Chapter 2

Policies and Procedures

"When I use a word," Humpty Dumpty said, "..it means just what I choose it to mean..neither more nor less."

L. Carroll, Alice in Wonderland

♣ WHAT ARE THE POLICIES AND PROCEDURES UNDER WHICH WE OPERATE?

Why do we need to have policies and procedures? Why don't we do just what seems best to do at the time? Does it matter how we do things? What difference does it make?

Just imagine the kind of chaos that would result if caregivers did not respond in a consistent manner to children. What if children and staff never knew what to expect when they came to the center each day?

Polices and procedures are established for very good reasons. Policies and procedures:

- ♣ save hours of the director's time
- ♣ provide for consistency from caregiver to caregiver (if policies and procedure are known and followed)
- ♣ provide a feeling of stability for children, parents, and staff
- ♣ enhance the professional status of the center
- ♣ reduce the number of decisions that the director has to make
- ♣ establish the lines of authority
- ♣ clarify the specific responsibilities of each staff member
- ♣ in times of emergency, provide a coordinated, smooth response to the crisis
- ♣ communicate the same message to all persons involved in the center

There is less opportunity for confusion and misunderstanding when policies and procedures are written down. The parent handbook, the staff member's handbook and the licensing documentation should all include the same message.

♣ POLICIES AND PROCEDURES

Policies

Policies answer the questions **What, When,** and **Why**

Policies are those principles which we set up to govern actions within the child day center, especially those which happen over and over again. Policies come from:

- ♣ the philosophy, goals, and purpose of the center
- ♣ decisions made by the director, either alone or with staff, parents, and the advisory boards
- ♣ operating regulations either from licensing, public health, or building codes

Policies and procedures are intended for both staff and parents. It is important that staff members know the established procedures of the center. Parents are entitled to complete, accurate information about the operation of the facility. They must understand the scope and the limit of the services provided by the center.

Written policies help avoid later misunderstanding. Clearly defined policies and procedures also assist in staff training and assure that there are guidelines to follow for the range of predictable problems and emergencies that typically arise in the operation of a child day center.

Procedures

Procedures answer the questions **How, Who,** and **Where**

Procedures outline the process and the responsibility for carrying out the center's policies. The procedure is the action to be taken in implementing the policy in the day-to-day operation. Procedures detail who is responsible, which steps or methods are to be followed and which records must be kept and by whom. Well-written procedures will be useful in both daily happenings and in rare happenings. Written procedures, if followed faithfully, also ensure that legal responsibilities are met.

Policies and procedures must be clear to all staff and parents to be effective. Orientation of new staff members should stress the value of following the standard procedures. Procedures also provide an evaluation tool by which performance of staff members can be measured.

Guidelines for Preparing Policy Statements

As director, you may find that written policies and procedures are very desirable tools for management. The policy and procedure statements which follow are examples. Your own center's special character and ways of doing things will determine your center's policy statements.

There are certain guidelines which help us to prepare policy statements:

- ♣ Define briefly the subject of the policy so that there is agreement about what it covers
- ♣ State the goal or purpose of the policy
- ♣ State the policy in a clear and concise way
- ♣ Make clear the levels of authority involved

These guidelines are not an aspect of the new staff member's responsibilities; however, the clarity of the policies will determine the ability of the new staff member to understand and to carry out those policies. Policies and procedures significantly influence orientation. Ample time must be given in the orientation plan to answer questions and to explain the reasons for doing things in a particular way.

Finally, the written policies and procedures define clearly the orientation process for the new staff member from the very beginning. The procedure is established. The job of the supervisor is to provide guidance rather than criticism to new staff members. Establishing clear policies and procedures, and training through modeling and guidance will promote a strong bond with the new staff member and will enhance their self-concept and self-esteem.

♣ POLICIES REQUIRED BY LICENSING

The **Licensing Standards** require written policies to be provided to parents before the child's enrollment as well as to all staff members. They must include information about the following:

- ♣ philosophy and any religious affiliation of the center
- ♣ hours and days of operation, holidays or other center closures
- ♣ telephone number of the center
- ♣ appropriate general daily schedule for the age of the enrolling child
- ♣ description of established lines of authority for staff
- ♣ termination of enrollment policies
- ♣ center's policies for the arrival and departure of children:
  - Procedures for verifying that only persons authorized by the parent are allowed to pick up the child
  - Picking up children after closing
  - Procedure for when a child is not picked up for emergency situations (inclement weather or natural disasters)
- ♣ discipline policy including acceptable and unacceptable discipline measures
- ♣ food policies
- ♣ transportation safety policies
- ♣ procedures for handling medicines and any medical procedures used
- ♣ policy for reporting suspected child abuse/neglect
- ♣ policy for communicating an emergency situation to parents
- ♣ policy regarding application of: sunscreen, diaper ointment, and insect repellent
- ♣ statement of custodial parent's right to be admitted to the center at any time

BEST PRACTICES

In addition to policies required by the **Licensing Standards**, it is also a recommended administrative procedure to develop written policies on:

- ♣ admission and registration procedures
- ♣ fees and accident insurance
- ♣ programs and services, ages served
- ♣ licensing information and regional licensing offices

Organizational Structure

An organizational chart or other description of the established lines of authority within the organization must be posted and clear to both parents and staff. When the director is absent there needs to be a clear, established flow of responsibility through the staff. All staff members and parents should be aware of who is responsible for the center, children, and the multitude of tasks when the director is not in the center. Following are two sample organizational flow charts. You may adapt and use these as they fit into your center's organization.

Sample #1

Chain of Command

1. In the Center Director's absence, this chain of command is followed:
   1.
   2.
   3.

2. For dispensing medication, this chain of command is followed:

Green Team	Yellow Team
1.	1.
2.	2.
3.	3.
Blue Team	**Orange Team**
1.	1.
2.	2.
3.	3

(Adapted from Children's Harbor - Ghent, Norfolk, VA)

Sample #2

Organizational Structure

Owners,
Board of the Organization
or Parents in a Cooperative

Director

Assistant Director

Auxiliary Staff		Teaching Staff	
Cook		Head Teacher	Head Teacher
Maintenance Man	Secretary/ Bookkeeper	Assistant Teacher	Assistant Teacher
		Aide	Aide
		Foster Grandparent	Volunteer

POLICIES FOR STAFF

The following policies/procedures, as well as those mentioned for parents, must also be provided in writing to staff by the end of the first day of supervising children:

- ♣ procedures for children arriving late
- ♣ procedures for absent children
- ♣ procedures for identifying where children are at all times
- ♣ procedures for action in case of lost/missing children, ill or injured children, medical and general emergencies
- ♣ procedures for response to natural and man-made disasters
- ♣ policy and procedures for any administration of medication

Policies and procedures required by the **Licensing Standards** must also cover:

- ♣ safety policies for swimming and written parental permission
- ♣ a written emergency preparedness plan
- ♣ playground safety with provision for active supervision and method of maintaining a resilient surface
- ♣ injury prevention (Update at least annually based on documentation of injuries and a review of activities and services.)
- ♣ job responsibilities and to whom they report
- ♣ recognizing child abuse and neglect and the legal requirements for reporting suspected abuse

For staff who work in therapeutic or special needs child day programs, the following additional training is required before staff assume job responsibilities:

- ♣ universal precautions procedures
- ♣ activity adaptations
- ♣ medication administration
- ♣ disabilities precautions and health issues
- ♣ appropriate intervention strategies
- ♣ knowledge of the group being served

Requirements in a Child's Record

The **Licensing Standards** require that each center shall maintain and keep at the center a separate record for each child enrolled. This file shall contain the following information:

l. Identifying information

   a. name, nickname, sex, and birth date
   b. name, address, and home phone number of each parent who has custody
   c. work phone number and place of employment of each parent who has custody
   d. name and phone number of child's physician
   e. name, address, and phone number of two designated people to call in an emergency
   f. names of persons authorized to pick up child
   g. appropriate legal paperwork when custodial parent requests center not to release the child to other parent
   h. child's beginning date of attendance
   i. enrollment termination date
   j. name of additional programs/schools child attends, plus class or grade level
   k. allergies and intolerance to medications, foods, or other substances (and actions to take in an emergency)
   l. chronic physical problems
   m. pertinent developmental information
   n. any special accommodations needed by the child

2. Authorization for emergency medical care; unless the parent states an objection to the provision of such care on religious or other grounds

3. Statement that center will notify parent when child becomes ill and that parent will arrange to have child picked up as soon as possible

4. Blanket permission slips and opt-out requests

5. Statement that parent will inform center within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease.

6. Physical examination record including date, signed by physician, his/her designee or health department official

7. Immunization record, date and updates (signed by physician or designee or health department official)

8. Copy of initial plan and subsequent or amended service, education or treatment plan for child in a therapeutic child day program.

9. Additional information about children

10. Name of additional programs or schools that child is concurrently enrolled.

11. Previous child day care and schools attended by child.

12. Proof of identification and age.

13. First and last dates of attendance.

Licensing Standards also require the following information for each child in care. This information may be kept in a central file, as the **Licensing Standards** do not require it to be a part of the child's personal file.

a. Field trip and transportation permission

b. Written, signed permission for swimming and wading with level of ability

c. Authorization for giving medication to the child

d. Infants: record of formula and child's feeding schedule (parental instructions requested if not fed on demand)

e. Written documentation of accident/injury

Sample Forms:

Children's Records

Pre-Admission
Background Information Form

The center staff needs your help to understand and plan for your child. Please fill out the following form and return it to the center before enrollment.

