

URI CHILD DEVELOPMENT CENTER

FAMILY HANDBOOK

2023-2024

UNIVERSITY OF RHODE ISLAND
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CHILD DEVELOPMENT CENTER
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TABLE OF CONTENTS

Welcome and Introduction _____	3
CDC Staff _____	4
History of the CDC _____	5
Mission Statement _____	6
Curriculum Framework _____	7
Process:	
Philosophy Statement on How Children Learn _____	7
Content:	
What Children Should Know, Understand, and Be Able to Do _____	9
Preschool Goals _____	9
Teaching and Facilitating:	
Teacher’s Role and Instructional Strategies _____	12
Statement on Diversity _____	13
Statement on Guidance _____	15
Context:	
Daily Schedule _____	17
Classroom Environment _____	19
Materials and Equipment _____	20
Child Assessment Plan _____	20
CDC Program Goals _____	23
Statement on Confidentiality _____	24
Program Options _____	25
Calendar _____	26
Staff Orientation, Professional Development, Staff Evaluation, and Program Evaluation _____	27
Policies and Procedures Related to the CDC Program for Children _____	30
Enrollment _____	30
Family and Community Relationships _____	34
Policies and Procedures Related to Health and Safety _____	37
Emergency Procedures _____	53
Policies and Procedures Related to University Teaching, Research, and Service _____	57

WELCOME AND INTRODUCTION

TO: Child Development Center Families

FROM: Jessica L. MacLeod, Director

DATE: September 2023

Welcome to the University of Rhode Island Child Development Center. The purpose of this handbook is to provide you with information related to the CDC'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 feels very strongly that families are the most important people in the lives of their children. Therefore, we wish to form a partnership with you to best meet the needs of your child and family. To facilitate this partnership, please feel free to approach us with concerns, suggestions, questions, or information about your child or our program.

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

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HISTORY OF THE URI CHILD DEVELOPMENT CENTER



The present Child Development Center program has its roots in a campus nursery school program started in the 1920s. The original nursery school was a half-day program operating two days a week in a building that is currently the Kingston Inn. In 1958 the present building was designed and constructed to specifically serve as the Child Development Center. The program continued to be a half-day session until 1980 when a full-day child care option was added. In September of 1995, the Child Development Center introduced a full-day kindergarten option which was in place until 2014. The Child Development Center serves approximately 30 families per year. The Child Development Center continues to be the campus laboratory school where student training and research are important priorities.

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 100 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 Children 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 several 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 several 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 programs 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 with bins of water 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 engages in conversation about the activity 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 standards 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

- o Shows ability to adjust to new situations
- o Exhibits confidence and pride in accomplishments
- Self-regulation:
 - o Demonstrates emotional flexibility
 - o Expresses and regulates own emotions
 - o Controls impulses

Language Development and Communication

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

Creativity and Aesthetic Awareness

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

Health and Sensory Development

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

Motor Development

- Gross Motor Development: Develops large-muscle control, strength, and coordination
 - o Pedals and steers a tricycle (or other wheeled vehicle)
 - o Demonstrates throwing, kicking, and catching skills
 - o Demonstrates upper body strength
 - o 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 several content strands that are additional goals for children, which are woven throughout the curriculum. 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; 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 Instructional 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 playful, 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, 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.

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.

Teaching and Facilitating: 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. This includes a variety of practices. For example, we have a sliding fee scale to encourage economic diversity in the families that enroll children in the CDC. Each year we also enroll a few children with disabilities whose inclusion enriches our program in many ways. 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 shared 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 provide the CDC with 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 do not sponsor school-wide celebrations of various holidays such as Halloween, Thanksgiving, Hanukkah, Christmas, Valentine's Day, Easter, and Chinese New Year. This is the result of a conscious decision that grows out of one critical goal of the CDC which is to foster understanding and respect for diversity. The CDC cannot celebrate all possible holidays by having special events. Due to the variety of cultures represented at the CDC, the number of potential celebrations is prohibitive. Thus, we would have to choose certain holidays as a focus. By the CDC celebrating some holidays and not others, we would validate some individuals/groups and make others feel ignored if not excluded. Thus, without intending to, we would build a barrier between the program and some children and families. One of our most important priorities is to include all children and families. While we do not sponsor school-wide celebrations of holidays, we do invite children and their families to share aspects of their heritage, culture, and experiences. For example, we invite families to teach us songs, folktales, and stories that can be recorded and reused throughout the year. We invite families to share special recipes that can also be reused over the year. We do not hold birthday parties at the CDC. While we will not hold a CDC Christmas Party, if a child receives a book about Christmas or a tape of Christmas music as gifts from a grandparent and wants to share these items, we welcome that and may include it at circle time. Although we do not want the exchange of cards and candy at Valentine's Day to occur at the CDC, a child-initiated discussion of Valentine's Day and the ways it is celebrated by various families may occur.

There are a variety of ways for children and families to share aspects of their culture and heritage with the CDC community. We welcome and celebrate this sharing. We do not deny the important role that holiday celebrations play in family life but feel that it is inappropriate for these holiday celebrations to take place in the school setting. Rather, cultural diversity is experienced day to day through music, stories, literature, cooking, dramatic play, and classroom pictures.

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 pre-primary 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. Pictures in the classroom include children, staff and their families. Images include women and men 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 reflect accurate and diverse images of people. Materials, such as puzzles, Lego people, and games depict a variety of children and adults of different gender, race, and ability. 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.

Teaching and Facilitating: 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, 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: Daily Schedule, Materials, and the Learning Environment

The Child Development Center has two mixed-age preschool classrooms serving three-, four-, and five-year old children. Both classrooms are staffed by lead teachers along with work-study college students. The Maple Classroom has a maximum group size of 18 children. At all times, the Maple Classroom maintains a ratio of one adult for each six children. The Magnolia Classroom has a maximum group size of 12 children. At all times, a ratio of one adult for each six children maintained in the Magnolia Classroom.

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. Preschool daily schedules 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.

Preschool Daily Schedule: Magnolia Classroom (2023-2024)

7:45-9:15	Early Morning Activity Time: Children engage in free choice activities such as blocks, art and science activities, puzzles, small manipulatives, and literacy experiences.
9:15-9:20	Clean Up Transition
9:20-9:35	Morning Meeting: Children are involved in whole group experiences including stories, songs, games, creative movement, and group activities. Targeted math and literacy experiences also occur at this time.
9:35-9:45	Bathroom Transition
9:45-10:35	Outdoor Time: Children have opportunities to play in the outdoor environment using a variety of equipment. Activities may include riding trikes, climbing, swinging, playing with sand, dramatizing, creating music, painting, or reading a book under a tree.
10:35-10:45	Hand Washing Transition
10:45-11:35	Morning Activity Time: Children engage in open-ended activities such as blocks, art, science, dramatic play, computer, texture play, and small manipulatives. Targeted small group math and literacy experiences are included during activity time. Also included in activity time is a rotating snack during which children, in small groups, eat their snack from home.
11:35-11:55	Group Time: Children are involved in whole group experiences including stories, songs, games, creative movement, and group activities. Targeted math and literacy experiences also occur at this time.
11:55-12:00	Clean Up Hand Washing Transition
12:00-12:25	Lunch: Children spread out at different tables for lunch. Children are encouraged to independently complete their meal while discussions occur about the day's events.
12:25-12:40	Bathroom Transition
12:40-1:15	Nap/Rest Time: Children rest on cots or mats. Quiet music is played and backs may be rubbed to help children fall asleep. Children who fall asleep may nap until 1:30 pm.
1:15-2:25	Afternoon Activity Time: Children get up, use the bathroom, and wash their hands. Children engage in open-ended activities such as blocks, art, science, dramatic play, computer, texture play, and small manipulatives. Targeted small group math and literacy experiences are included during activity time.
2:25-2:30	Clean Up Transition
2:40-3:05	Afternoon Meeting: This is a time when children are involved in whole group experiences including stories, songs, games, creative movement, and other group activities. Targeted math and literacy experiences also occur at this time.
3:05-3:25	Outdoor Time: Children have opportunities to play in the outdoor environment using equipment at the bottom of the playground. Activities may include playing in the sandbox, dramatizing, the mud kitchen, riding trikes, or art experiences.
3:30	Extended Day Program Begins
3:30-3:35	Hand Washing Transition
3:35-3:45	Snack Time
3:45-4:00	Bathroom Transition
4:00-4:55	Outdoor Time: Children have opportunities to play in the outdoor environment using a variety of equipment. The outdoor area is thought of as an extension of the classroom. Activities may include climbing, swinging, monkey bars, dramatizing, creating music, painting, or reading books.
5:00	School Closes

Preschool Daily Schedule: Maple Classroom (2023-2024)

