

Oklahoma State University

Cleo L. Craig

Child Development Laboratory

NAEYC Accredited • DHS 3-Star Facility

Oklahoma State Department of Education Accredited Non-Public School

97 Years of Leadership in Early Childhood Education

Family Handbook 2021 - 2022

College of Education and Human Sciences

Human Development and Family Science

110 Nancy Randolph Davis West

1125 W. Drummond Lane

Stillwater, OK 74078

(405) 744-5730

<https://www.cdl.okstate.edu>

Information in this handbook is subject to change.

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INTRODUCTION

The Child Development Laboratory is accredited by the National Association for the Education of Young Children (NAEYC) and is ranked as a 3 STAR Licensed Program by Oklahoma Department of Human Services (DHS).

The classrooms offer innovative, engaging, and state-of-the-art developmentally appropriate instruction. Through the provision of enriched indoor and outdoor learning environments, interest centers, and low teacher-child ratios, children have the opportunity to actively engage in meaningful experiences that provide them with a strong foundation in important areas of school readiness.

The Child Development Laboratory is part of Human Development and Family Science (HDFS) within the College of Education and Human Sciences. The program strives to further OSU's mission of instruction, research, and outreach. In this respect, the program offers a site for:

- Quality educational programming for young children.
- Training student teachers in early childhood education.
- Observation and interpretation of human growth and development.
- Research design and implementation by OSU faculty and students to further their knowledge base of early childhood education areas such as social interaction, language development, cognitive development, and classroom curriculum.
- Community service in the form of early childhood education and care, parenting programs, and in-service teacher education.

CDL Philosophy

The Child Development Laboratory is committed to meeting the developmental needs of young children. The curriculum is designed to facilitate each child's social, emotional, physical, language, and cognitive development. The program's philosophy is based on the following concepts:

- Children construct their understanding of their world through active involvement and interaction with people and materials.
- Play, exploration, and experimentation are the major vehicles for learning.
- Children benefit from making choices in a stimulating and age-appropriate planned environment.
- Children learn best in an environment that promotes acceptance, trust, initiative, and decision-making.

Outcomes

Program

A combination of numerous initiatives and protocols will be implemented to measure the program's outcome and to determine needed procedures for sustaining a high-quality program. Evidence will include policies and procedures, program quality, children's progress and learning, family involvement and satisfaction, and community awareness and satisfaction. A report of the annual evaluation findings is shared with families, employees, and appropriate advisory and governance boards. The following initiatives and protocols will be used, but not limited to:

- Technology based software will be implemented, when appropriate, to collect data for fiscal reports, family surveys, faculty, and staff surveys, OSU student surveys, and research projects.
- Annual NAEYC, OKDHS and OSU surveys to be compiled, summarized, and reported to the governing body and families as needed, such as combined documents, original documents, and completed forms/documents.
- Improvements and alterations will be reviewed and implemented after consideration and approval has been granted from the governing body.

The evaluation systems will be used to establish goals for continuous improvement and innovation. The program will also use the information to assist with planning professional development and improving the quality of the program, operations, and policies.

Child and Family

The Child Development Laboratory strives to further the OSU mission of instruction, research, and service. In this respect, the program offers a site for developing quality educational programs for young children, training student

teachers in early childhood education, observing and interpreting human growth and development, and providing early childhood curriculum to the community. Program employees will use a variety of formal and informal strategies to become acquainted with, and learn from, parents about their family structure, their preferred child-rearing practices, and information families wish to share about their socioeconomic, linguistic, racial, religious, and cultural backgrounds. Therefore, the following initiatives are explored with children and their families.

- Employees understand the characteristics and roles of developmentally appropriate early childhood education practices by identifying diverse needs, interests, and abilities of young children and families.
- Reflecting and identifying strategies that represent developmentally appropriate practices for the child by learning and applying knowledge in various early childhood settings.
- Recognizing and supporting the home-school communication and collaboration as a strategy for building mutual trust and respect. As well as assisting families with the transition of children from one teacher to another, from one class to another, and from one program to another.
- Use multiple sources of data collection to assess children's development and learning; and to evaluate the program.
- Actively use information about families to adapt the program environment, curriculum, and teaching methods to better serve the families and OSU students, faculty, and staff.
- Employees participate in community cultural events, concerts, storytelling activities, or other events and performances designed for children and their families to better understand the cultural backgrounds of children, families, and the community.
- Employees provide support and information to family members legally responsible for the care and well-being of a child.
- Employees establish intentional practices designed to foster strong reciprocal relationships with families from the first contact and maintain them over time.
- Employees ensure that all families, regardless of family structure, socioeconomic, racial, religious, cultural background, gender, abilities, or preferred language, are included in all aspects of the program, including volunteer opportunities.
- Employees engage with families to learn from their knowledge of their child's interests, approaches to learning, and the child's developmental needs, and to learn about their concerns and goals for their children. The information is incorporated into ongoing classroom assessment, development, and planning curriculum.
- Employees use a variety of formal and informal methods to communicate with families about the program philosophy and curriculum objectives, including educational goals and effective strategies used by families to promote their children's learning.
- Employees use a variety of methods, such as family orientations, small group meetings, individual conversations and a written questionnaire, to gather input from families about curriculum activities throughout the year.

PROGRAM STAFF

The Child Development Laboratory staffs the following positions.

- A full-time director with a minimum of a Master's degree in early childhood education or the equivalent, and who is also an instructor in the Early Childhood Education academic program.
- An administrative associate to manage many of the administrative tasks including enrollment, purchasing, and billing.
- Five certified teachers with Bachelor of Science or Master of Science degrees in Early Childhood Education or related fields, Oklahoma Teaching Certification in Early Childhood Education, and experience in the field.
- Teaching assistants as needed, and they must have at least a high school diploma and experience in early childhood care.
- A food service supervisor who plans and prepares healthy meals and snacks on site in the kitchen.
- Multiple student employees that work part-time as receptionists, assistants in the kitchen, lunch assistants in the classrooms, and AM and PM childcare.

ORIENTATION

Children will meet their teacher in the comfort of their own home when teachers conduct a home visit to assist children with the transition into the program. In a familiar place, children can get to know the teachers and show

them the things that are important to them in their family life. Another benefit of a home visit is to give teachers and parents an opportunity to learn from each other. Teachers can answer parents' questions about the school day and parents can inform teachers about their child's routines and experiences.

Families are invited to an open house each year before school begins. During the open house, families have a chance to explore the classroom environment and meet with the director, teachers, and staff. All families are encouraged to attend Open House.

OPERATIONS

Calendar and Hours of Operation

The program calendar follows the Stillwater Public Schools' (www.stillwater.k12.ok.us) and OSU's calendar with a few exceptions. The program calendar is posted on the program's website and is included in the enrollment packet.

The academic day is from 7:50 am until 3:30 pm. Children must arrive no later than 8:15 am. AM childcare (7:00-7:50 am) and PM childcare (3:30-5:30 pm) are available for an additional charge.

Families may visit any area of the program at any time during the program's regular hours of operation. For security purposes, families may be accompanied by the director or administrative associate and are required to sign in and out at the front desk during observations or visits.

A summer program may be offered but is not included with academic school year registration. The summer program requires a separate enrollment process.

Application

The waiting list application can be found at www.cdl.okstate.edu or at the Child Development Laboratory reception desk. The program is open to all children regardless of race, color, creed, or religious affiliation. Children are assigned to classrooms based on the child's developmental needs, teaching and research requirements of the program (as stated above), and available space. Siblings of children previously and currently enrolled in the program are given first preference and then consideration may be given to immediate department and college applicants.

Enrollment

Enrollment in the program is offered based on a child's age, application date, and by factors related to the teaching and research mission of the Child Development Laboratory, Human Development and Family Science and College of Education and Human Sciences, and OSU; which include, but not limited to gender ratios, ethnicity ratios, developmental levels, and social-economic levels.

Enrollment packets are distributed in the spring to returning and new families. These documents and requested records are kept in the administrative assistant's office in a lockable file cabinet. All documents, along with a copy of the child's birth certificate, immunization record and insurance card covering the child, must be on file before the child attends the Child Development Laboratory.

Any child who has limited or a medical/family beliefs waiver for under-immunized cases will be contacted by phone, email or postings for susceptible illnesses or diseases. The director and families will develop a case by case plan to exclude or evacuate the child from the classroom and/or center. The exclusion or evacuation will be depended upon the illness/disease, severity of exposure, and immediate possible actions by family to remove the child.

The OSU International Students and Scholars Services will work collaboratively with the program to offer written and verbal information/communication to families as needed in their native language. The program compiles and provides information to families in a language they can understand/comprehend. The information includes, but is not limited to, policies and operating procedures, enrollment forms, parent handbook, classroom newsletter, daily communication journals, negotiations of differences or difficulties, and other written communication sources.

Registration Fee

A non-refundable registration fee is required each year of enrollment. The registration fee will be charge to the parent’s bursar account when the Pre-Enrollment Agreement is received.

Tuition

The program’s annual tuition is divided into ten equal monthly payments from August through May and billed at the start of each month. Payment due dates is the fifteenth of each month through the Bursar’s Office. All payments are subject to the rules and regulations established by the university. A \$15 late fee is assessed if payment is not made on time. If payments are ten business days overdue without prior arrangement, a one-week notice of termination of enrollment may be given. If the balance of the account is more than two months in arrears, enrollment will be terminated immediately.

There are no tuition adjustments for holidays, semester breaks, or a child missing class for other reasons.

Supply Fee

The program charges a supply fee every semester for each child enrolled in the program. This fee is added to the monthly statement and billed in August and January. This money is used to provide supplies and activities for the classrooms.

Attendance

All children are expected to arrive by 8:15 am each day unless doctor appointments or other irregularly scheduled activities cause them to be late. Families/parents are asked to notify the program if a tardiness or absence occurs. Frequent absences or tardiness may result in a recommendation that another program would be a better fit with a family’s schedule.

When parents agree to enroll their child in the program, they make a commitment to participate in an important function of OSU and the preparation of future early childhood educators. The OSU lab students in the classroom have course assignments in which they are asked to observe an individual child and plan activities for their assigned child. When a child is frequently absent, the students have difficulty completing their assignments and children miss out on individualized instruction.

Release of Children

Children can be released only to individuals authorized by the parents on the Permission to Release My Child enrollment form, or by authorization from a parent on the occasional Child Release Form. Verbal pick-up authorization is unacceptable. In case of emergencies, the director will be contacted, and further instruction will be provided and a Release Form will be completed.

A Child Release form is completed by administration when the program receives a phone call from a parent stating that someone else will be picking up the child. Staff should ask for the parents’ driver’s license number (verifies the caller as the parent) and a phone number where they can be called back if necessary. The Child Release form will be placed in the child’s enrollment folder.

Child Release Form

Part I

To be completed in the following cases: (1) the individual named to pick up the child is not named in the child’s file and can only pick up the child on the dates listed below, or (2) the staff member who will release the child has never met the individual named and is required to document that he/she verified identity.

Name of child: _____
 To be released to: _____
 Date to be released: _____ Time: _____
 Name of person giving permission _____ DL# _____
 Phone number to reach parent in case the plans fail: _____
 Staff recording release permission: _____

Part II

To be completed when child is released:

Name of child: _____

Name of person to whom child is released: _____

Driver’s License #. _____ License plate tag #: _____

If **Part I is not complete** (individual arrives without prior notification from parent), describe how you verified that the individual has permission to pick up the child, (e.g.: contacted parent before releasing child.)

Signature of staff releasing child _____

Date: _____ Time: _____

Drop off and Pick Up Parking

Parking is available in the paved parking lot on the west side of the Human Sciences West, adjacent to the building for drop off and pick up. Access to this parking lot is available from a south entrance. While parked, vehicles are prohibited from unnecessary idling due to environmental safety.

