



Family Handbook

Child Development Center & Laboratory School

Revised June 2023

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This handbook is designed to acquaint all families with the ENMU Child Development Center and Laboratory School's current policies and procedures. The Child Development Center reserves the right, in its sole discretion, to revise these policies and procedures as needed. Families receive an electronic copy of the handbook during enrollment and are informed about an updated handbook available during contract renewals. Hard copies of the current handbook can be requested from the Director of the Child Development Center.

TABLE OF CONTENTS

WELCOME	1
MISSION STATEMENT	1
PHILOSOPHY AND GUIDING PRINCIPLES	1
CURRICULUM STATEMENT	3
OBSERVATION AND ASSESSMENT	4
PROGRAM INFORMATION	5
LOCATION AND HOURS OF OPERATION	5
SURVEILLANCE	5
ANNUAL CALENDAR	5
ACCREDITATION AND LICENSE INFORMATION	5
PROGRAM OFFERINGS	5
PROGRAM STAFF	6
STAFF ORIENTATION	6
DIRECTOR	7
THE LABORATORY FOR EARLY CHILDHOOD EDUCATION	7
RESEARCH	8
ADDITIONAL SCREENINGS AND SERVICES	8
MEALS AND SNACKS	9
NON-DISCRIMINATION STATEMENT	10
DAILY SCHEDULE	10
FAMILY INVOLVEMENT: HOME AND SCHOOL PARTNERSHIP	10
DEVELOPMENTAL DELAYS & SPECIAL NEEDS.....	11
OPEN DOOR POLICY	11
PARENT ORIENTATION	12
PARENT PARTICIPATION	12
APPROPRIATE DRESS	12
CELEBRATIONS AND SPECIAL OCCASSIONS	13
HOLIDAYS	13
SPECIAL OCCASSIONS	13
ACCIDENT INSURANCE	13
POLICIES AND PROCEDURES	13
ADMISSION AND ENROLLMENT PROCEDURES	13
WAITLIST APPLICATION	13
ENROLLMENT PACKET	14
ATTENDANCE	14
SUSPENSION, EXPULSION AND DISENROLLMENT	14
FEE PAYMENT PROCEDURES	15
PICK-UP TIME	16
NOTIFICATIONS OF ABSENCE	16
FEE CREDITS	16
FIELD TRIP POLICIES	17
PRESCHOOL WELLNESS POLICY	17-20
HEALTH POLICIES	20

HEALTH RECORDS	20
IMMUNIZATIONS	20
OVERDUE HEALTH SERVICES	20
MEDICAL DIRECTORIES	20
STAFF TRAINING	20
ILLNESS	21
OUTDOOR ACTIVITIES	22
APPROPRIATE OUTDOOR CLOTHING	22
SUN PROTECTION	22
INSECT REPELLENT	22
WATER BOTTLES	23
INCLEMENT WEATHER	23
RESTROOM PROCEDURES	23
DIAPERING	24
BITING	24
REST PERIOD	25
HAND-WASHING	25
CHILDREN'S MEDICATION	26
EMERGENCY MEDICATIONS	26
ALLERGIES/FOOD EXCEPTIONS	26
WATER PLAY	26
TOOTH BRUSHING	26
EMERGENCY PROCEDURES	26
MEDICAL AND DENTAL EMERGENCIES	27
SAFETY POLICIES	27
PERSONAL ITEMS	27
TRANSPORTATION AND PARKING	27
LIMITED ACCESS POLICY	27
SIGN-IN/SIGN-OUT	28
AUTHORIZED INDIVIDUALS	28
DISASTER PREPAREDNESS PLANS	28
SNOW DAYS AND SCHOOL CLOSURE	32
CONFIDENTIALITY POLICY	32
CHILD ABUSE/NEGLECT REPORTING PROCEDURE	32
GUIDANCE POLICY	32
SUPERVISION OF CHILDREN.....	35
ADDRESSING CHALLENGING BEHAVIORS.....	35
PARENT GRIEVANCE PROCEDURES.....	37
PERSONNEL ORGANIZATIONAL CHART	38
IMPORTANT TELEPHONE NUMBERS	39
DAILY CLASSROOM SCHEDULES	39

GENERAL INFORMATION

WELCOME

It is our pleasure to welcome you and your child to the ENMU Child Development Center and Laboratory School. The ENMU Child Development Center and Laboratory School is accredited by the National Association for the Education of Young Children and has received a Five Star licensure designation through New Mexico Early Childhood Education & Care Department (ECECD). As such, we aspire to help every child feel welcomed, connected, and a part of our CDC family. Additionally, we strive to help each child learn and grow at a pace that is appropriate to and meets the needs of each individual child. Thank you for the opportunity to be a part of you and your child's life. It is a privilege to be part of a community where parents, teachers, and children care for each other and strive to build positive relationships that support social and academic growth.

MISSION STATEMENT

The ENMU CDC serves two missions, one for the university and one for the families. As part of the university mission, the program provides a high quality training facility with the opportunity for observation and laboratory experiences for college students and provides a research facility for the study of child development. The mission for services to families is to provide an excellent early childhood education experience for young children based on current research considering children's unique intellectual, linguistic, creative, physical, and social/emotional developmental needs. The program seeks to support families in their roles and to encourage ongoing family involvement in the program

PHILOSOPHY AND GUIDING PRINCIPLES

The ENMU Child Development Center and Laboratory School operates on the beliefs that programs for young children should reflect careful consideration of what is involved in healthy growth and development. The emphasis is on providing an environment optimal for a child's present and future developmental needs and on helping each child develop to his/her highest potential. Such a focus maintains that all aspects of a child's development, intellectual, linguistic, creative, physical, and social/emotional are interrelated and must be considered in designing optimal programming.

We recognize that a child's education and development occurs in many contexts (home, school, the community, etc.), involves many kinds of educational agents and relationships (families, siblings, teachers, community, etc.), and can be accomplished through various instructional means and techniques. Our program for young children systematically explores all the possible varieties of contexts, partnerships, and people involved in early education and development.

We believe each child is an individual with unique gifts and abilities that are to be celebrated and nurtured. Each child's feelings and ideas are treated with consideration and respect. Each child is encouraged to learn through child-led meaningful interactions and relationships in the classroom community.

We value the development of self as integral to the overall development of the individual. Opportunities and activities are built around the child's interests. The teachers establish an environment, which is responsive to the needs, abilities, and interests of the children. The teacher develops activities, which fosters progression from the constructs in their immediate environment to higher levels of conceptualizing and complex thinking. Children are given the opportunity to learn about their environment through meaningful and play-orientated experiences that emphasize a multi-sensory approach.

We believe all individuals who interact with the child are involved in the learning process. The child's family and their respective cultures form the basis from which our understanding and support of the child emerges. Therefore, family involvement is an important part of the CDC programming. Our staff and students support partnerships and engage families as decision makers in the program on a regular basis.

The CDC program is implemented so the child and their family:

1. Are involved in a high-quality inclusive environment with equitable access to all services and supports.
2. Receives intellectual, affective, and sensory stimulation.
3. Are given opportunities to learn to think independently, solve problems, and gain information.
4. Are given opportunities to succeed and develop a positive self-concept.
5. Participate in an environment, which is responsive to his/her needs, interests, and developmental stage (physically, emotionally, socially and cognitively).
6. Has the opportunity to appreciate his/her own culture and language along with the cultures and languages of others.
7. Has many opportunities to interact on a positive, non-competitive basis with peers and adults.
8. Has an opportunity for development of foundational skills and knowledge in language arts, mathematics, social studies, science, fine arts and physical education.

Guiding Principles and Abiding Beliefs. The CDC follows the guiding principles established by the NAEYC Code of Ethical Values (2011) and the abiding beliefs established by NAEYC Principals of Child Development and Learning (2009) and adopted in the New Mexico Early Learning Guidelines when planning activities for young children.

These guiding principles are that we:

1. Appreciate childhood as a unique and valuable stage of the human life cycle.
2. Base our work on knowledge of how children develop and learn.

3. Appreciate and support the bond between the child and family.
4. Recognize that children are best understood and supported in the context of family, culture, community, and society.
5. Respect the dignity, worth, and uniqueness of each individual (child, family member, and colleague).
6. Respect diversity in children, families, and colleagues.
7. Recognize that children and adults achieve their full potential in the context of relationships that are based on trust and respect.

These abiding beliefs are:

1. All children are respected as competent and unique individuals.
2. Infants are born learning, and all children are capable of learning.
3. Development occurs in the context of relationships.
4. Young children are eager learners.
5. Each child develops at his or her own pace.
6. Learning is integrated across domains.
7. Learning experiences begin with family.
8. The context of family and community culture influences every aspect of development.
9. Valuing children's home language is vital to their development.
10. Young children learn by doing. Play and active learning are the best strategies to enhance young children's development.
11. The most reliable and informative assessment process is the observation and documentation of children's performance in activities and routines that take place throughout the day.
12. The information gained through authentic, observational assessment related to the New Mexico Early Learning Guidelines is used to inform families and plan individualized curriculum activities and strategies used to help each child grow and develop.

CURRICULUM STATEMENT

The ENMU Child Development Center and Laboratory School uses a developmentally appropriate curriculum. Planning is based upon providing a well-rounded curriculum that addresses all developmental domains and content areas relevant to the ages and needs of the children served. The curriculum is organized around topics shared and explored by children, families, staff, and laboratory/practicum students. Lesson plans are developed based upon teachers' and children's interests and knowledge, which are determined through daily interactions. Plans are posted in the classroom, and each classroom maintains a binder of the lesson plans that have been taught.

The CDC welcomes and encourages diversity in its programs and curriculum. When professional values and practices differ from family values and practices, teachers and families work together to help children successfully participate in the early childhood program. To do this, we learn more about their values and practices through the *Family Cultural Survey* that parents fill out as part of the admission practice as well as through talking with parents. We value the diversity of cultures and family traditions.

Furthermore, appreciation of diversity is immersed in our curriculum in daily planning, issues addressed, tolerance of others, class meetings, and involvement with families to share their culture. Dolls, books, posters, and food also provide the children with a multicultural, anti-bias perspective, but it is the daily discussions, activities, and experiences that make a program

diverse. Multicultural materials are incorporated when appropriate within the curriculum so it fits in naturally with what we are doing rather than standing out as “different.” The natural and timely inclusion of multicultural materials and activities provide children with a meaningful and realistic experience.

We encourage parents to enrich our program with their family’s experiences. Together, we can help our children to view their similarities and differences in positive ways, experiencing a community of diverse learners working and playing together.

OBSERVATION AND ASSESSMENT

The ENMU Child Development Center and Laboratory School utilizes the NM Early Learning Guidelines and the accompanying preschool portfolio collection forms to collect developmental information on children. These authentic assessment tools guide the documentation of each child’s individual growth and experience while in the center. The CDC staff document information in seven developmental areas: physical, literacy, numeracy, aesthetic creativity, scientific/conceptual understandings, self/family/community, and approaches to learning.

This information guides us to see each child’s performance in relation to age appropriate expectations for the child. In addition, we utilize the information about the growth, and development of individual children in concert with expectations of the families for program and curriculum improvement. Observations of each child will be collected regularly to document children’s learning and skills throughout the academic year.

During the observation collection cycle, the following can occur:

1. Observation of the child or group of children.
2. Writing down what the child does and/or says (also known as the anecdote), taking a photo and/or selecting a sample of the child’s work.
3. Combining the written observation with the collected photo or the child’s work sample.
4. Analysis of observations for lesson planning and inclusion in the child’s or classroom portfolio.

In addition, the staff may ask the families to collect information about their child and about their family to supplement the portfolio. This may include photographs from family trips or activities, a story about the family, or other information that families would like to share about their child and their family.

Teachers will share the portfolios with families in a formal or informal conference each semester. During this time, teachers will share the anecdotal observations and developmental milestones the child has reached. Teachers and families may discuss the areas where children show strength and the areas that may need to be addressed. The observations and work samples are compiled onto an electronic document so families will have direct access to that information.

The purpose of assessment is to ensure continued child growth and development and to intervene when teachers and families notice a possible delay in development. Therefore, these assessments are also used to inform the Director on planning program improvements. For example, teachers will receive targeted and specific professional development and our program will consult with ENMU teaching faculty on better curriculum approaches and improved instructional practices.