Date _____

Child's Name _____ Sex: M_____ F_____
(Last) (First) (Middle)

Child's Preferred Name _____(First, Middle or Nickname)

Complete Address _____

Phone Number _____ Birth Date _____Age_____
m/d/y

Admission Date _____ Termination Date _____

Grade Level _____ School_____

Father's Name _____
(Last) (First) (Middle)

Occupation _____ Company _____

Business Address _____

Business Phone # _____ Cell # _____

Mother's Name _____
(Last) (First) (Middle)

Occupation _____ Company _____

Business Address _____

Business Phone # _____ Cell # _____

Is Father living? _____ Is Mother living? _____ Separated? _____Divorced? _____

Please list persons authorized to pick up your child:

_____

_____

_____

_____

Is there anyone whom you **do not** wish to pick up your child? _____

If so, please give name and relationship to child.

Name _____ Relationship to child _____

Other members of the family (brothers, sisters, grandparents, etc.) living at home:

Name	Age	Relationship	Indicate Name Used by Child

Other members of the family (grandparents, aunts, uncles, etc.) living in the community:

Name	Age	Relationship	Indicate Name Used by Child

Has your child had any previous school experience? _____

If so, please give name and type of school

_____ Length of attendance _____

Does your child take a nap? _____ Morning _____ Afternoon _____

How many hours does your child sleep at night? (Approximately) _____

Is your child toilet trained? _____ Does your child use any special word for toileting? _____

If so, please state _____

Describe your child's appetite:
always hungry_____ never hungry _____ snacks _____ snacks all day _____
eats at mealtime _____ has to be coaxed to eat _____
Are there any foods your child may not or cannot eat? (due to allergies, religious customs, etc.) _____

If so, please list: _____

Are there any foods your child dislikes? _____ If so, please list:

_____

_____

Child's Special Interests: singing _____ painting _____ stories _____

trucks _____ pets _____ music _____

outside play _____ coloring _____ Other _____

Is your child generally:

cooperative? _____shy? _____ competitive? _____ happy? _____

aggressive? _____ sensitive? _____ submissive? _____

angry? _____

Your child usually does what is asked of him/her? _____

Your child seldom does what is asked of him/her? _____ whines? _____

List other behaviors characteristic of your child.

_____

_____

_____

DIVISION OF LICENSING PROGRAMS
DEPARTMENT OF SOCIAL SERVICES
CHILD REGISTRATION FORM (model)

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

PARENT(S)/GUARDIAN(S)

Father	Place Employed	Business Phone
Home Address		Home Phone
Mother	Place Employed	Business Phone
Home Address		Home Phone
Person (s) or Agency Having Legal Custody of Child		Business Phone
Home/Business Address		Home Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		Phone
Two People to Contact if Parent(s) Cannot Be Reached 1.	Address 1.	Phone 1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) **NOT** Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Vir*ginia states unless a court order has been issued to the contrary, the non-custodial parent of a student enrolled in a public school or day center must be included, upon the request of such non-custodial parent, as an emergency contact for events occurring during school or day care activities.

(over)

AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.

2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **

3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.

SIGNATURES

_____ _____

Parent(s) or Guardian(s) ***Date***

_____ _____

Administrator of Center ***Date***

Date Child Entered Care: _____ Date Left Care: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

OFFICE USE ONLY
IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	**Birth Date**	**Birth Certificate Number**	**Date Issued**
Other Form of Proof		**Date Documentation Viewed**	**Person Viewing Documentation**

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): _____
Date

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding,. (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

The Midtown Children's Center

Health History

(to be provided by parents)

Name _____

Birth Date _____ Sex _____

m/d/y

Child's Social Security Number _____

Medical History

Diseases:

Asthma	_____	Pneumonia	_____
Chicken Pox	_____	Whooping Cough	_____
Heart Disorder	_____	Diphtheria	_____
Measles	_____	Mumps	_____
Rubella	_____	Other	_____

Congenital Malformations _____

Allergies (drug, food, etc.) _____

Drug Sensitivities _____

Seizures _____

Comments _____

_____

_____

_____

_____

Parent's Signature _____ Date _____

Address _____ Phone # _____

COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: _____ Current Grade: _____

Student's Name: _____
Last First Middle

Student's Date of Birth: _____/_____/_____ Sex: _____ State or Country of Birth: _____ Main Language Spoken: _____

Student's Address: _____ City: _____ State: _____ Zip: _____

Name of Mother or Legal Guardian: _____ Phone: _____-_____-_____ Work or Cell: _____-_____-_____

Name of Father or Legal Guardian: _____ Phone: _____-_____-_____ Work or Cell: _____-_____-_____

Emergency Contact: _____ Phone: _____-_____-_____ Work or Cell: _____-_____-_____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head or spinal injury		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Hospitalizations		
Developmental problems			Lead poisoning		
Bladder problem			Muscle problems		
Bleeding problem			Seizures		
Bowel problem			Sickle Cell Disease (not trait)		
Cerebral Palsy			Speech problems		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example, feeding tube, oxygen support, hearing aid, etc.):

_____

_____

List all prescription, over-the-counter, and herbal medications your child takes regularly:

_____

Check here if you want to discuss confidential information with the school nurse or other school authority. ☐ Yes ☐ No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance: ____ None ____ FAMIS Plus (Medicaid) _____ FAMIS _____ Private/Commercial/Employer sponsored

I, _____ (do___) (do not___) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. *This authorization will be in place until or unless you withdraw it.* ***You may withdraw your authorization at any time by contacting your child's school****. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.*

Signature of Parent or Legal Guardian: _____Date: _____/_____/ _____

Signature of person completing this form: _____Date:_____/_____/_____

Signature of Interpreter: _____Date: _____/_____/_____

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COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM

Part II - Certification of Immunization

Section I
To be completed by a physician, registered nurse, or health department official.
See Section II for conditional enrollment and exemptions.

(A copy of the immunization record signed or stamped by a physician or designee indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.)
Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name:_____ Date of Birth: |____|____|____|
Last *First* *Middle* *Mo. Day Yr.*

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	**1**	**2**	**3**	**4**	**5**
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	**1**	**2**	**3**	**4**	**5**
*Tdap booster (6th grade entry)	**1**				
*Poliomyelitis (IPV, OPV)	**1**	**2**	**3**	**4**	
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	**1**	**2**	**3**	**4**	
*Pneumococcal (PCV conjugate) *only for children <2 years of age	**1**	**2**	**3**	**4**	
Measles, Mumps, Rubella (MMR vaccine)	**1**	**2**			
*Measles (Rubeola)	**1**	**2**	Serological Confirmation of Measles Immunity:		
*Rubella	**1**		Serological Confirmation of Rubella Immunity:		
*Mumps	**1**	**2**			
*Hepatitis B Vaccine (HBV) ❑ Merck adult formulation used	**1**	**2**	**3**		
*Varicella Vaccine	**1**	**2**	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine	**1**	**2**			
Meningococcal Vaccine	**1**				
Human Papillomavirus Vaccine	**1**	**2**	**3**		
Other	**1**	**2**	**3**	**4**	**5**
Other	**1**	**2**	**3**	**4**	**5**

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Minimum requirements are listed in Section III).

Signature of Medical Provider or Health Department Official:_____ **Date (*Mo., Day, Yr.*):**___/___/____

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Student's Name:_____Date of Birth: |____ |_ ___|___ _|

Section II
Conditional Enrollment and Exemptions

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

_____

_____

_____.

DTP/DTaP/Tdap:[___]; DT/Td:[___]; OPV/IPV:[___]; Hib:[___]; Pneum:[___]; Measles:[___]; Rubella:[___]; Mumps:[___]; HBV:[___]; Varicella:[___]

This contraindication is permanent: [___], or temporary [___] and expected to preclude immunizations until: Date (*Mo., Day, Yr.*): |___|___|___|.

Signature of Medical Provider or Health Department Official:_____ Date (*Mo., Day, Yr.*):|___|___|___|

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on _____.

Signature of Medical Provider or Health Department Official:_____ Date (*Mo., Day, Yr.*):|___|___|___|

Section III
Requirements

***Minimum Immunization Requirements for Entry into School and Day Care (requirements are subject to change)**

- ❑ 3 DTP or DTaP – at least one dose of DTaP or DTP after 4th birthday unless received 6 doses before 4th birthday
- ❑ Tdap – booster required for entry into 6th grade if at least 5 years since last tetanus-containing vaccine
- ❑ 3 Polio – at least one dose after 4th birthday unless received 4 doses of all OPV or all IPV prior to 4th birthday
- ❑ Hib – 2-3 doses in infancy; 1 booster between 12-15 months; 1 dose between 15-60 months if unvaccinated, for children up to 60 months of age only
- ❑ Pneumococcal – 2-4 doses, depending on age at 1st dose for children up to 2 years of age only
- ❑ 2 Measles – 1st dose on/after 12 months of age; 2nd dose prior to entering kindergarten
- ❑ 1 Mumps – on/after 12 months of age
- ❑ 1 Rubella - on/after 12 months of age
  Note: Measles, Mumps, Rubella requirements also met with 2 MMR – 1st dose on/after 12 months of age; 2nd dose prior to entering kindergarten
- ❑ Hep B – 3 doses required (2 doses if Merck adult formulation given between 11 – 15 years of age; check the indicated box in Section I if this formulation was used)
- ❑ 1 Varicella – to susceptible children born on/after January 1, 1997; dose on/after 12 months of age

*** Additional Immunizations Required at Entry into 6th Grade**

- ❑ Tdap – booster required for entry into 6th grade if at least 5 years since last tetanus-containing vaccine

For current requirements consult the Division of Immunization web site at http://www.vdh.virginia.gov/epidemiology/immunization

Certification of Immunization 04/07

Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth

Student's Name: _____ Date of Birth: _____/_____/_____ Sex: ☐ M ☐ F

Health Assessment

Date of Assessment: _____/_____/_____

Weight: _____lbs. Height: _____ ft. _____ in.