A CDL parking permit is required to park in the spaces designated as ‘Child Development Laboratory Permit Required’. A parking fee is charged to each child with the August tuition; regardless if parent is faculty or staff on campus. Parking permits must be picked up at the OSU Multimodal Transit building at the corner of Hall of Fame and Monroe after August 1, but before the first day of school. Permits do not allow parking in this zone for classes or other personal use. Abuse of a permit will result in fines and/or revocation of the permit.

Late Pick-up Fees

The program will assess late fees to parents who do not pick up their children before the closing time of 3:30 pm (or at 5:30 pm for those enrolled in after school care). A fee of \$10.00 will be assessed beginning at five minutes after closing and for every five minutes or portion thereof until the child is picked up. The clock in the classroom (synchronized with the OSU computer network clock and/or cell phone clock) will be the official time for assessing these fees. The parent will be notified in writing and the assessed fee will appear on the next statement. Please honor the pick-up time by arriving 10-15 minutes early to allow for a conversation with the teacher and gathering your child’s belongings before our closing time. If a parent arrives before the opening time of the day, they are asked to wait with their child in the foyer until 7:50 am.

Withdrawal from the Program

Parents may withdraw their child from the program at any time by giving a written notice to the director 30 days prior to withdrawal. Tuition will not be pre-rated during the last month.

Grievance Procedures

It is the program’s desire and policies to provide developmentally appropriate requirements and criteria that meet and exceed NAEYC and OKDHS. The program’s policy is to collaborate with parents when a difference of opinion, value and/or belief is identified with professional practices and/or strategies which are implemented.

The optimum goal is for the child to participate successfully at the program in all of his/her endeavors. Families/parents are asked to speak with their child’s teacher if they have a concern. If the concern cannot, or is not met by the teacher, the concern should be taken to the director. The director will set a conference with the families/parents and teachers to address the families’/parents’ concerns. The program’s goal is to meet the needs of the children and their families/parents. If the director cannot or does not address the concern to the satisfaction of the families/parents, then the issue will be referred to the department head of Human Development and Family Science.

Services Discontinued/Terminated

The program reserves the right to discontinue services to children under the following circumstances:

- The families/parents fail to pay tuition and fees within the designated time periods.
- The families/parents fail to reasonably cooperate with the program in the provision of educational services to their child, such as but not limited to daily routines, implementation of curriculum, discipline and/or guidance, and maintaining a positive disposition.
- The child is dangerous to self or others due to delays/disabilities, behaviors, medical situations, or any psychological situation.
- After appropriate evaluation by staff, specialists, family/parents, and Department Head it is decided that another educational setting would be more appropriate to meet the special needs of the child.
- The families/parents do not adhere to the program's policies and procedures; which include but, not is limited to, the following: completion and updated records, confidentiality, observations, arrival and departure routines, medical situations, special services, conferencing schedules, participation, usage of appropriate communication devices, supporting classroom routines, or maintaining a positive disposition.
- Any engagement by families/parents involving acts of intimidation (bullying), harassment or abusive behavior, assaults, serious threats, or acts of violence. An act of such behavior includes, but is not limited to, written or spoken communication creating alarm or concern, fear of immediate bodily harm, retaliation to staff, or when a stress-related situation develops/occurs due to actions of families/parents; whether verbal or written.

CLASSROOMS

Daily Schedules and Routines

The daily schedule is posted in each classroom. It is designed to allow children adequate time to explore and have a balance of active and quiet activities, indoors and out. The routine allows children to know and prepare for what is coming next and provides a sense of security. Some flexibility is expected in response to individual and group needs, special needs, special times such as field trips, visitors, and children's interest and weather conditions.

Children are provided the opportunity to have time for free choice and accessibility to activity learning centers throughout the daily schedule. Each child is provided opportunities to play individually, in pairs, small groups, and whole group. Teachers purposefully plan and prepare the environment, so children interact with one another through child-to-child engagement. Teachers provide children the opportunity to acquire certain skills through indirect and direct teaching strategies.

In addition to other planned activities, teachers encourage and help children to become independent and competent in toileting, handwashing, personal hygiene, dressing, and eating. Children are encouraged, guided, and provided the opportunity to cleanup equipment and materials within the classroom and in the Outdoor Learning Environment area.

Teaching staff provides children the opportunity to expand, explore, and reserve their creations, projects, and learning within the classroom and in the Outdoor Learning Environment. Children may be allowed to move equipment and materials within designated areas to other locations being used in a constructive avenue. The teaching staff assists children's learning by interacting and playing with the children within centers or activities. Teachers use this opportunity to gather documentation of children's learning, reflecting assessing upon children's interaction, learning, and modifying plans, or teaching strategies to increase children's learning opportunities.

Teachers provide opportunity within the daily schedule to allow child-initiated and interest-topics to be discussed, explored, and researched. Children are supported through planned lessons, special interest centers, and collaborative inquiry with individual children, small groups of children and whole groups.

Teaching strategies will include opportunity for children to be exposed to curriculum content, routines, learning opportunities, task and skills in segmented sections that are meaningful and suitable for children. Teachers will also provide children the opportunity to engage and be immersed in emerging skills and activities that support and enhance repetitive learning opportunities.

Transition times are provided within the classroom, such as short-term activities of songs, stories, and exercises to reduce waiting periods while children finish an activity or routine and start another.

Curriculum Goals

The Child Development Laboratory offers a comprehensive curriculum that supports and enhances all areas of children's development: social-emotional, intellectual, language, physical and family cultural beliefs and traditions. Based on the belief that children learn best through play, the curriculum reflects the guidelines established by the National Association for the Education of Young Children in its "Developmentally Appropriate Practice Statement." Copies of this statement are available in the director's office and parent resource area.

Oklahoma State Department of Education-Oklahoma Academic Standards (OAS) and Oklahoma Early Learning Guidelines (OELG) are used as the program's curriculum goals. The curriculum reflects the knowledge of children's developmental processes and styles of learning; best practices for supporting children's development and learning; and specific goals set by parents, teachers, and state standards. The goals are both general for the whole group of children and unique to individual children. Specific goals for individuals are established at parent conferences with parent input. Additional goals may be set by individual teachers to meet the aims of a particular unit of study or an observed need of individuals or groups of children.

The program believes that learning occurs within meaningful experiences and interactions with other people. Learning isolated skills and facts without a context for them is not meaningful to young children. The program uses environment, daily routines, and play within learning centers to provide a context for the children to achieve their goals of learning. The program also uses a combination of themes and projects to create contexts for learning specific skills, particular facts, and concepts about one's self and the surrounding world.

The program allows for some autonomy in teacher selection of the themes or projects to be studied by the children. Teachers are expected to select these topics based on their observations of children's interests and needs, the resources available to them, and their own interests. Families are invited to suggest ideas for themes or projects and to help collect the resources the children will need to engage in the activities related to the topic.

Another goal of the curriculum is the acquisition of certain key curriculum concepts. These concepts are broad and allow teachers to approach them according to the developmental level of the children; the children's previous experience with a particular concept and current knowledge of that concept; and the interests of the children and teachers. These concepts are not the only concepts taught or learned by the children. Children generate many theories and questions about the world that teachers may want to explore with them. The key concepts are the cornerstones of our curriculum which are derived from the assessment, evaluations, and screenings completed by the teaching staff and specialist, such as the Ages and Stages Questionnaire and Ages and Stages Questionnaire Social and Emotional for Infants and Children (ASQ and ASQ-SE).

The key concepts can be approached from many directions and be broken into components for deep exploration into particular aspects of a study. Over time, the children enrolled in the program, and their teachers will return to these concepts and explore new directions within them. The key concepts are not intended to be a survey course that skims across each topic, barely breaking the surface and providing children with many facts. On the contrary, the teachers are expected to narrow their focus on areas they and the children want to explore deeply. The goal is not to acquire isolated facts and skills, but to acquire the tools necessary for studying, to develop a desire for knowledge and joy of learning, and to gain a deeper understanding of particular concepts.

The teaching staff uses the key concepts, goals, and curriculum to provide a learning environment that addresses elements such as nurturing reflective thinking, meaningful content, and movement to enhance learning, enriched environment, choices, adequate time, collaboration, immediate feedback, mastery, and the ability to use concepts and skills in real life experiences. Real life skills that children develop through such experiences include caring, common sense, cooperation, courage, curiosity, effort, flexibility, friendship, initiative, integrity, organization, patience, perseverance, pride, problem solving, resourcefulness, responsibility, and sense of humor. The key concepts are identified by Susan J. Kovalik and Karen D. Olsen in *Exceeding Expectations: A User's Guide to Implementing Brain Research in the Classroom*.

Supervision and Staff Ratios

Supervision of children is defined as the function of observing, overseeing, and guiding a child or group of children, including being attentive, and responsible for continuous activities, interactions, and play among children, while being near enough to intervene as needed. **At no time are children left unsupervised.** Employees are to refrain from personal activities that interfere with supervision; such as visitors, phone calls, texting, emailing, or another electronic device usage.

Classroom teachers must make sure all children are accounted for when going outside to play, going indoors, on field trips, after exiting for an evacuation, and upon returning to the classroom. Teaching staff are required to supervise all children within and outside of the classroom. They are to monitor the children's activity as well as the structures and equipment used by the children.

OKDHS requires that each child is assigned a staff person responsible for the child's habits, interest, special needs, and parent-teacher conferences. At least one staff person is always required to be within sight and hearing of children, even during nap time. Adult staff members are always required to be with each group and maintain supervision of their group.

Adherence to the following guidelines is required:

- The program is organized and staffed so the number of groups, teaching staff, and classroom transitions experienced by an individual or group of children during the day and/or year are minimized to the fullest.
- Teaching staff must be aware of where children are always within the classroom, restroom, foyer area, and on the Outdoor Learning Environment. Children must always be attended by an adult throughout the building and on the Outdoor Learning Environment.
- Teaching staff is to interact/participate with children during group and center activities to increase and deepen children's learning. Teachers will position themselves at eye level with the children.
- Teaching staffs' interaction/participation is used to assess children's strengths and to modify curriculum development and individualized and group teaching experiences.
- Teaching staff is positioned to see as many children as possible. If children are located out of a direct line of sight, at least one staff member must adjust their position or look up to maintain sight supervision.
- Teaching staff always supervises toddlers/twos by sight and sound. Older children are supervised primarily by sight-hearing while attending to children in other areas of the room- such as toileting, napping, or divided areas within the room.
- Provide immediate protection and care for the child's well-being as required.
- Teaching staff-child ratios are to be maintained during all hours of operation including indoor time, outdoor time, and during transportation and field trips.

The program follows NAEYC and OKDHS regulations for determining the child/staff ratio and group size. Each group is organized and staffed to minimize the number of transitions throughout the day for the children's groupings, staffing, and classroom transitions; which provides consistency among the teaching staff and children relationships. OKDHS Publication OAC 340 Appendix GG Ratios and Group Sizes will be posted within each classroom within the family information area.

Groups are determined by the number of children who are supervised/cared by teaching personnel who are physically present with that group. Only one group of children per classroom or other area unless children are attending special activities, outdoor play, meals, snacks, rest time, or field trips in which other ratios can be applied.

- **Preschool I:**
12 months to 24 months: 1 Adult to 6 Children (12 group)
- **Preschool II:**
2- to 3-year-olds 1 Adult to 8 Children (16 group)
- **Preschool III:**
3- to 4-year-olds 1 Adult to 12 Children (18 group)
- **Pre-K & K:**
4- to 6-year-olds: 1 Adult to 15 Children (30 group)

Guidance and Discipline of Children

The philosophy of the program is that discipline is based on the developmental level of the child. All expectations for children's behavior are developmentally appropriate, related to the circumstances, be constructive, and provides a learning opportunity for the child and staff. Teaching staff will observe children to determine patterns in a child's behavior to provide planned, reflective, and consistent individualized responses. A child's home and classroom life are utilized by the teacher when forming their knowledge and responses to a child's challenging, unpredictable or unusual behavior.

