# TABLE OF CONTENTS

If a discrepancy exists between this handbook and any legal mandate, legal mandate will take precedent.

<table>
<thead>
<tr>
<th>Mission, Vision and Philosophy</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM RATIONALE AND DESCRIPTION</td>
<td></td>
</tr>
<tr>
<td>Mixed-Age Classrooms</td>
<td>2</td>
</tr>
<tr>
<td>Infant Program</td>
<td>2</td>
</tr>
<tr>
<td>Toddler Program</td>
<td>3</td>
</tr>
<tr>
<td>Preschool Program</td>
<td>4</td>
</tr>
<tr>
<td>NAEYC Accreditation</td>
<td>5</td>
</tr>
<tr>
<td>Visitation and Immunization</td>
<td></td>
</tr>
<tr>
<td>Requirements for Volunteers</td>
<td>6</td>
</tr>
<tr>
<td>Primary Caregiving</td>
<td>6</td>
</tr>
<tr>
<td>Infant Sleeping Requirements</td>
<td>7</td>
</tr>
<tr>
<td>Authentic Assessment</td>
<td>7</td>
</tr>
<tr>
<td>Toilet Learning Procedure</td>
<td>11</td>
</tr>
<tr>
<td>Toddler Development</td>
<td>12</td>
</tr>
<tr>
<td>Discipline Procedure</td>
<td>12</td>
</tr>
<tr>
<td>Toys from Home</td>
<td>15</td>
</tr>
<tr>
<td>Lunch</td>
<td>15</td>
</tr>
<tr>
<td>Staff</td>
<td>15</td>
</tr>
<tr>
<td>Research</td>
<td>15</td>
</tr>
<tr>
<td>UC San Diego’s Harassment-Free Policies</td>
<td>15</td>
</tr>
<tr>
<td>Complaint/Grievance Procedure</td>
<td>16</td>
</tr>
<tr>
<td>OPERATIONAL RULES</td>
<td></td>
</tr>
<tr>
<td>Enrollment/Orientation</td>
<td>18</td>
</tr>
<tr>
<td>Transferring Children</td>
<td>19</td>
</tr>
<tr>
<td>Sign-In/Out Procedures</td>
<td>19</td>
</tr>
<tr>
<td>Hours of Operation</td>
<td>20</td>
</tr>
<tr>
<td>Biting Policy</td>
<td>20</td>
</tr>
<tr>
<td>Car Seats</td>
<td>21</td>
</tr>
<tr>
<td>Classroom Outings/Field Trips</td>
<td>21</td>
</tr>
<tr>
<td>Tuition Payments</td>
<td>21</td>
</tr>
<tr>
<td>Billing Procedures</td>
<td>21</td>
</tr>
<tr>
<td>Children’s Attire</td>
<td>22</td>
</tr>
<tr>
<td>Birthdays</td>
<td>22</td>
</tr>
<tr>
<td>Parent Participation</td>
<td>23</td>
</tr>
<tr>
<td>Confidentiality of Records</td>
<td>23</td>
</tr>
<tr>
<td>HEALTH PROCEDURES</td>
<td></td>
</tr>
<tr>
<td>Health Records</td>
<td>23</td>
</tr>
<tr>
<td>Illness</td>
<td>24</td>
</tr>
<tr>
<td>General Illness at the Center</td>
<td>24</td>
</tr>
<tr>
<td>Medication/Chronic Illness</td>
<td>24</td>
</tr>
<tr>
<td>Guidelines for Excluding Ill or Infected Children from Group Child Care</td>
<td>25</td>
</tr>
<tr>
<td>Additional General Guidelines</td>
<td>26</td>
</tr>
<tr>
<td>Medical Emergencies</td>
<td>26</td>
</tr>
<tr>
<td>Emergency/Evacuation Plan</td>
<td>26</td>
</tr>
<tr>
<td>USDA Nondiscrimination Statement</td>
<td>27</td>
</tr>
<tr>
<td>APPENDIX</td>
<td></td>
</tr>
<tr>
<td>Standing Rules of Order of The Association of UC San Diego Early Education Center/Mesa Child Development Center Parents</td>
<td>27</td>
</tr>
<tr>
<td>CAMPUS CHILD CARE ADVISORY COMMITTEE</td>
<td></td>
</tr>
<tr>
<td>Charge</td>
<td>30</td>
</tr>
<tr>
<td>Membership</td>
<td>31</td>
</tr>
<tr>
<td>Terms of Appointments</td>
<td>32</td>
</tr>
<tr>
<td>Meetings</td>
<td>32</td>
</tr>
</tbody>
</table>
MISSION
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.

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 PHILOSOPHY
Inspired by the Reggio Emilia philosophy, the Mesa Child Development Center is committed to hands-on, child-driven learning in which children are initiators of their own discovery, parents are collaborators, and teachers are facilitators. We seek to bridge family, school and community and create an awareness of global inclusivity by understanding the impact of culture on families. Our program focuses on collaboration between staff, parents, and children.