Body Mass Index (BMI): _____ BP_____

❑ Age / gender appropriate history completed

❑ Anticipatory guidance provided

TB Risk Assessment: ☐ No Risk ☐ Positive/Referred
Mantoux results: _____mm

Physical Examination

1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment

	1	2	3		1	2	3		1	2	3
HEENT	☐	☐	☐	Neurological	☐	☐	☐	Skin	☐	☐	☐
Lungs	☐	☐	☐	Abdomen	☐	☐	☐	Genital	☐	☐	☐
Heart	☐	☐	☐	Extremities	☐	☐	☐	Urinary	☐	☐	☐

EPSDT Screens Required for Head Start – include specific results and date:
Blood Lead:_____ Hct/Hgb _____

Developmental Screen

Assessed for:	*Assessment Method:*	*Within normal*	*Concern identified:*	*Referred for Evaluation*
Emotional/Social				
Problem Solving				
Language/Communication				
Fine Motor Skills				
Gross Motor Skills				

Hearing Screen

❑ Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.

	1000	2000	4000
R			
L			

❑ Screened by OAE (Otoacoustic Emissions): ☐ Pass ☐ Refer

☐ Referred to Audiologist/ENT ☐ **Unable to test – needs rescreen**

☐ Permanent Hearing Loss Previously identified: ___Left ___Right

☐ Hearing aid or other assistive device

Vision Screen

❑ With Corrective Lenses (check if yes)

Stereopsis	❑ Pass	❑ Fail		❑ Not tested
Distance	Both	R	L	Test used:
	20/	20/	20/	

❑ Pass ❑ Referred to eye doctor ❑ **Unable to test – needs rescreen**

Dental Screen

❑ Problem Identified: Referred for treatment

❑ No Problem: Referred for prevention

❑ No Referral: Already receiving dental care

Recommendations to (Pre) School , Child Care, or Early Intervention Personnel

Summary of Findings (check one):
☐ **Well child; no conditions identified of concern to school program activities**
☐ **Conditions identified that are important to schooling or physical activity** (complete sections below and/or explain here): _____
_____
_____
_____
_____

___ **Allergy** ☐ food: _____ ☐ insect: _____ ☐ medicine: _____ ☐ other: _____
Type of allergic reaction: ☐ anaphylaxis ☐ local reaction Response required: ☐ none ☐ epi pen ☐ other: _____

___**Individualized Health Care Plan needed** (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)

___ **Restricted Activity** Specify: _____

___ **Developmental Evaluation** ☐ Has IEP ☐ Further evaluation needed for: _____

___ **Medication**. Child takes medicine for specific health condition(s). ☐ Medication must be given and/or available at school.

___ **Special Diet** Specify: _____

___ **Special Needs** Specify: _____

Other Comments: _____

Health Care Professional's Certification (Write legibly or stamp)**:**

Name : _____ **Signature:** _____ Date: ____/_____/_____

Practice/Clinic Name: _____ **Address**: _____

Phone: _____-_____-_____ **Fax**: _____-_____-_____ **Email:** _____

MCH 213 F revised 4/07

Child's Emergency Medical Authorization

Name of Child _____ Birth date _____

Name of Parent(s) or Guardian _____

Home Address _____ Telephone #_____

Place of Mother's Employment _____ Telephone #_____

Address _____ Cell #_____

Place of Father's Employment _____ Telephone # _____

Address _____ Cell #_____

The Parent(s)/guardian authorizes _____

(Name of Day Care Center Operator)

to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise, he/she expects to be notified immediately.

1. I/we will be responsible for payment of medical care expenses. _____
2. Medical treatment costs are covered by:
    a. Private Insurance (name & policy no.) _____
    b. Medicaid Coverage No. _____
    c. Other medical insurance:
        Name of Insurance Company _____
        Policy No. _____
    d. No insurance _____

Child's physician or clinic attended _____

Attached is a copy of the agreement with:

Child's parent(s) or guardian and the day care center operator. Yes _____ No _____

_____

Signature (Parent(s)/Guardian) Date

This form is to be kept by the day care operator and is to be taken to the doctor or treatment facility in case of emergency.

♣ What is Your Responsibility to Parents?

Child day care is a support system for families. Families are the primary and continuing caregivers of children. Shared interests and responsibilities between the center and the parents place the child first. Research and experience have shown that those child day programs that have a strong parent component have a more lasting positive effect on children's learning and development. The center policy then should be one that clearly promotes and encourages the attitude of cooperation and support. Communication is the key to good relations between home and the center.

In orienting the new staff member to work positively with parents, these tasks are important:

- ♣ to introduce the new staff member to the parents
- ♣ to introduce parents to the new staff member
- ♣ to acquaint the new staff person with needed information about the children in his/her classroom
- ♣ to know what expectations and policies guide parent-center relations
- ♣ to know what specific things have to be done each day:
  - Which daily records have to be kept
  - Arrival and departure routines and procedures
  - Incident/accident reporting and accompanying forms
  - Which information should be communicated via the teacher
  - Which information should be communicated via the director (i.e., sensitive issues)
- ♣ to know what children are allowed to bring to school
- ♣ to know when support for families requires more assistance than the classroom teacher can give
- ♣ to know what licensing standards apply to the parent-center relationship

All centers have established the policies and procedures which they have found to be necessary and effective. The licensing standards specify some of the communication between parents and center that is not only desirable but necessary for the protection of the children and the center. These standards also recognize the rights of parents including an emphasis on parents' ultimate responsibility for their children.

Communication With Parents

Daily communication with parents is an important aspect of a high quality program. Communication with parents should be an ongoing process. Many of the items below are required by the **Licensing Standards** while others are simply good practices and ideas to keep parents informed of center activities. **The center shall be open for any custodial parent(s) to visit and to observe their child at any time while the child is in the child day program.**

***** Items marked are required by Licensing.

- Prior to admission, the center shall provide written information to parents regarding the items listed earlier in this chapter (page 40) of The Director's Toolbox.*

The parents must also be aware of the following policies and procedures:

- Center shall notify parents when their child has been exposed to communicable disease. (It is highly desirable for the parents to know about infection control policies)*
- Center shall notify parent if signs/symptoms of illness occur.*
- Parents shall be informed at least semi-annually of their child's development, behavior, adjustment, and needs.*
- If asked by parents, staff shall provide feedback about daily activities, physical well being, and developmental milestones.
- Staff shall promptly inform parents when persistent behavioral problems are identified; such notification shall include any disciplinary steps taken in response.
- Center shall post a daily record for parents to see for each child under 16 months of age:*

    a. Amount of time child slept
    b. Amount of food consumed and the time
    c. Description and time of bowel movements
    d. Developmental milestones
    e. Tummy Time (turning infants)

- Written swimming/wading safety rules.
- Parents shall be informed of the center's emergency preparedness plan.*
- Center shall provide opportunities for parental involvement.

- ♣ Custodial parents shall be admitted to any child day program

- ♣ Parents shall be notified immediately if a child is lost, experiences serious injury, needs emergency medical care, or dies. The center shall notify the parent at the end of the day of any known significant injuries.*

- ♣ Authorization from parents is required for the following events:

    a. Emergency treatment*
    b. Field trips and transportation*
    c. School pictures and permission to use
    d. Participation in activities and on equipment
    e. Agreement to sign child in and out of the center
    f. For swimming and wading permission*
    g. Assignment of child to a different age group*
    h. Agreement regarding the reasons for termination of services*
    i. Authorization that parent/guardian has agreed to pick up an ill child if so requested by the center*
    j. Authorization to give medication to the child*
    k. Parental/guardian instructions for feeding infants, especially if not fed on demand*

Sample Forms:

Parent Handouts

Parent Handbook Contents

PROGRAM DESCRIPTION
- Purpose, scope, philosophy, and any religious affiliation
- Telephone number and address of center
- Program and services provided
- Ages of children served
- Organizational chart and lines of authority
- Fees
- Licensing Information
- Hours and days of operation
- Holidays and other times closed

ADMISSION AND TERMINATION POLICIES
- Enrollment criteria
- Enrollment procedures
- Enrollment application
- Enrollment form
- Child history information
- Health record
- Termination policy

DAILY ROUTINE, POLICIES AND PROCEDURES
- Authorized release of children
- Arrival and departure procedures (including late pickup and no pickup)
- Attendance records
- Daily attendance record form
- Mealtime
- Naptime
- Outdoor play
- Behavior Guidance

PROGRAM INFORMATION
- Daily schedule and planned activities
- Materials and equipment
- Field trips
- Blanket permission form
- Grouping of children, group size, and transition from one group to another

HEALTH AND SAFETY POLICY AND PROCEDURES
- Communication of emergency situations
- Daily inspection
- Injuries
- Illness/accident/incident report form
- Fire Safety
- Fire drill report form
- Severe weather
- Safety rules
- Sick child policy
- Transportation safety
- Street safety
- Preventing communicable diseases
- Medication administration and authorization

LICENSING
- Contact offices

MISCELLANEOUS
- Reporting suspected child abuse

Daily Report Form for Infant Schedule

(Posted for children under 16 months of age)

MIDTOWN CENTER
Daily Report

NAME **DATE**

7:00

7:30

8:00

8:30

9:00

9:30

10:00

10:30

11:00

11:30

12:00

12:30

1:00

1:30

2:00

2:30

3:00

3:30

4:00

4:30

5:00

5:30

6:00

6:30

7:00

7:30

To show:
1. Amount of time the child slept.
2. Amount of food consumed and the time.
3. Description and time of bowel movements.
4. Developmental milestones.

