

**The Anna Bing Arnold Children's Center
Parent Handbook**

The Anna Bing Arnold Children’s Center Parent Handbook

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Welcome

Welcome to the Anna Bing Arnold Children's Center. Since our beginning in 1968, the Children's Center has provided a loving and developmentally appropriate environment for the young children of students, faculty, and staff at CSULA, and the local community. Our mission is to foster a warm and happy space where families and staff join to provide children with the very best of care. We believe that children are capable and competent individuals, and we value them as such; we also feel that a rich and genuine environment happens when parents, teachers, and Center administrators can share ideas, thoughts, and pertinent information with each other in a safe, respectful, and trusting manner.

*Throughout this handbook "parents" includes "guardians" unless otherwise stated.

Covid-19 Related Changes

A **Parent Handbook Addendum** related specifically to changes to the Children's Center policies and practices due to Covid-19 suggestions and requirements has been created; please review this addendum in addition to this Parent Handbook.

In addition, changes may be made to this both the Parent Handbook and the Addendum based on current Covid-19 requirements. These changes may shift our typical operating standards and procedures and are dynamic in nature.

Please read and sign both Handbooks and understand that changes to both will be updated in a fluid fashion when new information is offered by Federal, State, and local agencies.

Program Philosophy

The educational philosophy of the Anna Bing Arnold Children's Center is based on the belief that each child is unique and curious and deserves respect, consistency, caring, and challenge as he or she grows. Furthermore, we believe that:

- Children develop at their own pace. They are motivated by their own intrinsic desire to make sense of their world.
- Children learn through interaction with the materials and people in their environment within context. Play provides this interaction and is the natural mode of learning for children.
- Children learn self-discipline as they learn respect for themselves, others, and their environment. Pride in their abilities, family, and culture, adds to their developing self-esteem.
- Children need a balanced program - one that fosters independence, self-awareness, and provides choices. They also need structure and well-defined limits to feel secure.

Young children's developmental tasks are to build trust, learn social skills, begin mastery of other cognitive skills, and develop a positive self-esteem. These tasks are best supported by a program that provides developmentally appropriate experiences, well-trained and consistent staff, and a safe and healthy learning environment.

Operating Policies

The Anna Bing Arnold Children's Center is a nonprofit organization owned and operated by Cal State L.A. for use by the students, faculty, and staff of the University, and if space permits, the local community. We are licensed by the State of California's Department of Health and Social Services (Community Care Licensing) to provide an enriched developmental program for infants, toddlers, twos, and preschool children. The Children's Center is equipped and staffed appropriately for these ages and meets or exceeds all State, County, and City regulations for health, sanitation, safety, and teacher/child ratios. We also are accredited by the National Association for the Education of Young Children (NAEYC) since 1992, a distinction

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awarded to less than *10% of the nation's approximately 850,000 childcare centers. Last, funding for the program is provided mainly by the Associated Students, parent fees, and the State of California Department of Education.

The Children's Center is operated on a non-discriminatory basis, according to equal treatment and access to services without regard to race, color, religion, national origin, or ancestry. The program does not include religious instruction or worship.

* <https://www.naeyc.org/about-us/news/press-releases/kiddie-academy-accreditation>

Hours and Holidays

The Children's Center program is open from 7:30 a.m. to 5:30 p.m., Monday through Friday. We operate on a year-round basis and observe all University holidays. A calendar of events and closures is provided for parents every year. Dates and hours of operation are subject to change, and we will give adequate notice to families if this is to happen.

Children's Center Closures

- New Year's Day
- Dr. Martin Luther King, Jr. Day
- Staff Development Days – closed for one week for Spring Break
- Cesar Chavez Day
- Memorial Day
- Independence Day
- School Development Days – closed for one week in August before Fall Semester
- Labor Day
- Thanksgiving Holiday
- Veteran's Day
- Winter Holidays – closed for two weeks in December

Sign-In and Out Procedures

Each parent, or designated adult over 18 years, is responsible for recording entrance and departure time by signing an attendance sheet daily. This requires a full and legible signature. If a parent forgets to sign the attendance sheet upon arrival, he or she will be asked to return to the Children's Center immediately to do so.

All Classrooms:

- Arrival: When arriving at the Children's Center, sign your child in at the front desk, note the time of arrival, and deliver your child to the teacher.
 - You are responsible for your child until he or she is acknowledged by a staff member and accepted into the program.
 - Please have your child wash their hands when they enter the classrooms.
- Departure: When departing the Children's Center, sign your child out at the front desk, note the time of departure, and tell a staff member that you are picking your child up.
 - Parent mail folders are located next to the sign-in sheets. Please check the folder daily for written information from the office or teachers.
- Authorization to pick up child: No child will be released to anyone who is not on the child's *authorized list for pick up* without written notice from the parent.
- Late pickup: If a parent is going to be late in picking up his or her child, the parent must contact an authorized person to pick up the child instead. *To respect the personal time of staff, no late pickups are allowed unless there is a true emergency.*

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- Non-release of child: If a parent or designated adult arrives to sign out a child while he or she appears to be under the influence of drugs or alcohol or appears otherwise impaired, we reserve the right to keep the child within our care and the police or emergency personnel will be called immediately.

Infant and Toddler Classrooms:

- Complete a *daily intake form* in the classroom each day after signing in at the front desk.
- Please change your child's diaper before leaving or let staff know that your child's diaper is clean and dry.
- Please schedule at least 10 minutes when dropping off your child each day so that you may provide one special intimate moment before separating from your child for the day.

CA State Licensing

The Center is licensed by the State of California, Community Care Licensing Division. The Center's operations exceed the state standards for childcare. These standards relate to staff qualifications, health issues, facility design, teacher to child ratios, records, and nutrition.

The Department of Social Services has the right to perform the duties authorized in Section 101195(b) and (c) of the General Licensing requirements. These duties include investigating all written and oral complaints against any childcare facility. *The Department of Social Services may come into the Center at any time unannounced and has the right to interview children and staff without prior notification.* After a complaint has been investigated, the licensee will be informed of the results of the investigation. Together with the Department of Social Services, if required, the licensee will arrive at a plan of action, which will result in any necessary changes being made by the licensee.

Mandated Reporting

Section 11166 of the Penal Code requires any teachers, licensed day care workers, or administrators of community care facilities licensed to care for children to report the known or suspected instance of child abuse to licensing and a child protective agency immediately. All Center staff members are required to sign a document confirming that they have been made aware of this law and will comply.

No Babysitting Services

The Children's Center policy is that our staff may not babysit for families during their off-work hours. In addition, Children's Center staff may not transport children from the Children's Center to the parent after childcare or bring children to the Children's Center prior to their work schedule. These policies are in place because of the potential for conflict of interest, breach of confidentiality, and other liability concerns. Thank you for your understanding.

Addressing Parents' Concerns

It is important for parents to communicate their concerns regarding their children to the teachers and administration. The following is the recommended procedure for parents to follow to resolve their concerns and obtain answers to their questions.

- Parents are encouraged to discuss any concerns first with their child's teacher who will be most familiar with the child's day-to-day Center experience. The child's teacher may be approached either informally (time permitting) or formally (scheduled conference).
- If an adequate resolution is not achieved, parents are encouraged to discuss concerns with the director or the assistant director.

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- If the problem is not resolved, parents may file a written appeal with the Executive Director of University Auxiliary Services, Inc.
- If after the above procedures have been followed, parents still do not feel their concerns have been appropriately resolved, or if they feel they have been dealt with unfairly, they may write a letter of Uniform Complaint to the California Department of Education (see procedures below).
- The Center administration encourages parents to speak directly with the persons involved in the manner outlined above rather than utilize other forms of communication.

Uniform Complaint Procedure

It is the intent of the Anna Bing Arnold Child Children's Center to fully comply with all applicable laws and regulations. Individuals, agencies, organizations, students and interested third parties have the right to file a complaint regarding the Children's Center's alleged violation of a statute or regulation that the California Department of Education is authorized to enforce. This includes allegations of unlawful discrimination (*Education Code*, sections 200 and 220 and *Government Code*, Section 11135) in any program or activity funded directly by the State or receiving federal or state financial assistance.

Complaints must be signed and filed in writing with the California Department of Education:

California Department of Education
Child Development Division
Complaint Coordinator
1430 N Street, Suite 3410
Sacramento, CA 95814

If the complainant is not satisfied with the final written decision of the California Department of Education, remedies may be available in federal or state court. In this event, the complainant should seek the advice of an attorney of his or her choosing. A complainant filing a written complaint alleging violations of prohibited discrimination also may pursue civil law remedies, including but not limited to, injunctions, restraining orders, or other remedies or orders.

Admission and Enrollment Policy

Admission Policy

Because one of the missions of the Anna Bing Arnold Children's Center is to provide childcare and educational support services for students from Cal State LA, child enrollment primarily is available for the children of student-parents currently enrolled at the University. We then enroll the children of faculty and staff parents, and last, the children of community members. See the enrollment categories below:

- Cal State LA student-parents – determined by continuous enrolment in Fall and Spring Semester per calendar year
 - Students who do not maintain continuous enrollment status may be dropped from the childcare program and placed on the community waiting list
- Cal State LA faculty and staff
- Community members (no Cal State LA affiliation)

Please note:

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- Children are admitted to the program when it is determined that space is available in their age group, that they meet the criteria for placement, and that the program is appropriate to their needs.
- Siblings will receive waiting list priority.
- No child may be enrolled for less than two days per week and four hours per day.
- Parents will be notified by email or phone that a space is available for their child.
- Children ages six months old to kindergarten entry age are eligible.
- Children who have officially entered kindergarten are not eligible.
- The Center will make every attempt to accommodate children with special needs after the Director and staff make a compatibility determination.