PROGRAM RATIONALE AND DESCRIPTION
The Mesa Child Development Center serves children 3 months to 5 years and our education goals are:

- To strive to promote the wellbeing of the child and family by providing high-quality childcare in an early childhood education setting
- To provide a rich, safe and healthy environment that stimulates creative learning and satisfies a child’s natural curiosity
- To cultivate a lifelong world view by embracing tolerance, respect and appreciation for human diversity and the fair treatment of all people
- To promote self-esteem by accepting a child’s failures and successes to enable him or her to manage personal feelings
- To foster a child’s development through interactive pursuits with the physical, social and natural world in which we live
- To pursue and maintain accreditation from the National Association of Education for Young Children as a high-quality program for young children
- To support the ability to initiate learning through purposeful play that provides the foundation for lifelong learning skills necessary for personal, academic and professional fulfillment

The center operates three mixed-age programs:

1. Infants (full time 3 months to 2 years)
2. Toddlers (full time 2–3 years)
3. Preschool (full time mixed age 3–5 years)
MIXED-AGE CLASSROOMS

All of our classrooms are mixed-aged, which research shows has many benefits in early childhood:

- Children are able to spend several years with the same teachers, which allows deeper relationships to develop, and helps the teachers to develop a better understanding of a child’s strengths and needs. Therefore, they are in a better position to support each child’s learning.
- Children have more than a year to develop in a classroom and are able to see themselves as progressive, successful learners.
- Children are unique individuals and teachers can focus on teaching each child according to his or her own needs, strengths and interests.
- Children develop a sense of family with their classmates and become a “family of learners” who support and care for each other.
- Older children have the opportunity to serve as mentors and to take leadership roles.
- Children are more likely to cooperate than compete.
- Older children model more sophisticated approaches to problem solving and younger children are able to accomplish tasks they could not do without the assistance of older children.

INFANT PROGRAM (3 months to 2 years)

We modeled our infant program on research and guidelines developed collaboratively by the California Department of Education and West Ed and is designed to be an extension of the family unit. The low child/teacher ratio supports social-emotional growth and language development, which provides opportunity for each young infant to connect with a responsive caregiver and fosters the development of close, caring relationships. Intellectual development has an emphasis on activities that are naturally interesting to infants and that 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 so that the young infants can be viewed in their natural environment without disturbance and entrance into this area requires authorized access to ensure all health and safety standards are fully met.

The 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.

For bottle feedings, bottles will not contain solid foods unless the child’s healthcare provider supplies written instructions and a medical reason for this practice.

The daily schedule is designed to meet the physical needs of the infants (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 they find interesting. 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. Infants are encouraged to find their own way to do things and to learn from the diversity of their peers’ responses.

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 before meals 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 or climbing, swinging 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 unite to explore an idea, experiment with color or find a new way to climb. A daily meeting 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 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.
- 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.

The 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. They place emphasis on understanding the image that a child has of self and helping the child develop a positive self-image.

**PRESCHOOL PROGRAM (3–5 years)**

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 as well as 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 or outdoors. The carefully designed program curriculum provides for the many areas of growth in young children and includes these 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 activities focus on fine-motor control, eye/hand coordination and visual discrimination. The children develop an understanding and appreciation of early literacy skills.

- **Listening Center Tasks**: Children listen to stories that adults read to them, 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. As children watch the transformation of materials that 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 media 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, pediatrician’s office, restaurant, office or airliner — as children use their own actions to understand their world.

- **Cognitive Tasks:** Each day, staff set up different types of puzzles, memory games, measurement tools, cubes, scales and other manipulative materials for the children to explore. These tasks are designed to help the children develop their concepts of size, position, color, shape, time, quantity and comparison. Adults are available to help children learn from their observations and to challenge children to use material 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 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 is the large group meeting time at noon and the smaller meeting at the end of the day. These special times of singing, rhyming and language development games focus on the child’s importance as a member of the group. They provide a setting for children to learn to speak and listen to one another.

**NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (NAEYC)**

The Mesa Child Development Center is accredited by National Association for the Education of Young Children. NAEYC administers the largest and most widely recognized accreditation system for all types of early childhood schools and child care centers. Early childhood programs accredited by the NAEYC have voluntarily undergone a comprehensive process of internal self-study, invited external professional review to verify compliance with the criteria for high-quality early childhood programs, and been found to be in substantial compliance with the criteria.

**A high quality early childhood program:**

- 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 at all times
• 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 your child’s daily life. They 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 help you develop a visitation and gradual separation plan collaborating with you so that they can get to know as much as possible about your child, including his or her temperament and cultural background. This parent-accompanied visitation is two weeks for one to two hours for ages 3 months to 3 years and 1 week for the 4-year-old age group. This visitation period takes place prior to enrollment.

Parents are allowed to provide care and supervision to their own children but once a parent volunteers to perform any of the activities described below, then care and supervision is being provided and immunizations are required (per SB792).