PROGRAM INFORMATION

The ENMU Child Development Center and Laboratory School (CDC) has a proud history of serving as a laboratory school since 1949. The original program enrolled 16 children, ages 2 - 6 years, and was open from 9 a.m. to 3 p.m. In 1972, the current CDC facility was constructed with the open classrooms and curriculum modeled after the Infants Schools in England. In August 2018, the CDC facility added a 2-year-old room to our programming. With the additional classroom, the CDC has an enrollment of 42 children, ages 2 - 5 years. We are excited to continue serving the community with high quality early care and education in a safe, warm, nurturing environment.

Location and Hours of Operation. The ENMU Child Development Center and Laboratory School is located at 1304 N. Ave N in Portales, New Mexico on the ENMU-Portales campus at the corner of U.S. Highway 70 and South Avenue N. Its mailing address is Station 25, 1500 S. Ave K, Portales, NM 88130. The CDC is open Monday through Friday from 7:45 a.m. to 5 p.m. and follows ENMU's academic calendar, with three terms: fall, spring, and June summer semester.

Surveillance. The ENMU Child Development Center and Laboratory School is monitored by staff at the ENMU Department of Public Safety using high resolution video cameras placed on the inside and outside of the facility. These cameras are viewed live by the ENMU Campus Police and authorized staff within the ENMU Department of Public Safety during business hours of 7:45 a.m. – 5:00 p.m. Additionally, the ENMU Campus Police participate in frequent patrols around the facility. This surveillance system has extended recording capability to pull footage and records continuously even when they are not monitored live during standard business hours.

Observed Holidays. The ENMU Child Development Center and Laboratory School is closed on the following five University holidays that occur during academic sessions:

- Labor Day
- Wednesday before Thanksgiving
- Thanksgiving Day
- Friday after Thanksgiving
- Fourth of July Holiday

Please see the CDC Annual Calendar for details specific to the current program year.

Accreditation and License Information. The ENMU Child Development Center and Laboratory School is accredited through the National Association for the Education of Young Children (NAEYC) and has a Five Star licensure designation through ECECD.

The CDC offers the following programs:

Program	Room	Ages	Group Size	Class Staff to Child Ratio
Lab 1: Program for 2-Year-Old Children	CDC 103	Two-years-old to begin the program	6 older toddlers	One adult for every four children (1:6)
Lab 2: Program for 3-Year-Old Children	CDC 105	Three-years-old to begin the program	16 preschoolers	One adult for every eight children (1:8)
Lab 3: Program for 4-Year-Old Children	CDC 105	Four-years-old to begin the program	20 older preschoolers	One adult for every ten children (1:10)

Anytime that Lab 2 and Lab 3 classrooms are combined, the CDC will follow the following class staff to child ratio: one adult for every eight children (1:8). Children enrolled in Lab 1 will remain in that classroom for at least 9 months, or until they turn the age of 3. They will move to Lab 2 when the child turns of age, and when the family and teacher believes the child is developmentally ready to transition up. A transition period will be planned between the teacher and family to ensure a positive introduction into Lab 2.

In order to maintain safety, the ENMU CDC always follows the recommended child-to-teacher ratio during all hours of operation: while in classrooms, other indoor settings, and while outdoors.

Program Staff. The CDC is staffed with a Director, Master Teacher, two Lead Teachers. The teachers have required training and degrees in early childhood education or related fields. Their roles include development of curriculum materials, planning and directing the daily program activities, working with children and families, and providing advocacy for children and families to be successful in the program and the broader community. All professional and support staff are accountable to families, children, and students who utilize the program. They strive to be professional in action, communication, and support.

ENMU college students are also involved in the program. These students are enrolled in program practicums or laboratory experiences for early childhood education or related courses. ENMU work-study students, student hire students, and graduate assistants provide additional support to the teachers by assisting with the children in the classrooms.

Staff Orientation. All new staff, including students and volunteers, receive an orientation and training before working with children. Initial orientation includes training of the following:

- program philosophy, curriculum, values, and goals
- scope of services, activities, and the program offered;
- health and wellness procedures, emergency first aid procedures, recognition of childhood illness, and indicators of child abuse;
- fire prevention measures, emergency evacuation plans, and disaster preparedness plans;

- review of licensing regulations
- child abuse and neglect reporting procedures
- review of guidance policy and additional program policies and procedures; including review of individual needs of children they will be caring for and daily activities and routines of the program
- family and staff handbooks; and
- tour of facility and introduction to other staff, parents, and children.

Additional training includes NAEYC Code of Ethics, NAEYC High-Quality Early Childhood Education Standards, and universal precautions.

Director of the CDC is Ms. Casey Fall-Guerra. Her office is located within the CDC, room 113. Her contact information is:

- Phone: 575-562-2805
- Email: casey.fall-guerra@enmu.edu

The Laboratory for Early Childhood Education

The ENMU Child Development Center and Laboratory School operates as a program within the Department of Educational Studies in the College of Education and Technology at Eastern New Mexico University. Faculty members in the Educational Studies department serve as coordinating and program personnel within the CDC laboratory. Other personnel include students in early childhood education courses, student workers, and students in other programs that prepare them to work with children, such as physical education, speech and language, etc.

The CDC laboratory is committed to:

1. Providing a variety of high quality services and supports to ensure all children and families have access to and can participate in opportunities that are both respectful of and responsive to their family experiences, culture, beliefs, abilities and circumstances.
2. Developing and conducting early childhood education programming based researched best practices in the field of early childhood education.
3. Implementing programs for training early childhood personnel at all levels;
4. Serving as a learning opportunity for ENMU students from many disciplines across campus to include Early Childhood Education, Family and Consumer Sciences, Psychology, Nursing, Health and Physical Education, Counseling, Communicative Disorders, Social Work and other programs that impact young children; and
5. Providing an observation area where students, faculty, families and others may observe the children (with approval) without disrupting normal classroom activities.
6. Serving as a site for relevant research related to working with or understanding young children. All research involving the children is developed in coordination

with faculty advisors, the ENMU Human Subjects Committee, the CDC Director, and the Department Chair.

Research

The following policies govern research involving the children:

- Only children with signed consent forms will participate in research projects. Families will be informed (through newsletters, memos, or meetings) of research projects. Only projects approved through the CDC staff and the ENMU Human Subjects Committee will be allowed.
- The child or children may not be taken out of the program for research participation and can only be removed from the classroom when the teacher feels it will not interfere with the educational program, or the child's welfare.
- If requested, investigators must be prepared to provide briefing sessions for the families or staff of the early childhood laboratory either before the study initiation or after study completion.
- A copy of the raw data, and the collection procedures, should be made available on request for storage in the CDC.
- After all approvals have been obtained, the investigators must win the child's cooperation with the research project. While the staff will assist an investigator to gain rapport with the children, no child may be taken from the classroom if he/she refuses to go.

ADDITIONAL SCREENINGS AND SERVICES

ENMU Communicative Disorders (CDIS) program provides a variety of clinical services to the CDC Lab. For example, speech/language and hearing screenings are conducted at the CDC by student clinicians as part of their clinical practicum experience. The two-part screening consists of a hearing test followed by an assessment for articulation and receptive/expressive language skills using a standardized screening tool. The screening results are shared with the CDC and the parents/guardians. If a CDC student is referred for further testing, arrangements can be made for a full evaluation to be conducted at the ENMU Speech and Hearing Clinic, which may result in a recommendation for speech/language therapy services. If intervention services are recommended, they can be provided by student clinicians at the CDC. All of these clinical services are provided under the direct supervision of a clinically certified CDIS faculty member at no cost.

In Collaboration with the Child Development Center, ENMRSH Early Childhood Services visits the CDC twice a year to perform ASQ Standardized Developmental Assessments. A permission slip is completed by each family upon enrollment and

reminders are sent out to families with a scheduled date and time of the assessment. We encourage families to participate either in-person or by completing an ASQ at home with their child. After the assessment is completed at school, families will be contacted by ENMRSH to review the results. Families are always encouraged to ask questions or raise concerns about the assessment methods and how it can help meet their child's needs. Families will be provided with written reports via USPS after each screening and a phone call will be made. Each practitioner with ENMRSH Early Childhood services has at minimum, a bachelor's degree in Early Childhood Education, or a related field, with numerous hours of additional training through their agency.

ENMU's Health and Physical Education department maintains an ongoing collaboration with the CDC Lab. Each semester a faculty member oversees students who employ norm-referenced assessment and facilitate a motor skills intervention two times per week. Physical activity and the related assessments are research based.

Under the direct supervision of CA faculty, ENMU's Culinary Arts students menu plan, order provisions, and prepare food items for the CDC meals and snacks according to the Child and Adult Care Food Program.

MEALS AND SNACKS

At the ENMU Child Development Center and Laboratory School, children are served a nutritional breakfast, lunch and afternoon snack, planned and prepared by the ENMU Culinary Arts program. The CDC participates in and follows the guidelines of the Child and Adult Care Food Program (CACFP) through the U.S. Department of Agriculture (The program is administered by the New Mexico Family Nutrition Bureau and is 100% federally funded. Through agreements with community-based, non-profit organizations and eligible for-profit organizations, the CACFP provides reimbursement to child care providers for nutritious meals and snacks. By participating in the CACFP, children are provided with healthy food each day, specifically, breakfast (consisting of food from the grain, fruit, and dairy food groups), lunch (consisting of foods from all food groups), and afternoon snack (consisting of food from two food groups). Menus are posted outside each classroom. Your child will be encouraged to sample all foods served but will never be forced to eat.

As participants in the CACFP, we require all families to complete an Income Eligibility Application for the CACFP. In addition, as a way to ensure the nutritional needs of all children enrolled in our program are being met according to the CACFP guidelines, meal tallies/counts are collected at the time of each meal through documentations of every child in attendance at that time as well as all adults who eat. The only way to monitor this is to have the children eat the food provided by the program. If for any reason your child cannot eat a certain food or has different dietary needs (e.g., vegetarian, vegan, lactose intolerant), please inform the ENMU Child Development Center and Laboratory School by indicating this on your Application for Entrance and also completing the Special Diet Prescription For Meals at Child Care Form. For food allergies/intolerance, the form must be signed by a medical professional indicating the allergy and the appropriate substitution. We may also need an action plan to be written for food allergies.

CACFP food regulations restrict food brought from home. Allergy or specific dietary needs necessitating modifications are discussed and planned by the family, the Director, the Food Program Director, and, when appropriate, the child's medical provider. If food exemptions are medically-necessary, documented and the ENMU Child Development Center and Laboratory School cannot make accommodations, the parent may be asked to provide a supplement/substitution. If a parent provides a supplement/substitution, foods must meet CACFP regulations: food must be in original, unopened packages with a food ingredient label.

As an important part of our curriculum, meals are learning experiences for children. Small groups come together to socially interact, which fosters self-help skills and good nutritional habits. Conversation is encouraged at meal times and snacks. One CDC staff member sits at each table with the children during meals to eat and engage them in conversation. The adults at the tables ensure health and safety of the children as well as encourage them to try new foods. Children are never forced to eat or finish all of their food. Meals are served family-style which allows children to learn important self-help skills as well as social skills when waiting for, asking for, and passing food to one another.

Parents/guardians are encouraged to join their children for meals or snack whenever possible. We do not allow parents to bring lunch from outside the ENMU Child Development Center and Laboratory School. We feel it is important for parents to be a role model for good eating habits by consuming the same food as the children. Lunch can be purchased at a nominal fee and a one week notice. If you prefer not to eat, you may still sit with your child to foster positive social skills.

NON-DISCRIMINATION STATEMENT

In accordance with the Federal law and USDA policy, the ENMU Child Development Center and Laboratory School is prohibited from discrimination based on race, color, national origin, age, disability, gender identity, religion, reprisal, or sex. Furthermore, Eastern New Mexico University is an affirmative action and equal opportunity employer and does not discriminate on the basis of race, color, age, religion, national origin, sexual orientation, gender identity, sex, marital status, disability, or status as a U.S. veteran in its programs, activities, or employment. Inquiries can be directed to the Affirmative Action Officer, Administration Building, 575.562.2218.

DAILY SCHEDULE

The ENMU Child Development and Laboratory School teachers implement daily activities planned to meet our program goals and objectives. Each classroom follows a developmentally appropriate daily schedule adjusted to meet the unique needs of the children served.

