



*Child and Family  
Development Resource Center:*

**Family Handbook**

Director  
860-465-5270

Front Desk  
860-465-5225



EASTERN CONNECTICUT STATE UNIVERSITY  
83 WINDHAM STREET • WILLIMANTIC, CONNECTICUT 06226 • 860-465-5000

## Statements

### Handbook Revisions

A handbook can not anticipate every circumstance or question about program policy or procedures. As circumstances, state mandates, or university requirements change, policies must accompany them. The CFDRC reserves the right to revise, supplement, or rescind portions of the handbook when necessary. The handbook is intended as a guide to support successful programming for children and promote positive partnerships with families.

### Mission

The mission of the Margaret S. Wilson Child and Family Development Resource Center of Eastern Connecticut State University is to promote the social, emotional, cognitive, language, aesthetics, and physical development of young children of diverse backgrounds, to inspire, support, and educate their families, to provide a model program for future teachers and early childhood professionals, and to serve as a hub of innovative research and professional development.

### Philosophy

#### We believe that:

- All young children have potential and are competent, curious, and capable of asking and answering their own questions, taking intellectual risks, and co-constructing knowledge with teachers, parents/guardians, and peers.
- Children acquire knowledge of the physical and social world when they are challenged to make sense of new objects, actions, events, and relationships, relying on their prior knowledge and lived experiences.
- Learning has a social purpose and is supported by social and emotional competencies and positive, nurturing relationships with peers and adults.
- Play is a primary mode of expression, a rich context for the construction of knowledge, and a fundamental right of all young children.
- Supporting, empowering, advocating for, and engaging families will facilitate the positive development of the whole child. Collaborative, equal-status family-teacher partnerships are the foundation of a culturally meaningful, family-centered curriculum.
- Teachers and family members must collaborate in the assessment of young children in order to acquire complete, accurate, and culturally-sensitive understandings of development and to make meaningful use of assessment data in planning and implementing curriculum.
- Together, teachers and families can create a sense of belonging and community in which children's emotions, spirits, and intellect can flourish in concert.
- Each child is unique and demonstrates a distinct pattern of learning, interaction, communication, and interest, which is nurtured by family, culture, and community.

### Non-Discrimination Statement

Non-discrimination and equal opportunity are the policies of Eastern Connecticut State

University in all of its programs and activities. To end that, all University employees shall rigorously take affirmative steps to ensure equal opportunity in the internal affairs of all offices/functions, as well as their interactions with all agencies, and in their relations with the public. Each department within the University, in discharging its statutory responsibilities, shall consider the likely effects, which its decisions, programs, and activities shall have in meeting the goals of equality or opportunity.

### **Diversity Statement**

Eastern Connecticut State University values the diversity of its students, faculty, and staff. Differences in race, ethnicity, national origin, class, religion, learning styles, gender, gender identity and expression, sexual orientation, age, ideology, and other aspects of human variation and characterization, including but not limited to those protected by law and CSU and Eastern policies, enrich the educational experiences and social and intellectual development of students and create a rich cultural environment. Eastern is committed to ensuring that regardless of their differences, all members of the Eastern community are challenged to achieve their full potential and are supported in their pursuit of that goal.

### **Child and Family Development Resource Center Diversity Statement**

The Child and Family Development Resource Center (CFDRC) embraces Eastern Connecticut State University's Diversity Statement. Children and families are unique and therefore we believe building strong relationships with them is paramount to insuring a true multicultural, all-inclusive environment. In order to actualize this diversity statement, we embrace a full commitment to open communication and respect with all children and families. We believe this ongoing and open communication will allow us to develop a cultural awareness and competence that can and will be integrated into our daily practice at the CFDRC. We recognize that it is only through this culturally responsive teaching that all children can have equitable access to learning and reach their full potential. We believe that all children and families should see themselves represented in classrooms through curriculum, materials, resources, and practices. This translates into daily practice in a variety of ways such as, but not limited to:

- Environment: Creating a physical environment reflective of the cultures, languages, ethnicities, and lifestyle of the families within the CFDRC community.
- Curriculum: Implementing a multicultural curriculum reflecting the diversity within the CFDRC community.
- Practices: Teaching the curriculum in a multicultural and culturally responsive fashion that is anti-bias and all inclusive.
- Communication: Using family's native language to communicate and/or provide support to assist with comprehension of information shared. Learning the varied communication styles and needs of the families.
- Relationships: Connecting with University students, faculty, academic departments, clubs, organizations, and the Windham community at large in order to expand our mission and devotion to diversity.
- Continued Growth: Participating in ongoing professional development sessions for staff,

student workers, and the CFDRC community, in an effort to expand our cultural awareness, develop cultural competence, and reflect on our own beliefs and experiences.

- Staffing: It is the mission of the CFDRC to have diverse teachers, students, and staff.

## **Ethics**

The Child and Family Development Resource Center is committed to offering high quality early childhood education predicated on the NAEYC Code of Ethical Conduct and Statement of Commitment. This organization recognizes that any daily decisions required of those who work with young children are of a moral and ethical nature, thus the guidelines identify responsible behavior and provide a common basis for resolving dilemmas encountered in early childhood program. Because of our philosophy and beliefs, the center is committed to:

- Appreciating childhood as a unique and valuable stage of the human life cycle
- Basing our work with children on a knowledge of a child development
- Appreciating and supporting close ties between the child and family
- Recognizing that children are best understood in the context of family, culture, and society
- Respecting the dignity, worth, and uniqueness of each individual (child, family member, and colleague)
- Helping children and adults achieve their full potential in the context of relationships that are based on trust, respect, and positive regard.

A statement from the National Association for the Education of Young Children, 2005, summarizes the intent and outcome of employee conduct:

Above all, we shall not harm children. We shall not participate in practices that are disrespectful, degrading, dangerous, exploitative, intimidating, emotionally damaging, or physically harmful to children.

## **Licensing and Accreditation**

The Child and Family Development Resource Center is in compliance with the building, fire, and health regulation codes for the State of Connecticut Department of Public Health. The license is posted in the entry way of the Child and Family Center and both the licensing rules and regulations are available for those who wish to review them.

The Child and Family Development Resource Center also holds a National Association for the Education of Young Children (NAEYC) accreditation. This self-selected process assures highest quality and best practices for children.

## **Participation in Center Research at the CFDRC**

The Child and Family Development Resource center is a site for conducting important research in early childhood education. Faculty of the university regularly conduct studies that contribute to our knowledge of children and how they learn and develop. Conducting such research is, in fact, a fundamental part of the mission of the center. For this reason, children who attend the

CFDRC serve regularly as participants in these investigations. Often these studies involve the video-recording of children as they go about their daily activities. Parent/guardian permission will be sought to include each child whenever a new study is conducted. However, it is an expectation that CFDRC families will, in most cases, be willing to include their children in this research. Families should give careful consideration to this expectation for participation in research prior to enrolling their child in the program. Concerns or questions about this research mission should be discussed with the director of the program.

