DR. PAT FEINSTEIN
Child Development Center

PLAY LEARN EXPLORE

FAMILY HANDBOOK

UNIVERSITY OF RHODE ISLAND

College of Education and Professional Studies

Department of Human Development and Family Studies

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# Table of Contents

**WELCOME AND INTRODUCTION** .................................................................................................................. 6
**CDC STAFF** .................................................................................................................................................. 7
**HISTORY OF THE DR. PAT FEINSTEIN** ...................................................................................................... 8
**CHILD DEVELOPMENT CENTER** ............................................................................................................... 8
**MISSION STATEMENT** .................................................................................................................................. 9
**CURRICULUM FRAMEWORK** .................................................................................................................... 10
  - Process: Philosophy Statement on How Children Learn .............................................................................. 10
  - Content: What Children Should Know, Understand, and Be Able to Do ................................................... 12
**Preschool Goals** ........................................................................................................................................... 12
  - Cognitive Development and Executive Functions ..................................................................................... 12
  - Cognitive Development: Literacy ............................................................................................................... 12
  - Cognitive Development: Mathematics ....................................................................................................... 13
  - Cognitive Development: Science ................................................................................................................ 13
  - Cognitive Development: Social Studies ...................................................................................................... 13
  - Social Development ...................................................................................................................................... 13
  - Emotional Development ............................................................................................................................. 13
  - Language Development and Communication ............................................................................................ 14
  - Creativity and Aesthetic Awareness ........................................................................................................... 14
  - Health and Sensory Development ............................................................................................................. 14
  - Motor Development ...................................................................................................................................... 14
**Teaching and Facilitating: The Teacher’s Role and Instructional Strategies** ............................................. 16
  - Teaching and Facilitating: Statement on Diversity .................................................................................... 17
  - Teaching and Facilitating: Statement on Guidance ................................................................................... 18
**Context: Daily Schedule, the Learning Environment, and Materials** ......................................................... 20
  - Dots and Swirls Daily Schedule .................................................................................................................. 20
  - Classroom Environment .............................................................................................................................. 21
**Materials and Equipment** ......................................................................................................................... 23
**Child Assessment Plan** .............................................................................................................................. 24
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC PROGRAM GOALS</td>
<td>27</td>
</tr>
<tr>
<td>STATEMENT ON CONFIDENTIALITY</td>
<td>28</td>
</tr>
<tr>
<td>Calendar</td>
<td>29</td>
</tr>
<tr>
<td>POLICIES AND PROCEDURES RELATED TO STAFF</td>
<td>30</td>
</tr>
<tr>
<td>STAFF ORIENTATION</td>
<td>30</td>
</tr>
<tr>
<td>PROFESSIONAL DEVELOPMENT</td>
<td>30</td>
</tr>
<tr>
<td>STAFF EVALUATION</td>
<td>32</td>
</tr>
<tr>
<td>SUPERVISION</td>
<td>32</td>
</tr>
<tr>
<td>PROGRAM EVALUATION</td>
<td>32</td>
</tr>
<tr>
<td>POLICIES AND PROCEDURES RELATED TO THE CDC PROGRAM FOR CHILDREN</td>
<td>34</td>
</tr>
<tr>
<td>ENROLLMENT</td>
<td>34</td>
</tr>
<tr>
<td>PROGRAM OPTIONS</td>
<td>34</td>
</tr>
<tr>
<td>ATTENDANCE</td>
<td>34</td>
</tr>
<tr>
<td>ADMITTING CHILDREN</td>
<td>34</td>
</tr>
<tr>
<td>ENROLLING CHILDREN WITH DISABILITIES</td>
<td>35</td>
</tr>
<tr>
<td>WITHDRAWAL PROCEDURE</td>
<td>35</td>
</tr>
<tr>
<td>APPLICATION FEE</td>
<td>35</td>
</tr>
<tr>
<td>TUITION</td>
<td>35</td>
</tr>
<tr>
<td>RHODE ISLAND CHILD CARE ASSISTANCE PROGRAM</td>
<td>36</td>
</tr>
<tr>
<td>LILLIAN FEINSTEIN SCHOLARSHIP</td>
<td>36</td>
</tr>
<tr>
<td>LATE FEES</td>
<td>36</td>
</tr>
<tr>
<td>REQUIRED FORMS</td>
<td>36</td>
</tr>
<tr>
<td>HOME-SCHOOL TRANSITION</td>
<td>37</td>
</tr>
<tr>
<td>YOUR CHILD’S FIRST DAY</td>
<td>37</td>
</tr>
<tr>
<td>EARLY ARRIVAL</td>
<td>37</td>
</tr>
<tr>
<td>TRANSITION TO KINDERGARTEN</td>
<td>37</td>
</tr>
<tr>
<td>CLOTHING</td>
<td>37</td>
</tr>
<tr>
<td>VIDEOTAPING AND PHOTOGRAPHY</td>
<td>38</td>
</tr>
<tr>
<td>FAMILY and COMMUNITY RELATIONSHIPS</td>
<td>39</td>
</tr>
<tr>
<td>THE CHILD DEVELOPMENT CENTER GOALS FOR FAMILIES</td>
<td>39</td>
</tr>
<tr>
<td>PREADMISSION FAMILY MEETING</td>
<td>39</td>
</tr>
<tr>
<td>OPEN DOOR POLICY</td>
<td>39</td>
</tr>
</tbody>
</table>
Welcome to the Dr. Pat Feinstein Child Development Center at the University of Rhode Island. The purpose of this handbook is to provide you with information related to the CDC's program and policies. Please note that our policies are systematically reviewed on an annual basis, and are regularly updated in accordance with the regulations of our state licensing national accreditation. Families are 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. Consequently, we wish to form a partnership with you to best meet the needs of your child and family. To facilitate this partnership, please approach us often with concerns, suggestions, or information about your child or our program.

We look forward to a nurturing and rewarding partnership with you and your child.
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The Dr. Pat Feinstein Child Development Center, located at the URI College of Education and Professional Studies, in Providence, opened on September 23, 1996. It is the second site of the URI Child Development Centers, with the original site located in Kingston on URI’s main campus.

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

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

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

Approved by the Department of Human Development and Family Studies

Spring 1993

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

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

• Relative to teaching, the CDC provides high quality early care and education programs for preschool children and their families. The CDC also fulfills a teaching mission for URI students with approximately 150 intermediate and advanced undergraduate students completing practica at the center each year. A larger number of URI students (almost 500 per year) use the CDC as an observation site for assignments in a variety of courses across campus.

• The CDC serves as a research site with the CDC children, families, and staff participating in research studies conducted by URI faculty and students. Investigations may focus on a range of topics related to the social, emotional, physical, and cognitive development of young children; the creation and management of early education environments; relationships between teachers and children, teachers and parents, and parents and children.

• In the area of service, the CDC is dedicated to providing an exemplary early care and education program that serves as a model of the best in early childhood practices. As the campus "lab school," the CDC serves as a resource for early childhood educators in RI. Educators from across the state can call with questions or requests to observe. The staff also participates in outreach to the community by being active in professional organizations devoted to young children and by presenting at state and regional conferences.
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 create a program that will enhance the development of each child and family to the fullest extent possible as functional families encourage healthy development in children. Our program philosophy, curriculum, and objectives are based on our belief that play is the primary mechanism through which children learn, the integration of a number of theories of child development and early education, as well as on recent research findings.