“Care and Supervision” means any one or more of the following activities provided by person or child care center to meet the need 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 relationships, we practice “primary caregiving.” Each teacher has a small group of families assigned as his or her primary responsibility. 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 because 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 these 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 come to have 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 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 venue 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:

- 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

This portfolio, shared during parent conferences, is a visual tool for guiding our thinking about each child while documenting their growth. More formal records such as family conference notes, health documentation and a semi-annual written developmental profile (DRDP) are also included in the child’s file.

We assess children using the Desired Results Developmental Profile (DRDP), developed by the California Department of Education (CDE) in conjunction with the Center for Child and Family Studies at West Ed. It defines desired results as “a condition of well-being for children and families.”

The DRDP system includes two separate age-level DRDP instruments. The age levels are infant/toddler (birth to 36 months) and Preschool (36 months-pre kindergarten). Each Desired Result defines an overall outcome. The DR system was developed based on the following six Desired Results:

- Desired Results for Children
  - DR 1: Children are personally and socially competent.
  - DR 2: Children are effective learners.
  - DR 3: Children show physical and motor competence.
  - DR 4: Children are safe and healthy.
- Desired Results for Families
  - DR 5: Families support their child’s learning and development.
  - DR 6: Families achieve their goal.

These Desired Results as identified by CDE are reflected in the programs more comprehensive Goals and Objectives. ECEC use the DRDP in conjunction with Authentic Assessment, all of which is included in the child’s portfolio. The child’s confidential portfolio is designed to be informed by the unique family culture and the child’s experiences, interests, abilities and challenges. By combining the DRDP with the child’s portfolio, teachers are able to view children’s progress over a period of time providing for an overall outcome that is both meaningful and accurate.

Timeline – Teachers use the DRDP to assist in observing children’s achievements over time during the school year from September until June. This tool ensures that there is continuity of progress and consistency in learning for all young children, and staff contributions to the child’s portfolio are ongoing.
**Conditions for Assessment** – All 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. Because the scales used in the DRDP are based on a progression of typical development, teachers use the one that corresponds to the child’s chronological age and there are no expectations that the child will master all the skills until they reach the top of the age range. If the teacher completing the DRDP is not able to understand the child’s primary language, a translator may be used. The child should know the translator and can be the parent, another staff member or a teacher’s assistant.

**How Do the Teachers use the DRDP in Planning the Curriculum?**
Curriculum at the centers is derived from the needs, interests, strengths and areas of continued development of the children, as a group and individually. A guiding framework is also provided by our curriculum statement, mission and values statement, and through our philosophy, and program goals and objectives. 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 and the DRDP. The schedule, routines, environment, materials and activities are all components considered in curriculum planning. Assessment and summary results inform program changes that are incorporated into the annual CDE self-evaluation and program action plan. The intentionality in activity planning is made visible on the classrooms’ Weekly Activity Plans for at least one activity representing each of the four “Desired Results” for children. These areas are identified by a coded symbol identified on the activity plan. When adaptations are made for a particular child, the adaptation is noted on child’s summary or is documented in child’s individual portfolio. Additionally, each child has his/her own goals that are indicated on the summary sheet of the DRDP. To ensure that individual needs are being addressed, the teachers refer to the summary sheets when planning the weekly curriculum.

**How the DRDP is Used 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 DRDP is also the person who knows the child best. This may be the specialist working with the child or the classroom teacher. The DR Access project, developed by Sonoma State University in conjunction with the State Department of Education, offers specific suggestions for teachers using the DRDP to supplement optimal performance for children with disabilities.

**How the Components Work to Ensure Reliability and Validity**
Each DRDP Indicator provides valid and reliable measurement of that aspect of a child’s developmental progress. The measurements on the entire indicator, taken together, provide a profile of development for the whole child, in terms of progress toward all four Desired Results. Because there are multiple measures within the indicators, a completed DRDP provides enough information to support valid and reliable measurement for individual indicators or a group of indicators. Each measure is defined in terms of the sequence in which a child’s development is expected to progress. These sequences of development are derived from research in child development.

**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, the 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:
- The appropriate DRDP is shared with the family with a brief explanation of the center’s assessment plan.
- 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 in-take/parent conference.

Secondly, parents meet with the teacher formally twice a year for a parent conference. At this meeting, the child’s portfolio, including the Child Developmental Progress form is shared 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 culture of the family and by asking families to participate in classroom activities.

Parent Conference
- Families are given the opportunity to answer questions on the DRDP that teachers may not be able to answer.
- Families receive a written summary of the DRDP, including collaboratively written goals.
- The Child Developmental Progress form is used as a tool for teachers to share information with families. Families will be given a copy of the summary form (taken from the User’s guide). This information continues with the child as they progress through the program, information is added as it is shared.

Thirdly, teachers are available to talk with families at arrival and departure times and a policy of open communication between teachers and families is strongly supported.

Training of Staff in the Use of Authentic Observation/Portfolios and DRDP
As a part of the 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 the DRDP begins at the administrative level with training of 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 the DRDP, periodic discussions occur regarding 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 and desired results outcomes.