### **Research and Observation**

Due to the nature of our mission as a model of an early childhood professional development center, the children and the teachers participate in a variety of projects organized by the director and the university faculty. Students from the education, psychology, sociology, and other department areas will be working with the children, supporting the classroom teachers, and providing professional resources to all areas of the center, children, and families.

Parents/guardians will be informed of all projects and will be asked to sign a permission request form upon entry into the program. All research programs must go before a research committee and must be approved by the director of the CFDRC.

## **Operating Procedures**

### **Welcoming New Families**

At the Child and Family Development Resource Center we understand how difficult transitions can be for both children and adults. It is our goal to provide a seamless transition from home to school. We offer new families a variety of ways to become familiar and comfortable with our program. Upon entry into the program, all new families meet with the director for an orientation and fill out comprehensive, and confidential, family information summary that provides us with important information regarding you and your child. At the orientation, families are also provided with information about the program philosophy, curriculum goals and objectives, and policies related to guidance, discipline, health and safety, and parent/guardian communication. During this time, the director will arrange a time prior to their child's first day of school, to visit the classroom with your child to become familiar with the environment, the staff, and the routine. During this visit the teacher will have some time to spend with you going over the details related to your child's development and how best to help ease the transition process. Home visits are also an option for new families entering the program. Please let us know if you would like to arrange a home visit and we will have your child's teacher contact you to make arrangements.

**The first week of school is half day for all new children as part of our transition plan.**

Translation services both written and spoken are available at the request of any family.

### **Admission Process**

The admission process is open to the public. Families complete an initial application verifying low, moderate, or high financial need. Families are placed on a waiting list. Following acceptance into the program, families are contacted for an individual tour, at which time the full application process will begin.

## **Enrollment**

A child must be 18 months old in order to be enrolled in the toddler program or at least three years old by December 31st in order to be enrolled in the preschool program. When a family enrolls, the following must be on file for each child prior to starting the program:

- Waitlist initial application
- Completed current health and immunization records
- Birth Certificate
- Enrollment application
- Signed tuition contract with schedule and rate
- Identification of designated adults who can pick-up child and emergency contacts

We value diversity and want our classrooms to be representative of the global world we live in and therefore we strive to achieve economic and cultural diversity at the Center. The household income information provided is used strategically when creating classroom lists to assure diversity within classrooms.

## **Tour and Orientation**

After being admitted into the program, families will have an opportunity to tour the facility, observe the program, ask questions, and spend time with the staff in the classroom. The application packet is reviewed at this time and assistance is provided for completion of materials.

During the orientation, we will ask questions to learn about you, your family, and your child's interests. The exchange of information will help us meet your child's individual needs as well as support a smooth transition into the program. Over the course of your time at the Center, we will continue to offer opportunities to get to know you and your child on an individual basis in order to partner in his/her learning and development. Additionally, the orientation will consist of an overview of the curriculum, philosophy, and mission of the Center as well as review the assessment process.

## **Operating Hours**

The Child and Family Development Resource Center is open year-round, Monday through Friday, from 7:30am until 5:20pm. The center is closed one week in August, for staff development, and on all holidays observed by Eastern Connecticut State University. The center closes at 12:30 on the last Friday of every month for staff trainings and professional development. The center currently enrolls children from 18 months old in the toddler room to five years old in the preschool rooms. A current schedule reflecting the holidays is included with each registration packet. Should the center make changes to the schedule, we will provide a minimum 20-day notice to families in writing when possible. Closings beyond our control (such as weather-related, power-related, pandemic/epidemic) are excluded from this.

**Part-Time Enrollment:** 8:30-12:30

**Full-Time Enrollment:** 7:30-5:30

**The CFDRC has three major components:**

- **SERVICES FOR CHILDREN** – A safe, supportive and nurturing environment is provided together with a commitment to developmentally appropriate programming which promotes the physical, social, emotional, and intellectual development of young children.
- **TRAINING STUDENTS** – The CFDRC provides undergraduate and graduate students with supervised experience and training. Besides training Early Childhood Education students to work in early childhood programs, the CFDRC serves as a placement site for observations, projects, and field placements for many other departments within the University.
- **CONDUCTING RESEARCH** – An additional mission of the CFDRC is to encourage and facilitate research. The CFDRC staff is committed to working cooperatively with researchers interested in issues of family, child development and early childhood education. Requests to do research involving young children in CFDRC programs are screened for their appropriateness to the welfare of the child and CFDRC program.

**Transition into the CFDRC**

During the first few days of school, particularly in a new appointment, we believe that a phase-in approach is preferable in helping children during the adjustment process. Parents/guardians are requested to shorten their child's first few days and arrive at the center by 12:20pm for pick-up. Some children may require less shortened days and others may take just a bit longer. We work together with you to develop a phase-in plan designed specifically to meet the needs of your family.

Upon entry into the program, all families receive written information on how to ease the separation process for both you and your child. A teacher will always be there to help your child get settled. When you depart, your child may cry and protest. This is a part of the normal developmental process of establishing an independent and autonomous existence, separate and apart from parents/guardians. The intensity of a child's distress seems to depend mainly on the child's personality and temperament. We always encourage families to say goodbye and then follow through and leave. Continually returning makes it more difficult for the child and the parent/guardian to separate. Parents/Guardians may call at any time during the day to check and see how their child's day is going.

**Fee Determination**

The Director meets with each family upon enrollment to determine tuition based on a sliding fee scale and gross household income. Determination of household income is completed using a copy of the previous year's tax return or current payroll documentation. If the household income changes significantly during the year, families need to provide documentation to verify the change. Each contract is reviewed with the family and signed prior to enrollment start date. Upon signing, each family receives a copy of the contract. When a family enrolls two or more children, a 10% discount is awarded against the weekly family tuition rate. Tuition is due on a

monthly basis. When tuition payments are past due, families are subject to dismissal from the program. Sample Tuition Contract is included in Appendix A.

### **Tuition Payment Policy**

Tuition bills are distributed on a monthly basis. Payments for the month are expected to be paid in full upon receipt of the bill. Families are required to be current in their child care payments at all times. If payment for the month has not been received within 30 days, a Notice of Failure to Pay will be mailed to the party responsible for payment advising them that their child may not be able to attend school and may lose their slot at the CFDRC. The CFDRC Center reserves the right to terminate enrollment of a child based on non-payment of fees.

**Families are legally obligated to pay in accordance with the CFRDC's payment policies and deadlines. Any unpaid financial obligation may be referred to the CFRDC's contracted collection agency through Eastern Connecticut State University and families will be responsible for any related collection costs in addition to the amounts due.**

### **Dismissal Policy**

The Child and Family Development Resource Center reserves the right to cancel the enrollment of a child for non-payment of fees, frequent tardiness, or in special circumstances where it is not possible for the program to meet a particular child's or parent's/guardian's individual needs. We will make every effort to work with families to find mutually agreeable solutions and dismissal will be used as a last resort.