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

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

The Child Development Center's philosophy is also influenced by the work of Howard Gardner. His theory articulates the existence of eight intelligences: linguistic, logical-mathematical, spatial, bodily-kinesthetic, musical, interpersonal, intrapersonal, and naturalistic. Gardner emphasizes the importance of recognizing that each child has a unique approach to learning and that teachers must provide curricular opportunities in each of these eight intelligences so that all children can experience success.
Lev Vygotsky’s work articulates the importance of social interaction for learning to take place. Additionally, educators from the city of Reggio Emilia, Italy emphasize the importance of providing opportunities for creativity and for documenting children’s ideas in a variety of 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 the 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 at the water table may each experience the materials in a different way. For one child, it may be a science experience as the child investigates the behavior of various materials in the water. For another child, it may be a social experience as this child playfully shares the fun of playing with water with a friend. For a third child, it may be a language experience as the child has opportunities to use new language. In this way, each activity provided at the CDC is viewed as enhancing each individual child's potential for positive learning experiences and development in a range of curriculum areas. Additionally, materials and activities are intentionally planned for and rotated based on ongoing assessment information about each individual child’s current strengths, needs, learning styles, learning goals, and individual interests.
We have developed a program that strives to help each child and family feel safe, secure, and comfortable by providing a warm, nurturing, and accepting atmosphere. Our program provides a rich and diverse range of educational experiences in an open classroom environment that maximizes each child’s opportunity to make choices about their involvement. Children learn about themselves and the world around them through games, stories, songs, creative art, play, investigations, and interactions with peers and adults. Each day offers the children new and interesting things to explore in a general environment of daily routines that provide the stability and security of familiarity. The daily schedule offers opportunity 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 Dr. Pat Feinstein 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:
  o Demonstrates number recognition
  o Demonstrates counting skills
- Number Relationships and Operations: Uses numbers to compare quantities and solve problems
- Classification and Patterning:
  o Orders and sorts objects by common attributes
  o Identifies patterns
  o Predicts the next sequence in a pattern
- Measurement, Comparison, and Ordering:
  o Measures objects by their various attributes (length, height, weight, volume)
  o Uses differences in attributes to make comparisons
- Geometry and Spatial Sense:
  o Identifies shapes and their attributes
  o Solves problems using shapes
  o Explores the positions of objects in space

Cognitive Development: Science

- Scientific Inquiry and Application:
  o Plans for and carries out investigations to collect, evaluate, and communicate information about the natural and physical world
  o Explores cause and effect relationships
  o 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:
  o Identifies self as part of own family and community
  o Understands and follows classroom routine and expectations
  o Exhibits respect for materials, classroom, and surrounding environment
  o Demonstrates responsibility for personal items and routine tasks
  o Recognizes and respects similarities and differences in people
  o Understands the concepts of time (past, present, and future) and place

Social Development

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

Emotional Development

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

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

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

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

**Motor Development**
- Gross Motor Development: Develops large-muscle control, strength, and coordination
  - Pedals and steers a tricycle (or other wheeled vehicle)
  - Demonstrates throwing, kicking, and catching skills
  - Demonstrates upper body strength
  - Can regulate the force of own body movements
• Traveling skills:
  o Demonstrates basic locomotor skills (running, jumping, hopping, galloping)
  o Shows balance while moving
  o Climbs up and down

• Fine Motor Development:
  o Develops small-muscle control, strength, and coordination
  o Controls small muscles in hands
  o Coordinates eye-hand movement
  o Uses tools for writing and drawing

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

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

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

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 staff 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. We encourage all families to share various aspects of their cultural heritage as part of our program on an ongoing basis. For example, families have visited the CDC to share stories, songs, and recipes of their culture which are used and re-used throughout the year. This type of on-going activity strengthens the link between a child’s home and school and encourages acceptance of differences. Families are encouraged to share
with the CDC, information related to their values, culture, identity and home language. This information is critically important in our ongoing planning for children and is a valuable component of our curriculum implementation.

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

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

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

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

**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, 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, the Learning Environment, and Materials

The Child Development Center has two mixed-age preschool classrooms, the Dots and the Swirls. Each classroom has a maximum group size of 16 children and is staffed by at least one teacher and a work-study college student. At all times, a ratio of 16 children with two or more adults is maintained.

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

### Dots and Swirls Daily Schedule

7:45  
**Dr. Pat Feinstein Child Development Center Opens**

8:00-8:30  
**Outdoor play:** Children begin the day outside at Rock Park. Outdoors is considered an extension of the classroom. Activities may include pushing trucks, dramatic play, building with large construction materials, dancing, running, jumping, ball games, and child initiated games.

8:35-9:00  
**Snack:** After washing their hands, children sit in small groups with an adult. This is a natural opportunity for children to make choices, and practice self-help skills such as hand washing, pouring water, and spreading sun butter.

9:00-10:30  
**Child-directed play:** Children engage in free choice activities such as blocks, art and science activities, dramatic play, water play, small manipulatives, makerspace, and literacy experiences. During this time children are encouraged to utilize the whole classroom and interact with mixed-age peers. Cleaning up is an important part of play, when children have an opportunity to practice sorting and classifying, working cooperatively, problem solving, regulating emotions, and demonstrating respect for their classroom.

10:45-11:00  
**Large group experience:** Children are involved in stories, songs, games, dancing, yoga, creative movement, and other group activities. At the end of the gathering, children transition to use the bathroom, wash hands, and get ready to go outside.

11:15-12:00  
**Outdoor Play:** Teachers choose a destination from different parks in the city. The city is considered an extension of our classrooms. Activities may include dramatic play, riding trikes, playing with dirt or gravel, playing with balls or Frisbees, dancing, watching bugs, noticing different flora, and child-initiated games.

**Library Day:** One day a week, each class, goes to the library for storytime and to select books for their classroom. Children play outdoors for 20 minutes prior to the library visit and return to school at 12:30.
Large group gathering: Children gather with a teacher for a story and song, before transitioning to wash hands for lunch.

Lunch: Children sit in small groups for lunch. Children are encouraged to independently complete their meal while discussions occur about the day’s events or other topics of interest. As children finish their lunch, they clean up their place, use the bathroom, wash hands and face, and choose books to look at on their cots.

Half-day Program ends

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

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

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

Child-directed play: Children engage in free choice activities such as blocks, art and science activities, dramatic play, water play, small manipulatives, makerspace, and literacy experiences. During this time children are encouraged to utilize the whole classroom and interact with mixed-age peers. Cleaning up is an important part of play, when children have an opportunity to practice sorting and classifying, working cooperatively, problem solving, regulating emotions, and demonstrating respect for their classroom.

Large group experience: Children are involved in stories, songs, games, dancing, yoga, creative movement, and other group activities. At the end of the gathering, children transition to wash hands for snack.

Snack: After washing their hands, children sit in small groups with an adult for snack.

Outdoor play: At the end of the day, teachers choose either Rock Park or Empire Park for outdoor play, to be convenient for pick-up.

Books, puzzles, games, and writing: At the end of the day, children look at books, work on puzzles, play board or card games, or draw and write, while waiting to be picked up.

Center 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 texture/sensory table, and a science/discovery area. Children are free to choose where they would like to play, what they would like to do, with whom, and for how long. Each learning experience provides children opportunities to move toward many goals.

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

- **Creative art** - Examples include painting, collage, gluing, recycled construction, sculpting, cutting, taping, etc.
- **Manipulatives** - Examples include small blocks, Legos, popsicle sticks, buttons, animals, tongs, marbles, Magnatiles, Zoobs, etc.
- **Science/Discovery Experiences** - Examples include weights, balancing, pulleys, pendulums, mixing, catapulting, nests, acorns, shells, exoskeletons, plants, lenses, discovery bottles, magnifiers, rocks, etc.
- **Texture/Sensory Experiences** - Examples include water, sand, goopy-goop, silly putty, play dough, etc.
- **Music/Movement Experiences** - Examples include instruments, dancing, recordings, balance beam, pop up tents and tunnels, tumbling, climber, wrestling, yoga, scooters, spinners, etc.
- **Creative Dramatics** - Examples include scenarios based on children's life experiences, stories, movies, etc.
- **Large Block /Construction** - Examples include, large blocks, unit blocks, hollow blocks, foam blocks, brick blocks, recycled materials, animals, vehicles, etc.
- **Large Group Experience** - Examples include stories, songs, games, dancing, yoga, creative movement, finger plays, and other group activities etc.
- **Literacy Experiences** - Examples include book making, sign making, lists, letters, surveys, reading, writing, illustrating, acting out stories, etc.
- **Numeracy Experiences** - Examples include problem solving, counting, surveys, graphs and charts, group math games, measuring, sorting, classifying, seriating, etc.
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:

- Reflect the lives of the children and families
- Reflect the diversity found in society, including gender, age, cultural, racial, language and abilities
- Provide for children's safety while being appropriately challenging and durable
- Encourage exploration, experimentation, and discovery
- Promote action and interaction
- Are organized to support independent use
- Are rotated to reflect changing curriculum and accommodate new interests and skill levels
- Are appropriate for the age level of the children and stage of development
- Are ample in quantity and rich in variety
- Accommodate children's developmental delays and disabilities
Assessment at the Child Development Center (CDC) is ongoing, developmentally appropriate, and reflects research and best practices. Teachers understand that children express their knowledge, understanding, learning, and progress toward goals in a variety of ways. As such, assessment methods employed reflect the uniqueness of each child and are individualized to be responsive to each child’s abilities, prior experiences, and home environment. All assessment methods used at the CDC are meaningful, accurate, and objective, and are informed by and sensitive to the diverse social, cultural, and linguistic characteristics of each family. Assessment has multiple purposes including identifying children’s interests and needs, describing and monitoring the developmental progress and learning styles of children, communicating with families, arranging for developmental screening and referral for diagnostic assessment when indicated, improving and informing curriculum, adapting teaching practices and the environment, monitoring program effectiveness, and planning program improvement.