Change of Status

If the parent affiliation to Cal State LA changes during a child's enrollment in our program, the family must change to the appropriate category for its new status. For example, enrollment status may change due to a student finishing school or a staff or faculty member changing jobs. If this were to happen, all student, faculty and staff parents who have changed status are asked to complete a new application for a 'community spot' if they wish to continue to receive childcare services. *If no community openings are available, the family will be given priority on the community waiting list.*

In addition, if parents wish to continue their student status after graduation, they must be enrolled in a graduate degree program and must attend fall and spring semesters for their children to remain at the Children's Center. If classes are taken for *less* than the fall and spring semesters, the family will lose their child's enrollment the semester attendance ends.

Enrollment Policy

Enrollment of the child into the Children's Center includes several components. Parents will complete registration forms that are required for admission; they will plan pre-enrollment discussions as needed with teachers and appropriate directors; and children will visit classrooms. In addition:

- Parents can tour the facility prior to enrolling their child.
- Enrollment of the children at the Center will be handled by one of the program administrators.
- Upon acceptance of space at the Center, parents will receive a registration packet which must be completed in full prior to the enrollment of the child.

Required Forms

1. Admission Agreement
2. Child Abuse Pamphlet and Receipt
3. Child's Preadmission Health History (health record and developmental history)
4. Consent for Emergency Medical Treatment
5. Identification and Emergency Information
6. Individual Infant Sleeping Plan (if applicable)
7. Infant and Toddler Needs and Services Plan (if applicable)
8. Immunization Record
 - a. ***All immunizations must be up to date for children to be enrolled and prior to their first day of school at the Children's Center.***
 - b. ***Children will be excluded from the Children's Center immediately if they do not follow their vaccination schedule by the required date.***
 - c. ***Proof of updated vaccinations by a physician's office is required for a child to be readmitted to the Center after exclusion due to non-updated vaccinations.***
9. Medical Statement for Food Allergies (if applicable)
10. Notification of Parents' Rights

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11. Parent Consent for Supervised Walks and Use of Image
12. Parent Consent for Use of Sunscreen
13. Parent Handbook Agreement Form
14. Parent Handbook Addendum Agreement Form
15. Personal Rights Form
16. Physician's Report
 - a. This form contains information regarding status of the child's immunizations and TB tests and requires that the child has a complete exam within the last year.
17. Safe Sleep Policy for Infants in Child Care (if applicable)

Parents also will be required to do the following:

- Parents of infants must attend a pre-enrollment conference with the teacher from their child's classroom. At this meeting they will discuss the **Infant and Toddler Needs and Services Plan for their child, including an Individual Infant Sleeping Plan.**
- Parents of children with identified disabilities also will be asked to join their child's teacher for a pre-enrollment conference to discuss a **Special Needs and Services plan.**
- Parents must sign the Parent Handbook Agreement and Parent Handbook Addendum Agreement. These agreement forms delineate the responsibilities of the parents to the Center, and the responsibilities of the Center to the parents and children. Parents are affirming that by signing the agreements, they understand the policies and procedures of the Center. Parents will retain a copy to refer to when needed and the original will be placed in the child's file at the Center.

Registration Fee

A non-refundable annual registration fee of \$50.00 per family is due upon admission to the program and thereafter on August 1 of each year in which the child is enrolled. No registration fee is required for subsidized family enrollment.

Orientation and Classroom Visit/s

After a child's admission, an orientation will be scheduled where parents will be given complete information about the Children's Center including policies, procedures, services, hours of operation, and fee structure. Next, before children start the program, they are asked to visit the program. Infants and toddlers will be scheduled for three visits to the classroom and preschool children for one visit to the classroom prior to their first day of care. These visits give each child an opportunity to meet his or her teachers and engage in the classroom while enjoying the security of a parent being present. We feel strongly that building trust between the teacher, the child, and the parent is the basis for positive and healthy separations.

Confidentiality

All information that you provide to the Children's Center as a part of the admission process will be kept confidential. This information will be used by the office and teaching staff as necessary to serve your child. At no time will it be shared with other parents or agencies without your permission unless our regulatory body, California Community Care Licensing, requests to see files. They are allowed to do so without parent permission by California Law.

Termination of Childcare Services

Although not common, at times a family may be asked to leave the Children's Center. Some reasons for termination include:

- Three late pickups
- Falling more than one month behind in fees
- Non-cooperation of parent toward Center policies

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- If a child's behavior consistently threatens the mental or physical health of him or herself, the other children in the Children's Center, and/or staff at the Children's Center.

Subsidized Enrollment Policy

The Children's Center offers enrollment in two programs that are funded by the California Department of Education (CDE) for either General Child Care (CCTR) or State Preschool (CSPP). Income and/or need eligible parents may apply for CCTR or CSPP funding at our Children's Center. See the following information below.

- Applicants must show proof of current Cal State LA enrollment, work schedules, and evidence of income to determine eligibility.
- Assistance is based on annual family income using the California Department of Education guidelines.
- Once grant eligibility is determined parents will receive a *Notice of Action* detailing their child's schedule and family fee.

Enrollment priorities for these two programs are as follows:

- General Child Care (CCTR):
Families qualifying for assistance from the CDE must demonstrate *both need and income eligibility* according to the guidelines set forth by the state. Children will be enrolled in the Center, as space permits, in the following order of priority:
 1. Children receiving care from Child Protective Services
 2. Income eligible Cal State LA student-parents
 3. Income eligible Cal State LA staff and faculty
 4. Income eligible community members
- State Pre-School (CSPP):
Families may qualify for assistance from the CDE for either *full time or part time CSPP*.
 - Full Time CSPP – families must demonstrate *both need and income eligibility* according to the guidelines set forth by the state.
 - Part time CSPP - families must be *income eligible but are not required to demonstrate need*.
 - Children may be enrolled in State Preschool in the following order of priority:
 1. Children receiving care from Child Protective Services
 2. Eligible *4-year-old child of Cal State LA student-parents
 3. Eligible 4-year-old child of Cal State LA staff or faculty
 4. Eligible 4-year-old child of community members
 5. Eligible *3-year-old child of Cal State LA student-parents
 6. Eligible 3-year-old child of Cal State LA staff and faculty
 7. Eligible 3-year-old child of community members

* Age of eligibility is defined as a child who will be three or four on September 1 of the contract year.

Within each category, applicants will be prioritized by:

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1. Families with the lowest adjusted income
2. A child with exceptional needs whose IEP identifies State Preschool or General Child Care as being an appropriate placement
3. Children from families who have special circumstances that may diminish the child's opportunity for typical development.

When two or more families have the same income the family that has been on the waiting list the longest shall be admitted first.

Subsidized Attendance Sheet

All parents who receive childcare funding must sign their *contract attendance sheet* daily in addition to signing daily attendance sheets. This form requires a full and legible signature and is located under the daily sign-in sheet for your child's class.

Subsidized Attendance Policy

Attendance is required for the child's agreed-upon schedule unless there is an excused absence. Children are required to begin their day by 9:00 a.m. and *there are no afternoon drop-offs after 12:00 p.m.*

Subsidized Children's Absences

If a child will be absent from school with an excuse, the parent must inform the school of the reason for the absence on the day that it occurs by calling the office at the beginning of the day to provide information. See the following information below.

- Annual absence limit: Absences for family emergency and/or best interest of the child are limited to a total of *ten days per contract year*. *There is no limit to excused absences due to illness.*
- Excused absence: Absences shall be excused for family emergencies, illness, and for circumstances that are in the best interest of the child, as defined below:
 - Illness: Children may be excused for illness when parents notify the Children's Center that their child is ill and specify the type of illness. A doctor's note is required for absences beyond three days. Acceptable reasons for excused absence are detailed in the Children's Center's Illness Exclusion Policy and include fever, vomiting, stomachache, diarrhea, cold symptoms, flu, cough, infectious illness, rash, physical injury, bloody nose, asthma, bronchitis, lice, headache, hives, ear infection, pink eye, or surgery.
 - Family emergency: Acceptable reasons are as follows: death of a family member, family crisis (divorce, child or spousal abuse, loss of home), car accident, home disaster, natural disaster, parent incapacitation, injury or illness of a sibling, no transportation or car problems, attending a family funeral, doctor or dentist appointment, therapy appointment, family member in hospital, or parent illness.
 - Best interest of the child: Time spent with a parent for a special event or court ordered visitations with parent.
 - These are limited to ten per fiscal year (e.g., July 1, 2021 – June 31, 2022).
- Unexcused absence limit: The Children's Center shall allow up to *ten unexcused absences per contract year* (e.g., July 1, 2021 – June 31, 2022). **Unexcused absences more than ten per year may result in termination from the subsidized program.** Termination of subsidized services also may result in termination of enrollment in the

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Children's Center if *non-subsidized* openings are unavailable. If there is a non-subsidized opening available, the terminated subsidized parent may opt to stay at the Children's Center and pay full fees for childcare services.

- Withdrawal: Parents must give the Children's Center two weeks' written notice prior to withdrawing their child from school or they will be charged the full fee for two week's tuition.

Subsidized Family Fee

- Upon enrollment, parents are given a Notice of Action (NOA) that indicates a family fee based on the family's income and size.
- Family Fees are due on the 1st of each month.
- Delinquent fees are grounds for termination of a subsidized contract.
- Upon termination of services for nonpayment of delinquent fees, the family shall receive a NOA terminating services until all delinquent fees are paid.