INFANT DAILY NOTE

Name: _____ Date: _____

Sleeping: **Sleeping:**

Down at...	Up at...	Down at...	Up at...

Eating:

Food	Amount Consumed	Time

Diapering: **Diapering:**

BM/Wet	Time	Ointment?	Reaction?	BM/Wet	Time	Ointment?	Reaction?

Developmental Milestones:

Tummy Time:

❑ Attention: My child has medication today!

❑ Attention: Supplies needed! ❑ Diapers ❑ Wipes ❑ Food ❑ Other

Comments:

♣ THE NEW STAFF MEMBER AND THE DAILY SCHEDULE

The inexperienced staff member may feel overwhelmed with the variety of materials, the knowledge of the way things are done, and the procedures which must be learned. The daily schedule, with their own responsibilities outlined clearly, can give a sense of comfort and structure during the orientation period. New staff will experience the same sense of security and stability that the children experience. It will soon become routine to them too!

In the orientation outline we have scheduled some activities to help the new staff member become familiar with activities planning. In the following pages you, the director, will find three different kinds of daily schedules. Your own schedule may be different from those included, but there should be elements that are common to them all.

The schedules are:

A. A generalized program which divides the day into blocks of time, alternating between child initiated and teacher initiated activities.

B. A detailed, structural program listing the variety of activities appropriate to the time slots.

C. A schedule showing the responsibilities and the division of labor among the caregiving team (for older fours and young fives).

The orientation training will specify your own center's daily schedule and the age group to which the new staff member has been assigned. For larger groups of new staff, you may have new staff members work together on the appropriate schedule.

In the orientation process with the truly inexperienced caregiver, you (or the assistant director or the education director) will be introducing them to early childhood education concepts which are new. Take the needed time to answer questions, and to find things they know how to do (cooking, brushing teeth, playing guitar, reading, drawing). Remind them that almost <u>everything</u> that they know will be useful in working with young children.

Model Forms/Schedules:

Staff Handbook
Daily Schedules

MODEL FOR STAFF HANDBOOK

Policies and Procedures

The Classroom

Each teacher will be responsible for the arrangement, decor, upkeep, and general appearance of her classroom.

Room Arrangement

The room should be arranged to encourage the children to be as independent as possible.

Learning Centers

Learning centers should be arranged so that the children have daily opportunities to choose from activities in the areas of art, music, science, manipulative activities, dramatic play, and a quiet area for reading.

Wall Decor

Artwork displayed on the walls should be children's artwork. Individuality and originality should be encouraged.

Pickup

Teachers are responsible for helping the children learn to put things away when they have finished playing with them. Toys in infant and toddler rooms should be put away periodically by the teachers so that there is no hazard of tripping over toys on the floor.

Cleanup

Children should be taught and encouraged to clean up their own spills and art area. A small bucket and sponge should be kept within the children's reach for this purpose. A designated person from janitorial services will do major daily cleaning of the center including rooms and bathrooms. This person will also be on call for major spills or accidents.

Supplies

Teachers are responsible for making sure that their rooms are properly supplied. Supplies will be kept in the closet in the multipurpose room. If a particular item is getting low in supply, it should be reported to the director, assistant director, or secretary so that it can be reordered. Order request forms will be kept available in the storage closet for this purpose. These forms may also be used for any unusual supplies needed for special activities that are planned. These must have the approval of the director or assistant director.

Storage

Each room has cabinets for storage of supplies that are used daily or frequently. Equipment or supplies that are shared by all teachers should not be kept in individual room cabinets, but should be returned to the general supply closet. This cabinet has drawers and shelves that are labeled for supplies, equipment, and idea files to be shared by all teachers.

The Daily Schedule

The daily schedule can be thought of as both policy and procedure. The basic framework and routine provide a stable sequence of events. This stability gives children a sense of security and order. The change in activities from day to day brings the opportunity for learning, for improving skills, and for enjoying the great range of sensory, social, language, and other experiences that stimulate growth.

A good schedule consists of:

- ♣ adequate and well-planned time for physical needs such as washing, toileting, snacks, drinks of water, rest, and mealtimes
- ♣ the balance between active and quiet activities and between indoor and outdoor play
- ♣ opportunity to take advantage of events of the day and of the interests of children

Greeting the Children

Teachers or assistants should greet each parent and child personally by walking up to them and speaking cheerfully to them each day. Get down on the child's eye level so that you can have eye to eye contact. Try to mention something about the child individually, such as what she/he is wearing or some positive event that has taken place in the child's life or something special that will happen at school that day. Be sure to acknowledge the parent as well as the child. Gently help parents say goodbye and leave without hanging on too long so that the child will be able to make a smooth transition.

If a child cries when arriving at school, try to assure the parent that the child will be fine. Let the child kiss the parent goodbye. Insist that parents say goodbye and let the child know they are leaving rather than sneaking out. Explain that the child will develop trust this way and will soon settle down. Often, it helps for the child to be taken to a window so that they can wave goodbye as the parent leaves.

Activities

Activity Mix

Activities should be planned each day so that the children alternate between self-directed and teacher-directed periods. The routine should be predictable and dependable, but capable of flexibility for special times.

Individuality

Activities should be planned with individual children as well as the class in mind.

Levels of Skill

A continuum of levels should be built into each activity. If the art activity that day is collage, there should be materials available for children who just want to lick stickers and stick them on the pages, as well as scissors, string, small three-dimensional objects, staplers, tape, etc., for children whose skills are more advanced so that the activity can present more of a challenge to them. Remember that children love to do things over and over; therefore, repetition should not be hindered.

Developmental Areas

A variety of experiences should be included in each day's plans. The following activities should be available to children daily without the need for instruction or extensive help from the teacher, but with extra supervision as needed for safety according to the activity and materials.

Large motor activities - climbing, running, balancing, ball play, sliding, swinging

Blocks - unit blocks, with accompanying accessories such as cars, signs, small people, animals, paper and crayons for road drawing (accessories can vary from day to day), hollow blocks, cardboard blocks

Easel painting and artwork - including bucket and sponge for cleaning, crayons, paper, scissors, tape, markers, paste, clay

Dramatic play - home center with dolls, furniture, dishes, etc. Prop boxes which allow children to be firefighters, chefs, mail carriers, nurses, doctors, construction workers, beauticians, etc.

Manipulative materials - such as puzzles, small blocks (for the table), pegboards, nesting and stacking toys, parquetry, spools, beads, closing things (zippers, buttons, snaps, etc.)

Other creative activities - such as water play, carpentry, play dough, cooking activities, etc., should be inserted in addition to the above mentioned activities

Perceptual and sensory experiences - with sand, water, rice, sponges, pouring and pre-measuring materials, funnels and tubes, etc.

Language and music activities - with books, flannel boards, rhythm instruments, songs and finger plays, puppets, listening, and recording

Group Time

Group times should be planned to suit the age and attention span of the children in the group. One group time for all the children in the class can be held to talk about current events in the center, sharing time, learning new songs or finger plays, etc. Keep it short. Fifteen minutes is a *long* time for three year olds.

Another time can be set aside for smaller groups to practice skills like playing games (like lotto, bingo, etc.), learning to button or zip, practicing balancing skills on the balance beam, or talking about feelings and emotions.

Sharing Time

Sharing time should be planned so that only three or four children will share each day. Waiting times are kept shorter for all the children if that procedure is followed. Children should be allowed to share whatever they like, whether it is an object, a story, or a song. (Sharing time can also be done at snack and lunch times.)

Flexibility

All schedules and plans should be flexible so that if something special comes up, the activity can be rescheduled for another time.

If children are not responding well to a planned activity, it should be cut short or changed. Have a pocket full of finger plays or songs to rescue a failure. In some centers all of the songs the children know are listed on posters at children's eye level. Teachers have a visual reminder of things the children know.

Spontaneous activities are fine as long as they are initiated within a given planned time span (such as during self-selected activity period or the playground period). Plans are important because children cannot wait for you to plan and prepare an activity for them if they have nothing else to do in the meantime.

Movies and Videos

Use of videos should be limited to those that are appropriate for the age of the children. All videos brought in from outside the center must be approved by the director or assistant director.

The use of videos should supplement the daily activity plans only occasionally. Teachers should not become dependent on videos or television so that they do not plan other, and often more appropriate, activities.

Transitions

Often, transitions are the most difficult time of the day for children, especially new children. If they are handled well, calmly, and are predictable and regular, they will be much easier for the staff as well as the children.

The daily schedule should stay in basically the same order although the length of each activity may vary from day to day. If changes or special activities are planned, the children should be told in advance what to expect.

Emphasis should be placed on getting from one place or activity to another quietly, calmly, and safely. This does not mean that the child need to "line up" in straight lines, but should know to form a group at a certain place so that teachers can count heads if leaving the room.

Be creative when planning transitions. Use made-up words to familiar tunes, fingerplays, and games to help children move from one activity to the next.

All children do not necessarily need to do everything at the same time. The program should be helping children recognize and make choices, an important life task.

Personal Care Routines

Toileting

Children should always have total access to bathroom facilities and should be allowed to freely come and go as needed without having to ask first. Children who are toilet training should be asked frequently if they need to use the toilet, but never forced, ridiculed, or punished if they say no.