Assessment at the Child Development Center is closely aligned with program curricula goals and the Rhode Island Early Learning and Development Standards (RIELDS). Each child’s progress toward our curricular goals and RIELDS is assessed on an on-going basis through a variety of means including observations, anecdotal records, skill checklists, and developmental screenings. Within the first months of a child’s enrollment, teachers gather baseline information about that child in each domain of development through various means of formative assessment including but not limited to observations, family input and documents, anecdotal records, and targeted skill assessments. The Child Development Center uses commercially available Teacher Strategies Gold to organize and evaluate authentic assessment data including children’s progress, areas of interest, strengths and needs; and to generate reports to share with families. Teachers also engage in two-way communication with families on a regular basis to share and receive information about the development of their child each day and during scheduled conferences. Through these ongoing conversations with families, teachers and the director consistently involve families in planning, implementing, and understanding assessment methods as well as planning appropriate learning activities for their individual child. To ensure intentional verbal and written communication on a regular basis teachers plan to systematically connect with all families at specified times of the school year.

Formal conferences are held in December and June and are a valuable opportunity for teachers and families to exchange information in order to continue to best support children and their families. Parents may choose to bring other adults who are actively involved in the child’s life. Parents with limited English proficiency are encouraged to bring a translator to conferences and other meetings. Parents and teachers may choose to schedule additional conferences based on the individual needs of a child.

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

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

At all times, teachers respect families' confidentiality and keep individual child records confidential. Individual child records, including all formal assessment documentation, are stored in a secure filing cabinet on site, and are only accessed by CDC teachers, administrators, and office staff. Anecdotal assessment information entered into the online TSG system is also kept confidential and is only accessed at the CDC by teachers and administrators. 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. When new opportunities arise related to early childhood assessment, the director will work with the teachers to ensure that training will take place, as part of their individualized professional development plans.

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

Each winter, with written parental consent, Providence Public School Child Outreach uses two standardized assessment tools to assess all Rhode Island residents. This is a required assessment for children entering Kindergarten in a Rhode Island public school. The assessment is free, takes about 15 minutes per child, and is done outside of our classroom, with a staff member present. With parental permission, the Child Development Center receives the results of the screenings. The assessment tools are:
Early Screening Inventory - Revised (ESI-R), **Author(s):** Samuel J. Meisels, EdD., Dorothea B. Marsden, Martha S. Wiske, EdD., Laura W. Henderson, EdD., a brief developmental screening instrument designed to be individually administered to children from 3.5 to 5.11 years of age.

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

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

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

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

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

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

University Of Rhode Island  
Dr. Pat Feinstein Child Development Center

**CALENDAR 2017-2018**

Tuesday, September 5, 2017....................CDC opens, 1/2 day, 7:45-12:00

Monday, October 9, 2017.........................Columbus Day, State Holiday-Center Closed

Monday, November 13, 2017......................Veteran’s Day, State Holiday-Center Closed

Thursday, November 23, 2017 and
Friday, November 24, 2017......................Thanksgiving Holiday Break-Center Closed

Friday, December 22, 2017 thru
Monday, January 1, 2018.........................Winter Holiday Break-Center Closed

Monday, January 15, 2018...................... Martin Luther King Jr. Day-Center Closed

Monday, February 19, 2018.....................Presidents’ Day-Center Closed

Monday, March 12 thru
Friday March 16, 2018 ......................... URI Spring Break-Center Closed

Monday, May 28, 2018.......................... Memorial Day, State Holiday-Center Closed

Thursday, June 14, 2018........................Last Day of School Year/Picnic

Friday, June 15, 2018.......................... Professional Day-Center Closed

Monday, June 18, 2018.......................... Summer Program Opens

Wednesday, July 4, 2018........................ Independence Day Celebrated,
                                           State Holiday-Center Closed

Monday, August 13, 2018........................Victory Day, State Holiday-Center Closed

Monday, Aug. 20-Monday, Sept. 3, 2018....Summer Vacation Break-Center Closed
POLICIES AND PROCEDURES RELATED TO STAFF

STAFF ORIENTATION

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

Each year before the beginning of the fall semester, the CDC holds a week-long orientation for returning and new staff. During this orientation, staff members participate in planning and preparing for the upcoming year. This includes discussion of individual children, training related to working with children with disabilities including medical needs, building positive relationships, curriculum, assessment, daily and weekly scheduling, building reciprocal relationships with families, working with diverse families, information related to working with university practicum students, rules and regulations related to licensing requirements, established CDC policies and procedures, collaboration, among other topics. All staff are required to read and be familiar with the contents of the Staff Handbook. Work study students participate in a professional development training where the handbook is reviewed, policies and procedures are presented, and a variety of topics are discussed including curriculum, assessment, relationships, ethical conduct, health and safety, child abuse and neglect reporting policy among other topics. Work study students that are hired mid-year receive an individual orientation by the Director. Practicum students are provided with an orientation to the program at their first academic class when they sign up for their practicum. At this time, relevant policies and procedures as well as the specifics of their role are discussed.

PROFESSIONAL DEVELOPMENT

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

As a model program, the staff of the CDC is expected to strive for continual improvement in all aspects of our work with children and families. One way to insure this improvement is through on-going professional development. Each staff member will develop, in conjunction with the CDC director, a personal professional development plan on a
yearly basis aligned with the Rhode Island Workforce Knowledge and Competencies as well as their identified goals. This plan is developed at the yearly evaluation discussion where teachers and the director reflect on the last year and set goals for the following year. This plan will include a minimum of 20 hours of professional development activities aligned with the Rhode Island Workforce Knowledge and Competencies. Work study students are encouraged to participate in professional development activities including relevant coursework. Additionally, work study students are provided with ongoing mentoring and coaching by teachers and the director. The professional development of the practicum students is inherent in the courses they are taking in conjunction with the practicum, either HDF 203, *Introduction to Work with Children* or HDF 303, *Early Childhood Curriculum*. For the permanent staff, the professional development plans will be tailored to the interests and skills of the individual. Some of the options for permanent staff include:

- reading professional journals such as *Young Children* on a regular basis
- preparing and presenting workshops at local conferences
- enrolling in relevant credit-bearing coursework
- attending training series at the Center for Early Learning Professionals
- attending local and regional workshops
- attending local and regional conferences
- participating in early childhood related webinars
- participating in state-wide early childhood committees such as Week of Young Child or Rhode Island Early Childhood Conference Planning Committee
- serving as a board member for professional organizations
- participating in staff meetings
- participating in in-service training
- mentoring by the director or more experienced teachers

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

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

**STAFF EVALUATION**

An important aspect of the professional development of the CDC staff is performance-based evaluation related to the job description. Information used for evaluation purposes is derived from a variety of sources. The director conducts formal observations of each teacher based on the Rhode Island Workforce Knowledge and Competencies (WKC) and the CLASS. Near the end of each semester, students enrolled in practica at the CDC are asked to complete evaluations of their cooperating teacher. Parents of children enrolled in the CDC are also an important source of information. Parents are asked to provide information about their perceptions of the CDC program and staff yearly. In addition to this information, staff complete self-evaluations, aligned with WKCs, of their work with children, families, and students. All of this information is used for each individual staff member’s professional development. The information is discussed in a yearly professional development meeting with the director and a formal assessment is written to summarize the discussion and to note strengths and needs. At this time, goals related to the Rhode Island Workforce Knowledge and Competencies including physical and mental health, safety, and wellness; family engagement; development and learning; curriculum; assessment; and professionalism are developed for the following year and an individual professional development plan is established. The information gathered at individual staff members professional evaluation is used to inform the CDC’s program level annual professional development plan.

