

DR. PAT FEINSTEIN
Child Development Center



FAMILY HANDBOOK

UNIVERSITY OF RHODE ISLAND

College of Health Sciences

Department of Human Development and Family Science

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Dr. Pat Feinstein Child Development Center

Family Handbook

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WELCOME AND INTRODUCTION

Welcome to the Dr. Pat Feinstein Child Development Center at the University of Rhode Island. The purpose of this handbook is to provide you with information related to the Child Development Center's program and policies. Please note that our policies are systematically reviewed on an annual basis and are also regularly updated in accordance with the regulations of our state licensing and national accreditation. Families are always informed of significant changes to policies which have a direct impact on children or families. Please read this handbook carefully and keep it for future reference.

The staff of the Child Development Center (CDC) feels very strongly that families are the most important people in the lives of their children. Consequently, we wish to form a partnership with you to best meet the needs of your child and family. To facilitate this partnership, please approach us often with concerns, suggestions, or information about your child or our program.

We look forward to a nurturing and rewarding partnership with you and your child.

Delia C. Hall

Director

DR. PAT FEINSTEIN CDC STAFF

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HISTORY OF THE DR. PAT FEINSTEIN CHILD DEVELOPMENT CENTER



The Dr. Pat Feinstein Child Development Center, located at the URI College of Education and Professional Studies, in Providence, opened on September 23, 1996. It is the second site of the URI Child Development Centers, with the original site located in Kingston on URI's main campus.

In his role as Dean of the URI Providence Campus, Walter Crocker understood that adult learners need a variety of supports to be successful in pursuing a college education. Dean Crocker recognized that important sources of support include funding for tuition and childcare. Alan Shawn Feinstein, a local philanthropist, shared Dean Crocker's vision and in the summer of 1996 provided an endowment to fund scholarships for adult learners to attend the URI Providence Campus and for their pre-primary children to attend the new Child Development Center. The Providence CDC was named the Dr. Pat Feinstein Child Development Center in honor of Mr. Feinstein's wife. In addition to serving children and parents funded through the Lillian Feinstein Scholarship, the Providence CDC also serves the children of families living or working in downtown Providence.

After a second generous contribution by Mr. Feinstein during the summer of 1998, the Dr. Pat Feinstein Child Development Center opened a full-day kindergarten program in September 1998. In addition to expanding the CDC, the contribution provided more scholarships for adults to attend the URI Providence Campus.

In February 2010, the Dr. Pat Feinstein Child Development Center announced the closing of the full day kindergarten and an expansion of the preschool to include two mixed-age classrooms, as it is today.

MISSION STATEMENT

Approved by the Department of Human Development and Family Science

Spring 1993

The Child Development Center is part of the Department of Human Development and Family Science at the University of Rhode Island. The Department offers undergraduate and graduate degrees in areas related to working with children and families.

The CDC has three missions which mirror those of the University--teaching, research, and service.

- Relative to teaching, the CDC provides high quality early care and education programs for preschool children and their families. The CDC also fulfills a teaching mission for URI students with approximately 150 intermediate and advanced undergraduate students completing practica at the center each year. A larger number of URI students (almost 500 per year) use the CDC as an observation site for assignments in a variety of courses across campus.
- The CDC serves as a research site with the CDC children, families, and staff participating in research studies conducted by URI faculty and students. Investigations may focus on a range of topics related to the social, emotional, physical, and cognitive development of young children; the creation and management of early education environments; relationships between teachers and children, teachers and parents, and parents and children.
- In the area of service, the CDC is dedicated to providing an exemplary early care and education program that serves as a model of the best in early childhood practices. As the campus "lab school," the CDC serves as a resource for early childhood educators in RI. Educators from across the state can call with questions or requests to observe. The staff also participates in outreach to the community by being active in professional organizations devoted to young children and by presenting at state and regional conferences.

CURRICULUM FRAMEWORK

The Curriculum Framework for the URI Child Development Center is based on our philosophy about how children learn and is structured to reflect the four important components of Curriculum as defined by the field of Early Childhood. These four components are Process, or how children learn; Content, or what children should know, understand and be able to do aligned with the Rhode Island Early Learning and Development Standards; Teaching and Facilitating, or the many roles of the teacher; and Context, or the daily schedule, materials and learning environment. This curriculum framework guides teachers in designing and implementing a variety of evidence based strategies and multi-level learning opportunities.

Process: Philosophy Statement on How Child Learn

The URI Child Development Center early childhood program philosophy is based on a belief in the uniqueness and intrinsic value of each child, family, student, and staff member. We therefore strive to develop a program that will enhance the development of each child and family to the fullest extent possible as functional families encourage healthy development in children. Our program philosophy, curriculum, and objectives are based on our belief that play is the primary mechanism through which children learn, the integration of a number of theories of child development and early education, as well as on recent research findings.

One significant philosophical influence, which informs our decisions, is the National Association for the Education of Young Children's position statement on Developmentally Appropriate Practice. This statement emphasizes the importance of basing curriculum decisions on three critical factors: age appropriateness in which decisions are made based on what is known about children's growth and development in the early childhood years; individual appropriateness in which decisions are made understanding that each individual child has unique strengths, interests and needs; and social and cultural appropriateness in which decisions are made based on knowledge about each child's social and cultural environment. In a developmentally appropriate program, each of these factors informs curricular decisions.

Other philosophical influences include the integration of a number of child development and early education theories and approaches. The constructivist theory advocated by Piaget, Forman, Kamii, DeVries and others tells us that children construct their own knowledge as they strive to make sense of the world around them. Children learn when they are actively engaged and intrinsically motivated to learn. The teacher's role is to provide a rich and diverse environment with many opportunities for exploration, investigation, formulating questions, and solving problems.

The Child Development Center's philosophy is also influenced by the work of Howard Gardner. His theory articulates the existence of eight intelligences: linguistic, logical-mathematical, spatial, bodily-kinesthetic, musical,

interpersonal, intrapersonal, and naturalistic. Gardner emphasizes the importance of recognizing that each child has a unique approach to learning and that teachers must provide curricular opportunities in each of these eight intelligences so that all children can experience success.

Lev Vygotsky's work articulates the importance of social interaction for learning to take place. Additionally, educators from the city of Reggio Emilia, Italy emphasize the importance of providing opportunities for creativity and for documenting children's ideas in a variety of different ways.

Based on the belief that children are best understood within the context of their family and community, the CDC strives to foster strong reciprocal relationships with families and to use knowledge of the community it serves as an integral part of curriculum and children's learning experiences. The CDC seeks to understand families' personal and cultural backgrounds, creates and maintains effective two-way communication and supports and nurtures family members to be effective advocates for their children. Families are encouraged to work in partnership sharing their knowledge of their child's interests, approaches to learning, and the child's developmental needs and to share their concerns and goals for their child. The Child Development Center welcomes and supports children and families of all abilities, making reasonable accommodations to support children with developmental delays and disabilities in our inclusive classrooms. The CDC collaborates with the local public school special education program as well as other key partners in the community in these efforts. Families are encouraged to be active participants in the program and are offered numerous and diverse opportunities to be included in all aspects of the program.

At the Child Development Center, we believe that children learn best through play, we intentionally plan for play, and we believe that play is the primary mechanism for children's growth and development in all domains. Based on our philosophy and our program goals, the curriculum of the preschool program at the CDC are designed to meet the needs of the whole child through a play-oriented, integrated approach. Our curriculum incorporates content, concepts, and activities that integrate NAEYC curriculum standards and all domains of the Rhode Island Early Learning and Development Standards. At the Child Development Center, we see curriculum as not only the specific activities presented to children but also encompassing everything that happens in an early childhood classroom. Curriculum includes a consistent daily schedule, a well-defined classroom environment, the positive verbal and nonverbal climate, the teacher's instructional strategies, peaceful guidance techniques, informal discussions, the types of activities presented, among other components. The curriculum guides teachers in the development of a daily schedule that is predictable yet flexible and responsive to the individual needs of the children. The schedule provides time and support for transitions, includes both indoor and outdoor experiences, provides for large and small group and individual time, and is responsive to a child's need to rest or be active. Thus, at the Child Development Center, all decisions we make about practices with young children are an integral part of what we call curriculum.

We believe that each child is a unique individual with strengths, interests and areas for growth. All children, including English language learners as well as children with developmental disabilities and delays, are supported in our inclusive classrooms through our integrated, constructivist curriculum. Each activity is designed to provide the opportunity for each individual child to interact with the materials in a unique way. Each activity is also designed to potentially provide learning encounters in a range of areas. Thus, each child is provided with an individual

experience. For example, a group of children playing at the water table may each experience the materials in a different way. For one child, it may be a science experience as the child investigates the behavior of various materials in the water. For another child, it may be a social experience as this child playfully shares the fun of playing with water with a friend. For a third child, it may be a language experience as the child has opportunities to use new language. In this way, each activity provided at the CDC is viewed as enhancing each individual child's potential for positive learning experiences and development in a range of curriculum areas. Additionally, materials and activities are intentionally planned for and rotated based on ongoing assessment information about each individual child's current strengths, needs, learning styles, learning goals and individual interests.

We have developed a program that strives to help each child and family feel safe, secure and comfortable by providing a warm, nurturing, and accepting atmosphere. Our program provides a rich and diverse range of educational experiences in an open classroom environment that maximizes each child's opportunity to make choices about their involvement. Children learn about themselves and the world around them through games, stories, songs, creative art, play, investigations, and interactions with peers and adults. Each day offers the children new and interesting things to explore in a general environment of daily routines that provide the stability and security of familiarity. The daily schedule offers opportunities for active play and quiet times. The children have time to dance, sing, run, explore, create, sit quietly and observe, investigate.

Content:

What Children Should Know, Understand and Be Able to Do

The CDC adopts an integrated, whole-child philosophy, using the broad developmental domains to provide a framework for the development of goals for the early care and education program. These goals are based on NAEYC curriculum standard and the Rhode Island Early Learning and Development Standards for preschool. Following are the program goals and anticipated outcomes for the URI Child Development Center preschool.

Preschool Goals

Cognitive Development and Executive Functions

- Logic and Reasoning: Applies knowledge or experience to a new context
- Memory and Working Memory: Holds information in memory and can apply to current task
- Attention and Inhibitory Control:
 - Filters distractions and sustains attention on a task
 - Demonstrates self direction, persistence, and independence
- Cognitive Flexibility: Adjusts to changes in expectations, priorities, and perspectives

Cognitive Development: Literacy

- Phonological Awareness: Notices and discriminates the sounds of spoken language
- Alphabet Knowledge:
 - Recognizes and identifies letters
 - Makes letter-sound connections
- Print Knowledge:

- Demonstrates an understanding of basic print concepts
 - Understands print carries meaning
 - Understands spoken words are represented by text
- Comprehension and Interest:
 - Enjoys and values a variety of types of books
 - Recalls and retells familiar stories
- Emergent Writing:
 - Shows knowledge of writing conventions
 - Uses a combination of drawing, dictating, and writing to communicate
- Literacy Development for Dual Language Learners: Increases engagement in literacy experiences in English

Cognitive Development: Mathematics

- Number Sense and Quantity:
 - Demonstrates number recognition
 - Demonstrates counting skills
- Number Relationships and Operations: Uses numbers to compare quantities and solve problems
- Classification and Patterning:
 - Orders and sorts objects by common attributes
 - Identifies patterns
 - Predicts the next sequence in a pattern
- Measurement, Comparison, and Ordering:
 - Measures objects by their various attributes (length, height, weight, volume)
 - Uses differences in attributes to make comparisons
- Geometry and Spatial Sense:
 - Identifies shapes and their attributes
 - Solves problems using shapes
 - Explores the positions of objects in space

Cognitive Development: Science

- Scientific Inquiry and Application:
 - Plans for and carries out investigations to collect, evaluate, and communicate information about the natural and physical world
 - Explores cause and effect relationships
 - Makes observations, predictions, and hypotheses about the natural and physical world
- Knowledge of Science Concepts: Explores attributes of objects and materials that are living, non-living, man-made, or naturally occurring

Cognitive Development: Social Studies

- Family and Community Awareness:
 - Identifies self as part of own family and community
 - Understands and follows classroom routine and expectations
 - Exhibits respect for materials, classroom, and surrounding environment
 - Demonstrates responsibility for personal items and routine tasks
 - Recognizes and respects similarities and differences in people
 - Understands the concepts of time (past, present, and future) and place

Social Development

- Relationships with Others:
 - Develops trust in and engages positively with familiar adults
 - Respects the rights of others
 - Recognizes the feelings and needs of others and responds appropriately
 - Engages and seeks positive relationships and interactions with other children
 - Plays cooperatively with other children

Emotional Development

- Sense of Self:
 - Demonstrates and expresses an awareness of self with unique thoughts, feelings, and perspectives
 - Shows ability to adjust to new situations
 - Exhibits confidence and pride in accomplishments
- Self-regulation:
 - Demonstrates emotional flexibility
 - Expresses and regulates own emotions
 - Controls impulses

Language Development and Communication

- Receptive Language:
 - Attends to, understands, and responds to increasingly complex language
 - Understands and follows oral directions
- Expressive Language:
 - Uses complex vocabulary, grammar, and syntax to express thoughts and needs
 - Is easily understood by peers
- Pragmatics: Understands, follows, and uses appropriate social and conversational rules
- Language Development of Dual Language Learners:
 - Attends to, understands, and responds to increasingly complex language in English
 - Communicates thoughts and ideas in English

Creativity and Aesthetic Awareness

- Experimentation and Participation in the Creative Arts:
 - Takes on pretend roles and situations
 - Makes believe with objects
 - Makes and describes representational creations
 - Demonstrates self-expression through art, music, movement, drama and dance
 - Demonstrates aesthetic awareness and appreciation of the arts

Health and Sensory Development

- Health and Safety Practices:
 - Is aware of healthy and safe choices
 - Makes healthy and safe choices
 - Engages in self-help skills
- Sensory Development:
 - Shows awareness of own body in space
 - Demonstrates an appropriate energy level
 - Is able to relax own body
 - Engages in sensory activities appropriately

- Exhibits appropriate response to sensory input
- Regulates volume of own voice

Motor Development

- **Gross Motor Development:** Develops large-muscle control, strength, and coordination
 - Pedals and steers a tricycle (or other wheeled vehicle)
 - Demonstrates throwing, kicking, and catching skills
 - Demonstrates upper body strength
 - Can regulate the force of own body movements
- **Traveling skills:**
 - Demonstrates basic locomotor skills (running, jumping, hopping, galloping)
 - Shows balance while moving
 - Climbs up and down
- **Fine Motor Development:**
 - Develops small-muscle control, strength, and coordination
 - Controls small muscles in hands
 - Coordinates eye-hand movement
 - Uses tools for writing and drawing

At the Child Development Center there are a number of content strands that are additional goals for children, which are woven throughout the curriculum at all times. These content strands are content which we believe are critically important for children's growth and development. These content strands include peacemaking and non-violent conflict resolution; respect for the environment, nature, and an understanding of issues related to conservation; beginning understanding of the value of community service; celebration of diversity and the ability to challenge bias; and increasing independence and self help development. This content is addressed throughout the various activities, which are offered to children.