An important goal in the program curriculum is helping children learn to regulate their emotions and interact in appropriate ways with other children. Because these are learning goals, guidance and discipline is focused on teaching children instead of punishing them for their mistakes.

Young children need to learn how to wait for their turn, cope with disappointment and frustration, join others in play, solve social problems within a group, respect differences among their classmates, take care of their classroom, organize their time, and much more.

Teachers use routines and clear expectations of behavior to provide consistency and predictability. In addition, children are provided various opportunities to affect the events in the classroom through their involvement and participation in decisions making about issues dealing with classroom behavior, plans, and activities/events.

Parents are asked to follow the rules of the classroom when they visit, so children learn to appreciate the partnership between the program and families. Individuals are asked to speak with classroom teachers or the director when concerns about certain behaviors exhibited by a child or children are seen in the classroom.

The teaching staff uses a number of positive guidance techniques, both direct and indirect, to ensure safety and order in the classrooms. These techniques are implemented for children to learn and understand the limits, while developing positive self-esteem and a greater sense of self-control.

Teachers will utilize a number of resources to determine a child's inability to display positive self-esteem and/or self-control. Teachers will document a child's persistent, serious and/or challenging behavior through daily anecdotal notes, accident/incident reports, running records, and/or daily communication logs, both oral and written, as a method to collect and analyze data about a child's reoccurring behavior. The documentation will assist in determining factors that contribute to the child's challenging behavior with events, activities, and/or interactions with others. This information will be collected and kept in the child's portfolio within the teacher's offices.

Teachers will notify the director of children who need additional assistance in developing positive self-esteem and self-control. The director will then contact the parents and a meeting will be set to discuss alternative strategies, which supports the child. A team will be developed that consists of the parents, teachers, director, and other resource specialists (as needed) to focus upon developmentally appropriate practices/strategy plans to be developed and implemented for the child on an individualized basis that supports the child's inclusion and success within the program. In addition, therapy specialist can be contacted to assist with the team decision in regard to screenings and/or assessments to determine the level of support for individual children.

Teaching staff uses a quiet, understanding, yet firm "teacher" voice with the children. Teachers should always approach a child or situation instead of speaking across the room children. Children should be spoken to at "eye level" proximity when speaking with the child, determining the situation at hand, identifying the differences, and then providing redirection, resolutions, or offering suggestions. Acceptable redirection can consist of a gentle touch on the shoulder or back, holding of a hand, or a child sitting in one's lap.

Teaching staff is prohibited from subjecting children to physical, psychological, or emotional punishment, mistreatment, or abuse in an attempt to maintain order within a situation.

Families are prohibited from using, or threatening to use, physical or psychological punishment or profanity toward children or staff while on the premises.

In extreme conditions when a behavior modification plan is necessary, with or without food rewards, the director and family signatures and date of the plan will be obtained before its incorporated. A discussion between director, families, and teachers must have been documented before the plan is agreed upon and implemented. A behavior plan with timeframes are developed by relevant professional, when applicable, director, and family members. The outcome is to move towards eliminating food as a reward and move to another method for obtaining or rewarding desired behaviors.

Children Who Live with Delays/Disabilities/Special Needs

The program strives to make all reasonable accommodations to meet the needs of children with disabilities or challenging behaviors in an environment appropriate and supportive of the child. Families are asked to speak with the director about a child's special needs. An Individual Education Plan (IEP) or an Individual Family Service Plan (IFSP) must be on file for each child with a diagnosed disability.

Collection of information about a child's disabilities, challenging behaviors, or special health care needs is used to determine the most appropriate placement for the child and to establish an individualized care plan. Families are required to complete the Specialized Service Professional permission form for their child. A physicians' signatures are required for a child's participation in specialized services.

The program provides Music Therapy and Warm Water Therapy as resources to provide therapeutic interventions that a child may need. Other services or specialist may be contacted to implement a prescribed program. Families will be considered as the primary decision makers about services that their children receive.

Specialized therapist can work within the school day with children and families that attend the CDL. At the current time, we work to help schedule sessions with OSU Speech and Language Clinic. However, all payment for specialized therapies are billed directly to the family or their insurance.

Families must identify children who live with special health care needs, food allergies, special nutritional needs or delay/disability on the child's enrollment forms. The director will contact the parents, teachers, and specialist in preparing an Individualized Care Plan. The Individualized Care Plan will be used to determine the services, adaptations or modifications, and interactions that allow the child to fully participate in the program's activities.

The teaching staff is specialized in early childhood education methods and theories. If a staff member suspects that a child has persistent challenging behavior, developmental delay, or other special needs the director will be contacted by the staff member and an observation, documentation, and discussion about the child's growth and development will take place with the director and staff member.

The teaching staff is not specialized to diagnosis developmental delays or other special needs. Therefore, the director will communicate to families in a sensitive, supportive, and confidential manner and provide documentation and explanation for the concern, suggested next steps and information about resources to families/parents within and outside of the program.

Individual Care Plans will focus upon a child's differing physical, social, or cognitive abilities. The plan will include modifications that support the child within their least restrictive environment. Identified modifications will be included to address the environment, learning activities, teaching strategies, and appropriate behavior for the child, families, and staff through an accepting and respectful atmosphere.

Staff and specialist will meet, share, and plan educational endeavors, objectives, and goals for children. As a team, staff members, specialist, and families will meet during parent teacher conferences, and at other requested times, to establish set objectives or goals for children. The plan will be implemented within the classroom and services with adjustments/modifications beginning administered to accomplish IFSP's and IEP's goals. Documentation will be collected to determine the level of progress. Documentation will consist of, but is not

limited to, informal anecdotal notes, checklist, screenings, assessments, child's portfolio-work, and photographs. At any time, any member of the team may request additional information or meeting through phone conversation, email, or other communication devices.

In addition, the program will work with families be an advocate for their child when seeking other services or transitions between programs. Program staff will attend IFSP or IEP meetings, provide documentation of services rendered, and progress reports. The need for additional information or services can be accommodated with a sufficient amount of notice.

The program will support and encourage families in advocating for services at other locations, such as their local school system, health departments/agencies, or medical specialist. Support, encouragement, or advocacy for children will include, but not limited to, observations of children at the program, visits to other programs, staff attendance to IEP or IFSP meetings, providing non-verbal children with alternative communication strategies, assisting with enrollment procedures/policies for the next school year, and providing documentation of the children.

The program protects children with food allergies from contact with problematic food items. Enrollment forms require a health care or cultural representative to identify and provide documentation for children with food allergies or cultural preference. The program protects children from coming into contact with food allergies or preferences. Kitchen staff, lunch monitors, and teaching staff work collaboratively to identify, label, and separate problematic foods. Families' consent is obtained before posting any information about that child's food allergy. The food allergy posting will remain within the classroom and kitchen areas, as a visual reminder, until that child's attendance is completed at the program. All staff members will be notified of all children who live with food allergies.

Digital Daily Communications are implemented within Preschool I and Preschool II Classrooms (ages of children are 12 months to 35 months) and children with delays/disabilities. Daily communication is made possible using Brightwheel app. Parents are asked to sign-in and sign-out using the app. The Brightwheel app provides the program staff and families the opportunity to have daily two-way communication about the children's events, toileting and diapering, feeding situations, center activities, developmental milestones, well-being or child's dispositions throughout the day. When in-person communication is unlikely, then email or phone conversations can be used as substitutes as well as the daily messaging.

Specialists/Therapists

Teachers will obtain written consent from families/parents before sharing information about a child with other relevant providers, agencies, or other programs.

The program provides therapeutic interventions with programs associated with Oklahoma State University campus programs. Warm Water Therapy, Speech and Language Therapy work with children that show a need for services. A determination of action will be made upon the referral(s) given by the classroom teacher or families. After a referral has been documented by the director, specialists are then contacted within the program. The Child Development Lab will work with the on-campus resources (Warm Water Therapy, Speech and Language Therapist), and also the private (Occupational, Physical, and Music) therapist to conduct specialized screenings.

Information from specialist, classroom teachers, and families will be gathered and analyzed to determine adequate services. In addition, an Individualized Care Plan will be developed and will include the child's interests and needs, developmental progress and learning of child, adaptations/modifications of teaching practices, and documentation of communication with families.

The following list is offered to families as a beginning contact/information and is not limited to those discussed. Each agency provides information regarding one or more of the following areas, disabilities, special needs, behavior challenges, or family therapy. The program staff will assist and support families in contacting other agencies for educational purposes or transitions, align mutual desired outcomes, and provide communication with

other agencies. SPS provides services for children who live within the SPS district. Payne County Health Department and the following agencies provide a sliding scale fee determined by a family's income.

- **Stillwater Public Schools**, 314 S. Lewis St, Stillwater, OK 74074, 405-533-6300
Families in need of their child being screened for general learning challenges that live within SPS district and are three years to 18 years of age may contact Stillwater Public Schools.
 - As the parent/guardian/surrogate parent of a child or youth who is receiving or may be eligible for special education services, you have certain rights according to State and Federal laws. If you have questions about these rights and procedural safeguards, please contact your local educational agency (LEA)/public agency, or Special Education Services (SES) of the Oklahoma State Department of Education (OSDE). These rights and procedural safeguards are in accordance with Title 34 of the Code of Federal Regulations for implementation of the Individuals with Disabilities Education Act (IDEA) and the IDEA Amendments of 1997 and 2004.
- **Payne County Health Department, 1321 W. 7th Street, Stillwater, OK 74074, 405-624-0726.**
 - **SoonerStart** is Oklahoma's early intervention program designed to meet the needs of infants and toddlers with disabilities and developmental delays. The program is a joint effort of the Oklahoma Departments of Education, Health, Human Services, Mental Health Services, the Commission on Children and Youth, and the Oklahoma Health Care Authority.
 - **Child Guidance** promotes optimal development, healthy behavior, and effective interactions in families with children. The Child Guidance Clinic in Payne County offers educational, diagnostic, and treatment services related to development, behavior, speech, language, and hearing for children.
 - **WIC** (Women, Infants, and Children) program gives our children the best possible start in life. This is done by providing nutrition education, breast-feeding support, healthy foods, and health care referrals during the critical stages of fetal and childhood development. It is a nutrition education and supplement program for pregnant, and postpartum women, infants, and children up to five years of age provided they meet the income guidelines.
- **OSU Psychological Services Center**, 118 Psychology Building, Stillwater, OK 74078, 405-744-5975.
The PSC provides services to children, adolescents, and adults. Services are available to residents of Stillwater and the surrounding community, as well as to OSU students, faculty, and staff. The PSC offers a variety of psychological services.
- **OSU Speech-Language Clinics**, 042 Social Sciences & Humanities, Stillwater, OK 74078, 405-744-6021.
Comprehensive evaluations and treatment are provided for individuals with communication disorders or differences in articulation and phonology, voice, receptive and expressive language, resonance, aphasia, reading and writing, fluency (stuttering), accent modification, motor speech, swallowing/feeding, cognition, and Alternative Augmentative Communication (AAC).
- **OSU Center for Family Services**, 101 Nancy Randolph Davis West, Stillwater, OK 74078, 405-744-5058.
CFS provides family therapy, couples and marital therapy, individual therapy, premarital counseling, parenting classes, divorce adjustment counseling, remarriage and stepfamily counseling, screenings for depression, anxiety, ADHD, drug/alcohol abuse, parent-child interaction therapy, and filial therapy.
- **OSU International Students and Scholars**, 309 West Watkins Center, Stillwater, OK 74078, 405-744-5449.
Families in need of cultural and/or linguistic services in translating and/or communicating my contact.

