# Children's Center Parent Handbook

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WELCOME!

The Children’s Center

We are a campus child development program at California State University, Fullerton. Our program serves families of university students, faculty and staff with children ages 3 months to preschool. Founded by students in 1971, the program is now operated by the Associated Students, CSUF, Inc. and receives the majority of funding through ASI, Inc., the California State University, the California Department of Education, and the U.S. Department of Education.

The Children’s Center welcomes you to our learning community. As we get to know you and your family, we look to building strong, cooperative relationships that will foster mutual respect, understanding, support and sharing of knowledge. As a community of learners, we strive to create an environment that cultivates a life-long love of learning for children and adults alike.

Our program endeavors to be a place that feels like home. The Children’s Center works to create a welcoming environment for families and their children. Children are free to explore, to express themselves, to engage in discovering things that interest them, and to learn at a pace that is developmentally appropriate. We view all activities and daily routines as opportunities for learning and the program is infused with both planned experiences and spontaneous educational explorations. We recognize that childhood can be full of challenges as well as joy, and believe that the most important aspects in dealing with challenges are strong relationships built on respect and love, collaboration, time and patience. Families with children with special needs are welcome and we make adaptations to facilitate inclusion to the best of our ability.

The Children’s Center looks to partner with families in helping children have the best experience here as possible. The Children’s Center program works to support parents in the many roles and responsibilities that they face as parents, students, teachers, employee, etc. In turn, parent involvement is vital to the quality of the Children’s Center program and parent participation is highly encouraged through our Parent Advisory Council, our center events and fundraisers and our parent volunteer opportunities. During your child’s time at the center, there will be a myriad of ways that you may become actively involved in supporting the Children's Center program. The time, thought and energy that you put into your involvement will continually add to the diversity of our program and enhance the quality of the Children’s Center community. All members of the Children's Center community, parents, children, students and staff, are invited to teach, learn, explore, and share. We hope that you will enjoy your time with us.

The rest of this handbook will introduce you to the program and the administrative details that are important in making it work ... please read this handbook carefully and keep it where you can refer to it as needed.
A Little Background

History of the CSUF C children’s Center

1971 The Center was founded by students and, with the support of Associated Students, Inc., provided care for children ages 2 1/2 to 5.

1971-1979 The Children’s Center program was located off-campus in rented spaces with the capacity to serve from 24 to 54 children.

1979 The center relocated to temporary buildings on campus, leased from the University.

1979 The center initiated an infant care program and expanded capacity to 98 children.

1981 The Children’s Center contracted with California Department of Education to provide child care to low-income students with state funds for 35-45% of enrollment.

1982 The program began receiving Federal Block Grant Funds and increased subsidized child care to 50-55% of enrollment.

1993 The program was restructured to reduce the capacity to 82 children based on more appropriate group sizes.

1996 CSUF students overwhelmingly passed a referendum to raise fees by $10 per semester to raise money for a new Children’s Center building. (Thank you!)

2003 An additional classroom was built by University, thus allowing for 20 more FTE Faculty and Staff family enrollment

2004 Center achieves Accreditation by National Association for the Education of Young Children.

2006 Planning and designing of new Children’s Center buildings begin.

2009 Groundbreaking for the new buildings takes place in December.

2010 Center achieves re-accreditation by the National Association for the Education of Young Children. For more information about accreditation, including a short video, visit http://www.naeyc.org/families.

2011 January - Official Grand Opening of NEW Children’s Center facility
Mission of the Children’s Center

The mission of the ASI Children’s Center is to support the University community by establishing an affordable, high quality education and care program for young children of students, staff and faculty with the goal of facilitating student access to higher education. In conjunction with the mission and goals of CSU Fullerton and the Associated Students, Inc., the Children’s Center strives to create a community of learning, a campus within a campus that emphasizes respect for children, understanding of child development, the importance of family, the development of relationships, communication and collaboration in problem-solving, respect for diversity and community involvement. At the Children’s Center, children engage in a stimulating educational program that contributes to their cognitive, social, emotional and physical development and well-being. As a community of learners, family involvement is an integral part of the Children’s Center program. Families are highly encouraged to participate in the development and enhancement of the Children’s Center community and culture. The Children’s Center is also committed to providing unique opportunities for CSUF student employees and interns to learn about child development through hands-on experiences in classrooms, continued trainings and workshops on various developmental topics.

Philosophy

We believe all children have a natural desire to play, to explore, to learn and to express themselves as individuals. As children engage in their environment, they strive to understand the world and all its properties and mysteries. As they grow, children develop relationships with peers and adults and learn to communicate to express themselves and their ideas. Their engagement in their environment and relationships with others are experiences that help children build on their understanding of the world and their place in it. At the Children’s Center, we want children to explore actively, to express themselves freely, to think critically, to work collaboratively and to live joyfully.

The cornerstone of the Children’s Center program is a conviction that each child is unique, highly capable, and has a right to be valued and respected for who she or he is. We believe that high self-esteem is an important goal for children, and this belief underlies all decisions, systems, policies, and planning, and generates a feeling of respect by and for each individual. To support high self-esteem in children, we help children know that they are lovable, special, competent and capable and are expected to contribute positively to their community. We believe that healthy, respectful relationships are the most significant factor in developing self-esteem; therefore, we emphasize the importance of communication skills in our staff trainings. Through skillful communication and collaboration, we create an environment in which feelings and ideas are expressed openly and heard respectfully. This forms the foundation of the interactions of adults and children, adults and adults, and children and children; it is central to the curriculum.
Goals of the Children’s Center

For Children...an environment which encourages children to

♦ develop a love of learning
♦ be part of a community of friends
♦ develop a positive sense of self
♦ to communicate ideas effectively
♦ to explore, discover, ask questions and find solutions
♦ use their whole body effectively
♦ practice basic safety and health habits and understand why they are important

For Parents...a program which provides

♦ High quality child care that supports their family’s schedule
♦ Support of their relationship with their child
♦ Opportunities to increase understanding of infant and child development
♦ Opportunities to contribute to their child’s program
♦ Recognition that parents’ needs and concerns
♦ Encouragement to trust their ability to resolve parenting issues
♦ Mutual support from and for other parents

For Staff...a work environment which helps

♦ develop greater understanding of young children
♦ foster problem-solving through active listening and collaboration
♦ interact with children in non-authoritarian, authentic and respectful manner
♦ facilitate learning opportunities which are relevant to the children
♦ gain insight about themselves and their capabilities
♦ to build relationships with children and team members to reach mutually shared goals
♦ gain work experience and training applicable to future employment
♦ gain knowledge of professional practices and ethics in the field of early childhood
**Dates and Hours of Operation**

The Children's Center program follows the University semester calendar for classes and final exams. Thanksgiving and Spring Breaks, as well as January Intersession must be scheduled separately from the regular semester hours. Please also note that child care for Finals Exam Week is **not** scheduled with the semester; parents must re-schedule child care during finals week and will be given further information in mid-November and mid-April. The Center closes for at least a week before the beginning of Fall and Spring semesters for staff training.

Each child may attend according to a schedule individually tailored to the parent’s needs, and conforming to certain guidelines that have been established to provide time for the Center’s educational and nutrition programs. These guidelines are listed on the program application. It is difficult for a child to establish meaningful relationships with staff or other children if she or he attends less than twice a week or fewer than 3.25 hours at a time, therefore these are the minimum options.

**Semester Hours of operation:**
- 7:30 a.m. to 7:00 p.m. Mondays – Thursdays
- 7:30 a.m. to 5:15 p.m. on Fridays
- 7:00 a.m. drop-off for Teaching Credential Students, by special arrangement

**Summer & Intersession Hours:**
- 7:30 a.m. to 5:30 pm M-F, or as otherwise indicated by need

**Closures**
- New Year’s Day
- Martin Luther King, Jr. Day
- The week before start of Spring Semester
- President’s Day
- Cesar Chavez Day
- Memorial Day
- July 4th
- One or Two weeks before Fall Semester
- Labor Day
- Veteran’s Day
- Wednesday-Friday of Thanksgiving
- December after Final Exams
**The Children’s Program**

**Staff**

The Children's Center program is designed and implemented by teachers who are educated, trained and experienced in child development and early childhood education. The core Master Teachers and Lead Teachers hold Bachelors’ degrees in child development or education. Assistant Teachers are either Fellowship Lead Teachers (recent graduates from CSUF with B.A.s and permits) or current CSUF students working toward their Bachelor’s degrees.

Staff members learn to work as an effective team to implement the mission and philosophy of the Children’s Center. Each person is selected because she or he has something to offer to the program and is open to learning and sharing. Due to the nature of employing students, every semester some of the staff are new to the classrooms and may need some time to learn and adjust to their new roles and responsibilities. Staff training is provided prior to the start of semester and continues throughout during team meetings and on-site workshops.

All staff members are fingerprinted and cleared to work through a criminal and child abuse background check.

The staff members are assisted by student interns, usually majoring in Child and Adolescent Studies, Human Services or Psychology. These students participate with the rest of the staff in on-going training programs under the direction of the Master Teachers, Assistant Director, and Director.

The large number of staff and interns help to maintain both the quantity and quality of individual attention available to each child at the Children's Center.

**Typical Staff: Child Ratios are as follows:**

- **Nest** - 1 adult for 3 children (capacity of 18 at one time)
- **Turtle** – 1:4 (capacity of 16 at one time)
- **Butterfly** – 1:4 (fall) and 1:6 (spring) (capacity 24)
- **Bunny and Garden** - 1:8 (fall) and 1:8 (spring) (capacity 16)
- **Rainbow and Sunshine** – 1:8 (capacity 16)

Interns are not included into the classroom ratios but add vital support for the implementation of curriculum and management of the program.

**Grouping of Children**

We place children in classrooms based on their age and our observations of their developmental readiness. The classrooms at the Children Center are called The Nest, Turtle, Butterfly, Bunny, Garden, Rainbow and Sunshine Rooms. Each room has an educational program designed for the children’s interests and skills. Special attention is paid to providing challenges that will help them achieve confidence in themselves and increasing levels of competence in all areas of development (Cognitive, Creative, Physical, and Social-Emotional). Each group’s learning environment is carefully selected to support the educational goals for the children. It is typical to have some overlap of ages among the rooms.
It is not always possible to keep groups of children and teachers together for a new semester, in part because of the way birthdays fall in our 5-year program spread into 7 classrooms. We do consider friendships, developmental readiness and parent concerns in decisions.

**Curriculum – Infinite Learning Opportunities**

Free play time... Rest time... Singing time... Story time... Project time... Meal time... Time to change your clothes or wash your hands... all of these times are important for establishing self-reliance, happy relationships, positive attitudes, and understanding of self and the world. Learning happens with every experience and every interaction.

Children’s Center teachers plan experiences based on observations of children’s interests, on the teacher’s awareness of new interests that are waiting to be awakened, and on children’s developmental needs as determined in twice-yearly developmental assessments. It becomes a dance between the teacher and the child — full of wonder, energy, and excitement, as well as the security of understanding what is happening. Activities are offered which give frequent opportunities to experience choice, challenge, and success to help build feelings of competence and confidence. The activities encompass expressive arts, literature and language, math, science, physical development, and social studies. By offering choices, we give children the necessary opportunities for them to feel empowered as they learn to take responsibility for their behavior. Making choices also gives them the freedom and encouragement to explore and express their individuality.

Families’ cultural identity is interwoven into the program activities, materials, and environment; appreciation of diversity is an essential part of the program. Parents can contribute greatly to the curriculum through sharing family stories, traditions, and interests.

**Please read the lesson plans prepared by your child’s teachers.**

**Kindergarten Readiness**

Sometimes parents ask, “When will my child begin to learn letters and numbers?” or “When should I send her to preschool?” The Children’s Center is sometimes characterized as a preschool, other times as a child development center. It is important to remember that early literacy and age-appropriate math, science and social studies concepts are intertwined throughout the Children’s Center program.