Teaching and Facilitating:

The Teacher's Role and Instruction Strategies

At the Child Development Center, teachers intentionally implement evidence-based practices that contribute to positive child outcomes. This intentional teaching ensures that teachers act with specific outcomes or goals in mind for children's development and learning. Teachers' intentional teaching is planful, thoughtful, and purposeful. They act with intention in all aspects of their work with young children and families.

At the Child Development Center, we believe that **nurturing relationships** between teachers and children provide the foundation for optimal learning to occur in the classroom. In order to develop these nurturing relationships, teachers engage with children in a variety of loving, accepting, non-judgmental ways. Teachers show genuine interest in each child and develop meaningful relationships by positively interacting with children and providing a safe, loving environment.

The teachers at the Child Development Center use a variety of teaching strategies to create nurturing relationships with children in order to support children's growth and development in all domains. These teaching strategies, taken from NAEYC's "10 Effective DAP Teaching Strategies" include the following:

- **Acknowledge** by letting children know their actions are valued
- **Encourage** by supporting a child's persistence and effort
- **Give specific feedback** about a child's engagement
- **Model** appropriate behaviors, attitudes, and ways of engagement with materials and each other
- **Demonstrate** the correct way to do something when appropriate
- **Create challenge** to scaffold children's learning
- **Ask questions** to expand children's thinking
- **Give assistance** to encourage children to work on the edge of their current competence
- **Provide information** by providing factual knowledge
- **Give directions** to support children in knowing what steps to take

In addition to these teaching strategies, CDC staff use a variety of instructional strategies and multi-level learning opportunities based on the assessment of each child's developmental levels, learning styles, and interests. These instructional strategies include the following:

The curriculum is integrated so that learning occurs primarily through projects, learning centers, process investigations, and engaging learning opportunities that reflect the current interests of children. Instead of teacher-led whole group instruction, specific skills are taught as the interest or need arises in the context of an ongoing project, activity, or situations of daily living. Teachers help children identify and use prior knowledge and provide experiences that extend and challenge children's current understanding.

Projects will include opportunities for children to investigate and research areas of interest over time. The daily and natural environment of the children will be used as a focus for learning and investigation. Learning materials and activities will be concrete, real and relevant to children's lives. For example, math manipulatives and math board games will be used to enhance children's problem solving skills.

Teachers use a variety of intentional teaching strategies that include a broad range of approaches and responses while creating experiences that engage children in purposeful and meaningful learning. Teachers build on children's internal motivation to make sense of the world and acquire competence. Teachers model enthusiasm for learning and the principles of justice and democracy.

The classroom is treated as a laboratory of social relations where children explore values, learn rules of social living and democracy, and develop respect for individual differences through experience. Multicultural and nonsexist materials and activities are provided to enhance individual children's self-esteem and to enrich the lives of all children.

Teachers view parents as partners in the educational process. The CDC staff view the family-school relationship as contributing in many ways. By welcoming family involvement in the daily program, the CDC teachers can integrate important aspects of children's home experiences into their school experience. By parents and teachers sharing information, the unique perspective of each facilitates the optimal development of children.

We believe that an important goal of an early childhood classroom is to support children's development towards becoming autonomous, self-disciplined individuals. We understand that this is a long-term goal that will not come to completion during the early childhood years. We believe that it is critical to assist children in developing the tools that will lead to autonomy. In order to accomplish this, positive guidance techniques are used as the method of classroom management. Such techniques include setting clear limits, using natural and logical consequences, and involving the children in the establishment of classroom rules and the mediation of problems.

Exclusion measures are not considered at the CDC until all other possible interventions have been exhausted and agreement that exclusion is in the best interest of the child. If exclusionary measures are deemed necessary, the CDC will aid the family in accessing services and an alternate placement. This policy is in adherence with both federal and state civil laws.

Whenever possible, children with disabilities will be fully integrated into the CDC program. Children with disabilities contribute a great deal to the development of typically developing peers and the presence of children with disabilities enhances the program for all involved. The director and the teachers at the CDC will work collaboratively with the family of a child with a disability as well as with any specialist who works with the child, to ensure the child's optimum participation in the program. The CDC staff will collaborate with the team made up of parents, the director, the child's teacher, and the specialists (potentially a psychologist, an occupational therapist, a speech-language therapist, a special educator) from the home school in developing Individual Education Plans (IEPs) for the child when this step is appropriate. The director of the CDC will serve as an advocate for the child and family, facilitating an understanding of the IEP development process. Once the IEP is developed, the staff of the CDC will collaborate with the child's family and the specialists to ensure that the provisions of the IEP are delivered.

Statement on Diversity

Stemming from the Child Development Center's focus on the individual and our acceptance of differences, we are committed to incorporating and celebrating diversity in our program. One of the most important things we do in our work with children, families, and students is to encourage the recognition and acceptance of each individual's intrinsic uniqueness. We encourage all families to share various aspects of their cultural heritage as part of our program on an ongoing basis. For example, families have visited the CDC to share stories, songs, and recipes of their culture which are used and re-used throughout the year. This type of on-going activity strengthens the link between a child's home and school and encourages acceptance of differences. Families are encouraged to share with the CDC, information related to their values, culture, identity and home language. This information is critically important in our ongoing planning for children and is a valuable component of our curriculum implementation.

We don't sponsor school-wide celebrations of holidays or birthdays. We do not deny the important role that celebrations play in family life but we know that children need a dependable and consistent routine and environment. When children initiate a discussion of a celebration or event they are part of, we listen with interest and facilitate the discussion as we would with any topic children choose to share. Cultural diversity is experienced day to day through music, stories, literature, cooking, dramatic play, and being part of the Providence downtown community. We celebrate puddles, a favorite song, a friend coming back after an illness, mud.

An anti-bias approach to curriculum is one that challenges prejudice, stereotyping, and bias. At the Child Development Center we feel it is not enough for children to observe people of different gender, ethnicity and ability but rather we must actively intervene and challenge images that perpetuate stereotypes and bias. A natural task for the preprimary child is figuring out who they are and how they feel about themselves and those around them. Children construct their identity and attitudes through interactions and experiences within their environment. Gender, ethnicity, culture, and physical ability are identity issues children struggle to understand during this period of development. Research has shown that children notice differences early. Our goal is to develop an environment that encourages children to ask about their physical characteristics, provide accurate information in response to children's questions or comments, help children feel pride in their identity, develop respect for each other and challenge biases they encounter.

One of the important things we do in our work with children is to create an environment that is rich in possibilities for exploration of gender, race, culture, and ability. We do this in a variety of ways. One way is to use images in the classroom that reflect a wide variety of people. Images include people doing jobs in and out of the home, elderly people, people with different physical abilities, people in diverse family structures, and people of diverse cultural backgrounds engaged in current daily activities. Books often reflect diverse images of people. Through music, art, and language, children have the opportunity to explore and experience diversity.

At the Child Development Center our goal is to encourage children to develop positive attitudes about the many ways people differ from one another through active, purposeful intervention, opportunities for expanded experiences and confronting stereotypes to create a more just society.

Statement on Guidance

Within the context of **nurturing relationships**, we support children in becoming self-disciplined. Becoming self-disciplined is a long term process. One of the major tasks in an early childhood classroom is assisting children with this process. At the Child Development Center we are committed to supporting each child's progress toward becoming independent and self-disciplined. In practice, we provide an environment which encourages children to make choices and decisions with a limited number of rules. We promote freedom within our environment as long as children do not disrupt the classroom, or disregard the few rules that we do have. We do not allow children to hurt themselves, to hurt others, to hurt other people's feelings, or to damage property. We help the children to quickly learn our routines and expectations while assisting them in developing ownership of these few rules.

Generally, children need guidance in using materials and interacting with others. At the Child Development Center if after an initial reminder, a child continues to use materials inappropriately that child is asked to find something else to do. This logical consequence is a clear reminder to children that materials have appropriate uses. If two children are in a conflict, they are encouraged to negotiate and discuss alternatives to solve the conflict peacefully. In some cases, this requires a great deal of teacher support and modeling. With practice, children can become independent in conflict resolution. In instances where children are repeatedly disruptive, out of control, or injuring themselves or others, they are removed from the group for the short time it takes for them to be calm enough to discuss alternate behaviors. They are then assisted in rejoining the group.

In the instance where children present ongoing challenging behavior the following steps will be taken:

- The director will conduct a targeted observation of the behavior in question to identify factors that contribute to the challenging behavior
- Family input will be solicited about the behavior in question, to gain family insight, and discuss how to best support the child's appropriate behavior
- The family, teachers, and director will meet to discuss the concerns and formulate a plan of action
- The plan of action will include teaching the child social communication and emotional regulation skills, providing the child with information about acceptable behavior, using environmental or activity modifications, and various intervention strategies to support the child's appropriate behavior
- The plan is implemented
- The team reconvenes to determine the effectiveness of the plan
- If necessary, outside consultation will be solicited

At the CDC, adults provide a positive, nurturing, supportive environment. Adult interactions include facilitating, mediating, guiding, and redirecting. Violence towards children is NEVER acceptable behavior. At the Child Development Center, adults will never yell at, belittle, threaten, embarrass, **coerce behavior**, or physically strike children, nor will they use food and outdoor play as a reward or as a behavior consequence. Teachers will take every measure possible to create a positive verbal and non-verbal environment where children are always physically and emotionally safe. In our child-centered environment children are actively involved and challenged and, consequently, classroom problems are minimized. Within a framework of trusting relationships with teachers, each child is individually assisted in increasing their levels of self-discipline and independence.

Context

The Child Development Center has two mixed-age preschool classrooms, the Dots and the Swirls. Each classroom has a maximum group of 17 children is staffed by at least one teacher and one assistant. At all times indoors, a ratio of 17 children two or more adults is maintained.

The Context of the Curriculum at the Child Development Center includes a clear, consistent, predictable **daily schedule** that includes a balance of child choice and teacher led times, opportunities for both indoor and outdoor play, active and quiet times of day, meals, toileting and rest time. The following is the preschool daily schedule which are posted and followed. These planned and routine activities are sometimes adapted in response to the interests and needs of the children or changes in the weather:

Dots and Swirls Daily Schedule

7:45 Dr. Pat Feinstein Child Development Center Opens

7:45-9:00 Staggered Arrival: Children enter the school with caregivers.

7:45-10:15 Child-directed play and integrated snack: Children engage in free choice activities such as blocks, art and science activities, dramatic play, water play, small manipulatives, makerspace, and literacy experiences. During this time children are encouraged to utilize the whole classroom and interact with mixed-age peers. *Snack ends at 9:30 am. Post snack, children transition to use the bathroom, wash hands, and get ready to clean up and go outside.

9:15 Snack Wrap Up: Last call for snack at 9:15 and snack clean up by 9:30.

10:15-10:40 Large group experience: Children are involved in stories, songs, games, dancing, yoga, creative movement, and other group activities such as group problem solving.

10:40-11:40 Outdoor Play: Teachers choose a destination from different parks in the city. The city is considered an extension of our classrooms. Activities may include dramatic play, riding trikes, playing with dirt or gravel, playing with balls or frisbees, dancing, watching bugs, noticing different flora, and child-initiated games.

11:40-12:00 Return to School: Children use the bathroom, wash hands and face.

12:00-12:30 Lunch: Children eat lunch in their classrooms (or weather permitting, outside at the park. Children bring a backpack with their lunch and water bottle.) Children sit together for lunch. Children are encouraged to independently complete their meal while discussions occur about the day's events or other topics of interest. As children finish their lunch, they clean up their place and wash their hands.

12:30 Morning Program ends

12:30-1:00 Transition to Rest Time: Children choose books to look at on their cots and set up their cots with their rest items. Children read books with adults and their peers and listen to calm music.

1:00-2:30 Quiet resting/napping: Children rest on cots, quiet music is played, and teachers rub children's backs. Children who do not sleep look at books on their cots.

2:00 Children who rest get up: Children who are awake straighten their bedding, put away books, use the bathroom and wash hands, before choosing where to play.

2:30 Children who sleep get up: As children wake up independently, they straighten their bedding, put away books, use the bathroom and wash hands, before choosing where to play.

2:00-3:40 Child-directed play and integrated snack: Children engage in free choice activities such as blocks, art and science activities, dramatic play, water play, small manipulatives, makerspace, and literacy experiences. During this time children are encouraged to utilize the whole classroom and interact with mixed-age peers. *Snack ends at 3pm. Post snack, children transition to use the bathroom, wash hands, and get ready to clean up and go outside.

3:40-4:00 Large group experience: Children are involved in stories, songs, games, dancing, yoga, creative movement, and other group activities such as group problem solving. At the end of the gathering, children transition to getting ready to go outside. They put on their shoes, coats and backpacks.

4:00-4:45 **Outdoor play:** Teachers walk the children, wearing backpacks, to a city park for outdoor play and convenient outdoor pick up.

5:00 **Extended day program ends: dismissal from CDC**

5:15 CDC closed

Materials and Equipment

Another component of the Context of the Curriculum at the Child Development Center is the materials and equipment in the classrooms. The **materials and equipment** at the Child Development Center are intentionally chosen to support children's learning, interests and skill levels. These materials:

- a. Reflect the lives of the children and families
- b. Reflect the diversity found in society, including gender, age, cultural, racial, language and abilities
- c. Provide for children's safety while being appropriately challenging and durable
- d. Encourage exploration, experimentation, and discovery
- e. Promote action and interaction
- f. Are organized to support independent use
- g. Are rotated to reflect changing curriculum and accommodate new interests and skill levels
- h. Are appropriate for the age level of the children and stage of development
- i. Are ample in quantity and rich in variety
- j. Accommodate children's developmental delays and disabilities
- k. Do not include real food. Adults may not add pasta, rice, or beans to the texture table. Adults may not use fruits or vegetables for painting projects. This policy reflects our respect for food as a limited, valuable resource.

Learning Environment

The Context of the Curriculum of the Child Development Center includes the **classroom environment**. The Child Development Center uses an environmentally oriented curriculum based on the work of Diane Trister Dodge who advocates that the classroom environment serves as the overarching structure for curriculum. We provide an environment which is divided into learning centers including an art area, a block area, a manipulative area, a music/creative movement area, a library corner, a family living/dramatic play area, a writing center, a texture/sensory area, and a science/discovery area. Children are free to choose where they would like to play, what they would like to do, with whom, and for how long. Each learning experience provides children opportunities to move toward many goals.