Screen Time for Children

Television, digital video display (DVD), videos, video games, phones, computers, and smart board and/or interactive boards are considered media with a screen.

Such devices may be utilized under the following criteria:

- technology, electronics, and screen time are chosen with discretion and selectivity that are non-violent, non-vulgar- non-sexually explicit, culturally sensitive, and age appropriate according to child rating system.
- it is ensured that all sites (websites, email, instant messaging, and similar technology) are appropriate for child viewing.
- viewing time is designed throughout the day except during snack or mealtimes; special snacks may be provided during special educational events/activities.

- viewing time is only for children who are 2 years old and older and with limited time with direct teacher supervision or child-selected activity for older children.
- screen time is limited to thirty minutes or less during the day for each child or group with exceptions when electronics are used involving physical activity participation, used for homework purposes, e-readers or reading purposes, smart boards and tablets when used for hands-on learning activities, occasional special events such as educational viewing/movie and/or assistive or adaptive technology for children with delays/disabilities.

Teaching staff are prohibited from using technology/electronic media for personal use in the presence of children.

Outdoor Learning Environment

The Outdoor Learning Environment is an extension of the classroom. Outside play takes place each morning and afternoon unless the weather is determined to be detrimental to health and safety (i.e., quality air alerts, electrical storms, temperature above 100 degrees F, or wind chill below 0 degrees F). Parents are asked to dress their child appropriately for changing weather conditions. When outdoor opportunities are prohibited due to weather health or safety situations, similar activities will be carried out inside either in the classroom or other designated areas, emphasizing gross-motor development. Indoor and outdoor equipment for all activities are supervised at the same level and it meets the national safety standards.

Outdoor play areas will be designated for certain learning opportunities which are an extension for the curriculum. Designated areas and equipment/materials are age and developmentally appropriate and is located in clearly defined spaces with some semiprivate areas where children can play alone or with a friend. The main purpose of the outdoor curriculum is to accommodate the following, but not limited to:

- Develop and enhance gross motor skills/experiences such as running, climbing, balancing, riding, jumping, crawling, scooting, and swinging.
- Provide outdoor experiences with dramatic play, block building, manipulation of materials and to support art activities.
- Explore the natural environment, including a variety of natural and manufactured surfaces, and to explore natural materials such as nonpoisonous plants, shrubs, trees, insects, and the surrounding environments.

Teaching staff check to see if children need sunscreen, insect repellent, or special clothing to protect them from the elements when going outside. Some parents may prefer that their children wear hats or scarves in the Outdoor Learning Environment to keep sand out of their child's hair.

Families are encouraged to bring appropriate clothing items and necessary lotions and/or sprays for their child to wear throughout the day. Although, it is the teachers' responsibility to protect children from cold, heat, sun injury, and insect-borne disease by making sure that:

- Children wear clothing that is dry and layered for warmth in cold weather.
- Children have opportunity to play in shade.
- When in the sun, children wear sun protective clothing, or a skin protection product is applied. Skin protection will be a non-aerosol sunscreen or sunblock with UVB and UVA protection of SPF 30 or higher with written parental permission.
- When public health authorities recommend and when written parental permission is given to use insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used and applied to children older than two months and used no more than once a day.

Children's Clothing

Families must maintain a complete change of clean clothing (including underwear, socks, pants, and shirt) and an extra pair of shoes (flip-flops are prohibited) in their child's locker at all times. It is important for children to have a complete change of clean clothes in the event of an accident (toileting, food-related, or curriculum-related). Children may be upset about soiled clothing and, in such cases; it is more comfortable for children to change into their own clothing. All clothing must be marked with the child's name or initials. Clothing should be exchanged to accommodate children's growth and seasonal weather changes.

During the course of each day, children are involved in active exploration and play. Many kinds of materials and equipment are available. Children are expected to wear clothing that is appropriate for active play. Although program teaching staff does their best to protect a child's clothing, the program does not guarantee the condition of a child's clothing and accessories after a day of play. Smocks are provided for painting, water play, and similar activities; however, smocks do not always prevent accidental stains on clothing.

Hats, gloves or mittens, and coats should be available to children during the fall and winter seasons. On cold days, children need to have long pants or other covering for their legs. Children are encouraged to wear clothing that is dry and layered for warmth in cold weather. On wet days, it is helpful to have waterproof shoes/boots for outdoor play.

Toileting and Diapering

Preschool II through PreK-K classrooms have a toileting area that is closely supervised. Preschool I Classroom (toddler's room) contains a changing table area, no toilets. Toddlers who are in the process of toilet training will be escorted to the Preschool II or PreK-K Classrooms.

In the younger classroom, toileting facilities are open to allow for close monitoring by teachers. Natural curiosity and questions about gender differences are responded to, openly teaching children respect for their own bodies and those of others. Child-sized stall heights in older children's classroom allow for adult supervision while respecting children's privacy.

Parents are asked to dress their children in clothing the child can manage independently. Children are reminded to follow proper hygiene rules such as flushing the toilets and washing their hands with soap. Smaller sized sinks and lower toilets help the children feel competent and to master toileting. The program has automatic shut-off valves on the faucets at the sinks, installed to reduce the spread of infection. Therefore, a child may fail to turn off the water at manual faucets until he or she learns the difference.

Teachers are aware of which children are being toilet trained and which children need reminders to use the bathroom or need help in the bathroom. Learning about the toilet is an important developmental step for young children. Teachers are attentive and calm when helping children in the bathroom. Teachers assure children that accidents are a normal part of learning and assist them in cleaning and changing clothes when necessary. Older children may be able to do most of this for themselves. Both the teacher's and child's hands should be washed thoroughly after an accident. OKDHS regulations restrict the program from cleaning any soiled articles of clothing belonging to the child, and so any soiled articles are placed in a sealed plastic bag in the child's bin and sent home.

Disposable diapers are required for children who are not toilet trained. Cloth diapers are prohibited at the Child Development Laboratory due to health and safety issues, unless for medical reasons. Diapers are checked and/or changed every hour, when children awaken, and/or immediately when a child's behavior suggest a wet or soiled diaper. Parents who change their child's diapers at the program are asked to follow the required sanitation procedures posted in the diaper changing area.

Before beginning to toilet train a child, teachers ask parents to meet and plan together for a successful new step in a child's development. Expect a child to engage in toilet play before he or she is ready to toilet train. Children like to imitate other things and toileting is another area they will explore. Toilet training comes when a child is ready to take responsibility for eliminating in the toilet and handling his or her own clothing. This is generally around two-and-a-half to three years of age but differs among children.

Toileting is encouraged with regular use and short periods of time, not to exceed 10 minutes at one time. The environment is relaxed and pressure free. Teaching staff responds immediately when a child request toileting assistance. All children are encouraged to participate when they are ready. Toileting accidents are handled with acceptance and positive reassurance without embarrassment, punishment, or disapproval for the toileting accident.

Naptime

All children enrolled in the program are expected to rest for a minimum of 30-minutes on their assigned cot. Children may bring a small pillow, blanket, and soft sleep toy such as a doll or stuffed animal to sleep/rest with on their cot (cot sheets are provided by the program). Children who do not sleep are able to play at centers designated by the classroom teachers after the required 30-minute rest period. Children are taught to play quietly to not disturb their classmates who are still sleeping.

Families/parents are requested to retrieve all sleeping items brought from home on Fridays (or other designated day due to holidays or breaks) to wash/sanitize and bring back on the returning day.

Fieldtrips

The classroom staff plans field trips to supplement and extend the curriculum. The program implements and follows OKDHS Transportation/Fieldtrip Requirements, Oklahoma Statute 47 O.S. Section 11-1112. The classroom staff is responsible for ensuring that all forms of transportation meet state requirements. In addition, tobacco use is prohibited at all times when on a fieldtrip or transporting children.

Most field trips occur on foot, staying on or near the OSU campus. The campus is rich with learning opportunities for children to explore. Teaching staff-child ratio will be maintained at all times during field trips and transportation of children from one location to another.

During walks or fieldtrips, a map or route is left at the office with the following information as well: a plan of supervision is maintained at all times, at least one adult teaching personnel is within each group, boundaries are identified to the children when applicable, and all children are identifiable with wrist bands, badges, nametags, or other items.

Children arriving after departure of the event will either remain at the program with other program employees or arrangements may be made for the child to join the class at a designed location. Snacks and lunch will be prepared by the kitchen following required nutritional standards and sent with the class.

Occasionally, the children may use the OSU Bus for off campus or far campus trips. Announcement of major field trips are made 48 hours in advance and posted in the classroom, giving parents trip details (date, time, destination, and purpose). Parents are invited to accompany the group.

Field trip consent forms are signed by parents at enrollment and placed in the child's file and will be maintained for 12 months. Further written consent for a field trip is not required. Should a parent not want his or her child to participate in a particular field trip, the teacher or director should be notified, and an attempt will be made for other arrangements while the class is on the trip.

A first-aid kit and each child's emergency information and consent forms are taken on all field trips. Teachers carry cell phones and post a map of their traveling route in their classrooms, including a plan for handling emergencies while on the trip.

Sometimes unexpected opportunities for the children to experience new things occur in the Child Development Laboratory campus neighborhood. When these opportunities come up during the day and involve a short walk of a few blocks, teaching staff may take advantage of them.

Another kind of field trip experience may be set up as a regularly scheduled event, such as a walk to Theta Pond every other Thursday so children can observe and record the changes that occur throughout the year. The teachers inform the parents if they design such a schedule. Should a parent not want their child to participate in these impromptu learning opportunities, they should speak to the director and have instructions documented in their child's file. In this case, the teaching staff would provide alternative arrangements for the child while the class is on the trip.

Food, Drinks, and Candy from Home

The program requests that food, drinks, and candy are not brought to school. Children should complete snacks or meals before entering the classroom. The program provides nutritious snacks in the mornings and afternoons, and a nutritious lunch. This menu provides the children with energy they need to get through the school day.

Celebrations

Children's cultural heritage and celebrations are important parts of their personal-social development. Fostering respect for cultural diversity is an important goal. Emphasis is always placed on respecting individual differences and beliefs. Families are encouraged to share their cultural heritage with others in the program. Activities related to traditional U.S. holidays such as Halloween, Thanksgiving, Christmas, Valentine's Day, and July 4th are low-key, age appropriate, and avoids specific religious beliefs. Plans are discussed with parents to ensure that celebrations are sensitive to cultural diversity. Any parent wishing to share their cultural celebrations is asked to contact their child's teacher or the administrative office. Equally, parents may ask that their child not participate in these activities.

Any foods brought in for parties must be purchased from a facility with a commercial kitchen. Home-made snacks are prohibited by OKDHS regulations. If a family wishes to share a cultural cooking activity with the children, they must arrange with the classroom teacher for the program to prepare the dish at the program.

Birthdays

Parents who wish to celebrate their child's birthday at school are welcome, but not required, to provide a special snack for the children in their child's program. All snacks brought into the program must be purchased from a facility with a commercial kitchen. Home-made snacks are prohibited by OKDHS regulations. Families/parents are asked to notify the classroom teacher at least one week in advance if they plan to provide a birthday snack. Birthdays are important to children and every effort is made to make the day special but not overwhelming to children. Teachers assist in simple observances such as singing "Happy Birthday" and passing out snacks to friends. Muffins or other lower sugar items are recommended. Balloons are not permitted, as they may be dangerous. Families are asked not to distribute goodie bags or party favors at school.

If a child's family does not observe birthdays, please let the teacher know so an alternate activity can be planned for that child.

Party invitations may not be distributed at school unless all children in the child's classroom are invited. Selected invitations should be delivered outside of school hours.