7:45-8:20	Early Morning Activity Time: Children engage in free choice activities such as blocks, art and science activities, dramatic play, computer, small manipulatives, and literacy experiences. During this time all children are encouraged to utilize the whole classroom and interact with mixed-age classmates.
8:20-9:00	Outdoor Time: Children have opportunities to play in the outdoor environment using a variety of equipment. The outdoor area is thought of as an extension of the classroom. Activities may include climbing, swinging, monkey bars, dramatizing, creating music, painting, or reading books.
9:00-9:20	Transition Indoors: Children unpack backpacks at their cubbies, use the bathroom if needed, and wash hands.
9:20-10:30	Morning Activity Time: Children engage in free choice activities such as blocks, art and science activities, dramatic play, computer, small manipulatives, and literacy experiences. During this time all children are encouraged to utilize the whole classroom and interact with mixed-age classmates. Also included in activity time is a rotating snack during which children, in small groups, eat their morning snack.
10:30-10:40	Clean Up Transition
10:40-11:00	Morning Meeting: This is a time when children, in their age-divided groups, are involved in whole group experiences including stories, songs, games, creative movement, and other group activities. Targeted math and literacy experiences also occur at this time.
11:00-11:15	Bathroom Transition
11:15-12:15	Outdoor Time: Children have opportunities to play in the outdoor environment using a variety of equipment. The outdoor area is thought of as an extension of the classroom. Activities may include riding trikes, climbing, swinging, playing with sand, dramatizing, creating music, painting, or reading a book under a tree.
12:15-12:20	Hand Washing Transition
12:20-12:50	Lunch: Children spread out at different tables for lunch. Children are encouraged to independently complete their meal while discussions occur about the day's events.
12:50-1:10	Transition Time: Children prepare for nap by cleaning up, using the bathroom, and washing their hands.
1:10-1:40	Nap/Rest Time: Children rest on cots or mats. Quiet music is played and backs may be rubbed to help children fall asleep. Children who fall asleep may nap until 2:00 pm.
1:40-3:00	Afternoon Activity Time: Children get up, use the bathroom, and wash their hands. Children engage in open-ended activities such as blocks, art, science, dramatic play, computer, texture play, and small manipulatives. Targeted small group math and literacy experiences are included during activity time.
3:00-3:10	Clean Up Transition
3:10-3:25	Afternoon Meeting Time and Bathroom Transition
3:30	Extended Day Program Begins
3:30-3:45	Snack Time
3:45-4:00	Bathroom Transition
4:00-4:55	Outdoor Time: Children have opportunities to play in the outdoor environment using a variety of equipment. The outdoor area is thought of as an extension of the classroom. Activities may include climbing, swinging, monkey bars, dramatizing, creating music, painting, or reading books.
5:00	School Closes

Classroom 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 computer area, a texture/sensory table, and a science/discovery area. During child choice activity times, each learning center provides activities consistent with that area of the classroom. Children are free to choose a center or centers for participation as well as the nature of their interaction with the materials. Thus, 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, etc.
- Manipulatives - Examples include buttons, sifters, small blocks, Lego people, popsicle sticks, tongs, etc.
- Science/Discovery Experiences - Examples include weights, magnets, balancing, pulleys, pendulums, mixing, catapulting, etc.
- Texture/Sensory Experiences - Examples include water, sand, goopy-goop, rice, beans, silly putty, puff balls, etc.
- Music/Movement Experiences – Examples include instruments, dancing, recordings, balance beam, pop up tents and tunnels, tumbling, climber, etc.
- Creative Dramatics - Examples include family play, circus play, hospital play, restaurant play, beauty parlor, car wash, etc.
- Large Block /Construction - Examples include, large blocks, unit blocks, hollow blocks, foam blocks, brick blocks, recycled materials, etc.
- Meeting Time - Examples include songs, stories, instruments, finger plays, games, movement, experiments, literacy activities, listening, etc.
- Literacy Experiences - Examples include journal writing, language experience stories, poems and stories on charts, big books, story retelling, book making, dictating experiences, letter searches, etc.
- Numeracy Experiences - Examples include graphs and charts, group math games, measuring, calendar, classifying, seriating, etc.

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

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 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 month 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 documents, anecdotal records, and targeted skill assessments.

Additionally, CDC Teachers use the Phonological Awareness Literacy Screening (PALS) and a Basic Foundation Skills (BFS) assessment once in the fall, by the end of October, and once in the spring, by the end of April. Both of these assessments are individualized, conducted in a quiet space away from the activity of the classroom, and administered in a one-on-one format by a familiar teacher. The PALS focuses on children's literacy development and the BFS assesses children primarily in the area of mathematics. The results of these assessments are compiled by teachers into classroom summary sheets showing alignment with RIELDS. This comprehensive snapshot provides teachers with baseline information in October about every child within their group and the class as a whole. Teachers then use this information to inform curriculum planning and

individualized instruction. Individual children's results from the PALS and BFS are incorporated by their child's teacher into the written narratives that are provided to each family prior to parent/teacher conferences.

Each year, standardized developmental screening is implemented, with parental permission, when the State of Rhode Island Child Outreach Screenings are held at the Child Development Center in the fall. This standardized, developmental screening is conducted by professionals who are trained in both the implementation of the assessment tool and interpreting the results. CDC administration collaborates with the screeners from the community to provide office space onsite at our program where these screenings can take place. Before these screenings occur, families are informed about the screenings themselves and the dates and times that these screenings will take place onsite at the CDC via email and posted flyers. Additionally, flyers are posted on our parent information board when opportunities arise for additional developmental screenings to take place in the surrounding communities. Families receive the results of these screenings shortly after they occur. Teachers and the director are available to aid families in the interpretation of these screening results and support families in making and carrying out plans for next steps as necessary. These screenings are not used to label a child, determine a child's placement in the program, or deny a child's entrance into the program.

On an ongoing basis, the CDC uses authentic assessment tools which look at children's development in a number of domains stemming from the NAEYC Standards and the RIELDS such as aesthetic, physical and motor development, social, emotional, cognitive and language development. Additionally, the curriculum content areas of early literacy, early mathematics, science, technology, creative expression and art, and social studies are assessed. Teachers regularly observe children, gather children's work samples into portfolios, and record anecdotal information pertaining to each child's development in their classroom documentation system. During teachers' daily planning time, this information is reviewed to enable the teacher to evaluate children's progress towards program curricula goals and RIELDS, as well as areas of interest, strength and need. The information gathered is used collaboratively by teachers to individualize their curriculum planning for the children in their group reflecting children's interests, learning styles, and needs. 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 at specified times of the school year. By the end of September, teachers talk to each family about their child's transition into our program or to a new group within our program. During these conversations teachers and families engage in two-way communication about home and school accomplishments, challenges, and needs, as well as appropriate learning activities to support growth.

Formal conferences are held in November and May and are a valuable opportunity for teachers and families to exchange information in order to continue to best support children and their families. Prior to the conferences, teachers provide families with a comprehensive narrative about their child's development. Families of children in their four-year-old preschool year also receive a corresponding developmental continuum checklist aligned with RIELDS specific to their child's development. This summative assessment information is shared in a family-friendly format and helps parents understand where their child's current functioning falls in comparison to widely held age expectations in each domain of development and content area. Additionally, teachers invite families to reflect upon these documents and complete a short survey which includes their own goals for their child's growth and development. At the conferences, families are invited to contribute to the assessment process by sharing these 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.

By the end of February, teachers follow up with each family about their child's progress toward the goals that were created collaboratively during the November conferences. These two-way conversations allow both teachers and families to share their observations, communicate about progress, and again identify appropriate learning activities for both the home and school settings. By the end of June, teachers again engage in two-way verbal communication with families as children prepare to transition out of our program or to another group within our program. During these conversations, teachers and families discuss the progress made toward goals generated collaboratively during the formal May conference time. Teachers and families also discuss specific transition strategies that can be implemented at school and in the home to support children in navigating upcoming transitions. These two formal conference times (in November and May) coupled with these three strategically planned verbal conversations (in September, February, and June) ensure that all families are provided with detailed, comprehensive information about their child's development, learning, and progress toward curricula goals and RIELDS on, at least, a quarterly basis.

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(s) 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, who families can be referred to, 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 locked filing cabinet on site, and are only accessed by CDC teachers, administrators, and office staff. Anecdotal assessment information entered into the classroom assessment system is also kept confidential and is only accessed at the CDC by teachers, assistants, interns, and administrators. Representatives of the Rhode Island Department of Education (RIDE), the Rhode Island Department of Human Services (DHS), BrightStars, and the National Association for the Education of Young Children (NAEYC) may also access assessment data during monitoring visits. The Child Development Center 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 as part of their undergraduate education in an early childhood education program or having sought out opportunities in accordance with individualized professional development plans. When new opportunities arise related to early childhood assessment, the director will work with the teachers to ensure that training will take place.

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 utilized 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.

GOALS for the CDC PROGRAM

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 have 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.