Waiting List

1. Cal State LA student-parents, staff, or faculty who wish to enroll a child in the Center must:
 - a) Complete an application for admissions on the Anna Bing Arnold Children Center website <https://www.calstatela.edu/abacc>.
 - b) When on the website, click on the Admissions tab then the Application Form
 - c) Email the signed Application form to the Center Office Manager. See the email provided on the bottom of the form.
 - d) The child will be placed on the Waiting List based on the date and time the application is received.
2. ***The Center maintains only one Waiting List for all children: children will be "waiting" for the program that is appropriate for their age.***
3. If a family is offered a space in the Center for their child, **they will be given twenty-four hours from the time the offer is made to accept or decline the spot.** *The twenty-hours will begin after a staff member makes the offer by telephone and speaks directly to a parent that a space is available.*
4. If a space is accepted, the Center administration will set a date for enrollment of the child.
5. Tuition for a non-subsidized family is due on the first day of enrollment and will be prorated based on start date. A family who is subsidized will pay tuition based on the signed subsidized family Admission's Contract.
6. If a child is offered a space at the Center and parents decline, nothing changes with his or her Waiting List space and their child will remain on the Waiting List for consideration for a future placement when a space become available again.
7. If a family already has a child enrolled in the Center and a sibling of that child is on the Waiting List, the sibling will receive priority.
8. If a child is listed as a "sibling" on the waiting list, and his or her brother or sister leaves the Children's Center for any reason, the second child will no longer be considered a "sibling" and will, therefore, no longer be given priority treatment on our Waiting List.

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- a) He or she will still retain a spot on the Waiting List if the parent so desires.
 - b) That spot once again will be based on the date and time that the original application was received.
9. If information is submitted to the Center that is no longer accurate and a space is offered to a child, the family will be removed from the Waiting List once the correct information is ascertained. For example, a child will be removed from the Waiting List if a student-parent enrolled in classes at Cal State LA when a child was placed on the Waiting List then left Cal State LA but did not make the Center aware of this information when a space was offered and accepted.
10. When families request to be placed on the Waiting List in anticipation of a foster or adoptive child, the following procedures should be followed:
- a) Applications can be accepted when there is an approximate foster or adoption date.
 - b) Parents are asked to call the Center after the child's homecoming so that the date can be noted, and the child's name and date of birth can be recorded.

Waiting List Maintenance

Because of the complex and nuanced nature of the Waiting List, children are not given a 'number' as to where they are on the list because this 'number' would change based on the type of space available. See the waiting list criteria listed below.

Both subsidized spaces (spaces that are funded by the CDE) and non-subsidized spaces (spaces that are full fee tuition) are treated equally.

If a **non-subsidized space** becomes available in any age range, children will be offered a space in the following order:

1. Siblings of currently enrolled children of student-parents based on their application date
2. Siblings of currently enrolled children of faculty and staff based on their application date
3. Siblings of currently enrolled children of community members based on their application date
4. Children of student-parents are considered based on their application date
5. Children of faculty and staff are considered based on their application date
6. Children of community members are considered based on their application date

*If a **subsidized space** becomes available in any age range, children will be offered a space in the following order:

1. Siblings of currently enrolled children of student-parents based on their application date
2. Siblings of currently enrolled children of faculty and staff based on their application date
3. Siblings of currently enrolled children of community members based on their application date
4. Children with special needs (e.g., diagnosed physical or emotional disabilities) of student-parents based on:
 - a) The lowest income priority number given by the CDE
 - b) Other specific criteria set only by the CDE
 - c) The date of application
5. Children with special needs (e.g., diagnosed physical or emotional disabilities) of faculty and staff based on:
 - a) The lowest income priority number given by the CDE
 - b) Other specific criteria set only by the CDE
 - c) The date of application
6. Children with special needs (e.g., diagnosed physical or emotional disabilities) of community members based on:
 - a) The lowest income priority number given by the CDE

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- b) Other specific criteria set only by the CDE
- c) The date of application
- 7. Children of student-parents are considered based on their application date
- 8. Children of faculty and staff are considered based on their application date
- 9. Children of community members are considered based on their application date

*Spaces that are **subsidized** are available based on the amount of funding that the Center receives from the CDE.

Attendance and Billing

Child attendance is scheduled based on parent request and availability. Schedules may not be changed after the first week of each semester. During the first week, every effort will be made to accommodate schedules and schedule changes, although openings in all time blocks cannot be guaranteed. Tuition is charged based on enrollment hours. There are no refunds for holidays, absenteeism, vacation, or changes of hours.

Absences

Parents must call the office at the beginning of the day to provide information for a child's absence. There is no tuition reimbursement for vacation or other time absent except in the case of documented extreme illness; this does not apply to subsidized families. For a child's illness that is extended, the fee will be reduced fully for days missed beyond the first week of illness, with written documentation from a medical physician. No discount will be applied for the first week of a child's illness.

Withdrawal

Parents must give the Children's Center two weeks written notice prior to withdrawing their child from school or they will be charged two weeks tuition beyond the termination date.

Billing

- Childcare tuition is due on the first day of each month and all payments are to be made in advance of service.
- A tuition bill will be placed in the parent mail folder one week prior to due date.
- Fees are delinquent if not paid on the first of the month and a late fee will be applied.
- Your fees must be made current within fourteen calendar days of delinquent notification, or your child may be terminated from the program.
- Continued non-payment can initiate any of the collection techniques available to the University including small claims court and holding of University records.

Late Pick-Up

There is a **per minute penalty charge for children picked up past the closing hours of the Children's Center** (or contract hours for families with a subsidy). If a parent is late, a fee will be charged at the time of pick-up. If there are more than three late pickup incidents, the child will be subject to dismissal from the Children's Center. See the information below.

- First late incident – \$1 per minute late
- Second late incident – \$3 per minute late
- Third late incident – \$5 per minute late

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Check Payment

The Children's Center accepts personal checks for fee payments. **Checks can be made payable to the "Anna Bing Arnold Children's Center".**

If a check is returned for non-sufficient funds all transactions *for one year* will need to be in cashier's check or money order. For continuing use of the Children's Center, the returned check must be redeemed in cash, and a returned check charge will be added. If arrangements are not made to clear up returned checks, your child may be asked to leave the Children's Center. If the returned check was due to a bank error, a letter from the bank is required to continue to make future check payments.

Tuition Increase

The tuition rate is subject to change. The Children's Center Director will give parents one month's written notice of such changes.

Classroom Program Information

The Children's Center is open to all children between the ages of six months and five years. Children who are physically or developmentally challenged are welcome to our program when it is determined that the Children's Center meets the individual needs of the child.

The Children's Center offers a developmentally appropriate program, dedicated to addressing the needs of the whole child (emotional, physical, cognitive, and social). Children are treated with respect and with the knowledge that every child is an individual. The children learn and play in an environment that is safe, warm, nurturing, and supportive. The teachers are professionally trained and highly qualified and the Center has a higher number of teachers than required by state regulations and meets nationally recognized standards of quality.

Staff

The staff is composed of experienced early childhood teachers who appreciate the uniqueness of young children. All master teachers and teachers have earned a B.A. in Child Development or a related field and have a Children's Center Teacher Permit or higher granted by the State of California Commission on Teacher Credentialing. Assistant teachers are selected based on their interest in working with young children and are students of Child Development or related subjects at Cal State LA.

In addition to our professional staff, Cal State LA Child Development students participate as supervised "teachers in training" at the Children's Center. The Children's Center also accommodates students from various academic disciplines needing observation and field work experience with children.

Classrooms Offered

The Children's Center has six classrooms available for infants and toddler, twos, and preschool age children. Children are placed in the programs listed below based on development, chronological age, and available space.

Bonsai Classroom— an infant and toddler classroom for children from six to eighteen months of age

Bamboo Classroom – a toddler option classroom for children from eighteen to thirty-six months of age

Mulberry Classroom – a two's classroom for children from two to three years of age

Magnolia, Maple, and Eucalyptus Classrooms – mixed-age preschool classrooms for children ages three to five years of age

Staff to Child Ratios

Classroom	Ages	Staff/Child Ratio
Infant and Toddler	6 months to approx. 18 months	1:3

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Toddler Option	18 months to approx. 36 months	1:3
2-Year-Olds	Approx. 2 to 3 years of age	1:4
Preschool	Approx. 3 years to kindergarten age	1:6-8

Environment

The physical environment of the Children's Center has been set up to enhance our Children's Center goals. It offers familiarity and challenges and encourages connections as well as independence. It offers avenues for cooperative play and involvement with varied materials. It also offers the opportunity to be "messy". Getting involved in play activities without concern for clothing or appearance is an important aspect of a child's learning. It is through intense interaction with the environment that children learn about the physical properties of the real world. Also, it is how they test ideas, sort out feelings, and learn competency -- all important aspects of development.

We believe it is important to value this interaction with the environment and ask that parents give their child "permission" to get involved in play by sending them in appropriate play clothes and shoes that can get dirty. That dirt which you see at the end of the day means your child was involved, active, and learning. We hope you value it as much as we do!

Developmentally Appropriate Practice

Developmentally appropriate practice is a concept based on the knowledge that a child's development and ability to successfully accomplish certain physical and intellectual tasks follow a set pattern. For example, we know that typically an infant learns to crawl, and then to stand, before learning to walk. The pattern is the same for all children; however, the rate at which a child learns these skills may vary. Following his or her own individual path, a child's natural desire to learn coupled with an adult's attention and enthusiasm motivates him or her to succeed. Therefore, guiding our work with children is the belief that given appropriate opportunities and adult interaction, children learn and achieve skills when they are developmentally ready. If adults expect a child to acquire skills he or she is not ready for, he or she may comply, demonstrating that he or she can follow directions. However, this does not indicate that the child has understood the concept being introduced.