Toileting Accidents

Accidents should be treated matter-of-factly, with the teacher quietly helping the child find dry clothes and put wet ones in a plastic bag to be sent home at the end of the day. Feces from soiled clothes should be dumped in the toilet before the clothes are placed in a plastic bag. Children should be encouraged to help clean themselves after accidents, but should not be made to feel they are being punished. Children should be changed immediately when it is discovered that they have had an accident.

Independence

Independence should be encouraged in all facets of a child's personal care. Children should be encouraged to do the things they can do for themselves. Teachers should help the child if the child seems to be getting frustrated or upset because he/she can't quite get something to work right. The amount of help should be minimal–just enough to get the child started on his/her own again. Be generous with praise when a child has successfully completed a task on his/her own.

Brushing Teeth

All children should have toothbrushes at school. Infants' parents can be encouraged to bring the infant gum massage utensils that they can chew on after eating. Children who have teeth should brush their teeth after breakfast and lunch. Toddlers can be given their toothbrushes (without toothpaste) while still in their high chairs and allowed to just become familiar with them and chew on them for a minute or so.

A. Time Block Plan

Time Block I. — **Greeting Children**
6:30-8:30 or 9:00 a.m.
Breakfast for those desiring it
Self-selected activity in multi-age groups for early arrivals
Move to own groups as teachers arrive and are ready for children

Time Block II. — **Self-Selected Activity (Indoors)**
9:00-10:00 a.m.
(Arrival time for short-day children)

Art	Small, wheeled toys
Science	Table games and manipulatives
Music	Blocks
Dramatic play	Books
Language arts	

Time Block III. — **Teacher-Directed Activity**
10:00-10:45 a.m.
Cleanup
Toileting, washing hands
Snack
Quiet Time: looking at books, music, story time and discussions

Time Block IV. — **Self-Selected Activity (Outdoors)**
10:45-11:30 a.m.

Climbing	Riding tricycles
Swinging	Sand Play
Running	Science activity

Time Block V. — **Lunch Period**
11:30-12:30 p.m.
Toileting, washing hands, resting
Eating
Washing hands
Preparing for nap (going home if short-day program)

Time Block VI. — **Nap Time**
12:30-2:30 p.m.
Dressing for nap
Sleeping
Toileting
Dressing

Time Block VII. — **Self-Selected Activity**
2:30-6:00 p.m.
New activities
Snack
Outdoor play or indoor motor activity
Set up morning activities
Multi-age groups as children go home
Saying goodbye

Blocks II and IV can be interchanged for variation and to meet children's needs for activity. Times are approximate. Meals and activities should be spaced according to licensing standards.

From: Management of Child Development Centers, 3rd Edition, Verna Hildebrand, 1993.

B. Clock-Time Schedule

Morning

7:00-8:30 *Preparation for day.* Arrival of children from 7:00-9:00 (morning admission inspection)

Self-initiated play
Cot rest for children requiring additional sleep
Breakfast for children coming early

8:30-9:30 **Free play** (guided activities)

Clay molding	Book browsing
Painting	Cutting and pasting
Block building	Housekeeping
Puzzles	Woodwork
Caring for pets	Crayon - Coloring
Finger Painting	String beads
Talking on play phone	Bean bag games
Sorting materials	"Dress-up" role play

9:30-10:00 **Snack**
Hand washing

Juice/milk/crackers or fresh fruit in season	Cheese and crackers/juice

10:00-10:45 **Outdoor play**
(Free play, large muscle motor development)

10:45-11:15 **Group Activities** (social and cognitive stimulation)
Daily group time: Days of week, month, etc.

Stories, poems	Finger plays
Body movement activities	Rhythms and songs
Science experiences	Flannel board drama
Short field trips	

11:15-11:30 **Preparation for Lunch**
Hand washing
Toileting

Puppets	Quiet games
Story book - recordings	"Listening" music

Wellness lessons: nutrition, safety, healthy habits

11:30-12:15 **Lunch** (family style meal service, if possible)
Opportunity to develop good eating and nutrition habits, to share experiences and thoughts in conversation. Children should be given the opportunity to engage in such activities as:

Folding and giving out napkins
Placing cups
Placing containers of milk
Pouring their own juice or milk, etc.

Afternoon

12:15-12:30 **Preparation for resting on cots**
(Quiet music, perhaps a book)

12:30-2:30 **Rest period**
A rest period helps the child to learn the habit of relaxing. The room should be quiet with only such movement as necessary. The room should be well ventilated and shades drawn. Children should be taught to help put the cots away. Children get up as they awake individually.

2:30-2:45 **Toileting**
Wash hands

2:45-3:00 **Snack time**
Fruit or vegetables. Small sandwich, etc.

3:00-4:00 **Outdoors**
Large motor activity

4:00-4:45 **Language, pre-mathematics, fine-motor, science, health activities**

Listening	Sequence cards
Enjoying book	Making books
Singing	Puppets
Poetry	Matching games
Comparing, building, collections	

4:45-5:45 **Departure time**
Checked out by parent. Departure is noted by teacher and acknowledged to the child. Time for communication with the parent. Children who stay later may work on a special project, play outdoors, choose their own activity.

C. Sample Basic Schedule: Older 4's and 5's

Time	Children's Activity 8:30-4:30	Lead Teacher (Part-time)	Co-teachers 8:30-12:00	Foster Grandparent
7:00-7:15	Put belongings in locker and help teacher set up room for the day		Set up room for daily activities	
7:15-8:45	Selective Play		Set up areas Supervise and Interact Greet parents and children	
Areas				
Home Center Blocks Toys Clay Science	Story land Table activities (Scissors, papers, pegs, puzzles, lacing, etc.)	8:30 Arrive and children realize that it's almost clean-up time		
8:45-9:00	Clean-up and use restroom Wash hands	Supervise clean-up		Supervise restroom
9:00-9:25	Morning Opening	Leads morning opening 1. Roll Call 2. Choose grandchild for the day 3. Date and weather 4. MWF - Topic activities TTH - Alphabet, numbers colors, etc. presented in interesting ways	Supervise morning opening	9:30 Prepare snack Take grandchild for the day with her to help
9:25-9:45	Snack	Supervise and interact during snack		
			9:45-10:05 (morning break)	
9:45-9:55	Restroom and handwashing	Supervise Encourage good restroom habits		
9:55-10:40	Outside or inside play	Supervise and interact during activities 10:10-10:30 (morning break)		

Time	Children's Activity 8:30-4:30	Lead Teacher (Part-time)	Co-teachers 8:30-12:00	Foster Grandparent
10:45-10:55	Wash-up and get ready for music	Supervise wash-up As children wash-up, teachers switch days and provide activity for those who wash first		
10:55-11:15	Music	Pull out cots	Participate in music	(morning break)
11:15-11:30	Stories brought from home read during this time	Present activity to the children	Prepare lunch	
11:30-11:55	Lunch		Supervise Lunch	
11:55-12:10	Restroom and get on cots	Help children get ready	Supervise restrooms	Clean-up lunch
12:10-2:30	Nap or rest quietly	Prepare lessons and daily cleaning	Mid-day break	
2:30-3:00	Get up from nap and restroom	Put away cots	Prepare snack and tie shoes	
3:00-3:15	Snack	Supervise snack		
3:15-3:30	Gross motor activity	Lead-in activity		
3:30-5:00	Outside or inside play	Supervise and interact		
		3:45-3:55 (afternoon break) Take turns Clean Restrooms 4:10-4:30 (leave at 4:30)		4:00-4:10 (break)
5:00-5:15	Afternoon quiet activity		Lead-in activity	
5:15-5:30	Quiet Activities		Prepare room for going home. Put up chairs; close Blinds and windows	
5:30			Take children to late room	

THE **L-O-N-G** DAY

When a child may be in a center for eight hours or more, be sure that there are opportunities for quiet relaxation in addition to scheduled nap/rest periods. Young children and older ones (even adults!) need periods when they do not have to respond to the demands of either small or large groups. A quiet corner or two with pillows or carpet with good books or even records and tapes where one or two children could be alone will provide a needed private and restoring experience.

♣ POLICY STATEMENT: GUIDANCE AND CLASSROOM BEHAVIOR

This center is devoted to the development of positive self-esteem and to the development of self-discipline in children. We recognize the differences in the ages of children and in their abilities. We will have a schedule that provides a wide variety of quiet and active periods. We will have sufficient equipment and materials to provide at least three centers for each child. We will arrange our rooms in such a way as to encourage individual, small group, and whole group activities. We will provide skillful teachers who can anticipate and defuse charged situations. We will be sure that all of the children know what they are expected to do. We will have good rapport with parents so that there is consistency of child guidance methods from home to school.

The purpose of this introduction on guidance is to emphasize that the setting, the planning, the structure, and one's communication with children determine to an enormous degree whether or not there is a constant, steady stream of behavior concerns, or whether or not a "discipline problem" is rare and strange.

As a staff in partnership with parents, we will:

- ♣ clearly define and be consistent in maintaining limits
- ♣ provide directions or suggestions in a positive way
- ♣ give the child a choice only when a true choice exists
- ♣ reinforce directions with action when necessary
- ♣ use our voices as a teaching aid. "Time to go in."
- ♣ model the behaviors that are appropriate
- ♣ model courtesy and thoughtfulness
- ♣ recognize potential problems and adjust action to prevent them
- ♣ position ourselves to allow effective supervision
- ♣ provide suggestions and directions for maximum effectiveness
- ♣ take action when needed

How Does Our Staff Guide Children Toward Self-Discipline and Desirable Social Development?