Early Childhood Environment Rating Scale – The ECERS-R, revised in 1998, is the quality control instrument currently used by the state to maintain and improve the quality of state-funded preschool programs. Designed for use in preschool, kindergarten and childcare classrooms serving children 2.5–5 years of age, the ECERS-R is used by program directors for supervision and program improvement, by teaching staff for self-assessment, by agency staff for monitoring, and in teacher training programs. The
established reliability and validity of the scale make it particularly useful for research and program evaluation.

**TOILET LEARNING PROCEDURE**

Our goal is to help guide each child on his or her toilet-learning journey. We employ gentle toilet learning by encouraging children to accompany their peers and openly discussing toileting and hygiene. We will keep track of your child’s progress daily on our Potty Log and you are welcome to view it. During this time, it may be necessary to bring several extra changes of clothes. If they do not fit in your child’s cubby, please let us know so that we can make the proper accommodations.

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 potty trained. 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 that takes time, with many accidents along the way. Being patient is the best way you can support your child’s learning.

When parents and caregivers approach toilet learning matter-of-factly and without a lot of emotion, children are more likely to follow their own internal desire to reach this important milestone. When your child is ready to transition from diapers to underwear, we ask that you begin at home. Your home is a more intimate environment and this process will only strengthen your bond. Choose a weekend with minimal plans that will allow for ample time to work one-on-one with your child as they begin to use the toilet in a consistent way. Be sure to talk with your primary teacher about your plans for toilet learning. Knowing their in-school successes will help in determining your child’s readiness and maturity. By sharing information about progress and **being consistent**, both at home and at school, will be incredibly beneficial to your child. Children should be consistently using the toilet **and** wearing underwear at home **BEFORE** wearing underwear at school.

**Signs that children are ready for toilet training:**
- Developing physical skills critical for potty-training — ability to walk, pull pants up and down and get on and off the toilet
- Staying dry for at least 2 hours at a time, or after naps
- Recognizing that he/she is urinating or having a bowel movement
- 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

**Parent/Caregiver Responsibilities:**
- Recognize that your child is in control of his/her own body.
- Encourage children to become more independent.
- Be comfortable using and helping to teach your child words for body parts, urine and bowel movements.
- Allow your child to decide whether or not to use the potty.
- Provide the child with the time they need to practice their new toileting skills.
- Expect and handle potty 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).
- Provide your child with loose fitting clothing that he/she can pull up and down easily (**No overalls, belts, suspenders, dresses or onesies**). When a child begins to learn the potty, there is
a very short window between knowing when to go and getting to the bathroom on time. Clothing that is difficult to take off can slow children down and become frustrating. No dresses during this time, as they make it difficult for children to see their underwear when pulling them up and down.

- Encourage children to change their own clothing if they have an accident
- Ensure that children wear cotton underwear or panties (Pull-ups can feel similar to a diaper and can confuse children. They are also an unnecessary expense.)

Child Responsibilities:
- Learn his/her body’s signals for when to use the toilet
- Decide whether or not to use the toilet
- Pull their pants up and down
- Be able to change themselves with minimal assistance if an accident occurs

Cooperation among all parties is vital for the child’s best interest. If parents are unable or unwilling to assist with this process or if the child shows no interest, toilet learning will discontinue for a month. This is an easy process if everyone is committed to working together. Remember that the child’s wellbeing must always remain the priority.

**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 nurtured and cared for. 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 respect for a sense of security is acknowledged 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, discipline at the center is considered 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 children’s individual needs. Still, conflicts are a natural occurrence as children try to relate to one another in a group setting.

From a positive perspective, we can learn much 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, developing self-control, etc. 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.
Staff use many techniques for assisting children through conflict resolution. Although the style (pace, wordiness, etc.) is different depending on the age of the children and severity of the situation, all methods seek to guide children as problem solvers. Children are competent individuals and bring their own feelings, actions and ideas to conflict situations. Teachers respect and build on these attributes through their language, interaction and example. The intent of these discipline techniques is to encourage the growth of autonomy and the ability of individuals 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 use these discipline techniques regularly 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 children’s abilities.

**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 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 adults in 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 simply 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, teachers handle it 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 start problem solving. 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 emotions, 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.” Listening honestly to all children who are involved in conflict is essential. 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 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 place to play.” “When you crawl under that table, it is hard to sit up. Would you like some help getting out?” These are just 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 a child’s behavior 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 these 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, etc.) may be contacted. The Program Coordinator facilitates the referral process, which includes working with the parent, center staff and the specialist.
- **Schedule adjustment** – 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; staff welcome 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 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 can assist in finding other childcare (if requested).
TOYS FROM HOME

Our 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. Early Care & Education is not responsible for any lost, broken or stolen toys brought to the center. 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 these materials. We never permit war toys or toys that encourage violent or angry solutions to problems at the center. Items that children may bring to school include, favorite books, a science items (rocks, bones, pods, leaves) or home-made artwork. Classrooms also have Sharing Time opportunities.