FAMILY INVOLVEMENT: HOME AND SCHOOL PARTNERSHIP

Parents are welcome and encouraged to visit the ENMU Child Development Center and Laboratory School at any time. A close family-school relationship is essential for the school to be fully responsive to the child and for the child to reap maximum benefits from the early care and educational experience. To assist in this, all children in the CDC are assigned a primary caregiver. This is the classroom teacher who has primary responsibility for the assessment of and planning for your child and also, the one responsible for primary communication with you, as a parent. Open and on-going

communication between teachers and parents is crucial to the care and education of a young child. Communication happens in many forms at the CDC as noted in the information below. All family information shared with the CDC, either written or verbal, is kept confidential and only shared with necessary CDC personnel, which includes the teaching staff working with your child and administration. Additionally, any information concerning your child, including observations, assessments, and work samplings, will not be shared with anyone outside of the CDC without your written permission. All confidential information is kept in child files located in the Director's office.

Developmental Delays & Special Needs. The ENMU multidisciplinary team of professionals and other area agencies work with teaching staff to identify children with potential areas of difficulty, to develop intervention techniques, and to offer program and/or clinical support. Children's learning is supported in their natural class environment.

When a teacher suspects a possible developmental delay or special need, the ENMU CDC provides the student and family with support. The Master Teacher and the Lead Teachers collaborate by documenting observations and by collecting any other assessment data such as developmental check-lists or ASQ Screenings. The included data should only address the area of concern with the goal of discovering an explanation. After the data is collected, the teachers and the Director will collaborate with the family. One way in which we do this is by discussing familial and cultural expectations and norms or behaviors experienced at home. Common intervention techniques to assist with a delay could be providing more one-on-one assistance or by offering an increased and varied exposure to the area of concern. If the concern of the delays is significant and the teachers, director, and the family feels a need for further intervention, the Director will assist the family with contacting MECA or ENMRSH, which are intervention services in our area, the Speech & Hearing Clinic on campus, an Early Childhood Education or SPED Faculty member on campus, or Child Find through the Public Education Department.

We believe that a child is successful only if the team of stakeholders are communicating and working together. Therefore, throughout the entire process, teachers, clinicians, and families will have open communication. This could be by phone, email, daily communication sheets, or case conferences. Each family will have a right to resources containing information about the diagnostic evaluations used on their child.

If a child has a significant need in which the ENMU CDC can not accommodate, the Director will assist the family with resources for a program that specializes in early childhood special education services.

Open Door Policy. The CDC encourages and extends an invitation to visit the CDC at any time. An observation booth is attached to the preschool classrooms. Appointments are not needed to observe from the booth, although you do need to sign-in upon arrival and departure. Families are always welcome to visit our children's library and check-out books and materials to use at home. We ask that they are signed out and returned within a reasonable time. It is important to understand that you are observing for a short period of time and may not fully understand the dynamics of the situation that you are observing (previous history, what

happened five minutes before you arrived, etc.). Feel free to talk with your child's teacher or administration if you have questions about your observation. No children are allowed in the booths for safety reasons.

Parent Orientation is held each fall. This is an opportunity for parents to learn more about the ENMU Child Development Center and Laboratory School and, in particular, about their child's classroom and staff. The teaching staff will explain their classroom, activities, schedules and etc. at this meeting. This is also a wonderful opportunity for parents to ask general questions about the CDC. If parents cannot attend this meeting, staff would be happy to set up an individual meeting to answer any questions you may have.

Parent Participation is eagerly welcomed in the program and enriches the experience for your child as well as his or her classmates while providing learning opportunities for teachers, students, and other parents. Grandparents and other significant adults in the child's life are also welcome to visit, observe, and participate in classroom activities. Your participation can take many forms. Some possible ways one could participate include:

- field trip supervision
- leading or assisting special projects in the classroom (carpentry, sewing, music, cooking, science experiments, cultural experiences, etc.)
- construction or collection of materials for classroom use such as paint aprons, raw materials for art projects, dress-up clothes, dramatic play props, carpentry materials, etc.
- attending, planning, or leading parent workshops
- eating lunch or snack with your child – please make arrangements one week in advance
- planning CDC events
- serving on the Advisory Group as a representative for your child's classroom

We ask that when you participate in our program, you refrain from providing guidance or discipline of any sort to the children (with the exception of your own child). The CDC staff members are responsible for the guidance of the children at all times. If you see a behavior that should be addressed by the staff members, please feel free to bring it to their attention.

Family Open Houses are planned by our early childhood lab students every fall and spring semester. This event takes place after hours and offers a time for all families and staff to come together for activities and food.

APPROPRIATE DRESS

Send your child to the ENMU Child Development Center and Laboratory School in comfortable play clothes and shoes. Play is usually active and often messy; comfortable, washable clothes are important if your child is to participate fully in the program. Outdoor play is scheduled every day as an integral part of our planned curriculum. We expect that you will send your child to school dressed for both indoor and outdoor activities. Additionally, the CDC recommends that children wear properly sized, closed-toed and closed-back shoes. The children run and climb when outdoors, and flip flops and sandals can be very dangerous on small children. In addition, we recommend that children do not wear long jewelry or earrings to school as they may get caught on clothing or equipment. Your child's safety is our main concern.

Please send your child in clothes that are easily manageable when toileting. All children occasionally get their clothes wet and have toileting accidents. Whenever this occurs, it is best to change the child's clothes into an "extra" set of clothing provided by the family. Your child's teacher will request that you bring a complete change of clothing, including underwear, to be

kept at school and replenished as needed. Please be sure that you clearly label all items of clothing.

The CDC has a limited amount of spare clothing that is used in the event of a child does not have extra clothing available when needed. If your child goes home in CDC labeled clothing, please launder and return the clothing within 48 hours to ensure we have adequate amounts of spare clothing on hand. If you would like to donate gently used clothes to add to our spare clothing box, please talk with the Director.

CELEBRATIONS AND SPECIAL OCCASSIONS

Holidays, birthdays, and other traditions are celebrated in many different ways throughout the world.

Holidays are an important part of every family. To respect the many different customs of families that attend the ENMU Child Development Center and Laboratory School, the CDC celebrates holidays in very general and nonspecific ways for a few days prior to the occasion. The emphasis is on sharing cultural traditions and concepts with children. Families are invited to participate in any of these activities as well as share their family's traditions. If you do not want your child exposed to these celebrations, please indicate on the Family Cultural Survey and notify the staff.

Special Occasions When celebrating birthdays, we ask that you do not bring in snacks or food of any sort. Rather, we celebrate birthdays by tying in the social-emotional components of celebration through friendship and appreciation of others. Typically, your child's teacher will help the students create a birthday book for the birthday child to take home. Within that book, there will be an individualized illustration with dictations describing what each child likes to do with the birthday child. These are perfect for memory boxes at home and teach the children to celebrate each other and their special day with thoughts and reflection of the birthday child and by hand-creating an individualized gift.

When planning your child's home birthday party, please consider inviting all of the children or none. If this is not possible, please mail invitations directly to children's homes to avoid sad or hurt feelings. Party invitations may only be distributed at school only when all children in your child's classroom are invited. The director, staff, and/or student workers are not responsible for planning or coordinating birthday parties for children within the center.

ACCIDENT INSURANCE. The ENMU Child Development Center and Laboratory School does carry an accident insurance policy with a deductible to pay for medical expenses resulting from accidents at school that are not covered by the family's primary insurance carrier.

POLICIES AND PROCEDURES

ADMISSION AND ENROLLMENT PROCEDURES

Enrollment is open to children in the community with the goal of having a well-rounded, diverse group of children that is representative of the population of Portales.

Waitlist Applications for enrollment are available on the ENMU Child Development Center and Laboratory School online community site, www.enmu.edu/cdc. Applications are taken throughout the year. Children's names are placed on the Waitlist once the completed Waitlist Application is received. Openings are filled based on a first come, first serve basis using the

application receipt date. The CDC staff believe that every child and family deserve equitable access to appropriate services and supports.

Enrollment Packet. The director will contact the family of each child when classroom space is available. For admission into the program, each family will need to complete the enrollment packet as well as provide a copy of their child's up-to-date immunization record and Health Assessment signed by your child's doctor. Due to the high number of children on our wait list and the lack of access to childcare in our area, we request that the Enrollment Packet is completed and returned within 2 weeks. If it is not returned and completed, you will lose that spot, and we will move on in our waitlist by offering that spot to another child.

Attendance. As a laboratory school, part of our mission is to provide students, researchers, and practitioners opportunities to observe and interact with children. In order to do this, all classroom spaces are set for full-time enrollment. We request regular attendance with children being dropped off between 7:45 and 9:00 a.m. and picked up by 5:00 p.m. Regular attendance benefits not only our instructional college program, but also the children. Due to the teaching mission of the ENMU Child Development Center and Laboratory School, chronic absences and tardy arrivals cause a significant disruption for our teachers and students. Occasional absences and tardy arrivals are to be expected from time to time. The CDC staff certainly understands that illness, family emergencies, religious holidays, doctor's appointments, weather-related issues, family vacations, and similar life events would and should prevent your child from attending on time or at all for a period of time. As situations are as unique as the families we work with, this is just a list of typical reasons that families would have absences or tardiness. If your family is facing extenuating circumstances, we encourage you to talk with the director.

Suspension and Seclusion. Our goal at the CDC is for all children to be successful. However, in unusual circumstances, it may be necessary to remove a child from a program for a day while plans can be made by the teacher, parents and administrator for the child's return to the classroom. In such circumstances, parents will be expected to remove the child immediately. The teachers and/or the director will contact the parents to schedule a conference to discuss the situation and to make plans for the child; the director, teacher and parents shall be present at this conference. Children and teachers need to feel physically and emotionally safe in all programs. Every effort will be made to ensure a healthy environment in each program. Classroom teachers are responsible for keeping the director informed about children experiencing challenging behaviors and events, the guidance strategies they are using with these children, and the ways they have informed and involved the respective parents in these situations.

Exclusion and Disenrollment. Physical and emotional safety for all children and adults is a fundamental assumption in our programs. The best interests of all involved will be considered when determining if a child will be removed from the program. In rare circumstances, the director reserves the right to terminate services to a child if the child is not finding success in our program or is a danger to himself/herself and/or other children, and only when all other possible interventions have been exhausted. There must also be an agreement that exclusion is the best interest of the child. We acknowledge and comply with federal and state civil rights laws and the goal of our policy is to limit or eliminate the use of suspension, expulsion, and other exclusionary measures. If exclusionary measures must be taken, the program offers assistance to the family in accessing services and an alternative placement. If the child is removed from the program at the request of Lab School staff, advance notice is not required.

Additionally, the CDC reserves the right to terminate services to a family due to misconduct on the part of a family member. Misconduct could include, but not limited to, any of the following concerns:

- Past due bill
- Any fraudulent, false or misleading information provided to the Center regarding child custody agreements, emergency contacts, or ECECD Tuition Assistance Contracts
- Violating any part of the policies described in the Family Handbook
- Failure to provide the required registration paperwork by the designated deadline including but not limited to a copy of your child's current immunizations determined by the Center for Disease Control (CDC) or providing an Immunization State Exemption, a signed Health Assessment, Allergy Action Plans, Tuition Bills, and all other paperwork signed and completed in the Enrollment Packet
- Non-compliance of confidentiality, arrival and departure routines, medical situations, special services, conferencing, schedules, or maintaining a positive disposition
- Refusal to comply with requests related to the CDC's ability to provide quality care and education for the child
- Unrealistic demands for a group care setting or demands that do not follow CDC curriculum and/or policies
- Any engagement by families/parents involving acts of intimidation (bullying), harassment or abusive behavior, assaults, 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 bodily harm, retaliation to staff, or when a stress-related situation develops/occurs due to actions of families/parents; whether verbal, written, or through any form of media.
- If a situation between divorced/separated parents or kinship care becomes administratively disruptive to the center

FEE PAYMENT PROCEDURES

The ENMU Child Development Center and Laboratory School utilizes ENMU's centralized billing system. Billing statements are provided to families at the beginning of each semester and must be turned into the CDC within 3 business days of receipt. All financial transactions are handled through the ENMU Student Accounts Office which is located in the Administration Building.