Guidance, discipline, behavior management, control, behavior modification and self-esteem are all relevant to a child's development of self-discipline and social skills. We want to promote self-control without squelching the child's spontaneity and child-like behavior. We want caregivers under our supervision who have a clear understanding of acceptable and unacceptable techniques of guidance and discipline.

Often times "discipline," is interpreted as "punishment." These terms, however, differ significantly, and they result in opposing effects when attempting to encourage a child to change his behavior. Punishment is a penalty for committing an inappropriate action; punishment is inherently negative, focusing on the past. In contrast, guidance and discipline are forward-looking: they provide positive behaviors to imitate and reasons to follow reasonable rules. Guidance provides a framework for a desirable change. It suggests an action, a behavior you wish the child to imitate.

Guidance, in the context of the child day center environment, has a broad meaning. It includes all of the strategies that teachers use to influence behavior. These strategies may include room arrangement, the daily schedule, the program itself, the amount of equipment and materials available, and the climate of expectation in the room. Guidance also entails attention to the developmental level of the child. In this way, guidance can be direct or indirect. Adults use guidance to intervene in situations that can develop into conflict; in this way, guidance redirects.

Guidance also offers words to replace hitting, recognizes hunger, tiredness and boredom. It gives children positive behavior models.

What a great concept!

How do we help the new staff member provide positive, effective guidance from the moment they begin working with children?

The teacher who:

- must chase children around because the room is set up like a racetrack, or
- has to protect the one available truck from five children, or
- must unscramble the seven children crowding around the sink,

may leave teaching because she cannot control the classroom.

What should the director do to promote on-the-job training in guidance for the new staff member, for the inexperienced caregiver?

The following very specific caregiver behaviors derive from years of experience in preschool programs. Because they are successful, these strategies have been reproduced, shared and used in training on classroom management. For the inexperienced teacher, the strategies provide a set of observable techniques through with practice can become automatic and effective.

In supervising the use of these techniques, reinforcement results through saying, "You did a good job of getting Jan's attention before you asked her to help with the clean-up", "John really responded well to the way you gave him a choice," and "Gayle, you handled that sand throwing situation very well. You gave a positive statement and your voice was firm. There was no question that the sand stays in the sandbox." "Well done!"

Suggestions for Guiding Groups of Children

1. **Always stand or face** in a direction to keep all the group in view, even while speaking to one child. Keep your back to the wall, face outward.

2. **Be sure you have the child's attention** before giving directions or making suggestions. Go to him; speak his name. Keep requests simple.

3. **Speak in a low, pleasant**, but firm voice. Be sure to "drop" the voice at the end of statements or directions. Experiment a little and you will see the difference between saying, "Put away your toys now" with the voice left "up in the air", and the statement with a definite lowering of the voice at the end. Use words and tones of voice which will help the child feel confident and reassured.

4. **Give positive suggestions.** Say, "keep the scraps on the table", rather than, "Don't put the scraps on the floor." This puts the child in the wrong without suggesting what she/he should do. The two statements may seem to mean the same thing, but there is a great deal of difference in the way they aid or hinder the child's actions. Also, positive wording is much easier for young children to understand.

5. **Avoid comparisons and competition** among children. Children should not feel that their chances for approval depend on being "first" or "best" or beating someone.

6. **Give logical reasons** when reasons are in order. Say, "throwing the ball in the house may hit someone. You may throw it when you play outdoors". "Would you like to color or play with the blocks now?" Avoid saying, "We do not throw balls in the house." The child wonders who is meant by "we" and why he has to do as "we" do. He stops to please you or because you make him, without associating any reason or realizing any danger. Also avoid saying, "We don't do this in school" implying we have different standards from the child's home.

7. **Offer choices where possible.** Say, "John has the truck now; would you like to play with the clay or the blocks?" In this way the child becomes interested in choosing between the two toys and is more likely to forget about the truck. If you say merely, "Would you like to play with the clay?", the choice is between playing or not playing with the clay. Suggesting choices helps to get the child started to play.

A child may be timid and hesitant to make a choice. He may be excited and be running wildly around. He needs guidance. In both cases, you may wish to sit down, get the child's attention (e.g., eye contact, hold hand) talk to him about what he might do, then go with him and show him how to play with a toy.

8. **Do not offer choice about routine.** When you say, "Will you wash your hands now?" you are implying the rest of the sentence, "or won't you?" You give the child the choice of saying "yes" or "no." Better to say, "Time to wash hands."

9. **The best help forestalls trouble.** When two children are playing and a third approaches, a suggestion such as "Here comes Mary, and she can help set the table," or "You can give her one of the picture books, too," helps them to accept the approaching child.

10. **When limits are necessary, they should be clearly defined** and consistently maintained. The adult must be responsible for limiting children so that they do not come to harm, hurt others, or destroy property. This is important!

11. **Give the child only as much help as he needs.** Do not do things for the child that he can reasonably be expected to do for himself. You may suggest trying one way or another; then let him do it. The result may not be perfect, but mine own." However, be ready to give help before the child is completely discouraged by too much failure.

12. **Help the children to take turns,** and to share their toys. Say, "Sharon has the doll buggy now; your turn is next." Avoid, "Sharon had it first." Soon you will see Sharon clinging firmly to the buggy, saying, "I had it first," with all her thoughts on possession and none on sharing. Be sure to say to Sharon, "You have had a turn; Alice and Ruth are waiting. You may have your turn with the ironing board."

13. **Remember**:
    - ♣ Very young children play together very little.
    - ♣ The younger the child, the more quickly he goes from one thing to another.
    - ♣ The tired child may be overactive and excited.
    - ♣ Keeping calm helps the child to be more calm.
    - ♣ If trouble seems to be brewing, a change of activity helps most–a good time to learn a song, have a drink of milk, go for a walk.

Be Alert! Redirect before, not after the outburst:

Children need time to change activity or routine. Give advance warnings of planned changes. "When you finish your story." ("your block building," "your turn on the swing," etc.) "it will be time to go inside" (or "go to the restroom," "have snack," etc.)

♣ LICENSING REQUIREMENTS FOR THE WRITTEN BEHAVIOR GUIDANCE POLICY

The **Licensing Standards** require centers to define in written policy the center's method of behavioral guidance or discipline. According to the **Licensing Standards**, behavioral guidance is intended to," redirect children to appropriate behavior and resolve conflicts."

The center's written policy allows parents and staff members to have a clear statement of which techniques are permitted in classroom management and those that are prohibited.

In order to promote the child's physical, intellectual, emotional, and social well-being and growth the **Licensing Standards** require that, staff interact with the child to provide needed help, comfort, support and that they:

- ♣ Respect personal privacy
- ♣ Respect differences in cultural, ethnic, and family backgrounds;
- ♣ Encourage decision-making abilities;
- ♣ Promote ways of getting along;
- ♣ Encourage independence and self-direction; and
- ♣ Use consistency in applying expectations.

Prohibited behaviors are outlined in the **Licensing Standards** and should also be in your center's written discipline policy. Prohibited methods are as follows:

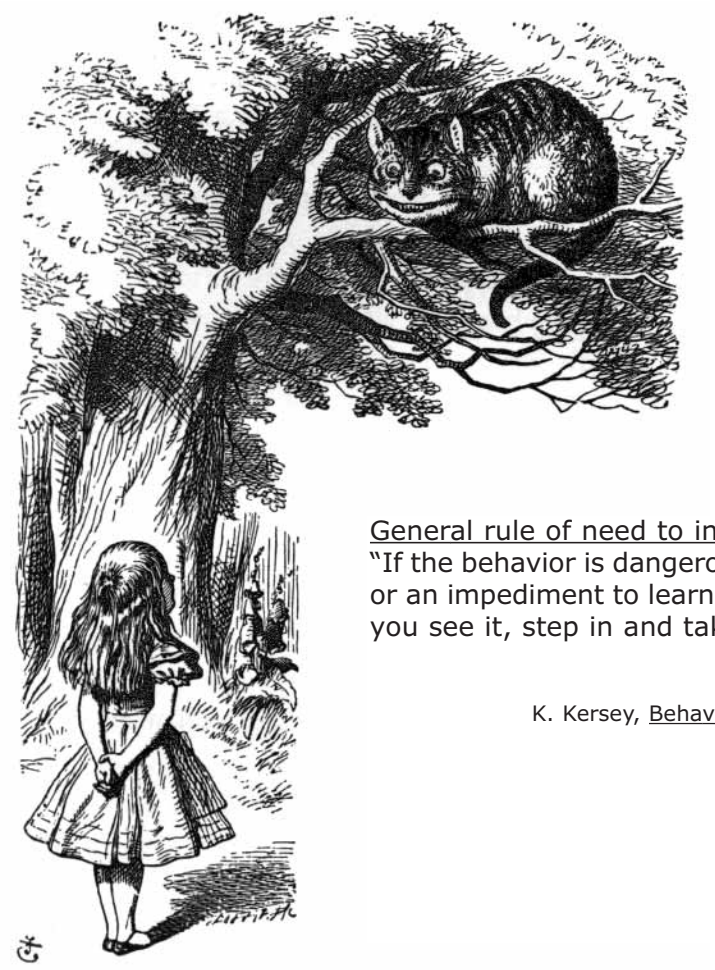
1. Physical punishment, striking a child, roughly handling or shaking a child, restricting movement through binding or tying, forcing a child to assume an uncomfortable position, or using exercise as punishment;
2. Enclosure in a small confined space or any space that the child cannot freely exit himself; however, this definition does not apply to the use of equipment such as cribs, play yards, high chairs, and safety gates when used with children preschool aged or younger for their intended purpose;
3. Punishment by another child;
4. Separation from the group so that the child is away from the hearing and vision of a staff member;
5. Withholding or forcing of food or rest;

6. Verbal remarks which are demeaning to the child;

7. Punishment for toileting accidents; and

8. Punishment by applying unpleasant or harmful substances.

Placing these statements in your own center policy makes very clear your commitment to appropriate guidance, self-control methods and classroom management techniques.