STATEMENT ON 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, office manager, and state licensing and national accreditation 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. 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 and will photograph and videotape the classroom in action. The CDC laboratory school takes photographs, digital records, video tapes and/or audio recordings for use in the classrooms, teaching courses in Human Development and Family Science, research projects, grant-funded projects, and trainings offered to early childhood professionals. Additionally, photos will be shared with CDC families. Occasionally photos and video files may be shared with and used by the media, other organizations we collaborate with, and URI websites and social media sites. Families agree to allow any video or photographs that their child is to be used for these purposes. It is critical for all CDC staff and families to respect families' confidentiality and privacy. We take steps to ensure that all students, staff, and researchers involved at the CDC will maintain confidentiality. These steps include training on confidentiality, monitoring behavior, and requiring each person to sign a "Statement on Confidentiality Agreement".

PROGRAM OPTIONS

The URI Child Development Center is open year-round and offers a five day per week preschool program. Three programs are available as listed below.

I. MORNING PRESCHOOL

8:30-12:00 daily

Ages: 3 to 5

II. FULL-DAY PRESCHOOL

8:30-3:30

Ages: 3 to 5

III. EXTENDED DAY PRESCHOOL

7:45-5:00

Ages: 3 to 5

URI CHILD DEVELOPMENT CENTER CALENDAR (2023-2024)

Tuesday, September 5, 2023	First day of the school year
Monday, October 9, 2023	Closed for Columbus Day
Monday, November 13, 2023	Closed for Veterans Day
Wednesday, November 22, 2023	Thanksgiving Break begins; Early dismissalal 12:00-12:30 pm
Thursday, November 23 and Friday, November 24, 2023	Closed for Thanksgiving Break
Monday, December 18, 2023 - Monday, January 1, 2024	Closed for Winter Break
Monday, January 15, 2024	Closed for Martin Luther King Jr. Day
Monday, March 11 - Friday, March 15, 2024	Closed for Spring Break
Monday, May 27, 2024	Closed for Memorial Day
Friday, June 14, 2024	Last day of the school year; Early dismissalal 12:00-12:30 pm
Monday, June 17 - Friday, June 21, 2024	Closed for cleaning and PD
Monday, June 24, 2024	First day of the summer program
Thursday, July 4, 2024	Closed for Independence Day
Monday, August 12, 2024	Closed for Victory Day
Friday, August 16, 2024	Last day of the summer program; Early dismissalal 12:00-12:30 pm
Monday, August 19 - Friday, August 30, 2024	Closed for Summer Break, cleaning, & PD

STAFF ORIENTATION, PROFESSIONAL DEVELOPMENT, STAFF EVALUATION, SUPERVISION, AND PROGRAM EVALUATION

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 formal 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. A signed and dated description of the information covered in the orientation is kept in the staff member's file.

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 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 Science, ongoing supervision, training, and mentoring of work study students in the classroom, educational family activities including curriculum night, 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 ongoing 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. For the part-time work-study students, group professional development activities will be presented, and they will be encouraged to participate in professional development activities including relevant coursework. Additionally, the work-study students are provided with ongoing mentoring and coaching by the 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 308, *Introduction to Work with Children* or EDC 301, *Early Childhood Curriculum I*. 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 that 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. Specifically, teacher training includes pediatric CPR and First Aid, Blood Borne Pathogen Training, 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 also set professional goals related to the Workforce Knowledge and Competencies and annually review these goals with the director.

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 practicum experiences 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, 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 on a regular basis. 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, URI practicum students, and the URI business manager.

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. Additionally, this information, along with the specific results of the various program evaluations, is shared with families at a Family Advisory Board meeting and to the families at large 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 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

Admitting Children

The University of Rhode Island Child Development Center (CDC) is open to all families regardless of race, creed, ethnic, or cultural background. The CDC serves children from three to five years of age from URI affiliated families and from the community at large. Children with disabilities are included in the program. There are 30 preschool slots, 18 in the Maple Classroom and 12 in the Magnolia Classroom.

Children are eligible for preschool if their third birthday is on or before August 31st in the year in which they are enrolling. To be enrolled at the Child Development Center, children must be toilet trained and no longer wearing diapers or pull ups. Children's age at enrollment will be verified using the child's physical exam form from the physician.

Families wishing to enroll a child in the program complete an application form and submit it to the CDC. Upon receipt of the completed application, the child's name is placed in the enrollment lottery pool.. Children are enrolled in accordance with program, undergraduate teaching, and research needs of the Department of Human Development and Family Science. For example, the program is typically balanced with respect to sex and age. Also, preference is given to siblings of currently enrolled and recent alumni children. As space allows, preference is also given to siblings of alumni children who attended the CDC within the past three academic years. Vacancies in the program are filled based on these criteria, rather than strictly based on the date of application. There are always more applications for enrollment than spots available in the CDC program. Openings are filled through an enrollment lottery which takes place the first week in March.

Guidelines for Enrolling Children with Disabilities

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 their child's enrollment for any reason, written notice must be provided to the director four weeks in advance of the child's final day at the CDC. This gives us time to register another child and for a transition to allow the child withdrawing from the program and his/her classmates to adjust to the change. Families who do not give written notice four weeks in advance of withdrawing will still be responsible for paying one month of tuition following the date written notice is given.

Tuition Payments

Tuition Payments for the Child Development Center are due monthly. Families receive a copy of the current fees and the current payment schedule at enrollment. There are fixed tuition rates for academic year enrollment and for the summer program. Tuition is assessed using a sliding fee scale with four different income brackets. Families submit a copy of their most recent 1040 tax form to verify gross annual family income if requesting to use the sliding fee scale.

A monthly statement will be prepared for your/our records and provided through Brightwheel. The tuition rate is divided into equal monthly installments. Vacations and holidays are taken into consideration when tuition rates are set, and therefore there is no variation in monthly charges based on the number of days the school is open. Unanticipated closings including snow days or electrical outages do not result in a change to monthly tuition charges, nor do family vacation plans or child illness. If the Child Development Center is required to close for an extended period of time (one full month or longer) due to the COVID-19 pandemic or other major emergencies, then families will be responsible for paying one third of the monthly tuition rate during this time and a menu of options for virtual connections will be offered.

Payments must be made through the URI College of Health Sciences payment portal at <https://web.uri.edu/child-development-centers/payment-portal/>. ACH payments can be made without any additional fee; a 2.75% fee is required for all credit card payments. Please speak to the office manager with any questions about billing and tuition payments.

Tuition payments cover teachers' salaries, so promptness is imperative. Any family whose account is more than three weeks in arrears must make arrangements for payment by discussing a plan with the office manager and 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.

Late fees are assessed if you are late to pick up your child. The rate is \$15.00 for every five minutes that your child is at the Child Development Center before or beyond their scheduled time.

Required Forms

The following forms must be completed before a child can begin attending the Child Development Center:

- URI CDC Enrollment Commitment Form
- State of RI School Physical Form
- URI CDC Child Emergency Information Card
- DHS Parent Authorization for Emergency Treatment (page 1 of 2)
- DHS Authorized Pick Up and Emergency Contact Information (page 2 of 2)
- URI CDC Acknowledgements and Permissions Granted Upon Enrollment
- URI CDC Developmental and Family Social History Form

Home-School Transition

Separations

Because children are individuals, they tend to respond in different ways to the first days and weeks of school. Many children will quickly become acclimated to the CDC and will not be the least bit concerned with saying good-bye to their family. Some children may be apprehensive initially but rapidly adjust to the new environment. A few children will take longer to adjust. The CDC staff will assist families in making this transition as smooth as possible. At the CDC, to accomplish this, we do the following things:

1. Before enrollment, families are encouraged to come for a transition visit with their child so that the child can investigate the environment with the security of a nearby parent.
2. Adjustment to school will be easier if the child is prepared for it. In addition to visiting the CDC with your child, you should begin talking with your 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 with blocks, painting, playing on the playground, etc. Also, talk about what you will be doing while you are apart. For example, you may show your child your office or a classroom and tell them about your activities.
3. With the initial few separations, parents are encouraged to let their child know when they will be returning. Due to the developmental characteristics of preschool children, it works best if parents use a concrete marker of time such as "I'll be back to pick you up after lunch" instead of saying "I'll be here to get you at one o'clock."
4. Teachers will assist parents in establishing a consistent routine for the separation. This routine may include giving a wave from a certain spot or blowing kisses.
5. In the case where the child is upset at the separation, teachers will comfort the child and encourage the parent to complete the separation routine and promptly leave.
6. Parents are welcome to reach out later in the morning or afternoon to find out about their child's progress.

Internal Transitions

Children will remain in the same classroom for the duration of their time at the CDC. As children move from one group to another within the classroom, they are prepared for this transition through ongoing conversations and, when applicable, participating in preparing the classroom for the newly arriving children.

Transitions to New Schools

When children and families prepare to leave the Child Development Center to transition to a new school, the teachers and director take the following steps to facilitate a smooth transition:

1. Share information on program/school options.
2. Share information about enrollment procedures and practices at various schools.
3. Support families as they visit potential schools.
4. With family permission, the CDC shares assessment information with the new school to facilitate the transition to the new school environment.