In developmentally appropriate programs children have the freedom to choose, move about, and make personal contacts. Informal learning experiences and human caring is expressed, and spontaneity is valued. Teachers make decisions about curriculum based on three important kinds of knowledge:

- Age appropriateness – what teachers know about how children develop and learn
- Individual appropriateness – what teachers know about the strengths, needs, and interests of individual children
- Social and cultural appropriateness – what teachers know about the social and cultural contexts in which children live

The principles of developmentally appropriate practice are applied to our curriculum, adult/child interactions, school/home relationships, and child evaluation.

Curriculum

Play is the natural mode of learning for the young child. The child develops feelings of competency and motivation for learning when provided opportunities for play and individual choice within context. Learning occurs when the child is actively involved with the materials of the environment. Through careful observation of play, teachers can assess development and add challenges or direction as needed to further individual growth. The classroom environment is arranged to provide ample choices for children to encourage independent thinking and a gentle unfolding of interest, skill, and abilities.

In addition, the Children's Center's curriculum is based on a constructivist developmental theory of learning and development with a central idea that human learning is constructed; that learners build new knowledge upon the foundation of previous learning. This prior knowledge influences what new or modified knowledge an individual will construct from new learning experiences. As such, we offer children explorations that facilitates their growth, learning, and creativity, and is supportive of all children, including those with identified disabilities and special learning and

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developmental needs. Concurrently, interwoven into the curriculum are different educational philosophies including the Reggio Emilia approach, a philosophy based on "the image of a child with strong potentialities for development and a subject with rights, who learns through the hundreds of languages belonging to all human beings, and grows in relations with others." (www.reggiochildren.it)

Value of Play

Play is the highest expression of human development in childhood, for it alone is the free expression of what is in a child's soul.

- Fredrick Froebel

Play is the business of young children. It is the primary vehicle through which they learn. Opportunity to play freely is vital to a child's healthy development. Play fosters intellectual development and permits the child to assimilate reality in terms of his or her own interests and prior knowledge of the world. Through play, children are free to experiment, try out possibilities, and practice different roles. Play stimulates creativity. It is inherently a self-expressive activity that draws on the child's imagination. Play further develops children's language, and physical and social development. Play is critical to all aspects of the child's learning and is an essential part of our program. By being a careful observer of children's play, teachers can discover the child's interests and abilities. Beyond all these valuable reasons to support play is the fact that it is highly enjoyable. Children who are deeply involved in play are working at all the appropriate tasks for their development while they are experiencing joy and emotional well-being. What could be better?

Morning Screenings

An informal health inspection is made each morning for every child. Your child will be observed by a staff member who knows him or her. If a child shows any signs of illness, he or she will not be accepted into the program that day. This follows the California Health and Safety code, Title 22, section 101326.1.

When you drop your child off, please wait for a teacher to greet your child and complete their health check before you leave. The health check consists of a teacher touching your child (for temperature) as they speak to them and looking closely for signs of illness (pallor, sweating, red eyes, etc.). Your child only will be aware that they have been greeted warmly.

If your child or any member of your household has a contagious illness, please notify the Children's Center at once. Written notification will be sent home during known exposures to infectious disease; the name of the sick child will be kept confidential.

If your child has been excluded from the Children's Center for an illness, please bring a note from a doctor confirming that your child is not contagious before returning to school.

Separation -- Saying Goodbye

The first moments of separation can be an upsetting time for parents as well as children. When parents are leaving their child for the first time in a new place, they often have ambivalent feelings. All these feelings are valid, and they can create insecurities about the separation. Some parents, especially when they are new to the program, feel so ambivalent about leaving the child that they start to leave and then come back. Others want to avoid upsetting the child when they go and prefer to leave without saying good-bye. These behaviors can be confusing and may prolong the anxiety of separation.

We find that the most successful separations unfold something like this:

- Drop off your child in an unhurried fashion.
- After leaving items for the day, choose a closed-ended moment to spend time together, such as reading a book together.

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- Prepare your child for your leaving by telling him or her that you are leaving and when you'll be back.
- Validate anxious or sad feelings if they are expressed and then say good-bye.
- Have a teacher help with the transition, if necessary, and go.

It's true that when you say "goodbye" in this manner you may have to leave seeing your child unhappy or crying, but you have given him or her support and validation for the sad feelings and the security of knowing you can be trusted to return.

You also will have the benefit of seeing your child grow into a person who can make future separations with trust and ease. Even if your child is always happy to come to school and happy to stay, giving him or her the security of knowing where you are and that you will say "goodbye" before you leave helps to build a foundation of trust that will be beneficial in all areas of emotional growth.

Discipline and Guidance

The words we use when we think of effective discipline are: related, respectful, reasonable, and helpful. The key to effective discipline (from the word "disciple" which means "to teach") is consistency and setting clear reasonable limits.

When guiding a child, our goal is to support the child in developing "self-control" as they take steps away from external or adult control. We believe that positive reinforcement, problem solving, and redirection can be very effective ways to teach self-discipline. We also believe that it is important for children to know that it is all right to have both negative and positive feelings. We help the child learn constructive ways to express emotions and settle conflicts with an emphasis on verbal problem solving.

Within the school, we establish clear limits (or rules) based on respect for oneself, others, and the environment. Children learn to trust these limits and find security in their consistent follow-through. Rules and consequences are created with the children when possible and stated clearly and applied fairly. If a child's behavior is inappropriate, a natural or logical consequence, appropriate to the child and the behavior, occurs or is applied. Generally, this consists of redirection, talking about the problem, and, if necessary, removing a child from the situation. At times, children will be asked to leave an area where they may be struggling and work with a teacher who will support their self-regulation. They may return to these areas and try again later when they are feeling better prepared. The children are active participants in the process and often determine for themselves when they are ready to re-enter the group in an appropriate manner. Here are examples of natural and logical consequences:

- a) Natural consequences - occur without any enforcement on the part of the adult and children can learn cause and effect and how to link their actions with consequences.
 - a. E.g., a child goes outside without an umbrella when it is raining and gets wet.
- b) Logical consequences - involve action taken by the adult (or other children) and are most effective when they are related to a child's action, as it will make better sense to the child.
 - a. E.g., a child brings a toy from home to school which is not allowed except for special occasions. The teacher asks the child if he or she would like to keep the toy in his or her cubby for the day or send it home with mom or dad before they leave.
 - b. E.g., a child throws sand in the eyes of another child and does not "keep sand low in the sand box"; he or she then is asked to get a washcloth to help the child with sand in her or her eyes. If the child then throws sand again, he or she is asked from the sand box and reminded that he or she can try again another time.

At no time will any child be struck, handled roughly, or verbally shamed as a disciplinary measure. In guiding children, our goal is to help children learn to trust the people around them and the environment, to feel good about themselves, and to develop self-discipline.

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Guidance Procedures

1. Staff will guide the children in developing self-control. They will provide alternatives to unacceptable behavior rather than just expressing a verbal "no."
2. Staff will set clear-cut limits as to what behavior is acceptable and will show and state verbally that physically aggressive behavior toward other children or staff is unacceptable.
3. Staff will never direct criticism at a child. Staff will make suggestions for modification toward the behavior, not the child.
4. Staff will clearly explain to the child, in terms the child will understand and in a positive manner, what expected appropriate behavior is. The rules and consequences of breaking the rules are clearly stated.
5. Staff will observe interaction between children and determine whether they need to intervene; children may at times be able to resolve conflicts on their own.
6. If children are not able to resolve a conflict on their own, the teacher will help by offering suggestions for solutions to the conflict.
7. If disciplinary action is required, the following is appropriate:
 - a) Remove the child from the situation, while maintaining proximity and supervision.
 - b) Show the child a positive alternative to their actions and involve children in the "rule making" to develop a source of responsibility.
 - c) If the child's behavior continues to develop into aggressive/hurtful actions (e.g., consistent biting or hitting) the staff/Administration will conference with the child's parents.
 - d) The behavioral goals and disciplinary methods established for the Center are explained in the Parent Handbook for parents to understand better the rights of the other children to be safely protected from harm and abuse.
8. Staff may not confine infants, toddlers, or preschoolers to chairs, cribs, or similar kinds of furniture as a form of discipline or punishment.
9. Employees will be subject to immediate dismissal from the Center for engaging in the following actions:
 - a) Corporal punishment which includes spanking, hitting, shaking, pinching, or any actions which are intended to inflict pain
 - b) Withdrawal or threat of withdrawal of food, rest, or bathroom opportunities
 - c) Abusive language
 - d) Any form of public or private humiliation
 - e) Any form of emotional abuse

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Behavior Policy

It is important the parents and staff work together in giving children consistent messages at home and at school. If a child's behavior disrupts classroom activity, the following procedure will be used to help create an action plan for this behavior.

1. Natural or logical consequences will occur. Expectations will be discussed with the child as appropriate, and parents will be informed of the situation.
2. If unacceptable behavior continues for a consistent period, the parent will be asked to schedule a conference with teachers. Parents may be asked to take their child home for the day if the behavior is concerning and determined severe.
3. At the conference, a plan of action will be discussed with parents. This will include an agreement of parent action, staff action, and time frame to check-in on progress. At this time outside consultation may be suggested or required.
4. If the child needs to be physically restrained from hurting others or themselves or needs to be separated from the group on a continuing basis, termination of enrollment will be discussed with the parent. This is considered as a last resort; however, certain behaviors and situations are beyond the scope of what we can provide for children and families in group care.

Biting

Biting is common among young children and can occur at any stage of a child's development. Children bite for many different reasons. For example, they may bite when they are teething, out of frustration, and even as a way of showing affection.

Since biting is a natural part of a child's growth, as teachers we take time to observe the child and understand why the behavior is occurring, so that we may handle it in the most appropriate manner. We also take biting very seriously at the Center and take all measures to alleviate it.