Classroom Pets or Visiting Animals

Animals offer exciting additions to the curriculum. The classrooms may have small caged animals which are kept clean and healthy according to OKDHS regulations. Animals should only be brought to the center after permission has been granted from the classroom teachers and the director. There are certain regulations that must be followed when animals are brought to the program. Families will be notified of animal visitation or a change in the presence of any animals.

Documentation is required from a veterinarian or an animal shelter to show full immunization of the animal, animals must appear to be in good health, and animals must be free of fleas, ticks, and worms before entering the classroom. Cats and dogs 4 months of age and older must provide certification displaying that a current rabies vaccination has been administered from a licensed veterinarian. A negative Psittacosis test result from a licensed veterinarian for each bird of the parrot family must be available/presented as well, such as cockatoos, cockatiels, parakeets, and lovebirds.

Animals showing signs of disease or infestation, unusual behavior or showing symptoms of distress are isolated until examined and approved to return to the facility by a licensed veterinarian. Animals are restricted from the kitchen and food storage areas, food surfaces, and children's resting surfaces. Animal waste is inaccessible to all children and is disposed of on a daily event and before children play outside. Sinks used for food preparation,

obtaining drinking water, or hand washing are not used for disposing of fish tank water or cleaning animal feeding and watering containers and habitats.

Inaccessible animals on-site include the following: ferrets, spiders, tarantulas, fish, amphibians such as frogs, tadpoles, newts, and salamanders, reptiles, non-venomous lizards and snakes, turtles, terrapins, and tortoises, hermit crabs, and baby poultry, such as chicks, ducklings, and goslings. (Inaccessible means that children are unable to make direct contact with the animal. Teaching staff ensure that children avoid all contact with animal's habitats, feeding, and watering containers and supplies.)

Staff members and teachers will closely supervise all interactions between children and animal visitation and instruct children on safe behavior when in close proximity to animals. Teaching staff will supervise the contact close enough to remove the animal or children immediately if necessary when signs of distress is recognized or children show signs of unacceptable treatment towards the animal. All children are discouraged from sharing any hand-to-mouth activities, such as eating, drinking, and using a pacifier with animals. Teaching staff and children will follow hand washing requirements after all animal contact.

Staff members will also make sure that children within the classroom have no allergic reaction/symptoms to animals. Special visitation of prohibited and inaccessible animals must have visiting animal handlers are present at all times, are restricted from classrooms where children eat and drink, the animal remain in their habitat for observation surveillance only, and any injury is reported immediately.

Families will be notified immediately if a child is bitten by an animal of any type. If the skin is broken appropriate first aid procedures need to be followed. OKDHS must be contacted by the next business day any time an animal bite occurs, whether the skin is broken or not.

Insects may be brought into the classroom if they are contained in an insect cage, plastic insect keeper, or plastic jar with a lid. If plastic jars are used there should be small air holes in the jar's lid.

Insects or other small creatures in glass containers are prohibited. Reptiles of any type are not allowed as classroom pets because of the risk for salmonella infection.

Toys from Home

The program requests that no toys from home be brought to school. Bringing toys from home can be an overwhelming problem for both children and teachers in the classroom. Toys from home are usually not as durable as the toys in the program and may be easily broken. The program is not responsible for toys that are brought from home.

Security items are very important to a child and teaching staff support their use, especially during transition times. Security items often include blankets, stuffed animals, and pacifiers. These transitional items or self-comforting items are respected by the teaching staff. Families should clearly label their child's items. As children adjust to the program and their need for a security item lessens, teachers put these items in a child's cubby where it is accessible as needed. Teaching staff does not force a child to separate from a security item, but helps a child find new ways to be comforted and feel safe.

The best items to bring from home are found "treasures." The teaching staff is always eager for a child to share these with the class. Shells from the beach, wildflowers, snails, bugs, seeds, bird nests, magazine pictures, interesting bottles or containers, old jewelry, small broken appliances to dismantle, and many more things are valued by the children and the teachers. Children often like to share things from their house. The interest to bring a toy from home can be redirected from toys to these "treasures."

ASSESSMENTS

Assessment Philosophy

Assessment should be embedded in the practices of an early childhood program and should be conducted in partnership with parents and families. An authentic assessment is one that gathers data from natural observations

and interactions with the child in familiar settings and with familiar adults. Assessment done at the program strives to be authentic while maintaining its validity and reliability.

The program selects assessment instruments and methods that best achieve the purposes of its assessment practices, using criteria for analyzing assessment data that are standardized or agreed upon by the field in conjunction with OAS and OELG. Assessment data is understood to be only one source of knowledge about the child. Multiple sources are gathered and analyzed along with assessment data to determine a child's level/ability or need.

Parents are recognized as the expert on their child's growth and development and given respect for their right to make decisions about their child's education and care. Parents are given information about the data gathered in assessment practices. Teachers work closely with parents in achieving the best assessment method(s) that meet each individual child's needs. Assessment is on-going and is used to monitor children's progress and to inform practice. There are clear linkages between assessment and curriculum and program development.

Administration of Assessments

Teachers will obtain written consent from families/parents before sharing information about a child with other relevant providers, agencies, or other programs.

Individuals administering assessments will obtain and maintain appropriate training for collecting/gathering data on individual children. Teachers will obtain information from the assessments which identify children's development and learning areas, which included but not limited to, cognitive skills, language, social-emotional development, approaches to learning, health, and physical development, and self-help skills. The director will be responsible in approving and checking set credentials and/or requirements for in-house and outside agencies administering instruments within the program. Results/reports will only be shared with parents and pre-determined individuals for research projects.

The following screening instruments and evaluation methods are used by the Child Development Laboratory for each child, unless other resources are identified as significant measures and/or suggestions. Each instrument is interpreted by the Child Development Laboratory teachers and results are shared with parents and used to plan authentic instruction for learning opportunities that promotes each individualized child's growth and development. These interpretations are used to guide curriculum planning, teaching approaches, personal interactions, and monitor progress throughout the year for the children, teachers, and overall program; which includes, but not limited to, formal assessments, observations, checklists, rating scales, and individualized assessments.

ASQ edition 3 and ASQ-SE edition 2 (NEW assessment tool for the CDL)

- Questionnaires yield functional and educationally relevant developmental information that is used to develop individualized plans and intervention content, emphasis on IFSP and IEP outcomes.
- Results make the formulation of goals/outcomes and objectives/benchmarks and intervention activities straightforward and accurate.
- Provides materials that permit and encourage the active input and participation of family members in the assessment, goal development, intervention, and evaluation process for their children.
- Supports placement of children in inclusive environments and fosters collaboration among teachers, specialists, family members and other caregivers.
- Establishes an inventory of the types of stimulation and activities available to children in their homes.
- Provides a picture of children's previous experiences upon which a teacher can plan new learning activities.
- Provides parents with feedback about the strengths their home provides for their child's growth and development.
- Identifies areas for parent education and support for their child's growth and development.
- Provides an opportunity to build linkages for a parent/teacher partnership.
- Teacher/parents interview during the teacher's visit to the child's home when the child first enrolls in the program, initiates the parent/teacher partnership.

- Allows teachers the ability to gain information about the way families define their own race, religion, home language, culture and family structure.
- Home and Center based testing that determines a child's present level of functioning, developing meaningful Individualized Family Service Plan or Individualized Educational
- Plan goals/objectives, planning intervention and evaluating a child's performance over time on an individual basis through task-oriented observations and interactions.

Oklahoma Academic Standards for Pre-K/K and Oklahoma Early Learning Guidelines

- Copies of these learning goals are located online at the State Board of Education's web site (documents for 2- and 3-year-olds can be obtained from the teacher).
- The teachers monitor a child's acquisition of these learning goals with a checklist system, rating each item by one of the following criteria: Not introduced; introduced; emerging; mastered.
- Data is collected informally while observing children engaged in activities; if a child does not demonstrate a behavior in an informal setting, a teacher may set up an assessment activity in a quiet area of the room; more formal assessment is not done in blocks of time that exceed 10 to 15 minutes, or stops when a child loses interest.
- Data collected from these checklists' guides curriculum planning.
- The results are shared in parent conferences twice a year and/or by a written report every nine weeks in the Pre-Kindergarten and Kindergarten.
- Checklists and copies of reports are saved in the child's file.
- Suggestions of activities parents can do to help extend their child's learning are provided at conferences and with the reports.

Individual Child Portfolios

- Evidence of developmental progress and learning is gathered over time and organized in a folder.
- Includes samples of children's work, photos, dictations, drawings, writings, as well as anecdotal notes of teacher, student teacher, and parent observations.
- Documents and anecdotal notes are gathered informally throughout the day and then sorted, by the teacher, to select typical samples of work to save in the folder.
- Analysis of the data is done by teachers and parents.
- Curriculum and developmental goal checklists, and the portfolio data are used by parents and teachers to set goals for each child.
- Portfolios are saved from year to year and passed to the next teacher.
- Parents receive the portfolio when their child leaves the program. The portfolio can be a good tool to tell the next school about a child.
- Items to be documented in children's portfolios:
 - **Social/Emotional**
child's use of language to communicate wants and solve problems,
child's separating from and reuniting with parents, and
the nature of the child's relationships with other children and adults.
 - **Language**
documented samples of the child's language in written and /or recorded form and
child's ability to follow directions within the classroom.
 - **Cognitive**
sorting, classification, and pattern recognition skills, development of number concept, and
understanding of the written word and use of books.
 - **Gross Motor**
description of how child moves in space.
 - **Fine Motor**
a sample of the child's drawing and/or writing.
 - **Reasoning**
how does the child make sense of the world (intellectual concepts)?
how does the child approach learning, and what interests the child?

Formal and informal assessment methods will be sensitive to and take into consideration family cultures, experiences, children's abilities and disabilities, and home language; making sure that assessments are meaningful and accurate; and are administered in settings familiar to the children.

Assessment Timeline

- ASQ and ASQ-SE will be shared with families within the first three to six weeks of the beginning of each school year. The staff provides instruction about the ASQ-3 and ASQ-SE, answers questions or concerns, and discusses the assessment philosophy and protocol to families. The Family Questionnaire is completed by the parents and returned to the classroom teacher. Ages and Stages along with Social and Emotional Questionnaire sections are administered by the classroom teacher at designed times; results are shared and reviewed with parents during parent/teacher conferences. Information gathered from the ASQ and ASQ-SR informs teachers about curriculum objectives, parent education and support programs. The data is used in planning for the approaching year.
- ASQ and ASQ-SR are reviewed three times throughout the school year (August to May) or more frequently if needed. The initial Questionnaire is completed within the first three months of enrollment or beginning of the school year. The results are shared with parents and review dates and changes are documented within the Family Report sections. Families/parents and teachers review the results each quarter during the parent/teacher conferences. Additional intervention and/or resources are documented and followed up with the director and appropriate specialist.
- Checklists are monitored continually as teachers assess and plan for learning. Verbal or written summary reports are given to parents throughout the year, as well as every nine weeks.
- Portfolios are on-going assessment tools and regularly used in planning. They are shared twice a year in parent conferences and available to parents and children to review at other times.
- In April, assessment activities and instruments are evaluated by families/parents, specialist, teaching staff, and administration of the program through surveys and/or research information.

Storage of Assessment Information

Assessment documents, summary results, checklist, and portfolios are kept by the teacher in the child's file in a locked cabinet in the teacher's office. Enrollment forms and specialized records are kept in the Administrative Associate's office in a locked cabinet. Anecdotal notes and other data kept about the children are locked in the teacher's office files. The original, signed copy of the parent/teacher conference report is kept in the classroom teacher's office. Report cards are completed every nine weeks for the PreK/K children and distributed to parents. One copy is put in the child's file in the teacher's office.