**SUPERVISION**

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

**PROGRAM EVALUATION**

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

ENROLLMENT

PROGRAM OPTIONS
The Dr. Pat Feinstein Child Development Center is open year-round. There are two program options.

I. Full Day: five days per week: 7:45 – 5:15
II. Half Day: five days per week: 7:45 – 1:00

ATTENDANCE
Regular attendance is important for children to receive the maximum benefit from the program. Please call, 401-277-5264, to let us know if your child will be absent for any reason. You can leave a message.

ADMITTING CHILDREN
The Dr. Pat Feinstein Child Development Center is open to all families. The CDC serves children who are three and four years of age, both from URI affiliated families and the surrounding community. Children must be 36 months by September 1st of the enrollment year. This policy is consistent with RI Department of Education Kindergarten age eligibility. Children starting in the summer, must be 36 months at the time of enrollment. Children may not be older than 60 months on September 1st in the year of enrollment.

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

New children and families enter the Child Development Center during the last week of June, the first week of September, or as space becomes available. Applications are due by February 1 for enrollment consideration in the current year.

1. Interested families submit an application (download), and an application fee.
2. Families schedule a tour of the program. This process ensures that each family has the opportunity to visit classrooms, meet teachers, observe children in play, and ask questions.
3. Once families decide that our program meets their needs, families schedule a 45 minute visit with their child. During the child visit, families have an opportunity to see their child play and interact in a new environment. Teachers have an opportunity to learn about the child's interests and family goals for the child. Following this visit, the child is placed in a wait pool for future consideration. Visits are by appointment only.
4. Enrollment offers are extended to families in early March for summer and fall enrollment. Once an offer to enroll is extended, families submit a non-refundable deposit equal to 4 weeks full time tuition. Deposits are due within 30 days of the acceptance letter.
5. Families complete an application packet prior to the start of school.
Families that choose to withdraw during the summer months and return in September are required to make a payment for the first two weeks of September on the last day of Spring enrollment and an additional payment equal to two weeks of tuition by August 1st. Families that continue during the summer and plan to return in September are required to make payments based on the CDC's annual payment schedule. Transcript services, letters of recommendation, and transfer of any records or information are denied to any family who is indebted to the Dr. Pat Feinstein Child Development Center.

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

**ENROLLING CHILDREN WITH DISABILITIES**

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

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

**WITHDRAWAL PROCEDURE**

If a family plans to terminate a child's enrollment, families must give the Program notice of intention three weeks prior to leaving. Families who do not give a three-week notice, are responsible for tuition for the balance of the 3-week period.

**APPLICATION FEE**

An application and application fee is required of all families. The application fee is not applied to the tuition bill. Applicants are not placed on the CDC's waiting list without the payment of an application fee.

**TUITION**

The Child Development Center has a yearly tuition rate. Families have the option of paying full year, half year, 5 equal payments or 10 equal payments. Tuition is billed according to the chosen payment schedule. Tuition is due in advance of attendance. Prior to enrollment, families make a deposit equal to four weeks of tuition. Families are strongly encouraged to leave their credit card on file with the Director, so payments can be credited automatically. Parents receive a copy of the current fee and payment schedule at the beginning of each year. The amount paid must be for the full balance due.

Payments methods include check and credit card. Checks are made payable to: Feinstein CDC. Checks are placed in the metal check box near the Director's desk.

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

**RHODE ISLAND CHILD CARE ASSISTANCE PROGRAM**

The Child Development Center enrolls a limited number of families participating in Rhode Island Department of Human Services Child Care Assistance Program. The Program enrolls children with an "approved" status only. Parents are responsible to apply for recertification at the time designated by DHS. Any lapse in CCAP payments results in disenrollment or payment of full tuition by the parent.

**LILLIAN FEINSTEIN SCHOLARSHIP**

The Lillian Feinstein Scholarship is available to cover the full cost of child care for parents enrolled as undergraduates in the University of Rhode Island Feinstein Providence Campus. To qualify for the scholarship, the parent must be a matriculating student in good standing with the University. The parent must be taking two classes. Scholarship applications are due on August 1 for September enrollment during the fall semester and December 1 for January enrollment during the spring semester. Applicants must reapply each semester. The scholarship covers URI's academic year only. Families receiving the Lillian Feinstein Scholarship are required to pay late fees.

**LATE FEES**

Families are expected to pick their child up on time. The CDC closes at 5:15 PM; the half day program ends at 1:00 PM. We ask that parents arrive at least five minutes before these times so that they have time to gather their child's belongings. Because this has been a problem in the past, there will be a $10.00 charge for every 5 minutes after dismissal that a child is at the CDC. Chronic lateness is addressed immediately, and if lateness continues, the family will be asked to find alternate childcare.

**REQUIRED FORMS**

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

- Registration Form
- Child's History
- Immunization Record and Health Record
- Lead Screening Form
- Release Form
- Authorization for Emergency Treatment and Parent Location
- Student Observation Form
- Photography Permission Form
- Copy of Birth Certificate

In addition, families annually update Authorization for Emergency Treatment and Release form. Families update immunization information and health records to reflect changes in the child's age.
HOME-SCHOOL TRANSITION

Before enrollment, families are encouraged to visit with their child so that the child can investigate the environment with the security of a nearby parent or family member. Adjustment to school is easier if the child is prepared. In addition to visiting the CDC, families should begin talking with the child about going to school several weeks before the starting date. Talk about things the child will be doing at the CDC such as playing with blocks, painting, playing at the water table, etc. Talk about what the family will be doing while they are apart. During the first few days, families are encouraged to spend time at the CDC to assist their child’s adjustment to the new environment.

YOUR CHILD’S FIRST DAY

Create a routine. Routines are comforting at drop-off and pick-up time. Every family has their own unique way of saying good-bye. Help us learn your routine so that we can support you. Learn our routine so that you can prepare your child for what to expect when you arrive and when you pick-up. Of course, families are always welcome to stay and play!

EARLY ARRIVAL

Families arriving a few minutes prior to 7:45 AM must wait in the classroom supervising their child until 7:45 AM. Families who arrive very early often choose to wait in the park across from the school, URI cafeteria, or URI main hall.

TRANSITION TO KINDERGARTEN

The Director is responsible for gathering information for families about transitioning to Kindergarten. Every winter, part of the Family Area is devoted to information on registration, open house, scholarship, and other important Kindergarten information. While many families at the Child Development Center are Providence residents, information from other Rhode Island communities, private schools, and charter schools is included. The Director helps families to connect with other families who may have additional information or insight concerning other programs. Once the Kindergarten process is complete, the Director encourages families to share their child’s “next step” with other members of our school community.

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

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

CLOTHING

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

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 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**

Videotaping and photography is done frequently as part of authentic, on-going assessment for children. The videos and photographs are used to document program improvement, provide teachers with self-reflection opportunities, and to assist practica students in developing and refining their teaching techniques. Video and photographs may be used within the program; on our private, CDC family, Facebook page; in our newsletters; on the CDC or other URI websites; in courses taught at URI; and in professional development trainings CDC staff offer to the early childhood education community. Occasionally, there may be media coverage at CDC events as well as other events we attend. We sometimes get requests from students, professors, and people in the community who are not affiliated with our program to photograph the children. We do not allow this to happen without written permission from the families.
FAMILY AND COMMUNITY RELATIONSHIPS

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

THE CHILD DEVELOPMENT CENTER GOALS FOR FAMILIES

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

PREADMISSION FAMILY MEETING

When a spot opens up in the program, the waiting list is consulted and the next child on the list is offered the spot. If a family is interested in enrolling their child, 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. The Family Handbook is available on the URI website for review. Prior to enrollment, the director schedules two visits for the child with their family to have an opportunity to play in the classroom with the child’s teacher. This is an effective way to facilitate the transition for the child and family.