When a child is bitten at the Center, the following procedures will occur:

- Immediate attention will be given to the child who was bitten.
 - The bite will be cleaned with soap and water and ice will be applied to reduce swelling.
 - The child who has bitten will be encouraged to assist in the care of the bitten child.
 - If the skin has been broken, a parent will be notified immediately. If not, the parent will be notified in the manner that is routine for injury.
 - It is our policy to keep confidential the name of the child who has bitten.
 - An ouch report will be completed and given to parent upon the child's departure.
- Immediately after the child who was bitten has been cared for, the teacher will attend to the child who bit in the following manner:
 - Let the child know that biting is not allowed.

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- Be at the child's level and look directly into the child's eyes.
- Encourage the child to use his/her words to express themselves.
- If the biting incidents escalate, a parent conference will be held to strategize the most effective techniques for reducing the behavior.

Suspension, Expulsion, and Other Exclusionary Methods

The policy of our Center is to limit or eliminate the use of suspension, expulsion, and other exclusionary methods for children. To best meet this goal, we work together to build strong relationships with children and families even before their child starts our program. We talk about a child's culture, social, emotional, and behavioral strengths, and concerns, his or her approaches to learning, and strategies that work at home that promote prosocial behavior. In this manner, our teachers apply both a developmental and a contextual lens to child behaviors to promote constructive social and emotional development.

In addition, exclusionary measures are not considered until all other possible strategies of interventions are considered for a child's ongoing challenging behavior and both the Center and families agree that exclusion is in the best interest of the child.

These measures include but are not limited to:

- Assessing what a child is attempting to communicate with his or her behaviors as well as his or her triggers and patterns of interaction.
- Adjusting teaching methods and the environment to support deepening problem-solving and conflict resolution skills.
- Setting up parent conferences and other meetings with the staff and director and assistant director to understand more and address concerning behaviors.
- Working with families and professional consultants to both observe a child's behaviors and reactions and support staff in making effective changes to classroom environments and management of situations to better help the child.
- Developing and implementing a specific and confidential *Individual Action Plan* that is based on positive behavior support strategies that is agreed to by teachers, administrators, and families.
- Reviewing this plan with all staff in the classroom, revisiting it weekly or sooner to evaluate its effectiveness, and setting up additional parent conferences to keep parents informed of progress.
- Referring families for outside support for assessment such as the Regional Center in their home area.

In addition, to prevent, severely limit, and ultimately eliminate expulsion and suspension practices, we try and ensure that all program staff have access to additional support from specialists or consultants, such as early childhood mental health consultants, behavioral specialists, school counselors, or special educators. This helps to:

- Promote children's social-emotional and behavioral health and appropriately address challenging behavior
- Form strong, supportive, nurturing relationships with children

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- Conduct ongoing developmental monitoring, universal developmental and behavioral screenings at recommended ages, and follow-up, as needed
- Collaborate with community-based service providers and connecting children, families, and staff to additional services and supports as needed
- Form strong relationships with parents and families
- Have a strong understanding of culture and diversity
- Employ self-reflective strategies and cultural awareness training to prevent and correct all implicit and explicit biases, including racial/national origin/ethnic, sex, or disability biases
- Eliminate all discriminatory discipline practices

<https://www2.ed.gov/policy/gen/guid/school-discipline/policy-statement-ece-expulsions-suspensions.pdf>

The ongoing challenging behaviors that may be cause for implementing strategies of intervention, up to and including suspension and expulsion, are described as:

- A child who needs to be separated from the group on a consistent and ongoing basis because he or she is attempting to hurt others or him or herself.
- A child who needs to be physically restrained from hurting others or him or herself on a consistent and ongoing basis.

If parents are not supportive and willing to work with staff in developing a constructive, documented plan to help their child move beyond challenging behaviors, and/or there is no progress made in a reasonable or appropriate amount of time, the Center may discuss disenrollment for their child.

The Center aids families if termination of enrollment occurs in accessing alternative services and placement. These policies comply with federal and state civil rights laws.

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Prevention and Detection of Ongoing Challenging Behaviors

Category	Atypical Behavior Detection Routines	Atypical Behavior Concerns
Family History Profile Questionnaire prior to child entry to program	<ul style="list-style-type: none"> -Parents complete when children enter the Center • Reviewed by parents, master teacher, teachers and director or assistant director -Updated by parents when children transition from one classroom to another • Reviewed by parents, new master teacher, and team 	<ul style="list-style-type: none"> -Discuss findings with all teachers in the classroom, director, and parents • Master teacher to organize meeting with parents within one week -Develop meeting schedule with parents • Timeline depends upon level of concern -Create Individual Action Plan for child in partnership with parents
Director's Involvement	<ul style="list-style-type: none"> -Observe in classrooms • Includes videotaping, pictures, note taking -Interacts with child -Debriefs staff regarding findings 	<ul style="list-style-type: none"> -Summarize key points for staff -Create talking points for parents -Create high-level summary for child file -Work with master teacher and other staff to create action plan -Follow-up on Individualized Action Plan
Weekly Staff Meetings	<ul style="list-style-type: none"> -Share observations in classrooms -Peer review of scenarios -Share best practices -Communicate and review policy/changes -Highlight and pinpoint potential underlining issues 	<ul style="list-style-type: none"> -Schedule follow-up meetings with appropriate impacted parties (e.g., director, parents, and classroom teachers)
Schedule Parent Meetings	<ul style="list-style-type: none"> -Intake and Exit Meetings -3-Month Meeting -6-Month Meeting -Spot Conferences as needed 	<ul style="list-style-type: none"> -Schedule follow-up meeting with appropriate impacted parties (e.g., director, parents, and classroom teachers)

Individual Action Plan

Category	Details	Response
Identify Ongoing Challenging Behaviors (Children requiring immediate support)	<ul style="list-style-type: none"> Children with IEPs • Behaviors NOT managed Pattern of aggression • Against teachers or children Pattern of emotional outbursts • Verbal and/or physical Pattern of non-responsiveness • Severe lack of empathy Pattern of extreme expressed anger Pattern of destructive behavior toward environment 	<ul style="list-style-type: none"> -Observe patterns and triggers -Involve appropriate consultants -Adjust classroom environment and schedules to support child -Inform director and other impacted teachers -Discuss identified behaviors with colleagues -High-level documentation for file -Potentially add additional teacher as a shadow -Contact parents to schedule next steps
Conduct Parent Meetings	<ul style="list-style-type: none"> -Meet ASAP after pattern of challenging behaviors identified -Meeting to include impacted parties • e.g., director, master teacher, and other classroom teachers 	<ul style="list-style-type: none"> -Communicate concerns and share examples/observations -Interview parents for cross-over behaviors and other contributing factors -Create monthly meeting schedule with parents and teachers -Identify if parents should look for outside help -Identify if in-class observations from outside parties (e.g., Psychologist) needed/wanted -Potentially dis-enroll child
Create and Execute Individualized Action Plan	<ul style="list-style-type: none"> -See Individualized Action Plan 	<ul style="list-style-type: none"> -With parents' input, create plan that addresses behavior and supports child -Provide shadow or extra teacher if needed -Involve outside consultants for support for child, school, and parents -Help parents with additional outside resources

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Rest Time

In the infant classrooms, children rest throughout the day, depending on an individual child's needs. Please be sure that you have added this information on your child's **Infant and Toddler Individual Needs and Service Plan** as well as share it with your child's primary teacher.

All twos and preschool children are expected to rest daily. Rest time is generally from 12:30 to 2:30 each day and 30 minutes is the minimum amount of time we ask children to remain resting, as required by Community Care Licensing. Children who do not fall asleep or who awaken early will be involved in quiet activities. **To avoid disturbing nap and lunchtime, no drop offs will be allowed after 12:00 p.m.**

Clothing

Your children should be comfortably dressed in washable play clothes, and safe, durable shoes (if children are wearing shoes). Shoes must be closed-toe shoes (tennis shoes are best) or sandals with a buckle that protect the toes and have a back.

The following clothing should be left at the Children's Center in your child's cubby:

- One change of seasonally appropriate clothes and extra underwear for the child who has recently been toilet learned.
 - This includes a shirt, shorts or pants, a sweatshirt or jacket, socks, and shoes.
- Water clothes and shoes for water play in the summer.

Please label all clothing and other items from home with an indelible marking pen or sewn-in tag. If an item becomes lost, every attempt will be made to return clothing to you and to assist you in locating lost items. This is much easier when the items are labeled.

Bare feet

Children enjoy being barefoot outside and are allowed to go without shoes, weather permitting. Shoes must be worn when riding bicycles or when leaving the Center for walks. Bare feet are always permitted indoors.

Items from Home

Parents are asked to keep personal toys at home unless:

- the item is a transitional item or special "lovie"
- the item is for a share day
- the item is a special request from the teacher for a classroom exploration

Bringing toys from home can cause undue conflicts on the part of the child possessing the toy and the child wanting the toy. Enough materials will be available for each child to make his or her day busy, full, and interesting.

Please note, at no time are guns or war toys allowed at school. If children make these types of toys themselves during imaginary play, they are allowed, and we will discuss with them in an age-appropriate manner their purpose and plan for their creation.

Nutrition

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The Children's Center provides breakfast, lunch, and afternoon snack with assistance from the child nutrition program provided by the U.S. Department of Agriculture (USDA). This program requires that we follow strict guidelines to ensure the quality of our nutritional program. *All parents are required to fill out an application for the food program upon admission to the Children's Center, so that all children may participate, regardless of parental income.*

Meals provided are well-planned, nutritious, and balanced. Menu items are selected based on children's nutritional needs as well as tastes and food preferences. A wide variety of ethnic foods are provided for diversity and exposure to different cultures. Menus are posted in the classrooms each day and meals are served with a teacher and peers at tables facilitating conversation and other social norms.