In these early years, it is best to develop number and letter awareness and skills in the most natural ways as an integral part of play. By presenting these important tools in developmentally appropriate play activities, the skills can be assimilated and understood by the children in ways that make sense to their developing minds. Children who attend the Children’s Center at CSUF enter Kindergarten exceptionally well prepared to learn in the more formal school environment.

Our pre-kindergarten program prepares children for kindergarten by being aware of their needs as individually assessed in the areas of social and emotional development, language and literacy, cognitive development, and physical development, while maintaining a stimulating program encompassing units of study.
in science and social studies. We work hard to prepare children in early literacy skills.
In California, children who are five years old by September 1* are eligible to enter kindergarten in the preceding September. However, some children are not ready for the kind of program that kindergarten provides if they are younger than 5 or 5 1/2 in September. Readiness is not a matter of intelligence; it is a combination of factors that allow a child to make the best use of his or her intelligence by completing the important business of early childhood before moving into a more formal school setting. Because the trend in elementary education has increasingly emphasized academics, parents may want to think seriously about their child’s emotional and social readiness before entering Kindergarten. Parents have the opportunity to discuss kindergarten readiness with the teachers who work with the pre-kindergarteners.

If you need more information regarding Kindergarten in California, please refer to the following link: http://www.cde.ca.gov/ci/gs/em/kinderinfo.asp

**English Language Acquisition**

Many children speak a language other than English at home. Our staff recognizes the advantages of having more than one language, and will support the children in acquiring fluency in English. This is a process that can take several years. We will provide opportunities for the child to be part of the group without verbal expectations, and then build on the words that the child knows. In the beginning, it is typical for the child to observe and listen, and to communicate with gestures. Gradually, the child uses one or two word utterances, then short phrases. Through repetition, gestures accompanying words, and extending the child’s phrases, we will support the acquisition of English. Parents can help by giving teachers words and phrases in the home language.

**Extending Learning at Home**

Your child may benefit from ways in which you can extend the concepts that are being presented in the program. You can often do this through routine and simple activities at home. Our teachers will help you find ways to extend your child’s learning at home. They will include suggestions in the weekly planning forms distributed to parent mailboxes.

*In Fall 2014 the entry age will be 5 by September 1

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**Infants and Toddlers are V.I.P's**

Infants and Toddlers are busy making sense of the world of people and objects, as well as their own feelings. They are constantly practicing the skills necessary for a happy, satisfying, and confident life. The developmental stages of these young children are "sensory-motor" (learning through their senses and physical movement) and "preoperational" (objects beginning to represent something). With this in mind, we provide opportunities for the children to develop social behavior, language, physical movement, and cognitive processes.

Our program's goal is for the Infants and Toddlers to feel SIGNIFICANT in their world. If you look closely amid the demands of diapers, bottles, naps, and food, you will find an environment designed to meet this goal. Our teachers respect the child's processes, and are available as an emotional resource to support the child.

Language development is stimulated by adult verbalization throughout the daily routines and activities. We approach care giving routines as times for the children to participate in a significant way, as opportunities to build one-on-one relationships, as a time to develop independence, and as learning experiences.
Both indoors and outdoors, we provide closely supervised, self-initiated free play as well as age-appropriate planned activities. Open space and climbing equipment promote the use of large muscles, while fine muscle development is facilitated by other toys and activities.

**Helping Toddlers Handle Toddlerhood**

Toddlers deal with a lot of growth and change. As they grow out of infancy, they may feel freer to explore their environment and interact with their peers. The Children’s Center provides a safe environment for young children where they can engage their curiosity, learn about themselves, and learn how to play with their peers and how to express their feelings in healthy and constructive ways. These processes occur over time and take consistent, gentle, yet firm, adult guidance coupled with heavy doses of patience, understanding, and a sense of perspective.

Socially and emotionally, toddlers are trying to gain a sense of independence and empowerment in their world. They are slowly learning to grasp ideas about themselves and what they are capable of doing. Toddlers’ interactions with their peers, adults and their environment become constant experiments to see what will happen when they act. These experiments can result in joyous discoveries or complete frustration. Toddlers, unlike most adults, have not yet developed control over their feelings of anger and frustration nor have they acquired the verbal skills to communicate their thoughts. They are just beginning to build the resources that they need in order to defuse powerful feelings and behave in ways that do not hurt others. They are egocentric and tend to see each other as objects, not as persons. They do not usually intend to hurt each other, nor do they truly understand the consequences of their actions. It is our responsibility to guide them in ways that will lead to this understanding and help them develop a positive self-image in the process.

In the exploration and learning process, our children need and want to touch each other. Sometimes touching turns into pushing, hitting, pinching, hair pulling, and biting. Toddlers are still very oral and biting, like hitting and pushing, is a way for them to defuse anger and frustration. It should be treated as such, and not more. It is common for a child this age to go through a phase of biting. It helps when an adult stays close to a biting child to stop him or her from actually biting, and to guide him or her in resolving conflicts before they lead to biting. Adults can provide redirection for a child before frustration builds. If there is a biting incident, our teachers first care for the child who was bitten; then, we help each child to communicate their feelings, and remind the biter that biting hurts and cannot be allowed.

Biting, more than other behaviors, evokes a strong adult response. There is a tendency for adults to make a child feel ashamed after a biting incident, and he or she is not sure why. Shaming a toddler causes him or her deep pain, leading to denial or repression of feelings; these do not help the child learn positive ways of handling the feelings that led to the biting, nor do they help in forming a positive self-image. Rather than responding by shaming a child whose feelings have gotten out of control, adults need to find ways of showing that the confusing, angry or aggressive feelings can be understood and that there are better ways to express them. With our help and guidance, toddlers can gain much useful experience in dealing with peers, and can have happy relationships with other children. This is the aim of the toddler program at the Children's Center at CSUF.
When biting occurs, the Children’s Center will...

- Treat the child who was bit with appropriate first aid care and prove any emotional support and comfort needed. Inform the parent of the child who was bitten, including description of the situation and measures we are taking to prevent a further occurrence. In the event that the bite appeared to be provoked, we will share that observation with the parent, too. We will not involve the name of the biter in this information.

- Work with the child who bites in developmentally appropriate ways to convey the message that biting hurts others and that hurting others is not allowed at school. Inform the parent of the child who bit, including a description of the situation in which the biting occurred, the child's reaction after the event, and our plans to help the child. Seek to find out from the parent's efforts to help the child at that time. Communicate that we need to work together, but that we are not blaming the parent.

**The Good News?**

Biting is normal, but unlovely. There are genuine social and safety issues that must be immediately addressed. However, it is important to keep the issue in perspective.

**The perspective?** Biting is outgrown.

**The final word?** Whew ... and hurrah!

Parents who have further questions or concerns about these topics are encouraged to speak with the Master Teachers, Assistant Director or with the Director.

In the event that a child's biting or other "aggression" negatively impacts the psychological or physical safety of the group, and our best efforts do not decrease it to a bare minimum, that child will need to be cared for in a different (smaller, perhaps) environment. The Director will assist the parent to locate suitable child care.

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**Guiding Children’s Behavior at the Children’s Center**

**Discipline through Active Listening**

The questions most often asked by parents charged with the awesome responsibility of raising children usually have something to do with "discipline." The Children's Center is child-centered and flexible; it also has important rules and limits by which we must all abide. At times, when a child's behavior threatens their own safety or the safety of others, is potentially harmful to toys or materials or interferes with the teaching/learning environment in the classroom, it is important that the inappropriate behavior be stopped while keeping a child's self-esteem intact, or better yet, enhancing a child's view of him/herself.
The way that we do this at the Children's Center is by actively listening to children. Active Listening (a term first used by Thomas Gordon in his book Parent Effectiveness Training) is a way of first listening to verbal and/or non-verbal language and then reflecting back to the child the "message" which we received. Listening in this manner not only encourages children to keep the lines of communication open, it also validates the child's needs and feelings. For example:

When two children are in conflict over use of some equipment, it might go like this:

Adult: "Joe, I see you're crying. You look sad."
Joe: "Megan took my trike and I wasn't finished."
Adult: "Oh, I see. Megan, it looks as though you want to ride that trike right now."
Megan: "I want it."
Adult: "I see, Megan, that you want a turn on the trike. Joe said he wasn't finished yet."

After some further clarification and acknowledgment of each child's wants, the children will usually agree to a way they can both win by taking turns.

By acknowledging and accepting children's feelings and by helping them they become aware of the feelings of others, we are raising children who feel valued for the very special people they are.

Setting Behavior Limits - Communicating what is NOT OK

By providing a child-centered program, meeting children's needs, and consistently demonstrating respect for all people, the Children's Center has developed an atmosphere in which children do not usually need to act out their feelings in unacceptable ways. It is normal, however, for children to need specific guidelines for behavior, and to need occasional demonstrations of the limits. Teachers focus on social skills in their daily interactions with children and in the curriculum.

When discipline is called for, we state the behavior limit in a positive manner, briefly giving the child information about why the limit is being set. When stated positively, the child gets the message, "this teacher cares about me and my safety." We then work with the child by giving her choices or by helping her find a safe way to get her needs met. For example,

A child is climbing over the railing of the climber and jumping to the surface below. This is a behavior limit because it's not safe. The child could get hurt.

1. Acknowledge the child's need:
   "You're really having fun jumping from this high place."

2. State the limit in a positive manner:
   "This is not a place for jumping because the surface here is hard and you could get hurt."

3. Help the child find a place to get her need met:
   "Can you think of a place where you can jump where you won't get hurt?"

When dealing with younger, even pre-verbal children, just offering a safe alternative might be enough.

"You're having fun, but this isn't safe. You can jump over here. This is safe."
Most of the time, the children accept verbal reminders of acceptable behavior. We work on setting appropriate limits and on teaching them consistently. Sometimes we need to clarify our message through temporarily restricting a child’s activity until the child “calms down”. This may mean that the child will spend time away from the group in one of our offices with adult supervision. We provide some “break time,” but we do not call it “Time Out”.

At no time is a child verbally or physically disrespected or abused. It is essential that parents also refrain from using threats, name-calling, or physical discipline methods while at the Children’s Center. Any parent who would like information on how to avoid these unsatisfactory and damaging kinds of interaction with their child is welcome to speak with the Assistant Director for referrals to written material or parenting-skill workshops. Such workshops can be invaluable for any parent—parenting is a demanding and often difficult role, though the most rewarding role imaginable!

*Communication Skills Workshops are held each semester. Please see the Assistant Director for more information.*

**Behavior beyond the Limits – Unsafe and Disruptive**

The staff of the Children’s Center will make every effort to work with children having difficulties at the Center, in order that they may participate safely and the safety and well-being of all the children is protected. If a child displays frequent disruptive behavior which is detrimental to the physical or emotional well-being of another child/children, the staff and parent will meet to discuss the situation and will develop a plan of action for improving the behavior. If necessary, the Director may place a child on temporary leave for a period of one day or more if the child’s behavior is unsafe.

In the event that consultation and action plans are not successful and the staff determines that enrollment in the Children’s Center is not in the best interest of the individual child and/or the other children, the Children’s Center Director reserves the right to give notice of termination. **The Children’s Center serves and protects all of our children and provides a safe environment.**

*Further details regarding the policies of managing unsafe behavior and leaves of absence or terminations are available in the Office.*

**Rest Time**

**Infants** are given private cribs or may sleep in the classroom on covered mats, whichever is more suitable for them at the time when they need to sleep. Cribs and sheets are sanitized after each use.

**Toddlers and Preschoolers** are given an opportunity to sleep after lunch, with private mats, cots, and individual bedding. Toddlers who like to have a bottle at rest time should have only water because milk and juice stay in the mouth and cause tooth decay.