During our activity times, over the course of a week, the following types of activities will be frequently offered:

- Creative art - Examples include painting, collage, gluing, recycled construction, sculpting, cutting, taping, etc.
- Manipulatives - Examples include small blocks, Legos, popsicle sticks, buttons, animals, tongs, marbles, Magnatiles, Zoobs, etc.
- Science/Discovery Experiences - Examples include weights, balancing, pulleys, pendulums, mixing, catapulting, nests, acorns, shells, exoskeletons, plants, lenses, discovery bottles, magnifiers, rocks, etc.
- Texture/Sensory Experiences - Examples include water, sand, goopy-goop, silly putty, play dough, etc. Real food is not used for play. Adults may not add pasta, rice, or beans to the texture table. Adults may not use fruits or vegetables for painting projects. This policy reflects our respect for food as a limited, valuable resource.
- Music/Movement Experiences - Examples include instruments, dancing, recordings, balance beam, pop up tents and tunnels, tumbling, climber, wrestling, yoga, scooters, spinners, etc.
- Creative Dramatics - Examples include scenarios based on children's life experiences, stories, movies, etc.
- Large Block /Construction - Examples include, large blocks, unit blocks, hollow blocks, foam blocks, brick blocks, recycled materials, animals, vehicles, etc.
- Large Group Experience - Examples include stories, songs, games, dancing, yoga, creative movement, finger plays, and other group activities etc.
- Literacy Experiences - Examples include book making, sign making, lists, letters, surveys, reading, writing, illustrating, acting out stories, etc.
- Numeracy Experiences - Examples include problem solving, counting, surveys, graphs and charts, group math games, measuring, sorting, classifying, seriating, etc.
- Technology Experiences - Examples include using microscopes to take pictures for investigation, ipad for accessing music and camera, calculators for dramatic play, CD players and for listening to music or stories, Toniebox for accessing stories, songs, and learning, and digital cameras for capturing images of play and exploration

CHILD ASSESSMENT PLAN

Assessment at the Child Development Center (CDC) is ongoing, developmentally appropriate, and reflects research and best practices. Teachers understand that children express their knowledge, understanding, learning, and progress toward goals in a variety of ways. As such, assessment methods employed reflect the uniqueness of each child and are individualized to be responsive to each child's abilities, prior experiences, and home environment. All assessment methods used at the CDC are meaningful, accurate, and objective, and are informed by and sensitive to the diverse social, cultural, and linguistic characteristics of each family. Assessment has multiple purposes including identifying children's interests and needs, describing and monitoring the developmental progress and learning styles of children, communicating with families, arranging for developmental screening and referral for diagnostic assessment when indicated, improving and informing curriculum, adapting teaching practices and the environment, monitoring program effectiveness, and planning program improvement.

Assessment at the Child Development Center is closely aligned with program curricula goals and the Rhode Island Early Learning and Development Standards (RIELDS). Each child's progress toward our curricular goals and RIELDS is assessed on an on-going basis through a variety of means including observations, anecdotal records, skill checklists, and developmental screenings. Within the first months of a child's enrollment, teachers gather baseline information about that child in each domain of development through various means of formative assessment including but not limited to observations, family input and **enrollment** documents, anecdotal records, and targeted skill assessments. The CDC teaching staff organizes and evaluates authentic assessment data including, children's progress, areas of interest, strengths and needs; to share narratives with families. Teachers also engage in two-way communication with families on a regular basis to share and receive information about the development of their child each day and during scheduled conferences. Through these ongoing conversations with families, teachers and the director consistently involve families in planning, implementing, and understanding assessment methods as well as planning appropriate learning activities for their individual child. To ensure intentional verbal and written communication on a regular basis teachers plan to systematically connect with all families formally in December and June. These family conferences are a valuable opportunity for teachers and families to exchange information in order to continue to best support children and their families. Parents may choose to bring other adults who are actively involved in the child's life. Parents with limited English proficiency are encouraged to bring a translator to conferences and other meetings. Parents and teachers may choose to schedule additional conferences based on the individual needs of a child.

Prior to the conferences, teachers provide families with a family conference form which outlines their child's development and is aligned with the Rhode Island Early Learning and Development Standards. This assessment information helps parents understand where their child's current functioning falls in each domain of development and in each content area. At the conferences, families are invited to contribute to the assessment process by sharing their goals and their observations from home with their child's teacher. The teacher will then incorporate these goals into their ongoing curriculum planning, use this information to support individualized instruction, and generate potential learning activities that can be used in both the home and school environment.

Occasionally, assessment information results in teachers or families identifying children who would benefit from further evaluation to determine if services are needed to support the child's successful inclusion in the Child

Development Center. At these times, families will be informed of the areas of concern, asked about their perceptions of the targeted area of development, described the strategies which have been tried to address the concern, and advised about the resources available in the community to further investigate the concern. The CDC maintains a list of specialists and consultants in the community, to whom families can be referred, depending upon the specific area of concern. If it is determined that a child would benefit from the support of services provided by a specialist, the teachers and director at the CDC will work with all individuals (including families and specialists) to ensure that effective two-way communication and collaboration take place on a regular and individualized basis. Examples of this collaboration include teachers employing strategies recommended by specialists in the classroom, teachers attending referral and IEP meetings with families, teachers asking families to share their observations related to their child's progress and challenges at home, and teachers, families, and specialists collaboratively reflecting on children's progress and needs on a regular basis, setting goals, and planning individualized learning activities.

At all times, teachers respect families' confidentiality and keep individual child records confidential. Individual child records, including all formal assessment documentation, are stored in a secure filing cabinet on site, and are only accessed by CDC teachers, administrators, and office staff. Anecdotal assessment information entered into the classroom Goggle assessment file is also kept confidential and is only accessed at the CDC by teacher and administrators. The CDC only shares information about a child with other professionals after written consent is obtained from the family on the "Release of Information Authorization" form.

All Child Development Center teachers have received training on authentic assessment implementation and interpretation. When new opportunities arise related to early childhood assessment, the director will work with the teachers to ensure that training will take place, as part of their individualized professional development plans.

Analyzing assessment data on a quarterly basis enables us to identify trends, determine the degree to which the program is attaining the desired goals and outcomes for children, and monitor program effectiveness continually throughout the year. This analysis of assessment data informs overarching program goals documented in our program's continuous quality improvement plan, which is updated annually. Additionally, assessment data are used to inform individual professional development plan goals for teachers and support staff. If the analysis of assessment data reveals a gap in desired outcomes for children, then specific professional development activities aligned with the Rhode Island Workforce Knowledge and Competencies will be sought out by teachers and administration to further strengthen areas of need. Progress notes are recorded quarterly on both the individualized professional development plans of each staff member and the program's continuous quality improvement plan. The comprehensive assessment system used at the CDC ensures that child assessment data are analyzed and utilized on a regular basis to monitor children's progress toward desired outcomes aligned with RIELDS while identifying patterns and trends across the program and informing the program's continuous quality improvement efforts.

The Child Outreach Screening Program developmentally assesses children ages 3-5. These annual screenings serve as a means to identify children who may have a disability or developmental delay and require intervention prior to attending kindergarten. With written parent consent Providence Public Schools conducts free Child Outreach Screenings of all Rhode Island residents in five areas of development: general development, social-emotional development, speech and language, vision and hearing. The results of the screening are sent directly to families. The result summary includes the areas of development that indicate age-appropriate outcomes as well as those that may require a re-screen to follow-up. The assessment tools are:

Early Screening Inventory - Revised (ESI-R), **Author(s)**: Samuel J. Meisels, EdD., Dorothea B. Marsden, Martha S. Wiske, EdD., Laura W. Henderson, EdD., a brief developmental screening instrument designed to be individually administered to children from 3.5 to 5.11 years of age.

EyE Check Screener with LEA SYMBOLS®, **Authors**: Wendy Marsh-Tootle, OD, Bruce Moore, OD, Kira Baldonado, BS, P. Kay Nottingham Chaplin, EdD, an optotype-based screening test that uses LEA Symbols to screen visual acuity using evidence-based screening principles.

Otoacoustic Emissions Device, an instrument that directly measures the outer hair cell and cochlear function of the ear in response to acoustic stimulation.

Preschool Language Scale, Fourth Edition (PLS-4) English Edition **Author(s)**: Irla Lee Zimmerman, Ph.D.; Violette G. Steiner, B.S.; and Roberta Evatt Pond, M.A. to measure young children's receptive and expressive language.

CDC PROGRAM GOALS

Based on our belief that high-quality programs include goals for children, families and the program, the goals for the Child Development Center reflect the 10 core standards of NAEYC and standards unique to a university laboratory school.

- The CDC creates positive relationships among all children and adults to encourage strong social and emotional competence.
- The CDC's curriculum is consistent with goals for children promoting learning and development in all developmental domains.
- The CDC uses developmentally, culturally, and linguistically appropriate and effective teaching approaches to enhance the learning and development of each child.
- The CDC uses systematic, ongoing, authentic assessment to inform planning within the context of reciprocal family communication.
- The CDC promotes the nutrition and health of children protecting children and staff from illness and injury.
- The CDC employs teaching staff that has the professional commitment, educational qualifications and positive dispositions to support healthy learning and development for children and families.
- The CDC establishes and maintains collaborative relationships with each child's family with sensitivity to family composition, language and culture.
- The CDC establishes relationships with and uses the resources within the community.
- The CDC has a safe and healthful environment that provides appropriate and well-maintained indoor and outdoor physical environments. The environment includes materials to facilitate child and adult learning and development.
- The CDC effectively implements policies, procedures, and systems to support strong staff development. Effective program management will give children and families high-quality experiences.
- The teaching staff and the director effectively mentor University undergraduates in their experiences at the CDC ensuring that adult students have the opportunity to connect practice with theory, implement practices consistent with program philosophy and grow and develop into committed professionals.

2026-2027 CALENDAR

Tuesday, September 8, 2026	First day of the school year Early dismissal at 12:30pm
Monday, October 12, 2026	Closed for Columbus Day
Tuesday, November 3, 2026	Closed for Election Day
Wednesday, November 11, 2026	Closed for Veterans' Day
Wednesday, November 25, 2026	Thanksgiving Break Begins Early dismissal at 12:30pm
Thursday, November 26, and Friday, November 27, 2026	Closed for Thanksgiving Break
Monday, December 21, 2026 - Friday, January 1, 2027	Closed for Winter Break
Monday, January 18, 2027	Closed for Martin Luther King, Jr. Day
Monday, March 22 - Friday, March 28, 2027	Closed for Spring Break
Monday, May 31, 2027	Closed for Memorial Day
Friday, June 18, 2027	Last day of the school year Early dismissal at 12:30pm
Monday, June 21 - Friday, June 25, 2027	Closed for cleaning and PD
Monday, June 28, 2027	First day of the summer program
Monday, July 5, 2027	Closed for Independence Day
Monday, August 9, 2027	Closed for Victory Day
Friday, August 20, 2027	Last day of the summer program Early dismissal at 12:30pm
Monday, August 23 - Friday, September 3, 2027	Closed for Summer Break, cleaning, and professional development

POLICIES AND PROCEDURES RELATED TO STAFF

Statement of Confidentiality

At the Child Development Center, we will maintain confidentiality and respect all families' right to privacy, refraining from the disclosure of confidential information.

Additionally, the CDC director and teachers will only disclose children's records or have verbal communication about children with other professionals after family consent has been obtained. Personal information including medical records, family history and assessment information is stored in a secure location within the CDC. Access to this information is limited to the director, teaching staff, and state licensing authorities.

When there is reason to believe that a child's welfare is at risk, however, it is our obligation to share confidential information with agencies that may be able to intervene on the child's behalf. Any staff member who suspects that there is reason to believe a child's welfare is at risk will inform the director, who will take the appropriate action.

The Child Development Center is the laboratory school for the Department of Human Development and Family **Science** at URI and, consequently, various people will observe and/or interact with the children. As a laboratory school, an important part of the Child Development Center's mission is to train undergraduate students about early childhood curriculum, assessment, and planning. In order to effectively teach undergraduate students about these topics, the CDC director and teachers will have limited discussions about individual children's strengths, interests and needs with relevant URI students, faculty, and staff. Nevertheless, it is critical for all CDC staff to respect families' confidentiality and privacy. We will also take steps to ensure that all students, staff, and researchers involved at the CDC do the same. These steps include training on confidentiality, monitoring behavior, and requiring each person to sign a "Statement of Confidentiality Agreement."

Staff Orientation

The staff handbook is an introduction to policies and procedures of the University of Rhode Island Child Development Centers. All staff are required to read the handbook including NAEYC Code of Ethical Behavior and State of Rhode Island Title 40: Abused and Neglected Children. Staff will acknowledge their understanding and compliance with CDC policy by their signature.

Each year before the beginning of the fall semester, the CDC holds a week-long orientation for returning and new staff. During this orientation, staff members participate in planning and preparing for the upcoming year. This includes discussion of individual children, training related to working with children with disabilities including medical needs, building positive relationships, curriculum, assessment, daily and weekly scheduling, building reciprocal relationships with families, working with diverse families, information related to working with university practicum students, rules and regulations related to licensing requirements, established CDC policies and procedures, collaboration, among other topics. All staff are required to read and be familiar with the contents of the Staff Handbook. Work study students participate in a professional development training where the handbook

is reviewed, policies and procedures are presented, and a variety of topics are discussed including curriculum, assessment, relationships, ethical conduct, health and safety, child abuse and neglect reporting policy among other topics. Work study students that are hired mid-year receive an individual orientation by the Director. Practicum students are provided with an orientation to the program at their first academic class when they sign up for their practicum. At this time, relevant policies and procedures as well as the specifics of their role are discussed.

Professional Development

The Child Development Center embodies continuous program improvement. To ensure this, the CDC produces an annual program-wide professional development plan aligned with the Rhode Island Workforce Knowledge and Competencies and which include a variety of ongoing professional development strategies that reflect effective research-based professional development practices. Included in this plan are opportunities for growth, development and training for all members of our community including the director, teachers, families, work study students, practicum students, and early childhood professionals throughout the state. This program-wide professional development plan is linked to each individual staff member's professional development plan which is aligned with the Rhode Island Workforce Knowledge and Competencies. Some of the activities included in the program-wide plan are participation in Next Steps and other trainings offered throughout the state, participation in professional development research related to the CLASS, participation in other research projects, relevant reading on topics related to the Rhode Island Workforce Knowledge and Competencies, participation in training series offered by the Center for Early Learning Professionals, our continued representation at state-wide conferences, our role as the laboratory school for the URI Department of Human Development and Family Studies, ongoing supervision, training, and mentoring of work study students in the classroom, educational family activities, and community relationships.

As a model program, the staff of the CDC is expected to strive for continual improvement in all aspects of our work with children and families. One way to ensure this improvement is through on-going professional development. Each staff member will develop, in conjunction with the CDC director, a personal professional development plan on a yearly basis aligned with the Rhode Island Workforce Knowledge and Competencies as well as their identified goals. This plan is developed at the yearly evaluation discussion where teachers and the director reflect on the last year and set goals for the following year. This plan will include a minimum of 20 hours of professional development activities aligned with the Rhode Island Workforce Knowledge and Competencies. Work study students are encouraged to participate in professional development activities including relevant coursework. Additionally, work study students are provided with ongoing mentoring and coaching by teachers and the director. The professional development of the practicum students is inherent in the courses they are taking in conjunction with the practicum, either HDF 203, *Introduction to Work with Children* or HDF 301, *Early Childhood Curriculum*. For the permanent staff, the professional development plans will be tailored to the interests and skills of the individual. Some of the options for permanent staff include:

- reading professional journals such as Young Children on a regular basis
- preparing and presenting workshops at local conferences
- enrolling in relevant credit-bearing coursework

- attending training series at the Center for Early Learning Professionals
- attending local and regional workshops
- attending local and regional conferences
- participating in early childhood related webinars
- participating in state-wide early childhood committees such as Week of Young Child or Rhode Island Early Childhood Conference Planning Committee
- serving as a board member for professional organizations
- participating in staff meetings
- participating in in-service training
- mentoring by the director or more experienced teachers

Teachers will maintain professional development information in their file, which includes documentation of all course work, attendance at conferences and workshops and participation in relevant training as well as the alignment with the Workforce Knowledge and Competencies. Teachers' training will include content related to physical and mental health, safety and wellness, family engagement, development and learning, curriculum, assessment, and professionalism. Teacher training includes pediatric CPR and First Aid, and may also include topics such as diversity in early childhood classrooms, enhancing math and literacy, addressing health, safety, and medical needs of children with special needs, creating peaceful environments, weaving music throughout the curriculum, assessment and observation skills, developing an understanding of children's diverse learning styles among other relevant topics.