Items from Home

Some children like to bring toys or other objects from home to school, however we do ask families to leave toys from home at home or in your car. When something special from home supports a child's transition into school in the morning, then we ask families to use their child's resting items (such as a special blanket or stuffed animal) for this purpose rather than other toys from home (such as action figures or vehicles). Children's desire to share special items from home is supported with periodic classroom wide Sharing Days planned in advance by teachers. It must be noted that when toys come in from home, problems of sharing, breaking, and lost items may occur. Children are responsible for their items from home and families are asked to assist their children in making appropriate choices when selecting a Sharing Day item.

Guns, war toys, or other toys of destruction are not appropriate in our school. Although aggression is developmentally appropriate behavior for preschool children, when a child is given a toy weapon this encourages, magnifies, and desensitizes children to violent behavior. Children must be supported in developing alternative means to express their feelings of aggression. The staff of the Child Development Center will assist children in redirecting and expressing these aggressive behaviors in socially acceptable ways and support children in developing an understanding of the consequences of violent responses to conflict.

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 and shoes with non-skid soles. Children dressed inappropriately may feel inhibited about becoming involved in some messy activities or physical challenges.

At the beginning of each year parents are asked to bring a complete set of extra clothing to be left at school in case of an accident. Please clearly label this clothing with your child's name. Any CDC clothing put on children while they are at school should be laundered and then promptly returned. Please check your child's extra clothing occasionally to make sure it still fits and is seasonally appropriate.

Videotaping and Photography

At the CDC, photographs, digital records, video, and audio recordings are captured for use in the classrooms, teaching courses at URI, grant-funded projects, and training offered to other early childhood professionals. Photos and videos may be shared with families electronically and included in CDC News emails. Photos and videos may also be shared with families through Brightwheel. Occasionally, photos, video, and audio files may be taken by, shared with, and published by the media, 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. By enrolling at the URI laboratory school, families agree to allow photos, video, and audio recordings to be used in the ways outlined above and stored in a secure archive managed by the Human Development and Family Science department.

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, 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:

Preadmission Family Meeting

When an interested family is offered a spot for their child at the CDC, a meeting is conducted 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. Additionally, the Family Handbook is available online for each family to review. Prior to enrollment, the director schedules a transition visit for the child with their family to have an opportunity to visit the program and meet at least one of the child's teachers. This is an effective way to facilitate the transition for the child and family.

Open Door Policy

The CDC welcomes and encourages parent participation. Opportunities for classroom engagement that allow parents to share a talent or skill, read a book to children, teach us a song in a different language, or lead a movement activity will be offered throughout the year. When parents would like to participate in the classroom, they are encouraged to discuss this with the teachers to work out an appropriate time and plan.

Family Functions

Each year we host family social functions on a quarterly basis and all families are encouraged to attend. These typically include family picnics as well as a winter outing to a URI basketball game. These gatherings provide an opportunity for children to have a special time with their families at a school function as well as a chance for parents to meet other families.

Family Advisory Board

The CDC Family Advisory Board is composed 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 fundraising activities. Family members often assume leadership roles in these activities. The Family Advisory Board will meet virtually when social distancing is necessary.

Family Workshops

We have offered parent workshops on such topics such as activities to do in the home, discipline, creativity, and developmentally appropriate behavior. We welcome suggestions from parents or teachers for topics. Virtual workshops may be offered when social distancing is necessary.

Bring the CDC Home

The CDC offers many opportunities for families to be engaged in their child's early learning and development. These developmentally appropriate experiences are informed by the RIELDS. Teachers may offer "at-home activity suggestions" that include hands-on experiences you can try in the home environment or in your local community. These "at-home" suggestions can include activities such as guess-what's-missing trays, online photo albums, yoga cards, books with corresponding sign-language cards, as well as video content created by teachers. Additionally, the CDC uses google photos as a platform for teachers to share photographs of children's activities.

Family Conferences

The CDC offers scheduled video 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. Additionally, the information is 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 utilizes a variety of methods to maintain open communication with families and to keep families informed about the program. These include periodic "Talk with a Teacher" video chats, the CDC Family

Handbook, CDC News emails containing weekly news from each classroom, notes, telephone calls, and email communications. While daily drop off and pick up conversations must be kept brief, teachers make every effort to connect with each family individually on a weekly basis.

Family Notices

Occasionally, written materials are sent home with children in their backpacks. Please check the backpack daily. Please be sure to empty your child's backpack each evening, to ensure that only essential items are returned to school with your child the following school day. Most family notices will be provided electronically.

Family Newsletters

On a weekly basis, the director sends CDC News emails to all families. The newsletters contain a variety of information such as the classroom specific news, notices and reminders, updates on children's activities, and suggestions for activities that parents and children can do at home.

Family Email List

Teachers and the director will utilize email to connect with families and families are expected to check email daily. Additionally, with family permission, the CDC shares a list of family contact information so families can contact each other via email or phone.

Community Resources

The CDC maintains a directory of community resources and makes relevant information available to families as needed. Please ask us about this directory if you are looking for any community resources for your family.

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. When possible, the CDC participates in URI events such as the International Day of Peace Celebration and holds an annual "Art Exchange" to raise money for a local charity. Every spring, the CDC informs families about the transition to public/private area schools. The program shares information about community activities such as the public library, children's museum or family-friendly displays and exhibits. 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.

The Child Development Center Goals for Families include:

- 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

Grievance Policy

Grievances by parents of children at the Child Development Center 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. When parents are not satisfied with the results of this meeting, they can continue the grievance process by speaking with:

- Director of the Child Development Center Jessica MacLeod
- Department Chair of the Human Development and Family Science Department Dr. Skye Leedah
- Dean of the College Health Sciences Dr. Deb Riebe

HEALTH AND SAFETY

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.

Arrival and Dismissal

At the time of arrival and dismissal, parents must avoid blocking parked cars, lanes of travel, and fire lanes. Several parking spots are reserved for 15-minute parking for CDC parents; please use these spaces and avoid parking in faculty/staff spaces. A relatively quick drop/pick up transition helps to ensure that all families find an appropriate parking space in our lot. Please do not leave your vehicle idling when dropping off or picking up. Specific arrival and dismissal procedures are in place to help facilitate smooth transitions for children, families, and teachers. Each child is greeted warmly by a trusted staff member upon arrival each morning.

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:

- Families must drop off and pick up only during their assigned window of time. Punctual and swift arrival and departure is necessary.
- Families are responsible for using the Brightwheel app on their own phones to sign in upon arrival as well as to sign out before leaving each day.
- Only adults open and close the playground gate.

Arrival Procedures

- All children must use a single bag or backpack for all items traveling to and from school. These items must be kept to a minimum - please send essential items only.

- The adult who is dropping the child off at school will walk the child into the classroom (or playground when the class is playing outside) to greet the staff member who is ready to check the child in. The adult must not allow their child to enter the parking lot without them/ahead of them.
- Families can share any important, time-sensitive information with the teacher at this time (ex. woke up extra early today - might be tired, will be picked up at noon instead of 3:00, call my office phone before my cell phone if needed today, etc.). There is not time for an extended conversation while teachers are facilitating arrival times.
- The staff member will visually scan for signs of illness. The child must pass this daily health screening before entering.
- If cleared for attendance, the staff member will prompt the child to wave goodbye and help them transition. At this point, the adult dropping off will promptly leave the parking lot to ensure that the next family arriving can park in one of the designated spaces.
- Once inside, a staff member will help to facilitate hand washing and then the child will engage in play in the classroom.
- Parents are welcome to use the Brightwheel app or call the CDC at 401-874-2758 during the day to ask about their child's transition into school.
- Families who arrive after 9:15 am, must ring the bell at the side entrance to the school to initiate the drop off procedure. A staff member will greet you at the door and walk your child to their classroom.

Dismissal Procedures

- Each child will be released only to those individuals listed as authorized pick up people on the emergency contact list unless notice of a different pick up plan is provided verbally at drop off time, through the Brightwheel app, or by calling the CDC. Siblings under the age of 18 are not permitted to pick up a child.
- The teacher will identify the authorized pick up person visually and will check their photo ID as necessary.
- The parent is responsible for signing the child out using the Brightwheel app on their own personal phone before leaving the area.
- The adult picking the child up must not allow their child to enter the parking lot without them/ahead of them.
- After signing out, it is important for families to exit the parking lot quickly to ensure that others can access the parent parking spaces.
- Families are required to pick their children up within their designated window of time, which is assigned upon enrollment. Families who miss their scheduled dismissal window due to unforeseen circumstances must send a message through the Brightwheel app with an estimated arrival time.
- It is of the utmost importance for families to adhere to the dismissal window as scheduled. There is a \$15.00 fee assessed for every five minutes that a child remains at the CDC beyond their scheduled dismissal window.