Substitutions for food items will not be made based on individual food likes and dislikes. However, substitutions may be made for medical reasons, such as allergies. In this case, a note must be provided by the child's doctor stating the reason for the necessary substitution. At no time will children be allowed to bring their meals from home except when allowed substitutions have been documented.

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: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:

- Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410.
- Fax: (202) 690-7442; or
- Email: program.intake@usda.gov.

The Center is an equal opportunity provider.

Classroom Program – Age Specific

Infant and Toddler Program

Our program draws on the infant's and toddler's natural interest of discovery, urge to learn, and the need for close, responsive relationships with caregivers. Infants and toddlers have their own curriculum based on care-giving routines. Teachers plan

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the environment carefully so that children learn through exploration and discovery. Sensitive observation of the children's needs and interests lead teachers to the appropriate next steps to take in planning. Planning for each day is based on these observations and emphasizes child-directed learning over adult-directed learning.

Young infants need closeness, reassurance, and comfort to strengthen their sense of security. Our infant program provides opportunities for close contact and security by assigning a primary caregiver for each child. Teachers help infants by being available and responding promptly, bringing things of interest to the infant, and taking the infant to interesting things. A calm and soothing environment is provided to avoid over stimulation.

Older infants and toddlers are captivated by their growing ability to move. Caregivers provide a secure base of support from which children can venture out and explore. Exploration is encouraged by providing a safe and interesting environment, while at the same time providing challenging opportunities for movement.

First Day

Children will be given storage cubbies on their first day. This will be their personal space and a place to keep their clothes, extra diapers, creams, and other items. Please check your child's cubby each day that you attend to replenish supplies. **Please label all items** and bring the following on the first day:

- Diapers, wipes, ointment, etc.
- Bottles, pacifier
- Changes of clothing appropriate for the season
- Blanket and special comfort item (e.g., stuffed toy, picture) (labeled)
- A labeled gallon-sized Ziploc bag with the following items to be used in an emergency: 2 family photos, a note from you to your child, a favorite small book, stuffed animal, or toy item.

Make sure your child is dressed comfortably and if walking, wearing sturdy play shoes. Because of limited storage space, we will not be able to store car seats at the Children's Center. There is a small area next to the infant yard where strollers may be parked.

Primary Caregiving

Each child is assigned to a primary teacher. The primary caregiver is the person who is mainly responsible for the child, builds a relationship with the child's family, and most often carries out the day-to-day routines with the child. Primary caregiving allows infants to develop intimate, stable, relationships with one or two constant persons. It provides time for people to get to know one another and develop relationships over time. Teams of teachers work together so that children also will be familiar with a second teacher if the primary teacher is absent.

Continuity of Care

Our goal is to allow infants to stay with the same caregiver for the formative first years. This allows children to experience a stable, long-term relationship not only with the caregiver but also with the other children in the program. As the children become older and their needs change, they will move with their teacher to a developmentally appropriate environment in a new classroom.

Routines

Routines are the heart of infant and toddler care and curriculum. Children's own schedules for feeding, napping, and diapering are followed. It is important for teachers to allow children to be active participants in making their own needs known and have caregivers respond to their cues. Being attuned to each infant's needs and preferences and reading his or her cues are key to individualizing routines. Some meal and nap routines may become more established as children reach two and three years of age.

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During routines, the child learns many things such as security and self-esteem; pleasure and tactile stimulation; a sense of time and space, as well as daily caregiving rhythms; independence and competence; and cognitive and language skills.

Effective caregiving responds to each child's developmental level. Routines for young infants (birth to fifteen months) are carried out in a consistent, gentle, and timely way so that the children learn basic trust in the world. They get used to getting their needs met and come to anticipate the caregiver's response to their messages.

Routines for mobile infants (sixteen to eighteen months) focus on the infant's increasing competencies as the children learn to feed themselves, toddle to the sink to wash their hands, and help pull up their pants. Caregivers' sensitive to this age group know that mobile infants may resist certain activities, such as being diapered, but caregivers regard this resistance in a positive light. Instead of taking the resistance personally, the caregiver knows that mobile infants would rather be moving and exploring than lying down still.

Routines for older infants (sixteen to thirty-six months) consider the children's vacillation between independence and dependence. Older infants are likely to be quite cooperative one minute, helping to set the table, and then run in the other direction the next minute, when asked to hang up a coat. They may ask the caregiver to do a simple task they have been able to do for months, such as putting on a shoe, then turn around and try to tie it themselves even though the task may be beyond them.

There is no formula for performing caregiving routines. Our classrooms are 'child-led', and we meet children's needs as we observe and then respond to individual cues. Care is carried out each time as an experience shared by two people rather than a procedure one person performs on another. Caregiving is a dynamic moment-to-moment activity.

(A Guide to Routines, The Program for Infant Toddler Caregivers, p. xiii).

Infant Sleep Practices and Environment

Safe sleep and napping practices reduce the risk of Sudden Infant Death Syndrome (SIDS) and the spread of contagious diseases. SIDS is the unexpected death of a seemingly healthy infant under one year of age for whom no cause of death can be determined. The chance of SIDS occurring is highest when an infant first starts childcare.

To maintain safe sleep practices, these policies and procedures will be followed:

- Staff will place infants younger than 12 months on their backs to sleep without the use of infant sleep positioners, unless ordered by a physician.
- If infants arrive to the program asleep, or fall asleep, in equipment not specifically designed for infant sleep, the infant will be removed and placed in a crib.
- Healthy infants always will be put to sleep on their backs. Side sleeping is not as safe as back sleeping and is not advised. Research shows that putting an infant to sleep on his back does not cause him to choke or aspirate.
- If a parent requests that their child be put to sleep in a position other than on their back, the parent must provide a physician's signed note that explains how the infant should be put to sleep and the medical reason for this position. This note will be kept in the child's medical file and all staff will be notified of the infant's prescribed sleep position.
- Infants will be placed to sleep on a firm mattress that fits tightly in a crib that meets Consumer Product Safety Commission safety standards. The sheet will fit the mattress snugly.

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- No toys, stuffed animals, pillows, crib bumpers, positioning devices (unless ordered by a health care provider) or extra bedding will be in the crib.
- If the infant requires additional warmth, a blanket sleeper or sleep sack will be used; the room will be kept at a temperature that is comfortable for a lightly clothed adult.
- The infant's head will remain uncovered when he or she sleeps.
- When an infant can easily turn over from back to front and front to back, the infant will be put to sleep on his or her back but will be allowed to assume a preferred sleep position.
- Sleeping infants will be checked visually every 15 minutes. This is especially important during the first weeks that an infant is in childcare. The infant will be observed to verify that the infant's skin color is normal and the infant's chest is rising and falling as he or she breathes.
- Staff will always remain in the room when there are sleeping infants.
- Infants will not share cribs.
- Infants will never be put to sleep on a couch, chair, cushion, or adult bed mattress; there are no safety standards for these items.
- Pacifier use has been shown to decrease the risk for SIDS. Infants may be offered a pacifier when they are in the crib if parents offer a pacifier at home. Pacifiers will not be attached by a string to the infant's clothing. Pacifiers will not be reinserted if they fall out after the infant is asleep.

* This policy reflects the safe sleep research as of November 2018.

California Childcare Health Program • 1950 Addison Street, Suite 107 • Berkeley, CA 94704-1182 Telephone 510-204-0930 • Fax 510-204-0931 • Healthline 1-800-333-3212 • www.ucsfchildcarehealth.org

Infant Nutrition

The American Academy of Pediatrics recommends breast or bottle feeding for infants for about 6 months and then continuing breast or bottle feeding while introducing complementary foods until 12 months old or older.

<https://www.cdc.gov/nutrition/infantandtoddlernutrition>.

The Children's Center provides a generic brand of iron fortified infant formula for infants unless the infant's mother provides breast milk. If a parent is not breastfeeding and does not wish to use the Center formula, they may complete a form letting teachers know that they will bring in their own formula.

Ensure that all bottles and covers are labeled with the infant's full name and dated and if breast milk, the bottle has the date that the milk was expressed.

The teachers will work closely with parents when introducing infants to new solid foods. New foods should be introduced one at a time, preferably at home with the family first. The practice of allowing a few days to pass before introducing a new food gives the infant time to become accustomed to each food before encountering a new experience. Also, adults can identify the source of allergic reactions if there are any. Whatever the food being served the caregiver should spoon into a

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bowl, this way the food not used will not be contaminated by the spoon in the child's mouth and may be refrigerated and used later.

Some foods will not be served to children younger than 12 months because such foods may cause allergies or illness:

- Egg whites
- Honey
- Peanuts
- Chocolate
- Citrus

As infants get older and are ready for a wider range of foods, the foods will be served in small pieces (less than ¼ inch) to reduce the risk of choking. Some foods popular in preschool may cause choking in toddlers. Popcorn, nuts, hot dog rounds, and grapes are avoided until the children have plenty of teeth.

Infant and Toddler Individual Needs and Services Plan

Parents need to complete an Infant and Toddler Individual Needs and Services Plan upon enrollment and update this form with a teacher every 3 months and as necessary. Parents are asked to keep in close contact with their child's caregiver with regards to any changes, developmental and otherwise such as a house move, a new family member joining the household, etc.

Infant Safe Sleep Policy

Parents need to complete a Safe Sleep Policy for Infants in Child Care form upon enrollment and update this form with a teacher every 3 months and as necessary.