Teachers will have at least 60 minutes per day "off the floor" (not responsible for children). This time can be used to reflect, plan, evaluate, and assess children and to use that information to inform intentional curriculum planning. In addition to time away off the floor for planning, each teacher will have the opportunity to gather and put away materials, as well as to collaborate with other members of the teaching team.

Staff Evaluation

An important aspect of the professional development of the CDC staff is performance-based evaluation related to the job description. Information used for evaluation purposes is derived from a variety of sources. The director conducts formal observations of each teacher based on the Rhode Island Workforce Knowledge and Competencies (WKC) and the CLASS. Near the end of each semester, students enrolled in practica at the CDC are asked to complete evaluations of their cooperating teacher. Parents of children enrolled in the CDC are also an important source of information. Parents are asked to provide information about their perceptions of the CDC program and staff yearly. In addition to this information, staff complete self-evaluations, aligned with WKC's, of their work with children, families, and students. All of this information is used for each individual staff member's professional development. The information is discussed in a yearly professional development meeting with the

director and a formal assessment is written to summarize the discussion and to note strengths and needs. At this time, goals related to the Rhode Island Workforce Knowledge and Competencies including physical and mental health, safety, and wellness; family engagement; development and learning; curriculum; assessment; and professionalism are developed for the following year and an individual professional development plan is established. The information gathered at individual staff members professional evaluation is used to inform the CDC's program level annual professional development plan.

Supervision

Each member of the CDC community is provided with ongoing supervision. Each teacher meets with the director for supervision and support at least twice a week. Topics discussed during these meetings include curriculum, individual children, child assessment, family relationships, undergraduate supervision, etc. Each work study student is assigned a teacher to be their primary supervisor. The teachers informally meet with the work study students to provide supervision and support on a regular basis. Additionally, each work study student receives a performance-based evaluation which includes self-reflection and supervisor feedback once a year. During this assessment, competency-based goals are created for the following year. Undergraduate practicum students are each assigned to work with a specific teacher who serves as their supervisor. They receive informal feedback and support during their practicum visit each week as well as a formal midterm and final evaluation. These performance-based evaluations include self-assessment and goal setting. Practicum students are always under the supervision of a teacher, are never left alone with children and are not responsible for disciplining children.

Program Evaluation

The Child Development Center is involved in a cycle of continuous program improvement. Annually, the director, families, and teachers participate in a comprehensive program evaluation that measures the CDCs progress toward goals and objectives. The annual evaluation process includes gathering of evidence from families, the director, teachers, work study students, and URI practicum students. This self-assessment examines the effectiveness of pre-established goals and objectives related to curriculum, relationships, family engagement, classroom assessment, differentiated teaching and learning, supervision and mentoring of URI students and professionals from the community, and compliance with statewide standards for children, programs, and professionals. Families complete a comprehensive program evaluation at the end of each school year. Undergraduate students complete an assessment of their supervising teacher at the end of their practicum experience. Additionally, we examine child assessment information to determine patterns and trends in order to ensure we are meeting our goals and outcomes for children. Before the beginning of the following school year, the director and teachers conduct a comprehensive meeting to review the gathered information. As a result of examining all of this information, the director and teachers collaboratively establish a program improvement plan that includes future goals, steps towards goal-attainment, and a system for monitoring progress towards these goals. This information, along with is shared with families through a posting of a compilation of the information. Families are invited to review the document and share their ideas about it. The comprehensive evaluation and program improvement plan is also forwarded to the Chair of the Human Development and Family Science Department and the Dean of the College of Health Sciences.

POLICIES AND PROCEDURES RELATED TO THE CDC PROGRAM FOR CHILDREN

Enrollment

Program Options

The Dr. Pat Feinstein Child Development Center operates year-round. An optional 8 week summer program is available to currently enrolled families or incoming academic year families. Families may choose between two program options for academic year **2026-2027**:

- I. Extended Day: five days per week: 7:45-5:15
- II. Morning Program: five days per week: 7:45-12:30

Admitting Children

The University of Rhode Island Dr. Pat Feinstein CDC is open to all families. It serves children who are three and four years of age, both from URI affiliated families and the surrounding community, **in a 2-year high-quality early care and education program. The CDC enrolls a maximum of 34 children in two spacious, mixed-aged classrooms.**

Children must be 36 months old by September 1st of the enrollment year and fully toilet trained. The enrollment age eligibility is consistent with RI Department of Education kindergarten age eligibility. Children starting in the summer must be 36 months old at the time of enrollment. Children may not be older than 60 months on September 1st in the year of enrollment.

During January of each year, families are asked if their child is continuing throughout the summer and/or is continuing in September. Based on this information, the CDC projects enrollment needs and invites new families to join the program.

New children and families enter the CDC during the last week of June, the first week of September, or as space becomes available. Applications received by the **February Open House** are processed for the upcoming academic school year. Applications received after the Open House in a child's year of eligibility are only processed if space is available.

1. Interested families submit an online application and an application fee found on the URI website (web.uri.edu/child-development-centers/providence).
2. Applied families schedule a tour of the program through a January email invitation to the annual February Open House. During this visit, families will be able to tour a spacious classroom. Care givers may talk with mentor teachers while their children interact with a selection of classroom materials.
3. Based on the program, undergraduate teaching, and research needs of the Department of Human Development and Family Science, enrollment offers are extended to families via email in early March for

fall enrollment. When space is available, new families will be offered the opportunity to enroll in the optional 8 week summer program, proceeding the academic year.

4. Families submit a non-refundable deposit equal to one month of academic year tuition. This deposit will be applied toward the family's first tuition charge. Deposits are due within 2 weeks of the acceptance email.
5. Families complete an enrollment packet by the end of May.

Families who choose to withdraw during the summer months and return in September are required to make a payment for the month of September on June 1st. Families who continue during the summer and plan to return in September are required to make payments based on the CDC's annual payment schedule. (September tuition due August 1st.) Transcript services, letters of recommendation, and transfer of any records or information are denied to any family who is indebted to the Dr. Pat Feinstein CDC.

Midyear openings are filled from the wait pool. However, children are enrolled in accordance with program, undergraduate teaching, and research needs of the Department of Human Development and Family Science. Vacancies in the program are filled on the basis of these criteria, rather than strictly on the basis of date of application.

Home Visits

Teachers schedule home visits with fully enrolled children and their families. Home visits allow teachers to establish a relationship with the child and their family. These visits are scheduled during the immediate week prior to starting school in June or September. Meetings are scheduled to last about 45 minutes. Ideally a visit takes place in the child's home with the entire family. Children can meet their teachers in a familiar space and share about their home environment (e.g. give a tour of their room, show their toys, introduce siblings and/or pets, etc.). Parents experience teachers interacting with their children and discuss their developmental goals for their children at the CDC.

Enrolling Children with Disabilities

The CDC program welcomes children with identified disabilities from the surrounding community for whom a typical, open classroom, early childhood program is the appropriate, least restrictive environment. The affiliated school system is responsible for any fees for the child.

The CDC program is committed to ensuring that all enrolled children can attend the program, regardless of their special health or educational needs. The CDC celebrates the inclusion of children with special needs and their families into the program and views all children as integral parts of the CDC community. This includes children with developmental delays and disabilities, mental health diagnosis, and behavioral challenges. The CDC professionals work with each individual family to support their child's inclusion into the classroom making the necessary accommodations. CDC teachers are supported in gaining competencies and knowledge necessary to support each child's growth and development. Families are provided with information about additional resources available to them in the community.

Withdrawal Procedure

If a family plans to terminate a child's enrollment, **families must give the Program notice of intention four weeks prior to leaving.** Families, who do not give a four-week notice, are responsible for tuition for the balance of the 4-week period.

Application Fee

An application and application fee is required of all families to process an application. The application fee is not applied to the tuition bill. Application fees must be made through the URI College of Health Sciences Flywire payment portal (<https://web.uri.edu/child-development-centers/payment-portal/>). In this system, ACH bank payments can be made without any additional fee and a 2.75% fee is required for all credit card payments.

Tuition

The CDC has a yearly tuition rate. Tuition rates are fixed for the academic year and for the summer program. The academic year tuition rate is divided into 10 equal monthly **charges.** **(The optional summer program tuition rate is divided into 2 equal charges.)** Holidays **and breaks** are taken into consideration when tuition rates are set. Therefore no variation in monthly charges is based on the number of days the school is open. Unanticipated closings such as a snow day or power outages do not result in a change to monthly tuition charges nor do family vacation plans or child illness. Special consideration **may** be given when assessing tuition during extended closings related to **an emergency.** For example, partial tuition payments will be requested when virtual connections are provided, but direct care is unavailable, during an extended emergency closure.

Two separate platforms are used to manage tuition payments. Billing plans are set up on the Brightwheel application, and email reminders are sent to inform families of upcoming tuition charges. Tuition is due, in advance of attendance, **on the first of the month.** For example, September tuition is due August 1. Prior to enrollment families submit a non-refundable deposit equal to one month of full-time tuition. This deposit will be applied toward the family's first tuition charge. Just like application fees tuition payments must be made through the URI College of Health Sciences payment portal (<https://web.uri.edu/child-development-centers/payment-portal/>). In this system, ACH bank payments can be made without any additional fee and a 2.75% fee is required for all credit card payments. Payment portal receipts should be kept by families.

Tuition payments cover teachers' salaries, so promptness is imperative. Any family whose account is more than two weeks in arrears must make arrangements for payment by discussing a plan with the director. If a plan for payment is not developed by the time the account is six weeks in arrears, the family will be required to withdraw their child and the Office of the Controller will be notified about the outstanding balance. The Office of the Controller will turn the account over to a collection agency that will pursue payment.

Rhode Island Child Care Assistance Program

The Child Development Center enrolls a limited number of families participating in Rhode Island Department of Human Services Child Care Assistance Program. The Program enrolls children with an "approved" status only. Parents

are responsible to apply for recertification at the time designated by DHS. Any lapse in CCAP payments results in disenrollment or payment of full tuition by the parent.

Late Fees

Families are expected to pick their child up on time. The CDC closes at 5:15 PM. The morning program ends at 12:30 PM and **the extended day program ends at 5. It is best** that parents arrive at least five minutes before these times so that they have time to gather their child's belongings. A \$10.00 charge for every 5 minutes after 5:15 that a child is at the CDC **will be billed**. Chronic lateness is addressed immediately, and if lateness continues, the family will be asked to find alternate childcare.

Required Forms

The CDC is licensed by one state agency: the Department of Human Services (DHS), formally through the Department for Children, Youth, and Families (DCYF). This agency requires that certain documents be maintained on file for each child. The following forms must be complete before a child can begin attending the CDC:

- Admission Application
- Child and Family History
- Getting to Know Your Child
- Annual Health Exam
- Immunization Record
- Release of Child to Authorized Adult
- Emergency Contact and Parent Authorization for Emergency Treatment
- School Policies Agreement
- Acknowledgements and permissions granted upon enrollment.

In addition, families annually update the Release of Child to Authorized Adult and Emergency Contact and Parent Authorization for Emergency Treatment forms. After annual pediatrician visits, families must provide updated physical forms and immunization records to reflect changes in the child's age and to document annual flu vaccination. Each child's health and safety file is confidential but immediately available upon request to administrators and teaching staff, the child's parents or legal guardians and/or regulatory authorities.

Home-school Transition

After a child is fully enrolled, staff will schedule a home visit. Before the first day of attendance, families are encouraged to come for visits with their child so that the child can investigate the environment with the security of a nearby parent and experience some of the classroom routines. In addition to visiting the CDC, families should begin talking with the child about going to school several weeks before the starting date. Talk about things the child will be doing at the CDC such as playing, painting, snacking, walking around Providence, eating lunch, and resting etc. Talk about what the family will be doing while they are apart.

Your Child's First Day

During the first few days, families are encouraged to spend time getting their child settled at drop off. Create a routine. Routines are comforting at drop-off and pick-up time. Every family has their own unique way of saying good-bye. Share your routine so that we can support you. Learn our routine so that you can prepare your child for what to expect upon arrival and pick-up. Many families have a routine of saying good bye at our windows!

In the case where the child is upset at the separation, teachers will comfort the child and encourage the family member to complete the agreed upon separation routine and promptly leave. Family members may send a Brightwheel text later in the morning to find out about their child's progress.

During the first few days, classroom teachers will share class photos with families. To help assist the child's adjustment to the new environment, families are encouraged to spend time talking about the photos.

Early Arrival

Families arriving a few minutes prior to 7:45 AM must wait outside the school supervising their child until 7:45 AM.

Items from Home

Children like to bring toys or other objects from home to school. This practice often assists children in the transition from home to school. While this practice **can** be supported, it must be noted that problems of sharing, breaking, loosing, etc. may occur. **Therefore teachers will collaborate with families to make an appropriate plan for including home items into the classroom in a matter that works best for the class. Children will be responsible for following the inclusion plan** and staff will decide and communicate directly with families when home **items** are best left at home. Battery-operated items and items, making noise or emitting light are prohibited in school.

Clothing

The CDC provides a variety of experiences for young children which may involve clothing getting soiled. Parents should send children to school in casual clothing which is easily laundered. Children dressed inappropriately may feel inhibited from becoming involved in some messy activities or physical challenges. Children's shoes must **be closed-toe, and have thick, no-skid soles that won't fall off or slip off when children are playing.** Therefore, flip-flops, crocs and clogs without backs are not appropriate footwear.

At the beginning of this school year parents are asked to bring 3 complete sets so extra clothing can be left at school. **Please clearly label ALL clothing with child's name.** Any school clothing lent to children while they are at school should be laundered and then promptly returned to school. Please check your children's extra clothing occasionally to make sure it still fits and is seasonally appropriate.

Videotaping and Photography

Enrolling at the URI Dr. Pat Feinstein CDC, families agree to allow photos, video, and audio recording to be used in the ways outlined below and stored in a secure archive managed by the Human Development and Family Science department. Videotaping and photography are done frequently as part of authentic, on-going assessment of

children. Videos, photographs, and recordings are used to document program improvement, provide teachers with self-reflection opportunities, assist practicum students in developing and refining their teaching techniques, display in the classroom materials and environments, teach courses at URI, apply for grant-funded projects, illustrate CDC Newsletter emails, and train other early childhood professionals. Video and photos will be stored and shared electronically on a google drive with enrolled families. Any photos texted through Brightwheel are only shared with the individual recipient. Occasionally, photos, video, and audio files may be taken by, shared with, and published by other organizations we collaborate with and URI websites and social media sites. When we are out in the community, it is possible that others may take photos and videos in public spaces.