Children who do not need to sleep are not required to do so, although we are careful to encourage rest for those who need it. We expect the children who arrive before lunch and stay past 2:45 to try and rest. They are not required to stay on their rest mat longer than about 20 minutes if they do not seem to need to sleep. If a child falls asleep, we will not awaken them; regulations do not allow us to interfere with natural bodily functions.
Sheets for infants are provided by the Center and laundered after each use. For all other classrooms, parents are asked to bring in individually labeled sheets and blankets for their child to use and store in each classroom on a weekly basis. Each child’s parent will take sheet home to launder and return on a weekly basis, and blankets, at least monthly. The Center can provide extra clean sheets and blankets on an as needed basis.

**Diapers and Toileting**

The Children's Center provides disposable diapers until 3 years of age, and parents donate wipes. Please see the chart in your child's classroom for daily diaper changing information. See Master Teachers regarding toilet learning, "pull-ups", rashes, diaper preferences, and any other concern.

If your child is ready to learn toilet independence, we want to partner with you. Please talk with Master Teachers to establish a supportive plan.

Some of the children do not use the toilet even at age 3 or 3½. In these situations, we keep the child with age peers, but our facility does not have changing tables or extra staff in the older classrooms. Parents need to work closely with teachers to ensure the best possible toilet learning for the older children and provide their own diapers accordingly.

The children’s toilets are in plain view for safety reasons and to allow for supervision. Naturally, this results in some opportunities for children to observe others’ bodies; the children’s developing body awareness and normal early childhood curiosity can thus be satisfied in a safe setting.

**Holiday and Cultural Celebrations**

Every holiday, in every culture, celebrates human values. In choosing how we will recognize and celebrate each holiday, we look for the universal values and for the fun ways in which they can be enjoyed. Thus, we hope to be able to plan activities that are child-oriented, full of warmth and pleasure, and which embody the human values of the holiday. In so doing, we hope that all of the children can gain appreciation for the richness of their culture as well as other cultures. Parents are encouraged to offer insight and information regarding cultural practices and/or holidays.

“Cultural” events are not only those that celebrate something in “another” culture. Events, rituals, daily practices of many kinds reflect culture, be they "mainstream" or another culture. We enjoy sharing these with children and families.

Religious instruction and worship are not provided or allowed in this program. Religious holidays are recognized through the significant human values that are emphasized without presenting the religious aspects of the holiday.
**Birthdays**

Birthdays are special times, traditionally celebrated in our culture with sweet foods. At the Children’s Center we recognize birthdays with a paper crown, a song and parents are invited to provide a special food to be eaten with the lunch meal (or with afternoon snack or supper). It is not necessary to provide party hats, candles, favors, and ice cream; a simple celebration is usually easier for the child to handle. In providing treats for birthdays parents are asked to keep in mind our efforts to provide nutritious as well as delicious foods, and to avoid all peanut products. Basically....simple is sweet.

Please help us plan ahead by notifying the teacher several days in advance if you plan to bring any kind of treat for your child’s birthday.

**Nutrition**

Mealtimes, much like many of the routines at the Children’s Center, are seen as opportunities for children to socialize, to learn about health and nutrition and to enjoy themselves. We want the children to derive pleasure as well as social and nutritional benefits.

The Children’s Center participates in the USDA’s Child and Adult Care Food Program (CACFP) and adheres to the rules and regulations therein. Meals and snacks are planned utilizing the nutritional and serving standards outlined by the food program. Menus are varied and new foods are occasionally introduced to give children an opportunity to expand their appreciation of different tastes. Many parents find that the group eating experience helps their child to enjoy foods that formerly went untried, or at least were under-rated by their children. While the school menus and eating times will not meet everyone's personal preferences, we provide a variety of attractive foods, and to serve them in a manner that encourages positive attitudes about food. Salt content is reduced, an abundance of whole grains are offered, sugar is used sparingly, and most foods with preservatives are avoided. We make every effort to provide a large variety of highly nutritious foods. At no time is candy, soda, or sugared juice served in our program. No child is ever forced to eat anything, although trying-before-you-decide is encouraged.

All breakfasts and snacks, and some of our lunches and suppers are vegetarian. When meat is served, a vegetarian alternative will be provided for vegetarian children. It is helpful if the parent provides a list of the child’s preferences for meat alternatives.

At no time are peanuts, peanut butter, or pork products served in the Children’s Center.

Parents’ ideas, questions, and suggestions regarding the nutrition program are welcomed. Parents may elect to decline our menu due to food allergies; however food preferences are a bit harder for us to accommodate. To provide your child’s food instead due to allergies; make an appointment with the Director to arrange this.

The Children’s Center participates in the Child and Adult Care Food Program of the US Department of Agriculture, and does not discriminate on the basis of race, color, national origin, sex, age, or disability.
Complaints about discrimination may be submitted to the USDA at the address on the poster located in the Parent Zone.

Food Allergies

Allergy lists are confidentially distributed to every classroom. It is the parent’s responsibility to review the posted list in their child’s room to ensure that all up-to-date known allergies are listed, and to inform the Office any time there is a change in their child’s allergies. Please note that you are welcome to discuss mealtime needs with teachers, and our cook, but be sure to give the office staff all information regarding your child’s allergies.

Infant Foods and Formula

Upon enrollment every parent of an infant will complete a food and formula preference list for their child. This list needs to be updated as frequently as the child’s diet changes. Parents of infants select from two menus posted daily in the Nest. Bottles are fed to children according to a schedule arranged in consultation with the parent, within the limits of staff time demands in the Nest. Infants are held while they nurse, and those who hold their own bottles are cuddled and attended to. Bottles are not given to children in cribs or on nap mats—children need to finish their bottle before lying down to sleep.

Parents are welcome to bring breast milk for use at the Center. We can keep frozen breast milk for up to 3 months; defrosted breast milk for one day in fridge; fresh breast milk for 3 days in fridge. Breast milk must be brought in sanitary freezer bags labeled with child’s name and the date expressed. Mothers may also nurse babies in the Nest (rocking chair in the crib rooms) or in the special nursing area located off the main lobby.

Assessment of Children’s Development

The Children’s Center uses the California Department of Education (CDE), Child Development Division’s Desired Results Developmental Profiles (DRDPs) to assess children’s development. Beginning in September and again in February, teachers make written anecdotal records of each child’s activities and interactions during the normal course of the daily activities. Teachers have been trained in observation and in analyzing these observations for what they reveal about the child’s development, knowledge, skills, and interests. The end result is a comprehensive developmental profile of each child which informs the teachers’ subsequent curriculum planning and prepares the teachers to share valuable information with parents. All parents are invited to a parent-teacher conference. To learn more about these developmental profiles, parents may view a brief DVD and review the developmental profile document.

What to Bring and What to Wear

Send me in clothes I can play and learn in! All clothing worn at the Children’s Center needs to be work-play type, not dress-up type. We plan to have fun! That can mean
messing about and getting dirty in the process. We can't let clothing interfere with exploring and investigating the world!

The Children's Center Staff has learned by long experience that the children need to be free to paint, play, create, explore etc. We also notice that the nature of the learning/exploring can be significantly altered when we adults impose our standards of cleanliness. So...we'll do our best to give your child loving care, lots of attention, a safe and healthy environment, and opportunities to learn. This will sometimes involve getting messy, and we will not be responsible for stained clothing. Please dress your child accordingly. We purchase “washable” paint, but you must treat clothes with extra detergent before washing!

**CLEARLY LABEL YOUR CHILD'S SWEATER, JACKET, AND SHOES** - anything likely to come off during the day. We are dismayed when lovely clothes go unclaimed for lack of a clear marking.

**PLEASE BRING A COMPLETE CHANGE of CLOTHES FOR YOUR CHILD** in a clearly-marked plastic bag (We love “zip-lock” style). Mark the clothing, too. When your child uses the extra set, REMEMBER TO REPLACE IT IMMEDIATELY. If your child is "in training", you may want to bring as many as half a dozen changes until we all get the hang of things.

**CHILDREN’S FEET MUST BE PROTECTED BY CLOSED-TOE SHOES.** It is extremely difficult to climb safely in sandals, and tender toes can be painfully squished if stepped on or bumped while unprotected. For these reasons, do not send your child in “flip flops, platform shoes, or sandals without back straps. We want to take care of their toes while they are here, and to let them run and climb without tripping over their own shoes.

**It's OK to bring...**

Bring "blankies" or whatever item your child needs as a security blanket. (LABEL IT.) These "transitional objects" are marvelous coping mechanisms for the child, who has created them because s/he needs them for now. It is very helpful for the child who has such an object to bring it to school. Often the "blankie" will be dropped casually during moments of intense participation, returned to for a brief stroke and hug between times. We will do our best to keep track of such items... and will be grateful if you have labeled them.

**Please don't bring...**

- Food, candy, or gum.
- Special toys not well suited for group use. Unless they are VERY important to show to Teacher, please discourage them. We can't take responsibility for the safety of these items, and we don't want to compete with them for the child's attention.
- "Weapons", such as toy guns or swords.
Orientation and First Day

Before the first day...

Every child needs to have a visit to the Children's Center before arriving for the first time to stay without his/her parent. Provision for orientation is made the week before each semester begins. If a child enrolls after the beginning, the parent must make arrangements for an hour-long visit on a day prior to the child's first day of enrollment. We cannot make exceptions to this important pre-attendance visit. If a child has had one or more visits to the Center before the first day, parting will be smoother, and the child will have more confidence.

A Family Orientation is provided before the beginning of each semester, and is required of all new families and strongly recommended for returning families.

First days...

Parents usually want to remain with their child as long as the child really needs them on the first day. It is wise to arrive early on your child's first day. Age is not a good predictor of readiness for separation. Some very young children will be ready to be independent right way, causing parents to feel a bit rejected! (It helps to remember that this is a sign of confidence and independence in the child.) Sometimes parting is easy the first week, and then later the child clings to you when you expect to leave. The child has realized that you are going to be gone for a considerable time, and has figured out what his new schedule is all about. This turn of events is not a cause for worry -- it's another of the many milestones in the lifelong process of separation from parents. As a parent, you probably know what to expect of your child.

Please prepare your child in the weeks before starting by talking about the program, always mentioning that you will return and take him home. Read books such as The Runaway Bunny; You Go Away; Will I have a Friend; Everything Changes; Going to Day Care. Visit your local children's library and ask for books on separation and going to school. Take photos of the Center and teachers to keep at home. Bring photos of yourself and family to keep at the Center.

Whatever the child's feelings on the first day, or any day, it is best to accept and respect their honest expression of these feelings. "It's okay to cry..." The teachers will support you when you are ready to depart, and to help your child deal with the upsetting feelings. Once you make the decision to leave, it is best to say good bye and then follow through. If you start to leave but return when your child protests, it tends to increase anxiety and does little to improve the parting (usually makes it much more difficult). Once you have left, you are welcome to ask our office staff to check on your child. We will gladly let you know how things are going.

Arrival and Departure

We are lucky to have a large drop-off parking area. Please walk directly to the closest sidewalk upon exiting your car. Do not walk across the parking lot itself. If parking in the lot to the north, please use the sidewalks in the area. There are no crosswalks, so watch out! This is a good place to model as a pedestrian. It is a 30 minute parking lot and is heavily monitored.

Upon arrival, please take your child directly to the assigned classroom and be sure that the teacher in charge or a familiar assistant sees your child and is able to greet him/her. You may also have a Health Screen or other note for the teacher.
After your child is delivered to class, you must sign-in in the Lobby. Check your mailbox and leave a "Parent in a Different Place" form if you will not be at your usual places today. If someone different will be picking up your child, be sure to tell teachers.

BE SURE TO PLAN YOUR DAY SO YOUR CHILD CAN ARRIVE DURING A PERIOD WHEN TEACHERS CAN PROPERLY GREET YOUR CHILD.
Sometimes the group will depart for a walk on campus, or staff will be reassigned to another group if there are fewer children than usual.