LUNCH

Parents must provide a lunch or order lunch from the Ki’s Restaurant website if their child is enrolled full-time. Lunches cannot be heated or refrigerated and will be kept in the child’s cubby until lunchtime so please include an ice pack in your child’s lunch box to keep it cool. We recommend packing a balanced and nutritious lunch with foods from at least three food groups (e.g., proteins, grains, fruits/vegetables). When ordering lunch from Ki’s online, all orders must be placed before noon the day before the lunch is needed (a late fee will apply to orders placed after this time). You can also place orders for the entire week on Sundays before 11 p.m. Please indicate any allergies/dietary restrictions for your child before ordering. Our centers are nut-free zones.

STAFF

We staff the classroom with one lead teacher, a teacher and UC San Diego students based on the classroom size and the child-to-adult ratio required by the State Department of Education contract. The Director heads center administration and directly supervises the Site Supervisor, Business Manager, Program Coordinator, Enrollment Coordinator and office support staff. The staff has been carefully chosen 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 the Director 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. A Site Supervisor is present at all times.

RESEARCH AT CENTERS

Early Care & Education supports the 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 Sexual Harassment

UC San Diego does not tolerate sexual harassment and such behavior is prohibited both by law and by UC San Diego policy. Hard copies of the policy and information regarding UC San Diego’s policy and resolution procedures are available at:
Office of Sexual Harassment Prevention and Policy (OSHPP)
201 University Center (map)
(858) 534-8298

We urge supervisors 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 OSHPP 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 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, UC San Diego 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 the UC San Diego 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, you should address these personnel in the order listed:

Classroom-Related Issues
1. Lead Teacher
2. Enrollment Coordinator
3. Director
4. Assistant Vice Chancellor – Auxiliary & Plant Services
5. Director of Auxiliary Business Services

Other Issues
1. Maintenance and Grounds: Facilities Management Customer Relations Help Desk
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 complaints is:

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

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/legal guardian/authorized representative’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 parents/guardians/authorized representatives 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.**

**MESA CHILD DEVELOPMENT CENTER OPERATIONAL RULES**

**ENROLLMENT/ORIENTATION**

The UC San Diego Mesa Child Development Center (MCDC) 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. We welcome all children and develop reasonable accommodations, based on individual needs, in conformance with ADA requirements and the university’s Principles of Community. The center does not have the resources to offer additional services, however our staff collaborate with parents and professionals to implement an Individual Family Service Plan (IFSP) or Individualized Education Plan (IEP) as appropriate. We refrain from any religious instruction or worship.

The Enrollment Coordinator will arrange for classroom tours or curriculum review as requested by incoming parent(s) or legal guardian(s). At the time of orientation, when the parent(s) or legal guardian(s) of an enrolled child meet with an administrative staff member, they will receive copies of the Family Handbook and a copy of the Emergency Management Plan. Documentation required by the center and licensing will be completed and signed by parent(s) or legal guardian(s) at the time of 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); Medication Authorization. We collect specific health and safety information from families of each child and keep it on file in the Administration Office. These files are kept current by updating as needed, but at least
annually. The content of the file is confidential, but is immediately available to administrators or teaching staff or regulatory authorities upon 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 the 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 it is determined that the center is not the most appropriate placement for the child, assistance and referrals will be given 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 classrooms, are complicated. Many factors contribute to the decision as to how to fill a particular classroom space. For this reason, we ask that if you have any concerns regarding transfers or openings in a classroom, please consult the Enrollment Coordinator who always has the most current information regarding classroom openings. Consulting teachers and/or other parents can lead to serious misunderstandings.

Additionally, the administration is responsible for providing at least one week’s notice to the lead teachers in each classroom involved with any transfer and/or visit from a 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) signs the child in on the daily attendance sheet with a full legal signature. A sign-out signature is also required when picking up a child. **It is important to use full signatures, not initials.** 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 your signed permission to the office 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 the office has not received a call from parent/legal guardian/authorized representative, the child will automatically be enrolled in the After Hours program. Children **under 18 months** are not old enough to participate in After Hours program.
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 full-day program begins at 8 a.m. and ends at 5:30 p.m. The center closes at 5:30 p.m. Parent(s) or legal guardian(s) of a child left there after 5:30 p.m. will be fined at the posted rate of $10 per 15-minute increment.

**BITING POLICY**

We recognize that biting is, unfortunately, not unexpected when toddlers are in group-care settings and can occur in older children as well. We are always upset when children are bitten in our program and we recognize how upsetting it is for parents. However, biting is a disturbing and potentially harmful behavior that parents and teachers must discourage from the first episode. From the first time a child bites, our staff take steps to prevent further episodes. Staff members 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 or teacher to help them make a behavioral connection.

Staff members 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 receives a copy of the report pertaining to their child and one copy is retained in the child’s file. The parents of both children should also be called at this time. The names of both children will remain confidential. If biting becomes a pattern, a meeting with the family of the biter will be held with the primary caregiver, lead teacher and Program Coordinator. During the meeting, we will work to solve the problem by looking for any patterns in the incidents, share information and together come up with 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 sharing of available community resources.