Family and Community Relationships

Integral to the CDC philosophy is the belief that parents are the primary educators of their children. It is our responsibility to support and facilitate the parent/child relationship in order to empower parents in this critical and challenging role. Early Childhood programs are most effective when reciprocal relationships are nurtured between the school and the family and when families are encouraged to share their perceptions, feelings, and observations about their children and the program. Every effort is made to vary the family engagement opportunities and to make efforts to accommodate families with special needs and circumstances so that every family can participate. For example, most opportunities are offered to families at no cost, translators are identified when needed, opportunities are available both in the classroom and in the home, communication occurs in a variety of ways, and other accommodations are made as necessary. The CDC staff strives to form meaningful partnerships with parents and families in order to enhance each family's experience in the program. There are a variety of ways in which families can participate in the CDC program. The following are some of these options:

CDC Goals for Families

- Build community with other families and the CDC staff
- Develop reciprocal relationships with CDC staff to benefit children, families, and staff
- Maintain open and honest communication with the CDC staff in order to benefit children, families, and staff
- Embrace and celebrate the diversity of families at the CDC
- Feel empowered to become advocates for their children
- Serve as resources for other families
- Develop appropriate expectations for their children within the context of their family structure
- Identify resources and opportunities available to young children and their families within the community
- Utilize age-appropriate guidance strategies with their children
- Solicit resources or support from the CDC staff regarding the many challenges associated with parenting

Preadmission Family Visit

If a family is interested in enrolling their child, a visit is scheduled between director and care givers to describe the program, answer any questions, obtain background information on family history and health, discuss the child's strengths and needs, discuss the family's goals for their child, and identify any necessary supports and accommodations necessary to ensure the child's successful enrollment, and review CDC policies and procedures. The Family Handbook is available on the URI website for review. Prior to enrollment, families are invited to the annual

winter Open House with their child. This visit will provide an opportunity for classroom teachers to meet families and observe child's play. This observation is an effective way to facilitate the transition for the child and family.

Open Door Policy

Families are welcome at the CDC at any time to observe the program, help out in the classroom, share a talent or skill, be a guest reader, or eat lunch. When parents would like to participate in the classroom, they work out an appropriate time and plan with the classroom teachers.

Family Functions

Each year the CDC hosts school family functions which we encourage all families to attend. These annual family functions are typically themed school dinners, a URI basketball game at the Ryan Center, and picnic lunches. These gatherings provide an excellent opportunity for children to have a special time with their families as well as a chance for families to meet.

Family Advisory Board

The CDC Family Advisory Board is comprised of family members of currently enrolled children, teachers, and the director. All families are welcome to participate in the work of the Family Advisory Board which includes designing and implementing family engagement opportunities, establishing and revising policies, and executing a variety of fund raising activities. Family members often assume leadership roles in these activities.

Family Workshops

We have had family workshops with topics including: racism, gender identity development, challenging behavior, nutrition, and transition to kindergarten. We welcome suggestions from families or teachers for topics.

Take Home Bags

The CDC offers many opportunities for families to be further engaged in their child's early learning and development. These developmentally appropriate experiences are informed by the RIELD Standards for the preschool. Take-Home bags may include books, puzzles, a favorite school toy, games, or any material that children would like to share at home. Teachers share pictures of children in the classroom and outside by direct email or with a Google album.

Family Conferences

The CDC offers scheduled conferences with families and teachers each fall and spring. This is an opportunity for the important adults in children's lives to share information related to individual growth and development of the specific child. All domains of development are discussed and families are encouraged to share their current goals

for their child. Families and/or teachers may request additional opportunities throughout the school year to convene and discuss any issues and concerns.

Family Evaluation

Each spring, families are asked to complete a comprehensive program assessment and evaluation of their family's experience at the Child Development Center. This critically important information informs the establishment of long term goals and short term objectives related to the ongoing operation of the program. The information is also used to ensure that the program is welcoming to families, sensitive to the values, culture, and home language of enrolled families, and provides an effective and relevant variety of opportunities for family engagement.

Family School Communication

The CDC uses a variety of methods to maintain open communication with families and to keep families informed about the program. These include informal conversations, the CDC Family Handbook, seasonal newsletters, monthly calendars, classroom news and updates by email, bulletin boards, notes, telephone calls, email communications and Brightwheel messages. Teachers do not discuss personal information with extended family and family friends.

Family Notices

Family notices are given directly to families at either arrival or dismissal.

Family Newsletters

Throughout the school year, the director and the teachers send home family newsletters by email. The newsletters contain a variety of information such as notices and reminders, updates on children's activities, and suggestions for activities that parents and children can do at home.

Donations

The CDCr welcomes donations from families and community organizations. Donated funds are deposited to the Child Development Center Gift Fund at the University of Rhode Island Foundation. Donations are used to purchase classroom furniture, consumable supplies, and in-service training. Larger donations may be used to make capital improvements at the CDC. Families' and community organization's larger donations may be eligible for matching funds.

Donations to the CDC are made to the school and not to individual classrooms or teachers. The director and teachers, with the input of families when appropriate, make decisions about how donations are used. On occasion, the CDC families may choose to organize a fund-raising event such as a bake sale or raffle. Cash donations under \$150.00 are used to purchase materials and supplies that are needed immediately such as butter to make cookies or for community opportunities such as food from the Farmer's Market.

Community Resources

The CDC maintains a directory of community resources and makes relevant information available to families as needed.

Community Activities

The director and teachers work to develop partnerships and professional relationships with agencies, consultants, and organizations in the community to support the program in meeting the needs of all children and families. Every spring, the CDC will inform families about the transition to public/private area schools. The bulletin board in the entryway includes information about community activities such as the public library, children's museum or family-friendly events and activities. Families are encouraged to share information about community events with members of our school community. The CDC works closely with state organizations receiving information that may impact children and families. The CDC encourages families to be advocates for their children by supporting local initiatives and community improvement projects. This might include public rallies at the State House and corresponding with legislators.

Transition to Kindergarten

The director is responsible for gathering information for families about transitioning to kindergarten. Every winter, part of the Family Area is devoted to information on registration, open house, scholarship, and other important kindergarten information. Information pertaining to kindergarten registration will be sent out to families through email. While many families at the CDC are Providence residents, information from other Rhode Island communities, private schools, and charter schools is included. The Director helps families to connect with other families who may have additional information or insight concerning other programs. Once the kindergarten process is complete, the Director encourages families to share their child's "next step" with other members of our school community.

It is expected that assessment information be shared with future programs. Families have written documentation following spring conferences to share with their child's new school. In addition, once a child has left our program, families may grant us authorization to share information with the child's new school. Teachers are responsible for gathering information and sharing it with others. Our program sends written documentation within ten school days. Telephone interviews are scheduled at the convenience of the CDC teacher(s).

It is common for another program to request information about a child prior to admission. Teachers provide objective, valid and reliable information based on authentic assessment information gathered over many months. Teachers include information about the child's interests, learning style, and strengths. Parents are responsible for delivering the request to teacher(s). All requests must include a stamped, addressed envelope. **Written requests require ten school days from the date the request is received.** A copy of the information sent to another program is placed in the child's file and is available for parent review.

Advocacy

The Child Development Center encourages all families to contribute to decisions about their child's goals and plans. The director and teachers work closely and collaboratively with each family to generate ideas and solutions that can become part of classroom curriculum. Families are encouraged to be the primary decision maker for their children's needs. Teachers and the director support families in obtaining any support services inside and outside of our program. The CDC uses our knowledge of the community to support families, acknowledging that every family chooses to receive and use information in different ways. When a disagreement arises between any member of the CDC staff and a family, the director works with both parties to reach a mutually acceptable solution. If the process is not progressing in a manner that benefits the child, family, or program, the director or family may ask for support from greater URI community or community at large.

The CDC encourages families to be knowledgeable about national, state, and local initiatives that directly affect children and families. Rhode Island Kids Count, www.rikidscount.org, provides information for families. The CDC encourages families to be advocates for their children by supporting national, state, and local initiatives and community improvement projects.

Grievance Policy

Grievances by parents of children at the CDC are handled on an individual basis. Parents are encouraged to first speak with the child's teacher directly. Meetings can be set up to discuss the grievance. Parents not satisfied with the results of this meeting have the opportunity to continue this process by speaking with:

- | | |
|---|--|
| • Director of the Child Development Center | Delia Hall
delia@uri.edu |
| • Department Chair of the Human Development and Family Science Department | Dr. Skye Leedahl
skyeleedah@uri.edu |
| • Dean of the College of Health Sciences | Dr. Patrick Vivier
patrick.vivier@uri.edu |

Health and Safety

The health and safety of the children is of utmost importance. Thus, there are many policies related to health and safety at the CDC. In the sections below, these policies will be discussed.

Attendance

Regular attendance is important for children to receive the maximum benefit from the program; however it is essential to keep your child home for certain reasons as outlined in the Health and Safety Policies. Each day, every family will complete a self-attestation questionnaire electronically prior to entering the classroom. **Please text message the CDC through the Brightwheel app to inform the CDC staff of your child's absence or late arrival (after 9AM) for any reason.**

Arrival and Dismissal

Each child is greeted warmly by a trusted staff member upon arrival each morning and at departure. In order to ensure the security, safety, and health of the children, families, and staff as well as the continuity of the educational program, the following guidelines are provided:

- Only adults ring the doorbell.
- Children are not permitted in the building without an adult.
- Adults open and close all doors for children. Children are not permitted to open the doors to the main entrance to the school or classroom.
- Adults must not allow their children to leave the building without them.

The Shepard Building does not have a parking lot. Street parking is available for drop off and pick up at the CDC's main entrance on Westminster Street. Moving cars make the street a particularly dangerous place for young children. Therefore, it is critical that drivers **NEVER** drop off a child at the door of the building. An adult must **ALWAYS** accompany the child into the school and classroom.

Arrival Procedure

Arrival is from 7:45 – 9AM. Adults ring the doorbell at the Westminster door and staff buzz in families after identity is confirmed. Adults must make sure the door to the school is securely closed each time they enter and exit the building. **All non-staff adults are reminded not to admit any person into the building.**

Children are not permitted in the building without an adult. Adults open and close all doors for children. Children are not permitted to open the main entrance to the school doors or classroom doors.

Adults use the kiosk iPad to complete the self-attestation form and to sign their child in using the Brightwheel app. Only adults use the iPad because signing children in and out of school is an adult responsibility. After signing in, adults escort children into their classroom to put their materials in their cubby and wash their hands. After washing their hands, children may say goodbye and begin activities. During drop off adults are encouraged to keep conversation with staff brief, so that everyone can get in within a timely manner.

Teachers support families and children during difficult separations. Caregivers complete the agreed upon plan and promptly leave. Teachers validate children's emotions and assist their transition into exploring the classroom. Office staff greet new faces at drop off with a warm welcome and brief overview of the arrival routine.

Adults are expected to bring children within the staggered morning arrival (i.e. 7:45-9). Children who arrive after 9 find it difficult to become involved in on-going activities. Also, the early portion of the day involves many challenging and exciting activities and provides an introduction to the whole day. Therefore, punctual arrival allows for staff to most effectively meet children's needs. When families know they will be late, a Brightwheel text message is greatly appreciated to help teachers plan for the late arrival and the director to plan for staffing needs.

Dismissal Procedure

The morning program ends at 12:30. The extended day program ends at 5. Please arrive before 5:15 because a late fee is applied if the time of pick up is after 5:15. Children can be signed out using the

Brightwheel app on the kiosk iPad or on a cell phone. Each child is released only to his/her parent or legal guardian, unless written notice is sent in a Brightwheel text. **No person under the age of 18 may pick up any child** (DCYF regulations for licensure, 2013). Teachers and the director are responsible for checking identification and releasing children. Parents support this policy by recognizing the classroom teacher upon entering and leaving the vestibule or park. Adults must not allow their child to leave the building or park without them.

Release Policy

Children are released to a parent or legal guardian, and those people authorized by the parent or legal guardian. **Parents are asked to keep the Release of Child to Authorized Adult form current and to limit the list to people who are authorized to pick up the child at all times without prior notice.** Changes, additions and deletions to this list must be in writing, dated and signed by a parent. If a parent is not picking up their child on a particular day, the parent is asked to write the full name, as it appears on photo identification, of the person who will pick up the child in a Brightwheel text. Children will be released to the people on the release form after verifying photo identification. No person under the age of 18 is permitted to pick up a child.

We understand that on rare occasions it may be impossible for a parent or anyone on the Release of Child to Authorized Adult form to get to school to pick up a child by 5:15PM. On these occasions, when a parent calls to tell us the name of the person who is picking up the child, we ask for the child's birthday. If for any reason the parent does not actually want their child to be released to the named person (as in the case of a potential abduction) they should tell us the wrong birthday. We do not release the child unless we are given the correct birthday.

In the event a parent may be unable to pick up their child by 5:15PM and unable to contact the school, at 5:15 PM teachers begin to Brightwheel text parents and call the emergency contact people. If no adult is available and we have not received any information by 5:30 PM, the teacher notifies the director who notifies the Providence Police Department and the Rhode Island Department of Children, Youth and Family Services.

When a custody arrangement or no-contact order impacts child release decisions, the following procedure is followed: Written documentation of the official custody decision or no-contact order is kept in the child's file. If an unauthorized person attempts to have contact with the child in question, a CDC staff member utilizes this documentation to deny contact with the child. If the unauthorized person refuses to leave the CDC after seeing the documentation, the CDC staff notifies the Shepard building security by calling **9-602-5654**.

Under no circumstances will a child be released to an individual who appears to be under the influence of alcohol or other substances. In the event that the person designated to pick the child up from school arrives in an impaired state, the staff of the CDC will not release the child, will inform the individual that they cannot leave with the child, and will contact an alternate person from the child's release form to pick up the child. If necessary, the staff will contact Shepard building security for further assistance.

Security

The CDC is part of the University of Rhode Island and is monitored by the Shepard building security. The CDC has a sophisticated locking system to ensure a safe environment for children and staff. The exterior doors of the CDC are locked at all times.

All non-teaching staff enter the CDC through one main entrance at 255 Westminster. All families and visitors must ring the doorbell at this main entrance. A staff member must verify the identity of the individual(s) and

permit only approved people to enter the CDC. The exterior door may only be opened by staff. All adults exiting and entering must make sure the exterior door closes securely behind them to prevent persons from entering the school without staff approval. Specifically, upon exiting the CDC, student interns and children's family members should not allow anyone to enter the CDC.

A voice-activated alarm and surveillance camera monitor the CDC 24 hours a day. An alarm button has also been installed that has a direct connection to the Shepard building security at the security kiosk located at the 80 Washington Street entrance to the Shepard building. In addition, all doors into the classroom lock when closed.

CDC Closings

The CDC is closed for all state holidays and most federal holidays. The CDC also closes for a winter break and during the URI March spring break. Refer to Dr. Pat Feinstein Child Development Center Calendar in this handbook for more specific details.

In the case of severe weather, the Dr. Pat Feinstein Child Development Center announces closings using Rhode Island Broadcasters Association system. All local news outlets will list "Dr. Pat Feinstein Child Development Center" under the daycare/preschool section. The director will communicate an emergency closure with families via email and Brightwheel text message. While we take guidance from URI and Providence Public School Department, the CDC announces separately and independently. When the CDC must close early -- due to an emergency situation, power outage, or weather conditions -- notification is sent via Brightwheel text message as soon as possible.

Field Trips

Field trips are an important part of a young child's learning experience. The Dr. Pat Feinstein CDC does not have an outdoor play space area for children. For these reasons, staff take the children on walking field trips daily throughout the city of Providence.

When going on a field trip, CDC staff will do the following things:

1. Teachers send parents a Brightwheel text to share information about the timing and location of the trip.
2. Teachers assign each child to an adult, who are responsible for holding hands and/or supervising to and from the location.
3. Teachers ensure First Aid supplies, emergency contact information, water, and a cell phone are brought on all field trips.