Diapering

Diapering offers opportunities for focused one-on-one attention. Diapering is handled in a respectful manner where an infant can feel a part of the process. The teacher involves the child by narrating what is happening; for example, "Your diaper is wet. Let's change you into a dry diaper. Does that feel better?"

Parents must provide diapers and wipes on a weekly basis or as needed. However, parents should check supplies each day since daily usage will be different for each child. If you are running low on supplies, a note will be added to your child's file.

Parents may provide ointments, creams, lotions, and powder if they wish. However, if parents want these items to be used during diapering, they must complete an *ointment form* and provide instructions as to how and when the ointments, etc. will be used. This form will be required for all over the counter ointments.

A **Medicine Consent Form** is required for all prescription ointments.

For children in diapers each diaper changing table must be used exclusively by one designated class of children; please use the changing table in your child's classroom only when changing your child's diaper.

Toilet Learning

Toilet learning is a natural process that occurs over a long period of time. As infants become older, they become more and more aware of their bodily functions and eventually learn to control them. Using the toilet regularly occurs when the child achieves readiness in three areas: physical, cognitive, and emotional.

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- Physical readiness is achieved when the child receives adequate bladder capacity and control. A physically ready child can stay dry for two or more hours during the day, wake up dry from naps or in the morning. The toddler also can pull pants up or down with little or no help.
- Mental readiness occurs when the child understands what he or she is expected to do. The child wants to know about toileting and may pretend to use the toilet. The child can express and understand “wet”, “dry”, “potty” and “go”.
- Emotional readiness is very important in the toilet learning process. If a child understands and is capable but is not willing, the child is not completely ready. Delays in emotional readiness sometimes occur because toilet training is emphasized over toilet learning. The child may be pushed, leading to a power struggle over using the toilet. If that is the case, the best approach is to stop for a while and continue to strive for a partnership in the toileting process. Eventually most children feel more positive about using the toilet.

If both you and your child's teacher agree that your child is ready to attempt the toilet learning process, you will need to talk with each other and include this in a *Toilet Learning Contract*.

Twos and Preschool Program

The Twos and Preschool programs offer a variety of play-based, contextual, and rich explorations that promote the development of interest, curiosity, and a love for learning. The teachers promote positive self-esteem in children to help them successfully develop feelings toward learning and toward other children and adults. The children are offered choices from a variety of developmentally and age-appropriate experiences and materials. The teachers help the children continue to develop self-control and management of their own behavior in a positive and resolution-oriented manner.

First Day

Children will be given storage cubbies on their first day. This will be their personal space and a place to keep their artwork, clothes, and other items. Please check your child's cubby each day you attend to replenish supplies. Please **label all items** and bring the following on the first day:

- A child-size blanket for napping
- A complete change of clothes appropriate for the season
 - Extra underwear if your child is potty learning
- Anything special desired for comfort - particularly if your child enjoys sleeping with a special toy
- A labeled gallon-sized Ziploc bag with the following items to be used in an emergency: 2 family photos, a note from you to your child, a favorite small book, stuffed animal, or toy item.

Special Days

Field Trips

Field trips at the Children's Center consist of:

- Walking trips around the campus grounds
- Walking trips to nearby locations
- Occasional trips to campus on the campus shuttle bus

These trips provide a change of pace for the children and are taken only when there is enough adult supervision to safely supervise the group. Trips involving transportation away from campus require special written permission from parents and you will be informed prior to any scheduled trip.

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Parents who do not want their children to leave the Children's Center to go on field trips can opt to have their children remain at the Center in another classroom.

Celebrations

We celebrate various holidays throughout the year at the Children's Center. We recognize many different cultures and attempt to keep our celebrations simple and informative. At times, parents are encouraged to join in our celebration if desired. Please feel free to add to our curriculum by sharing information about your family's special celebrations.

Birthdays

Birthdays are celebrated as a special time for each child. Parents are welcome to send a special treat for their child's class for the day. Ask your child's teacher for suggestions. Although we recognize the child by a special snack and singing "Happy Birthday," we do not have birthday "parties" at school. **Please do not send party prizes, games, or presents with your child.** We recommend that birthday parties be saved for a special day at home. You may choose to add to your child's celebration by donating a book, chosen by your child, to the school. This adds a special dimension to your child's day and helps to build the school's library.

Health and Medication

The Children's Center makes every effort to establish procedures that safeguard the health of the children in our care. It is the policy of the Children's Center to immediately attempt to reach either the parent or identified authorized individual when a child is either sick or injured.

Health Policy

The health and medication policies, procedures and guidelines as outlined below have been defined by the County Public Health Department, State Department of Social Services, Community Care Licensing Division and developed according to recommendations by the American Academy of Pediatrics and American Public Health Association. They are standard among state licensed childcare facilities. There are specific rules and regulations that govern whether children may remain in childcare facilities when they are ill or have certain contagious illnesses, which might pose a health threat to other children and staff. Guidelines have been established to determine when it is appropriate and safe for children to return to the Center.

If symptoms of an illness occur while the child is at school, the parent or guardian will be contacted immediately. The child will be isolated from other children and kept comfortable until a parent can come for him or her *within one hour maximum*. **A child sent home with a fever, vomiting or diarrhea may not return to the Center until the child is clear of any symptoms for at least twenty-four (24) hours. The child may not return the following day, even if the symptoms are gone that morning.** No fever reducing medication can be given to a child with the intent to reduce a fever prior to coming to school.

Before your child is readmitted to school after an illness, the admitting teacher will do a general health check to assess for signs of illness. Please assist the teacher in this assessment by providing us as much information about your child's illness and present condition as possible. Please remain with your child until the teacher has determined that we can readmit your child. If you have a question about whether to bring your child back to school, please call the Center first and discuss his or her present condition.

In addition to other forms required by the State of California, the following forms must be on file for each child prior to his or her admission to the facility:

- a) *Child's Preadmission Health History Form*, which provides a history of the child's health and development.

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- b) *Physician's Report Form*, which must be completed by the child's physician. It must show that the child has had a complete physician's examination. The immunization record of the child must be up-to-date and verified on the *Physician's Report* and clearly show the month, day, and year of each immunization given.
- c) Parents are required to keep the immunization records up to date and notify the Center of any additional immunizations their child has received.
- d) **Children will be excluded from the program immediately if they are not up to date on their immunizations and will be readmitted only after proof of updated immunizations is provided.**

The following delineates the medical policies for excluding children from care:

- a) Any child who cannot comfortably participate in regular activities of the Center or whose illness requires greater need for care than can be provided by staff without jeopardizing the health and safety of other children, **will be excluded**.
- b) A child with a rash of undetermined origin that is accompanied by a fever, or any alteration of the child's behavior **will be excluded** until the rash is diagnosed by a physician and is determined to not be of an exclusionary nature and **written medical clearance** is provided.
- c) Children with the following illnesses or symptoms **will be excluded** until the appropriate action/treatment (as indicated below) has been accomplished. When a child exhibits any of the exclusionary conditions during the school day the parent/guardian will be required to pick the child up **immediately**.

*Please note that a child who has a mild respiratory or infectious disease including but not limited to the common cold, bronchitis, or ear infection, **will not be excluded** from care unless the condition involves an illness or symptoms that are exclusionary.*

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ILLNESS/SYMPTOMS	TREATMENT/ACTION
VOMITING	Must be free from symptoms for at least 24 hours (or less if written medical clearance is provided from physician)
UNCONTAINED DIARRHEA OR STOOLS THAT CANNOT BE CONTAINED IN A DIAPER	Must be free from symptoms for at least 24 hours
DIARRHEA (more frequent, watery stools that look different from child's normal bowel movements)	Must be free from symptoms for at least 24 hours (or less if written medical clearance is provided from physician)
FEVER 100.4 or higher using a non-contact thermometer	Readmitted 72 hours after the temperature returns to normal without fever reducing medication
MOUTH SORES (excluding fever blisters) with drooling or lesions that cannot be covered	When sores are healed or with written medical clearance provided from a physician stating that the condition is noninfectious
CONJUNCTIVITIS (also known as pink eye, may include white or yellow discharge from the eye)	Readmitted 72 hours after treatment has been initiated and eyes are clear of discharge
IMPETIGO	Readmitted 24 hours after antibiotic treatment has been initiated
STREP THROAT OR ANY OTHER STREPTOCOCCAL INFECTION	Readmitted 24 hours after initial antibiotic treatment and cessation of fever
CHICKEN POX	Readmitted no sooner than 6 days after the onset of the rash or until all sores have crusted and dried
WHOOPING COUGH	Readmitted after 5 days of appropriate antibiotic treatment
MUMPS	Readmitted no sooner than 9 days after onset of the gland
SCABIES OR OTHER INFESTATION	Readmitted after treatment has been initiated and is free of any infestation
HEAD LICE of infestation (lice or nits)	Readmitted after treatment has been initiated and is free of infestation (lice or nits)
TUBERCULOSIS (TB)	Readmitted with written physician's statement that the child is not contagious
HEPATITIS	Readmitted 7 days after start of symptoms (e.g., jaundice, a yellowing of the skin and eyes)
MEASLES	Readmitted 6 days after the start of the rash
RUBELLA (German Measles)	Readmitted when the lesions have healed
SHINGLES	Readmitted when the lesions have healed
RING WORM (fungal infection)	Readmitted 24 hours after treatment has started

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Medication Policy

Medication will be administered at school only when the following guidelines are followed:

- Prescription medication - the prescription must be made out for the child in question, dated pertinent to the current illness, and the dosage clearly marked. Prescriptions for siblings or other family members or medication in "sample" bottles or bottles other than the prescription container will not be given.
- Over-the-counter medication - will be given ONLY if the medication has a prescription label stating the child's name, dosage, and dates pertinent to illness. Pharmacists will type a label to clarify dosage, without a doctor's prescription.
- Aspirin and aspirin substitutes will NOT be given to children at school except with a doctor's prescription, which states a pertinent reason for administering this drug.

