) of a child left there after 5 p.m. will be fined at the posted rate for each 10-minute increment past 5 p.m. until the child is signed out. Any part of the 10-minute increment will be assessed at the full 10-minute rate, meaning there will be a per child fee assessed whether you are one minute or 10 minutes late in each 10-minute increment past 5 p.m. For example, a family with two children who are not signed out until 5:25 p.m. would incur a $60 fine (e.g., two full 10-minute increments at the current $10 rate of $10 plus another partial 10-minute increment at $10 multiplied by two children = $60).

Please remember that the employees in your child’s classroom have personal responsibilities and need to leave promptly at 5 p.m.

**BITING POLICY**

We recognize that biting is, unfortunately, not unexpected when toddlers are in group care. We are always upset when children are bitten in our program and we recognize how upsetting it is for parents. However, parents and teachers must discourage this disturbing and potentially harmful behavior from the very first episode. From the first time a child bites, center staff take these steps to prevent further episodes.

- Staff give immediate attention and, if necessary, first aid to any child bitten. In some cases, it is beneficial to involve the biter in caring for the bite and comforting the hurt child to help them make a connection.
- Staff clearly state to the biter that biting is not okay, show him/her the bite and tell him/her that it hurts.
- The teacher who witnesses the bite completes two incident reports, one for the child who bit and one for the child who was bitten.
• Each parent will receive a copy of the report pertaining to his/her child; the center retains one copy in the child’s file and gives one copy to the program coordinator. Staff should call the parents of both children at that time. The names of both children remain confidential.
• Children bite for many different reasons. Careful observation by the lead teacher and the classroom staff will help determine the reason and provide appropriate strategies in order to prevent the biting from escalating. Possible strategies and steps may include:
  o Conducting a comprehensive assessment of the classroom environment – the lead teacher will consider the physical, cultural, cognitive, social and emotional aspects.
  o Providing a cold teething ring
  o Adding sensory activities
  o Adding cause-and-effect activities
  o Ensuring consistency and/or flexibility in schedule
  o Assigning a staff member to “shadow” and guide behavior
• If biting persists, the center will hold a meeting with the primary caregiver, lead teacher and the program coordinator and/or director. During the meeting, we will problem solve by looking for any patterns in the incidents, sharing information and together, creating a plan to stop the behavior, both at school and at home. The plan generally consists of intensified prevention and redirection methods, stressing consistency with all caregivers. Staff will seek additional input and share available community resources.

We strive to provide a safe and healthy environment for all children. If the biting continues after all efforts have been exhausted, or the child is jeopardizing the health and safety of other children in the program, administration may recommend to the parents/legal guardians/authorized representatives that the child may do better in a smaller setting. In this case, center staff can assist in finding another childcare alternative (if requested).

**CAR SEATS**

California Department of Motor Vehicle (DMV) law requires all children to be secured in an appropriate child passenger restraint (safety seat or booster seat) until they are at least eight years of age or at least 4’9” tall. Children under two years of age shall ride in a rear-facing car seat unless the child weighs 40 pounds or more or is 40” tall or more. Our office staff will check that each parent driver complies with current California DMV law and has the appropriate number of safety and/or booster seats installed prior to transporting any of our children on classroom outings and/or field trips.

**CLASSROOM OUTINGS/ FIELD TRIPS**

The director or program coordinator is required to pre-approve all outings/field trips. Classes are encouraged to take advantage of the beautiful and resourceful campus through frequent nature walks, outings to the park and other campus sites. Parents will receive notice of walks and outings through the weekly lesson plans posted in each classroom. Field trips to campus or other events, such as local plays, will have separate individual permission slips. The responsible teacher(s) will post a detailed written notice on the classroom door documenting the date and time of the outing and listing the children and adults present.
TUITION PAYMENTS

The Early Childhood Education Center is open to children of full-time UC San Diego students, faculty and staff with limited space for the local community. Monthly tuition fees include a nutritious morning and afternoon snack. Prices are slightly higher for non-UC San Diego affiliates. A family with more than one child enrolled will receive a 10% reduction on the younger child's tuition.

BILLING PROCEDURES

Parents pay tuition monthly, in advance. UC San Diego Central Accounts Receivable Office will generate a monthly invoice that is payable upon receipt. The remittance copy of the invoice or invoice number should accompany payment. Parents may mail payments to the UC San Diego Campus Main Depository at the address shown on the invoice or drop them off in the administrative office. Credit card payments are also accepted in the office and online for campus employees with single sign-on access; only Visa or MasterCard accepted. Monthly Automated Recurring Billing (ARB) service is available; see an office administrator to set up automatic billing.