Transportation

The Dr. Pat Feinstein CDC does not transport children.

Supervising Children

Maintaining the safety of the children at the CDC is of utmost importance. A general practice to ensure safety is for the attention of the staff to be focused on children at all times. To adequately supervise and interact with the

children, staff will devote 100% of their attention and energy to this task. Staff will always position themselves in a way that they can see as many children as possible. Strategic placement of staff members ensures that all children are consistently under supervision both inside and outside. Supervision of children is achieved primarily by sight and sound with brief periods where they may be supervised by sound only, as developmentally appropriate. However, in these instances, teachers will make frequent checks on the children who are out of sight. Practicum students are always under the supervision of a teacher, are never left alone with children, and are not responsible for disciplining children.

When classrooms travel between the CDC and outdoor play spaces, a careful, intentional walking plan is made. Children hold hands or hang on to a wagon, pulled by an adult. All children remain in close proximity of the supervising adults, if not in direct contact with staff and interns. Upon arrival at an outdoor play space, teacher assistants review the environment to ensure trash and any other hazards are properly removed. Adults form a human perimeter around the group of children and children must remain in front of adults. Adults do not engage in play activities outdoors to maintain all attention on supervision. Teachers have cell phones and student emergency contact information on hand in the event of an outdoor emergency.

Teaching Staff/Child Ratios

The CDC maintains developmentally appropriate teaching staff to child ratios within each group to facilitate adult-child relationships and interaction and constructive activity among children. Each classroom has three lead teachers and 2 teacher assistants. Each classroom has a maximum of 17 children. Staff work overlapping shifts to ensure coverage withing ratio during work breaks. The preferred ratio is one adult to six children. Outdoors and on field trips the ratio will always be at least one adult for every five children. The Brightwheel application, used for attendance sign in and out, informs staff when ratio or class size maximums are exceeded.

General Safety Rules

The CDC has a number of common practices to ensure the children's safety. The following is a partial listing of these practices related to frequently occurring situations:

- Children wear a helmet when riding bikes and scooters.
- Children may run outside at the park.
- Pointed, sharp, or heavy objects should not be held above the head.
- Climbing is allowed only when an adult is present. Staff should be within an arm's reach of children who are climbing in the classroom or outdoors.
- Children may be in the kitchen when accompanied by a staff person.
- Children are only allowed in areas where they can be seen. Staff will position themselves where they have a clear view of all children.

Outdoor Play

Children have opportunities to play in the outdoor environment **every day** (when weather, air quality, or environmental safety conditions do not pose a health threat). In warm weather, we play at parks that have plenty of shade; children always have the opportunity to play in the shade. Drinking water is available during outdoor play on hot days. Parents are reminded to apply sunscreen before entering school each day. Staff will reapply sunscreen, provided by families, for the afternoon outdoor play. When public health authorities recommend the use of insect repellants due to high risk of insect-borne diseases and with written parental permission, only repellents containing DEET are used. CDC teachers apply insect repellent no more than once a day (with written parental permission).

In cold weather, children wear clothing that is dry and layered for warmth. During winter months, teachers consider outside temperature, wind chill, and sidewalk conditions before going outdoors. When the wind chill factor is below -10 degrees we will stay indoors. Sidewalks and crosswalks must be cleared enough for children and adults to walk safely through the city. It is expected that all children have appropriate winter clothing including hat, mittens, coat, snow pants, and boots. The CDC has extra clothing for any child who is not prepared to be outdoors during cold weather.

When children are dropped off or picked up during outdoor play, adults must check in with a teacher and use the Brightwheel app to sign in or sign out their children.

Hand Hygiene Policy

Hand washing has been identified as the major way to prevent the spread of all communicable diseases. Children and adults are required to wash their hands upon entering the building, after toileting, before meals, before preparing or handling food, after exposure to any bodily fluids, before and after use of the water table, after messy activities, and when returning to the classroom from outside. Children are also required to wash their hands after sneezing; wiping their noses, placing fingers in their mouth or in their undergarments, coughing into their hand, or anytime an adult feels their hands may be contaminated.

Staff keep themselves and others healthy by washing their hands often and always:

- before and after feeding a child
- before and after administering medication
- after handling garbage
- after cleaning

Staff and children must follow the hand washing protocol recommended by the Centers for Disease Control and Prevention, which includes:

- Wet hands with warm running water (leave water running)
- **Apply soap and** lather hands outside of the stream of water with non-anti-bacterial liquid soap for at least 20 seconds being sure to scrub between fingers, thumbs, fingertips, and all sides of hands
- Rinse hands under the stream of water
- Dry hands with a paper towel

- Water shuts off automatically

Teaching staff have access to hand sanitizer (with at least 60% alcohol) when soap and running water cannot be immediately accessed (ex. during outside times). Adults are responsible for supervising children closely to ensure safe use of hand sanitizer.

Adherence to Hand Washing Guidelines

Staff orientation delivered the week before reopening, ongoing staff supervision, and signs posted in the classroom, kitchen, and bathroom areas will help to ensure that all adults adhere to the hand washing policy and effectively support children's hand washing throughout each day.

Toileting

It is expected that children are able to use the toilet independently and successfully. Children must wear underwear to school and must not wear a diaper or pull-up. Children who are not fully toilet-trained and independent in this self-help skill find it difficult to participate in an open environment and present hygiene concerns for others. We support successful toileting in several ways. Our bathrooms are open and are part of the classroom. Children have access to the bathrooms throughout the day. We ask children to try to use the toilet before going outdoors and before rest.

It is not uncommon for children to have an occasional toileting accident. Families must keep a complete change of clothing in the child's cubby for such times. An adult supervises the child as they change clothing, place clothing in a reuseable bag, and dress in dry clothing. Families are responsible for laundering the reuseable bag and returning it to school the next day. Adults provide minimal assistance in the bathroom. Adults never wipe children's bottoms. Children and families should practice this skill at home. As required by our licensing agents, soiled clothing is never rinsed. A bag containing soiled clothing is placed in or on top of the child's cubbies. Soiled clothing left behind poses a health risk for others. Soiled clothing left behind at the end of the day is thrown away.

Toileting is a complex task for young children. We invite families to have open, honest conversations with us related to their child's use of the bathroom. While other children provide excellent models for using the toilet, it is expected that all children understand the process and are successful a majority of the time. When a child continues to have regular toileting accidents, spends a large portion of their day in the bathroom changing clothing, is not independent in the task, takes a teacher away from others frequently, and presents a health risk to others, the family is asked to withdraw the child until the process is complete and the child is toileting independently and successfully. The director, in consultation with the teachers, will determine if a child's toileting accidents present an excessive burden or safety risk.

Water Play

Precautions will be taken to ensure that communal water play does not spread infectious disease. In addition to washing their hands before and after water play, children will not be allowed to drink the water play water. Children with open sores on their hands will not be allowed to participate in the communal water play. Fresh water will be used in the water play table and the water will be drained at the end of the water play experience.

Routine Cleaning and Sanitation

The Child Development Center is cleaned and sanitized on a daily basis by janitorial staff employed by the Shepard building. This cleaning occurs in the early morning before the CDC opens. These staff members follow a specific cleaning protocol to ensure that all surfaces in the building, including the bathrooms, classrooms, kitchen, and office areas, are included in this routine cleaning and sanitation. The janitorial staff uses industrial strength germ killing products supplied by the Shepard building.

Precautions will be taken to ensure that all toys that children play with remain clean. Toys are cleaned and sanitized on a regular basis. Additionally, any toy that a child has placed in their mouth or that has been contaminated by bodily secretions will be removed from the classroom, washed by hand using water and detergent, then rinsed, sanitized, and air dried before being returned to the classroom. Dramatic play clothes and other cloth items will be cleaned on a regular basis.

Teachers and assistants perform maintenance and cleaning tasks on a daily basis. The following cleaning and sanitation schedule is closely followed by classroom assistants or teachers:

- a. Tables are cleaned and sanitized before and after snacks and lunch.
- b. Food preparation surfaces are cleaned and sanitized before and after contact with food and between preparation of raw and cooked food.
- c. Countertops, door handles and cabinet handles are cleaned and sanitized daily and when soiled.
- d. In addition to the janitors cleaning the bathroom area every morning, this area is cleaned and sanitized at mid-day and when visibly soiled.
- e. Sheets, blankets, towels, and pillowcases are cleaned by families at least weekly and/or when visibly soiled. These items are only used by one child and stored in individual labeled drawstring bags.
- f. Cots are disinfected weekly.
- g. Cubbies are disinfected weekly.

Repairs and General Maintenance

The State of Rhode Island's Department of Administration ensures that the CDC building is in good repair and working order. When a repair or general maintenance issue arises, we contact the appropriate Shepard building office which then takes steps to remedy the problem.

Storage of Hazardous Materials

All cleaning supplies and other hazardous materials must be kept out of children's reach at all times. These materials must be kept in a locked closet or in areas only accessible to adults.

Pest Management Plan

In the unusual event that there is a need for pest control at the CDC, the Shepard building has a contract with a state approved pest management company. The products used by this company for pest management are approved by the State Health Department.

Cigarette Smoking

Rhode Island Department of Health RI General Law 23-20.9-5 prohibits cigarette smoking within 25 feet of the CDC entrance.

Weapons

Rhode Island Statute 11-47-60 prohibits any person from having any firearm or other weapon on school grounds.

Snacks and Lunches

Eating is a social activity that children and adults will participate in for their entire lives. The goal for mealtime with young children is to provide a consistent, comfortable, and social environment where children can develop independence and competence. Good eating habits are acquired through imitation, practice, encouragement, and guidance. It is important that children enjoy mealtime and the foods they eat. The CDC staff allows mealtime to occur in a relaxed atmosphere which allows for social interaction with peers and adults.

The CDC is a nut-free environment. Nut-free means all food at the CDC may not contain nut, peanut, or any of their ingredients.

The CDC provides the morning snack. Families provide lunches and afternoon snacks for their children. **Staff do not heat lunches for children.** Food must be packed in a container that fits in the child's backpack. All foods brought into the school must be nut-free. Glass lunch containers are considered unsafe for children and are not permitted. Lunches should be small enough to satisfy a small appetite. Children carry the lunches in their backpacks to the park. In addition, each child needs an individual water bottle to carry in their backpack to the park. Water is always available in the classroom and at the park. Milk is also available in the classroom.

To encourage healthy eating habits in young children, it is important for children to have a choice of healthy items. Parents are encouraged to avoid sending cookies, potato chips, gummy fruit drops, etc. Children choose what to eat and the order in which they eat it. Children may not share food from home with each other. Adults sit with children, at lunch and snack, modeling good eating practices and age-appropriate conversation. Adults do not force children to finish the meal nor do they choose what children will eat first. Each child's uneaten food is returned to their lunch box. Lunch boxes go home every day. Families are reminded to wash their child's lunch box daily.

Donation of Food and Cooking Projects

Individually wrapped food (e.g. apple sauce, cheese sticks, yogurt) donations are accepted.

Food Safety

Preparation for snack and lunch will follow USDA guidelines for food safety in a community setting. All preparation surfaces and eating surfaces will be sanitized before and after use. **When using a microwave to prepare food or beverages only glass, porcelain, or microwave safe pottery plates may be used (i.e. NO plastic or polystyrene containers used in microwaves).** All utensils, cups, bowls and serving items will be washed in the dishwasher after each use.

Resting and Sleeping at School

Rest is part of a healthy lifestyle. All children, enrolled in the extended day program, rest every day following lunch. Each child has their own labeled cot placed in the same classroom location every day. Children are not required to sleep during rest time, but are expected to rest their bodies quietly. Families provide cot sheet (crib-sized sheet) and small blanket. Pillows are optional and must be small camp-size pillows. Full pillows are not allowed as they do not fit comfortably on cots. All rest items must fit in the provided drawstring storage bag. The sheet, blanket, and pillow go home weekly (usually Friday) for washing. If your child has a special item that comforts him/her, at naptime, you are welcome to send it to school for rest time. These items are usually a soft doll or stuffed animal. Hard, plastic materials or materials that make noise are not appropriate rest items. CDC staff do not force children to stay awake but, rather, follow the child's lead for sleeping or resting.

Immunizations

The state of Rhode Island requires an immunization record for each child enrolled in preschool. Evidence is required the following vaccines and doses have been received before entering preschool:

- 4 doses of Diphtheria, Tetanus, and Pertussis
- 4 doses of Poliomyelitis
- 1 dose of Measles, Mumps, & Rubella
- 3 doses of Hepatitis B
- 1 dose of Varicella
- 2 doses of Hepatitis A
- 2 doses of Rotavirus
- 3 doses of Hib
- 4 doses of Pneumococcal
- 1 dose annually of Influenza

The state of Rhode Island requires immunizations for staff employed in childcare facilities. Evidence is required the following vaccines and doses have been received before beginning employment:

- 1 doses of Tetanus, Diphtheria, and Pertussis
- 2 doses of Measles, Mumps, & Rubella
- 1 dose of Varicella
- 1 dose annually of Influenza

In the event a child or staff member suffers from a communicable disease of public health significance, or in the event of an outbreak of any type the Child Development Center will provide written notice to inform all families to which communicable disease their child may have been exposed, without providing any identifying information regarding the source of the communicable disease. The director, in consultation with a licensed health care provider and/or RI Department of Health, will make all decisions regarding exclusion and readmission of children for reasons of illness.

Illness

The Rhode Island Department of Health Family Information Health Line is available for teachers and families on an "as needed basis". Teachers may call 1-800-942-7434 with any questions regarding illness or injury.

The CDC staff is dedicated to maintaining a healthy environment for children and staff. In accordance, the illness policy adheres to guidelines set by the Centers for Disease Control and Prevention and the American Academy of Pediatrics. We ask that parents be aware of and respect the following guidelines:

- Families must complete a self-attestation questionnaire electronically prior to dropping children off each morning to establish a health baseline.
- Children, **university students, and staff** may not come to school if they have taken fever-reducing medication or symptom suppressing medication within the past 24 hours.
- Anyone exposed to someone who has COVID-19 needs to watch for symptoms and are encouraged to test after 5 full days and wear a well-fitting mask for 10 days.
- Staff will complete a visual health check for each child upon arrival before the adult dropping off leaves the premises. If any symptoms of illness are observed, the child may be required to wear a mask indoors.
- Staff monitor children for any signs of illness throughout the school day. If a child presents with exclusionary symptoms while at the CDC, the family will be contacted to pick up the child before the end of the program day. Sick children will be isolated in the office area where they can remain away from the rest of the group. They will be actively supervised by a staff member until picked up.
- Families are required to report when their child will be absent due to illness by text messaging the CDC through the Brightwheel app before 9AM.
- **Staff are required to report any absence due to illness.**
- If a child, **university student, or staff** should come down with a contagious condition of any kind, including COVID-19, the illness must be reported to the director who will then notify other families **and staff** of the potential for this contagious disease. The RI Department of Health may be contacted for consultation in these situations.
- We are committed to safeguarding the health of all children, **students, and staff** attending the CDC by requiring families to follow the guidelines below when deciding if a child is well enough to attend. The final decision rests with the CDC staff.
- Symptoms that require children to remain home include:
 - Fever at or above 100°
 - Abdominal pain that continues for more than 2 hours
 - Diarrhea that causes 'accidents'
 - Draining sore that cannot be covered with a waterproof bandage
 - Rash with fever or behavior changes

- Respiratory virus symptoms (i.e. fever, chills, fatigue, cough, runny nose, headache, etc.) that worsen or do not improve
- Vomiting more than twice in the preceding 24 hours
- Conditions that require that require children to remain home include:
 - Streptococcal pharyngitis (such as strep throat) until at least at the first 12 hours after anti-biotic treatment has started.
 - Head lice until after the first treatment
 - Scabies until after the first treatment
 - Ringworm until after the first treatment
 - Chicken pox until all lesions have dried or crusted and no new lesions have showed for at least 24 hours.
 - Hepatitis A virus infection, until 1 week after onset of jaundice

Children can return to school after they have been completely symptom-free for a full 24 hours without the use of fever-reducing or symptom suppressing medication. If a child presents with symptoms of COVID-19, the child should be tested for COVID-19. If a child tests positive for COVID-19, current DOH guidelines for returning to school will be followed. These guidelines also apply to staff to ensure the minimization of the spread of disease.