### **School Readiness**

School Readiness fee determination is generated by the liaison using a current Office of Early Childhood (OEC) School Readiness sliding fee scale. Each contract is reviewed by the family and the Director/Program Coordinator and signed by the family prior to start of enrollment.

### **Care4Kids**

Care4Kids is a partnership program for moderate income families in Connecticut to make child care affordable. The program is administered through the State of Connecticut. Families and children must live in Connecticut and families must be working or attending a temporary approved education or training activity and meet the program's income requirements. A complete package of information is available at the reception area and assistance is available in completing the application. All families eligible for Care4Kids must apply.

The Director and Program Associate assist families with acquiring Care4Kids applications. Upon completion and determination of Care4Kids contribution, a contract will be generated based on family income and sliding fee scale. The contract will be reviewed with the family and signed prior to enrollment.

In the event any third-party funding source ceases, a new tuition contract may be generated to reflect the default rate. The family is responsible for payment based on their income and our sliding fee scale.



## Absences

There are no discounts for absences from the program. If an extenuating health or family issue necessitates a long-term absence, a meeting and review with the Director will be necessary.

The Center expects that children will be in attendance a minimum of 80% of the time.

## Unexpected Closings/Delays/Early Dismissals

In the event of a closing, delayed opening, or early dismissal, the center follows the Eastern Connecticut State University closing schedule. Please call the Eastern weather hotline at either 860-465-4444 or 1-800-578-1449 for any information relating to weather closings. You can also find this information by tuning in to WCTY FM 97.7, WDRC AM 1360, WDRC FM 102.9, and WHCN FM 105.9 or by watching WVIT channel 30, WFSB channel 3, or WTNH channel 8.

- **Delayed openings:** During delayed openings, we will offer a 30 minute window for arrival. For example, if the University is set to open at 10:00a.m., you must arrive no later than 10:30. Arrival beyond the 30 minute window will result as late attendance and we will follow late arrival protocol.
- **Early dismissals:** You are on the Eastern Alert however; please listen to the reports to find out if the University has an early dismissal in order to pick up your child on time. You can also call the weather hotline at 860-465-5225 and press 1 to hear delays and closings.
- The safety of you, your child, and our staff is of utmost importance. Please arrive to pick up your child, or arrange for a person on your emergency list to do so, promptly.
- **Pertaining to Tuition/Billing**  
Closings, delayed openings, or early dismissals due to inclement weather are not subject to reimbursements. Examples of inclement weather may include, but are not limited to, snowstorms, hurricanes, and elements beyond our control. However, unexpected closings due to Center malfunctions (i.e. loss of heat in the winter) may be subject to reimbursement if it is a typical day of attendance for your child.

## Programs Provided

### Toddler

The Toddler program at the CFDRC provides children ages 18 months to three years with a safe and nurturing environment where they can explore the world using their newly developing skills and abilities. The Center enrolls eight toddlers every year who are cared for by an experienced and well-trained staff that includes a Lead Teacher, Teacher Associate, University Assistant, student workers from early childhood education and a wide variety of diverse fields.. The spacious, engaging classroom is full of natural sunlight, with windows that are the right height for toddlers to look out and wave hello and goodbye. Every detail is designed to help children feel secure and content, with attractive wood cabinets, rounded counters and soothing colors that

both comfort and inspire them. All spaces are built on a child level, so even the youngest members of our program can learn to find and put away their own toys, care for their toileting and hand washing needs, pour their own juice, and feed themselves during meal times. The curriculum for toddlers emphasizes building relationships with peers as well as the warm, responsive caregivers who teach them. There are daily opportunities for large motor activities — indoors and outdoors — that include running, climbing, riding toys and more.

Toddlers have their own playground and can be found exploring the University campus in their very own toddler buggy. There are indoor areas for dramatic play, reading, blocks, manipulatives, creative art and cozy private spaces. A focus of the curriculum is on providing rich, sensory experiences that promote the development of the senses and intellectual growth along with emphasis on building relationships and social-emotional development.

### **Preschool**

The four preschool classrooms at the CFDRC provide a rich and engaging educational experience for three-, four- and five-year-old children from the local community. Children must be three on or before December 31st in order to enroll in the multi-age preschool classrooms. Careful attention to every detail is evidenced by the soft paint colors, natural wood floors and large windows. Classrooms open directly onto a back patio for outdoor projects and raised garden beds for planting. Each preschool classroom enrolls a maximum of 15 children. The center is open from 7:30 a.m. to 5:30 p.m. and runs year-round. All classrooms are staffed with well-trained professionals, including a head teacher, teacher associate and university assistant. The center also employs Eastern students and collaborates with Eastern's faculty to provide early childhood education students with opportunities for field placements, research opportunities and classroom observations. Children's progress toward achieving the most current Connecticut State-driven early learning standards competencies is assessed through anecdotal records, sampling of children's work and play, photos and video, and interviews with parents/guardians.

### **Diversity: Holidays and Celebrations**

The staff and faculty at the Child and Family Development Resource Center is dedicated to providing an atmosphere where all families regardless of family structure, socioeconomic, racial, religious and cultural backgrounds, gender, abilities, preferred language, and age are included in all aspects of the program. The program staff actively uses information about families to adapt the program environment, teaching methods, and curriculum to the families we serve. The school is committed to providing a culturally relevant and anti-bias environment. In keeping with this commitment, holidays are acknowledged and treated respectfully as each child shares his or her family traditions; however, holidays are not celebrated in our program. We do appreciate hearing about how each family creates rituals in their homes, and we are welcoming of this dialogue in our classroom. This sharing provides opportunities for children to learn that not every family functions in the same way, and that there are many differences and commonalities among us.

While we do not focus on holidays at the CFDRC, we do acknowledge the importance of celebrations and rituals in the lives of children. Celebrations build a sense of community and friendship and provide a refreshing change of routine. The CFDRC provides many times to celebrate as a community throughout the year. In planning these events, we follow the basic

principles for developmentally appropriate best practice. Activities are designed to engage children and families; the celebrations promote positive values and reflect the philosophy and mission statement of our center.

### **Toilet Training**

Children do not need to be fully potty trained prior to enrolling in our toddler or preschool classroom. When the family and staff feel a child is ready, they can work together to create a supportive, positive approach to toileting. Teachers will change children's soiled diapers/clothing (following guidelines posted in the changing areas). They will ask each child if he/she would like to use the toilet daily. Daily logs will be kept and shared with families keeping them informed of the progress.

### **Bathrooms**

The bathrooms are located in each preschool classroom and are partitioned by a half wall allowing for privacy. Additionally, the doors to the bathrooms are half doors allowing for supervision. Teachers supervise by sight and sound and utilize best practice which allows children the ability to grow independent and foster self-help skills. Based on an individual child's age and stage, teachers provide support as needed. Teachers supervise by sight and sound as part of best practice set forth by the National Association for the Education of Young Children (NAEYC).