OPEN DOOR POLICY

Families are welcome at the Child Development Center at any time. They may come and observe the program, help out in the classroom, share a talent or skill, be a guest reader, or come for lunch. We also welcome assistance on our daily walking field trips. Older siblings are welcome guest readers. Younger siblings enjoy sharing activities with siblings. When a sibling or other child visits with a family, the visiting family is responsible for the supervision of the visiting child. The adult family member must stay at the CDC. Families must adhere to all CDC policies when
in the school. If parents would like to participate in the classroom, they are encouraged to discuss this with the
teachers to work out an appropriate time.

FAMILY FUNCTIONS
Each year we have a number of large family functions which we encourage all families to attend. These include,
among others, Soup and Swap in the fall, a winter Pot Luck Dinner, and a picnic lunch in the spring. These
gatherings provide an excellent opportunity for children to have a special time with their families at their school as
well as a chance for families to meet.

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

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

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

FAMILY CONFERENCES
The CDC offers scheduled conferences with families and teachers each fall and spring. This is an opportunity for
the important adults in children’s lives to share information related to individual growth and development of the
specific child. All domains of development are discussed and families are encouraged to share their current goals
for their child. Families and/or teachers may request additional opportunities throughout the school year to
convene and discuss any issues and concerns.

FAMILY EVALUATION
Each spring, families are asked to complete a comprehensive program assessment and evaluation of their family’s
experience at the Child Development Center. This critically important information informs the establishment of
long term goals and short term objectives related to the ongoing operation of the program. The information is also
used to ensure that the program is welcoming to families, sensitive to the values, culture, and home language of
enrolled families, and provides an effective and relevant variety of opportunities for family engagement.
FAMILY SCHOOL COMMUNICATION
The CDC uses a variety of methods to maintain open communication with families and to keep families informed about the program. These include informal conversations, the CDC Family Handbook, seasonal newsletters, monthly calendars, classroom news and updates by email, bulletin boards, notes, telephone calls and email communications. Teachers make every effort to talk informally with parents for a few minutes each day. Teachers do not discuss personal information with extended family and family friends.

FAMILY NOTICES
Each family has a mailbox near the entry door. The Director and teachers use the mailboxes as one way to communicate with families. Please check your mailbox daily as it contains information about special school events, information and billing. Mailboxes are reserved for communication between home and school. Families are reminded not to add candy, invitations, notices, etc. to mailboxes.

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

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

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

The Child Development Center welcomes donations of gently used, age appropriate clothing, books, and play items. Storage space, however, is very limited and may not allow us to take all material donations. In the event that we are unable to take your generous donation of materials, the Director provides information about local shelters that may be interested in the items.

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

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

**ADVOCACY**

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

The Child Development Center encourages families to be knowledgeable about national, state, and local initiatives that directly affect children and families. Rhode Island Kids Count, [www.rikidscount.org](http://www.rikidscount.org), provides information for families. The CDC encourages families to be advocates for their children by supporting national, state, and local initiatives and community improvement projects.

**GRIEVANCE POLICY**

Grievances by parents of children at the 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. Parents not satisfied with the results of this meeting have the opportunity to continue this process by speaking with:

- Director of the Child Development Center
  [Delia Hall](mailto:delia.hall@uri.edu)
- Department Chair of the Human Development and Family Studies Department
  [Dr. Karen McCurdy](mailto:karen.mccurdy@uri.edu)
- Dean of the College of Health Sciences
  [Dr. Gary Liguori](mailto:gary.liguori@uri.edu)
HEALTH AND SAFETY

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

ATTENDANCE

Regular attendance is important for children to receive the maximum benefit from the program. We strongly encourage all families to arrive by 9:15 AM. Children benefit from at least 45 minutes of uninterrupted play time. Children who consistently arrive late find it difficult to enter play, form close relationships with other children and teachers, and miss the benefits of rich learning experiences in a play-based environment. If your child is not coming to school, or will arrive at a time after 9:15, please call us.

ARRIVAL AND DISMISSAL

The Daily Sign-In/Sign-out Sheet is the Child Development Center's official attendance record. It is essential that all families sign in and out each day. Children are not permitted to write on the attendance record. In the event of an emergency evacuation, an accurate attendance record is essential.

The URI CCE Building does not have a parking lot. All families have a short amount of time to drop-off and pick-up children on Westminster Street at the clock in the front of the Child Development Center. In the Family Area you will find a "DO NOT TICKET" sign to place in the front passenger car window. Extra copies are available in the Family Area. Providence Parking has been lenient with families using the sign and staying in the parking spot for less than 10 minutes. Please be respectful of others and use Westminster Street for drop off and pick up only. Families choosing to stay longer should park at a metered location along Westminster Street, Union Street or Matthewson Street.

Moving cars make the street a particularly dangerous place for young children. Therefore, it is critical that drivers NEVER drop off a child at the door of the building. An adult must ALWAYS accompany the child into the school and classroom.

Families enter the school through the main door on Westminster Street at the Shepard Clock. Families have access to the entrance of the CDC using an assigned fob. Relatives and friends who pick up children should ring the doorbell and wait for staff to open the door. Adults may use their fob to get into the school during school hours (7:45 AM - 5:15 PM). Adults must make sure the door to the school is securely closed each time they enter and exit the building. All adults are reminded not to admit any unfamiliar person.

Each child must be escorted into the classroom by an adult. We encourage families to arrive with enough time to bring their child into the classroom and get settled at an activity before saying good-bye.

Each child is released only to his/her parent or legal guardian only, unless written notice is given to the Director. No person under the age of 18 may pick up any child (DCYF regulations for licensure, 2013). Teachers and the Director are responsible for checking identification and releasing children. Parents support this policy by recognizing the classroom teacher upon entering and leaving the classroom or park.

On rare occasion it may become necessary for parents to pick up after the scheduled time. Parents are expected to call the Child Development Center and speak with a teacher or leave a message, and give an expected time of arrival as well as any alternative pick-up plans. A late fee is applied if the time of pick up is after 5:15.
It is the responsibility of the parent/legal guardian to update the release form and emergency contact form as needed. Children will be released to the people on the release form after verification. On occasion parents may be unable to pick up their child on time and unable to call the school. At 5:15 PM, teachers begin to call parents and the emergency contact people. If no adult is available and we have not received any information by 6:00 PM, the teacher notifies the Director who notifies the Providence Police Department and the Rhode Island Department of Children, Youth and Family Services.

Children are not permitted to wait in the entrance area without an adult. This includes siblings. Adults open and close all doors for children. Children are not permitted to push open the doors to the classrooms or main entrance to the school. Adults must not allow their child to leave the building without them.

RELEASE POLICY

Children are released to a parent or legal guardian, and those people authorized by the parent or legal guardian. Parents are asked to keep this list up to date and to limit the list to people who are authorized to pick up the child at all times without prior notice. Changes, additions and deletions to this list must be in writing, dated and signed by a parent. No person under the age of 18 is permitted to pick up a child.

If a parent is not be picking up their child on a particular day, the parent is asked to write the full name of the person who will pick up the child, as it appears on a form of identification, on the sign in sheet and share this information with the child's teacher or the Director. A person other than a parent or legal guardian is not authorized to add a name to the Daily Sign-in Sheet.

When an unfamiliar person arrives to pick up a child, a teacher asks for photo identification. The person must present a picture form of identification. The teacher or Director verifies that this person is authorized to pick up the child by referring to the Release Form in the child's personal information folder or the Daily Sign-in Sheet.

In the case of an emergency where a parent does not know in the morning that someone different is picking up their child, we release children only to those people on the release form. Parents must call and let us know about this change in their plans.

We understand that on rare occasions it may be impossible for a parent or anyone on the release form to get to school to pick up a child. On these occasions, when a parent calls to tell us the name of the person who is picking up the child, we ask for the child's birthday. If for any reason the parent 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 do not release the child unless we are given the correct birthday.

When a custody arrangement or no-contact order impacts child release decisions, the following procedure is followed: Written documentation of the official custody decision or no-contact order is kept in the child’s file. If an unauthorized person attempts to have contact with the child in question, a CDC staff member utilizes this documentation to deny contact with the child. If the unauthorized person refuses to leave the CDC after seeing the documentation, the CDC staff notifies campus police by calling 7-5155.

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 for further assistance.
SECURITY
A voice-activated alarm and surveillance camera monitor the Child Development Center 24 hours a day. An alarm button has also been installed that has a direct connection to the security kiosk located at the 80 Washington Street entrance to the URI Building. In addition, all doors into the classroom lock when closed. All adults exiting and entering must make sure the door closes securely behind them to discourage other persons from entering the school.