It is very important to adhere to your Contract schedule especially during the first few weeks of the semester, as parents and children will be adjusting to their home routine and child’s classroom schedule.

Upon Arrival, Be certain that your child has been noticed...don’t let him/her slip in without a greeting.

Always Say Goodbye to your child. NEVER leave your child without clearly saying "good-bye"...if separation causes tears, we can accept the tears.... But don’t make the mistake of causing mistrust and confusion by disappearing without the good-bye hug or kiss or your traditional ritual. Do not underestimate the importance of departure rituals! Children sometimes fret a whole day because they missed that good-bye kiss.

Don’t Drag It Out Too Long. It is helpful for the parent to show their confidence in the child’s ability to adjust by making a comfortably brief departure. Sometimes a child feels the need to prolong the morning’s parting, and can work up quite a lot of sad feelings in the process, but is quick to adjust once s/he understands that the parent is leaving.

If your child is upset when you leave, you may be worried. Phone Us! Parents are welcome to call the Center at any time to ask how a child’s feeling; we will gladly give you a report on your child’s adjustment and present situation. We’ll let you know if s/he has worked through the upsetting feelings.

At Pick Up Time

Parents are asked to complete sign-outs, paperwork, and office communication before picking up their child from the classroom. It’s just easier!

Please help your child bring their day at the Children’s Center to a meaningful end by allowing them to finish, briefly, what they are doing, and to say goodbye to a few friends and their teachers. Some children will want to drag it out, and this can be wearing for both of you. So, allow a short time to adjust to leaving, and be sure to say good-bye. Teachers always need to know of departures, so do allow for the teacher to give your child a good-bye hug or at least a wave across the yard.
Please do not stay longer than 15 minutes waiting for your child. Although we encourage you not to rush, all of the children will be affected by departures that take too long.

If your child is sleeping or eating, you won't want to interrupt; you can relax and read or use the computer in the lobby. Please do not stay in the classroom to wait—-let teachers know you will be in the lobby so they can notify you when your child wakes up.

If your child is hungry at pick up time, be sure to provide for that by having something to eat in the car. Extra food is not available from the Kitchen unless it is on the counter in the lobby.

**Departures are expected to be no later than the scheduled time.** Late pick-ups must be planned, with office permission, or a phone call is required to alert the staff. At closing time, we ask that departure be prompt rather than prolonged; our staff have other commitments after we close. **Pick-ups after closing time will incur late fees.** Late fees are described on the back of the parent contracts -- $20 for the first 10 minutes and $5 for each subsequent 5 minute period or part thereof beginning at our closing times of 7:00pm M-Thur and 5:15 on Friday.

### For Your Child’s Security

1. Allow your child to say hello and goodbye to the teacher in your presence, or be a role model by doing so yourself if the child isn't ready.

2. Be certain that a teacher or intern, who knows you, has seen you arrive and depart. Take No Chances.

3. Go out of your way to get to know the staff. Don’t be shy! Know their names and talk with them so they will know you well. This really helps.

4. Bring a written note to the Office if a different person is going to pick up your child. (They'll need to bring identification so we know who they are.)

5. If you have a court restraining order or other official documentation limiting someone from picking up your child, bring a copy to the office.

    **Thank you for helping us do all we can to keep your child safe.**

### Parent-Teacher Communication—it’s Essential!

Communication between parents and teachers is **essential** the well-being of each child in the program. Parent-teacher communication takes place naturally and casually; never think that what you may want to ask or to say about your child or the program is insignificant or will take up our time—-we want to share! Should you wish to consult with the teacher at any time, we would be happy to honor such a request—teachers can arrange to meet with you or schedule a phone call at your convenience. We hope that parents will avoid talking with the teachers about their child in front of him/her, or any child. Please save important questions for moments when you can speak privately with the teacher. If a phone call would work better for you, please schedule time and we will be happy to accommodate.
Teachers need to know of special circumstances in a child's life that influence the child's moods and needs for the day. A written note to the teacher indicating that a pet has died, a grandmother has arrived, or a change in the family structure has taken place are greatly appreciated. Other kinds of things that are helpful for staff to know about are plans for moving, sleepless nights, pending hospitalizations, upsetting nightmares or other upsetting events, new babies on the way or arrived, and promises of trips to Disneyland with a favorite aunt. Children’s moods can be affected by thousands of things and teachers want to understand in order to provide support when it is needed.

If a family would like to have a translator present when meeting with Children’s Center staff, please make arrangements through the main office. We will do our best to accommodate each family.

**Parent-Teacher Conferences**

We find that scheduling private individual conferences with parents can significantly enhance our work with your child. See p.15 for information about the child assessments that will be shared with you at the conference. At the conference you will also share information about your child which will enhance the teacher’s ability to work effectively with your child.

Parents will be notified each semester when teachers are available for these conferences. It is VERY IMPORTANT that you sign up at your earliest convenience when these conferences are offered.

Please help us by scheduling your conference early in the conference period and by keeping your appointment! And please know that both parents of each child are welcome to attend a parent-teacher conference in the best interests of their child.

**Cell Phones at the Children’s Center**

- Cell phone conversations are a barrier to effective the face-to-face communication that we value at the Children’s Center.
- Cell phone conversations are often loud and disturbing to others.
- Parents are requested to finish calls before entering the classrooms or play yards in order to be free to greet their children and to converse with the teaching staff.
- **Classrooms, including the entry areas, are off-limits for cell phone use.**

- Staff and parents, when not with children, may use cell phones quietly in the central courtyard and in the lobby. Staff may also use cell phones in the staff rooms.

**Parent Concerns about health, safety, environment, program, other....**

All concerns should be addressed as soon as possible. Often, a parent’s concern can be an opportunity for program improvement. It is usually best to discuss a concern directly with the person who can address the situation. In some cases, the Master Teacher would be the person who can help find a resolution; in other cases it may be the Assistant Director or the Director. Health and safety concerns should be brought to the attention of the Director.
Parents are encouraged to make an appointment with the appropriate person and to frankly and openly discuss the matter of concern so that we may work together toward resolution. Our program has grown over the years through the efforts of people trying to make it better and sometimes we can make small changes that make big differences...no idea is too small or unimportant to mention.

Feedback from parents will also be solicited each semester through a comprehensive parent survey. The Center welcomes written feedback at any time; it may be convenient to place a note into the fee payment box in the lobby.

Confidentiality

All information regarding children or families of the Children’s Center is regarded as confidential and the property of the Center and the family involved. Only the teaching staff and administrators who have contact with your child and professional reason to view the files or assessments will have such access. Files are kept in the Center offices and by teachers; upon termination of enrollment, children’s files are archived as required by law in secure storage until such time as they are shredded (potentially not until the child’s 19th birthday).

Requests for release of information to other professionals or agencies will be honored only if made in writing and with permission from the parent.

Students and faculty who conduct studies at the Children’s Center are not provided with personal information about the children or the families unless it is requested from and provided by the family.

Family phone numbers and addresses will be released to other families only by permission. Parents should indicate their preference in the enrollment process. A list of enrolled children will be made available to all families each semester.

Enrollment Policies

Admission

The Children's Center is operated on a non-discriminatory basis, according equal treatment and access to services without regard for race, color, religion, sex, national origin, ancestry, sexual orientation, or mental or physical disability.* Children with disabilities are welcomed, if this program is appropriate for the child.

Each semester, priority for admission is given to previously-enrolled children of continuing CSUF students, faculty and staff. New siblings of returning children have next priority. New CSUF children are admitted each semester based on income eligibility guidelines for the state-subsidized portion of the program, and on first-Come-first-served basis for the non-subsidized students, faculty, and staff. A waiting list of interested families is maintained for the purpose of determining priority for new enrollment. Families who have been on leave for up to one year may re-enroll ahead of new children, although priority for the state subsidy is dependent upon eligibility at the time of re-enrollment.

Students must show proof of enrollment, and may request child care based on their class schedules and a reasonable amount of study time, up to 2 hours per unit. Students may request work-time child care only if enrolled in 7 units or more. Night students taking at least 6 units may request up to two mornings or afternoons of child care, and may schedule more time if available. Students in Extended Education or auditors of CSUF classes do not have priority for enrollment in the program, but may enroll when space is available. These restrictions are necessary due to the large number of full-time CSUF students who are waiting for a space at the Children's Center.
Children of CSUF Faculty and Staff are eligible for admission to one of the 20 spaces reserved for Faculty and Staff children. Children of Associated Students employees have priority equal to students. Non-CSUF-affiliated families may apply, and will be offered admission only if space is available after all CSUF students, faculty, and staff have been accommodated.

Further detail regarding admission policies is available upon request.

It is the policy of the Children’s Center to enroll differently-abled children if this program is appropriate for the child. Teachers will make accommodations in the environment and activity plans for children’s individual needs. The parent is expected to seek all available support for their child, such as assessments, screenings, and therapeutic interventions, as well as to share the child’s history, individualized family services or educational plan with the Children’s Center staff. If necessary, inclusion support will be required because it is not always possible for the Center to provide extra staff to assist a child with special needs. During the first few weeks of attendance, a determination will be made as to how well the Children’s Center is able to accommodate the child’s special needs. Parents should meet with the Director to clarify the process of enrollment and support of their child’s needs.

*If you feel you have experienced discrimination, please contact the Associated Students Human Resources Director at 657-278-7060; 800 North State College Blvd, Fullerton 92834

**Enrollment Paperwork and Fee Contracts**

Prior to the first day of school, parents must return all admission forms as well as fee contract to the Children's Center. No child may attend before submitting a record of immunizations; parents have 30 days after enrollment to bring us the signed physician’s statement of health.

The fifteen-week semester is divided into 3 five-week pay periods. Fees are due in advance for each pay period. Parents may pay weekly if preferred. Late fees apply to accounts that are not paid within the first 10 days of a payment period. Parents may request to waive late fees by submitting a reasonable payment plan prior to the 10th day of the payment period.

**Semester Contracts do not include the weeks of Thanksgiving, Spring Break, or final exams.** Parents will be notified when it is time to request child care during these periods.

**Schedule Changes, Cancellation of Contract**

Changes in a child’s schedule and the fee contract may be requested on a change form available at the front desk. We will make changes effective as soon as possible. One full week’s notice is necessary to cancel a contract.

- After the 4th week of the semester, schedules may be reduced only if another child is available to use the hours you wish to drop.

- Contracts may not be cancelled after the 9th week of the semester or after the first day of Intersession.

“Mini Schedules”
If your child attends fewer than 10 hours a week, and/or most of the times of attendance are during meals and the transitional times following meals, then your child is on a “Mini-Schedule” in the Children’s Center. This is similar to any other child’s program, with a few exceptions.

The children on “mini-schedules” will not notice any difference at all in their time at the Children’s Center. Your child will be offered all of the regular program activities during their scheduled times, and his or her needs will be fully addressed to the best of our staff’s ability during his or her stay.

Most parents will understand, however, that it is difficult for our staff to collect samples of a child’s work, or to take many photographs of a child when they are here for such a limited time, especially if the times include meals and transitions. So, while we will give your child our full attention, concern, and caring, we will probably not create a portfolio record of his or her semester, nor will we expect you to sign up for a parent-teacher conference although you are welcome to such a conference.

**Policy on Parent Location during Child Care**

The list below should clarify the appropriate uses of time while children are enrolled at the CSUF Children’s Center. Please see the Office if you have any questions, or need approval for a variation of this list.

**Approved Parent Locations during Child’s Enrollment**

- in class
- on campus, studying (TSU, or Library)
- at work (For students, this requires taking 7 or more units)
- at doctor, court, or other family emergency
- having lunch on campus
- in transit
- on field trip, for a class
- volunteering at Children’s center
- At home being sick
- at another library doing research
- at their internship
- participating in student club activity (education-related) or attending special lecture, symposium, etc.
- in some circumstances, parent may be home studying. This would be especially, in cases in which a parent needs to use a computer, drafting table, or other study materials that are set-up at home. Children’s Center schedules are based on time spent in class, studying or at employment.
- participating in religious observance.
- other locations require Director’s Approval.