Payments for tuition may be submitted in one of the following ways:

1. Cashier's window in the Administration Building foyer;
2. Call the Cashier at 575.562.2619 or 575.562.2620;
3. Mail a check to: ENMU Cashier, Station 4, 1500 S Ave K, Portales, NM 88130; or
4. Payroll deduction (available to ENMU employees; ENMU ID required).

Pay your bill as soon as arranged with the ENMU Student Accounts Office to ensure your child's eligibility for continuous enrollment. Payments are due on the first business day of each month unless otherwise arranged. Accounts not paid by the due date will be subject to penalty per ENMU policy and/or termination of care.

For ENMU employees, the most efficient and preferred method of payment is to utilize Payroll Deduction. This can be set up with the business office. Non-ENMU families may pay in person, over the phone or by mail as previously described. Questions about tuition billing can be directed to ENMU Student Accounts Office, Administration Building 114.

Tuition Fee. Tuition for full-time ENMU students (undergraduate students must be enrolled in at least 12 hours; graduate students must be enrolled in at least 9 hours) is \$1,200 for each 16-

week semester, which is \$75.00 per week. Proof of enrollment is required for the rate. Tuition for individuals who are not full-time ENMU students is \$1,600 for each 16-week semester, which is \$100.00 per week.

Tuition for full-time ENMU students (undergraduate students must be enrolled in at least 12 hours; graduate students must be enrolled in at least 9 hours) is \$600 for each 8-week summer semester, which is \$75.00 per week. Proof of enrollment is required for the rate. Tuition for individuals who are not full-time ENMU students is \$800 for each 8-week summer semester, which is \$100.00 per week.

Children enrolled after the start date of the semester will receive a prorated fee based on the weekly rate for that semester. Additionally, fees will not be reduced for the days a child is absent or for holidays during the enrolled semester.

Child Care Assistance Program. The ENMU Child Development Center and Laboratory School accepts contracts with the New Mexico Child Care Services Bureau to cover all or part of a child's tuition for the program. However, the CDC does not accept part-time enrollment for our full day programs. For families with part-time contracts, if the CDC is reimbursed more than the lowest level on the sliding scale, then children are encouraged to attend full-time. However, for families whose contracts do not cover the lowest tuition amount, families may choose from the following two options: 1. Pay the difference between the contract and the lowest tuition amount so their child may attend full-time; or 2. Seek another placement for their child. In the event that a family has a contract with the New Mexico Child Care Services Bureau that is not renewed, it is the family's responsibility to notify the Director to sign a new tuition contract. If the New Mexico Child Care Services Bureau contract is not renewed and the family does not make appropriate arrangements with the Director, the family is responsible for paying tuition for the appropriate time. If a family receives child care assistance from the New Mexico Child Care Services Bureau for full-time care, they are only responsible for the co-payment determined by the New Mexico Child Care Services Bureau.

Pick-up Time. Our center is open from 7:45am-5:00pm. We expect families to arrive no later than 5:00 to pick-up in order for custodial staff to begin cleaning. In case of an urgent or emergency situation that delays you from picking up your child, notify the CDC Director immediately at (575) 562-2805. Respect for the staff's time is requested to ensure operating costs remain low. Continued disregard for the program hours of operation may result in disenrollment.

NOTIFICATIONS OF ABSENCE

If a child will be absent, we request families call their child's classroom by 9:00 to let us know that their child will not be attending on a particular day. This not only helps the teachers adjust practicum student assignments but also the kitchen staff to know how many servings to prepare at meals and snacks per our Child Adult Care Food Program (CACFP) regulations.

Furthermore, if a family has not informed the CDC of the reason that the child has been absent for three or more days, the CDC staff will contact the family to inquire about the absence so the health and welfare of the child and other children may be safeguarded.

FEE CREDITS

A two-week written notification of a family's intention to withdraw their child is required for children leaving the program. Once semester fees are paid, they are non-refundable unless a two-week written notice is given. Refunds of tuition will be processed only if parents notify the Director in writing two weeks before their intention to withdraw the child. Refunds will be

processed for tuition at the weekly rate assigned for each semester and will be based on the remaining weeks in the semester.

FIELD TRIP POLICIES

Although the children may go on occasional field trips, the number of field trips is limited so children are at the CDC when the practicum students are scheduled to be in the classrooms. When trips are scheduled, they contribute to the curriculum. In addition, parents will be informed and must give permission for their child to go. Because we have the benefit of being on a university campus, many times our field trips are “walking” field trips to places like the Miles Mineral Museum, KENW Broadcast Center, Blackwater Draw National Historic Museum, ect. Parents are always welcome to join the class on field trips.

PRESCHOOL WELLNESS POLICY

The ENMU Child Development Center and Laboratory School is excited to partner with the Department of Health’s Healthy Kid, Healthy Preschool program. The goal of this policy is to create the healthiest possible environment for the children in our care. It focuses on the following five areas of health: 1. Nutrition; 2. Physical activity; 3. Screen time and handheld devices; 4. Staff wellness; and 5. Parent engagement.

NUTRITION

Menu Planning & CACFP Compliance

- We use a menu cycle of 4 weeks or longer, seasonal variation and minimal repetition of foods.
 - CACFP offers a great model cycle of 4 week menu cycle plans for each season with complete recipes & shopping lists
 - <https://healthymeals.nal.usda.gov/hsmrs/Wisconsin/cacfp-menu-planning.pdf>
- Our menu follows the 2017 CACFP meal pattern, offering a greater variety of fruits and vegetables than in previous years.
- Our center will not prepare foods by deep-fat frying.
- Our Center does not serve fried or pre-fried (French fries, hash browns, tater tots) potatoes. Comparable items will be homemade and baked.
- Our menu includes a variety of whole or whole-grain rich food items served daily, and 50% of the grains served are whole grains.
- Our menu includes foods from a variety of cultures.

Beverages

- Water is available at all times and offered to younger children several times a day, both inside and outside.
- For children 2 years old and older, only unflavored skim or 1% milk is served.

Snacks

- At every snack, at least 1 of the 2 required components is a vegetable or a fruit.
- We serve a variety of fruits and vegetables and choose WHOLE fruits & vegetables (whole, fresh, canned in own juice, dried, or frozen) as often as possible.
- As often as possible, BOTH a fruit AND a vegetable is offered for snack.
- At least once a week, we provide a serving of each of these types of vegetables at snack:
 - dark green vegetables
 - red and orange vegetables
 - beans & peas (legumes) and other vegetables
 - This means a vegetable is served at snack 3-5 times per week
- The children will taste test a NEW fruit or vegetable 1-2 times a month at snack time.
 - Fruits and vegetables they like will be added to the menu

Meals

- The combined fruit and vegetable component is now a separate vegetable component and a separate fruit component to allow children to be exposed to a variety of vegetables each day.
- For breakfast
 - ½ cup serving of a fruit or vegetable is required.
 - Whole fruits or vegetables are preferred.
 - Frozen fruits or vegetables are permitted.
 - Canned fruits or vegetables should be served in their own juice, not syrup.
 - Fruit juice is not an acceptable substitute.
- For lunch
 - The combined fruit and vegetable component is now a separate vegetable component and a separate fruit component.
 - Both a fruit AND vegetable component are offered at lunch.
- All of our meals are cooked from scratch.

Nutrition Education

- Staff and parents receive training on nutrition at least once a month.
- Children receive nutrition education at least once a month.
- Once a month NEW food tastings at snack time are used as a nutrition education experience.

Nutrition Environment

- Meals are always served Family Style so that children learn to serve themselves.
- We will serve a variety of foods in creative ways that are appealing to children.
- We will encourage, but never force, children to try and taste new foods.
- We will intentionally make mealtimes an enjoyable experience.
- Staff members model behaviors for healthy eating and positive body image in the presence of children, and refrain from consuming unhealthy foods and beverages in front of children.

Food from Home

- If there is a medical reason that a child needs foods from home (i.e. an allergy) this must be documented by a doctor's note with dietary restrictions clearly outlined. A copy of this note & instructions must be given to and kept by the center office and classroom.
- Foods that don't meet nutrition guidelines or health department regulations will be returned home.
- All foods served in our center for meals and snacks are prepared on site, unless medically necessary

PHYSICAL ACTIVITY

- Children ages 2-3 will participate in 90 minutes of physical activity daily; children ages 3-6 will participate in 120 minutes of physical activity daily.
- 60 of these minutes will be teacher-led structured physical activity.
- We limit time children are seated to no more than 30 minutes.
- Children will have at least two opportunities for outdoor play daily, unless bad weather is present.

SCREENTIME & HANDHELD DEVICES

- We limit screen time to no more than 30 minutes per week for preschoolers.
- Children and parents are not allowed to bring personal handheld devices into our Center.
- Children under the age of two don't participate in screen time.
- We encourage families to limit home screen time to 2 hours per day maximum.

STAFF WELLNESS

- Staff will be given a current copy of and trained on the implementation of our PWP.
- We believe the health and well being of every staff member is important.
- We believe that staff members are a powerful influence in modeling healthy choices to the children in our center; our staff act as positive role models of wellness in our center.
- We encourage our staff to be actively involved in our PWP by participating in our meetings and check-ins about our policy.
- We promote & provide activities & resources to our staff to support & practice a healthy active lifestyle.
 - Ways in which we support a health active lifestyle include:
 - Staff wellness and fitness challenges

- Full-time staff members are consistently offered at least 15 minutes per day for physical activity.
- Full-time staff members are encouraged to ENMU's Lifelong Wellness program.
- We serve healthy snacks, practice fit breaks, and set personal wellness goals at our staff meetings

FAMILY ENGAGEMENT

- Upon enrollment in our program, parents will be informed of and given a copy of our PWP.
- We send a monthly newsletter and/or handouts throughout the month home to families to share the lessons we teach on healthy eating & physical activity.
- We post healthy eating and active living activities and resources on our bulletin board.
- We do family events 4 times per year, in which we engage, inspire and educate our families in healthy eating and active living practices.
 - Healthy food family potluck
 - Have everyone bring their recipe
 - Collect recipes and turn them into a center cookbook

HEALTH POLICIES

For active participation in early childhood education programs, children must be healthy. The following are the health policies maintained at the ENMU Child Development Center and Laboratory School.

Health Records. Parents are required to provide the CDC with the name and contact information of the child's doctor as well as pertinent health information, including health insurance coverage and emergency contact information, on the Application for Entrance and then updated annually thereafter. Additionally, using the Child Health Assessment form, parents are required to provide the CDC with a physician's report of their child's physical examination completed within the last 12 months and annually thereafter.

Immunizations. Parents are required to provide the CDC with a copy of the child's up-to-date immunization records or a public health division approved exemption from the requirement. Immunization must be on file and current for each child attending the CDC.

If a child is under-immunized because of a medical condition or for religious reasons, an approved State Exemption must be on file and updated every nine months. Under-immunized

children may be excluded from the center if a vaccine-prevented disease occurs to which the children are susceptible.

Overdue Health Services. When a child is overdue for any routine health services, parents, legal guardians, or both must provide evidence of an appointment for those services before the child's entry into, and as a condition of remaining enrolled in, the program, except for any immunizations for which parents are using a religious exemption.

Medical Directories. The CDC maintains copies of the local medical directories for families and can assist families in seeking out medical services.

Staff Training. At least one staff member who has a certificate showing satisfactory completion of first aid training and satisfactory completion of pediatric CPR (cardiopulmonary resuscitation) is always present with each group of children. All staff members must hold a current CPR/First Aid certification within three months of hire. Fulltime staff are also trained annually from a medical provider on the proper methods of administering medications, including over-the-counter and prescription medications.

Illness. When a child becomes ill at the CDC but does not require immediate medical care, the teachers and/or Director will determine whether the child should be sent home and excluded from care for 24 hours or more. Most illnesses do not require exclusion. The determination will be made in part by observing if the illness:

- Prevents the child from participating comfortably in activities
- Results in the need for care that is greater than the staff can provide without compromising the health and safety of other children
- Poses a risk of the spread of harmful disease to others

Families are requested not to bring a child to school when signs of illness or infections are present. If the child is not well enough to play outdoors or not well enough to comfortably participate in activities, the child should stay at home and parents should call the CDC staff at (575) 562-2805. If a child develops these symptoms/illnesses while at the CDC, the family will be called to take the child home. Keep your child home until the symptoms disappear (usually at least 24 hours from onset of symptoms or until your physician decides that the child can return to the CDC).

