Chapter 12 Class Notes

I. Grouping the Children
   a. Total number of children
      i. To a large extent, determines the total number of children in a center (along with the size of the available space)
         1. In a new program, the decision often made is to take all children available
         2. When the requests for service are overwhelming or when the available space can accommodate large numbers of children, the director and/or the board may want to limit the enrollment
         3. Accreditation standards and many state licensing regulations limit total group size as well as adult-to-child ratios, both of which affect program quality
   ii. Centers for young children must radiate a feeling of intimacy and warmth
       1. It is difficult to maintain an inviting, comfortable atmosphere for small children when buildings are very large and when children are moved through crowded play yards, hallways, or receiving areas before they reach their room and their teacher
   iii. Because the atmosphere in large public school buildings can be overwhelming for very young children, it is important for early childhood professionals and public school educators to give special attention to the selection of the classroom and play yard space for the preschool children.
      1. Partnerships between early childhood educators and public school personnel can result in site selection for public-school-sponsored programs that may be in a separate wing of the building or in a facility completely separate from the school building
      2. Greater stability and insulation from political attack and protection from sudden economic shifts may be some of the advantages of funneling preschool and full-day child care services into public school sponsorship
         a. Early childhood educators must guard the safety and well-being of the children when site selection for these programs is under discussion
   b. Space and group size
      i. Group size varies according to the licensing regulations and how the available space is organized
         1. Licensing regulations often limit the number of children in a room and usually dictate the adult-to-child ratio for children of different ages
2. Since space requirements and adult-to-child ratio standards in the licensing regulations are not always based on the knowledge of experienced professionals, it is wise to follow a standard of small groups with low teacher-to-child ratios, meeting NAEYC standards or lower under special circumstances.

   ii. The organization or plan of the available space affects the size of the groups that can be accommodated.

   iii. When space is adequate to accommodate large numbers of young children, some directors and teachers find creative ways to use dividers, draperies, or movable partitions to break the space into smaller units.

      1. Even when available space would accommodate larger groups, smaller groups are viewed as optimal.

   c. Skills of staff and group size

      i. In deciding on the size of groups, the director considers the skill level of the staff and factors that into the decision about how many children should be assigned to each classroom.

         1. Staff for each group must be available to:

            a. Provide frequent personal contact

            b. Promote age-appropriate, meaningful learning experiences

            c. Create a nurturing environment using effective classroom management strategies

            d. Respond immediately to all emergencies

   d. Needs of children and group size

      i. The needs of children will vary depending on their experiences, their level of development in all areas, and their ages.

         1. Generally agreed that very young children in their first group experience find it most satisfying to relate to a constant adult.

         2. After the initial shift in attachment from the primary caregiver (usually the mother) to a constant adult at the center, the child begins to branch out and relate to other adults and other children in the group.

         3. This developmental progression suggests that the child’s first experience should be in a small, intimate group with a constant adult.

            a. Children in this group may be the same chronological age, or they may range over a year or two in age.

            b. Volunteers, student teachers, or parent helpers may rotate through the classroom, but the one, primary constant caregiver becomes the trusted adult figure to whom children can turn when they need caring and attention.
4. Consistency of care is especially important for infants and toddlers, who should have an assigned primary caregiver that works closely with the parents
5. When change is carefully planned and minimized, infants and toddlers begin to be able to predict what will happen, thus feeling less powerless or uneasy and more secure
ii. For young children spending the full day in a center, it is wise to consider small, intimate grouping patterns
   1. Since children in full-day programs spend practically all of their waking hours in the center, it becomes a surrogate home for them
   2. Young children who are dealing with all the stimulation and interpersonal relationships of a large group for an extended period of time may be exhausted by the end of their long day
      a. Small groups in a carefully planned space provide both time and space for the child to:
         i. Be alone
         ii. Establish close relationships with just one or two children
         iii. Spend time alone with just one adult
iii. Careful planning and adequate staffing enables directors to maintain consistency in caregivers and, at the same time, avoids re-grouping children to maintain required staff/child ratios throughout each day
   1. Practice of re-grouping at significant times of the day as children arrive or depart tends to increase anxiety levels for children as well as parents and caregivers
   2. Moving children to different spaces for the critical and sometimes fragile times of separation and reunion creates tension for everyone involved
   3. If at all possible, it helps if directors plan staffing so children stay in the same familiar space with their caregivers from the time they see that special parent disappear behind that closed door in the morning to the time they see that familiar face reappear for pick-up at day’s end
      a. Assigned primary caregivers is recommended for all age groups
iv. Chronological versus vertical age grouping
   1. No consensus on the best grouping practice
   2. Program philosophy may dictate the preferred approach to grouping the children
      a. Unless licensing regulates how children should be grouped, the way classrooms are organized within
the program is left to the discretion of the director and the professional staff