Evaluating the Effectiveness of the Assessment Program

Once a year, the staff meets to examine the effectiveness of assessment activities in meeting the purposes of the program and adjust as needed. A parent questionnaire is distributed to determine parent satisfaction with the screening and assessment instruments (ASQ, checklists, and portfolios).

The effectiveness of the ASQ is evaluated by determining the proportion of children correctly identified as having intervention needs. The assessment checklists and portfolio collections are reviewed annually to ensure that they align with curriculum goals and provide information that is useful for program planning and improvement. This information is presented to the Human Development and Family Science Department, Oklahoma State Department of Education, Parent-Teacher Organization and other stakeholders.

Parent-Teacher Conferences

Parents are provided opportunity to attend four conferences throughout the school year. The teaching staff provides parents an interactive conference (October), one student-led conference (December), and two formal conferences (March and May). Written summary reports are given to parents during the 2nd, 3rd, and 4th quarters. Documentation is kept within each child's file throughout the program. Before the conference, parents are invited to prepare by completing a questionnaire and observing their child's classroom.

Families, teachers, and specialist (if applicable) meet to review the assessment data and discuss each child's progress and accomplishments in the various areas of the program. The families, teachers and specialist

collaborate to review progress, address difficulties, set new goals for progression, and evaluate the effectiveness of the program in meeting each child's needs. Experiences from within the classroom and from home will be recognized to determine a child's accomplishments and for setting goals for further progress. The teachers and specialist (if applicable) will work to achieve a consensus with families about the progress, assessments, and educational goals and plan for each child. Parents or teachers may request additional conferences if needed.

Documentation of all parent/teacher conferences includes a summary of the discussion, goals set for the child, and/or recommended action plans. Parents and teachers sign the documentation and parents are provided with a copy. Written documentation is provided for the families/parents at least three times a year with quarterly conferences. This documentation is kept in the child's file located in the teacher's file. Intern teachers should be included in family/parent conferences, if parents agree.

Family Education and Rights Privacy Act (FERPA)

The program will ask for written permission from the parent in order to release any information from a child's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR& 99.31):

- School officials with legitimate educational interest.
- Other schools to which a student is transferring.
- Specified officials for audit or evaluation purposes.
- Organizations conducting certain studies for or on behalf of the school.
- Accrediting organizations.
- To comply with a judicial order or lawfully issued subpoena.
- Appropriate officials in cases of health and safety-emergencies.
- State and local authorities, within a juvenile justice system pursuant to specific state law.

Parents have the right to access their children's educational records. Requests to review the records should be made through the administrative office.

Suspected violations of confidentiality should be reported promptly to the director.

NUTRITION

The program employs a food service supervisor who prepares nutritional lunches and morning and afternoon snacks. All snacks, meals, and drinks follow the OKDHS required Child and Adult Care Food Program (CACFP) guidelines. The food service is checked annually from the State Department of Health.

The menu is created to include a variety of foods and to meet one-third of a child's daily nutritional requirements.

When children require a specific diet, either for medical, religious, or cultural reasons, parents should discuss the dietary needs/restrictions with the director and the classroom teachers. A plan to ensure that a child's nutritional needs are being met will be discussed. Depending upon parent's request, instructions from a doctor may be required. If the program is unable to provide an adequate substitution for prescribed diets, parents are asked to provide additional foods their child can eat. Food service operations, special feeding needs/substitutes, and procedures used for food from home are observed for the reporting as well. Food items or substitutions brought from home are regularly checked to make sure it meets the USDA's CACFP food guidelines. Food from the program will be prepared if needed to supplement food brought from home if necessary.

The program will provide a daily feeding record for all toddlers/twos and children with disabilities who live with special feeding needs. The record will document the type and quantity of food a child consumes and provides families with daily written and verbal information. In addition, all foods and beverages brought from home are labeled with the child's name and date and follow the food guidelines and regular food services. Program staff will make sure steps are taken to ensure that food requiring refrigeration stays cold until served and heated food is served at correct temperature.

Meals are served in a family style atmosphere. Several children and at least one adult share meals and snacks together at a table and engage in conversation. As they are ready, children help themselves to seconds and pour their own drinks. Teaching staff who sit and eat with the children during snack and lunch, encourage children to engage in conversation, develop appropriate table manners, and display calm and collective interaction with others. Children are encouraged to try new or unique foods without being forced to eat or being punished for refusing to eat.

The following is a non-inclusive list of foods that will not be offered to children younger than four years: whole or sliced round hot dogs, whole grapes, popcorn, raw peas, chunks of carrot, hard traditional or stick pretzels, spoonful of peanut butter, or meat whole meats that are unable to be swallowed. It is the kitchen's responsibility for cutting any food items deemed necessary for children to chew and swallow safely. Then it will be the classroom teachers' responsibility to cut any item necessary, if not suitable. All pieces not larger than ¼ inch for infants/ones and ½ inch square for toddlers/twos or those requiring special chewing difficulties, according to children's' chewing and swallowing capability.

One-year-olds and younger are not feed the following foods: candies, gum, marshmallows, raw carrots, raw peas, celery, whole grapes, nuts, seeds, popcorn, rice cakes, and chips. Substitutions will be used instead of these items, such as cooked carrots or peas instead of raw carrots and peas.

Children are restricted from the kitchen unless a special planned activity is scheduled by classroom staff. Supervised staff must be with children at all times during such events.

HEALTH AND SAFETY

Hand Washing

Hand washing is the most important means of limiting the spread of diseases.

Everyone is required to wash their hands at these times with soap and warm running water:

- When arriving for the day.
- Before and After:
 - Meals, snacks, and drinks preparing or serving food, handling, or preparing raw food that requires cooking such as meat, eggs, poultry
 - feeding a child
 - administering medicine
 - playing in water activities used by two or more people
 - moving from one group to another that involves contact with infants and toddlers/twos
- After:
 - diapering
 - using the toilet or helping a child use the toilet
 - handling body fluids (mucus, blood, vomit) from noses, mouths, eyes, or open sores
 - handling any raw food that requires cooking (eggs, meat, poultry)
 - after playing in water shared by two or more people
 - handling pets and other animals or any material such as sand, dirt, or surfaces that might be contaminated by an animal
 - playing outdoors
 - handling garbage or cleaning up items or areas
 - wash hands thoroughly after removing gloves when handling blood or body fluids that might contain blood
- Hand washing how to-procedures are posted as required by OKDHS in the kitchen sink area, classroom sink areas for children and staff, and diapering areas:
 - use warm running water
 - wet hands and wrists
 - use a thumb-nail size dab of liquid soap

- rubbing and working soap vigorously into a lather and washing hands between fingers, back and inside of hands up to wrists, and under fingernails for at least 20 seconds or two verses of "Row, Row, Row, Your Boat," making sure that all jewelry area is cleaned under and around the item.
- rinsing all areas well
- dry hands thoroughly using a clean paper towel
- avoid touching faucet by using paper towel to turn off faucet
- if in the bathroom, open bathroom door with paper towel and throw paper towel in trash receptacle

Cleaning and Sanitizing

Procedures for daily mixing of disinfectants into spray bottles are posted in each classroom. This solution will be used on tables, toys and other play surfaces. The solution is also used for diaper changing and bathroom areas. Tables are cleaned before all meals and toilet seats are cleaned throughout the day, especially if children are toilet training. Toys that cannot be submerged in water are sprayed with the disinfected solution. In addition to this, teachers follow daily cleaning/sanitizing/disinfecting guidelines provided by the OKDHS.

In addition, OSU Facilities Management Custodial-GCA Service Group cleans, disinfects, and sanitizes all surfaces each day according to the Cleaning and Sanitation Frequency Table in TORCH. Ventilation, cleaning, disinfecting, and sanitation are used throughout the facility to control odors rather than sprays, chemical air fresheners, or deodorizers.

Child Medical Information

At enrollment, parents are asked to submit a doctor's statement and provide the program with information about special health needs of a child. Only that information necessary for a child's care is shared with teaching staff and student teachers who need to know. Information about allergies, diet restrictions, or special health care needs is shared with individuals who care for that child. By regulation, some information may be posted in the classroom so all adults who care for a child will be informed.

Known food and life-threatening allergies will be posted with the child's full name, location of life-threatening medications, and expose of potential occurrence for children present in each classroom. Location of posted items must protect confidentiality of each child or individual.

Children who have chronic health conditions or special developmental needs may need additional assistance. Families are asked to provide the program with written medical instructions from their health care provider for handling such conditions as asthma, orthopedic or sensory problems, seizures, and serious known allergies. Physicians or health care providers' directions/instructions will be adhered to without any exceptions. Conditions that require regular medication or technology support will need to complete the appropriate forms required by OKDHS. The program works with families to ensure that a child receives the necessary protection and care.

Staff will identify and follow regular medical policies and procedures for illnesses, injuries, and poison exposures when off-site. The director will be contacted/notified immediately along other medical emergency procedures/steps being implemented and/or observed.

Oral Health

The program provides one meal and two snacks in the course of a curriculum day. The program does not offer tooth brushing or gum cleaning as a designated activity. It is acceptable if children choose to independently practice oral hygiene. Therefore, oral hygiene practices are to be implemented in the child's home.

Illness

The program follows requirements of the OKDHS Good Health Handbook when determining and reporting illnesses, poison exposure, signs of infestation, or physical injuries. All staff and children with the following signs or symptoms of an illness are excluded from participating in the program as long as the signs or symptoms exist.

- a fever of 100 degrees or higher (auxiliary), a child's temperature is taken when a staff member has a concern about a child, appropriate digital thermometers will be utilized, such as ear or forehead devices-a rectally temperature is never taken.

- vomiting (two or more times in a 24-hour period)
- diarrhea (runny or watery stools with increased frequency of loose stools)
- undiagnosed body rash
- sore throat with fever
- conjunctivitis with discharge from the eye, or pink eye
- yellowish skin or eyes
- severe coughing resulting in the individual becoming red or blue in the face, or making a high-pitched whooping sound after coughing
- asthmatic distress uncontrolled by current medication
- If the director or teacher judges that an individual's symptoms interfere with her/his ability to fully participate in the program or pose a potential health risk to other people, then that individual is excluded from participation until the signs/symptoms improve.

Children are not allowed to attend if any of the above symptoms are obvious upon arrival. If these or other symptoms develop during the day and/or unable to participate comfortably in activities, children will be separated from the group/well children and kept comfortable, within the director's office or other designated area, until a family member can arrive. The director's office or other designated area will be equipped with a cot or mat along with a blanket for an ill child until a family member or designated person arrives to retrieve the child within one hour.

Families are notified immediately when a child shows any signs or symptoms that requires separation or exclusion from the program. Parents, or those designated as persons to be contacted in case parents cannot be reached, must come to get ill children as soon as possible (within one hour) to minimize the spread of disease and to maximize the comfort of the child. Since the program does not have facilities to care for ill children, families must make alternative arrangements when a child is ill.

Families of the program are notified of communicable diseases, infestation exposure, illnesses, other health related illnesses, or injuries while maintaining confidentiality of the infected child or individual, through notification of emails, posted notices on doorways, and family communication/child mailboxes.

The Oklahoma State Department of Health will be notified of known cases of individuals who are associated with the Child Development Laboratory:

Promptly:

- Haemophilus influenza invasive diseases
- Hepatitis A
- Measles
- Meningococcal invasive disease
- COVID-19

Next Business Day:

- E. Coli O157:H7 or Shigatoxin producing E. Coli (STEC).
- Rubella
- Salmonellosis
- Shigellosis
- Tuberculosis
- Whooping Cough (pertussis).

Outbreak of Contagious Illness or Disease

In the event of an outbreak of a contagious illness as defined by the Centers for Disease Control and Prevention, the program will follow the guidelines set forth by the OKDHS and the NAEYC. All parents will be contacted immediately following exposure to a contagious illness with a posting on classroom doors and an email from designated personnel.