- Severe illness (signs include lethargy, lack of responsiveness, irritability, persistent crying, difficulty breathing or a quickly spreading rash)
- Fever (temperature over 100.4* F accompanied by behavior changes or other signs or symptoms of illness, such as sore throat, rash, vomiting, diarrhea)
- Diarrhea—watery stool more than one time especially if uncontained in undergarments (exclusion if accompanied by fever)
- Blood or mucus in stools or hard stools not explainable by dietary change or medication
- Vomiting more than two times in previous 24 hours
- Abdominal pain lasting more than 2 hours or intermittent pain with fever or other signs/symptoms (dehydration)
- Mouth sores with drooling
- Rash with fever or behavioral changes
- Severe or uncontrollable coughing
- Wheezing or difficulty breathing and/or an unspecified respiratory tract illness
- Unexplained rash and any rash with fever or open, weeping wounds

- Yellowish skin or eyes
- Pink eye with yellow or yellow-green discharge
- Tuberculosis, until the child's physician states the child is on an appropriate treatment and can return
- Impetigo, until 24 hours after treatment has been started
- Strep throat, until 24 hours after treatment has been started
- Head lice or nits, until after first treatment
- Scabies, until after treatment has been given
- Chicken pox (varicella) until all lesions have dried or crusted (usually 6 days after rash appears)
- German measles (rubella), until 6 days after rash appears
- Whooping cough (pertussis), until 5 days of appropriate antibiotic treatment
- Mumps and measles (rubeola), until 5 days after onset of symptoms
- Hepatitis A virus infection, until one week after onset or as otherwise directed by public health department
- Any child determined by the local health department to be contributing to the transmission of an illness during an outbreak

Please report to the CDC staff when your child has been exposed to a communicable disease such as bacterial meningitis, chicken pox, diphtheria, hepatitis, measles, mumps, pertussis, pneumonia, epiglottitis, rubella, or any others. The child may attend school until s/he shows symptoms of the disease. Families should be especially alert to any signs of illness in an exposed child and should not send him/her to school if s/he seems unwell. If a child develops a communicable disease, the child's physician will determine when s/he is ready to return to school. Families should immediately notify the child's teacher if their child becomes ill with a communicable disease.

The CDC will inform families if an exposure occurs in their child's classroom. Families will receive verbal and written notification when children have been exposed to a communicable disease as well as signs/symptoms of the disease and control measures that are being implemented at the CDC and should be implemented at home.

NOTE: As a safeguard for all the children in the program, any exceptions to our health policies require a written statement from the child's physician noting that he or she is not contagious and is able to fully participate in a child care program. However, the final decision of participation in the program resides with the administrative personnel.

Outdoor Activities. We believe that children learn best through play and hands-on experiences. We also believe that the outdoors is an extension of the indoor learning environment with toys, materials, and activities being available outdoors to enhance the children's play experience. We typically go outside twice each day (when weather, air quality, and environmental safety conditions do not pose a health risk). Therefore, if a child is well enough to come to school, s/he is considered well enough to go outdoors, unless special circumstances exist that are understood and agreed upon by the teachers and parents.

Appropriate Outdoor Clothing. It is important for parents to provide the appropriate clothing and outerwear for all weather conditions. Children should be dressed in clothing suitable for active outdoor play. The CDC does not recommend that children wear open toed or open back

shoes. The children run and climb when outdoors and flip flops, sandals, or inappropriately sized shoes can be very dangerous on small children. Sneakers should be worn for outdoor play and should be kept in the child's cubby if other footwear is worn to the CDC. During the winter, coats, hats, and mittens are required to protect from cold. If parents leave clothing items in their child's cubby, all articles of clothing should be labeled with the child's name.

Sun Protection. To protect against heat and sun injury, children have the opportunity to play in the shade. Parents are encouraged to grant written permission for the program to use sunscreen on their child. We ask that parents provide sunscreen or sunblock with UVB and UVA protection of SPF 30 or higher (spray-on types are not allowed). When in the sun, family-supplied sunscreen or sunblock will be applied to exposed skin. Each child's sunscreen or sunblock is clearly labeled with the child's name.

Insect Repellent. When public health authorities recommend use of insect repellent due to a high risk of insect-borne disease, only repellents containing DEET are used. Parents are encouraged to grant written permission for the program to use insect repellent on their child. We ask parents to provide insect repellent with DEET. Staff will apply the family-supplied insect repellent no more than once a day. Each child's insect repellent is clearly labeled with the child's name.

Water Bottles. The CDC encourages children to get plenty of liquid to replenish body fluids. Parents are required to supply a water bottle for their child. Children have free access to their water bottles throughout the day which is especially when participating in outdoor activities. Staff wash and sanitize the water bottles daily Monday through Thursday. On Friday, the families take the water bottles home to wash and sanitize.

Inclement Weather. The following guidelines will assist CDC staff in determining appropriate conditions for outdoor play.

- Outdoor play will not be allowed if the community is under weather advisory (warning) for severe weather such as high winds, thunderstorms, tornado, sleet, etc. Children may be allowed to play outside during a weather watch, but staff must remain alert to sudden changes, which would limit outdoor play.
- In the winter, children will be typically allowed to play outside when the temperature is 15 degrees or higher. Families are responsible for ensuring their children have appropriate clothing such as hats, mittens and adequate coats for outdoor play. Staff must monitor children to ensure they are not getting too cold by checking extremities for maintenance of normal color and warmth at least every fifteen minutes.
- In the summer months, children will typically be allowed to play outside when the temperature is 95-105 degrees. They will have free access to drinking water. However, they may only play in the sun for 15 minutes. After the 15 minutes, staff will have children participate in activities in a shady location on the playground or under canopies. On the occasional humid day during the summer, play may be shortened if children become uncomfortable. Staff will monitor children for signs of heat exhaustion or heat stroke.
- Staff members use the Child Care Weather Chart located the American Academy of Pediatrics (see www.aap.org) when determining whether or not to go outside based on temperature and humidity levels.
- When outdoor opportunities for large motor activities are not possible because of conditions, the program provides large motor activities inside.

Restroom Procedures. Children are encouraged, but not forced, to use the toilet during restroom breaks. Children must wash their hands after using the toilets and before any meal services, including snacks. All CDC staff must wash their hand after helping a child in the restroom. If a staff member helps multiple children, s/he must wash after helping each child and before helping the next child.

- **Waiting in Line.** When the children are in line to use the restroom, staff sing songs or use finger plays with the children who are waiting. Staff try to make the waiting time interesting for the children. Misbehavior while waiting is an indicator that children need something to keep them engaged.
- **Accidents.** If a child has an accident and needs to change clothes, staff refrain from using a loud and/or critical tone of voice. We do not want the child to feel embarrassed or humiliated. We do not ask the child why s/he had an accident. Accidents can happen for a variety of reasons, such as immaturity of body, side effect of medication, infection, ect. In a quiet tone of voice, the staff member directs the child to the restroom to change clothing. In the privacy of the restroom, staff remove the soiled clothing and immediately place it into a plastic bag, tie it shut, and send home with the child's family for laundering. Staff then help the child wash off, using disposable wipes as needed. Children are not bathed in the hand washing sinks.

Diapering (Lab 1: Program for 2-Year-Old Children Only). For children who are unable to use the toilet consistently, the program will change diapers and soiled clothing in a safe and sanitary fashion. The two-year-old classroom has a changing table that is exclusively used for them. Diapers, underwear, and other clothing are changed when wet or soiled. Staff members use non-porous, single-use gloves when changing a diaper. Staff check children for signs that diapers or pull-ups are wet or contain feces when sleeping children awaken, and they check at least every two hours when children are awake.

Staff change children's diapers or soiled underwear in the designated changing area. At all times, caregivers have a hand on the child when the child is being changed on the changing table. In the changing area, staff follow the posted changing procedures. These procedures are used to evaluate teaching staff who change diapers.

Parents must supply diapers, wipes, extra clothing, and something that the child uses to comfort themselves (if desired). Parents may also supply diaper cream/ointment. If diaper cream/ointment is provided, grant written permission for the program to use diaper cream/ointment on their child. Each child's diapers, wipes, extra clothing, comfort item, and diaper cream/ointment is clearly labeled with the child's name.

Biting is a common behavior among children up to three-years-old in group care. Every effort will be made to determine the reasoning or the function behind the biting behavior so teachers and parents can implement strategies to teach the child more appropriate responses than biting. Children bite for many different reasons. Some of the reasons include, but are not limited to, exploration, teething, investigating cause and effect, attention, frustration in expressing needs or wants, becoming independent, learning to play with other children, anxiety, or feeling threatened by new or changing situation.

When biting occurs, teachers will record incidents and document observations to better understand the context before and after a bite (where, when, how, who), as well as noting when the behavior is absent. Teachers will also note the location and availability of staff during the incident to ensure proper supervision is taking place. As staff members are working to better

understand why the child is doing the behavior, they will work to be proactive in striving to prevent future incidents.

When a child bites another child, staff will

- Intervene immediately.
- Help the child who was bitten by showing concern and support. First aid will be given such as washing the wound with soap and running water as well as providing a bandage for an open wound and an ice pack if needed.
- Work to teach the child with the challenging behavior in a caring and firm way that the behavior is not acceptable as well as alternate behaviors that are acceptable.
- Reinforce positive behaviors.
- Provide a confidential incident report to the parents of the bitten child and a confidential biting report to the parents of the biter. These forms assist in documenting and identifying patterns so that staff can work to prevent future incidents by changing the environment and implementing intentional teaching strategies (social-emotional supports). A copy of the incident or biting report will be kept in the child's individual file. Confidentiality will be maintained by not using other children's names on the forms and training staff to not release children's names when questioned.

If the biting continues, we will

- Meet with the parents of the child who is biting to plan strategies for supporting the child in positive social behaviors.
- Assign a teacher to shadow the child as much as is possible within the confines of group care.
- Consider if changes to the environment and/or routines will assist in reducing future incidents.
- Seek consultation for assistance, if needed.

On the very rare occasion that the biting continues without improvement, the CDC reserves the right to ask the parents to remove the child from the program so that the parents can find another learning environment that will better meet the child's individual needs.

Rest Period. A daily rest period is required for all young children to encourage healthy development. A child-size blanket, a child-size pillow, and one stuffed animal or soft doll may be brought from home for use by toddler and preschool children. Items from home must fit into the provided storage container at the CDC. Cots are labeled with each child's name and is only used by that particular child. The cots have a minimum distance of 36" between them or have a solid furniture barrier between them. Children are not required to sleep but must lay down to rest. Staff encourage non-sleepers to remain on their cots for 30 minutes to rest their bodies. After a minimum of 30 minutes, staff provide quiet activities for the non-sleepers.

Hand-washing. Proper hand-washing technique is followed by adults and children and includes using liquid soap and running water; rubbing hands vigorously for at least 20 seconds, including backs of hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel; and avoiding touching the faucet and trashcan with just-washed hands (e.g., using a paper towel to turn off water and to push open the lid).

The CDC follows consistent practices regarding hand-washing. Children wash either independently or with staff assistance as needed to successfully complete the task. Hand-washing is required by all staff, volunteers, and children when it would reduce the risk of transmission of infectious diseases to themselves and to others as listed below:

- Upon arrival for the day;
- After diapering or using the toilet;
- After handling bodily fluids (e.g., blowing or wiping a nose, coughing on a hand, or touching any mucous, blood, or vomit);
- Before meals and snacks;
- Before preparing or serving food;
- After handling any raw food that requires cooking (e.g., meat, eggs, poultry);
- After playing in water that is shared by two or more people;
- After handling animals or materials such as sand, dirt, or surfaces that might be contaminated by contact with animals;

Adults also wash their hands before and after feeding a child, before and after administering medication, after assisting a child with toileting, and after handling garbage or cleaning.

Children’s Medication: Safeguards are used with all medications for children. All medications are kept in a locked container. Staff administer prescription medication to a child only if the medication is accompanied by a completed *Permission to Give Medication Form* (available from the CDC Director) in which the parent or legal guardian has given written permission and has stated the dosage and times. Only medication **prescribed by a doctor** will be given. All medications must be in the original container and labeled with the child’s first and last names; a recent date that the prescription was filled; the name of the licensed health provider; the expiration date of the medication or the period of use of the medication; the original prescription label that details the name and strength of the medication; and instructions on how to administer and store it.