3. Directors are faced with the challenge of maintaining full enrollment while keeping groups balanced and exercising caution when decisions are made about moving children among established center groupings
   a. Important to balance the need for full enrollment to meet budget requirements against the social-emotional readiness of these very young children and their ability to manage a more complex environment with older children and new adults

4. Too often, children are moved based solely on their chronological age or in response to pressure to make room for new children, rather than on a careful analysis of the readiness of the children involved in the move
   a. First step is to give careful consideration to a child’s readiness to thrive and grow with the older children
   b. Next, take note of the challenges to the family and teachers involved in supporting the child through this critical adjustment to many unknowns, such as different spaces with new adults and few familiar faces
      i. The transition process for any child to a new group in the center can be eased by setting up a transition plan that parallels the phasing-in process
      ii. The family and the teachers from both rooms will be involved in the transition process

5. Parents may need a special conference with the director to clarify the importance of the parent role in the transition process, not only when the child enters the program but also for all subsequent transitions from one group to another and the final one when the child leaves the center
   a. Meeting with the child’s parents as these transition times approach offers the director the opportunity to help them understand how their presence in the new room can help reduce stress for their child as both are adjusting to the families and staff

v. Chronological grouping
   1. Grouping by age traditionally has been a more popular practice in early childhood programs than vertical grouping
   2. Involves grouping based solely on the basis of age:
a. Three-and four-years-olds are in different groups
b. Toddlers are separated from infants

3. When children are grouped chronologically, there is little discussion about which group a given child will join
   a. Director’s task is simplified
   b. Child’s exposure to differences is inevitably lessened when chronological grouping is used
      i. Child’s opportunity to develop a broad appreciation for diversity is diminished
   c. Advantages include simplifying the planning of the learning environment and making classroom management less troublesome
      i. Less experienced teachers may find this type of grouping more comfortable

4. Chronological age grouping is based on the assumption that children of the same age are within the same range in ability and level of development
   a. Children of the same age are not homogeneous, so many programs go to multi-age grouping where children advance at their own rate through individualized programming
   b. Multi-age grouping allows for children’s uneven development and provides an environment in which younger children engage in more interactive and complex types of play with older children who are easily accessible
      i. Also compelling evidence that children will do well when they are in a mixed-age group where children not only differ in age, but also in ethnic and socio-economic backgrounds
      ii. With the guidance of a well-trained teacher, children will engage in projects that match their interests and move toward more cooperative play

vi. Vertical grouping
   1. Involves placing children of different ages in the same group
      a. Children in any one group may range in age as much as two to three years
      b. More closely resembles one that would occur in a family, hence the alternate label, family grouping
   2. Depending on licensing requirements, infants and sometimes even toddlers must be kept in separate groups
a. When vertical grouping is the pattern, decisions about the size and the composition of each group, as well as the number of adults needed for each one, become more complex
b. Broad age range also complicates managing the children and planning their learning environment

3. Sometimes, parents object to this grouping model out of concern for their child’s safety or fear that their young child will be unable to cope in a group covering a wide age range
   a. Many of these parents can be helped to see that a young child in a multi-age group has more opportunity to learn from older children in the group and that every child has a chance to teach the other group members
   b. Peer teaching and learning has intrinsic value because it not only enhances a child’s sense of mastery and worth but also facilitates cooperation and appreciation of others

4. Director must cope with the dubious parents and with the teachers who are reaching out for support as they work with a broad age range
   a. Sometimes the advantages of multi-age grouping such as peer modeling and peer tutoring are outweighed by the challenges of planning for the age span and equipping and managing the classroom
   b. Directors become coaches and sources of support for staff as they try to meet these challenges
   c. Teachers who are able to individualize planning for a multi-age group also will be better qualified to create culturally consistent and inclusive programs for children with special needs

e. Inclusion of children with exceptionalities
   i. When children with exceptionalities are included in the group, the size and composition of the group must be adjusted accordingly to ensure that enough adults will be available to respond to their needs
      1. Consider which group can offer something to the child with a disability, as well as how that child can offer something to the group
      2. Unless the child is truly integrated into the group, each offering something to the other, there is a risk that the child with the disability will be ignored and become an isolate, thereby not in the least restrictive environment
a. Least restrictive ruling is not necessarily a mandate to enroll all children with a disability into regular programs, but the advantages of inclusion for both nondisabled children and children with developmental disabilities are numerous and well documented

3. Social competence and the ability to maintain higher levels of play is enhanced for children with exceptionalities who have the opportunity to interact with normally developing peers in inclusive classrooms
   a. At the same time, their language and cognitive gains are comparable to their peers in self-contained special education classrooms