Tuition increases, when required, are generally effective September 1st of each year. Invoice adjustments will not be made if your child is sick or your family takes vacation. If you have any questions regarding the computation or any other aspect of your bill, please contact the administrative office and we will be happy to assist you.

- **First Invoice** – Tuition is due at the beginning of each month, in advance. If you join the program after the first day of the month, your first invoice will include a pro-rated fee for the first month and the full tuition for the next month. The pro-rated fee is the daily fee (the monthly fee divided by an average of 21 days per month) multiplied by the number of days your child is enrolled that month. This applies to the first and last month of enrollment. If a child transfers from the infant program into the toddler program (or from toddler to preschool) in the middle of the month, the monthly fee will be determined by multiplying the daily fee by the number of days the child was enrolled in each program.
- **Late Payment** – All tuition is due upon receipt. If after 30 days the invoice remains unpaid, a delinquency notice will be sent. The delinquency is allowed 10 days for correction before a notice to terminate services is issued. Should services be denied to a family for an unavoidable reason, the center will make every effort to handle the situation with as much sensitivity as possible, with special emphasis on the child’s perception of departure.
- **Leaving the Program** – When you are preparing to leave the center, please remember to provide written notice of your plans to the administrative office. Your last invoice will be determined by multiplying the daily fee by the number of days your child was enrolled in that month. Verbally notifying classroom staff does not constitute as “official withdrawal notification.”

Audit Guidelines require that a written 30-DAY NOTICE OF WITHDRAWAL (available from the administrative office) be delivered to the administrative office indicating the effective withdrawal date. The 30-day notice is required so that Waiting Pool families can be contacted to fill your child’s space as soon as it is vacated, thus avoiding any financial loss to the center by having a space remain vacant longer than necessary.
FOOD PROGRAM

Parents must provide lunch for their child. We recommend packing a balanced and nutritious lunch with foods from at least three food groups. The center provides balanced snacks, based on the U.S. Department of Agriculture, each morning and afternoon. The administrative office emails snack menus each month and they are available through the Procare app.

Daily meal times are:

- Morning snack: 9–9:30 a.m.
- Lunch: Noon–12:30 p.m.
- Afternoon snack: 3–3:30 p.m.

CHILDREN’S CLOTHING

Children are encouraged to fully participate in all daily activities—most of which are messy. We urge parents to dress their children in simple, washable play clothes. Shoes or sandals must be worn; no flip-flops, please. Consider your child’s balancing, jumping, climbing, running, pedaling and/or chasing and choose all footwear accordingly. Children should be dressed appropriately for the weather, wearing sweaters or coats on chilly days. Parents should provide the center a change of clothing for accidents and a blanket, each marked with the child’s name, as well as diapers for infants. Hats are recommended but not required.

BIRTHDAYS

A child’s birthday is a special occasion for both the child and parent. In order to satisfy health and safety regulations, as well as nutritional requirements, the center does not allow snacks from home, hard candy or gum, to be served to the children. Teachers plan classroom activities to make the child’s day special and help the children create birthday signs, hats and pictures for their friends. The birthday child is center stage for Circle Time.

Parent(s) or legal guardian(s) are welcome to join the child at the center for this day (or any day). In the afternoon, parent(s) or legal guardian(s) may contribute to the celebration by having older siblings or friends do a puppet show, bring a favorite book to read to the children or share the child’s favorite activity or game. Grandparents are also welcome to spend the afternoon with the child at the center. If the birthday falls at a time when parent(s) or legal guardian(s) cannot participate, the center can organize a number of birthday activities. This way, children will feel that the day has been specifically designed for them.

Please note that due to COVID-19 policies and procedures, we are currently inviting parents to participate virtually.

PARENT PARTICIPATION

Each parent or legal guardian of an enrolled child(ren) is encouraged to participate in the Parents’ Advisory Board. The quality of the center’s program depends upon positive parental involvement. We expect that all members contribute both time and effort to the success of the center. The center
supports and welcomes all forms of parent participation, in the view that close parent-staff
communication creates understanding, which enriches the child’s center experiences and allows parents
to share a large part of their child’s daily world.

Although teachers set up various work areas (mentioned in the Program Description), we strongly
believe that parental input can greatly enrich the basic program. The center is extremely fortunate to
have families of varying cultural backgrounds and emphasizes the continual need to find ways to expand
the basic curriculum in new multicultural directions. Parents may contribute by sharing cultural
traditions and customs, loaning ethnic materials, recording or re-writing stories in various languages,
etc.