The medication and all paperwork are placed in a Ziplock bag together so as not to contaminate other medications which might be stored in our locked medication box. The only exception to medication not stored in the locked medicine box is diaper cream, lotion, lip balm, hand soap and toothpaste which may be stored in an out-of-child’s-reach cubby. The staff member will document the medication, the dosage and the time it was given immediately after administration on the correct form. Expired forms will be placed in the child’s individual file. Unused medicines or Epi-Pens will be returned to the family or disposed of if the child is no longer in care.

Emergency Medications. Any emergency medications (ex. Epi-Pens) will be subject to the above regulations. When going on field trips, the medication will be carried in the program “backpack” by the teacher. If a child requires an emergency medication, such as an Epi-Pen or inhaler, and that medication expires, the child cannot attend child care until a new, current prescription is filled and brought to the center.

Allergies/Food Exceptions. Please notify the Director and classroom teacher of any possible allergies. An allergy action plan form with your child’s picture should be completed and posted in the classroom and kitchen. Remember if medication is to be given to the children in the event of an allergic reaction, a medication permission form must be completed and signed by a physician.

If your child has a food allergy or intolerance, a *Special Diet Prescription for Meals at Child Care* form must be completed and signed by the child’s physician and parent to ensure that proper food substitutions can be made. Your child’s allergy/food exception information will be posted in the kitchen and in the classroom.

Water Play. Precautions are taken to ensure that communal water is safe. Each child will have written permission from a parent or guardian before the child enters the wading pool. The wading pool is drained and filled with fresh water daily. It is disinfected before and after each use.

Tooth Brushing. At least once a day, children will practice brushing their teeth after a meal. Parents provide toothbrushes for each child. Each child's toothbrush will be clearly labeled with the child's name. Toothbrushes will be changed each semester or, more often, if a brush becomes contaminated.

EMERGENCY PROCEDURES

Medical and Dental Emergencies. In case of illness or injury during school hours, the staff will attempt to contact one or both the family members or guardians. If family members or guardians cannot be reached, the two emergency contacts listed on the information form will be notified. A child who becomes ill and requires exclusion from care during the day will be isolated in the Director's office until they are picked up.

If a child needs **immediate** medical attention, staff will call **911**. Then the parent or the child's physician will be contacted. If we cannot reach the parent, attempts to reach the emergency contact will be made. A staff member will accompany the child in the ambulance to the hospital and will bring records and parent permission forms.

In the event of an injury that cannot be addressed with basic first aid, and families or emergency persons cannot be reached, a staff member will contact ENMU Health Services or call 911 for assistance describing the exact location of the injured person and type of injury while another staff member remains with the injured party. The family or emergency contacts listed on the child's enrollment form or staff information sheet will be contacted. An ambulance will be called if necessary. A staff member will accompany the child in the ambulance to the hospital and will bring records and parent permission forms.

All expenses incurred in the transportation of the child to the hospital and treatment will be charged to the parent or guardian. The center does carry an accident insurance policy with a deductible to pay for medical expenses resulting from accidents at school that are not covered by the family's primary insurance carrier.

Similarly, if a child experiences a dental injury, the child's dentist will be contacted, as well as, the parent or emergency contact person.

SAFETY POLICIES

Personal Items. For the safety of all children, children should not bring small items that might pose a choking hazard to the children attending school. This includes balloons, coins, jawbreakers, peppermints, gumballs, jewelry, and small toys. Children should not bring makeup, lipstick, etc. because they may share with one another.

Transportation and Parking. Parents have full responsibility for transporting children. Parking during drop off and pick up of children is provided in front of the CDC or in the adjacent parking lot. All visitors to the ENMU Campus must respect the ENMU parking rules and requirements. Families may obtain a free parking decal for all vehicles at the ENMU Police Station. For more

information, please review the regulations at <https://www.enmu.edu/greyhound-life/campus-safety/crime-prevention-2>.

Safety Guidelines for Transportation and Parking

- Do not leave any children unattended in a vehicle.
- Do not leave your car idling during drop-off or pick-up of your child, except if vehicles need to idle in extreme heat or cold to maintain interior or engine temperatures.
- PLEASE teach your children to stay with you when leaving and entering the building.
- We recommend holding your child's hand. Children running ahead in the parking lot and inside the building can be in danger of serious injury.
- DRIVERS MUST EXERCISE THE UTMOST PATIENCE AND CAUTION WHEN ENTERING AND LEAVING THE PARKING LOT.

Limited Access Policy. The CDC has a secure door and allows access with a programmed key card. The doors are open for families between the hours of 7:45am-9am and again from 3:30pm-5:00. CDC Staff, student workers, the Department Chair, Physical Plant, and The Office of Campus Safety are the only people who have access during the entirety of the day. If you are late in dropping your child off or need to pick up before the doors unlock, please ring the doorbell and a CDC teacher will let you in. To help in security, please **do not** hold the door open for others.

Sign In/Sign Out. Every day during drop-off and pick-up, families or guardians must sign their child in and out with a time of entry and departure and a signature on the classroom attendance form found in their respective classroom. The classroom attendance form is used for roll call during fire drills and unscheduled evacuations, as well as for meal and snack counts.

On a daily basis, accompany your child into his or her room, make contact with a teacher, sign in the child on the attendance sheet, and assist in washing hands. This is a great time to speak with the teacher by informing him or her about your child's night and morning (ie: unusual sleeping patterns, behaviors, or attitudes so the teacher can better accommodate your child throughout the day. At the end of each day, notify the teacher that you are taking your child and sign-out your child. We encourage teachers to communicate with each family about how their child's day was. However, we recommend that teachers and families do not speak about specific challenging behaviors in front of the child. Those conversations should be communicated through phone, email, or an in-person meeting.

The CDC is not responsible for a child until the parent exits the classroom or once the parent/authorized pick up person has arrived. It is important for a parent to verbally communicate with a staff member upon arrival and at pick up to assure the safety of each child. Follow safety rules in parking your vehicle and bringing your child into the building. Teach your child to follow the safety rules.

Authorized Individuals. Children are only allowed to leave the CDC with their parents/guardians or individuals authorized by the parent/guardians. Authorized individuals must be listed on the *Application for Entrance* form. Authorized individuals unknown to the staff must show a form of photo identification verifying they are the person approved on the enrollment form for pick-up.

Custodial Agreements. Any document issued by the court, such as a “no contact order” or “joint custody order”, that pertain to drop off or pick up of a child must be copied and provided to the CDC to be maintained in the child’s file. The CDC is not permitted to limit or bar family members from the program unless specific court orders or documentation is provided to identify the limits in place.

The CDC staff wants to provide a safe environment for all children. If you notice any unsafe situation, condition, or equipment please bring it to the attention of the director or a staff member.

DISASTER PREPAREDNESS PLAN

Fire Emergency Drill. The CDC children and staff participate in monthly fire drills. The children will leave the building following the primary route for evacuation out of the 4-5 year old classroom exterior door and proceed to the grass area behind the Art and Anthropology Building by the sidewalk and parking lot. If the primary route is blocked, follow to the secondary route out of the 2-3 year old classroom exterior door and proceed to the grass area behind the Art and Anthropology Building by the sidewalk and parking lot. If these routes are blocked, the children will leave the building following the tertiary route for evacuation out of the main door and proceed to NW grass/tree area via the theater parking lot. Each classroom teacher will call roll based upon the daily attendance sheet. All signed-in children must be accounted for. **NOTE: If the fire alarm is sounding, families and incoming staff should not assume that it is a drill AND should not enter the CDC Building.**

Emergency Fire Procedures: The same procedure that is used in a fire drill is followed during areal fire. Below are the actions taken during a fire emergency.

1. **STAFF MEMBER** who discovers a fire will immediately sound the fire alarm and call Portales Fire Department and Physical Plant. **NOTE: The electrical fire alarm in this building is monitored by the Portales Dispatch.**
2. Upon hearing the fire alarm, staff members will immediately react as follows:
 - a. **EACH CLASSROOM TEACHER** will:
 - i. Provide instructions to Assistant Teachers (Student Workers) and Volunteers for how children will safely exit the
 - ii. sheet.
 - iii. Immediately take the children, along with the daily building.
 - iv. Grab the emergency backpack and child information attendance log and emergency backpack, out through the closest approved exit. The designated meeting place is the sidewalk located between the Art and Anthropology Building and the Family and Consumer Sciences Building.
 - v. If it becomes necessary to move farther away from the building due to excessive heat, fire department activities or any other reason, all children will be moved to front of the Art and Anthropology Building. Instruct the children on how to safety move to the new location.
 - vi. Once at the designated meeting place, instruct the children to sit down quietly and take roll using the daily attendance log. If any child is unaccounted for, the fire department personnel must be advised of this immediately upon their arrival. **DO NOT LEAVE THE REST OF THE CHILDREN UNATTENDED FOR ANY REASON.**
 - vii. Reassure the children and keep them calm and quiet. Do not separate the children. Keep them all together and stay with them at all times. Do not release children to anyone other than their parents or other designated guardian as outlined in their enrollment forms.

- b. **THE DIRECTOR (OR DESIGNEE)** will:
 - i. Immediately call 911 to report the fire and begin a systematic search of the facility.
 - ii. **Quickly** search in restrooms, closets, room corners, under desks, observation room, anywhere where a scared child might have hidden
 - iii. Once the facility has been checked or conditions warrant immediate evacuation, proceed to the designated meeting place and assist **The Classroom Teachers** in keeping all children reassured, calm and quiet and making sure their needs are met with the activities and items located in the emergency backpack.
- c. **THE TEACHER ASSISTANTS (STUDENT WORKERS) AND VOLUNTEERS** will:
 - i. Assist **the Classroom Teacher** in keeping children reassured, calm and quiet.
 - ii. Immediately assist **the Classroom Teacher** in taking the children, out through the closest approved exit to the designated meeting place.
 - iii. Once at the designated meeting place, assist **the Classroom Teacher** in having the children to sit down quietly. **DO NOT LEAVE THE CHILDREN UNATTENDED FOR ANY REASON.**
 - iv. Continue to assist **the Classroom Teacher** in keeping children reassured, calm and quiet.

Tornado Emergency Drill: The CDC children and staff participate in tornado drills two times between the months of November and March. The children, staff, and other adults present will shelter in place in each of the classroom closets, the 2-3 year old classroom, and the teachers' office. The classroom teacher will ensure all doors are locked and secure. The classroom teacher will take a first aid kit, child information sheet, daily attendance sheet, and a teacher's cell phone. Each classroom teacher will call roll based upon the daily attendance sheet. All signed-in children must be accounted for. Children will not be released until the director or designee

Emergency Tornado Procedures: The same procedure that is used in a tornado drill is followed during a real tornado. Below are the actions taken during a tornado emergency:

1. Upon learning of a tornado watch in the area, **the Director (or designee)** will immediately turn on the radio to a local weather station. Monitor weather conditions until the facility is closed and all children have been picked up or the weather watch is canceled.
2. Should weather conditions deteriorate and a tornado warning is issued, **the Director (or designee)** will immediately sound the tornado alarm.
3. Upon hearing the tornado alarm, staff members will immediately react as follows:
 - a. **EACH CLASSROOM TEACHER** will:
 - i. Provide instructions to Assistant Teachers (Student Workers) and Volunteers for how children will safely move to the designated shelter location.
 - ii. Grab the emergency backpack and child information attendance.
 - iii. Immediately take the children, along with the daily attendance log and the emergency backpack, to designated shelter location.
 - iv. Once at the designated meeting place, instruct the children to sit down quietly and take roll using the daily attendance log. If any child is unaccounted for, the Assistant Teacher must be advised of this

immediately upon their arrival. **DO NOT LEAVE THE REST OF THE CHILDREN UNATTENDED FOR ANY REASON.**

- v. Reassure the children and keep them calm and quiet and make sure their needs are met with the activities and items located in the emergency backpack. Keep the children at the designated shelter location until the tornado warning is canceled. Do not separate the children. Keep them all together and stay with them at all times. Do not release the children to anyone other than their parents or other designated guardian as outlined in their enrollment forms.
- b. **THE DIRECTOR (OR DESIGNEE)** will:
 - i. Begin a systematic search of the facility.
 - ii. **Quickly** search in restrooms, closets, room corners, under desks, observation room, anywhere where a scared child might have hidden
 - iii. Once the facility has been checked or conditions warrant immediate evacuation, proceed to the designated meeting place and assist **The Classroom Teachers** in keeping all children reassured, calm and quiet and making sure their needs are met with the activities and items located in the emergency backpack.
- c. **THE TEACHER ASSISTANTS (STUDENT WORKERS) AND VOLUNTEERS** will:
 - i. Assist **the Classroom Teacher** in keeping children reassured, calm and quiet.
 - ii. Immediately assist **the Classroom Teacher** in taking the children, out through the closest approved exit to the designated to designated shelter location.
 - iii. Once at the designated meeting place, assist **the Classroom Teacher** in having the children to sit down quietly. **DO NOT LEAVE THE CHILDREN UNATTENDED FOR ANY REASON.**
 - iv. Continue to assist **the Classroom Teacher** in keeping children reassured, calm and quiet.