General rule of need to intervene:
"If the behavior is dangerous, destructive, embarrassing, or an impediment to learning, don't ignore it. As soon as you see it, step in and take action. Step in and stop it."

K. Kersey, Behavior Management, 1985

Tips Before Time Out.
Using Positive Behavior Management Strategies

Early childhood teachers cringe when they hear that dunce caps and chairs in the corner are still being used as methods of discipline, yet are quick to send their children to a time out chair for the slightest infraction of behavior. Frequently, these "chairs" are labeled with a sad face and placed in an area of the classroom far away from all activities and interactions. Once there, the child cries, has a tantrum, or daydreams. Rarely do they "think about what they've done" as is their set of instructions. Clearly, the original conception of the time-out chair has been changed and it is now the modern chair in a corner, or dunce cap!

It would be foolish to think that time out, when used correctly, does not have a place in the behavior management forum, but there are several things teachers and parents can do before implementing time-out. Thinking in terms of prevention greatly reduces the need for time-out.

1. **Preparation**
   Be prepared and well-organized. Keep the children challenged and engaged in fun learning. Avoid activities that are boring or frustrating. Plan developmentally appropriate activities.

2. **Identify Problem Behavior and Chart Its Frequency**
   What exactly is the problem and whose problem is it? How often is the behavior occurring and is there a pattern for this occurrence? Does Joel misbehave every Monday morning? Perhaps he spends weekends with a non-custodial parent. Does Anna cry every Wednesday? Perhaps mom takes a class on Tuesday evenings and Anna misses her evening routines. Does Leslie have more difficulty prior to rest time? Is she tired?

   A clear analysis of the behavior often gives insight as to the cause and perhaps, once determined, the reason for the misbehavior could be eliminated.

3. **Determine Any Physical Causes for the Problem Behavior**
   Is the child ill, or language delayed? Are there changes in the home or school environment that could be upsetting: new sibling, illness or death of a loved one (including a pet), new marriage for either parents, new home, new teacher, friends moving away, parent on extended absence from the home? Can these changes be avoided? If not, be sure the child understands what is going on and why these events are happening. Use clear, simple language the child will understand. Provide emotional support and reassurances for the child during this time.

4. **Rearrange Environment to Remove Possible Causes of the Problem Behavior**
   Is the environment appropriate for the child? Some children need self-contained, rather than large open spaces, in order to be successful. If possible, match the child's learning style with that of the teacher.

5. **Ignore Inappropriate Behaviors, Except When They are Unhealthy or Unsafe**
   Since much behavior is aimed at getting attention, ignoring the undesirable behavior will usually extinguish that behavior.

6. **Distract the Child: Focus Attention Elsewhere (for infants/toddlers)**
   Redirect the Child: Provide Alternate Activity (for preschoolers/school-age)
   Anticipate the child about to engage in an unwanted activity and either verbally or physically, present an alternate material or activity. This small bit of attention, in addition to the new activity, generally stops the misbehavior or prevents it from happening at all.

7. **Teach Ground Rules–Use Role Playing, Discussion, Repetition**
   Use language that the child clearly understands so there is no confusion as to what is the acceptable behavior. Model behaviors as they should be. Handle confrontations and disagreements in an appropriate manner.

8. **Establish Eye Contact**
   Children will avoid misbehaving if they are being watched. Remain on their eye level. Avoid placing your back to a group of children. We really don't have eyes in the back of our heads!

9. **Clarify Expectations**
   Children will behave as they are expected to behave. Remember this self-fulfilling prophecy. Be sure the children know what you mean, what you want them to do, what is accepted and what is not allowed.

10. **Encourage Problem-Solving–Teach Active Negotiation Skills**
    Children should be encouraged to think of alternative solutions and outcomes to their problems. How can they satisfy their goal in a socially acceptable manner? Aim for win-win solutions. Help children to express their emotions verbally and honestly.

11. **Use Positive Communication: Active/Reflective Listening, I-Messages, Establish Mutual Respect, Validate Feelings, Praise and Encourage**
    Children have the right to feel anyway they want. They do not have the right to act on all their feelings. Let them know all of their feelings will be accepted, but only socially acceptable behaviors will be allowed.

    Respect their feelings and give them your full attention and respect. How would you talk to a guest in your home? Children deserve the right to simple courtesies: please, thank you, you're welcome. Avoid demands and sarcasm, adults have a hard time with this method of communication too. Freely praise appropriate behavior. Be genuine. Encourage any and all attempts to achieve the desired behavior.

12. **Use Assertive Communication**
    Be simple, honest, direct, tactful, concrete, respectful, positive, optimistic, flexible, confident, persistent, and empathetic. Respect the child's dignity and privacy.

13. **Use Positive Actions: Non-verbal Cues, Body Language**
    Be demonstrative. Smile. Hug. Use frowns only when you are disappointed or saddened by inappropriate behaviors. Be sure to end each discussion with a hug and, "I know you'll do it this way next time."

14. **Provide Encouragement and Offer Assistance**
    Know the ability level and interests of the child. Plan according to those levels and interests. Be there to eliminate boredom and/or frustration.

15. **Offer Realistic Choices**
    Children who like to be in control and want to feel powerful, respond favorably to choices rather than orders. Telling Elliott to put on his shoes is not as well received as asking him which shoe he is going to put on first – the left or the right?

    Be sure to offer a choice, only when there is a choice. If it is time to come inside, saying, "It is time to come inside, OK?" gives the child the right to say, "No, it is not OK!" When a choice is not available, state that fact. "You do not have a choice about this decision."

16. **Avoid Empty Threats**
    "Pick up the blocks or you cannot go home," is an unrealistic statement. Phillip knows that when his mom comes, he will be able to go home. Be sure you can follow through on your conditions. Be careful not to lose credibility.

17. **Allow For and State Natural/Logical Consequences**
    Children must be accountable for their actions and know that each and every action has an outcome and elicits a response. Be consistent. Follow through each and every time. A child who spills the paint must clean it up.

18. **Be a Positive Role Model**
    Behave as you want the children to behave. Express and handle your emotions as you want the children to express and handle their emotions. Use acceptable vocabulary and behavior to express anger, annoyance, happiness, sadness, disappointment, loss, etc.

19. **Use a Behavior Modification System**
    Involve other resources and adults. Give external reinforcers (stickers, stars) for positive behavior. Gradually decrease these external rewards and replace them with internal controls as the desired behavior is shaped.

20. **Be Willing to Start Over.**
Admit when you have made a mistake…when your expectations were inappropriate or directions were unclear.

21. **Maintain a Sense of Humor.**
Laughing at yourself can be a tension reliever. It also is beneficial for the child to see that adults make mistakes too. Try to find humor even in negative behaviors. Evaluate the seriousness of the misbehavior before reacting.

22. **Be Consistent, Committed, and Willing to Use Appropriate Expectations.**
Become intimately familiar with the age and developmental behaviors associated with children. Accept the difference between age-appropriate misbehavior and purposeful misbehavior. Young children have different methods of perceptions and reasoning than adults. They also have limited memories and language skills. The majority of misbehaviors are goal-oriented. If the child accomplishes his goal, he will repeat that behavior, whether it is acceptable or not.

23. **Use a Time-Out, or a "Time to Do Something Else."**
Time-out is designed to help the child regain composure. It is not a method of humiliation or punishment. Sitting in one place for 2 minutes is torturous for a two-year-old and will not yield a positive, "behavior-changing" result. It is far better to remove the child from the problem situation and allow for a cooling off period. Provide an alternative activity that is product-oriented and requires the child to concentrate: make a necklace using all of the red beads; complete three of these puzzles; sort the shapes into different containers. Have the child remain at the activity until the task is completed. You decide how many times the task must be done. Allow enough time for the child to regain self-control. Try to explore ways the child could have avoided the negative altercation. Time-out ends with a hug and offer of encouragement…"We'll try again this afternoon." Once over, it is truly over. There is no reason to bring it up again.

The ultimate goal of positive behavior management is for the child to develop self-control and learn how to achieve her goals in a socially acceptable manner. Using positive strategies and avoiding punishment teaches the child how to do this. Never ridicule, humiliate, tease, or embarrass the child. We can all remember the adult that used to do that to us and how it made us feel. Focus on the behavior and feelings of the child and avoid the tendency to label certain children. Build the child's positive self-concept in an emotionally healthy, nurturing, sound learning environment.

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FIFTY-FOUR WAYS FOR YOU TO SAY "VERY GOOD"

Recognizing a child's efforts with honest encouragement is a motivating force of great power. Choose appropriately the words that show your responsiveness to the child. This practice establishes that "level of expectation" essential to classroom management.

You've got it made.
You're on the right track now!
You are very good at that!
Now you've figured it out.
Now you have it.
GREAT!
You're getting better every day.
Nice going.
SENSATIONAL!
That's the way to do it.
PERFECT!
You're really going to town!
TERRIFIC!
You've just about mastered that!
OUTSTANDING!
You did that very well.
FANTASTIC!
Keep it up!
TREMENDOUS!
Good thinking!
I like that.
I think you've got it now.
You figured that out fast!
That's really nice.
I'm proud of the way you worked today.
Awesome!
Wonderful!
Doesn't it feel great to finish such a great job!
You must feel good about yourself for doing this!
You're right!
CLEVER!
Way to go.
Now you have the hang of it!
GOOD WORK!
DYNAMITE!
You've just about got it.
THAT'S IT!
Congratulations!
That's quite an improvement.
You're learning fast.
Good for you!
That's the way!
You haven't missed a thing.
Keep up the good work.
EXCELLENT!
You've got your brain in gear today.
You must have been practicing!
Right on!
Good remembering!
You did a lot of work today!
You're a Gem!
Good going!
MARVELOUS!
You remembered.