Working parents may contribute by supplying materials from home (e.g., paper, office supplies, glue,
crayons, paint, fabric, etc.) that teachers can use to make arts and crafts or games that enrich the child’s
experience at the center. Additionally, the center welcomes donations of recycled materials/items that
can be used for three-dimensional art and construction projects. Paints, inks and other writing/drawing
supplies should be washable and not permanent. We encourage sharing between staff and parents.
Parent input is extremely vital to the program and has been instrumental in alerting the staff to new
needs. We encourage and welcome all parents into our classrooms. If your child has had a difficult time
detaching, please consult the classroom teacher before visiting.

**UC San Diego Friends of Childcare** is the fundraising arm of the Parents’ Advisory Board, composed
completely of ECEC parents interested in organizing methods of raising additional revenue to enrich
programs and provide educational activities or resources for the center’s children. They maintain a
private/non-campus account at UC San Diego’s Credit Union that the campus accounting department
does not handle. A minimum of two designated individuals from this fundraising group will have
signature authority. UC auditors have mandated that this group apprise the center’s administration of
any fundraising activities since they use the center’s name for these purposes, and any and all PAB
accounts will be made available to campus auditors for audit at their discretion. Any fundraising efforts
by this group will be pre-approved by the center’s administration so that it conforms with campus
policies and procedures. Any program/activity/resource provided to the center’s children with funds
raised as a result of their fundraising efforts, need to be pre-approved by the center’s administration.
The center’s staff are not, however, to assume any of the responsibilities involved in the fundraising
events, collection or distribution of funds.

**CONFIDENTIALITY OF RECORDS**

All personal information regarding a child or a child’s family is confidential; such information should not
be discussed with anyone outside the staff; any discussion about a child or a child’s family should take
place in a private setting. The use or disclosure of all information pertaining to the child and his/her
family shall be restricted to purposes directly connected with administration of the program. The
contractor shall permit the review of the basic data file by the child’s parent or legal guardian at
reasonable times and places upon request.
HEALTH PROCEDURES

HEALTH RECORDS

A medical examination, prescribed immunizations, and completion of a health information sheet are **required** to complete enrollment.

Immunizations are required according to the current schedule recommended by the U.S. Public Health Services and the American Academy of Pediatrics ([www.aap.org](http://www.aap.org)). An administrator subscribes to the Center for Disease Control website and receives alerts when there are updates to the recommended immunization schedule. Our state follows regulations regarding attendance of children who are not immunized due to medical reasons. Unimmunized children are excluded during outbreaks of vaccine preventable illness as directed by the state health department. As of January 1, 2016, parents or guardians who choose not to immunize their children will no longer be allowed to submit a personal beliefs exemption to a currently-required vaccine.

ILLNESS

The center has no provisions for care of ill children. Children who are ill must remain away from the center until they are well enough to safeguard the health of the other children. Parents are expected to inform the center to indicate that the child will be absent and provide the reason for the absence.

GENERAL ILLNESS/INJURY AT THE CENTER

Staff members greet children at the beginning of the day, being watchful of their appearance as they enter and throughout the day. Children should report to school in good health and ready to participate in school activities.

If a child is brought to the center and the teacher/director feels that the child is ill, the child will not be admitted. If a child becomes ill during the day, center staff will contact the child’s parent or legal guardian and the child must be picked up from the center. If a parent is unavailable, the authorized representative listed on the Emergency Information Record will be contacted. (Also see Guidelines for Excluding Ill or Infected Children from Group Childcare.)

Young children will sometimes experience falls or sustain “bumps” during the course of a day, especially in the outdoor environment. Usually, these situations are handled with simple comfort, a drink of water or a sympathetic Band-Aid or ice pack. When a child sustains a cut, bruise or other injury, staff members will provide first aid care appropriate to the injury or illness treatment according to procedures specified in our pediatric first aid training (5.A.03). A parent, guardian or caregiver will be notified following first aid care. Staff will complete an incident report. Copies of the incident report are kept in an office file, the child's file and given to the family.

MEDICATION/CHRONIC ILLNESS

All medications, both prescription and non-prescription, need parent or legal guardian/authorized representative and/or physician’s authorization to be administered. The prescription label on the
container is considered authorization for prescription medications. The classrooms have a medication log form for the parent/legal guardian/authorized representative to sign authorizing staff to administer the substances. The next required dose and time should be indicated on the authorization along with the full signature of the parent/legal guardian/authorized representative. Dosages should be entered in this medication log.

If a child must continue taking prescription medication following an illness, the center staff will administer it. A note from the physician must accompany the medication indicating that the child is no longer contagious and is able to participate in the program activities. If a child must be on medication in order to be comfortable and symptom-free, he/she should not be at the center.

All medications must be in their original prescription labeled containers. Prescriptions are required to have the child’s name and dosage information on the label. Other containers cannot be used. Other family member’s prescriptions cannot be used. Prescription medication for one child cannot be used for a sibling.