Lock Down Emergency Drill: The CDC children and staff participate in lock down drills two times each calendar year beginning with January—once during the first quarter and once during the last quarter. The children, staff, and other adults present will shelter in the bay window of the two year old classroom. The classroom teacher will ensure all doors are locked and secure. The classroom teacher will take a first aid kit, child information sheet, daily attendance sheet, and a teacher’s cell phone. Each classroom teacher will call roll based upon the daily attendance sheet. All signed-in children must be accounted for.

Emergency Lock Down Procedures: The same procedure that is used in a lock down drill is followed during a real lock down. Below are the actions taken during a lock down emergency:

1. In the event that a lock down of the center must occur, such as for an intruder or a dangerous situation near the center, **the Director (or designee)** will make an announcement of the lock down and call 911 and report the emergency. Upon hearing the lockdown announcement, staff members will immediately react as follows:
 - a. **EACH CLASSROOM TEACHER** will:
 - i. Shut and lock doors and window blinds, if not already done. **DO NOT open the door for anyone, for any reason.**
 - ii. Grab the emergency backpack and child information attendance.
 - iii. Notify local authorities of the status of individuals in the room – has someone been hurt? Is there a physical threat inside the room?

- iv. Join the rest of the classroom in the safe spot.
- b. **THE DIRECTOR (OR DESIGNEE)** will:
 - i. Begin a systematic search of the facility.
 - ii. **Quickly** search in restrooms, closets, room corners, under desks, observation room, anywhere where a scared child might have hidden
 - iii. Proceed to the designated safe spot and assist **The Classroom Teachers** in keeping all children reassured, calm and quiet and making sure their needs are met with the activities and items located in the emergency backpack.
- c. **THE TEACHER ASSISTANTS (STUDENT WORKERS) AND VOLUNTEERS** will:
 - i. Instruct all children to keep quiet and proceed to the predetermined safe spot.
 - ii. Make sure all children and adults are safe and unhurt. Reassure the children and keep them calm and quiet
 - iii. Keep the children occupied, quiet and make sure their needs are met with the activities and items located in the emergency backpack.

The CDC response for disaster emergencies is determined by its posed threat. A floor plan/diagram is posted in all classrooms and common areas indicating the primary and secondary routes for existing each area as well as an alternative tertiary route. Emergency phone numbers are prominently displayed by all telephones in the CDC. The fire extinguisher for the facility is located in the main hallway by the front door.

SNOW DAYS AND SCHOOL CLOSURE

The ENMU Child Development Center and Laboratory School follows the ENMU class schedule for late starts, early dismissals, and cancellation of classes. Information will be provided the following ways: 1. ENMU's website: <http://www.enmu.edu>; 2. The Campus RAVE Alert System (you may register for text message alerts at <http://www.getrave.com/login/enmu>); and 3. Local radio and television stations. In case of an early dismissal, families should pick up their children from the CDC as soon as possible.

CONFIDENTIALITY POLICY

We shall maintain confidentiality and shall respect the family's right to privacy, refraining from disclosure of confidential information and intrusion into family life. However, when we have reason to believe that a child's welfare is at risk, it is permissible to share confidential information with agencies, as well as with individuals who have legal responsibility for intervening in the child's interest. Additionally the following people may access a child's health & safety file: administrators and educators who have consent from the parent or legal guardian, the child's family or legal guardians, and regulatory authorities.

CHILD ABUSE/NEGLECT REPORTING PROCEDURE

All employees, volunteers, practicum students, and other professional working in and with the children attending the ENMU Child Development Center and Laboratory School are required by New Mexico law (Title 8, Chapter 8, Part 2) to report suspected abuse or neglect if any child at the CDC. Report of suspected abuse and/or neglect will follow the guidelines in the New Mexico statute. Reports are made by calling 1-855-333-SAFE (7233) or texting #SAFE from a smart device. Employee making a call of suspected abuse and/or neglect are immune from criminal or civil liability when the call is made in good faith.

Any employee, volunteers, practicum students, and other professionals working with the children who are accused of abusing or neglecting a child in the program will be placed on leave until an investigation is thoroughly completed. The Director and the Department Chair will collaborate with the Office of Public Safety to obtain surveillance footage as well as gather reports from key witnesses. If the professional is found to abuse and/or neglect a child, he or she will immediately be released from his or her duties at the CDC, the child's family will be notified, and a formal report will be made with CYFD. These procedures protect both the rights of the accused staff person and the children in the program.

GUIDANCE POLICY

It is the goal of all staff at the ENMU Child Development Center and Laboratory School that children learn to guide their own behavior and to internalize self-discipline. We believe that the social-emotional learning during the early years sets the tone for a child's ongoing experiences in educational settings. The role of the teacher is, therefore, to guide children toward learning how to solve their own problems and to provide them with the tools to do so.

We believe that young children deserve careful attention to every aspect of their social-emotional development. They are complex individuals worthy of respect and the recognition that they are each unique, valuable, capable, and lovable. Each child comes to our program with a unique set of defining characteristics, including family background, abilities, temperament, and learning styles. Positive relationships between children and adults are fundamental to a harmonious environment that promotes optimal growth.

All classroom teachers will read the developmental histories of all the children in the classroom. Updates will be made at least annually to continue to capture new information; for example, does the family have any developmental or behavioral concerns regarding the child? How does the child typically behave at home and outside the home?

Child-friendly language is used to establish consistent expectations/parameters. Verbal reminders/re-statements of expectations/parameters are used in the present to support the child's learning as real-life experiences occur. Positive guidance (healthy boundaries/freedoms), redirections, and offering choices to foster the child's development of self-regulation are practices used by staff. Equity, regard for all, respect for property, and personal accountability are taught, modeled, and practiced. Regard for the child is demonstrated by using his/her name. Ongoing, honest, and responsive communications with families regarding their child's behaviors and development of self-regulation are the responsibility of the Teachers and Director.

The following are prohibited at the center: physical punishment, psychological abuse, or coercion when disciplining a child. Examples include shaking, hitting, spanking, slapping, shaming, name calling, ridiculing, humiliation, sarcasm, making threats, rough handling, and physical restraint.

If an individual child demonstrates frequent unsafe choices (threatening the safety of self/peers/staff) happening over a sustained time, the Teachers and Director will pursue individualized communications promoting family to staff collaboration in order to support the child.

Families as Partners. We believe that parents are the primary educators of the child. The home is the child's first and continual learning environment. Children come to school with different life experiences and skills that we acknowledge and draw upon as we plan for and facilitate new learning. Parents have an in-depth knowledge of their children. When parents share this knowledge, teacher can better understand each child.

We believe that parents are our partners. We recognize that a child's home is the first and most important place of learning. Any information you give us concerning your family's culture, rituals, or challenges helps us better understand your child's needs. By becoming involved with the classroom, you are supporting our philosophy of partnership and making a link between home and school. We invite your involvement in the classroom; you may, for example, help out with a special activity, an ongoing activity, and/or field trips.

We believe that communication with parents on all levels is important. Families receive program- and classroom-specific newsletters at least quarterly. Upcoming events and activities are posted by the front door and on each classroom's bulletin board. Teachers make an effort to talk with each child's parent at least once a day. The classrooms also have a notebook where parents can leave notes in writing. Check your child's cubby daily for work to go home and for information that is posted for you.

Parent conferences are an important way that we get to know you and your child. These conferences are designed to find out about your child, family, routines, traditions, and at-home strategies. In this way we can aid in your child's transition to school and support his or her learning style. In the spring, we prepare for a more in-depth conference. This is a chance for the teachers to share information they have gathered about your child's development using our assessment tool, the Ages and Stages Questionnaires (ASQ) and/or TTPPOT. You are welcome and encouraged to ask for a conference with teachers or our director at any time during the year.

Program-Wide Developmentally Appropriate Behavior Expectations. Our staff will use a positive guidance approach, which enables a child to develop self-control and assume responsibility for his or her own behavior. We will foster and guide a child's choices so his or her behavior will reflect peaceful human relationships with other children and adults. We emphasize the importance of establishing and fostering positive relationships between adults and children. We will provide an age-appropriate, engaging, and culturally appropriate learning environment and a curriculum that is stimulating and conducive to the development of a positive self-image in each child.

Each classroom at the ENMU Child Development Center and Laboratory School uses the same basic rules, which are as follows:

1. We keep ourselves safe (We listen to the teacher; we stay with the group.).
2. We keep each other safe (We use safe touches; we listen to one another.).
3. We keep our things safe (We use our classroom and playground materials as instructed; we ask if we can touch a friend's items.).

Evidence-Based and Developmentally Appropriate Positive Behavior-Guidance

Techniques. The following techniques are developmentally appropriate and best practice, and all employees are expected to know and use these behavior-guidance techniques.

- Tell children what you want them to do, instead of telling them what not to do.
- Active listening: Interpreting feelings and reflecting them back to the child. This encourages acceptance and trust.
- Redirection: Moving the child's attention to a more appropriate activity, when s/he is behaving inappropriately. Usually the behavior that is being avoided isn't even discussed.
- Modifying the environment: Childproofing, simplifying, limiting, or enriching the environment as needed.
- Reinforcing and noticing: Helping children feel important, acknowledged, and validated.
- Setting limits: Helping children understand the need to respect the rights of others; to ensure safety of the child and others; and to respect people, materials, animals, and the environment.
- Enforcing natural consequences: Consequences should be an outgrowth of the child's behavior. They serve as a way to teach tangible cause and effect as it applies to behavior, and they help children learn responsibility for the behavior.
- Negotiation: The teacher identifies the problem, encourages the children to contribute ideas to solve the problem, helps facilitate a solution, and oversees implementation. The children learn the process from the teacher's modeling.
- Facilitating problem solving: The role of the teacher in problem solving and negotiation is to encourage the use of the child's own resources.

Supervision of Children. Consistent supervision of children is key to preventing challenging behavior. Therefore, teaching staff will supervise all two-year-olds by sight and sound at all times. Staff need to be able to hear all older toddlers at all times. All toddlers should be easily seen (if not in direct line of sight, then by looking up or slightly adjusting one's position) by at least one member of the teaching staff. Sight and sound supervision must also be done even when the children are sleeping. Staff must be aware of and positioned so they can hear and see any sleeping children, especially when they are actively engaged with children who are awake.

Supervision of preschool children for short intervals by sound is permissible, as long as the teachers check frequently on children who are out of sight (e.g., those who can use the toilet independently, who are in a library area, or who are napping). Children who have had challenging behaviors may need additional supervision.

Addressing Challenging Behaviors. On some occasions these methods may not be effective with all children. When this occurs, it is important for the master and lead teachers to work together to determine whether there is anything in the classroom environment that may be adding to a child's inability to behave appropriately. They may ask the following:

- The physical environment: What is the culture of this particular group of children with their teachers? Do the colors, sounds, and displays represent them? Is the room soft and comfortable? Is it beautiful? Are there obvious places for children to be active or quiet? Is the environment stimulating or overstimulating?

- The emotional environment: Is it possible to meet children’s physical needs? Is the room welcoming and inclusive?
- The cultural environment: Is it evident that the classroom values and supports all of the cultures represented? Is there a sense of belonging? “I belong. You belong. They belong.”
- The cognitive environment: Does the classroom challenge children and provoke wonder?
- The social environment: Does it meet this group’s age range?