CDC CLOSINGS
The CDC is closed for all state holidays and most federal holidays. Refer to the yearly calendar for more details. A calendar is posted in the entry way near the Daily Sign-In.

In the case of severe weather, the Dr. Pat Feinstein Child Development Center announces closings using Rhode Island Broadcasters Association system. All local news outlets will list "Dr. Pat Feinstein Child Development Center" under the daycare/preschool section. While we take guidance from URI and Providence School Department, the CDC announces separately and independently. When the CDC must close early due to an emergency situation, power outages, or storm conditions, we notify parents as soon as possible. For this reason, it is essential for parents to maintain a current list of telephone numbers.

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. Strategic placement of staff members ensures that all children are consistently under supervision both inside and outside. Supervision of children is achieved primarily by sight. 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 and interaction and constructive activity among children. Each classroom, with 16 children, always has at least one teacher and one work-study student assistant. Outdoors there will always be at least one adult for every four children.

OUTDOOR PLAY
Children have opportunities to play in the outdoor environment every day (when weather, air quality, or environmental safety conditions do not pose a health threat). Children wear clothing that is dry and layered for warmth in cold weather. In warm weather, we play at parks that have plenty of shade: children always have the opportunity to play in the shade. Drinking water is available during outdoor play. Parents are reminded to apply sunscreen before entering school each day. When public health authorities recommend the use of insect repellants due to high risk of insect-borne diseases, only repellants containing DEET are used. CDC teachers apply insect repellent no more than once a day (with written parental permission).

During winter months, teachers consider outside temperature, wind chill, and sidewalk conditions before going outdoors. Teachers may limit the time outdoors when it is very cold. Sidewalks and crosswalks must be cleared enough for children and adults to walk safely through the city. It is expected that all children have appropriate
winter clothing including hat, mittens, coat, snowpants, and boots. The CDC has extra clothing for any child who is not prepared to be outdoors during cold weather.

When picking up your child during outdoor play, authorized adults sign the OUTDOOR DISMISSAL sign-out and sign-out at school. When picking up at Rock Park, families must leave via Union Street entrance/exit.

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 meals, before preparing or handling food, after exposure to any bodily fluids, before and after use of the water table, after messy activities, and when returning to the classroom from outside. Children are also required to wash their hands after sneezing; wiping their noses, placing fingers in their mouth or in their undergarments, coughing into their hand, or anytime an adult feels their hands may be contaminated.

Staff 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
- Water shuts off automatically

TOILETING

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

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

Toileting is a complex task for young children. We invite families to have open, honest conversations with us related to their child’s use of the bathroom. While other children provide excellent models for using the toilet, it is expected that all children understand the process and are successful a majority of the time. When a child continues to have regular toileting accidents, spends a large portion of their day in the bathroom changing clothing, is not independent in the task, takes a teacher away from others frequently, and presents a health risk to others, the family is asked to withdraw the child until the process is complete and the child is toileting independently and successfully. The Director, in consultation with the teachers, will determine if a child’s toileting accidents present an excessive burden or safety risk.
WATER PLAY
Precautions will be taken to ensure that communal water play does not spread infectious disease. In addition to washing their hands before and after water play, children will not be allowed to drink the water play water. Children with open sores on their hands will not be allowed to participate in the communal water play. Fresh water will be used in the water play table and the water will be drained at the end of the water play experience.

ROUTINE CLEANING AND SANITATION
The Child Development Center is cleaned and sanitized on a daily basis by janitorial staff employed by the 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 and sanitation. The janitorial staff uses industrial strength germ killing products supplied by the university.

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 assistant job book. The following cleaning and sanitation schedule is closely followed by these assistants or classroom teachers:

a. Countertops, door handles and cabinet handles are cleaned and sanitized daily and when soiled.
b. Tables are cleaned and sanitized before and after snacks and lunch.
c. Food preparation surfaces are cleaned and sanitized before and after contact with food and between preparation of raw and cooked food.
d. Sheets, blankets, towels, and pillowcases are cleaned at least weekly and/or when visibly soiled. These items are only used by one child.
e. In addition to the janitors cleaning of the bathroom area every morning, this area is cleaned and sanitized at mid-day and when visibly soiled.
f. Sinks are sanitized after toileting hand-washing because the same sinks are used for hand washing before eating, before water table activities, and after blowing noses.
g. The water table is emptied and sanitized after each day that it is used. Children and staff always wash their hands before and after water play.

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

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

PEST MANAGEMENT PLAN
In the unusual event that there is a need for pest control at the Child Development Center, the University has a contract with a state approved pest management company. The products used by this company for pest
management are approved by the State Health Department. 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 entrance.

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 of their lives. Good eating habits are acquired through imitation, practice, encouragement, and guidance. It is important that children enjoy meal time 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.

Using a 5-week rotating schedule, we provide a nut-free, nutritious vegetarian morning and afternoon snack. The CDC is a nut-free environment. All snacks and foods brought into the school must be nut-free. Snacks are not meals and are not designed as a substitute for breakfast or dinner. An annual snack menu is available to families each September and posted in the kitchen area of both classrooms. Families are responsible for informing the CDC in writing of any dietary restrictions, food allergies, and family preferences. Appropriate accommodations are made to reflect family food choices. The family will supply all snack food for a child with a gluten allergy. To avoid the risk of choking, children are not offered whole grapes, popcorn, raw peas, hard pretzels, or chunks of raw carrots.

We provide all beverages, utensils, and cups. Children are offered water and reduced fat milk during lunch and water during morning and afternoon snack. Families must provide a lunch. Glass lunch containers are considered unsafe for children and are not permitted. All lunches are placed in the refrigerator each morning. Lunches should be small enough to satisfy a small appetite. To encourage healthy eating habits in young children, it is important for children to have a choice of healthy items. Avoid sending cookies, potato chips, gummy fruit drops, etc. Children choose what to eat and the order in which they eat it. Children may not share lunch foods with each other. Adults sit with children at lunch and snack modeling good eating practices and age-appropriate conversation. Adults do not force children to finish the meal nor do they choose what children will eat first. Each child's uneaten food is returned to their lunch box and placed in the refrigerator. Lunch boxes go home every day. Families are reminded to wash their child’s lunch box daily.

Friday is a picnic day with children picnicking outdoors or in the URI building. On picnic days, “Brown Bag Lunch Day”, families send lunch in disposable containers.

Rhode Island Daycare regulations mandate that we 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. Nutritional information is available upon request. Suggestions for lunch are sometimes included in the monthly newsletter.

<table>
<thead>
<tr>
<th>Lunch</th>
<th>Ages 3-6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td>$\frac{1}{4}$ cup</td>
</tr>
<tr>
<td>Meat or poultry or fish</td>
<td>1 $\frac{3}{8}$ ounces</td>
</tr>
<tr>
<td>or cheese</td>
<td>1 $\frac{3}{8}$ ounces</td>
</tr>
</tbody>
</table>
Mealtime is a social time of day as well as an opportunity for adults to model for children. Our goal for mealtime with young children is to provide a consistent, comfortable, and social environment where children can develop independence and competence.

DONATIONS OF FOOD AND COOKING PROJECTS

Families who choose to provide food for their child’s classroom may send in whole fruit or whole vegetables. Consistent with our policy of providing healthy, nut-free, vegetarian snacks and honoring family food preferences, families may not bring in baked goods such as cookies, cupcakes, and doughnuts, frozen treats, and pizza. This includes celebratory foods such as birthday cakes.

We cook with children. Teachers select recipes for food that all children can eat. Families may choose to cook in the classroom with children. Cooking projects must allow all interested children to participate. All projects, including cooking projects must be approved by the classroom teacher in advance.

FOOD SAFETY

Preparation for snack and lunch will follow USDA guidelines for food safety in a community setting. All preparation surfaces and eating surfaces will be sanitized before and after use. All cold snack foods will be stored in a refrigerator until prior to serving. No food will remain unrefrigerated for more than 2 hours. Any food left out at room temperature for more than 2 hours will be discarded. Hot foods 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. All left-over food from each child’s snack will be discarded. To reduce waste, staff preparing snack should consider the number of children being served. It is more economical to refill a bowl with dry cereal or yogurt than to throw away left-over food.