In the event of an epidemic, the director will notify the OSU Environmental Health and Safety and the OSU Student Health Services for guidance. The program will open upon clearance from appropriate authorized personnel from OSU and local authorities.

Administering Medications

Medications will be administered to a child in the program only with the written instructions, date, and signature of the parent(s) of the child are on file. Medication permission forms are available in the office for prescription and Over the Counter (OTC) medications.

The program reserves the right to contact a child's physician or pharmacist for clarification of instructions. Certain medical treatments, such as feeding tubes, may require that staff be trained by a licensed health professional. It is the parents' responsibility to arrange for staff member(s) to be trained by their child's health care provider for any necessary medical treatment.

Prescription or Over the Counter Medications

Prescription medications must be in their original container bearing the pharmacy label which shows the prescription number, date filled, physician's name, child's first and last name, the name of medication, strength of the medications, directions/instructions for administering and storing, and expiration date.

Non-prescription medications such as OTC cold and allergy remedies or pain and fever reducing medicine may be administered by the staff if these medications are part of a prescribed therapeutic treatment, or written instructions from the child's parent or guardian, which corresponds with the physician's instructions for administering the medication.

ALL medications must be supplied by the parent in the original container with a visible expiration date. Parents must sign a written permission form before any and all medications are administered. Medications must be labeled with the child's full name and the date they were brought to the program. Signed Medication Permission forms must be on file in the office in order for the staff to administer any medications.

The individual administering medication will process through the 5 steps of administering medication, document dose immediately, and include their full name designating the distribution of an item on the permission form. Oral medication will be administered with only accurate measuring devices designed for medication. All medications are kept in a locked container in the office or other designated cool storage area inaccessible to children and clearly labeled medication.

Families will be notified immediately when a life-threatening condition medication that is only administered as needed; such as for seizures or allergic reactions. Emergency procedures will be set in place and followed immediately as well.

Diaper cream is considered a medication, whereas lotions, sunscreen, insect repellents and lip balm are not considered as medication, but all items must have a written non-prescription permission slip. These items must be kept in a secure area with documentation each time the item is administered/applied. Families must be informed if non-prescription items are administered throughout the day.

A Payne County Health Department nurse may be contacted for special instructions/directions/training in administering medications. The program will adhere to Payne County Health Department policies in administering any and all medications.

ALL medications will be returned to families at the end of each day, permission of period for medication, when medication expires, or when a child withdraws from the program. Families are responsible for disposing of their child's medication. Items with expired dates will be returned to the families to be disposed of as well. Expired medication should never be given/administered to children.

Sun Block

The program encourages the use of sun block with UVB and UVA protection of SPF of 30+ to protect children from the harmful rays of the sun. Parents are asked to apply a sun block in the morning when dressing their child. Teaching staff applies sun block in the afternoon after naptime with written permission. A child friendly SPF30 non-aerosol sun block must be supplied by parents and can only be applied with written parent permission provided on the First Aid and Non-Prescription Authorization enrollment form.

Insect Repellents

Child friendly insect repellents are applied only once a day by the teaching staff if parental permission has been given on the First Aid and Non-Prescription Authorization enrollment form. Families are asked to apply insect repellent in the morning when dressing their child if applicable. Teaching staff applies repellent in the afternoon, if the local health authorities recommend the use of insect repellents with a DEET formula to protect against West Nile Virus, then families are notified. The application will only be applied to children older than two months old and only once a day.

Accidents, Emergencies and First Aid

The program's information and emergency numbers will be located by all classroom and receptionist phones for easy access when a need arises. Emergency information/contact for each child is copied and placed within each classroom First Aid kit/backpack for evacuation, illness, or fieldtrip events.

Parent authorization is kept on file and giving permission to the program to access x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician, dentist, or hospital licensed by the State of Oklahoma that may be rendered to said minor while attending the program. Every attempt is made so that the child's physician is notified of such emergencies.

Children will be transported by Stillwater Ambulance Service Net Life to Stillwater Medical Center and/or by parent. A child's Emergency Information Card and staff member will accompany the child until he/she receives medical attention. Emergency Information Cards identifies the child's parent and emergency contact, physician, insurance card information, special instructions or individual emergency care plans for injury or illness, allergies, health concerns, child health report, and a copy of parent's insurance card.

All employees are trained and maintain a current certification in Adult and Pediatric First Aid and CPR. At least one staff member certified in Pediatric First Aid and CPR will be present in the classroom at all times, which includes on-site, off-site, and in each vehicle during transportation.

In the event a child receives a minor injury at school, the first aid authorization form is on file, the classroom teacher gives first aid to the child. Student teachers are not allowed to administer first aid or CPR. An accident report is completed and given to the parents. This report includes information about the incident such as child's full name, age, injury date, time, type, and location of incident, personnel present at the time of injury, specifics about the injury, and the first aid procedures used.

In the event of a serious accident and/or injury and exposure to poison occurs, parents are notified immediately and necessary measures, such as CPR, contact with the child's physician, or transportation to the Stillwater Medical center, are secured. An accident report is completed and given to the parents. This report includes information about the incident such as child's full name, age, injury date, time, type, and location of incident, personnel present at the time of injury, specifics about the injury, and the first aid procedures used.

If a child is transported for medical services, evaluated by a physician, exposed to poison, or bite by an animal in which the skin is broken, OKDHS will be contacted immediately.

The program provides secondary medical insurance coverage for injuries that occur while the child is under the program's supervision. The program's insurance covers some of the amount not covered by the families' insurance carrier up to a maximum of \$35,000.

Parents work, cell, and home phone numbers, as well as an emergency contact person’s phone number are on file in the classrooms, field trip and emergency backpacks, and administrative office.

During an emergency and/or injury, classroom teachers evaluate and address the situation immediately. Uninvolved students are moved from the scene to a calmer location. Teachers may discuss the injury and any appropriate information/detail with students. Parents are encouraged to contact the teachers for further information and/or reassurance if needed because a child brings up the situation at home. If necessary, further discussions within the classroom may take place.

All staff wear vinyl gloves for any injury involving blood or bodily fluids. A container of liquid absorbent pellets is kept in all classrooms and used on spills of bodily fluids such as blood or vomit. An injury report is completed for each accident.

First Aid Kits/Emergency Supplies

Employees have access to fully equipped first aid kits within the classroom and taken to the outside play areas, fieldtrips, and on outings away from the site.

Program first aid kits are stocked according to Oklahoma Child Care Licensing requirements, and suggested supplies from OSU Environmental Health and Safety. Each classroom has a first aid kit in the classroom backpack as well as first aid supplies in the cabinet above the sink. Classroom backpacks also contain copies of emergency information for the children and these backpacks travel with the class whenever outside the classroom. The after-school program can utilize the office first aid kit as needed. The administrative office has a first aid kit in the emergency backpack, and there is a first aid kit in the evacuation room. The administrative associate is responsible for replenishing first aid supplies as necessary, checking expired items, and maintaining sanitizing and re-usable supplies as needed.

Injury

If a child becomes injured, the staff are expected to respond quickly and calmly, assessing the situation in order to provide appropriate care. Staff should seek help from other adults so someone can specifically tend to an injured child. Immediately call 911 if a child has stopped breathing or has difficulty breathing.

Incident/Accident Reports

The OKDHS requires that an Incident/Accident Report be filled out when an injury or poison exposure occurs to a child. If there is any kind of mark (red, teeth marks, bruise, scratch, etc.), blood is visible, or the child continues to complain, a report must be filled out, no matter how minor the injury. If a child is exposed to poison families should be contacted immediately and a report must be filled out. No other child's name should be mentioned on the report.

An additional report may be filled out when a parent needs to be notified of the behavior of a child such as biting, seriously hurting others, unusual behavior, etc.

If a child was hurt or bitten by another child, do not use that child's name, instead write "another child." A copy is given to the parents and a copy is placed in the child's file.

Incident/Accident Report

Child's name		Date of birth
Teacher in charge of child	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Date of Incident
Place of incident		
Parent's name/daytime phone #	Date notified	Time notified <input type="checkbox"/> am <input type="checkbox"/> pm

Child's Doctor		Dr.'s Phone #	Dr. Notified Y N Time <input type="checkbox"/> am <input type="checkbox"/> pm
Doctor's Instructions (if required)			
1 st Aid Provided <input type="checkbox"/> yes <input type="checkbox"/> no	What was done?		Referred to Dr. or Hospital? <input type="checkbox"/> yes <input type="checkbox"/> no
EMS called? <input type="checkbox"/> yes <input type="checkbox"/> no Time Called Arrived	Poison Control Called? <input type="checkbox"/> yes <input type="checkbox"/> no Time Called	Licensing notified? (if required) <input type="checkbox"/> yes <input type="checkbox"/> no Date/Time Person's Name	
What was the injury or risk to the child?			
Describe what happened			
List witnesses		What could be done to prevent this from occurring again?	
Group size	Child/staff ratio		

I verify that the above information is a true and accurate account of the incident/injury that occurred concerning this child.

Teacher's signature _____ Date _____

I verify that I received information concerning this incident/injury and a copy of this report.

Parent signature _____ Date _____

Child Abuse

Child abuse in any form is not tolerated. Employees are never to use physical punishment such as shaking or hitting to engage in psychological abuse or coercion or use threats, derogatory remarks or withhold food as a form of discipline. All forms of abuse must be reported immediately to the director.

Teaching staff is prohibited from hitting, slapping, spanking, shaking, assertively grasping a child by the arm-leg-hair-head, placing a child assertively into a chair or onto the floor, yelling at, ridiculing, or subjecting a child to physical or psychological punishment in an attempt to maintain order in the classroom

Teaching staff is forbidden to use food as a discipline tool or remove a child's right to play outdoors for a behavior that occurred indoors. Families are prohibited from using, or threatening to use, physical or psychological punishment or profanity toward children or staff while on the premises.

No one, including parents or teachers, can abuse a child physically or mentally while at the premises. The program is required by Oklahoma and federal law to report any suspected evidence of physical, mental, or sexual abuse or child neglect to the Oklahoma Department of Human Services Child Welfare. OKDHS will determine if a situation warrants investigation.

Employees are required to report any suspicion or reason to suspect child abuse to the director. Verification is not required. OKDHS and federal law requires that suspicions be reported in good faith. Protecting a child from an

abusive adult, even if it is another staff member who gets stressed and reacts harshly to the children, it is the responsibility of all staff. Physical punishment of children in a childcare or early education setting is considered child abuse by Child Care Licensing and must be reported.

In accordance with Section 1-2-101 of Title 10A of the Oklahoma Statutes, any person who has reason to believe a child has been abused or neglected is required to report the matter promptly to OKDHS. It is a misdemeanor for any person who fails to report.

A person making a report in good faith is immune from civil or criminal liability. The name of the reporter is kept confidential. A report should be made when there is reasonable cause to believe that a child has been abused or neglected or is in danger of being abused. A report of suspected abuse is a request for an investigation. Investigation of child abuse reports is the responsibility of Child Welfare workers and, when a crime may have been committed, law enforcement officials. (More information is located under Guidance and Discipline and NAEYC 1.B.09.)

Hearing Screenings

Hearing screening will be performed on children with parent's permission through the OSU Communication Sciences and Disorders/ Speech and Language Clinic. Any abnormal results will be sent to the parents.

Tobacco Free Campus

The OSU-Stillwater campus is tobacco free. No tobacco or tobacco-simulated products are allowed in or around the facilities and smoking is entirely prohibited. Smoking, e-cigarettes, or vaping is not permitted in the presence of children at any time. Posting of Tobacco Free Environment is posted at the entrance of Human Sciences West. Oklahoma State University Policy and Procedures 1-0530.