Biting that becomes a pattern will likely result in the parents being called to pick up their child from the center and he/she may be asked to stay home for a period of up to two weeks.

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 the 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 other childcare, 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 is in compliance 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 are required to pre-approve all outings/field trips. We encourage classes to take advantage of UC San Diego’s beautiful and resourceful campus through frequent nature walks, park outings and other campus sites. Parents should be given at least 48 hours notice of a planned outing whenever possible. The responsible teacher(s) will leave a detailed written notice on the class “sign-in” documenting the date and time of the outing and listing the children and adults present.

TUITION PAYMENTS

This childcare program is available to students, staff, faculty and a small percentage of community families. The center is supporting through tuition fees and parent fundraising efforts. The enrollment selection is based on a first-come, first-served basis (for UC San Diego students, staff and faculty); however, priority is given to siblings of children currently enrolled at the center. Siblings receive a 10% tuition discount. No sibling priority is offered to community enrolled families.

BILLING PROCEDURES

Tuition is paid monthly, in advance. Parents will receive a monthly invoice that is payable upon receipt. The remittance copy of the invoice should accompany payment. Parents can mail payments to Mesa Child Development Center through campus mail (Mail Code 0962), drop them in the payment box located in the Administration Office or give them to the Enrollment Coordinator. Credit card payments can be made at the front desk or online using your Single Sign-On at child.ucsd.edu. Automated recurring billing (ARB) is also an available option; contact the office administrator for details. Tuition increases, when required, are generally effective July 1st of each year. If you have any questions regarding the computation or any other aspect of your bill, please contact the MCDC Administrative Office personnel. They will be more than happy to give prompt response.

- 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 prorated fee for the first month and the full tuition for the next month. The prorated fee is the daily fee (the monthly fee divided by an average of 21 days per month — based on the number of operational days in the year) 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 one rate to another 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 rate.
- Late Payment – All tuition is due upon receipt. If the invoice remains unpaid after 30 days, administration will mail a delinquency notice. 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, we 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 program, please remember to provide notice of your plans to the Administration 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 information.”

Audit Guidelines require that a written 30-DAY NOTICE OF WITHDRAWAL (available from the Administration Office) be delivered to the MCDC Administration Office indicating the effective withdrawal date. The 30 day notice is required so that we can contact Wait List families to fill your child’s space as soon as it is vacated to serve other families who need child care.

### CHILDREN’S ATTIRE

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 Crocs or flip-flops please). Think about 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 with a change of clothing for accidents and a blanket, each marked with the child’s name. Hats are recommended but not required.

### BIRTHDAYS

A child’s birthday is a special occasion for both child and parent. In order to satisfy health and safety regulations as well as nutritional requirements, we do not allow snacks from home, hard candy or gum to be served to the children.

In addition, staff plan activities to make their day special. Teachers help the children create birthday signs, hats and pictures for their friends. The birthday child is center stage for Circle Time.

Parents are welcome to join the child at the center on this day (or any day). In the afternoon, parents 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. Some parents give each child a small treat such as stickers or pencils, in recognition of the birthday child. Grandparents are also welcome to spend the afternoon with the child at the center. If the birthday falls at a busy time for the parents, staff can organize a number of birthday activities. This way, children will feel that the day has been specifically designed for them.

### PARENT PARTICIPATION

Each parent or legal guardian of an enrolled child(ren), as a voting member of The Association of UC San Diego MCDC Parents, is encouraged to participate in the Parents’ Advisory Board and annual meetings. The quality of the program is dependent upon positive parental involvement. We expect that all members contribute both time and effort to the success of the center. We support and welcome all
forms of parent participation, in the view that close parent-staff communication brings forth understanding, which enriches the child’s experiences and enables parents to share a large part of their child’s daily world.

Although teachers set up the various work areas (mentioned in the Program Description), we strongly believe that parental input can greatly enrich the basic program. We are extremely fortunate to have families of varying cultural backgrounds and we continually seek 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 the teachers can use to make arts and crafts or games, which enrich the child’s experience at the center. Additionally, we welcome donations of recycled materials/items that can be used for collage construction. 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. All parents are welcomed into our classrooms. If your child has had a difficult time detaching, please consult the classroom teacher before visiting.

**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 the program administration. The contractor shall permit the review of the basic data file by the child’s parent/legal guardian/authorized representative 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 before enrollment can be completed.

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 an alert message when there are updates to the recommended immunization schedule. Our state regulations regarding attendance of children who are not immunized due to medical reasons are followed. 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 call 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 arrives at the center and the teacher/director feels that the child is ill, he/she will not be admitted. If a child becomes ill during the day, the child’s parent or legal guardian will be contacted 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. 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 prescription and non-prescription medications 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 together with the full signature of the parent/legal guardian/authorized representative. Dosages should be entered in this medication log.

If a child needs to 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 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 (Aspirin and/or Tylenol) require 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 included 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 childcare provider;

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

C. The child has any one of the following conditions:
   - Fever – Oral temperatures above 101°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 & Prevention (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, 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 staff will contact the parent/legal guardian/authorized representative as soon as possible.