RESTING AND SLEEPING AT SCHOOL

All children rest every day following lunch. Each child has their own labeled cot placed in the same classroom location every day. Children are not required to sleep at rest time, but are expected to rest their bodies quietly. Rest is part of a healthy lifestyle. If your child is resting or napping at school, send a small blanket, pillow, and cot sheet (crib sheet). These items must fit in a 2 gallon Ziploc storage bag. Pillows must be small camp-size pillows. Full pillows are not allowed as they do not fit comfortably on cots. The blanket, pillow, and sheet must go home weekly (usually Friday) for washing. If your child has a special item that comforts him/her, at naptime, you are welcome to bring that to school. This is usually a soft doll or stuffed animal. Hard, plastic materials or materials that make noise are not appropriate nap items. CDC staff do not force children to stay awake but, rather, follow the child’s lead for sleeping or resting.

ILLNESS

The Rhode Island Department of Health Family Information Health Line is available for teachers and families on an “as needed basis”. Teachers may call 1-800-942-7434 with any questions regarding a child-related illness or injury.
The Child Development Center staff is dedicated to maintaining a healthy environment for children and staff. In order to do this, we ask that parents be aware of and respect the following guidelines:

- If a child is judged ill while at the CDC, (e.g. fever, vomiting), the family will be contacted and requested to come for the child as soon as possible. The child waits in an area away from other children and within sight of the Director or classroom teacher.

- Families are expected to call the CDC office and leave a message for the Director when a child will be absent due to illness.

- If a child should come down with a contagious condition of any kind, the family is expected to notify the Director who will then notify other families of the potential for this contagious disease.

- 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:

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>A child cannot attend school . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cold Symptoms</strong></td>
<td>If cold is accompanied by fever, behavior change, has difficulty breathing, looks or acts very ill as judged by the classroom teacher</td>
</tr>
<tr>
<td><strong>Cough</strong></td>
<td>If cough is severe or accompanied by difficulty breathing or wheezing, or interferes with child’s ability to participate.</td>
</tr>
<tr>
<td><strong>Diarrhea</strong></td>
<td>If stool frequency exceeds 2 or more than a child’s normal bowel movements and causes the teacher to be away from other children and makes it difficult to maintain good sanitation, or is an unusual color, contains blood, or mucus.</td>
</tr>
<tr>
<td><strong>Difficult or noisy breathing</strong></td>
<td>If fever accompanies the behavior, child looks or acts ill, or is unable to participate.</td>
</tr>
<tr>
<td><strong>Earache</strong></td>
<td>If the child is unable to fully participate, fever accompanying earache, or care of the ear compromises staff’s ability to care for other children.</td>
</tr>
<tr>
<td><strong>Eye irritation and pinkeye</strong></td>
<td>If the child’s health professional determines it is viral conjunctivitis. Thus, the child is excluded until a health professional has made a determination. A child with bacterial conjunctivitis may return to school with evidence from a health professional.</td>
</tr>
<tr>
<td><strong>Fever</strong></td>
<td>If over 100°, or if the child is unable to fully participate. Child must be fever free without medication for 24 hours before returning to school.</td>
</tr>
<tr>
<td><strong>Headache</strong></td>
<td>If child is unable to fully participate</td>
</tr>
<tr>
<td><strong>Itching</strong></td>
<td>If the child has chickenpox, scabies, impetigo, ringworm, or head lice</td>
</tr>
<tr>
<td>Condition</td>
<td>Description</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>If any itching keeps the child from fully participating or results in excessive scratching as to cause bleeding, until a health professional determines the cause of the itch.</td>
<td></td>
</tr>
<tr>
<td>Rash</td>
<td>If rash is accompanied by fever, is open and oozing, or unable to fully participate</td>
</tr>
<tr>
<td>Sore throat</td>
<td>If accompanied by fever, unable to swallow comfortably, or breathing difficulty. Child may return to school after a health professional determines the cause, no strep exists, and the throat is healed.</td>
</tr>
<tr>
<td>Stomachache</td>
<td>If accompanied by fever, diarrhea, vomiting, looks or acts ill, or unable to fully participate. Child may return when there has been no vomiting or diarrhea for 24 hours and is eating normally.</td>
</tr>
<tr>
<td>Vomiting</td>
<td>If more than 2 times in 24 hours, accompanied by fever, recent history of head injury, or unable to fully participate</td>
</tr>
</tbody>
</table>

**MEDICATION**

Teachers administer prescription or non-prescription medication to children only if a parent/guardian signs the “Medication Schedule” located in the kitchen. Parent/guardian includes the date, name of medication, dosage, and time at which it should be administered on the sheet. The medication must be in the original container with the child’s name on it. Prescription medicine must have the pharmacy prescription label affixed or be in an original container with a copy of the prescription. Medication that has passed the expiration date is not administered and is returned to the parent.

Parents of children with chronic health conditions, such as asthma, must complete a Special Case and Action Plan in partnership with the child’s health care provider. This form includes information about environmental conditions or circumstance that may affect an existing condition, specific needs and directions for dispensing medication. The phrase “as needed” cannot be used as it does not provide enough information. Parents must be accurate and thorough in their description. The child’s physician and parents/legal guardian complete the Special Case and Action Plan. The Director reviews the plan with the family. The Director shares information with the teachers. The family arranges for any special training required.

State regulations mandate that teachers cannot, under any circumstances, give children a prescription drug that has another person’s name on it. Parents take home the medication each day, bring it back to school, and sign the chart again if their child needs the medication.

Parents are required to hand the medication to a teacher or the CDC Director. Medication must never be in the child’s cubby or lunch box. Medication that requires refrigeration is placed in the cooler on top of the refrigerator so the child does not have access to it. Medication that does not require refrigeration is locked in a cabinet or drawer. The teacher who is responsible for administering the medication documents the time the medication was given and signs her name. Only teachers administer medication.

If the medication is a prescribed antibiotic, your child must complete one 24 hour cycle before returning to school. A doctor’s note must accompany any non-prescription medication that is administered for more than 5 days.
Teachers and the director maintain current first aid certification. This comprehensive training includes instructions on the use of special medical procedures (administering an epipen or a nebulizer). This training also includes the five right practices of medication administration found below.

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

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

ALLERGIES AND FOOD PREFERENCES

It is not unusual for children with food allergies or family food preferences to be enrolled in the program. For children who have food allergies, the child’s health care provider provides procedures for accidental exposure, and alternate acceptable foods. The CDC staff provides substitutes if appropriate. Parents may provide substitutes for wheat, soy, and dairy allergies. A list is maintained in the kitchen that documents children with food allergies and family food preferences. This list allows all staff to have access to information necessary to prepare a health, safe snack for every child. Parents give permission to have this information posted in a public location. For families who choose to have this information remain private, staff who prepare snack have access to the information. Adjustments are made as necessary to ensure that individual children with other types of allergies can safely participate in the program.

Families whose child has a wheat, soy, or dairy allergy, Families may supply snack food for the child. The food is labeled with the child’s name and expiration date if the food has been repackaged. Families check the food supply regularly.

The CDC has a vegetarian snack menu. The CDC is a “nut free” school. No child or adult is permitted to have a nut product at school.
SPECIAL HEALTH CARE NEEDS
When 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 on-going basis, trainings are provided by licensed/certified health
professionals to the teachers in order to effectively administer specific health procedures such as epi-pens,
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 guinea pigs, frogs, 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) or 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 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. The fee is
per child, and is payable by parents on an annual basis. This insurance covers children and staff.
CHILD ABUSE AND NEGLECT POLICY

State law in Rhode Island requires that anyone who suspects child abuse or neglect must report that suspicion to the RI Department of Children, Youth, and Families. The Rhode Island Statute “Abused and Neglected Child” can be found at [http://www.rilin.state.ri.us/Statutes/TITLE40/40-11/INDEX.HTM](http://www.rilin.state.ri.us/Statutes/TITLE40/40-11/INDEX.HTM). Immediately after reporting to DCYF, the program shall also report to the RI Department of Education.

Child abuse cases in RI are handled by the Division of Child Protective Services. The toll free number is 1-800-RI-CHILD (1-800-742-4453).