Medication

Parents are required to hand medication to a teacher or the CDC Director. **Medication must never be in a child's cubby or lunch box.** Only teachers administer medication. Teachers administer prescription or non-prescription medication to children only when a parent completes a Medication Administration & Parent Consent for Medication form stating the name of medication, dosage, schedule, dates, time, and route at which it should be administered. Teachers and the director maintain current first aid certification. This comprehensive training includes instructions on the use of special medical procedures (administering an EpiPen or a nebulizer). This training also includes the five right practices of medication administration found below.

Before administering medication, the adult will follow recommended safety procedures.

1. verify the right child
2. receives the right medication
3. in the right dosage
4. at the right time
5. by the right method

Medication must be in the original container with the child's name on it. Prescription medicine must have the pharmacy prescription label affixed or be in an original container with a copy of the prescription. State regulations mandate that teachers cannot, under any circumstances, give a child a prescription drug that has another person's name on it. Medication that has passed the expiration date is not administered and is returned to the parent.

If the medication is a prescribed antibiotic, your child must complete one 24-hour cycle before returning to school. A doctor's note must accompany any non-prescription medication that is administered for more than 5 days.

Parents of children with chronic health conditions must complete necessary plans in partnership with the child's health care provider. Children diagnosed with asthma need an *Asthma Action Plan*. This form includes information about environmental conditions or circumstances that may affect the condition, specific needs and directions for dispensing medication. The phrase "as needed" cannot be used as it does not provide enough information. Parents must be accurate and thorough in their instructions. Children diagnosed with allergies need an *Allergy and Anaphylaxis Emergency Plan*. This form includes information about symptoms and medication. Medications listed must match medications provided to school. The child's physician must sign the special care plan. The director reviews the plan with the family. The director shares information with the teachers. The family arranges for any special training required.

To maintain the privacy of children and families, medication information is stored in a non-public location. Medication that requires refrigeration is placed in the cooler on top of the refrigerator, so the child does not have access to it. Medication that does not require refrigeration is locked in a cabinet or drawer, except for medications needed for emergency use. Emergency use medications are stored in a travel bag kept in an area inaccessible to children. The teacher who is responsible for administering the medication documents the time the medication was given and signs her name.

Allergies and Food Preferences

It is not unusual for children with food allergies or family food preferences to be enrolled in the program. For children who have food allergies, the child's health care provider provides procedures for accidental exposure, and alternate acceptable foods. A list is maintained in the kitchen that documents children with food allergies and family food preferences. This list allows all staff to have access to this important information. Parents give permission to have this information posted in a public location. For families who choose to have this information remain private, staff who prepare snack have access to the information. Parent/guardian provides food allergy and family food preference information at the time of enrollment. Adjustments are made as necessary to ensure that individual children with other types of allergies can safely participate in the program. The CDC is a "nut free" school. No child or adult is permitted to have a nut product at school.

Special Health Care Needs

When children in the program who have special health care needs specific health procedures are delivered. The director and all teachers are first aid and CPR certified. When a child with a medical need is in attendance, an appropriately trained staff member is always present to administer any needed or required health procedure. Examples of special health care needs include administering epi-pens and providing nebulizer treatments.

Animals and Pets

The CDC does include animals as an important part of the ongoing curriculum for children. Over the years, a variety of pets, including guinea pigs, frogs, and fish have been cared for in the classroom. These classroom pets

provide many educational opportunities for children and are a valued part of our community. All pets that we have in the classroom are purchased from a licensed pet store or are donated from a local veterinarian. Occasionally, family pets will visit the classroom for a prearranged visit. Teachers supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals.

Universal Precautions

The guidelines issued by the Center for Disease Control identify universal precautions as the means that should be employed to prevent infection via blood-borne pathogens. These guidelines state that all blood and body fluids that may contain blood should be considered potentially infectious, and precautions should be taken to protect yourself against them. To reduce the risk of infection, you should:

- ALWAYS place a barrier between you and someone else's body fluids (ex. latex or vinyl gloves).
- Cover all cuts and scrapes.
- Minimize the splashing of body fluids.
- Handle any sharp object with caution.
- Do not handle food when around body fluids.
- Ensure that body fluids are cleaned and the area is properly sanitized and disinfected.
- Wash hands or any exposed area immediately and thoroughly after you provide care or clean a spill.
- Clean rugs and carpets by blotting, spot cleaning with a detergent -disinfectant and shampooing or steam cleaning.
- Dispose of contaminated materials in a sealed bag and place in a closed container.

Accident Insurance

The CDC carries an accident insurance policy with The Hartford Insurance Group. This insurance covers children and staff. Families and staff pay no fees for this coverage.

Child Abuse and Neglect Policy

State law in Rhode Island requires that anyone who suspects child abuse or neglect must report that suspicion to the RI Department of Children, Youth, and Families. This policy applies to any suspicion of abuse or neglect of a child enrolled that may be taking place outside of the program as well as suspicion of abuse or neglect by a staff member. The Rhode Island Statute "Abused and Neglected Child" can be found at <https://webserver.rilegislature.gov/Statutes/TITLE40/40-11/INDEX.htm>. Immediately after reporting to DCYF, the program shall also report to the RI Department of Education. Child abuse cases in RI are handled by the Division of Child Protective Services. The toll free number is 1-800-RI-CHILD (1-800-742-4453).

Staff should be aware that in suspected cases of child abuse or neglect that their role is to request an investigation, not to investigate.

Four general types of abuse and neglect:

1. physical abuse
2. neglect
3. emotional abuse
4. sexual abuse

The official Child Development Center Child Abuse and Neglect Reporting Policy is that:

1. any staff who suspects child abuse or neglect must immediately report the suspicion to the director
2. the director will call the Child Abuse Hot Line.
3. the director will discuss the situation with the parent unless doing so would jeopardize the safety of anyone involved
4. at the Child Development Center, children are never alone with one adult

If any staff member is accused of child abuse or neglect, the director will report the information to the RI Department of Children, Youth and Families. Immediately after reporting to DCYF, the director will also report the information to the URI police department. Shepard building security have access to the security cameras in our center. The accused staff member may contact their PSA Union representative for guidance. Strict confidentiality protocols and guidelines will be adhered to and are of utmost importance to both protect the accused staff member as well as the child(ren) in our program. Staff members who report suspicions of child abuse/neglect are immune from discharge, retaliation, or other disciplinary action for that reason alone, unless it is proven that the report was intended to do harm.

Emergency Procedures

A variety of different emergencies can arise at a childcare center. In the event that children with disabilities, developmental delays, or chronic medical conditions are enrolled in the program and require specialized support during an emergency, an individualized plan will be created, and a specific staff member will be assigned to assist the specific children. These assignments will be made on an as needed basis. Out lined below are the protocols for addressing emergencies.

Serious Illness or Injury

Teachers and Director receive training in CPR and first aid training every other year or as needed. At least 1 adult with CPR and first aid training is at the school at all times. First aid supplies are kept in each kitchen. The AED (automated external defibrillator) hangs in first floor cafeteria on the wall opposite the doors. Each staff member should familiarize themselves with these locations, the supplies and the universal precautions described below. Fully equipped first aid kits always accompany a teacher in the teacher backpack whenever a group of children leave the CDC.

In the case of a minor accident that requires simple first aid procedures, the child's injury is cleaned and treated as necessary. Teachers complete an incident report in duplicate. Whenever possible, parents are verbally informed of the incident and treatment when picking up your child at the end of the day. When this minor accident involves injury to the head or insect bite, the teacher or Director will contact a parent immediately. Otherwise, the procedures noted above will be followed.

If the injury requires a doctor's treatment, but is not an emergency, parents must pick up the child. While waiting for the parent's arrival, staff will administer temporary first aid and complete an incident report as specified above.

If a child receives a serious injury and the injury requires immediate, professional medical treatment (e.g., severe bleeding, stopped breathing, broken limb, head injury, poisoning, electrical shock, severe allergic reaction to insect bite or sting) staff will:

- Begin first aid treatment according to first aid training
- Call 911 and request an ambulance to 255 Westminster Street, Providence
- Send someone to retrieve the AED from the cafeteria and first aid kit from the classroom kitchen
- Locate the Director
- Notify Shepard building security at 602-5654 of the 911 call for an ambulance
- Call the child's parents
- Send someone to meet the ambulance at the 255 Westminster entrance
- If the family has not arrived when the ambulance arrives, a teacher or the director will accompany the child to the hospital bringing the child's personal file
- After the child's needs are attended to complete an incident report as specified above

Poisoning/Exposures to Toxic Substances

If a child or adult ingests a poison or is exposed to a toxic substance the following steps will be taken:

- A staff member immediately calls the poison control center 9-444-5727 (RI) and follows the directions provided.

Infectious Disease Outbreak

In the event of an infectious disease outbreak such as pandemic influenza the following steps will be taken:

- The director will inform families and staff via email of the presence of an infectious disease within the program including signs and symptoms of the specific disease.
- The director will require families to follow the illness protocol which clearly states when a child is able to return to the school setting.
- The pediatric health care consultant will be contacted for further instructions.
- The cleaning staff is informed of the outbreak so that additional sanitizing methods can be implemented.

Extreme Weather

When informed of extreme weather conditions such as floods, blizzards, hurricanes the following steps will be taken:

- The director will contact all families via email and Brightwheel text message asking them to pick up their child as soon as is safely possible. Families are asked to respond to the email or text so that we have assurance that they have received the notification.
- Families who do not respond to the messages will be contacted via phone call.
- Staff will stay with children until they have been safely picked up, continually monitoring attendance as children leave.
- If conditions make it unsafe to be near windows, staff and children will take shelter in the office/conference area.
- If conditions require a short or extended stay, the office/conference area will serve as a shelter-in-place for adults and children.

Flooding

In the event of a flood caused by extreme weather the following steps will be taken:

- Staff will ensure that children are safe and will immediately remove children from the area being flooded.
- Staff will call the Shepard building security at 9-602-5654 to request immediate support.
- Based upon the severity of the flood, families will be contacted to inform them of our status and, if necessary, to pick up their child. Staff will continually monitor attendance as children leave.
- The Shepard building and grounds officer will manage the cleanup efforts of the flood and will ensure that there are no associated health hazards (i.e. mold).
- When the building becomes fully operational, normal activities will resume

Fire

In the event of a fire at the CDC the following steps will be taken:

- The Shepard building alarm system will be activated.
- Adults and children will evacuate the building following the predetermined evacuation route which is posted in all classrooms.
- Teachers take the attendance roster and the teacher backpacks which contains contact information for each child, a first aid kit, and necessary life-saving medication if prescribed to any child with special needs.
- Adults walk with children quietly to the fence at Robert Freeman Memorial Park on the corner of Westminster and Matthewson Streets, the predetermined meeting location.
- A teacher or the director will take attendance to ensure that all children are accounted for and will continually monitor attendance.
- In the event that the building is unsafe to reenter, adults and children will proceed to Providence Public Library, the predetermined alternate meeting location.
- The director will contact all families via Brightwheel text message asking them to pick up their child as soon as possible. Families are asked to respond to the text so that we have assurance that they have received the notification.
- Families who do not respond to the text will be contacted via phone call.
- Staff will stay with children until they have been safely picked up, continually monitoring attendance as children leave.

Man-made Disasters

In the event of a man-made disaster in the surrounding area the following steps will be taken:

- Shepard building security or staff will inform us when such a disaster has occurred.
- Staff and children will remain in the building if it is safe to do so.
- The director will contact families via Brightwheel text message to inform them of our status and provide dismissal protocols during the disaster.
- Staff will continually monitor attendance as children leave.
- Instructions from the Shepard building staff and/or Providence Police will be followed.

Potentially Violent Situations

In the event of a potentially violent situation the following steps will be taken:

- Shepard building security or staff will inform the center when a potentially violent situation is occurring in the surrounding community.
- The director will contact Shepard building security for further information about the situation.
- Staff and children will follow the lockdown protocol, retreating to the designated safe location in the building.
- Building entrances will be secured and no individuals will not be granted access.
- Children will be encouraged to remain calm and quiet.
- The director will contact families via Brightwheel text message to inform them of our status.
- Instructions provided to us by the Shepard building staff will be followed.

- In the event that the potentially violent situation occurs within the CDC, a staff member will call Shepard building security at 9-602-5654.
- Children will be sheltered as far away from the situation as possible until local authorities deem the situation safe. Staff will continually monitor all children.
- Adults and children will remain in the building until the situation is deemed safe.
- The director will contact families via Brightwheel with the updated status and provide dismissal information.

Utility Disruption

In the event of a loss of electricity, water and/or phone service the following steps will be taken:

- Staff will call Bill Arnold at 9-602-6921 to request immediate support.
- In the event of a prolonged utility disruption, the director will contact all families via Brightwheel text message asking them to pick up their child as soon as possible. Families are asked to respond to the text so that we have assurance that they have received the notification.
- Families who do not respond to the text will be contacted via phone call.
- Staff will stay with children until they have been safely picked up, continually monitoring attendance as children leave.
- When the building becomes fully operational, normal activities will resume.

Accidents

Maintaining current pediatric CPR and first aid certification is mandatory for the director and teaching staff. At least one adult with pediatric CPR and first aid training will be at the CDC at all times. A CPR poster and choking poster is displayed in the kitchen areas and in each classroom. A first aid manual is available for adult use as needed.

First aid supplies are kept in each classroom kitchen. The AED (automated external defibrillator) hangs in first floor cafeteria on the wall opposite the doors. Each staff member should familiarize themselves with these locations, the supplies and the universal precautions described below. Fully equipped first aid kits always accompany a teacher in the teacher backpack whenever a group of children leave the CDC.

In the case of a minor accident that requires simple first aid procedures, the child's injury should be cleaned and treated as necessary. If possible, the parent should be verbally informed of the incident and treatment when they come to pick up their child at the end of the day. Staff should complete an incident report in duplicate. One copy of this report should be given to the parent at pick up; the other copy should be signed by the child's parent on the day the accident occurs, placed on the director's desk, and eventually placed in the child's file. When this minor accident involves injury to the head or insect bites, the parent should receive a Brightwheel text message from the teacher or director informing them of the incident.

If the injury requires a doctor's treatment, but is not an emergency (e.g., a superficial wound requiring stitches), the child's parents will be called and requested to pick up the child. While waiting for the parent's arrival, staff should administer temporary first aid and complete an incident report as specified above.