**EMERGENCY/EVACUATION PLAN**

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

Staff distribute 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.

**USDA NONDISCRIMINATION STATEMENT**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.
Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at U.S. Department of Agriculture and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410;

2. Fax: (202) 690-7442; or

3. Email: program.intake@usda.gov.

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APPENDIX

STANDING RULES OF ORDER OF THE ASSOCIATION OF UNIVERSITY OF CALIFORNIA SAN DIEGO EARLY CHILDHOOD EDUCATION CENTER/ MESA CHILD DEVELOPMENT CENTER PARENTS

Adopted December 3, 2003

ARTICLE I
NAME

Section 1: The name of this organization shall be The Association of University of California, San Diego Early Childhood Education Center and Mesa Child Development Center Parents.

ARTICLE II
PURPOSE

Section 1: The purpose of this organization shall be to support the needs of the University of California San Diego Early Childhood Education Center (ECEC) and Mesa Child Development Center (MCDC) parents and operations of the University of California, San Diego Early Childhood Education Center.
Section 2: To provide guidelines for parents/legal guardians/authorized representatives’ participation in the Center.

Section 3: To support appropriate efforts of other UC San Diego organizations that will lead to improvement in the quality of the Center.

ARTICLE III
MEMBERSHIP AND VOTING

Section 1: The membership of this organization is open to all members of the University community.

Section 2: All parents/legal guardians/authorized representatives of children enrolled in the Center are voting members of The Association of UC San Diego ECEC/MCDC Parents and are subject to all the rights and responsibilities of membership. Each parent/legal guardian/authorized representative shall be authorized one vote.

Section 3: Membership is also open to all parents/legal guardians/authorized representatives whose children are on the waiting list for admission to the Center. Those parents/legal guardians/authorized representatives with children on the waiting list have all the privileges and rights, with the exception of voting.

Section 4: Only members present at the meetings will have the right to vote; proxy voting will not be permitted.

ARTICLE IV
ANNUAL MEETING and PARENTS’ ADVISORY BOARD MEETINGS

Section 1: Attendance at the Annual Meeting is expected by at least one member from each family with children enrolled in the Center.

Section 2: The Annual Meeting will be scheduled in the second half of the Fall quarter, with two weeks’ advance notice provided in writing to enrolled families, with a copy of the notice posted in the Administration Office. Controversial items can be discussed and voted upon at any regularly scheduled Annual or Parents’ Advisory Board meeting as long as the item for discussion and vote is included with the written meeting notice as an agenda item.

The Annual Meeting shall include a group meeting of parents from all classrooms, with specific agenda items to include a general business meeting and selection of at least one parent from each classroom to serve as a member of the Parents’ Advisory Board. At the Fall Meeting the Director will report on the significant events of the preceding year and offer projections, challenges and opportunities for the coming year.

Section 3: Those voting members physically in attendance at the Annual or Parents’ Advisory Board meetings will constitute a quorum, with a simple majority required to conduct business.
ARTICLE V
PARENT PARTICIPATION

Section 1: The quality of the UC San Diego ECEC/MCDC program is dependent upon active parental involvement.

Section 2: All members are expected to make a contribution of their time and effort to the Center on an annual basis. This contribution may take the form of serving on a committee, participating in fund-raising, attending meetings of the Parents’ Advisory Board, joining a work crew, or providing some other acceptable activity or support.

Section 3: Standing committees may be formed by the voting members of The Association of UC San Diego ECEC/MCDC Parents for fund-raising and/or for the production of a quarterly parent newsletter. Other committees will be formed for increasing public awareness of the need for high quality child care at UC San Diego and to otherwise promote the interests of the Center. Committees will coordinate all planning with Center representatives and the Director for all fund-raising and public relations activities.

UC San Diego Friends of Daycare – A fund-raising group composed completely of Center parents interested in organizing methods of raising additional revenue to be used for program needs. They have a private/non-campus account at the Credit Union that is not handled by the UC San Diego accounting department. Designated individuals in the group have signature authority and UC auditors have recently mandated that this group keep the Center Administration abreast of their activities since they use the Center’s title for fund-raising purposes and seek guidance from the Center’s Administration when necessary. The Center’s personnel are not, however, to assume any of the responsibilities involved in the fund-raising events or collection of funds.

ARTICLE VI
THE PARENTS’ ADVISORY BOARD

Section 1: A Parents’ Advisory Board (PAB), composed of at least one regular member selected from each classroom, will meet monthly when school is in session, at a time and location generally convenient. Any voting member of The Association of UC San Diego ECEC/MCDC Parents may offer items for discussion by the PAB, and may attend PAB meetings to take part in discussion and voting. At least one PAB meeting during the year must be devoted to having a speaker on a topic related to child-rearing. Two weeks’ advance notice provided in writing to enrolled families, with a copy of the notice posted in the Administration Office, shall be given for all PAB meetings. Unless a controversial item was included with the notice as an agenda item, voting on such an item will be postponed to a subsequent PAB or Annual Meeting in order that all parents/legal guardians/authorized representatives are notified so they may participate in discussion and vote.