**At all times, the Center must have on file the physical location and phone # at which to contact the parent.**

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We must know where you are while your child is here. If your child becomes ill it is crucial that we be able to find you promptly.

Each semester you’ll submit a Parent Schedule letting us know where you are and how to reach you as well as alternate contact information, in case we can’t reach you at the specified location. **It is your responsibility to update your Parent Schedule if it changes throughout the term.** Please see the Office if you have any questions.
• **Cell phones** help us find you in an emergency, although they do not work in some buildings, if batteries run out or if they are turned off.
• Fill out a **Different Place Today form** at the front desk if your schedule is changed for the day.
• **Unexpected change of location?** We are just a phone call away. Let us hear from you.

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**Absences and Overtime**

*If your child will be absent, be sure to call no later than 8 AM.*

If you do not know by 8 AM, please call anyway. Your call is an important courtesy to those who are waiting for a space for the day, or to teachers who are planning to take the class for a walk.

You may call after hours and leave a message, giving reason for the absence.

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**Late Pick-Ups**

If a parent is unable to come for their child on time, it is essential to call the Center to let us know when you will be able to return for your child. We do not have a “grace period” for pick up time because we often have other children scheduled to arrive at the very same time.

**Closing Times—Very Important!:**
1:00 p.m. Friday pick-ups must be completed by 1:15 p.m.
All other Friday pick-ups must be completed by 5:15 p.m.
7:00 p.m. pick-ups on Monday thru Thursday must be completed by 7:00 p.m.

Pick-ups later than closing time cause a problem. Parents who pick up after closing will be billed $20 for the first 10 minutes and $5 for each 5 minutes or portion thereof. *(Per Parent Advisory Council decision 12-7-04)*

The possibility that the wrong person might try to pick up a child must be considered, so we ask your cooperation to guard against this unthinkable situation. If someone other than a parent is to pick up your child, please bring a written note (including your signature) to the Office. We will check their ID. Teachers are trained to ensure that only known persons may pick up children.
Driver Safety

The Center will not release a child at any time to a parent or designated individual who is visibly impaired due to alcohol consumption, substance abuse, prescription drugs or other substances. In the event that a parent or designated individual is impaired, the Center’s administrative staff will telephone individuals on the Emergency and Identification Information Form to arrange for the child to be picked up. If a parent or designated individual is impaired and insists that their child be released in his or her custody, the Center’s administrative staff will immediately telephone the appropriate law-enforcement officials.

Determining whether or not to release a child in this situation is difficult for the parent, the child and the staff member. Our primary obligation, however, is to protect the safety and well-being of the child. The Campus Police stand ready to assist us if necessary. If a parent finds him/herself in this situation, he/she should stop at the reception desk before going to the classroom to ask to use the phone or to have a call placed for them.

Parent Support of the Program

Volunteering

Children feel most comfortable here when they know that their parent is invested in the Center in some way. In addition to enhancing the quality of the program, parent involvement increases children’s sense of security. Parents are encouraged to spend time in their child’s classroom, to chat with teachers and other parents, to share your unique talents and gifts, and to join in our activities whenever time permits.

The program is greatly improved through the help of parents ... time, energy, thought and creativity. Parents are asked to select a "parent job" from among the jobs posted in the classroom or on the bulletin board in the Parent Zone. Other ways of supporting the program will be offered throughout the year, such as attending work parties, working on fundraising, and helping with a variety of planned activities. All families must participate in supporting their child’s program — the goal is a minimum of 8 hours for each of the first 2 semesters. The Children’s Center staff is very grateful for the many ways that parents help make the Center better for everyone. Parent’s record the time spent volunteering on pages in the sign in books. Parent Program Support is recognized by the Associated Students Board of Directors as a way that parents contribute to the program so generously funded by the A.S.I.

Each semester families contribute 8 hours of program support. After 2 semesters, this is optional.

For Parents, the Children’s Center’s Door is OPEN!

Parent Zone

An area for relaxing, study or quiet conversation has been established for parents near the front desk in the lobby. There are computers available, and free printing of small amounts is allowed.
Children’s Center Parents and Pals and the Parent Advisory Council

All parents of children enrolled in the program are invited to become members of the “Children’s Center Parents and Friends”. Interested students, faculty, or staff, including Center volunteers and employees may also join. There are no membership fees. Officers of the Association volunteer to be elected by the membership, and serve on the Children’s Center Parent Advisory Council. These officers determine their annual agenda, such as activities for families, parenting education events, and Children’s Center support through fundraising. Fundraising events may include bake sales, potlucks, Tickets-for-Tots (Prize Drawing), children’s concerts, our Trike A Thon, to mention only a few.

Funds raised by parents are allocated by the Parent Advisory Council to special uses in the Children's Center program and for child care fee scholarships for parents who are not eligible for the state tuition subsidy but are unable to afford the cost of the program.

Join the Parent Advisory Council!

Children’s Center Advisory Committee

Several times each year University representatives, Associated Students Representatives, and Children’s Center Parents gather to discuss the Children’s Center. Parent volunteers are needed for this committee. Dates and times will be arranged as each semester progresses.

Health

The Children’s Center is pleased to have a formal arrangement for consultation on health policy and practices with a professor of nursing.

Required Immunizations for Children in Child Care Centers

<table>
<thead>
<tr>
<th>Age When Enrolling</th>
<th>Immunizations Required</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Age Range</td>
<td>Immunizations Required</td>
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<tr>
<td>-------------------</td>
<td>-----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>2-3 months</td>
<td>1 each of Polio, DTaP, Hib, Hepatitis B</td>
</tr>
<tr>
<td>4-5 months</td>
<td>2 each of Polio, DTaP, Hib, Hepatitis B</td>
</tr>
<tr>
<td>6-14 months</td>
<td>3 DTaP</td>
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<tr>
<td></td>
<td>2 each of Polio, Hib, Hepatitis B</td>
</tr>
<tr>
<td>15-17 months</td>
<td>3 each of Polio, DTaP</td>
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<tr>
<td></td>
<td>2 Hepatitis B</td>
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<tr>
<td></td>
<td>1 MMR given on or after first birthday</td>
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<tr>
<td></td>
<td>At least 1 Hib given on or after the first birthday, regardless of any doses given before the first birthday</td>
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<tr>
<td>18 months-4 years</td>
<td>3 each of Polio and Hepatitis B, 4 DTaP</td>
</tr>
<tr>
<td></td>
<td>1 MMR given on or after first birthday</td>
</tr>
<tr>
<td></td>
<td>At least 1 Hib given on or after the first birthday, regardless of any doses given before the first birthday</td>
</tr>
<tr>
<td></td>
<td>1 Varicella (chickenpox), unless the physician indicates that the child has had chickenpox.</td>
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</tbody>
</table>

The law allows a parent to choose exemptions from immunization requirements based on their personal beliefs and physicians of children to choose medical exemptions from them. Documentation is required.

**Children’s Center Sick Policy**

Children who are ill must not be brought to the Children's Center. They need to be at home where they can regain their health and rebuild their resistance to diseases. Please call the Children's Center if your child will be absent and complete an absence report upon his/her return.

**If your child becomes ill at school, you will be notified as soon as possible and required to pick up your child...**

**When Am I Too Sick to Attend My School?**

Generally speaking, I should stay home if I am not well enough to participate fully in the day’s activities, including outdoor play. I need to be home when I am too tender to handle the day without my parent due to my illness. When I am not yet recovered enough, and my resistance to new germs is probably quite low, I should not return to the Center.

And specifically, when I have had any of the following symptoms in the previous 24 hours.

- **Fever**
- **Nausea or Vomiting**
- **Impetigo**
- **Earache**
- **Severe Coughing**
- **Strep Throat**
- **Diarrhea**
- **Rash of Unknown Origin**
- **Runny Nose (mucous)**

I can usually return when I have been prescribed antibiotics for 24-48 hours (ask doctor), when my runny nose is much milder and doesn’t need frequent wiping, when my stool, tummy, or fever has returned to normal and is stable.

I should see a health care provider if my symptoms persist, my fever is high, I have an eye infection, I am too sick to eat, I become dehydrated, or for other reasons.
Please discuss my condition with my teacher when I return to the Children's Center. Call them (657) 278-2961 if you have questions about any of this.

**Children's Center Guidelines for Excluding Children with Illness**

1) Respiratory illnesses and colds: Children with fresh colds will be excluded for 2-3 days. Where after children with runny noses will not necessarily be excluded from the Center. However, if the mucous has color, such as green or yellow, or it is profuse and cannot be controlled by normal wiping, then the child can be excluded at the teacher's discretion. A child will also be excluded from the Center if the runny nose is associated with a fever, an infected throat, congestion, persistent cough, or general irritability.

2) Diarrhea: A child with a loose or water stool will be observed. If it is repeated, the child must be excluded. Children must be free of diarrhea for 24 hours AND have had at least one normal bowel movement before returning. Children should be carefully bathed before being brought back to the Center.

3) Vomiting: children need to stay away from the Center for 24 hours after vomiting.

4) Other symptoms which might warrant exclusion or special attention include earaches and/or ear drainage; unusual listlessness; red or watery eyes; unexplained rashes or sores; difficulty in breathing; vomiting; headaches; croupy coughs, etc. If your child is not well enough to participate in all normal activities, including outdoor play, he or she may be excluded at the discretion of the teacher.

5) If your child develops a childhood illness or other contagious illness, the staff should be notified at once. For example, notify the staff if your child has measles, rubella, chicken pox, impetigo, conjunctivitis, etc. We will alert the other teachers and parents to watch for possible symptoms in other children.

6) Children with a temperature above 101 (100 for infants) and no other symptoms may be sent home at the teacher's discretion. The child must be free of fever for 24 hours before returning to the Center.

7) Children with conjunctivitis (i.e., "pink eye") must see a doctor and have been taking medication for at least 24 hours before returning to the Center.

It is the Director's duty to send any child home immediately if any illness is suspected. When a child develops a possible contagious disease, such as pin worms, pink-eye, impetigo, chicken pox, measles, etc., the parent should notify the Director and the Director will notify other parents as to day of exposure, incubation period and isolation period of the reported disease. An ill child should not return to school until the period of contagion has passed. The Director will contact the Orange County Health Department to report an outbreak of contagious illness and to get advice on managing such an outbreak. **Preventing the Spread of Illness**

It would be convenient if the exclusion of all ill children would result in a disease-free environment. But it won't. Even healthy children carry the germs to which they are personally immune...but others may not be immune. Or they may be in the highly contagious stage just before the symptoms of a virus appear. Two healthy children can play together one day and both become ill the following day because of the wide variety of germs to which they must build immunity by "catching" something. If children who are ill stay home, if all of us frequently wash our hands with soap, and if everyone gets plenty of sleep and good foods, we can at least reduce the amount and severity of illness. Parents must nevertheless be prepared for those days when their child is unable to attend due to illness.
When we become aware of a contagious illness that has affected one or more children within the program, notification will be made to the parents of all children who may have had contact with the affected child during the contagious period. This does not include all minor colds or gastro-intestinal viruses.

**Daily Health Screening**

Upon arrival each day, parents must review a list of health symptoms before signing in; if the child has ANY symptoms, the parent is to complete the health screen form for verification by the teacher before signing the child in for the day. The purpose of the health screen is to increase communication about minor health problems, medications, and other notable needs for the child. Health Screening Forms are located in the Office near the sign-in area and in each classroom.

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**Child Health Screening Form**

Please review each item on this form each day of your child's attendance. If all items are "NO", do not complete the form, unless there are medications to be given.

- If any items below are "YES" for your child today, please complete the form and refer to your child's teacher for verification before you sign in.