If a child or adult receives a serious injury and the injury requires immediate, professional medical treatment (e.g., severe bleeding, stopped breathing, broken limb, head injury, poisoning, electric shock, severe allergic reaction to insect bite or sting):

- Begin first aid treatment according to first aid training
- Call 911 and request an ambulance to 255 Westminister Street, Providence
- Send someone to retrieve the AED from the cafeteria and first aid kit from the classroom kitchen
- Locate the Director
- Notify Shepard building security at 602-5654 of the 911 call for an ambulance
- Call the child's parents
- Send someone to meet the ambulance at the 255 Westminister entrance
- If the family has not arrived when the ambulance arrives, a teacher or the director will accompany the child to the hospital bringing the child's personal file.
- After the child's needs are attended to complete an incident report as specified above

Emergency Drills

Complete emergency drills are conducted 15 times over the course of a year so that all staff and children are familiar with the procedures. As required by the Rhode Island Department of Education, the 15 emergency drills that are conducted include the following:

- 7 unobstructed fire drills
- 4 obstructed fire drills
- 2 shelter-in-place/lockdown drills

In the event that children with disabilities, developmental delays, or chronic medical conditions are enrolled in the program and are not able to independently evacuate the building, an individualized evacuation plan will be created, and a specific staff member will be assigned to assist the specific children. These assignments will be made on an as needed basis.

The protocols for the various emergency drills practiced are as follows:

During unobstructed fire drills, the following are important steps we take to ensure children's safety:

- The alarm sounds.
- Adults and children will evacuate the building from the CDC main entrance.
- Teachers take the attendance roster; cell phone; and the teacher backpacks, containing emergency contact information for each child, a first aid kit, and necessary life-saving medication if prescribed to any child with special needs.
- Adults walk with children quietly to the fence at Robert Freeman Memorial Park on the corner of Westminister and Matthewson Streets, the predetermined meeting location.
- A teacher or the director will take attendance to ensure that all children are accounted for.
- Adults and children return to the building.
- Normal activity is resumed.

During obstructed fire drills, the following are important steps we take to ensure children's safety:

- The alarm sounds.
- The front door is obstructed, so adults and children leave the classroom into the building hallways and gather at the main stairway.

- Teachers take the attendance roster; cell phone; and the teacher backpacks, containing emergency contact information for each child, a first aid kit, and necessary life-saving medication if prescribed to any child with special needs.
- Adults walk with children quietly to the fence at Robert Freeman Memorial Park on the corner of Westminster and Matthewson Streets, the predetermined meeting location.
- A teacher or the director will take attendance to ensure that all children are accounted for.
- Adults and children return to the classrooms.
- Normal activity is resumed.

During lockdown drills, the following are important steps we take to ensure children's safety:

- The director announces that the drill is taking place.
- A teacher makes sure that all lights are out, doors are closed, and blinds drawn.
- Teachers take the attendance roster; cell phone; and the teacher backpacks, containing emergency contact information for each child, a first aid kit, and necessary life-saving medication if prescribed to any child with special needs.
- Staff and children will follow the lockdown protocol, retreating to the designated safe location in the building.
- Children will be encouraged to remain calm and quiet.
- A teacher or the director will take attendance to ensure that all children are accounted for.
- Adults and children return to the classroom.
- Normal activity is resumed.

During evacuation drills, the following are important steps we take to ensure children's safety:

- The director sounds the alarm and informs teachers that we need to evacuate the premises.
- Teachers take the attendance roster; cell phone; and the teacher backpacks, containing emergency contact information for each child, a first aid kit, and necessary life-saving medication if prescribed to any child with special needs.
- Adults and children leave through the appropriate door.
- Adults walk with children quietly to our designated space.
- Children sit quietly.
- A teacher or the director will take attendance to ensure that all children are accounted for.
- Adults and children return to the building.
- Normal activity is resumed.

POLICIES AND PROCEDURES RELATED TO UNIVERSITY TEACHING, RESEARCH, AND SERVICE

The Dr. Pat Feinstein Child Development Center is part of the Department of Human Development and Family Science (HDF) in the College of Human Science and serves children, families, the University and the community. As the laboratory for HDF and other departments throughout the URI, the CDC plays an integral role in many student, faculty, and community academic experiences. In all of these experiences, our primary consideration is to ensure the physical, mental, and psychological safety of all of the children in our program. Members of the CDC staff have extensive knowledge of each individual child enrolled in the program, maintaining a commitment to developmentally appropriate practices as defined by the National Association for the Education of Young Children (NAEYC). Because of this, members of the CDC staff reserve the right to withdraw a child from any project involving the Center or intervene in any specific project interaction if the child's participation leads to undue stress or the interaction is not consistent with Child Development Center philosophy.

This document outlines policies and protocol for the different ways that students, staff, and other members of the community have experiences at the Child Development Center. Such experiences include:

- I. Practicum courses
- II. Research involving children at the CDC
- III. Observation assignments within HDF and other departments
- IV. Course-based single interaction assignments
- V. Remote observations and virtual engagement

In laying out these policies and procedures the CDC follows protocols that respect, in equal measure, the rights, duties, and needs of all involved parties, including children, their parents, CDC teachers, and university staff and faculty members. These protocols are:

- (i) Initial Feasibility Consultations between faculty and staff members requesting use of the CDC and the CDC Director, as well as CDC Teachers when appropriate
- (ii) Approval by the CDC Director, and CDC Teachers where appropriate, of Project and Assignment Development.
- (iii) Implementation and Monitoring of on-site students or personnel as the approved project and assignments are carried out at the CDC, with appropriate input or intervention as needed.

I. Practicum courses

The CDC is actively involved in the delivery of academic content for two courses, Introduction to Working with Young Children (HDF 308) and Early Childhood Curriculum I (EDC 326). Students enrolled in these courses have extensive involvement at the CDC through a weekly practicum experience.

A. HDF 308 Early Childhood Development

1. Description of Experience

Students in HDF 308 spend 3 hours per week for 12 weeks of the semester in the role of a teacher aide. For many of these students it is their first experience working directly with children and thus expectations for these students include interacting with the children appropriately, assisting the teacher in daily tasks, becoming familiar with developmentally appropriate practices, and learning positive guidance techniques. Each semester there are 25-50 of these students in the classroom on a weekly basis.

2. Feasibility Consultation

The professor teaching the course and the CDC director collaborate to design student experiences working directly with children as well as both observational and reflective assignments.

3. Project/Assignment Development

Once assignments are developed, the professor provides a copy of the assignments to the CDC director, who will share these with the CDC teachers. Students will complete their assignments during time other than their three hour a week practicum.

4. Implementation and Monitoring

The CDC teachers provide weekly supervision and mentoring of these students and conduct extensive midterm and final evaluations. These evaluations comprise approximately one third of the students' course grade. The CDC teachers and director visit the academic classroom once during the semester to meet with the students about issues related to their experience at the CDC.

B. EDC 250 Supervised Preprofessional Field Experience

1. Description of Experience

Students in EDC250 spend a minimum of 30 hours in an assigned classroom, in tutorial sessions with students, or in other academic activities with school age children. Students are able to explore one or more possible career choices in education. The experience introduces students to the scope of diversity in urban classrooms and provides a contextual understanding both of the RI Professional Teacher Standards in action and the dispositions, knowledge, and skills needed to effectively teach diverse learners.

2. Feasibility Consultation

The professor teaching the course and the CDC director collaborate to design student experiences to support learning in the classroom through one-on-one, small group work, facilitation of classroom routines, and other classroom tasks as appropriate and available.

3. Project/Assignment Development

For each school or field based activity, students must complete a journal entry. Students will complete journal entries during times other than their practicum. Journal entries will show evidence of deep reflection about participation and observations. Students are required to read and understand the Rhode Island Professional Teaching Standards and Mandated Reporting responsibilities.

4. Implementation and Monitoring

CDC teachers will sign off each week on the student's EDC 250 Hourly Tracking Sheet. At the end of the semester, teachers will complete the student evaluation. Students submit the signed tracking sheet and student evaluation to the course instructor in order to receive credit towards the final grade.

C. EDC 326 Curriculum I: Introduction to Curriculum

1. Description of Experience

Students in EDC 301 spend 3 hours per week for 12 weeks of the semester working with one group of children at the CDC. The majority of these students are working towards early childhood teacher certification and plan a career working with young children. The expectations for these students include planning integrated activities and leading group times, child assessment, and refining their skills of interacting and guiding young children. Student work is under the direct guidance and supervision of the CDC teachers.

2. Feasibility Consultation

The professor teaching the course and the CDC director collaborate to design student experiences interacting with children, and developing and implementing activities. This practicum builds upon prior experiences in HDF 308 and, consequently, student expectations are significantly more extensive.

3. Project/Assignment Development

Once assignments are developed, the professor will provide a copy of the assignments to the CDC director, who will share these with the CDC teachers. Students will complete their assignments during times other than their three hour a week practicum unless the assignments involve direct interaction with children.

4. Implementation and Monitoring

The CDC teachers engage in extensive weekly supervision of the EDC 326 students: providing feedback on integrated activity plans, completing a midterm and final evaluation; and offering in the classroom, mentoring and modeling. Approximately one quarter of the students' final course grade includes their CDC experiences. The CDC teachers visit the academic classroom twice during the semester to meet with the students about issues related to their experience at the CDC.

II. Research involving children at the CDC

1. Description of Experience

The Child Development Center is actively involved with faculty and students from across the university in the generation of new knowledge and the development of innovative educational practices. The CDC is an excellent resource for the study of the child in the context of the family and the community. Research projects may involve the development of research instruments, master's theses, pilot efforts leading to outside funding, and full scale studies. Potential investigations may focus on a range of topics related to the social, emotional, physical, and cognitive development of young children; the creation and management of early education environments; relationships between teachers and children, teachers and parents, and parents and children.

2. Feasibility Consultation

The principal investigator should contact the CDC director to discuss the idea for the research project and its feasibility at the CDC. During the feasibility consultation, the proposed research request will be considered based on the following criteria:

- appropriateness for the population and facilities of the CDC
- involvement required of staff
- length of involvement and type of involvement required of the children
- consistency with philosophy of the CDC, including maintaining a positive verbal environment
- procedures for informing families and staff of the CDC about the proposed project
- procedures for informing families and staff about project results
- prior commitments of the CDC program resources

3. Project/Assignment Development

a. Secure formal CDC approval of the proposal

A full proposal will be submitted to the CDC research committee consisting of at least one teacher, one parent, one HDF faculty member and the CDC director. Research proposals will be reviewed within a month of their submission to the CDC research committee.

b. Secure IRB approval of the proposal

Once the project has received an approval letter from the CDC director, it must receive approval from the Institutional Review Board. A copy of the IRB approval will be kept on file at the CDC.

4. Implementation and Monitoring

Approved research projects are monitored by the CDC director and teachers to insure the maintenance of developmentally-appropriate practices as defined by NAEYC. Families must sign authorizations for each specific research project in which family or child participation is requested. Researchers are required to provide families with sufficient information about the research project to enable them to make an informed decision about their child's participation. It is the responsibility of the Principle Investigator of the research project to ensure that implementation is consistent with CDC policies. Prior to implementation, anyone having direct interactions with the children is required to participate in an orientation session, which will include a classroom observation and a review of child interaction protocol. All student investigators must be sponsored by a faculty member.

During the research project, the CDC teachers or director may decide to withdraw a child from the project or intervene in an interaction if participation leads to undue stress or the interaction is not consistent with Child Development Center philosophy. A copy of the research project results will be provided to the Child Development Center.

III. Observation assignments within HDF and other departments

1. Description of Experience

The Child Development Center serves as an observation site for courses in the HDF department as well as for courses from several departments across campus. These Child Development Center observations

coincide with the content being taught in the academic classrooms. Additionally, high school child development classes from throughout Rhode Island utilize the CDC for observation experiences. Most of the time these observations occur one time a semester and the students have a specific assignment to target their observations.

2. Feasibility Consultation

Any professor or other teacher who is interested in utilizing the CDC as an observation site should contact the CDC Director to discuss the purpose of the observation and to coordinate the timing of the observation.

3. Project/Assignment Development

The professor or teacher will provide a copy of the student's assignment to the CDC Director prior to the observation date. The professor or teacher will provide the students an orientation to the CDC prior to the observation date. This orientation will include information about the CDC as well as observation expectations.

4. Implementation and Monitoring

In classes with an enrollment above ten students, the professor will create a sign-up sheet ensuring that there are no more than four observers in the building at a time. This sign-up sheet will be on the wall at the CDC where students will sign in when they arrive for their observation. In classes with an enrollment at or below ten students, the students will sign in with the CDC director when they arrive for their observation.

IV. Course-based single interaction assignments

1. Description of Experience

The CDC can serve in the capacity of a one-time lab setting for courses in fields related to early childhood education and child development. In these instances, faculty members from HDF or other departments request that the students enrolled in their class have an experience at the Child Development Center directly interacting with children. Because of the unique expertise of the CDC director and teachers, their intimate knowledge of the enrolled children, and the trust families have placed in them to maintain the integrity of their child's CDC experience, these requests will be carefully reviewed.

2. Feasibility Consultation

Any professor who is interested in having their students interact directly with the children at the CDC should contact the CDC Director prior to the beginning of the semester to discuss if, how, and when their idea for an interaction can be implemented at the Child Development Center. During the feasibility consultation, the proposed assignment will be reviewed in light of the following criteria:

- Length of time each child will be involved is limited to 30 minutes in one sitting.
- Number of students who will be in the classroom is limited to no more than 2 students in each classroom at one time.
- The interactions are scheduled to fit into the CDC daily schedule.
- The assignments to be implemented by the students are developmentally appropriate for preschool children as delineated by the National Association for the Education of Young Children.

- The assignments that will be implemented are consistent with the CDC philosophy and curriculum.

3. Project/Assignment Development

The professor will share a copy of the proposed student's assignment with the CDC director and teachers. Once approval has been obtained, the professor will work with the CDC director to schedule the experience. At least a week before the actual interactions, the professor will provide the CDC director with a sign-up sheet indicating specific dates and times for each student who will be at the CDC for their interaction. Families will be informed about the students' experience and their children's experience by the CDC director.

4. Implementation and Monitoring

Approved course-based single interactions will be closely monitored by the CDC director and teachers.

Students will sign in with the CDC director when they arrive for their interaction. The CDC director or a teacher will introduce the student to their assigned child and provide an appropriate location in the classroom for the interaction.

During the interactions, the CDC teachers or director may decide to withdraw a child from the project or intervene in an interaction if participation leads to undue stress or the interaction is not consistent with Child Development Center philosophy.

V. Remote observations and virtual engagement

To facilitate research, interaction, and observation opportunities, remote observations (both live and pre-recorded) and virtual engagement opportunities may be offered.

Service

In the area of service, the CDC is dedicated to providing an exemplary early childhood education program that serves as a model of the best in early childhood practices. As the campus "lab school," the CDC also serves as a resource for early childhood educators in RI and New England. The CDC is a "Mentor Classroom" for the Rhode Island Department of Education's Early Learning Standards Technical Assistance Project. Educators can call with questions or requests to observe the CDC program to learn more about developmentally appropriate, high quality early childhood practices. Additionally, the staff participates in outreach activities by being active in professional organizations devoted to young children, by presenting at state and regional conferences, and by serving as consultants in early childhood classrooms throughout Rhode Island.