### **Class Groupings**

The Child and Family Development Resource Center practices multi-age grouping. This means that children from the ages of eighteen months until right around their third birthday remain with the same teacher and teacher assistant. The same is true for the preschool program. The classes include both three and four-year-old children that remain together for two years with the same teacher and teacher assistant. (In very rare cases, an exception might be made based on what is the best fit socially for an individual child.)

It is our policy to keep ratios at NAEYC recommendations or better. The preschool classrooms have a maximum of thirteen children. Our State of Connecticut license mandates that we maintain ratio and group size. We maintain proper group size at all times of the day, including during field trips. Our classrooms are multi-age and children remain with consistent staff throughout the day.

Children are placed in a classroom with teachers who are with them for a majority of the day. Every classroom has two full time staff and at least one part time staff person to help maintain the consistency of the staff and minimize classroom transitions throughout the day and the year. All classes have their own classroom space; the only exception is from 7:30am to 8:30am when the preschool children only meet in one classroom. At least one of their own classroom teachers or assistant teacher is present at early morning drop-off. At 8:30am, children go to their individual classrooms for the entire day. Children remain with the same teachers throughout the school day and the school year.

Toddlers who will be moving up to preschool spend time transitioning in their preschool class along with one of their toddler classroom teachers. This process is started several weeks before the actual transition takes place and parents/guardians are included in this process. Toddlers are with their teaching staff for at least twelve months and in many cases longer depending on when they enter the program.

### **Class Ratios and Supervision**

The Center adheres to the State of Connecticut Office of Early childhood Statutes and Regulation for ratios listed as follows:

<p><b><u>Class Size and Child Teacher Ratios</u></b>          State of Connecticut          Office of Early Childhood  <b>Infant/Toddler: One program staff for every four children*</b>  <b>Preschool: One program staff for every ten children*</b></p> <p><b><u>Class Size and Child Teacher Ratios:</u></b>  <i>Does not exceed twelve children (Preschool)</i>  <i>Does not exceed eight children (Toddler)</i></p> <p><b><u>The Child and Family Development Resource Center:</u></b>          Infant/Toddler: One teacher at all times for every 4 children          Preschool: One teacher for 10 children</p>
--

**Teachers are the only staff ever left alone with children.** At no time should a non-teachers (i.e. volunteers, student workers, etc) be left alone with any child or group of children. Ratios are accounted for during indoor and outdoor times, napping times, break, and plan times.

- Awareness of what is happening in the classroom and/or playground requires that the teachers at the Child and Family Development Resource Center incorporate the following developmentally appropriate guidance and supervision. Some key skills are:
- Awareness: is a skill that requires a knowledge of children, including knowing each child's range of skills, interests, their ability to interact with others, and their developmental stage. Knowledge of children helps teachers to monitor and enhance skills that promote children's positive behavior.
- Positioning: is a skill that requires being able to see all of the children. Staff position themselves to be aware of the entire classroom and to see as many children as possible. All children are monitored by sight and sound at all times.
- Scanning: is a skill that involves regularly glancing around the classroom and playground to see children's involvement and what is happening in all areas.
- Redirection: is a skill used as an aid in preventing undesirable and unsafe behavior. Children are redirected to other areas/activities when undesirable behavior is imminent or occurs. This technique helps to ensure the safety of all children.

- Supervision: for all children in areas that are near equipment where injury may occur requires the use of the above methods and being in close proximity to the children. Children waiting to be picked up during illness or injury are kept comfortable and under close supervision; excluded from their classmates.

### **Infant and Toddler Supervision**

- Teaching staff supervise infants and toddler by sight and sound at all times.
- At least one staff member will be able to see all infants and toddlers at one time.
- Staff are aware of the entire room and rotate position when necessary.
- Toddler teachers go into the bathroom with the children.
- Teachers are responsible for maintaining ratios at all times including outside and transition times.

### **Preschool Supervision**

Teaching staff supervise children primarily by sight and are aware of where children are at all times. Supervision by sound alone may occur for brief intervals not to exceed 3 minutes.

- Teachers can talk and walk the entire perimeter of the playground, especially inside the playhouses, climbing equipment, sandboxes, and hard to see areas.
- Teachers position themselves by standing close to the outside door to hear and see children using the bathroom or obtaining personal items.
- Teachers scan the entire classroom to observe what is happening.
- Teachers position themselves in order to see the entire classroom.
- Teachers are aware of each child in order to maintain a safe environment.
- Teachers are responsible for maintaining ratios at all times, including outside and during transition times between activities.

### **Sleeping Children Supervision**

- Teaching staff position themselves so they can hear and see sleeping children.
- At least two teachers are present when children of any age are napping.
- Children who awake early or do not sleep are supervised and provided quiet activities.

### **Curriculum Night**

Curriculum night is held shortly after the start of the new school year. This is an important evening as it provides an opportunity for families to develop an understanding of the philosophy and the methodology that we use throughout the year. We want families to understand that they are partners in the development of their children and that this evening is the beginning of a relationship we hope to build and strengthen throughout their families' experience at the Child and Family Development Resource Center. Parents/guardians will be provided with a broad overview of the curriculum followed by individual presentations by the classroom teachers and an opportunity to share expectations and answer questions.

### **Curriculum**

The center implements "investigations," a curriculum for young children that was developed by

university faculty, the director, and classroom teachers. The curriculum is based on the theories of Piaget, Vygotsky, and Malaguzzi, and the classroom applications of their work by Forman, Gandini, Katz, Leong, and Bedrova. The curriculum is centered around engaging projects – called investigations- on topics that are selected by children, teachers, and families.

As children investigate a topic –in learning centers, small collaborative groups, whole group activities, movement and music experiences, outdoor observation, or field trips- they acquire critical competencies identified in the Connecticut State Department of Education Curriculum and Assessment Framework and the standards of national professional organizations. Children’s progress toward achieving these competencies is assessed through anecdotal records, sampling of children’s work and play, photo and video, and interviews with parents/guardians.

Four pillars (or evidence-based strategies) support children’s investigations: play-scaffolding (a special kind of adult support as children play), collaborative learning projects, evidence-based arrangement of learning centers, and portfolio assessment.

### **Curriculum/Program Effectiveness**

Our Investigations Curriculum is assessed for effectiveness annually. Through the use of a fidelity rubric which aligns with our curriculum, the director and staff rate their effectiveness on each component and use the results to set personal, team, and center-wide professional development goals. The Investigations Curriculum is reviewed annually by the Director and Education Consultant.

We welcome family feedback on our curriculum and overall operations at any time. More formally, we use the Family Survey from The National Association for the Education of Young Children to obtain feedback to improve program quality. Also, there is a family suggestion and idea box located in the lobby area for comments.

Twice a year, families are invited to fill out a survey regarding their experience at the Child and Family Development Resource Center. The information is then reviewed and results of the survey are distributed to all families. Information is further used to determine areas of program improvement.