- If it is determined that the symptoms you have indicated do not endanger the health of your child or others in the program, s/he will be approved to stay for the day. In this case, it might be advisable for you to phone us within 2-3 hours of arrival at the Center to discuss your child's health situation as the day wears on.

- Thank you for your cooperation on this matter. We are concerned for your child's health and that of the other children in the program.

CHILD'S NAME ___________________________ DATE ______ FORM COMPLETED BY ___________________ VERIFIED BY ___________

CHECK IF CHILD HAS:

- ______ a runny nose, clear mucous  ______ signs of a headache
- ______ signs of rashes or unusual  ______ signs of an earache
- ______ a runny nose, cloudy mucous  ______ signs of a toothache
- ______ a sore throat  ______ cough
- ______ had a temperature in the last 24 hours

Medication given in last 24 hours: __________________________

Medication to be given at school: __________________________

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**Medications**

Children receiving medications must have written consent from the parents, permitting staff to give prescription medication. The teachers can only give medications out of the original prescription bottle with the drug name, the physician's name, date, child's name, dosage, and times to be given. Other non-prescription
drugs will only be given under special circumstances and with the written permission of the physician and parent. Please bring medications in plastic containers. Ask your pharmacist for a small container also labeled with the prescription, for carrying smaller amounts of medication to school. (This would be in addition to your regular prescription container.)

**Allergies**

*All allergies, food and other, must be reported upon enrollment.* Environmental allergies, such as dust, pollen, other, should also be brought to our attention.

We will inform our teaching and kitchen staff of the foods to which a child is allergic and we need your help in learning the particulars. It is advisable during the first weeks of the semester to pin a note on your child’s back warning new staff of foods we must avoid. The beginning of the term brings so much for all of us to learn, and we want to prevent and eliminate mistakes.

We can provide substitute foods for allergic children. Arrangements should be made with the office staff, in writing. It is not sufficient to tell the teachers or the kitchen staff, as allergy information must be entered on our documents.

- Allergies to milk require a physician’s statement of substitute foods.
- It is vital that we know of allergy to bee stings, peanuts, any substance that could be life-threatening to your child.
- Due to the seriousness of peanut allergies in some individuals, NO PEANUT PRODUCTS may be brought to the Children’s Center.
- We recognize that we cannot control for the actions of the many individuals who utilize this program (students, staff, families, and children). While we will eliminate any dangerous substances from our food purchases, we understand that chance occurrences and human error may undermine our best efforts.

**Sunscreen**

Sunburn in childhood is the leading cause of skin cancer. It is the responsibility of parents to apply sunscreen before their child arrives at the Children’s Center. With written permission from parents, staff at the Children’s Center will apply sunscreen after lunch to children who have attended during the morning and will be exposed to the sun during the early afternoon. Hats and sunglasses are recommended for sun protection, and our teachers will remind children to wear them, if provided. Please label and be sure teachers know your child has brought these items.

**Accidents**

*Minor Injuries*
All accidents that involve your child will be brought to your attention. Minor accidents, such as a scratch from a fall, our staff will provide routine hygienic measures, such as washing the wound and applying bandages. You will be notified of the actions taken.

A teacher certified in Pediatric First Aid and CPR is assigned to each group at all times.

**Serious Accidents or Illness**

- In the event of a serious accident occurs requiring medical observation, extensive first aid treatment, or treatment by a health care provider, you will be located and notified immediately.
- We will call the University Police, who will call the paramedics.
- Upon recommendation of the paramedics, children may be taken to the nearest emergency hospital for treatment. For this reason, parents are asked to sign an authorization for treatment in the event that their child arrives at the hospital before the parent can get there.
- An ambulance will be called to take your child to St. Jude Medical Center, which is the medical facility closest to the campus.
- Parents or their medical insurance company will be responsible for the cost of the ambulance services, as well as medical services. Our medical insurance covers costs after your insurance pays. The cost of paramedic service in Fullerton for non-subscribers is $200-$300, which will also be the responsibility of the parent or their insurance company.

The possibility of an accident should underscore the importance of always keeping the Center informed of your schedule while your child is here, update emergency contacts and to keep cell phones in good working order.

**Safety**

**Pest Control**

Exterior areas are professionally sprayed each month to keep areas free of ants, cockroaches, other harmful insects. Additionally, we have tamper-proof bait stations in a few areas that are not accessible to the children, to ensure that rodents do not become a problem. The products are only applied out of doors and only on weekends. A notice will be posted 72 hours prior to each application. The chemicals are approved for use in a school facility. They include Contrac All Weather Blox; (Bromadiolone); Dragnet SFR Termiticide/Insecticide (Permethrin); and Termidor SC Termiticide/Insecticide (Fipronil). More information about integrated pest management may be found at [www.schoolipm.info](http://www.schoolipm.info). Any parent may request to receive personal notification prior to any application.

**Fire, Hazard and Earthquake Safety**

Fire drills are held monthly. If you are at the Children's Center during a drill you are requested to participate in the procedures until the "all clear" is indicated. Parents may not pick up their children during a drill; we need to work together to support the importance and seriousness of the fire drill. Earthquake drills are held occasionally, in developmentally appropriate ways.
We have an evacuation plan and a large quantity of emergency supplies stored in a shed located in the meadow. In the event of an emergency requiring evacuation, please come to the Center as soon as you are able. Our staff will stay with the children as needed, and will provide food, water, shelter, and first aid.

In the event of a threatening person on campus, we will “shelter in place”. This means that we will lock the Center gates and doors, close windows and blinds, and protect the children. The whole campus will receive warning information, and no parents should come to the Center until the threat is removed.

**Emergency Evacuation of the Children's Center**

In the event of a FIRE or GAS LEAK, we will evacuate the buildings and gather in our **safe dispersal area**.

Safe Dispersal Area is located in the NW corner of the Preschool Playground. It is accessible to all children and has gates for escape if necessary.

In the event of a POWER OUTAGE AFTER DARK (5 PM in November-February), the children will be taken to play in a room at the Titan Student Union. A sign will be posted on the front door, and a message left on the voice mail.

You will not be personally notified of the emergency until is possible to do so. Our first priorities are safety and care of the children and staff and cooperation with the first responders/safety personnel. Signs will be posted at the Center, if possible, directing you to our evacuation site. We will leave a message on our phone, forward calls, and then return to the Children's Center as soon as possible.

In the event of a strong EARTHQUAKE, you will obviously be aware that it has occurred and must come directly to the Children's Center evacuation site to get your child. Children inside of the buildings will take cover away from the windows until the shaking has stopped. If there is building damage, we will evacuate to an open area away from trees, power lines, power poles, such as our meadow. We will re-enter the buildings only when directed by the campus emergency management team.

If there is major disaster on campus, we may not have time to leave a message on our phone, although we will try. Parents will be expected to come to the Center, or send one of the persons authorized to pick up their child. If we must leave the area, we will leave a notice posted prominently. In the event of evacuation from the area, families should contact the American Red Cross to learn the whereabouts of their relatives. The campus has a sophisticated system of sending messages and emergency alerts to all students, faculty, and staff, through phones, email, and loudspeakers.

**Further Information**

**Field Trips**

Frequently, the children take walks to interesting places on campus. Visiting the Arboretum is particularly popular, as well as the Student Recreation Center (with parental permission). When we leave the Center, the youngest children ride in carts. Teachers carry cell phones and first aid kits on trips. We do not go off campus or ride in vehicles. Please keep in mind that if your child’s classroom has planned a field trip to arrive on time so that your child may participate.

**Observers, Interviewers, Photographers**
As an Associated Students Program, the Children’s Center is pleased to serve students in fields of study which require observation of young children. At times, student observers and interviewers will make appointments to visit the Center and to interview particular children as part of their assigned work at the University. All student projects must be approved in advance by their professors and by the Director. Individual children are interviewed only with a teacher present and if they are willing. Interviews with individual children will not occur more than 2 times per semester. Parental permission is required for use of any kind of test; this is very uncommon. Student photographers occasionally visit as well, and may need to use their photos in their coursework or for publicity about the Center.

Parking

Please exercise caution when parking to drop off and pick up children as some drivers may not be aware of children being present. Do not leave children unattended in the car.

- Use the Children's Center 30 minute parking spaces, Parking Lot A, or the parking structure.

Visitors

The Children’s Center has an “Open Door” policy that allows parents to visit their child at any time. However, we ask parents to be aware that some children may not understand having to be separated from their parent more than once and could have a difficult time recovering and re-adjusting to school. Parents who wish to visit their child during the day should inform the teacher of their plans so we can work together to make the visit – and your departure – successful.

When there is a court order defining or limiting a parent’s time with their child, it is the responsibility of the enrolling parent to provide the Center with a copy. This might be a restraining order or documents of separation or divorce. The Children’s Center will strictly adhere to the requirements of the court documents, and will verify the identity of any person or parent who is not previously known to our staff.

In the event that the Children’s Center has no written record of a parent’s name, then that person will not be allowed access to the child.

Others, such as friends and relatives, are not allowed to visit the children unless accompanied by the parent. Please do not send them to visit your child at the Center.

Babysitting

In order to avoid conflicts of interest, the Children’s Center staff and interns are not allowed to provide babysitting services to families

Parents on-site

If you are on site with your child and not contracted for care in the classrooms, please do not leave children unattended or unsupervised on the premises.

Religious Instruction

This program does not include any religious instruction or information.

ASI Children’s Center at CSUF Parent Handbook
Parents' Rights and Children's Personal Rights

Following are regulations from Title 22, California Administrative Code, detailing parents’ and child rights in child day care facilities. Please read them; you will be asked to sign a statement verifying that you have reviewed them.

Parents' Rights

As a parents/authorized representative, upon presentation of identification, have the right to:

1. Enter and inspect the child care facility without advance notice whenever children are in care.

2. File a complaint against the facility with the licensing office and review the facility’s public file kept by the licensing office.

3. Review, at the facility, reports of licensing visits and substantiated complaints made against the facility during the last 3 years.

4. Complain to the licensing office and inspect the facility without discrimination or retaliation against yourself or your child.

5. Request in writing that a parent not be allowed to visit your child or take your child from the facility, provided you have shown a certified copy of a court order.

6. Receive from the licensee the name, address and telephone number of the licensing office.

7. Be informed if anyone associated with or working in the child care center has been convicted of a criminal offence, but after a review of the nature of the offense has been permitted to work or be associated with the center.

8. Receive from the licensee, the Caregiver Background Check Process form.

Note: California State law authorizes the person in charge of the child day care facility to deny access to a parent/authorized representative if the behavior of the parent/authorized representative poses a risk to children in care.

For the Department of Justice “Registered Sex Offender “database, go to www.meganslaw.ca.gov

Personal Rights

Each child receiving services from a child day care facility and/or a child day care facility shall have rights, which include, but are not limited to, the following:

1. To be accorded dignity in his/her personal relationship with staff and other persons.

2. To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.

3. To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with the daily living functions, including eating, sleeping, or toileting, or withholding of shelter, clothing, medication or aids of physical functioning.

4. To be informed, and to have the authorized representative informed by the licensee of the provisions of law regarding complaints including, but not limited to: the address and telephone number of the licensing agency's complaint receiving unit, and of information regarding confidentiality.
5. To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In child day care facilities, decisions concerning attendance at religious services* or visits from spiritual advisors shall be made by the parent(s) or guardian(s) of the child.

6. To leave or depart the facility at any time except for house rules for the protection of clients or to minors and others from whom legal authority has been established (pertains to Child Day Care Facilities/School Age with licensee and parental consent only.

7. Not to be locked in any room, building, or facility premises by day or night.

8. Not to be placed in restraining devices, except a supportive restraint approved in advance by the licensing agency.

Licensing Office: Community Care Licensing, California Department of Social Services
750 City Drive South, Suite 250, Orange CA 92668 (714) 703-2800

* Note on #5 above: This program does not provide or allow religious services or instruction.