Adapted from "Effective Discipline: Guidelines for Parents," by Charles A. Smith,

Kansas Cooperative Extension Service.

POSITIVE PRINCIPLES OF DISCIPLINE

Excerpts from 101 Positive Principles of Discipline
Katharine C. Kersey, Ed.D.

"Discipline is a slow, bit by bit, time-consuming task of helping children to see the sense in acting a certain way."
J. Hymes

- Demonstrate Respect Principle - Treat the child the same way you treat other important people in your life - the way you want him to treat you - and others. (How would I want her to say that to me?)

- Make a Big Deal Principle - Make a big deal over responsible, considerate, appropriate behavior - with attention (your eyeballs), thanks, praise, thumbs-up, recognition, hugs, special privileges, incentives (NOT food).

- Connect Before You Correct Principle – Be sure to "connect" with a child – get to know him and show him that you care about him – before you begin to try to correct his behavior. This works well when relating to parents, too. Share positive thoughts with them about their child before you attack the problems!

- Timer Says it's Time Principle - Set a timer to help children make transitions. "When the timer goes off, you will need to put away your books." "In five minutes, we will need to line up for lunch." It is also a good idea to give the child a chance to choose how long he needs to pull himself together. "It's okay to be upset, how long do you need?" Then allow him to remove himself from the group and set the timer. You may offer the child a choice (and set the timer) when it's necessary for him to do something he doesn't want to do. "Do you want to pick up your toys/let Susan have the wagon/take your bath -in one minute or two?"

- Ask the Child Principle - Ask the child for input. "Do you think this was a good choice?" "What were you trying to accomplish or tell us with your behavior?" "What do you think could help you in the future to remember to make a better choice?" "How would you like for things to be different?" "How about drawing a picture of how you feel right now." Children have wonderful insight into their own behavior and great suggestions for ways to make things better.

- Brainstorming Principle - Brainstorm with the child possible solutions to the dilemma, problem or predicament.

- Change of Environment Principle - If the child's misbehavior cannot be stopped, move to another room or location. (Go outside.)

- ♣ Collect Data Principle - Keep a written record of the frequency of inappropriate behaviors. Record the antecedents as well as the consequences. Look for patterns that may give clues as to possible reasons, situations and/or solutions.

- ♣ Cueing Principle - Give the child a cue such as a hand gesture to remind him - ahead of time - of the behavior you want him to exhibit. For example, teach the child that instead of interrupting when you are talking with somebody else, he is to squeeze your hand. This will let you know that he wants to talk to you (as you return the squeeze) and as soon as you can, you will stop the conversation and find out what he wants.

- ♣ Divide and Conquer Principle - Separate children who are reinforcing each other's misbehavior. Put adult between two children.

- ♣ Empowerment Principle - Develop child's competency, skills, mastery, independence. Encourage him to solve his own problems. Let him know that his choices will determine his future.

- ♣ Establish Routines and Traditions Principle - Children behave better when they know what they can count on. Establish traditions which they can anticipate and which provide them with fond memories and feelings of belonging and security.

- ♣ Get on the Child's Eye Level Principle – When talking with the child, get down on his/her eye level and look him in the eye while talking softly to him/her.

- ♣ Get Support of Another Person Principle - Ask someone else to help you reinforce the positive behavior.

- ♣ Hand Gestures Principle - Develop hand gestures which signify, "Please," "Thank you," "More," "Stop," "Be Careful," "Use your words," and "No."

- ♣ Have Fun Together Principle - Children love to know that they bring us joy and pleasure. Lighten up and have fun.

- ♣ Help Me Out Principle - Elicit the child's support. Ask her/him to help you out.

- ♣ Humor Principle - Make a game out of it. Have fun. Laugh together a lot. ("How would a rabbit brush his teeth?")

- ♣ Keep it Simple Principle – "Friends are not for hitting." "Time for nap." "Remember the rules," "Gentle hands," "Walking feet." Give the child time to obey.

- ♣ Modeling Principle - Model the behavior you want. Show the child, by example, how to behave. Children are watching us – all the time – and they will grow up to be like us – whether we want them to or not.

- ♣ Partner/Co-worker Principle - Support your partner/co-worker's handling of the situation. If you disagree, move away and let him/her follow through. Leave the room, if you are having trouble not interfering. Do not negate or undermine his/her method of discipline in front of the child. If you do, the child will lose respect for both of you. Later, talk it over with your partner/co-worker and let him/her know why you do not agree with his/her way of handling the situation.

- ♣ Pay Attention Principle - Keep your eyes and mind on what is happening. Don't wait until the child is out of control to step in.

- ♣ Punt the Plan Principle - In the middle of something that is not working – move on to something else. De-stress yourself.

- ♣ Talk About Them Positively to Others Principle - Let them overhear you speaking positively about them - bragging about their good qualities and actions - to others.

- ♣ Whisper Principle – Instead of yelling, screaming or talking in a loud voice, surprise the child by lowering your voice to a whisper. This surprise often evokes immediate attention. It also helps you to stay in control and think more clearly.

The Medical Effects of Physical Punishment

Often we are not aware of the fragility of children. The following excerpts from "Think Twice: The Medical Effects of Physical Punishment" by Dr. Leslie Taylor and Dr. Adah Maurer raise our consciousness about what happens to the bodies of children when physical punishment is inflicted. It is important that caregivers and parents know about these effects and that they insist on other humane techniques.

- Direct blows to the head may cause tearing and bleeding of the delicate blood vessels which line the skull or of those which overlie the surface of the brain. A blow to the head may cause rupture and swelling of the brain. Swelling will cut off oxygen supply and cause brain damage. Repeated blows to the head that do not cause unconsciousness can have a cumulative damaging effect on the brain. Skull fractures or retinal hemorrhage can occur.

- Pulling a child's hair can cause bleeding under one of the layers of the scalp.

- Slapping a child over the ears can injure the three tiny bones of the middle ear with subsequent partial or complete deafness. The eardrum may rupture.

- Children can suffer impairment in growth with permanent short stature and inadequate sexual development from injuries to the pituitary or hypothalamus that occur during inflicted head trauma.

- A child's brain may be seriously injured by a vigorous shaking. In children under 15 months, the death rate and occurrence of permanent brain injury from this punishment are quite high. Such violence can cause irreversible coma, seizures, mental retardation, developmental delays, blindness, cerebral palsy, paralysis, or death.

- The bones of the neck and lower spine can be injured during a violent shaking. The vertebrae can be crushed down; this is a compression fracture. This collapse of the vertebrae can lead to a hunchback, a permanent deformity.

- Injuries to chest and abdominal organs are the second most common cause of death from inflicted blows, after brain injuries. Children under the age of three are at most risk of dying from such injuries. Blows to the chest and rib cage may cause bruising of the lung tissue or broken ribs. Blows to the abdomen can cause damage to the liver, a torn or ruptured spleen, a bruise or tear in the bowel, a stomach rupture, or damaged kidneys. In addition, the pancreas can be crushed.

- A child's bones may be broken in several ways during physical punishment. Any bone is vulnerable, but the most common sites of fractures are the long bones of the arms and legs. Fractures of the femur,

the long bone of the upper thigh, occur mostly in infants less than one year old. Inflicted blows are a much more common cause of this fracture than car accidents. The skull is the second most common site of fracture, and the ribs are the third. Ribs are broken by direct blows or by violent squeezing of the rib cage, which causes the ribs to snap in the back near where they attach to the spine.

- Gripping or twisting of the arms or legs can cause a spinal fracture. Jerking on a child's limbs or swinging the child by the arms or legs, either as punishment or in play as in cracking the whip, "can cause tearing of the delicate growth plate at the end of long bones in children resulting in permanent limb shortening." Dislocations of bones or joints may also occur.
- Wringing or squeezing a child's limbs may cause an injury.
- A severe beating causes muscle disruption and bleeding into the muscle.
- Paddling a child's bottom with a hand or object (wooden paddle, belt, brush) can cause soft tissue injury of varying degrees, depending on the force used. It may cause only temporary reddening, raise welts, or cause purple bruises. There may be bleeding of the skin if an object is used and multiple swats are given.
- If a beating is more forceful, there can be bleeding deep into the muscles of the buttocks. Autopsies of children who have died from multiple injuries, including being beaten on the buttocks, show old, deep scarring of the muscles along with the fresh bleeding from the most recent beating.
- Direct blows to the buttocks can fracture the sacrum, the large bone at the lowermost part of the spine.
- More serious injuries such as sacral fracture and nerve damage, could result if enough force is used. If the paddle hits below the buttocks, on the back of the upper thighs, it can bruise the sciatic nerves which are close to the surface there, and which supply motor function to the legs. Because of the spinal cord endings located at the buttocks, jolts to the spinal cord, and subsequently to the brain, could occur. Damage to the genitals by blows to the buttocks occur if the instrument hits the scrotum or if the penis is rammed against the object the child is leaning on. Although their sex organs are internal, girls are not immune from injury during blows to the buttocks.
- Restraining a child can be hazardous.

If you include this statement in both your parent handbook and staff handbook, you have presented a strong deterrent to the use of physical punishment both at home and in the center.