### **Assessment Policy/Procedure and Documentation**

At the Child and Family Development Resource Center, we value the learning process children engage in during project work, center time, and throughout the day. We recognize that each child develops at their own pace. A variety of authentic assessment strategies, such as the use of developmental screening tools, checklists, anecdotal observations, and portfolio collections assist teachers in reflecting on their teaching practices and the learning environment. We implement the most current Connecticut State driven early learning standards to assess development and inform planning and teaching. The assessment and documentation are shared with families through an electronic portfolio at conference times. The assessment process leads to curriculum planning with the children’s interests and individual needs in mind.

Formal assessment methods include using the most current Connecticut state-driven early learning standards, PPVT, and other tools as needed by the individual. Initial child assessment is conducted within 90 days of enrollment using Ages & Stages Questionnaire (ASQ). Other forms of authentic assessments include documentation through photographs, anecdotal records, observations, checklists, occasional video clips, daily notes, and work samples. Classroom teachers conduct assessments in children's natural setting both individually and during small cooperative group activity (3-4 children). In cases where auxiliary support staff must administer an assessment, they will spend time in the classroom prior in an effort to connect with the child(ren). The variety of assessment tools mentioned above are saved in the child's file, which is kept in a locked and password-protected to ensure complete confidentiality.

The curricular areas assessed are linked to the most current Connecticut early learning standards. Assessment data are used to inform the ongoing cycle of intentional teaching which includes planning and implementing, observing, and assessing. Weekly, teachers select three Early Learning and Development Standards (ELDS) and plan experiences to support them. Based on observation and assessment, teachers plan intentionally for all and use tiered intervention strategies as needed (individualized planning sheets). They utilize the CTPAF as their formal assessment tool.

Individual child data as well as whole class data is used to inform instruction for children and whole groups. The data is also used to determine areas of strength and professional development for staff.

When there are behavioral, developmental, or health concerns that may require further a developmental screening or a diagnostic assessment, a Child Study Team Meeting may be arranged. Members of the team include the child's parents/guardians, the director, the family advocate, the classroom teachers, the health consultant (when necessary), and the educational consultant. The child's needs are addressed and the appropriate referral options are made available to the families. Sharing additional information with others will strictly involve family written consent.

### **Parent/Guardian Conferences**

Parent/Guardian conferences are scheduled two to three times a year. Parents/guardians and teachers may also request a conference at any time to discuss their child's progress. At conferences, parents/guardians have the opportunity to view their child's electronic portfolio with teachers, ask questions, and set goals together for the future. Families can also request follow-up visits at any time.

Families are involved in the planning and assessment process in several ways. Each family is asked to fill out the Ages and Stages questionnaire; a developmental screening upon entry into the program. This is discussed prior to the beginning of the school year or at the initial intake visit. Additionally, the most current Connecticut State driven early learning standards includes a Family Conference Form, where parents/guardians and teachers together, decide on Goals and Plans for Home and School. This is filled out twice each year during parent/guardian/teacher conferences. Teachers and families engage in daily communication in a variety of ways; at drop

off/and or pick up, telephone conversations, electronic communication, daily sheets, journals which go between home and school (as requested).

### **Transition to Kindergarten**

Entering kindergarten is a milestone for children and families. It is our goal to assist families in making this transition positive and smooth. Meetings are conducted to assist families in understanding the process of registration and screening in the public school system, and their responsibilities in this process. It is our goal to support families, foster links between the center and the kindergarten teachers, and promote continuity from preschool to kindergarten. During early spring, the director and the classroom teachers are also available to assist families with registration procedures and specific steps they can take to become involved in their child's new school setting. For children attending Windham Public Schools only, the teachers from the CFDRC accompany the children on a bus ride to their new school in the late spring. Parents/guardians are informed prior to the outing and may meet their child and visit the school. Child's preschool records will be transferred to the child's kindergarten teacher prior to the start of the school year.

Some activities the CFDRC has conducted to support kindergarten transition include:

- Teachers completed and shared a form with Kindergartens sharing information about the child's strengths, areas of support, first language, and other pertinent data.
- Teachers shared and disseminated information surrounding kindergartens including information about lotteries, open houses, etc.
- Teachers conferenced with families of children entering kindergarten to address concern and questions they may have and provide resources and support.
- Teachers visited the kindergartens with preschoolers to facilitate transition
- Teachers attended a Kindergarten session to talk about each child one on one with receiving school/teacher.
- Kindergartens have shared scrapbooks with the Center which teachers share with children and families
- Kindergarten teachers visit the children they are receiving at our program.
- A bus trip visit to the kindergarten whereby teachers accompanied students (parents are welcome to attend as well)
- Kindergarten registration is conducted at the Center with English and Spanish speaking staff.
- Many books are selected for reading to offer transition support to children and families.

### **Professional Development**

We believe that teachers who continue to grow in the areas of teaching strategies, lesson planning, documentation, curriculum, and assessment, provide children with learning environments where curiosity and thinking are encouraged and supported. The center is committed to providing professional development opportunities for all employees at the center. Please note that the CFDRC closes at 12:30pm the last Friday of every month for professional development and staff meetings. In addition, the Center closes the last week in August for a week of staff development and required annual trainings.



## **Teacher Qualifications**

Eastern Connecticut State University is committed to providing the highest quality early care and education facility for children, from infancy through preschool. The lead teacher in each room is an experienced teacher holding a master's degree in early childhood education. In most cases, lead teachers also hold the Connecticut State Department of Education Teacher Certification. The teacher associates are experienced teachers with a minimum of twelve credits in early childhood education.

## **Pets**

The Child and Family Development Resource Center believes that pets/animals can provide wonderful opportunities for children to learn about the life cycle as well as the responsibility of caring for another living being. The center also recognizes that families have varied opinions on what type of pet/animal is safe and preferred for contact with young children. Therefore, we ask that parents/guardians and family members refrain from bringing their home pets to the center unless special permission has been granted by the director as well as a copy of the immunization records from the pet's veterinarian. From time to time, individual classrooms may be studying or working on projects that may involve more in-depth exploration of animal life. Prior to introducing an animal into the center and the respective classroom, the director and teaching team will plan for the animal's safety and care. Parents/guardians and children will be engaged in these plans and information will be gathered from families regarding allergies and other concerns.

In accordance with NAEYC standards and the Center for Disease Control, any animal present in the center, indoors or outdoors, shall be in good health, show no evidence of carrying any disease, and will be a friendly companion for the children. No reptiles, amphibians (i.e. frogs, toads, newts, or salamanders), ducklings, chicks, or birds are allowed at the Child and Family Development Resource Center.