Exterior Doors

The Child Development Center is part of the University of Rhode Island and is monitored by the campus security. The Child Development Center has a sophisticated locking system to ensure a safe environment for children and staff. The exterior doors of the Child Development Center are locked at all times. The door to the playground may be temporarily unlocked, ensuring immediate access to the building, if necessary, when teachers are welcoming children in each morning and when the class is playing on the playground. The door

near the parking lot, which is accessed by staff, college students and visitors, has a swipe card system as well as a video monitor and intercom system. The swipe card system is coded to enable staff to always have access and limits the access of current college students to the program's operating hours. Visitors press the buzzer to communicate their intentions via the video intercom system. This system is always monitored by a staff member who is responsible for identifying the purpose of a visitor wishing to gain access, for granting that access when appropriate, and for ensuring that each visitor who enters the building signs in. These protocols help maintain a safe and secure environment for the program.

Release Policy

The DHS Authorized Pick Up and Emergency Contact Information Form, which families complete as a part of their enrollment packet prior to the child beginning at the CDC, is stored in each child's file with the names, addresses, and telephone numbers of each individual authorized to pick the child up from school. Children will only be released to those people whose names are on this list. Parents are asked to keep this list up to date and are required to update the form annually. Parents may access this form from their child's file with a staff member at any time to update the information. Parents should be prepared to present their own photo identification to staff at pick up times, particularly during the first few weeks after enrollment as we are getting to know new families. Teachers will always verify an unfamiliar individual's identity by checking their photo ID and the information provided on the DHS Authorized Pick Up and Emergency Contact Information Form.

If anyone other than a parent will be picking up their child on a particular day, the parent must notify the program with the full name of the authorized person who will be picking the child up and make sure this person's name is also on the DHS Authorized Pick Up and Emergency Contact Information Form in the child's file. If the authorized pick-up person is unfamiliar to staff, a teacher will ask for photo identification to verify this person to be the correct individual before releasing the child.

If an individual who is not listed on the DHS Authorized Pick Up and Emergency Contact Information Form arrives to pick up a child and staff members do not have prior knowledge of this plan, then a staff member immediately contacts the child's custodial parent or legal guardian to verify this plan.

In the case of an emergency where a parent does not know in the morning that someone who is not listed on the DHS Authorized Pick Up and Emergency Contact Information Form will be picking up their child, we require that the parent notify school with the details of the pick-up plan as soon as possible by either sending a message through Brightwheel or by calling the office. When a parent calls, a Release Call Form is completed by the staff member taking the call. The parent is asked to provide detailed information regarding the name (including spelling), relationship of the person to the child, and the time the individual will arrive to pick up the child. The parent is also asked to provide their child's date of birth to confirm the caller's identity. Parents are told that if for any reason they do 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 will not release the child unless we are given the correct birthday. We also require a contact number where the parent can be reached. The full name of the person who will be picking up the child is written on the sign-in sheet. The parent is asked to remind the individual to bring a photo ID when picking up so the teacher can verify their identity. The completed and signed Release Call Form is shared with the child's teacher then placed in the child's file. When the individual arrives to pick up the child, and their identity has been verified with a photo ID by the teacher, then they are assisted in gathering the child's belongings and signing out.

When a custody arrangement or restraining order impacts child release decisions, the following procedures will be followed and written documentation of the custody decision or restraining order will be kept in the

child's file. It is the family's responsibility to provide the program with updated legal documentation in a timely manner should information related to custody, visitation, and/or restraining orders undergo any changes. Non-custodial parents who have visitation rights will only be granted access into the school at designated visitation times. Non-custodial parents will use the doorbell on the side door to be granted access to the school and must check in with the office manager or director upon entering. If an unauthorized person attempts to have contact with the child in question, a CDC staff member will utilize this documentation to deny contact with the child. If the unauthorized person refuses to leave the CDC after seeing the documentation, the CDC staff will notify campus police by calling 874-2121. If an unauthorized person attempts to pick up or have contact with a child at the CDC, then staff will immediately notify the primary custodial parent of this incident.

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 campus police at 874-2121 for further assistance.

CDC Closings

The CDC is closed for all state holidays and most federal holidays. Refer to the yearly calendar for more details.

In the case of severe weather, the CDC typically closes when South Kingstown schools are closed or when the University closes. The CDC will typically have a delay or an early dismissal when South Kingstown schools or URI announces a delay, early dismissal, or cancellation of after school activities. Occasionally, the CDC must close for reasons beyond our control such as for power outages or other unanticipated building closings. CDC closings due to severe weather or unforeseen circumstances are announced to families through Brightwheel and listed with the RI Broadcaster's Association (RIBA) to be posted on local news networks. Families are expected to sign up for automatic text and email alerts regarding closings and are responsible for checking these notifications.

Field Trips

We believe that field trips are an important part of a young child's learning experience. For this reason, we take the children on a variety of "trips" into the "field" outside the classroom. The majority of these field trips are walking tours to points of interest near the CDC. For example, we may take nature walks focusing on seasonal changes, a trip to an office where a parent works on campus, or a walk to the Kingston Free Library. We do have to limit the number of field trips that require more than an hour away from the CDC because of our commitment to university students. Many of our students are taking classes before and after their lab session, and thus it is difficult to organize the trip around their schedules.

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

1. At least one day prior to the field trip, teachers will email parents to share information about the timing and location of the trip.
2. Assign staff to specific children who they will be responsible for supervising for the entire trip.
3. Take the field trip backpack which contains first aid supplies as well as emergency information for all children.

Transportation Policy

We do not take children on field trips that involve transportation to off-campus destinations. All off-campus trips for university preschools are specifically excluded from the University's liability insurance, which prohibits us from taking such trips. We do, however, when walking is not feasible, utilize the university's shuttle bus/van to transport four- and five-year-old children and their teachers to on-campus events and activities such as swimming lessons at the URI pool. During transport the children and adults utilize the shuttle bus/van's lap belt restraints. Three-year-old children are excluded from such transport as they would require car seats to be used for each child. Families of age-eligible children sign a Transportation Permission Form prior to utilizing the bus/van service. Families agree that they will not hold the University of Rhode Island Child Development Center liable for any injuries. This form is kept in the child's file and is valid throughout the remainder of the child's enrollment.

Supervising Children

Maintaining the safety of the children at the CDC is of utmost importance. A general practice to ensure this 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. Additionally, strategic placement of different staff members should ensure that all children are consistently under supervision both inside and outside. Supervision of children is achieved primarily by sight. Preschool children who can independently use the toilet may, for short intervals, be supervised by sound. 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.

Teaching Staff-Child Ratios

The Child Development Center maintains developmentally appropriate teaching staff-child ratios within each group to facilitate adult-child relationships, interaction, and constructive activity among children. The Maple Classroom, with 18 children, always maintains a ratio of at least one adult for every six children. The Magnolia Classroom, with 12 children, always maintains a ratio of at least one adult for every six children. These staff-child ratios are maintained at all times including indoor time, outdoor time, and on walking trips.

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.

- Bikes, scooters, and wagons stay on the pavement. Children on bikes, scooters, or wagons must wear a helmet.
- Children may run outside on the flat areas of the playground but not inside or on the playground hill.
- Children should not carry sharp objects when moving about.
- Pointed, sharp, or heavy objects should not be held above the head.
- Climbing is allowed in the climbing tree or on the climbers. Staff should be within arm's reach of children who are climbing. The monkey bars, climbing tree, and corkscrew are only open when an adult is present.
- Children may be in the kitchen or on the deck only when accompanied by a staff person.
- Block structures should be built no higher than shoulder level.

- 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 Policy

Children will have opportunities to play in the outdoor environment each day (when weather, air quality, or environmental safety conditions do not pose a health threat). On ozone alert days, outdoor time and activities will be limited accordingly. Since our playground has many shady areas, in hot weather, children always have the opportunity to play in the shade. Additionally, water for drinking is always available outdoors. When children are in the sun for extended periods (ex. walks to play in the sun on the quad, splash days), SPF 15 or higher skin protection will be applied to exposed skin (with written parental permission provided upon enrollment). Children will wear clothing that is dry and layered for warmth in cold weather. When the temperature is bitterly cold, we do not go outside. When public health authorities recommend the use of insect repellants due to high risk of insect-borne diseases, only repellents containing DEET are used. CDC teachers will apply insect repellent no more than once a day (with written parental permission).

The URI Child Development Center has a large, expansive playground which offers many varied opportunities for gross motor play. The outdoor environment is carefully designed and maintained to provide for safe exploration and to promote all areas of development. The playground has a clearly defined "top" level containing a climber with monkey bars and a double slide, a balance beam, a teeter totter, swings, a music center, and an herb garden. There is also a clearly defined "bottom" level with a large sandbox, a trike path, a large wooden house structure where dramatic play is offered, and a mud kitchen.