Weapons on Campus

No person is allowed to possess, display, or use firearms, weapons, ammunition, or fireworks on campus at any time. Oklahoma State University Policy and Procedures 1-1301.

Emergency preparedness

Fire drills, tornado drills, and intruder/lock-down drills are practiced monthly and at various times during the hours of operation. Each employee should be in attendance in each type of drill at least one time every three months. Drills will include dates and times of the drill with a signature of the director or personnel in charge during the drill. Teachers discuss these emergency procedures with children, so they are prepared and less likely to get upset.

A detailed plan is on file with the OSU Emergency Operations Center.

Cancellation and Early Release Notification

When OSU closes unexpectedly or an early release is necessary, notification will be sent via Brightwheel; the program's notification system. Notifications will also be sent via the OSU campus alert system.

PARENT COMMUNICATION AND INVOLVEMENT

The program values family involvement. Communication between families and the program is an essential element to a child's successful participation and development. Staff encourages families/parents to raise concerns and work collaboratively with them to find mutual satisfying solutions that the staff can incorporate into the classroom practices.

The Home Visit allows newly enrolled children to meet their teachers in their own environment, thus assisting children with the transition into the program. In the comfort of their own home, children can get to know the teachers and show them the things that are important to them in their family life. Another benefit of a home visit

is to give teachers and parents an opportunity to learn from each other. Teachers can answer parents' questions about the school day and parents can inform teachers about their child's routines and experiences.

Parents are invited to an Open House before the start of the school year in August. During the Open House parents meet the director, teachers, and staff. Children and families have an opportunity to explore the classroom environment together at the Open House, familiarizing both the children and families with the anticipated routine of the day.

The program provides opportunities for families to meet with one another on a formal and informal basis to work together on projects to support the program and learn from and provide support to each other through events such as, monthly Parent Teacher Organization Meetings, OSU Homecoming Parade, Open House, Parent-Teacher Conferences, Annual Thanksgiving Celebration, Parent Night Events, End of the Year Picnic, and daily conversation contacts. Family schedules and availability are considered when events are planned.

The Parent-Teacher Organization (PTO) was established to assist the collaboration between families and the program staff, which provides families the opportunity to be active participants with governing or advising the program leaders. Families are encouraged to fill leadership roles within the PTO. Leadership positions include, but not limited to, co-president, vice president, secretary, treasurer, and committee chairs. The PTO conducts monthly meetings so staff and families can meet to identify program planning, events, and ongoing program operations/improvements.

Parents are invited to evaluate the program through an annual survey requesting feedback on the program's work. Sometimes this survey is in conjunction with accreditation review. Parent evaluation and feedback is important to the continual improvement of the program.

Families are welcome any time at the program. Families may visit any area of the facility at any time during the program's regular hours of operation as specified by the procedures of the facility. Parents and families are welcomed to observe their child from the observation booth, or they may visit in the classroom. Families/parents may spend several minutes doing an activity with their child in the classroom at the beginning of the day. Families/parents are invited to attend classroom parties, go on field trips, and/or share books, expertise, or interests with the children.

The program asks all parents to follow the example the teachers set in how to interact with the children in the classroom. These include following the children's lead in play, responding to their interests, focusing on the children, following the rules, and handling conflicts that arise between children. Families/parents are asked to let teachers help children resolve conflicts. Families/parents whose behaviors in the classroom are disrupting the class or threatening the children are asked to leave.

LAB STUDENTS

The program provides a setting for OSU students in Human Development and Family Science, especially ECE majors, to learn about children's growth and development, and about appropriate and effective educational practices. ECE lab students have course requirements to participate in the program classrooms with children under the supervision of the program teachers and the ECE faculty. Students working inside the lab must undergo an Oklahoma State Bureau of Investigation criminal background checks and reviews, required by the state of Oklahoma for all adults working with children in early education and care settings.

The purpose of the program is to provide a place for students and faculty to study children's development, effective teaching, and caregiving practices. All employees are expected to model appropriate interactions with young children. Program teachers provide guidance to lab students as needed. Program staff is expected to follow appropriate guidelines when sharing confidential information about children and their families with interns and/or lab students. Discussion about children must be done privately, maintaining confidentiality, without other children or parents in the area who might overhear what is being said.

Children enrolled in the program are observed from the observation booth or classroom by other students and faculty of OSU. These individuals must obtain permission from the director to observe. Their reason to observe must be related to a course requirement or a research project. Observers do not have direct contact with children. Most observations are made by students who are learning about developmental differences. Inside the observation booths, observers have access to a photograph of each child identified with first name and date of birth only.

Observers and lab students are asked to sign a statement that they understand that the information they gather about children is confidential and can only be shared in the context of the academic course that assigned the observation or participation task, or the research project in which they are engaged. Permission of parents to allow observation of their child/children while participating in the program classrooms is a condition of enrollment. If parents have any questions they should speak with the director.

Courses that Utilize the Child Development Laboratory

- **Foundations HDFS 2223:** Involves 40 hours in the classroom practicing assessment, observation, and child interaction.
- **Infant/Toddler HDFS 2243:** Currently using the program, to practice observation, assessment, and interaction of young children from birth to three.
- **Creative Expression HDFS 2233:** Students plan and implement early childhood performing and visual art lessons.
- **Guidance HDFS 3233:** Students use the program observation booths to study group time, strengths, and changes in children and curriculum, as well as walk around to observe environment.
- **Math/Science HDFS 3223:** Students plan an inquiry lesson, develop sensory table use, assess and observe number sense, conservation, and other Piagetian concepts.
- **Social Studies/Social Development HDFS 3103:** Students observe social development and practice comparison of ages and stages.
- **Infant Child Development HDFS 3413:** Students spend several sessions observing the children in the program from the observation booths.

The teaching staff is responsible for modeling developmentally appropriate teaching practices, sharing ideas, giving feedback, and evaluating ECE students who are placed in the classrooms. Information, guidelines, forms, handbook, etc. are provided by the ECE faculty to explain what is expected of students and the responsibilities of the teaching staff.

RESPONSIBILITY FOR EARLY CHILDHOOD EDUCATION ADVOCACY

The teaching staff is responsible for continuously strengthening their leadership skills, positions, and relationships with each other and working to improve the conditions of faculty, staff, students, children and families within the program at the local community, state or regional levels, and beyond. Staff members, including teaching staff, participate in informal or formal ways in local, state, regional, or state public awareness activities; committees, presentations, and public-awareness activities related to early care and early childhood education by joining groups, supporting improvements, attending meetings, or sharing information with others within and outside the program.

Program staff is supported and given the opportunity to participate in agencies on a regular basis to form relationships and communication about local, state, or national level occurrences. The program staff represents the program within the agencies as well as collecting others perspectives, gathering information about interest and needs, and acknowledging changes within policies and procedures at the local, state, tribal, or national levels effecting children, families, and the program.

It is the director's responsibility to provide regular communication among agencies and organizations about the program's interest and needs, as well as giving the staff opportunity to participate in community and statewide councils, boards, or services. The staff will collaborate with local, state, national, and tribal entities to stay abreast about the developing and changing policies that affect the services and resources available for children and families. Several sources for this information are: OKDHS, Payne County Health Department, State Department of Education, and OSU Professional Education Unit and College of Education.

The staff will participate in joint and collaborative training activities or events with neighboring early childhood programs and other community service agencies, such as Oklahoma Education for Classroom Teacher Association, NAEYC Conferences, OKDHS Conferences, Smart Start, and public schools. In addition, families/parents will be notified of such events and encouraged to participate and support improvements, trainings, or advocacy projects.

The teaching staff will use their experiences and knowledge for early childhood advocacy to better understand the cultural backgrounds of the children, families, surrounding communities, and program staff; which allows teaching staff to work with families/parents in supporting community involvement, improvement, or advocacy projects. Program staff is required to attend or participate in community cultural events, concerts, literacy activities, or other performances designed or participated by the program's children and/or families.

RESEARCH

The Cleo L. Craig Child Development Laboratory at Oklahoma State University is actively involved with OSU faculty, staff and students in research endeavors relating to child development. The child development research includes, but is not limited to, the study of children and their families in the areas of curriculum development, effective instructional practices, and assessment and screening. The program is available for OSU research endeavors, as well as research conducted by external agencies.

The research component of the program is exercised with minimal interference or disruptions to the children's educational program. Staff, parents, and legal guardians are receptive to and supportive of research efforts. In an effort to balance the needs of researchers with the needs of the children, and to ensure the privacy of the children, families, and teachers enrolled in the program, the following goals and guidelines have been established.

Program Goals for Research

The Child Development Laboratory will ensure that research activities are safe and compatible for children, families, faculty, and staff.

- The program will provide opportunities to OSU personnel and other agencies to observe and study the development of children.
- The program will provide a setting for OSU personnel and external agencies to conduct unobtrusive observation and collection of data on children's growth and development.
- The program will provide access for research at OSU that requires settings of individual children and/or varied groupings.
- The program will provide a setting for the study of optimal ways of assisting children's development in a preschool environment.

Research Facilities

The Child Development Laboratory has observation booths equipped with one-way mirrors that permit unobtrusive observation of children in classrooms. A sound system permits collection of audible data from classrooms. Adjacent teachers' offices will be made available for individual testing purposes. Should these areas not be optimal for collecting data, the director will work with the researchers to obtain a more suitable environment.

Research Monitored by the Director

All approved research will be monitored by the director. The director will oversee the direction and manner that approved projects will be implemented. Ethical principles and required guidelines/regulations will be of the highest consideration when dealing with children, parents, students, faculty, and staff.

COMMUNITY RESOURCES

The program staff will assist families/parents in locating, contacting, and using community resources that support children's and families' well-being and development.

The teaching staff will use their knowledge and understanding of the community and families it serves as integral parts of the curriculum and children's learning experiences, opportunities and events. Program staff will develop connections with communities that offer teachers urban, suburban, rural, or tribal cultural resources. In addition, the program will collaborate with other community organizations and groups to cosponsor or participate in cultural events which enhance the events and experiences of children, families, staff, and program.

Program staff will notify families about community events held by local organizations and surrounding communities that would include exhibits, concerts, storytelling, and theater intended for children.

The teaching staff will include community resources that include, but not limited to invitations to individuals from the performing and visual arts community, traveling museum exhibits, local artist, and community residents to share their interest and talents with the staff, children, and families.

The program has established linkages with other early education program and local elementary schools to help families prepare for and manage their children's transitions between programs, including special education programs. Staff members provide information to families that can assist them in communicating with other programs and help with transitions to other programs or schools with basic general information on enrollment procedures and practices, visiting opportunities and program options.

The following is a limited list of partnerships and professional relationships that have been established with the program from agencies, consultants and organizations in the community that further the program's capacity to meet the needs and interests of the children's families that we serve. Please see the director for more information.

- Stillwater Medical Physicians Building, 1815 W. 6th, Stillwater, OK, 405-743-7300: An outpatient clinic offering internal medicine, family practice, consulting physicians, urgent care, allergy and pain management, and on-site laboratory and radiology.
- United Way of Payne County, 109 E. 9th, Stillwater, OK, 405-377-2161: Focuses on the building blocks of education, financial stability and health to enhance the community.
- Stillwater Domestic Violence Services (Wings of Hope), 3800 N. Washington St, Stillwater, OK, 405-372-9922: Provides shelter, advocacy, counseling, support groups, legal assistance, parent education, batterer's intervention, prevention, and a children's center.
- OSU International Students and Scholars, 309 Wes Watkins Center, Stillwater, OK 74078, 405-744-5459: Assists the university and its international community in the appropriate application of federal regulations that affect this constituency and to facilitate the education and personal development of international students and scholars and to assist with culture exchange and enrichment at Oklahoma State University and the Stillwater community.