4. Children without disabilities in inclusive classrooms become more accepting of others who are different and become more comfortable with those differences
   ii. There is no ideal exceptional-to-normal ratio, and recommendations range from at least two or more to an even balance (50–50), to more disabled than nondisabled, sometimes called “reverse mainstreaming” where nondisabled make up one-quarter to one-third of the enrollment
      1. Best ratio of special needs to nonspecial needs children is the one with which teachers, administrators, and parents are most comfortable
      2. Variables that must be considered include:
         a. Severity of the disabling conditions of the children with special needs in the group
         b. Characteristics of the nondisabled children
         c. How to explain and understand the disabilities of peers
         d. Expertise of the available adults who are to work with the inclusive group
   iii. Multi-age groups are advantageous for children with special needs because they provide peer models with a broad range of skills and abilities
      1. The atypical child is exposed to the peer model who has higher level skills or abilities and also will have a chance to develop friendships with younger children who may be more compatible developmentally
   iv. Decisions about group size or group patterns will affect program planning, child and teacher behaviors, group atmosphere, and ultimately the experiences of both teacher and child in the learning environment
      1. An inclusive program must consider the uniqueness of every child and family in the classroom and how each child’s strengths and needs will be addressed
II. Enrolling the Children
   a. Information on families and children
      i. Director first determines what information is needed from each family, then develops a plan for obtaining it
         1. Forms and interviews can both be used for this purpose
            a. It is up to the director to design the forms and to develop the plan for interviews or conferences
            b. Ultimate goal is to assemble the necessary information for each child and family and to make it available to selected adults at the center who will be responsible for the child and the family.
      ii. Pre-enrollment information typically obtained from the family includes:
          1. Name of the child (including nickname)
          2. Names of family members and ages of siblings
          3. Names of other members of the household and their relationship to the child
          4. Home address and phone number
          5. Name, address, telephone number (home, work, cell), and e-mail addresses of employer(s) of parent(s)
          6. Arrangement for payment of fees
          7. Transportation plans for the child (including how the child will be transported and by whom)
          8. Medical history and record of a recent physical examination of the child by a physician
          9. Social-emotional history of the child
          10. Name, address, and telephone number of the child's physician or clinic
          11. Emergency medical treatment authorization
          12. Name, address, and telephone number of a person (outside the family) to contact in an emergency if a member of the family cannot be reached
          13. Permission to participate in the total school program (field trips, photos, videotaping, research, and so on)
      iii. To ensure that you have all the information and signed releases required to satisfy licensing and to cover liability questions, you should contact your local licensing agent and consult an attorney
   b. Forms
      i. Because there is so much variation among programs about information required on children and families, directors must develop forms that meet the specific needs of the program
      ii. Applications for admission are mailed to interested families in response to their initial inquiry about the center
          1. On receipt of the applications, the director can begin to arrange the groups, based on whatever guidelines have
been adopted for grouping the children, or in ongoing child care programs, select an appropriate group placement for the new child.

2. If selection and grouping of the children require more subjective data than can be gleaned from the application form or any other written information that has been collected prior to admission, the director can arrange to talk with the parent(s).

3. After most of the children have been admitted and assigned to groups, those who have not yet been placed are held for deferred enrollment, or in the case of ongoing programs, put on a waiting list.

   a. If a child is rejected for reasons other than full enrollment, the reasons should be discussed with the family to avoid any misunderstandings that quickly could undermine the public relations efforts of the center staff and impair communication between the staff and potential clients from the community.

   c. Confidentiality

      i. Information on families and children that is recorded on forms or obtained by staff members during interviews or home visits is confidential and must not be released to unauthorized persons without parental consent.

      ii. Federal law provides that any public or private educational institution that is the recipient of federal funds made available under any federal program administered by the U.S. Department of Education must give parents access to their children’s educational records.

         1. Since all information in the files must remain available to parents, it is important that staff members use discretion when recording information to be placed in a child’s permanent record.

         2. Parents should be informed of what information will be kept confidential and what will be available to teaching staff, office staff, and other support staff.

         3. Parents decide how much detail they are willing to release.

      iii. Records and other confidential information should not be disclosed to anyone other than center personnel without written consent of the parent or guardian, unless its disclosure is necessary to protect the health or safety of the child.