Hand Washing

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 and after snacks and meals, before preparing or handling food, after exposure to any bodily fluids, before and after water play, and after messy activities. Staff and children must follow the hand washing protocol which includes:

- Wet hands with warm running water (leave water running)
- 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 and all sides of hands
- Rinse hands under the stream of water
- Dry hands with a paper towel
- Turn off water using the paper towel to avoid recontamination

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 Policy

The toilets at the Child Development Center are located between the two preschool classrooms. This area is closely supervised by a staff member whenever a child is in the bathroom. Because our staff adult/child ratio exceeds state requirements, there is always an extra staff member available to supervise children in the bathroom while maintaining adequate staff adult/child ratios in the classroom. Bathroom transitions are staggered so that children are playing in the classroom rather than waiting in a line for their turn to use the bathroom.

In order to be enrolled in the Child Development Center program, children must be toilet trained. Diapers and pull-ups may not be worn at the CDC. However, toileting accidents do occur in an early childhood classroom. When this occurs, the following protocol will be followed:

1. In the children's bathroom, a staff member, following universal precautions, will assist the child in changing out of soiled clothing, washing the child's body, and changing into clean clothing from the child's cubby or from the school clothes bin, when necessary. During this time, the child is reassured that "accidents happen" and that it is "not a big problem". Rubber gloves are conveniently located for adults in the children's bathroom.
2. The soiled clothing is put into a plastic bag which is then sealed in preparation for being sent home. Children place wet clothes in a plastic bag and place the bag in their cubby. Wet or soiled clothing is sent home in the child's backpack and the family must provide a replacement set of extra clothing the following day.
3. If any bodily fluids are present in the classroom, the area is thoroughly cleaned and disinfected with a bleach solution. Children are kept away from the area until the area is dry.

Water Play

Children wash hands with soap and water before and after water play. Children are not allowed to drink play water. Children with open sores on their hands will not be allowed to participate in water play. Water is dumped at the end of the activity time and fresh water is provided at the beginning of the next activity time.

Routine Cleaning, Sanitizing, and Disinfecting

The Child Development Center is cleaned and disinfected on a daily basis by janitorial staff employed by the University. 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, sanitizing, and disinfecting. The janitorial staff uses industrial strength, EPA registered fragrance-free, least toxic, germ-killing products supplied by the university. In addition, each day, fresh bleach and water solution is made using the ratio recommended in Caring for Our Children and distributed to locked cabinets in marked spray bottles, along with labeled soap and water spray bottles, for easy access by staff members. These solutions, as well as disinfecting wipes provided by the university, are used to clean and disinfect high-touch surfaces throughout the day. Soiled surfaces are first sprayed with a soap and water solution and then wiped with a disposable paper towel. To disinfect, surfaces are then sprayed with the bleach and water. After waiting for two full minutes these surfaces are then wiped with a disposable paper towel to disinfect the surface and reduce the spread of germs. Soft surface items in the classroom will be cleaned through laundering when possible or cleaned using an EPA registered

disinfectant when applicable. Any electronic device used in the classroom will be cleaned daily using 60 percent isopropyl wipes or disinfecting wipes.

Undergraduate work-study assistants perform maintenance and cleaning tasks on a daily basis. These tasks are specifically assigned to them or monitored through an extensive spreadsheet where assistants sign off on tasks completed. The following cleaning and sanitation schedule is followed by these assistants, classroom teachers, and/or URI custodial staff:

- a. Countertops, door handles, and cabinet handles are cleaned and disinfected daily and when soiled.
- b. Tables are cleaned and disinfected before and after snacks and lunch. All tables are disinfected at the end of each activity time.
- c. Food preparation surfaces are cleaned and disinfected before and after contact with food and between preparation of raw and cooked food.
- d. Sheets, blankets, towels, and pillowcases sent in from home are cleaned at least weekly and/or when visibly soiled. These items are only used by one child and stored in a labeled, ziplocked two gallon bag. Cots and mats are disinfected weekly.
- e. In addition to the janitors cleaning the bathroom area every morning, this area is also cleaned and disinfected when visibly soiled.
- f. Sinks are sanitized after whole class toileting transitions because the same sinks are used for hand washing before eating, before water activities, and after blowing noses. Sinks are sanitized frequently throughout each day. Children and adults always turn off the faucet with a disposable paper towel to avoid recontamination of the sink handles.
- g. Children and staff always wash their hands before and after water and texture play.

Toy Cleaning

Precautions are taken to ensure that all toys that children play with remain clean. Toys used by children are cleaned and disinfected before they are returned to storage cabinets. Additionally, any toy that a child has placed in his or her mouth or that has been contaminated by bodily secretions is immediately removed from the classroom, washed by hand using water and soap, then rinsed, disinfected, and air dried before being returned to the classroom. Dramatic play clothes are cleaned as needed and laundered on a weekly basis. Cloth toys and stuffed animals are cleaned as needed and on a weekly basis.

Repairs and General Maintenance

The university ensures that the Child Development Center building is in good repair and working order. When there is a repair or general maintenance issue, we contact the appropriate university office which then takes steps to remedy the problem.

Storage of Hazardous Materials

All cleaning supplies 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 Child Development Center, the University has a contract with Debug Pest Control, a state approved pest management company. The products used by this company for pest management are approved by the State Health Department. Pest treatment occurs by a licensed Pest Controller when children are not in the building.

Cigarette Smoking

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

Weapons

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

Lunches and Snacks

Eating is a social activity that children and adults will participate in for all their lives. 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 facilitates this by allowing mealtime to occur in a relaxed atmosphere which allows for social interaction with peers and adults.

Children will eat a morning at the CDC each day. Snacks are provided by families and must be nutritionally sound. The CDC will provide a morning snack for all children on Thursdays. Along with snacks, we serve children water to drink. Parents must inform us if their child has any allergies or dietary restrictions. To avoid the risk of choking, children younger than four years are not offered the following foods: hot dogs, whole or sliced into rounds; whole grapes; popcorn; raw peas; hard pretzels; or chunks of raw carrots or meat larger than can be swallowed whole. Children in the extended day program will also eat an afternoon snack at the CDC each day.

Children bring their own lunches and snacks from home (the CDC will provide morning snack for all children on Thursdays). **The CDC is a peanut and tree nut free school.** Please read all labels carefully and refrain from bringing in any items that contain peanuts or tree nuts as an ingredient. Likewise, do not send in any foods cooked in nut oils. If you are using a nut alternative, such as soy nut butter, please label this item so we can clearly identify it.

Lunch should be in lunch boxes or bags that have the child's name clearly marked on the outside, and snacks should be packed separately from lunch, so everything is easily identifiable for children and staff. We cannot warm or refrigerate food for children at school. Please place an ice pack in your child's lunchbox to keep food cold throughout the morning. Families can provide a warm lunch by warming your child's food at home in the morning and placing the warmed food in a thermos. Liquids and foods hotter than 110 degrees Fahrenheit are always kept out of children's reach and staff monitor the warm food to be sure it is not too hot for the children.

At lunch time, children will be encouraged to eat a portion of their main course. Once they have eaten a portion of their main course, they are then encouraged to finish their healthy food before moving on to any "dessert" portion of the meal. Children may not share lunches with each other since some families have dietary restrictions and some children are allergic to certain foods. Children's uneaten food will be returned to their lunch box to go home unless this is impossible without creating a mess. Children are not required to eat

snacks or lunch if they are not hungry. When working with children with special feeding needs, if needed, staff will document daily food intake and communicate this information to parents daily.

Children can drink from their water bottles at lunch time. Parents are asked to only provide milk and/or water for a lunch drink.

Rhode Island day care regulations mandate that we must provide written guidelines highlighting aspects of nutritionally balanced bag lunches. For your information, below are their suggestions outlined by the Food and Nutrition Board of the National Research Council:

LUNCH

Ages 3-6

- | | |
|--|---|
| 1. Fluid Milk | 3/4 cup |
| 2. Meat or poultry or fish
or cheese
or egg
or cooked dry beans or peas
or peanut butter | 1 1/2 ounces
1 1/2 ounces
1 ounce
3/8 ounce
3 tablespoons |
| 3. Vegetables and/or fruit (2 or more total) | 1/2 cup |
| 4. Bread or bread alternate | 1/2 slice |

Food Safety

Any food preparation at the CDC will follow USDA guidelines for food safety in a community setting. All preparation surfaces and eating surfaces will be disinfected before and after use. Families are responsible for providing cold packs when children's lunch and snack foods prepared at home require refrigeration. No food will remain unrefrigerated for more than two hours. Any food left out at room temperature for more than two hours will be discarded. When hot foods are prepared by the program, they will be heated to above 140 degrees. Cold foods will be kept at below 40 degrees. All utensils, cups, bowls and serving items will be washed in the dishwasher after each use. Utensils, cups, bowls and serving items provided from home will be sent home in children's lunch boxes. Leftover food from each child's snack will be sent home.