For all situations involving medication, release forms must be filled out and signed by the parent for each series of medication given to a child. This form must be given to the child's teacher along with the medication. All medication is kept in the refrigerator and must be in a child-proof container. No unauthorized medication will be allowed.

Please do not send medication to school without following school policy. Please do not send medication in children's pockets. All drugs, no matter how harmless they may seem, can be harmful if taken in the wrong quantity or by the wrong child. We want to take every precaution to keep your children safe.

Special Health Related Conditions

If the Children's Center and staff can reasonably provide services and make appropriate accommodations for a child who requires specialized medical care, parents must provide a health care professional to train classroom staff on any medical procedures that may be needed prior to admission. If there are changes in staffing, a health care professional again must be provided to train new staff.

Health and Injury

Minor Injuries

If a child is injured while at the Children's Center, the parent will be notified of the injury and specific instructions regarding action to be taken will be discussed at this time. If the parent cannot be reached, the Children's Center will notify the person designated as the child's emergency contact. The Children's Center will maintain first aid supplies sufficient to care for minor injuries. Minor injuries will be noted on an *ouch report form* and a copy will be given to the parent.

Major Injuries

The Children's Center will obtain emergency medical care without specific parental instruction in case the parent cannot be reached immediately, or the nature of the illness or injury is such that there should be no delay in seeking medical attention. If the nature of the illness or injury is such that the staff believes life is in danger, the University Police or 911 will be called immediately and told to send an ambulance.

Universal Precautions

The Children's Center uses universal precaution when dealing with any incident involving blood or bodily fluids. These precautions include:

- The consistent use of gloves when caring for an injury

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- Proper disposal of tissues, items used to clean injuries, and other items that may have blood or bodily fluids on them
- Proper hand washing techniques

Emergency Information

An *ouch report* will be completed each time an injury occurs to a child in the Center. It must be completed as soon as possible after the injury occurred and by the staff member who observed the accident/injury. This report will be given to parents at the end of each day.

Any injury which requires medical treatment must be reported to the Department of Social Services, Child Care Licensing Division, Monterey Park office by telephone no later than the close of business the next working day. An official report of the injury must be submitted within seven days of the incident.

Health and Safety

Emergency Information

Each parent must have an accurate record of his or her pertinent emergency information on file. **It is the parent's responsibility to notify the Children's Center of any changes with regards to class schedule, employment, home address, cellular number, and/or current emergency contacts.** This will allow us to contact you quickly in the event of an emergency.

Emergency Preparedness

The Center staff will conduct earthquake and fire drills monthly. Staff will conduct drills to prepare themselves to take appropriate action in the event of an actual emergency. Frequent planned drills will help familiarize the children with what is expected of them during an emergency

The Children's Center maintains emergency first aid, food, and water supplies for use in the event of an earthquake or other disaster. Any child needing prescription medicine should see their child's teacher to decide for storing medication with the emergency supplies.

In the event of a major earthquake, if it is safe to do so, please attempt to pick up your child immediately. Discuss plans for picking up your child with family members and emergency contacts so they are aware of plans that you make. Remember that in a major disaster, travel will be restricted, and back-up people may be needed to get your child home from school. We will release children to the first approved adult who comes for them. We will let you know who came for your child and their destination.

Evacuation

If we must evacuate the building, we will evacuate to the front parking lot of the school. If we need to evacuate further, we will assemble in the campus parking lot "5" across the street from the school.

Car Seats

- Per California law, children under two years of age shall ride in a ***rear-facing car seat unless the child weighs 40 or more pounds OR is 40 or more inches tall.*** The child shall be secured in a manner that complies with the height and weight limits specified by the manufacturer of the car seat (CA Vehicle Code Section 27360).
- **Children under the age of eight must be secured in a car seat or booster seat in the back seat. If you arrive and do not have a car seat for your child, we will not release him or her to you per CA law.**

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- A child is ready for a booster seat when they have outgrown the weight or height limit of their forward-facing harnesses, which is typically between 40 – 65 pounds.

chp.ca.gov/program-services/child-safety-seats

Helmets

Bike helmets must be worn when riding the two-wheel bikes. Helmets are stored in the outside storage room. Teachers will help children put on helmets correctly.

Parent Involvement

Visiting the Children's Center

The Children's Center has an "open door policy" for parents and while notifications of visits is helpful, we welcome and encourage parent visits. In addition, calling for information or reassurance about your child during the day is acceptable and encouraged! If you wish to bring friends or relatives with you to visit, please let us know in advance so that we may ensure that there will be adequate space in the classroom.

Parent Conferences

Bi-annual conferences are scheduled for each child in the Children's Center. These conferences are designed to facilitate home-school communication and to keep parents informed about their child's development and classroom explorations. Parents and/or teachers may schedule additional conferences throughout the year with the teacher and/or director whenever desired.

Parent Participation

The Children's Center has a voluntary Parent Participation Program designed to give parents the ability to become involved in their child's school. Parents are offered many choices of jobs or interactions so that you may choose to assist in the way that best fits your style, talents, and schedule. We believe that this involvement adds to the quality of both the parent's and the child's school experience.

The Children's Center also has a Parent Advisory Committee (PAC), which meets monthly at the Children's Center. These meetings provide a forum for communication about policies and decisions affecting the Children's Center and are an avenue for fund-raising. We highly encourage parent participation in these meetings.

Last, parents are encouraged to join us for family social events and parent education meetings that we hold periodically throughout the year.

Fundraising

Fund-raising provides an avenue for supplementing classroom materials and improving the Center environment, which is essential to a quality program. When the Parent Advisory Committee (PAC) plans a fund-raising event, the members call on Children's Center parents for help. Your support directly impacts the quality of your child's experience at school, and we appreciate all the help that you can give!

Grievance Procedures

Parents are encouraged to discuss their concerns regarding the Children's Center with their child's master teacher, and/or the Children's Center director or assistant director. If the problem is not resolved, parents may file a written appeal with the Executive Director of University Auxiliary Services, Inc.

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Miscellaneous Other Information

Outside Consultants

The Children's Center staff occasionally will seek outside professionals regarding the growth and development of children enrolled at the Children's Center. After speaking with parents, the Children's Center will allow your child to be interviewed, observed, and tested by outside professionals, under the guidance of the Children's Center. The results of such interviews, observations, or tests are confidential and will be kept in the private records of the Center.

Publicity

Television and radio stations, newspapers, and other media sources may contact and visit the Children's Center to photograph and/or interview the children. These interviews and/or photographs may be distributed or broadcasted to the public. In addition, photographs of the children may be used in any brochures and informative publications describing the Children's Center, which are distributed to the public.

If you do not wish your child to be included in any such interviews or photographs, you can indicate that in the Consent for Use of Image form in the parent packet.

Social Media Guidelines

We request that families using social media sites follow the policies that we have established which include:

- Please do not use or disclose any confidential, defamatory, or sensitive information about Children's Center staff, children, enrolled family members, students, interns, or any other person connected to the Children's Center.
- Please explore settings that allow you to share things more privately for the safety of the children.

Parking Lot

The Children's Center parking lot is designated for Cal State LA faculty and staff parking and requires a permit for use. Parents who are not faculty or staff may park at the green curbside for drop-off and pick-up only. For visits longer than fifteen minutes, please ask for a temporary parking pass from the front office.

Please do not park in the lot while attending classes as all unauthorized cars will be ticketed.

Do not park in the handicapped area unless you have the required handicap parking permit visibly displayed. University Police may ticket anyone illegally parked. If a ticket is given, you must call Parking Services and handle the matter with them; it is out of our jurisdiction to prevent tickets as it is University policy.

Building Security

Front Door Safety

Our front door is always locked for the safety and security of the staff and children. To enter the building, please ring the doorbell that is positioned on the wall to the right of the front door, and someone will buzz you into the Center.

Gate Safety

Please close all gates behind you when entering and exiting the building so that no children may follow you inadvertently either in or out of the building without a parent.

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Entering and Exiting the Building

Before delivering your child to the classroom, or after picking up him or her, please be responsible for his or her safety in the following manners:

- Please do not allow your child to run in the hallway or to exit the building without you.
- Please stay with your child and help them to use the front stairs appropriately and to cross the parking lot safely.
- Please do not allow your child to slide down handrails or climb on planters.
- Please do not leave your car engine running or any child left unattended in the car at any time.

Smoking

No smoking is allowed at any time on the Cal State LA campus and subsequently the Anna Bing Arnold Children's Center.

Cell Phone Usage

The Children's Center is a *no cell phone zone*. We know that parents have busy lives however we ask that you complete calls before entering the building and refrain from answering your phone when dropping off and picking up your child.

Since children will be away from you for the better part of the day, we feel that it is important to spend drop off and pick up times connecting with your child and teachers regarding your child's day.

Parent Handbook and Parent Handbook Addendum Agreement Form

The Center administration has developed the operational procedures by which the program is administered. These procedures are delineated in the Parent Handbook and Parent Addendum, which describes and clarifies the range of services and policies affecting parents. The intent of these Handbooks is to assist parents in understanding the Center's philosophy as well as the Center's policies, procedures, and expectations of parents.

1. All parents of children enrolled in the Center will receive a Parent Handbook and a Parent Handbook Addendum when they enroll their children.
2. All parents will be required to sign the ***Parent Handbook and Parent Handbook Addendum Agreement Form*** after they have received and read the handbooks.
3. The signed original will be placed in the child's file.