If You Have a Concern
or a complaint, a compliment, a suggestion, an idea...
Please share it!
Drop a note in the fee-payment box, or speak with the Director,
Assistant Director, or a Master Teacher.

Disruptive Adults

If a parent or other adult displays disruptive behavior which affects the integrity of the program, such as verbal abuse/harassment of staff or children or physical abuse of their child, the Children’s Center Director will ask them to leave the premises. It will be up to the discretion of the Director to determine the length of this suspension, from a few hours to termination of the child’s enrollment.

No form of sexual harassment will be tolerated at the Children’s Center.

The law authorizes the person in charge of the child day care facility to deny access to a parent/authorized representative if the behavior of the parent/authorized representative poses a risk to children in care.
Termination of Enrollment

1. Failure to provide the necessary paperwork or falsification of paperwork - (class schedules, physician's statement of health, immunization records, family information) may be cause for termination from the program. We cannot serve children safely if we don’t have accurate information about their health history and parents’ schedules.

2. Failure to make fee payments in a timely manner may be cause for termination. Parents must take the initiative to make special arrangements if experiencing temporary financial difficulties.

3. Reduction of a class load on the part of the parent, or withdrawal from the University, would be cause to either reduce or terminate the child care contract.

4. If a child has a prolonged difficult time adjusting to the program, the parents will be notified and asked to meet with staff to develop a plan of action, which may include assessment by an outside behavioral or medical professional. Staff and parents will be expected to follow the plan of action, and to communicate about the results in a timely manner. In the event that child’s adjustment to the program is not satisfactory for his/her benefit, or for the safety of others, the Director may give 2 weeks’ notification of termination, unless safety concerns require immediate termination. The Center Children’s staff will make an effort to help the parent seek a different type of care for the child, if the parent requests our help.

5. When kindergarteners enroll for after-school care, parents and teachers must be watchful of the extent to which this program adequately serves their development. Some kindergarteners outgrow the Children’s Center’s social, cognitive, and physical environment; if the Director determines that this program cannot provide an appropriate environment for the child, two weeks’ notice will be given to terminate enrollment.

Resources for Parents

At the Center
....a parent resource library is located in the Parent Zone. Books and articles may be signed out for two weeks.
....articles of interest to parents are arranged by topic and available for parents
....consultation with the Master Teachers, Director or Assistant Director regarding any aspect of raising your child
....workshops on communication, discipline, and other aspects of parenting are held during Intersession
....referrals to free developmental screening services, speech and hearing clinics, vision screening, and behavior problem consultation

On Campus

Parents should become familiar with services available to students on the CSUF campus. These include, among others, a Women’s Center, Adult Reentry Center, Student Health and Counseling Center, Career Development Center, Housing Office, Office of Financial Aid, Learning Assistance Center, Legal Clinic, Disabled Student Center, and more. Just ask if you need help finding them.
Students and Families during Finals Week

Realities to Remember

1. Preparation for finals can best be viewed as preventive planning which anticipates possible stress.
2. Families need to organize and develop new coping strategies for the weeks before and during finals.
3. Increased study necessitated by finals results in a partial temporary withdrawal from routine family interaction patterns.
4. If new "rules" are not created for the semi-crisis period for finals - spouses, children, and friends become likely targets for aggression from a possibly frustrated, tense, and tired student.

Do's and Don’ts

1. DO call upon all your family resources and contacts for tension and anxiety reduction; such as relatives and that special friend who is a good listener.
2. DO communicate to your family that this is time when you need all of their help, cooperation, and understanding. In other words, "I will listen to you after finals".
3. DO realize that finals can become a growth experience where your family learns how to adapt to change.
4. DO deal with anxiety by:
   a - closing your eyes
   b - relaxing your chest and stomach muscles
   c - exhaling fully and completely (during a deep and relaxing breathing, exhalation is three times as long as inhalation.)
   d - knowing the material you are being tested on
5. DO accept the fact that a full time student will probably be more anxious, irritable, and prone to emotional outbursts during finals.
6. DON'T feel overly guilty about feeling flustered, acting out of character or irritable.
7. DO adopt a personal attitude of perspective on taking finals. Example: "Once I feel confident with the subject matter, I look upon an examination as a competitive fame...win if you can, lose if you must, but do the best you can. Excessive worry over the examination will prevent you from effectively using the knowledge that you do have.

Other Helpful Hints

Study exams given previously in class. Identify central and basic ideas. Don't be confused by last minute "bull session", AVOID such encounters. Get an over-view of the exam. Avoid fatigue; take periodic rest to regain high performance level. Edit your paper. Locate key words. Your first "hunch" is usually best. Think and organize before writing.
I don't recall asking for any of this when I became a parent!

The following articles on childhood illnesses are taken from:

*Health Power: A Blueprint for Improving the Health of Children*

by Hannah M. Nelson, R.N. and Susan S. Aronson, M.D.

Early childhood health problems can make parents feel that their child "gets everything that walks past the front door." But take heart. Many childhood illnesses result in lifelong immunity. And children outgrow the tendency to get many other types of illness. Ear infections, for example, become less frequent as the ear structures become larger.

Here’s what to expect from the illnesses young children commonly acquire. Incubation period refers to the time after a child has been exposed to germs until the first signs of illness usually appear.

**ASTHMA**

This illness can range from mild wheezing to severe shortness of breath. Wheezing is distinguished from obstruction of the nose by the fact in asthma it takes longer to get air out of the body than to draw it into the body. Asthma is caused by allergy, infection, emotional stress or some combination of the three in people who are predisposed (genetically) to wheeze. This problem needs to be assessed by a doctor. Medicine can be prescribed to relieve the symptoms. Sometimes infants and toddlers wheeze with infections of their tubes. They are not asthmatic children unless they continue to have wheezing after they are 2 years old.

**CHICKEN POX** - Incubation period is usually 10-21 days

- Chicken pox is a mild but very contagious disease which seldom has any side effects. The first symptom is usually a rash of small red bumps or lesions that rapidly develop into blisters on a red base. The blisters usually appear first on the stomach and back, and then spread to the face. In a day or two, crusts form on the blisters. These crusts usually fall off in about 14 days. Characteristically, early in the infection the rash includes red raised bumps, blisters, and scabs all at once. The disease is spread by discharges from the nose and throat and the skin blisters, but not from the scabs. Recovery is about 7 days. A child may return to a child care setting in 7-10 days if no new lesions form. The rash is very itchy. To prevent secondary infection of the chicken pox sores, care should be taken not to scratch the lesions with dirty fingernails. Cool baths, calamine lotion and pain reliever to help to relieve the itching.
- Since the disease is most contagious before there are signs of illness, little can be done to prevent infection of those who are exposed. Once chicken pox is around, those who can get it usually will.
**Colds**

- Young children, especially under five years of age, may get colds whether they stay at home or are in a day care situation. Decisions about care at home or care at the day care program must be individualized, depending on the family's ability to stay home with the child and the day care program's ability to handle a sick child.
- The worst part of a cold lasts 2-3 days. Most colds bring sneezing, a runny nose, and watery eyes, but little or no fever. These symptoms may precede other illnesses such as chicken pox or measles. An infant with a congested nose may have trouble sucking, which may be an upsetting experience. Coughing from a cold may cause vomiting. Remember to encourage your child to drink lots of clear liquids (e.g., grape, apple juice) when he or she has a cold.
- Unfortunately, there is no antibiotic to cure a viral cold. It is important to watch for a severe sore throat, a sharp rise in temperature, or a deep chest cough. These symptoms may indicate that an infection requiring medical treatment has occurred. It is also important to watch for the development of an ear infection. Young children often pull or rub their ears when coming down with an earache. An untreated ear infection can sometimes lead to hearing loss. Infants under one year should be watched carefully for any sign of ear pain. Children with ear pain should always be examined. Colds can be spread as long as the child is sneezing and coughing.
- In any upper respiratory infection or "cold" the mucous membranes of the nose become swollen and pour out extra amounts of mucous. This mucous normally runs out and is pushed forward by the lining of the inner nose. During a cold, the nose may become blocked and the mucous can run down the throat, where it is swallowed when the child is awake. During the sleeping hours, this mucous runs down the throat and causes the gurgling sound so common to infants with colds. This sound does not mean pneumonia.
- When the nose is blocked, the child breathes through the mouth. This air is much drier than air normally coming through the nose and causes the mucous to become thick and sticky causing the child to cough, "rattle", and have difficulty breathing. The natural and simple solution to this problem is to make the mucous thinner and more watery. This is done by raising the humidity of the air taken in through the mouth. The cold mist vaporizer very nicely does this.
- The best types of vaporizer are the large jar reservoir or tank type, holding from 1 to 4 quarts of water. There is now a cold water vaporizer which is superior to the hot water "steamer" type. The large the reservoir, the longer the vaporizer runs. It is preferable to have one which runs continuously for 6 hours or more; otherwise, you will have to fill it too often. It is not necessary to add anything to the water. Only the water mist does the job. Vaporizers generally cost $15 - $25 and can be obtained in some areas on a "medical special appliance" request.
- For the cold water vaporizer, the nozzle should be placed so that it blows mist directly toward the child's crib or bed. The moist air is thereby concentrated where it is needed most. A tent arrangement improves the concentration. For the cold water type of vaporizer, make a tent of crib or bed using a sheet. If the child is in a bed, make a tent by taking a sheet to the wall above the bed and then drape it over two high-backed chairs placed at the side of the bed.
- Be certain the child cannot reach the vaporizer nozzle of the hot water vaporizer or a severe burn can result. There is no danger of this when a cold water vaporizer is used. Do not place a child with a high fever in a hot steam tent. A cold mist vaporizer should be used and will help to bring the temperature down. Be sure to clean the vaporizer after each few days of use to prevent mold from growing in the moist machine parts. Follow the instructions which come with the machine.

**Coxsackie**

- Coxsackie is a virus that is commonly transmitted through coughing or sneezing. It can cause painful ulcers in the throat (called herpengina), sores on the hands, foot, and mouth, diarrhea, a rash, fever, and general flu-like symptoms. Like any virus, this passes in about 7 days. Sometimes the symptoms are very slight.
- Coxsackie is very contagious even 3 to 7 days before symptoms appear, and is thus it is impractical and highly unlikely that we can halt the spread of this virus. The Orange County Department of Health recommends that children who are not acutely ill may still attend the program. Children who have fever, mouth sores that prevent them from eating or drinking normally, blisters that are open, or who feel generally ill must stay away until they feel better.
- Treatment includes acetaminophen, soft foods, cool liquids. Contact your pediatrician.
**CONJUNCTIVITIS** - See Pink Eye

**DIAPER RASH**

Diaper rash is basically an ammonia burn of skin that is susceptible to burning - the ammonia being formed by the breakdown of urine by the bacteria of the skin.

1. Treat the burn itself.
   - Leave baby without diaper and plastic pants.
   - Cool sitz bath (at least 15 minutes to give time for deep cooling and contraction of blood vessels).
2. Neutralize ammonia and make it hard for the bacteria on the skin to grow:
   - Put vinegar (2-3 tablespoons) in bath water or in cool compress water. Vinegar is a mild acid which works against the ammonia and prevents bacteria growth. Bathing also cuts down the need for rubbing the child's sore bottom.
   - To make the urine more acid, feed acid fruit juice – cranberry is good (citrus less effective).
   - Bacteria do not grow well in diluted urine - give enough liquids to make the child's urine look like water.
3. At night, if a diaper is used, keep the urine away from the skin.
   - Use Vaseline (to keep urine off the skin). It is easy to apply because no rubbing is needed.
   - Or use zinc ointment (harder to put on than Vaseline). Make sure the child is clean and dry before applying; otherwise, you merely trap the rash.
4. Stools contain broken down bile, which is like a detergent and irritating - so change the child right away and wash well with soap and lukewarm water over the child's bottom with a cupped hand.
   - For a small infant, this rinsing can easily be done over the sink.
   - Do not run water from the tap directly onto an infant's skin.
   - Use your hand to be sure that a sudden surge of hot water from the tap cannot scald the child.