## **Family Involvement**

### **Parent/Guardian Communication / Home School Partnerships**

Communication with parents/guardians is one of our most important goals at the Child and Family Development Resource Center. The home/school partnership is one of the pillars of excellence that the CFDRC staff and faculty believe is an essential component to a child's success in school. We achieve this in several ways; upon entry into the program, the child's assigned teacher may make a home visit prior to the start of school and more frequently if requested by the family. Also upon entry into the program, children are issued an Ella's Nook library card. The CFDRC has its own library complete with parenting resources and a librarian that is available weekly. Surveys are distributed to families on a yearly basis. This is an additional opportunity for parents/guardians to communicate with us and let us know how we are doing. The results are tabulated electronically and a summary of results are provided to the parents/guardian and to the Advisory Committee.

## **Family Participation**

Families are encouraged to participate in the center and classroom activities whenever possible. We believe that parents/guardians play an integral role in their child's life at the center. Parents/guardians, teachers, and support service professionals join together in a reciprocal relationship on the child's behalf. Regular meetings with teachers are another opportunity to assist in planning and learning more about the curriculum of the center. In addition, consider some of these suggestions for your participation your child's experience at the center:

- Provide your child with proper food and rest
- Choose comfortable clothes for your child and encourage responsibility for dressing himself or herself
- Encourage your child to talk about the day's events
- Get to know the teachers and staff
- Maintain similar discipline techniques at home
- Read and talk with your child; provide opportunities for learning about the world\

## **Family Workshops**

The mission of the center includes providing families with resources and support. One of the advantages as a center located within a University setting is that we have opportunities to offer family events and workshops in a variety of areas. Literacy workshops are conducted annually to support families in promoting literacy activities at home. Library lending kits as well as Ella's Nook offer books, materials, and additional resources on supporting literacy.

Throughout the year, families may be asked to provide feedback on areas of support they may like. Topics such as, "Getting your child to go to bed!" or "How to survive a trip to the grocery store," as well as curriculum topics such as, "understanding numbers and letters" are offered to parents/guardians and interested family members. Child and parent/guardian workshops are also periodically offered for children and family members to work together on projects, play games, or hear a storyteller.

The Center will take the feedback into consideration when planning family events.

## **Family Involvement**

In addition to participating in your child's classroom, parents/guardians may also consider volunteering on the CFDRC Advisory Committee. This committee provides an opportunity for families, administration, and teachers to discuss the curriculum activities and long-term planning around center and family goals.

The CFDRC also has an active PTO (Parent/Teacher Organization) which provides another vehicle for parents/guardians and staff to work together to create the best possible environment for children, their families, and the staff who work at the CFDRC. This committee plans family events, fundraising activities, parenting education opportunities, and coordinates parent/guardian volunteers to assist teachers in the classroom.

The CFDRC will recruit new members annually to join the PTO as well as the Advisory Council.

### **CFDRC Advisory Council**

Mission of the Advisory Council:

The mission of the Advisory Committee is to provide counsel to the Director on operating policies and procedures as they relate to the Child and Family Development Resource Center. This includes family, staff, and the Center's relationship with Eastern. The committee acts as a conduit for information and feedback between CFDRC administration and families. This is not a formal decision-making body and does not have oversight or responsibility over the CFDRC budget. The committee is composed of staff, family, faculty, as well as community members.

The Committee will

- Meet quarterly
- Discuss issues related to organization of CFDRC policies and procedures
- Support CFDRC Mission and purpose

### **Leadership and Advocacy**

There are opportunities for family leadership and advocacy as well. For example, families can join the School Readiness Council of which the Center is a part to further learn about such opportunities. The Director will communicate dates and events regularly as well as post flyers on the Family Board located in the facility.

### **Family to Family Communication**

The family / parent resource room offers families the opportunity to meet, share information, and exchange names and addresses with other families. This setting provides parents/guardians a place where relationships with other parents/guardians can develop. Often this family to family sharing allows for the development of relationships that extend beyond the center setting.

## **Clothing**

### **Daily Dress**

The children are busy each day working with blocks, paint, sand, water, and other materials. It is important that they are able to "work and play hard" and not worry if their clothes get dirty. Children also utilize the playground and other areas on campus even in the cold and snowy weather. Shoes, boots, and sneakers that are comfortable and easy to run and climb with are essential. Clothes should be comfortable and promote independence (i.e. pull on pants as opposed to overalls).

### **Personal Belongings**

All clothes, backpacks, books, and any other items must be labeled with the child's first and last name. There is limited room for storage so children and parents/guardians must plan carefully. Children should have at least one complete labeled change of clothes available at all times.

## **Toy Policy**

### **Toys from Home**

Generally, toys from home are discouraged. There will be specific times when the class is working on a particular study or project where items from home will be requested. Security blankets are allowed and are just used during nap time.

## **Visitation Guidelines**

### **Building Security and Access**

The CRDRC is a locked and secure facility. Only staff have FOB access rights to the Center. Families and visitors must ring the buzzer for admission. If we do not know the person, entry will be denied. Proper identification is required for families who are picking up children. The building is under surveillance by the Eastern Public Safety Department at all times.

### **Family Visits/Open Door Policy**

The CFDRC has an open-door policy. We encourage families to be involved in their child's school experience and that includes spending time in the classroom during the program's regular hours of operation by volunteering, participating in a wide range of organized events, and serving on the Parent Teacher Organization and the Advisory Committee. Families are required to sign in and out at the front desk when visiting. It is required for us to know who is in the building at all times in the event of an emergency. Teachers may ask parents/guardians to refrain from visiting during their child's initial adjustment to school and during nap time during the first weeks of school in order to support transition.

### **Visitors**

Due to the nature of our purpose and mission as a professional development site, many visitors will be touring the center accompanied by the director or other staff. University students and faculty, educators, and other professionals will be provided with an opportunity to witness the teaching and learning environments through tours, observation sessions, research projects, and video conferencing. All visitors are required to sign in at the front desk.

## **Policies and Procedures**

### **Family Services**

The mission of the center is to provide comprehensive services, resources, and support to families and children. These include, but are not limited to, resources and information on

housing, food stamps, continuing education, child rearing, conflicts in the family, abuse or neglect, nutrition, health screenings, parenting children with special needs, behavioral concerns, and other questions or concerns that may arise.

Annually, the CFDRC participates in a dental hygiene program on site at the CFDRC. Additionally, the school health consultant conducts yearly vision and hearing screenings for all children enrolled at the CFDRC.

### **Referral Policy**

There are times when teachers may have concerns about a child's development. Sometimes the child's parents/legal guardian may raise a concern as well. We take these concerns seriously and encourage open and confidential communication between staff and families. Such concerns are addressed in the following manner:

- Concerns are brought to the attention of the parents/guardians and the director. The program teaching team discusses concerns and develops strategies for observation and additional support for the child.
- The child is observed and behaviors are documented daily for a minimum of two weeks by the teachers and/or director. Information is discussed by the team, including the parents/guardians, and a plan of action is considered or implemented with parental consent.
- The director will work with children and teachers in the classroom when appropriate.
- After the observational period and strategies have been implemented, the team (including parents/guardians) meets for a follow-up discussion. Next steps including a possible referral may be discussed. Supports will be integrated in the child's classroom barring special circumstances.
- If referral is determined to be necessary by members of the team, the director shall follow appropriate routes for referral with written permission from the parents/guardians. The director will work with the teaching team and parents/guardians to organize and schedule appointments/outside observations.
- No information will be shared with any outside agency or individual without the signed written consent of the parent/guardian.