Rest Time

All full day children will have a rest time after lunch. Preschool children rest on individual cots or mats provided by the Child Development Center. All children are assigned a specific cot or mat which is their resting space for the year. Families can provide sheets, pillows and/or blankets, and a soft resting item for rest time. Sheets, blankets, and pillows are sent home to be washed every Friday. Children are not required to sleep at rest time. Rather, they are expected to rest their bodies quietly. Children who do not sleep will have access to quiet activities after a period of resting. Cots and mats are disinfected at the end of each week.

Illness Policy

The Rhode Island Department of Health (RIDOH) 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 a child-related illness or injury.

The Child Development Center 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. We ask that parents be aware of and respect the following guidelines:

- Children, staff, and visitors may not come to school if they developed any new symptom of illness within the past 24 hours or if they have taken fever-reducing medication or symptom suppressing medication within the past 24 hours. This is true even with new onset of familiar, expected allergy or asthma symptoms. Symptoms and date of onset must be reported to the program director. Families will use messaging on the Brightwheel app to report symptoms of illness.
- Staff will complete a visual health check for each child upon arrival before the adult dropping off leaves the premises. If any new symptoms of illness are observed, the child will not be admitted to the program.
- Staff will monitor children for any signs of illness throughout the school day. If a child is judged ill while at the CDC, the family will be contacted and must come to pick up the child immediately (arrangements must be made to have the child picked up within an hour if a parent is not immediately available). Sick children will be isolated in an office 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 by sending a message through the Brightwheel app. In the case of absences due to illness, symptoms must be listed when reporting the child absent.
- If a child should come down with a contagious condition of any kind, including COVID-19, the family is required to notify the Director who may notify other families of the potential for transmission within the program.
- We are committed to safeguarding the health of all children 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 Child Development Center Staff.

Symptoms that require children, staff, and URI students to remain home include:

- Fever at or above 100°
- Chills
- Cough
- Draining sore
- Earache
- Fatigue
- Headache
- Loss of taste or smell
- Muscle pain (myalgias)
- Pale or flushed coloring
- Rash
- Red or watery eyes
- Runny nose, stuffy nose, or congestion
- Shortness of breath or difficulty breathing
- Sore throat
- Upset stomach (with or without vomiting and/or diarrhea)

IMPORTANT: ANY POSITIVE COVID-19 TEST RESULT (home, rapid/antigen, or PCR) MUST BE REPORTED TO THE PROGRAM DIRECTOR IMMEDIATELY.

If an individual is diagnosed with COVID-19, current RIDOH guidelines for returning to school will be followed. Guidelines and CDC policies are subject to change as national guidance and state regulations are continually updated.

The illness policies outlined in the Family Handbook also apply to staff and URI students to ensure the minimization of the spread of disease.

Returning to School After Absence due to Illness

Monitor symptoms for a minimum of 24 hours and then consult with the program director regarding re-entry. Individuals who have provided documentation of a positive COVID-19 test result from within the last 90 days are exempt from testing, but still must remain out of school and consult with their health care provider when experiencing symptoms of illness.

No major symptoms, only one minor symptom:

- COVID-19 testing is recommended, but not required, returning.

Criteria for re-entry:

- Discussion with staff regarding clearance to return
- Significant symptom improvement has been observed
- No new symptoms have developed
- Fever-free for a full 24 hours without the use of fever-reducing medication
- Child feels well enough to participate

Returning to School After Absence due to COVID-19

Consult with the program director regarding re-entry following illness. Individuals who test positive, regardless of age or vaccination status, must complete a minimum of five days of isolation at home. Day zero is the date symptoms developed or, if asymptomatic, the date testing occurred. An extended period of isolation may be required depending upon the presentation of symptoms.

Criteria for re-entry after testing positive for COVID-19:

- Documentation of positive test result with testing date
- Five days of isolation have been completed
- Significant symptom improvement has been observed
 - It is understood that some symptoms may linger for a long time (ex. stuffy nose or mild cough) even after seeing significant improvement.
- No continued development of new symptoms
- Fever-free for a full 24 hours without the use of fever-reducing medication
- Cleared from isolation per RIDOH guidelines
- Child feels well enough to participate
- Must wear a well-fitting mask to school, both indoors and outside, on days six through ten

Exemption from quarantine and asymptomatic testing after testing positive for COVID-19:

- With documentation of a positive COVID-19 test result, there is then a 90 day period of exemption from the quarantine and asymptomatic testing typically required following close contact exposure.
- Individuals who have recently had COVID-19 are still excluded from attending with any new onset of symptoms.

Exposure Policy

Consult with the program director regarding a timeline for re-entry after exposure to someone with a suspected or confirmed case of COVID-19. In most cases, close contacts can continue attending school with a monitor-to-stay protocol. Exposure that occurs between members of the household may require quarantine outside of school. Fully vaccinated individuals and individuals who have provided documentation of a positive test result from within the last 90 days are exempt from quarantine and may continue attending the program following exposure. Individuals attending school following close contact exposure must wear a well-fitting mask for 10 days (counting the final day of exposure as day zero).

Testing requirements:

- Testing is required upon notification of close contact with a positive case.
- Another test is required on day five following the final date of close contact. The last day of contact is counted as day zero.
- As an extra precaution, at-home testing each morning before coming to school is recommended through day 5.

Travel Policy

Testing after international travel:

- It is recommended that all travelers test upon return to RI and again three to five days after returning to RI. The date of return to RI is counted as day zero.

Mask Policy

Masks are not required. Masks may be worn if desired.

Scenarios When Masks ARE Required

- When attending school in a monitor-to-stay scenario following close contact
- When returning to school after isolation, masking is required on days six through ten

During times when RI is classified as a high-risk state, then masks may be required. Additionally, masks may be required at times when multiple cases of COVID-19 have been confirmed within the school community.

Medicine

Staff will administer prescription or non-prescription medication to children only when a parent completes a "medication authorization form" stating the date, name of medication, dosage, and time at which it should be administered. The medication must be in the original container with the child's name on it. State regulations mandate that teachers cannot, under any circumstances, give children a prescription drug that has another person's name on it. To maintain the privacy of children and families, medication information is stored in a non-public location.

Parents are required to hand the medication to a teacher or the CDC Director. Medication should never be in the child's cubby or lunch box. Medication which requires refrigeration will be placed in the refrigerator, so the children do not have access to it. Medication which does not require refrigeration will be placed in a locked cabinet. Only the teaching staff and the director will administer medication. The adult who is responsible for

administering the medication will document this administration on the "medication administration form" which lists the date, time, name of child, name of medication, and medication dosage.

If the medication is a prescribed antibiotic, your child must complete one 24-hour cycle before returning to school. Non-prescription medication used for more than two consecutive days requires physician's instructions.

Teachers and the director maintain current first aid certification. This comprehensive training includes instructions on the use of special medical procedures (administering an epipen, auvi-q, 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

Allergies

All families of children with allergies are required to complete and regularly update an "Allergy Action Plan" signed by the child's family and pediatrician. Along with this plan, the family will complete a medication authorization form for the prescribed medication. These will be kept in the locked first aid cabinet.

The CDC is a peanut and tree nut free school. The program protects children with allergies from contact with the problem food by eliminating the foods whenever possible. In the case where this is not possible, such as in the case of a gluten allergy, the exposure to the problem food is controlled and monitored. For example, gluten-free play dough is used in a classroom with a child with a gluten allergy. With food allergies, families will provide substitutes when this is necessary. For example, when children are allergic to milk, families can provide soymilk for lunch. A list is maintained in the kitchen which documents children and their food allergies. Families are asked for written permission for this information to be posted in the classroom and the kitchen. This information is also shared with all relevant staff. Adjustments are made as necessary to ensure individual children with other types of allergies can safely participate in the program.

Special Health Care Needs

The Child Development Center enrolls children with a variety of special health care needs. Response to these needs is determined on a case-by-case basis in consultation with the child's family and physician. For each child with special health care needs or food allergies or special nutrition needs, the CDC will request that the family obtain from the child's health provider a completed individualized care plan that is prepared in consultation with family members and specialists involved in the child's care. These forms are updated annually. Along with this plan, the family will complete a medication authorization form for the prescribed medication. These medications will be kept in the locked first aid cabinet.

The CDC will protect children with food allergies from contact with the allergen(s). The CDC will ask families of a child with food allergies to give consent for posting information about that child's food allergy. If consent is given, then we will post that information in the food preparation area and in the classroom so it is a visual reminder to all those who interact with the child during the program day. If consent for posting is not provided, then this information will only be shared with all relevant staff to ensure that they are informed. When there

are children in the program who have special health care needs, specific health procedures are delivered, where appropriate, by a licensed/certified health professional or a staff person who has been trained to appropriately carry out such procedures. On an ongoing basis, trainings are provided by licensed/certified health professionals to the teachers in order to effectively administer specific health procedures such as epi-pens and auvi-q, nebulizers and inhalers, to learn first aid and CPR, and about allergies and other health-related issues and medical needs.