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

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 a child care 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 ILLNESS OR INJURY

Teachers and Director receive training in CPR and first aid training every other year or as needed. At least 1 adult with CPR and first aid training is at the school at all times. First aid supplies are kept in the kitchen. Each staff member is familiar with this location and the supplies.

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

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

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

- Begin first aid treatment according to first aid training
- Immediately call the CCE Security at 7-5155 and request an ambulance
- Locate the Director
- Call the child’s parents
- Send someone to meet the ambulance
- If the family has not arrived when the ambulance arrives, a teacher or the Director will accompany the child to the hospital bringing the child’s personal file.

POISONING/EXPOSURES TO TOXIC SUBSTANCES

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

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

INFECTIOUS DISEASE OUTBREAK

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

- The director will inform families 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 director will contact all families via email asking them to pick up their child as soon as is safely possible. Families are asked to respond to the email so that we have assurance that they have received the notification.
• Families who do not respond to the email will be contacted via phone call.
• Staff will stay with children until they have been safely picked up, continually monitoring attendance as children leave.
• If conditions make it unsafe to be near windows, staff and children will take shelter in the Dots classroom teacher area.
• If conditions require a short or extended stay, the teacher 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 Security at 7-5155 to request immediate support.
• Based upon the severity of the flood, families will be contacted to inform them of our status and, if necessary, to pick up their child. Staff will continually monitor attendance as children leave.
• The University Safety and Risk Management Department and Facilities Services will manage the cleanup efforts of the flood and will ensure that there are no associated health hazards (i.e. mold).
• When the building becomes fully operational, normal activities will resume.

FIRE

In the event of a fire at the 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.
• Teachers take the attendance roster and the teacher backpacks which contains contact information for each child, a first aid kit, and necessary life-saving medication if prescribed to any child with special needs.
• Adults walk with children quietly to the fence on Mathewson St, the predetermined meeting location.
• A teacher or the director will take attendance to ensure that all children are accounted for and will continually monitor attendance.
• In the event that the building is unsafe to reenter, adults and children will proceed to the lobby of 275 Westminster St, the predetermined alternate meeting location, where staff will contact all families and arrange for children to be picked up 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 contacted and will pick up their child when it is safe to do so. Staff will continually monitor attendance as children leave.
- Instructions from the 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 Campuses 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 contacted to inform them of our status.
- Instructions provided to us by the URI Emergency Alert System will be followed.
- In the event that the potentially violent situation occurs within the building, a staff member will call campus police at 7-5155.
- Children will be sheltered as far away from the situation as possible until local authorities deem the situation safe. Staff will continually monitor all children.
- Adults and children will remain in the building until the situation is deemed safe.

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

- Staff will call Facilities Services at 7-5030 to request immediate support
- In the event of a prolonged utility disruption, families will be contacted to inform them of our status and to request that they pick up their child. 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 kitchen. Each staff member should familiarize themselves with this location, the supplies and the universal precautions described below. Fully equipped first aid kits always accompany a teacher in the teacher backpack whenever a group of children leave the Child Development Center.

In the case of a minor accident that requires simple first aid procedures, the child’s injury should be cleaned and treated as necessary. If possible, the parent should be verbally informed of the incident and treatment when they come to pick up their child at the end of the day. Staff should complete an accident report in duplicate. One copy
of this report should be placed in the parent mailbox; the other copy should be signed by the child’s parent on the day the accident occurs, placed on the director’s desk, and eventually placed in the child’s file. When this minor accident involves injury to the head or insect bites, the parent should receive a phone call from the teacher or director informing them of the incident. Otherwise, the procedures noted above should be 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 should be called and requested to pick up the child. While waiting for the parent’s arrival, staff should administer temporary first aid and complete an accident 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):

• immediately call the URI Security (7-5155) 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

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

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

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

• The alarm sounds
• Adults walk with children quietly out the door to the fence on Mathewson St, the predetermined meeting location.

• Teachers take the attendance roster and the teacher backpacks which contains contact information for each child, a first aid kit, and necessary life-saving medication if prescribed to any child with special needs.

• Everyone proceeds quietly to the fence on Mathewson St.

• 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 alarm sounds

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

• Teachers take the attendance roster 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.

• A teacher or the director will take attendance to ensure that all children are accounted for.

• Adults and children return to the classrooms

• Normal activity is resumed

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

• The director announces that the drill is taking place.

• Teachers take the attendance roster and the teacher backpacks which contains contact information for each child, a first aid kit, and necessary life-saving medication if prescribed to any child with special needs.

• One teacher makes sure that all 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 classroom.

• Normal activity is resumed

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

• The director sounds the alarm and informs teachers that we need to evacuate the premises.

• Adults and children leave through the appropriate door.
• Teachers take the attendance roster and the teacher backpacks which contains contact information for each child, a first aid kit, and necessary life-saving medication if prescribed to any child with special needs.

• Adults walk with children quietly to our designated space.

• Children sit quietly.

• A teacher or the director will take attendance to ensure that all children are accounted for.

• Adults and children return to the building.

• Normal activity is resumed

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

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

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

I. Practicum courses 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
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 in the HDF curriculum, Introduction to Work with Young Children (HDF 203) and Early Childhood Practicum (HDF 303). Students enrolled in these courses have extensive involvement at the CDC through a weekly practica experience.

A. HDF 203 Introduction to Working With Young Children
   1. Description of Experience
      Students in HDF 203 spend 3 hours per week for 12 weeks of the semester in the role of a teacher aide. For many of these students it is their first experience working directly with children and thus expectations for these students include interacting with the children appropriately, assisting the teacher in daily tasks, becoming familiar with developmentally appropriate practices, and learning positive guidance techniques. Each semester there are 25-50 of these students in the classroom on a weekly basis.
   2. Feasibility Consultation
      The professor teaching the course and the CDC director collaborate to design student experiences working directly with children as well as both observational and reflective assignments.
   3. Project/Assignment Development
      Once assignments are developed, the professor provides a copy of the assignments to the CDC director, who will share these with the CDC teachers. Students will complete their assignments during time other than their three hour a week practicum.
   4. Implementation and Monitoring
      The CDC teachers provide weekly supervision and mentoring of these students and conduct extensive midterm and final evaluations. These evaluations comprise approximately one third of the students' course grade. The CDC teachers and director visit the academic classroom once during the semester to meet with the students about issues related to their experience at the CDC.

B. HDF 303 Early Childhood Practicum
   1. Description of Experience
      Students in HDF 303 spend 3 hours per week for 13 weeks of the semester working with one group of children at the CDC. 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, leading group times, taking on the role of a head teacher (where the student plans and implements all activities, transitions, and group times for an entire morning or afternoon), assessing young children 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 203 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 HDF 303 students: providing feedback and grading integrated activity plans, activity evaluations, Head Teacher Day plans; administering a midterm and final evaluation; and, in the classroom, mentoring, modeling, and offering individual supervision.

Approximately half of the students’ final course grade includes their CDC experiences. The CDC teachers visit the academic classroom twice during the semester to meet with the students about issues related to their experience at the CDC.

II. Research involving children at the CDC

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

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

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

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

   b. Secure IRB approval of the proposal
      Once the project has received an approval letter from the CDC director, it must receive approval from the Institutional Review Board. A copy of the IRB approval will be kept on file at the CDC.
4. Implementation and Monitoring
Approved research projects are monitored by the CDC director and teachers to insure the maintenance of developmentally-appropriate practices as defined by NAEYC. Families must sign authorizations for each specific research project in which family or child participation is requested. Researchers are required to provide families with sufficient information about the research project to enable them to make an informed decision about their child's participation. It is the responsibility of the Principle Investigator of the research project to ensure that implementation is consistent with CDC policies. Prior to implementation, anyone having direct interactions with the children is required to participate in an orientation session, which will include a classroom observation and a review of child interaction protocol. All student investigators must be sponsored by a faculty member.

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

III. Observation assignments within HDF and other departments
1. Description of Experience
   The Child Development Center serves as an observation site for courses in the HDF department as well as for courses from several departments across campus. These Child Development Center observations coincide with the content being taught in the academic classrooms. Additionally, high school child development classes from throughout Rhode Island utilize the CDC for observation experiences. Most of the time these observations occur one time a semester and the students have a specific assignment to target their observations.

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

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

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

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

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

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

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

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

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

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

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