**ENTERIC INFECTIONS** - *Nausea, Vomiting and Diarrhea*

- Infections of the stomach and intestinal tract are very common; they have a variety of causes. The symptoms are familiar: nausea, vomiting, diarrhea, and loss of appetite. Severe or prolonged causes can result in dehydration. Diarrhea is the frequent discharge of loose stools. One loose stool does not constitute diarrhea, but the condition should be treated as potentially diarrheic until the presence of disease is determined. Enteric infections are communicable as long as symptoms are present. Good hygiene and care in handling food are preventive measures you can take.
- For all these symptoms, it is good to remember: clear liquids are the thing. Stop all solid foods. Offer such things as flat coca cola (shake the bottle to remove all carbonation), tea, jello and bullion.
- For vomiting, liquids should be given in small amounts, 1-2 ounces (or 2-4 tablespoons) every 15 minutes. Room temperature fluids stay down best.
- For diarrhea, give as much as the child will drink no more often than every 4 hours since every feeding may produce a bowel movement. No citrus juices or milk should be given for either diarrhea or vomiting.
- Diarrhea in infants under 6 months of age can become serious. Such young children should be seen by a doctor or nurse. We suggest you call for advice for any child who seems very ill and does not improve using the methods described above, or whose diarrhea contains blood.
- When the symptoms stop, add such things as applesauce, bananas, rice, and cereal. Do not give greasy or fried foods until the child has been well for several days.

**FEVER**

There are several ways to make a child comfortable when he or she has a fever.

- A young child may be irritable or sleepy and it may be difficult to eat. Offer small frequent amounts of liquids. Citrus juices and mild will tend to upset his stomach so avoid them. Clear liquids like flat soda, jello, bullion, apple juice or grape juice are best. If the fever is 101 degrees or more, either aspirin (1 grain per year of age) or tempera (1/2 grain per year of age) may be given.
When the temperature is over 102 degrees, tub baths with plain water may be used to help bring a child's temperature down. The water should be comfortable.

If the child shivers, it is too cool. Keep sponging the child's body while he or she is in the tub. Adding a few floating toys may make the experience more pleasant. The sponging should continue for 15-20 minutes before checking for any change in temperature.

Remember a fever is usually an indication of infection. Ear pain or unexplained fevers should be discussed with your doctor or nurse. There is no harm in taking the child outdoors with a fever. It may even help to cool your child off. Minimize the amount of clothing on a child with a fever; he or she will not need blankets and sweaters indoors.

**FIFTH DISEASE** (aka Slapped Cheek Parvovirus) (2-3 weeks incubation)

- Basically a mild virus that causes a blotchy red rash that begins on the cheeks and spreads to the trunk and limbs. It usually fades within a week, but can come and go for several weeks. The rash can be itchy. It may be preceded or accompanied by a mild fever and “cold” symptoms. Usually no treatment is necessary, except to relieve itch.
- Fifth Disease is contagious 1-2 weeks before the rash appears, and not usually after the rash. A child does not need to stay home as long as s/he is feeling well enough to participate.

**FLU**

- Like the common cold, the flu is caused by a virus and is very contagious. But the flu is more severe. It takes 1-3 days to develop, then comes on quickly with a sore throat, fever, chills, headache and muscular aches, loss of appetite. Sometimes it brings vomiting, a cough, and general weakness. The fever usually lasts about 3 days. Full recovery takes 9-15 days, if no secondary infections like pneumonia develop.
- Treatment is the same as for colds: rest, drink lots of fluids, and take aspirin* for fever and aches if recommended by your doctor.

**GERMAN MEASLES** - See Rubella

**HEAT RASH**

- Many children develop patches of raised eruptions on their skin when they are overdressed or are exposed to warm room or outdoor temperatures. The rash usually occurs around the neck, upper chest and back of the head. The area may be spotted with red dots and itch.
- *Use aspirin substitute, not actual aspirin for young children. Aspirin may lead to Reyes syndrome.
- The treatment is to remove all excess clothing (children need no more layers than you do) and to sponge the area with cool tap water frequently. Applying bland powders such as corn starch should only be done after thorough clear water rinsing of the skin. Using a fine layer of corn starch may help to relieve the itching, but using too much will add to the problem. If used, corn starch or powder should be dusted on lightly and carefully with cotton to avoid having the child breathe in the powder dust.

**IMPETIGO**

- Impetigo is a streptococcal or staphylococcal infection. Most often, the infection starts in a scrape or sore as a pimple that has a yellowish or white blister on top. A scab or crust (partly brown, partly honey colored) soon takes its place. There may be the other spots on the face and on parts of the body where hands carry infections. It is contagious and, if not contained quickly by vigorous washing of the sores with soap and water, it should be treated promptly by a doctor. Impetigo occurs most frequently during the late summer and early fall.
- To disinfect underwear, towels, pajamas, and sheets, wash them every day with hot water and detergent while impetigo is present. Good personal hygiene and environmental cleanliness help to control the disease. Children can be in day care with impetigo as long as the sores are covered to prevent contact of infected material with objects and other children in the program.

**LICE (Head lice)**
Lice are first noticed by itching red pimples where the hair meets the back of the neck. The eggs (nits) are tiny, pearly-white, egg-shaped objects that stick tightly to the hair shaft. Lice are transmitted by direct contact with an infected person or indirectly through clothing, headgear and combs. Treatment consists of using a special shampoo that is available by doctor’s prescription.

Clothing and bedding should be washed in detergent and rinsed in very hot water to kill both lice and eggs. Other members of the child’s family or group should be checked carefully. Children should not return to the group until the shampooing has removed the eggs and lice.

**MEASLES**

- Incubation period is 10 days from exposure to fever, 14 days to rash
- Measles should be an uncommon disease, since children can be effectively immunized against it if given vaccine at or after 15 months of age. If a child is not immune and is exposed to measles, call your doctor.
- Measles symptoms are a moderate fever, puffy, watery eyes, and common cold symptoms. The lining of the cheeks and lips shows small, bluish-white spots. One to two days later, a rash appears, first on the head and then on the body.
- Uncomplicated cases are brief, but measles can have serious and permanent consequences. Make sure your child is immunized.

**MUMPS**

- Incubation period is usually 18-21 days.
- Mumps is characterized by tenderness and swelling of the salivary glands located at the angle of the jaw. A fever and cold symptoms usually accompany the disease. Mumps virus is spread like cold viruses - by direct contact with the affected child’s saliva or from his or her coughing, sneezing, runny nose, or watery eyes.
- Mumps spread quickly because it is most contagious about 48 hours before the characteristic swellings appear. The child with mumps can give the disease to others, until the swellings are gone. Once contracted, the disease usually results in a lifelong immunity. Vaccine is available for children over one year of age.
- If children have had mumps vaccine, they will not catch mumps. Exposure of other children to a child who still has swelling is safe if the others have had the vaccine and parents agree to accept the exposure.

**PINK EYE**

- Also known as conjunctivitis, this inflammation of the eyelids occurs primarily in summer and early autumn. Its symptoms are irritated, tearing eyes, swollen lids, and mucous discharge that make the eyelashes sticky. The child may have trouble opening his or her eyes after sleeping. (You can remove this discharge with a wet cotton ball wiping from the inner to outer corner of the eye. Wash your hands carefully after treating infected eye.)
- Children under five years are most susceptible to conjunctivitis. It is transmitted by contact with discharges from the eyes or upper respiratory tract of infected persons, through contaminated fingers, clothing or other articles. It is very contagious as long as the infection is active. For prevention, encourage improved personal hygiene.
- Other causes for pink eye symptoms can be allergies, viral colds, or foreign objects in the eye. If the eye discharge is pronounced, drops and ointment should be obtained from the doctor to put in the eye.
- Children can be kept at home to limit the spread of the infection. If this is not possible, careful handwashing must be practiced even while the child is under treatment.

**PINWORMS**

- Pinworms are infectious parasites. Children can pick up pinworms from other infected children and from sandboxes and soil play. Eggs are picked up and transmitted by the fingers to the mouth. The eggs hatch in the intestines in 15-28 days. Itching of the anal area is the most common sign. The child may have insomnia or nightmares, may lose his or her appetite or may complain of abdominal pain or stomach ache.
- To check for pinworms, spread the buttocks and look with a flashlight for the worms; they look like white threads, 1/2 inch long and move toward the anus when exposed to light or the child moves. If you are not sure you see them, press a tongue depressor with tape on it against the anus while the child is asleep. Bring this to the doctor to be examined for worms or eggs. If pinworms are present, an oral medication is
given to the whole family and is repeated in two weeks, re-infection is possible. For prevention, good hygiene is essential.

RINGWORM
- Ringworm is usually seen as a small round raised lesion any place on the body, including the scalp. The lesions look like rings and, if left untreated, leave scaly patches and sometimes baldness. It is a fungal infection, not caused by a worm or parasite. It is communicable as long as the lesions are present. Contact your doctor for treatment instructions while under treatment.

ROSEOLA
- Roseola is a contagious disease to which children from 1 to 3 years old are most susceptible. It is most common in the spring.
- Roseola is characterized by a high fever that lasts for 3 to 4 days with no other symptoms. When the fever falls suddenly, a rash breaks out on the body. The rash is pinkish, flat, and resembles measles. The child may be cranky, but there are no complications to worry about.

RUBELLA
- Incubation period is 14 to 21 days.
- Rubella or German Measles is a mild, contagious disease characterized by a pink, blotchy rash. Before the rash appears, there may be coughing, sneezing, and congestion of the mucous membranes of the nose and eyes. The rash starts on the face and head, spreading to the neck and trunk.
- Although it is a mild disease for children, rubella causes serious problems for pregnant women. Women who are in the first three months of pregnancy and have not had rubella, should receive gamma globulin if they have been exposed to a case of rubella. There is a vaccine to protect against rubella.

STOMACH UPSET - See Enteric Infections

STREP THROAT - Incubation period is 2 to 5 days
- This is a severe sore throat caused by streptococcus bacteria, which are also responsible for scarlet fever and some impetigo. Most infections are relatively benign since they can be treated with antibiotics, but complications can occur. Strep throat may lead to rheumatic fever or kidney problems.
- Only some sore throats with inflamed tonsils and pharynx (voice box) are caused by strep. Strep throat comes on suddenly and may bring a fever of 104 degrees. The child may have a headache. You may be able to see white patches on the throat. But these patches occur with viral sore throats also. The only sure way to diagnose a strep throat is a throat culture which identifies the germs by growing them outside the body.
- If a throat culture is positive, the doctor will prescribe antibiotics. (Be sure to always complete the 10-day course of penicillin or other antibiotics the doctor prescribes). The child is no longer contagious 24 hours after treatment is begun and may return to childcare.

URINARY TRACT INFECTIONS
- Symptoms of urinary infections are frequent urination in small amounts, burning or pain when urinating, wetting pants or the bed when it is unusual for the child. The urine may appear cloudy or blood-tinged. The child should be seen by a doctor promptly to prevent further, more serious infection and fever.
- Treatment consists of antibiotics or sulfur drugs. Encourage the child to drink of lots of liquids, especially juice.
- Bubble baths are a frequent source of irritation or infection, especially for little girls whose urethras are shorter than boys. Teach girls to wipe from front to back after toileting. The direction of wiping has not been shown to cause urinary tract infections, but it is a wise idea to keep bowel movement (fecal, stool) material away from the vagina and urinary openings. When a boy has a urine infection, the cause should always be sought. Urine infections in boys are very rare without an accompanying infection in the kidney, bladder, and/or urine collecting tubes. Girls frequently have urine infections that are not associated with any structural abnormality. These infections are usually not investigated unless the infections are occurring repeatedly.