         1. Written parental consent is required in order to pass information on to the public school by any preschool or Head Start program.
2. As a general rule, parental consent should be obtained except in emergency cases or where it appears that the parent is a threat to the child (Family Educational Rights and Privacy Act, 1974)

iv. Centers that receive funds from government sources should be familiar with any regulations or guidelines on confidentiality and privacy that are tied to the funding source

v. Center directors in collaboration with staff, parents, and board members can develop written policies for the protection of confidentiality and the disclosure of children’s records
   1. These policies should be made available to all program personnel and families
   2. Setting aside one staff meeting each year to review the confidentiality policies is one way to encourage the staff to reaffirm their pledge to maintain confidentiality

d. Intake procedures
   i. Director decides which staff members will be involved in each step of the intake procedure, but it is imperative that the child’s teacher actively be involved throughout
      1. The adult who will work directly with the child must interact with the child and family to begin to establish feelings of mutual trust among the child, the family, and the teacher
   ii. A carefully planned intake process that provides frequent opportunities to talk with the teacher, the director, and the social services staff (if available) can help parents cope with their feelings of guilt and/or anxiety
      1. Both teachers and parents need help to understand that children are also uneasy about this new experience and must have special attention and care during this initial transition
      2. Because children feel frightened and lonely, their transition to a new physical and social environment is done gradually and must be accompanied by continuous support from family members
      3. For the mental health of both the parents and children, the sequences followed in the intake process should be arranged so that everyone involved will be able to cope successfully with the separation experience
   iii. Initial interview with parents
      1. Purpose of an initial interview is to:
         a. Get acquainted with the parent(s)
         b. Answer their questions about the center program
         c. Communicate what will be expected of them
         d. Take them on a tour of the center
e. Familiarize them with the forms that must be filled out before their child can be admitted

2. May be useful to go over:
   a. Family information
   b. Child’s social history
   c. Medical history
   d. Emergency information record
   e. Various release and permission forms during the interview to answer questions about any confusing items

3. Informality and friendliness of this first personal contact will set the tone for all future contacts
   a. Since this is precisely the time to establish the foundation for mutual trust among director, teacher, parent, and child, it is important that these interviews be conducted in a nonthreatening manner

4. Scheduling the interview usually is done at the convenience of the family
   a. Even though the teacher or the office staff may do the interview scheduling, it is essential that the director monitor it to ensure that families are not unduly inconvenienced
   b. Careful consideration of family needs indicates that the center staff is sensitive to individual lifestyles and family preferences

5. Home visit with the family
   a. May be the next step in the intake procedure
   b. Director first describes the purpose of home visits to the staff and goes over a home visit report with them before family appointments are made
   c. Purpose is not to evaluate the home, but rather to gather information that will enable the staff to have a better understanding of the child
   d. Trust between the parent(s) and the staff will be destroyed and communication impaired if the family interprets the purpose of these home visits as evaluative
   e. Observing a family at home will help the teacher understand the family lifestyle and the family attitudes toward the child

6. Initial visit to the center
   a. Scheduling of the initial visits to the center is arranged by the director and the staff before home visits begin so that information about visiting the
center can be given to parents during the home visit
b. Initial visit to the classroom is planned to help the child make that first big step from home and the trusted caregiver to the center and a new caring adult
c. For preschool children, the visit can last from 30 to 45 minutes and should terminate before the child is tired or bored
   i. Entire orientation process is longer and more complex for infants and toddlers
d. Important for the director to be available to greet the newcomers and answer any questions that might arise
   i. Provides a perfect opportunity for the director and the parent(s) to get to know each other better
   ii. Is a good time to give them a copy of the parent handbook

iv. Phasing in the children
   1. Fourth and last step in the intake procedure
   2. Will, of necessity, be very different in ongoing child care programs than in programs that are just starting, or in those based on the typical school calendar
   3. Arranging for the staggered entrance of a group of 12 to 15 preschool children at the beginning of the year poses a complex scheduling problem, but it is an essential step in the orientation process
      a. Since scheduling is very involved, it is important for the director and staff to consult with parents about convenient times for them to come and stay with their child
      b. Successful implementation of the plan depends on staff and family commitment to it
      c. Extended intake procedures for younger children can require special planning
   4. In public-school-sponsored programs where there is usually no precedent for gradual intake of new children, early childhood staff will have to meet with administrators and building principals to explain the importance of this procedure for the well-being of children and families
      a. Because some early childhood programs in public schools are considered part of the elementary school and are accredited with the elementary school in the local school district, they usually are expected to provide a given number of
instructional days to maximize the amount of state funds they receive

b. Developmentally appropriate practices like phasing in children often is one of the first issues that creates conflict between developmental early childhood educators and the academic-school readiness elementary educators

5. In full-day child care programs, the major problem is to find a trusted adult to stay with the child until all persons involved feel comfortable about the child being at the center every day for the full day
   a. When a family needs full-day care for a child, both parents usually are working, or the child may be a member of a one-parent family or in foster care
   b. In these special cases, a grandparent or other member of the extended family may be the best person to provide the emotional support that is necessary for the child during the phasing-in period

6. If there is any question among staff members about the importance of the gradual orientation program for the child, the family, and the success of the total program, it is up to the director to help everyone understand that this process represents the next logical step in developing mutual trust within the teacher-child-family unit

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