### **Bilingual Support**

In addition to providing children with opportunities to become comfortable with a language other than their native or home language, we strive to support parents/guardians whose primary language may not be English. An interpreter will be provided for any parent/guardian in their primary language to assist in understanding policies and procedures at the center.

### **Children with Special Needs**

The CFDRC will provide programs appropriate for children with special needs within the main stream of their existing programs whenever possible. Referrals to outside agencies will be made only with permission from parents/guardians. In conjunction with the public-school system

and/or state agency, an individualized educational plan will be designed and implemented with an interdisciplinary approach. Placement and/or programming will be determined at the Planning and Placement Team meeting (PPT).

### **Guardianship and Family Changes**

Often times, a child's behavior is the result of events occurring at home. Communication between the center and home is a key factor in understanding children's behaviors. If there is anything unusual occurring in your home, please let us know. This might be a severe illness, a relative in the hospital, a parent/guardian going away, a change in residence, the death of a pet, or a child witnessing an accident. Even though the child may not seem to be affected, we may see that he/she is upset. If a family situation requires a court order stating a legal parent/guardian is restricted from picking up a child or other restrictions, this order must be placed on file in the center. No child will be allowed to leave the center with anyone other than authorized persons listed on the enrollment application.

### **Confidentiality**

Information regarding children, families, or employees of the Child and Family Development Resource Center is confidential and only provided to persons authorized to receive such information. All files are locked in the administrative office areas and access is limited to the director, administrative assistant to the director, health consultant, and classroom lead teachers. All requests for information must be provided in writing to the office of the director.

### **Attendance Policy**

As part of our program, your children are immersed in a very deliberate, purposeful, and research-based curriculum. We all work very hard to meet the high standards put forth by our curriculum in order to ensure the best outcomes for your children. A vital part of our program is the daily schedule. Much thought and planning goes into scheduling the day so that children are successful. This begins with a prompt arrival time to your child's classroom. We would also like children to end their day positively, which includes prompt pick-ups.

Regular attendance is important for school success. It promotes a sense of belonging to the school community, fosters positive relationships with peers and teachers, promotes social, physical, cognitive, and creative development, and underscores the value of education. To this point, **the Center expects that children will be in attendance a minimum of 80% of the time.**

In situations where, unexcused absences (i.e. health) are excessive, the Director will meet with the family to address attendance. If poor attendance continues, the Center reserves the right to modify a child's schedule in order to accommodate another child enrolling in the program.

Often, during summer and holidays, families take time off and we encourage and support this family time and value the importance of family time. Should you have a planned vacation in excess of two weeks, please let us know in advance.

## Drop Off and Late Pick-Up Policy and Procedure

Regular attendance is important in order for children to receive the maximum benefit from the program, to reduce separation anxieties, and to ensure program continuity for students and staff.

**All children must arrive at school by 8:45 AM.** Having your children arrive on time helps them learn consistency and establishes important routines. A group meeting occurs each morning at arrival time where children and teachers discuss the plans for the day, share new ideas, and provide an opportunity for children to be involved in making choices as to how they will spend their morning. We ask that adults accompany their child into the classroom each morning. This encourages opportunities for daily family/ teacher communication. Please sign in at the reception desk and then again in the sign-in log located in or near your child's classroom. Children are also asked to sign-in or make their best attempt as this provides one of many opportunities during their day where they are exposed to "writing for meaning." A cubby will be assigned to your child for coats, hats, etc. We encourage you to allow your child to be as independent as possible.

**If you have a scheduled appointment and are unable to arrive by 9:00 a.m., a doctor's note is required and will allow you admittance into the program on or before 10:30 a.m. No child will be permitted in after 10:30 a.m.**

If you are unable to arrive by 9:00 a.m. daily, you must provide documentation prior to enrollment and meet with the director to discuss alternatives.

We recognize that there are times when it is not possible to get your child to school by 9:00 am. Acceptable reasons are doctor appointments, other agency appointments, and school appointments for the child enrolled at CFDRC. Please call the center in advance to notify us that your child will be arriving late. We ask that you bring in a note verifying the appointment on the day the child is late.

Any arrival after 9 a.m. may result in late arrival policy noted below.

### Late Arrival Action Steps:

- The first unexcused arrival (after 9:00 a.m.) you will receive a verbal warning.
- The second late arrival, you will receive a written warning reminding you of the policy.
- After the third late arrival you will be required to either keep your child home for five consecutive days or make alternative arrangements. You will be charged for these days.
- If your child continues to arrive later after the three days, we will ask that you find a different program option that better suits your scheduling needs.

This policy is in conjunction with the Windham School Readiness Council and aligns with the attendance policies outlined by the Council.

### Late Pick-Up Policy and Procedures

It is very important for children to have transition time at the end of their day the day. Therefore, we ask that families arrive by 12:20 for half day children or 5:20 p.m for full time children to

allow for this transition time and to briefly communicate with the teacher. If there are any significant issues to discuss, it is best to arrange a conference or phone call at a time that is not as busy as pick up time. All families and children must exit the building by 5:30 p.m or 12:30 on scheduled half days.

If families are unable to pick up his or her child by 12:30 or 5:30 p.m. for whatever reason, it is the parent/guardian's responsibility to call their emergency person listed on the emergency contract form who will pick up the child before 12:30 or 5:30 p.m. If someone other than the person you have authorized is going to pick up your child, you must inform your child's classroom teacher and complete a release form. We will not release your child to anyone for whom we do not have written authorization. If the teacher does not know the person picking up your child, they will ask for identification. If a child has not been picked up by 6:00 p.m., the CFDRC staff will call the police department for help in locating the parents and advise on further action. Late pick up is emotionally difficult for the children and staff. Non-emergency late pick up may result in dismissal from the program. If a child is at the center beyond dismissal time, 12:30 or 5:30 we will follow the policy listed below:

- Fifteen minutes after the center's closing time, if the parent/guardian has not arrived, emergency contact(s) will be called.
- If after a total of thirty minutes, we have been unable to contact parent/guardian or emergency contact, the staffing of at least two staff 18 years or older, will notify local Police Department
- Closing and pick-up times are strictly enforced as a courtesy to everyone. Late pick-up fees are imposed for anyone not arriving by closing time. They are automatically added to your account the next business day **and must be paid immediately**. Charges are:

Occurrence	Late Fee Assessed	Minutes Late
First Time Late	\$10 per child	first 15-minutes or any part thereof; plus
	an additional \$20 per child	each extra 15-minute period or any part thereof
Second Time Late	\$20 per child	first 15-minutes or any part thereof; plus
	an additional \$30 per child	each extra 15-minute period or any part thereof
Third Time Late	The Center reserves the right to terminate attendance.	
<b>Fees will be assessed by next business day and must be paid in full. The fees must be paid in full no later than the end of the billing cycle.</b>		

**\*\*\* Please note: Fees will be assessed based on pick up time using front desk clock. \*\*\***

### **Nap Time Policy**

Nap is an integral part of program routine and all children are required to nap or rest. Each child is provided with his/her own mat or cot and a sheet for rest each day. Children are encouraged to bring a blanket, pillow, and soft toy from home. Books are provided for children who rest. Bottles are not allowed at nap time however, a drink of water out of cups is always available to children. Nap time for the toddlers and preschoolers is approximately two hours. No child is



awakened before this time. Children may get up after one hour if they awaken on their own. Children who have been ill will not be awakened. An adult is present in the nap room at all times. After a period of time, children who do not fall asleep will be provided with an opportunity for quiet activities until rest time is over.