Animals and Pets

The Child Development Center does include animals as an important part of the ongoing curriculum for children. There have been a variety of pets in the classroom over the years including birds, hamsters, hedgehogs, rats, snakes, and fish. 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. In these cases, families will be required to show proof that the animal is licensed (for a dog) and has been vaccinated against rabies (cats and dogs). If an enrolled child has an animal allergy, teachers make sure that the child is not exposed to that animal. 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 and Prevention 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 found in locked medical cabinet).
- 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 Child Development Center carries an accident insurance policy with The Hartford Insurance Group. This insurance covers children and staff. Families and staff are not charged any fees for this.

Child Abuse and Neglect Reporting 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. The Rhode Island Statute "Abused and Neglected Child" can be found at <http://webserver.rilin.state.ri.us/Statutes/TITLE40/40-11/40-11-2.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.

There are four general types of abuse and neglect. These are:

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

Emergency Procedures

There are a variety of different emergencies that can arise at an early learning 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. Outlined below are the protocols for addressing such emergencies.

Serious Injury or Illness

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) or in the event of a serious illness the following steps will be taken:

- A staff member immediately calls 911 (9-911) and requests an ambulance.
- A staff member locates the director.
- A staff member calls the child's parents.
- A staff member meets the ambulance.
- In the event that the child is to be transported to a medical facility and the family has not arrived, a teacher or the director will accompany the child in the ambulance and will take the child's file as well.

Poisonings/Exposure 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 at 4-2781 (URI) or 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 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

In the event of extreme weather conditions such as floods, blizzards, and hurricanes the following steps will be taken:

- The URI Emergency Alert System will inform us when extreme weather conditions exist.
- The CDC looks to both URI and the South Kingstown school district to guide our decision making about weather related closings.
- The CDC will alert families of closings, delays, and early dismissals using Brightwheel and the RI Broadcaster's Association (RIBA) automated system. Families are responsible for signing up to receive automatic notifications and checking the list of closings.
- 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 on the deck.
- If conditions require a short or extended stay, the deck 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 University Trouble Desk at 4-4060 to request immediate support.
- Based upon the severity of the flood, families will be alerted of our status through the RIBA system and, if necessary, will need to pick up their child. Staff will continually monitor attendance as children leave.
- The University Safety and Risk Management Department and custodial services will manage the clean-up 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 Child Development Center the following steps will be taken:

- The University alarm system will be activated.
- Staff and children will evacuate the building following the predetermined evacuation route which is posted in all classrooms.
- One teacher takes the attendance roster and the emergency bin 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 up the hill to the fence, the predetermined meeting location.
- Adults remind children to put their hands on the fence.
- A teacher or the director will take attendance at the fence to ensure that all children are accounted for and will continually monitor attendance.
- If the building is unsafe to reenter, adults and children will proceed to the lower level of the Transition Center, the predetermined alternate meeting location. Families will be alerted through the RIBA system

of the need to pick up their children from that location. Staff will continually monitor 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:

- The URI Emergency Alert System will inform us when such a disaster has occurred.
- Staff and children will remain in the building if it is safe to do so.
- Families will be alerted through the RIBA system and will pick up their child when it is safe to do so. Staff will continually monitor attendance as children leave.
- Instructions from the URI Emergency Alert System will be followed.

Potentially Violent Situations

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

- The URI Emergency Alert System will inform the center when a potentially violent situation is occurring on the URI Campus or in the surrounding community.
- The director will inform the staff of the potentially violent situation.
- Staff and children will follow the lockdown protocol, retreating to the designated safe location in the building.
- Building entrances will be secured and unauthorized individuals will not be granted access.
- Children will be encouraged to remain calm and quiet.
- Families will be alerted of the situation.
- Instructions provided to us by the URI Emergency Alert System will be followed.
- If the potentially violent situation occurs within the building, a staff member will call 911 (9-911).
- Children will be evacuated, if feasible, and 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 sheltered together until the situation is deemed safe.

Utility Disruption

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

- Staff will call the University Trouble Desk at 4-4060 to request immediate support.
- In the event of a prolonged utility disruption, families will be informed of the status via the RI Broadcaster's Association (RIBA) list of closings and children must be picked up promptly. Staff will continually monitor 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 the locked first aid cabinet on the deck. Each staff member is familiar with this location, the supplies, and the universal precautions. Fully equipped first aid kits always accompany a teacher in the "field trip backpack" whenever a group of children leaves the Child Development Center. A fully equipped first aid kit is always in the entryway to the playground in case it is needed when children are playing on the playground.

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 is verbally informed of the incident and treatment when they come to pick up their child at the end of the day. Staff complete an injury report in duplicate. One copy of this report is provided to the family; the other copy is signed by the child's parent on the day the accident occurs, placed on the director's desk, and then placed in the child's file. When a minor accident involves injury to the head or insect stings, the parent will receive a phone call from the teacher or director informing them of the incident. Otherwise, the procedures noted above are followed.

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 administer temporary first aid and complete an injury 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), a CDC staff member will:

- immediately call 911 (9-911) and request an ambulance.
- have someone inform the Director.
- call the child's parents.
- send someone to meet the ambulance.
- in the event that the child is to be transported to a medical facility and the family has not arrived, a teacher or the director will accompany the child in the ambulance and will take the child's file as well.
- after the child's needs are attended to, complete an accident 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 lockdown drills
- 2 evacuation drills

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 director sounds the alarm
- Adults walk with children quietly out the door in the cubby area into the playground.
- One teacher takes the attendance roster and the emergency bin which contains contact information for each child, a first aid kit, and necessary life-saving medication if prescribed to any child with special needs.
- Everyone proceeds quietly up the hill to the fence.
- Adults remind children to put their hands on the fence.
- A teacher or the director will take attendance at the fence 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 director sounds the alarm.
- The door by the cubbies is obstructed, so adults and children travel along the upper deck and exit through the door by the parking lot.
- One teacher takes the attendance roster and the emergency bin 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 out the door and reenter the playground through the gate by the parking lot.
- Everyone proceeds quietly up the hill to the fence.
- Adults remind children to put their hands on the fence.
- A teacher or the director will take attendance at the fence to ensure that all children are accounted for.
- Adults and children return to the building.
- 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.
- One teacher takes the attendance roster and the emergency bin which contains contact information for each child, a first aid kit, and necessary life-saving medication if prescribed to any child with special needs.
- One teacher makes sure that all the windows and office doors are closed.
- Adults walk with children quietly to our designated space.
- Adults remind children to remain quiet.
- 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 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.
- Adults and children travel along the upper deck and exit through the door by the parking lot.
- One teacher takes the attendance roster and the emergency bin 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 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 University of Rhode Island Child Development Center is part of the Department of Human Development and Family Science (HDF) in the College of Health Sciences (CHS) and serves children, families, the university, and the community. As the laboratory for HDF and other departments across campus, 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 faculty 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 faculty 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, faculty, and other members of the community have experiences at the Child Development Center. Such experiences include:

- I. Practicum courses in the HDF major
- II. Research involving children at the CDC
- III. Observation assignments within HDF and other departments
- IV. Course-based single interaction assignments

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 in the HDF major

The Child Development Center is actively involved in the delivery of academic content for two courses, Introduction to Work 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 Introduction to Working with Young Children

1. Description of Experience

Students in HDF 308 spend 3 hours per week for 12 weeks of the semester in the role of an assistant teacher. 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 school 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 observations and written assignments for the lecture portion of the course 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 quarter 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 326 Early Childhood Practicum

1. Description of Experience

Students in EDC 326 spend three 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. All of this occurs 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 mentoring, modeling, and offering individual supervision. Approximately one quarter of the students' final course grade includes their CDC experiences. The CDC teachers visit the academic classroom 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 population and facilities of 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 and anticipated availability of 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 ensure the maintenance of developmentally appropriate practices as defined by NAEYC. Families must sign informed consent 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 Principal Investigator (PI) 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. Virtual observation opportunities may also be provided.

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 considering the following criteria:

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

The professor is responsible for creating a sign-up sheet, in consultation with the CDC director, ensuring that there are no more than six 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. When high school classes conduct observations, the entire class will observe at the same time. In these instances, all observers will remain on the observation deck. Smaller college classes (maximum of 15 students) may also arrange to have all students observe at the same time.

Students will conduct their observations from the observation deck when the children are inside and from outside the fence when children are outside. Students will turn their cell phones off when they enter the building and will refrain from eating, drinking, talking to each other, and talking with children or CDC staff while conducting observations. A group discussion facilitated by CDC staff can be scheduled to follow the observation to allow time for debriefing, questions from observers, and consultation.

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. Students will not be permitted to visit the center for single interaction assignments while operating under COVID-19 regulations.

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 considering 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 two 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 secretary or 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 functions as a model of best practice for early childhood programs and professionals throughout Rhode Island. 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.