Non-prescription drugs (Ibuprofen and/or Tylenol) need parent/legal guardian/authorized representative’s permission to be administered. This is accomplished by the parent/legal guardian/authorized representative completing the Medication Authorization form found in the child’s enrollment packet. These medications may be administered only to reduce fever until the parent/legal guardian/authorized representative can take the child home.

GUIDELINES FOR EXCLUDING ILL OR INFECTED CHILDREN FROM GROUP CHILDCARE


A facility shall not deny admission to or send home a child because of illness unless one or more of the following conditions exists. The parent or legal guardian should be notified immediately when a child has a sign or symptom requiring exclusion from the facility as described below:

A. The illness prevents the child from PARTICIPATING COMFORTABLY in facility activities as determined by the child care provider;

B. The illness results in a greater need for care than the child care staff can provide without compromising the health and safety of the other children as determined by the child care provider; or

C. The child has any one of the following conditions:
   Fever – Oral temperatures above 100°F, rectal temperatures above 102°F, or axillary (armpit) temperatures above 100°F; accompanied by behavior changes or other signs and symptoms of illness until the child is fever free, or un-medicated for 24 hours since center detection of illness.
   1. Symptoms and signs of severe illness – such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficulty breathing, wheezing or other unusual signs until medical evaluation indicates inclusion.
   2. Diarrhea – that is, loose, frequent bowel movements, until diarrhea stops.
3. **Vomiting illness** – (two or more episodes of vomiting within 24 hours) until vomiting resolves or until healthcare provider determines the illness to be non-communicable, and the child is not in danger of dehydration.

4. **Mouth sores with drooling** – Unless a healthcare provider or health official determines the condition is non-infectious.

5. **Rash with fever** – or behavior change, until a healthcare provider determines that these symptoms do not indicate a communicable disease.

6. **Purulent Conjunctivitis** – (defined as “pink” or “red conjunctiva” with white or yellow discharge) until 24 hours after treatment has been initiated.

7. **Scabies, Head Lice, or other infestation** – until 24 hours after treatment has been initiated and all nits have been removed.

8. **Tuberculosis** – until a healthcare provider or health official states that the child can attend child care.

9. **Impetigo** – until 24 hours after treatment is initiated.

10. **Strep Throat or other streptococcal infection** – until 24 hours after antibiotic treatment and cessation of fever as above.

11. **Chicken Pox** – until 6 days after onset of rash or until all sores have dried and crusted and no new ones have appeared.

12. **Pertussis** – until 5 days of appropriate antibiotic treatment (currently erythromycin which is given for 14 consecutive days), to prevent an infection has been completed.

13. **Mumps** – until 9 days after onset of parotid gland swelling.

14. **Hepatitis A Virus** – until 1 week after onset of illness or as directed by the health department when passive immunoprphylaxis (currently immune serum globulin) has been administered to appropriate staff and children.

15. **Measles** – until 6 days after onset of rash.

16. **Rubella** – until 6 days after onset of rash.

17. **Unspecified respiratory illness** – ill children with the common cold, croup, bronchitis, pneumonia, otitis media (middle ear infection) whose symptoms require special staff attention until symptoms subside.

18. **Shingles** – unless the lesions can be adequately covered by clothing or a dressing, or until a recommendation of the healthcare provider is received.

19. **Herpetic Gingivostomatitis** – Herpes simplex, with uncontrollable secretions.

### ADDITIONAL GENERAL GUIDELINES

Any communicable disease identified by the Center for Disease Control (CDC), the American Academy of Pediatrics or the American Public Health Association as a risk to the population if a child is infected, or has been exposed – Child shall not return to the center until all requirements for quarantine or voluntary isolation are completed.

### MEDICAL EMERGENCIES

If a medical emergency occurs, center staff will contact the parent/legal guardian/authorized representative to pick up the child. In extreme emergencies, the child will be taken to Thornton Hospital Emergency Intake and the parent/legal guardian/authorized representative will be contacted as soon as possible.
EMERGENCY/EVACUATION PLAN

If there is an earthquake, fire or other natural disaster, staff will care for children at the center or in the field east of the center (the designated evacuation area). The center conducts evacuation drills regularly. Each classroom is equipped with a three-day emergency kit. Staff will contact the parents/legal guardians/authorized representatives and encourage them to pick up their child(ren) as soon as possible. Sign-out procedures will be followed. If an adult, other than a parent or legal guardian, is picking up your child(ren), then he/she must have written permission and be prepared to show appropriate identification.

The center distributes an Emergency Management Plan with basic information and instructions on what to do in case of a disaster at each parent orientation. Please keep this booklet in a safe, easily accessible place in case of an emergency.