In addition to considering the classroom environment, the teachers assess the function that the behavior has for the child—what need is being met through the behavior.

The ENMU Child Development Center and Laboratory School will use two philosophies and curricular approaches, namely, Bucket Filling Philosophy and Positive Behavior Supports from the National Center for Pyramid Model Innovations. Each of these approaches emphasizes safety and the importance of understanding how someone else feels. They teach children to recognize feelings of others and themselves, to solve their own problems, and to express their anger in nonviolent ways. Each approach has the children practice and role play problem situations in order to use them in everyday interactions.

In collaboration with the family, an Individualized Behavior Support Plan is developed for children with persistent, serious, challenging behavior who are not responding to the above-mentioned guidance techniques. The goals of developing a support plan are two-fold, namely, 1. To limit or eliminate the use of suspension, expulsion and other exclusionary measures; and 2. To address challenging behaviors and look at productive ways to support children as they learn replacement behaviors. It is the intent that teachers, families, and other professionals work as a team to develop and implement individualized plans that support children’s inclusion and success at the center. However, situations may exist in which the safety of others is at-risk due to problem behavior. For instance, if a child intentionally encroaches upon the safety of him- or herself or of another individual through problem behaviors, such as biting, hitting, and running out the building, the child may be suspended from attendance for the remainder of the day. If suspension is determined necessary, the parent/guardian will be required to immediately pick up the child. If the parent/guardian cannot be contacted, the staff will contact an individual for whom the parent/guardian has listed as an authorized individual to remove the child from the facility.

When addressing reoccurring challenging behaviors, the steps to developing an Individualized Behavior Support Plan are as follows:

Step 1: Within two weeks of identifying a persistent challenging behavior, the classroom teacher takes the lead by:

- Creating a communication log to document daily discussions with the family to problem solve together. What is being done at home? Is this something we can do in the center?
- Requesting a medical examination within three weeks to rule out any physiological reason for the behavior.

- During this process, the classroom teacher and the director have begun conducting a minimum of two behavior observations each week. Observations should create a snapshot of the child's entire day.
- Administering and reviewing social-emotional screening tools, such as ASQ-Social Emotional, to determine whether there are any areas of concern.

Step 2: During regular weekly full-time staff meetings (classroom teachers and director), the child's behavior is considered with other team members. Team members brainstorm possible antecedents and suggestions.

During this time, the family will have taken the child for a medical examination. The family meets with the classroom teacher and director to develop a plan. Families may be asked to journal at home regarding the child's behavior to determine any antecedents in the home environment. The family meets weekly with teaching staff to discuss progress and/or continuing challenges.

The director will contact a faculty member who specializes in behavioral support for input and support. In-depth involvement with the faculty member will require parental permission.

Step 3: If after three weekly meetings the behavior has not improved, the family meets with the classroom teacher, and director to develop the Individualized Behavioral Support Plan. Issues to be discussed might include:

- Hours per week the child is in care. Might reducing the days or hours provide the child with some respite?
- Observations made regarding possible triggers for the behavior. It is important that all of the adults in the child's life use the same verbiage when redirecting and/or offering suggestions regarding appropriate behavior.

The Individualized Behavioral Support Plan will continue for one month, during which time regular teacher-family meetings will take place. These meetings may include the classroom teacher, the master teacher, the director, and the child's family.

Step 4: Referrals are made to ENMU ECE Faculty Advisor and/or the Department Chair. These specialists will review all previous plans for appropriateness and make suggestions to be added to any plans.

If, after the previous steps have been taken and the behavior has not significantly and continuously decreased, the director, ECE Faculty Advisor, and Department Chair will decide if exclusion from the program is in the best interest of all children at the CDC. If exclusionary measures must be taken, the CDC staff will assist the family in accessing services and an alternative placement.

The Guidance Policy complies with federal and state civil rights laws.

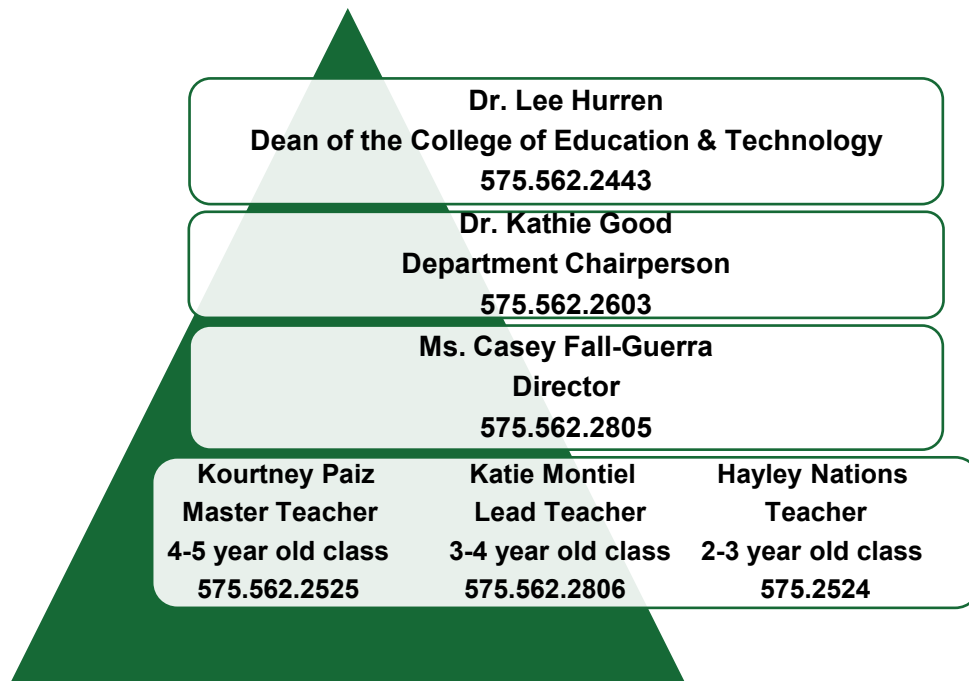
Preparation and Training of Staff on Guidance Policy. All teaching staff will be trained on the child guidance policy during annual training. In addition, staff will attend regular, ongoing professional development trainings to reinforce and build their knowledge of positive and developmentally appropriate guidance techniques.

Monitoring the Guidance Policy. The ENMU Child Development Center and Laboratory School staff will document evident of any child who has recurring (two times or more) challenging behaviors. To ensure that the policy is being implemented in practice, the director and master teachers will periodically visit each classroom to evaluate the extent to which the essential features are being implemented. Information from the Teaching and Guidance Policy Essentials Checklist (TAGPEC) will be compared with other program data, such as child assessment data, the Classroom Assessment Scoring System (CLASS), and environmental rating scales (ITERS-3 and ECERS-3), when considering program improvement efforts.

Parent Grievance Procedure. The ENMU CDC seeks to provide a quality-learning environment for all children and families. If you have a question, problem, or concern with any aspect of your family’s experience at the ENMU, we encourage you to talk directly with the appropriate staff member on an informal, person-to-person basis. Our staff are trained to welcome feedback and to make their best effort to deal with concerns in a fair, reasonable, and respectful manner.

If a meeting does not resolve the situation or if you would like to seek further review of the matter, a formal conference with the staff member, the director, including the Department Chair, or the Dean of College of Education & Technology, if warranted, shall determine what, if any, action should be taken. The ENMU CDC is committed to addressing all grievances in a timely manner.

Personnel Organizational Chart



IMPORTANT TELEPHONE NUMBERS

Campus Police	575.562.2392
Portales Police	575.356.4404
Dean of College of Ed & Tech: Dr. Lee Hurren	575.562.2443
CDC Department Chair: Dr. Kathie Good	575.562.2603
CDC Director: Ms. Casey Fall-Guerra	575.562.2805
CDC Lead Teacher: Katie Montiel	575.562.2806
CDC Lead Teacher: Ms. Kourtney Paiz	575.562.2525
CDC Master Teacher: Ms. Hayley Nations	575.562.2525
ECECD Child Care Licensing	575.749.9555
Statewide CYFD Central Child Abuse/Neglect Intake	# SAFE or 1.855.333.7233

APPENDIX A: CLASSROOM SCHEDULES

ENMU Child Development Center Daily Schedule 2- to 3-Year Olds

At this age, children are making new discoveries daily. As two-year olds begin to exert their independence, our program is prepared to open their eyes to a world of learning, sharing, and exploring. Our whole-child approach in the classroom engages young minds with a blend of music, art, and movement, as well as the early education fundamentals they'll need as they continue on to preschool.

7:45 am.....CDC opens

8:00 am.....	Arrive, Explore & Choice Time
9:00 am.....	Breakfast
9:25 am.....	Outside
10:00 am.....	Community Time
10:15 am.....	Learning Centers
11:15 am.....	Lunch
11:45 am.....	Outside
12:30 pm.....	Storytime
1:00 pm.....	Rest
3:00 pm.....	Snack
3:30 pm.....	Learning Centers
3:45 pm.....	Community Time
4:00 pm.....	Outside
5:00 pm.....	CDC closes

Schedule: The sequence of the daily activities is always the same. The times and lengths may vary according to the needs and interests of the children, the program or the weather. During meetings, and activities/centers, laboratory and practicum students may be teaching with teacher supervision as part of their coursework. Both classrooms are combined during the afternoon activities.

**ENMU Child Development Center
Daily Schedule
3- to 4-Year Olds**

As preschoolers gain more self-esteem, they may feel ready to take on the world. Our program enhances that confidence by providing activities to help children become problem solvers and lifelong learners. Through independent exploration, structured activities, and hands-on learning, children will work on early literacy, math, science, and social studies concepts. A healthy dose of running, jumping, and dancing keeps them active too.

7:45 am.....	CDC opens
8:00 am.....	Arrive, Explore & Choice Time

9:00 am.....	Breakfast
9:25 am.....	Outside
10:00 am.....	Community Time
10:15 am.....	Learning Centers
11:30 am.....	Lunch
12:00 pm.....	Outside
1:10 pm.....	Storytime
1:30 pm.....	Rest
3:00 pm.....	Snack
3:30 pm.....	Learning Centers
3:45 pm.....	Community Time
4:00 pm.....	Outside
5:00 pm.....	CDC closes

Physical Education: On Mondays and Wednesdays, this classroom has a 20 to 25-minute play session with the motor skills development faculty and students. This is added to the schedule approximately 6 weeks into the fall and spring semesters, and continues up until the last week of the semester. The session from 12:00 – 12:30 pm.

Schedule: The sequence of the daily activities is always the same. The times and lengths may vary according to the needs and interests of the children, the program or the weather. During meetings, and activities/centers, laboratory and practicum students may be teaching with teacher supervision as part of their coursework. Both classrooms are combined during the afternoon activities.

**ENMU Child Development Center
Daily Schedule
4- to 5-Year Olds**

Prekindergartners are preparing for the adventure of a lifetime – school. Our program is designed to get them ready by teaching literacy concepts, math concepts, and valuable social skills. With small group instruction, independent play in an organized atmosphere, and whole-group activities, children will have all the right skills as they enter into kindergarten.

7:45 am.....	CDC opens
8:00 am.....	Arrive, Explore & Choice Time

9:00 am.....	Outside
9:30 am.....	Breakfast
10:00 am.....	Community Time
10:15 am.....	Learning Centers
11:30 am.....	Lunch
12:00 pm.....	Outside
1:10 pm.....	Storytime
1:30 pm.....	Rest
3:00 pm.....	Snack
3:30 pm.....	Learning Centers
3:45 pm.....	Community Time
4:00 pm.....	Outside
5:00 pm.....	CDC closes

Physical Education: On Mondays, Wednesdays, and Fridays, this classroom has a 20 to 25-minute play session with the motor skills development faculty and students. This is added to the schedule approximately 6 weeks into the fall and spring semesters, and continues up until the last week of the semester. The session from 12:00 – 12:30 pm.

Schedule: The sequence of the daily activities is always the same. The times and lengths may vary according to the needs and interests of the children, the program or the weather. During meetings, and activities/centers, laboratory and practicum students may be teaching with teacher supervision as part of their coursework. Both classrooms are combined during the afternoon activities.