Section 2: Those voting members physically in attendance at the Parents’ Advisory Board meeting constitute a quorum, with a simple majority required to conduct business.
Section 3: Each member of the Parents’ Advisory Board will make themselves available, either by phone or in person, to all other parents/legal guardians/authorized representatives who wish to have their views brought by a member of the Parents’ Advisory Board to either the monthly or Annual meetings.

Section 4: The Parents’ Advisory Board member from each classroom will contact any new parent/legal guardian/authorized representative in their classroom, introduce themselves and welcome them into The Association.

ARTICLE VII
CHANGING THE STANDING RULES OF ORDER

Section 1: New Standing Rules of Order may be adopted, or these Rules may be amended or repealed by a two-thirds majority vote of The Association of the UC San Diego ECEC/MCDC Parents in attendance.

ARTICLE VIII
MEMBERSHIP CONTRACT

Section 1: All members who have children enrolled in the UC San Diego ECEC/MCDC will be required to sign a contract of membership at the time of the child’s enrollment in the Center. The contract consists of a statement indicating that the member agrees to abide by the terms of the Standing Rules of Order.

CAMPUS CHILD CARE ADVISORY COMMITTEE (CCAC)

Charge
The Campus Child Care Advisory Committee makes recommendations and provides advice to the Vice Chancellor for Resource Management & Planning. In turn, the Vice Chancellor for Resource Management & Planning works with colleagues across the University to obtain their support and approval for recommendations and suggestions that enhance the environment and the community. The Campus Child Care Advisory Committee also provides a focus for child care concerns within the UC San Diego community by facilitating discussion on the preservation and expansion of high-quality child care facilities and services for UC San Diego.

The committee advises the Vice Chancellor for Resource Management & Planning in matters concerning the UC San Diego community and its needs for child care, including:

- Serve as a source and repository for all information, surveys, studies and policies concerning child care needs of the UC San Diego community
- Serve as the primary venue for discussion and formulation of policies to be recommended to the Vice Chancellor for Resource Management & Planning concerning child care issues at UC San Diego
- Raise awareness on child care matters with particular attention to availability, equity, diversity, and inclusion
• Focus on high-quality child care facilities and services, for children aged 3 months to 5 years (which may include collaboration with other departments in order to access health screenings, breastfeeding support services and ongoing parent education for families).
• Make recommendations, supported with fiscal analyses, on child care services, which aim to meet diverse and unique needs of faculty, students, and staff who live, learn, and work on and off campus

Currently, child care at UC San Diego is offered through three programs: the UC San Diego Early Childhood Education Center, Mesa Child Development Program and the Infant and Preschool Referral Program. In order to facilitate the preservation and expansion of high quality child care facilities for UC San Diego, the committee will:

• Apprise the Vice Chancellor for Resource Management & Planning of the immediate and long-term needs of child care services, who in turn reports those needs to the Chancellor on a routine basis
• Work to maintain high quality, affordable child care for faculty, students and staff within the UC San Diego community
• Review specific issues and existing policies, procedures and services related to the needs of families with young children
• Advocate for and recommend high-quality early care and education programs, including issues related to licensing and quality assurance for all campus child care programs
• Communicate information about available resources for families with the UC San Diego community, faculty, students, and staff families
• Communicate findings and recommendations to the Vice Chancellor for Resource Management & Planning in matters concerning the UC San Diego community and its needs for child care services

Membership
1. Voting Members
   One (1) Faculty Representatives
   One (1) Committee on Faculty Welfare Representative
   One (1) Student Parent / Undergraduate / Graduate Representative
   One (1) Scripps Institution Representative
   One (1) Equity Diversity & Inclusion, Campus Community Representative
   One (1) Parents’ Advisory Board Representative

2. Ex Officio
   Campus Child Care Director
   Director of Auxiliary Services
   Health & Wellness Representative (Human Resources)
   Academic Affairs Representative
   Faculty Staff Assistance Program (Human Resources)
   UC San Diego Recreation

Terms of Appointments
All appointed members to the Campus Child Care Advisory Committee (CCCAC) will serve a one-year term. Appointed members may be re-appointed for a second one-year term if re-nominated. Ex-officio members will serve for terms of indefinite duration. There will be no limit to the number of years a
consultant can serve on the Campus Child Care Advisory Committee. Representative membership and term of office is determined by the Vice-Chancellor – Resource Management and Planning and can be modified at his/her discretion.

Meetings
The Early Childhood Education Center Director will assist the Chair in convening a meeting of the Campus Child Care Advisory Committee no less than semi-annually. All meetings will be open to the public. Minutes of these meetings and recommendations to the Vice-Chancellor – Resource Management and Planning will be distributed to members of the Committee and available to the public at the ECEC Director’s Office. The Chairperson will advise Committee members of the status of actions taken in response to the recommendations.