“Scheduling adequate rest for children in the day care setting is important in teaching them to make a smooth transition from one activity to another. A quiet time between periods of strenuous play may make all the difference in the child’s ability to keep up.” American Academy of Pediatrics, *Health in Day Care: A Manual for Health Professionals*

### **Behavior and Guidance Approach**

The Child and Family Development Resource Center believes that a challenging curriculum and warm, responsive teaching helps to create an atmosphere that reduces opportunities for negative interaction. Anticipation and preventative intervention are teaching strategies used to help children manage their impulses and develop communication skills. Staff is trained to use positive behavior guidance techniques to support positive behavior.

Through positive guidance, teachers:

- Help children respect the rights and feelings of others
- Help children develop empathy for others through example
- Praise children’s efforts to cooperate and compromise
- Give children specific feedback regarding their behaviors

The ultimate aim of the discipline/behavior management policy of the Child and Family Development Resource Center is to support children as they develop self-control, self-esteem, and respect for the rights of others within a trusting, secure, and nurturing environment. Teachers refrain from using any methods of discipline that would embarrass, humiliate, or harm the self-esteem of a child. Teacher/parent/guardian strategy sessions are held to develop behavioral plans to meet the needs of more challenging situations. ***Punitive methods are never employed by any staff at the CFDRC. No physical, emotional, or psychological punishment will be used when guiding children’s behavior. Physical restraint is prohibited unless such restraint is necessary to protect the health and safety of the child or other people.***

Prevention is the key. Through classroom procedure and planning, teachers:

- Accept each child as a worthwhile individual at his/her own level of development and recognize behavior is a reflection of each child’s experience to date
- Anticipate behavior and intervene before disruption occurs
- Plan a wide range of activities using a variety of materials the complement children’s interests, growth, and development
- Provide a balanced curriculum of quiet and active events in an orderly and daily sequence in which children participate at their own pace
- Structure activities that require close supervision, such as cooking, art, and discussion, into small group experiences to provide for immediate and individual attention

In addition, teachers provide the following guidelines and limits within the classroom and outdoor environments:

- Children are encouraged to problem solve and express their feelings in acceptable ways
- Children are expected to respect all members of the center and to follow the directions of the teachers and staff

The teachers and staff do not use physical methods for managing children's behaviors. Children who are experiencing a problem with others will be redirected to another activity. If redirection is unsuccessful, the child will be removed to a location in the classroom where they can be visually supervised. During this time, adult support and guidance will be provided, along with continued suggestions for redirecting to another area with other children or use of alternative materials. All classrooms provide a visible "get away space" for those children who choose time away from the group. Children who are experiencing continual behavior incidents or exhibiting other developmental concerns will be referred to the director and the family services staff. Parents/guardians will be provided with frequent opportunities for communication through parent/guardian conferencing, phone calls, and daily journals.

Behavior that is chronically disruptive may be an indicator that further support or assessment is needed. This support may include a referral process for further assessment and additional outside services. Behaviors that cannot be managed within the classroom setting are defined as a danger to self or others (examples include but are not limited to):

- Head banging, excessive biting that breaks the skin, hitting, hair pulling, using objects to inflict bodily harm, etc.

AND/OR

- Disruptive behavior that creates chronic interferences to classroom activities (examples include but are not limited to):
- Tantrums, screaming, foul language, severe or chronic non-compliance or defiance

If the center's procedures for dealing with the behaviors outlined above do not result in the restoration of an acceptable and safe educational environment, the director of the Child and Family Development Resource Center reserves the right to temporarily or permanently remove a child from the center. It is our hope that through open communication, parent/guardian support, and the collaboration with local resources that this is a last resort. No referrals will be made to outside individuals, specialists, or school districts without the knowledge of and written permission from the parents/guardians.

### **Behavior Guidelines**

At the CFDRC, our behavior expectations are designed to help children learn to manage their behavior for effective interaction, learning, and cooperation. Staff guide and support children by clearly communicating in a positive manner and tone. Typically, children are eager to act appropriately and are recognized for doing so. We design experiences that are age-appropriate in

both task and duration to maximize successful interactions. Our teachers carefully monitor the children's activities and diffuse problems before they begin. A child who is losing interest in one activity may be redirected to another area that can lead to renewed engagement and positive behavior.

### Basic Behavior Expectations at the CFDRC

As an early learning center, we value ongoing communication and building strong relationships with families. Parents and guardians are encouraged to initiate conversations with staff about their child's experience and to consult with staff about their child's needs. Also, staff will communicate with families if the program is having challenges meeting their child's needs. Our goal is to promote the child's self-esteem through practicing positive non-evaluative guidance, providing experience that matches their developmental level and meeting their needs responsively. All CFDRC staff will support children's play:

- Give guidance as needed, but try not to interfere in a child's activity.
- Action is necessary if such activity is endangering him/her or some other child.
- Be positive in word and attitude when you must maintain limits. Be kind, matter of fact and composed at all times.
- Offer choices when possible.
- Refrain from discussing a child in his or her presence.
- Avoid labeling (positive and negative) so shaming a child.

**No physical, emotional, or psychological punishment will be used when guiding children's behavior. Boundaries for children are established in each classroom according to their age. Physical restraint is prohibited unless such restraint is necessary to protect the health and safety of the child or other people.**

To enforce the boundaries at the CFDRC, the adults use the following techniques with the children:

- Clear statement of the limit. ("You may not throw the blocks.")
- Stating expectations positively. ("The blocks are for building.")
- Redirection. ("Let's go see what Eric is cooking in the kitchen.")
- Supporting problem-solving and negotiation between the children.
- ("How could you use your words to tell John that you would like to have a turn with that truck?")
- Logical consequences or choices. ("You are having difficulty playing with the blocks without throwing: I need you to choose another place to play.")
- Modeling effective ways to express feelings and emotions. ("I do not like it when you grab the book from my hands. Please tell me that you would like to see it.")

Communication between home and school is essential for the child's sense of consistency and stability. Disruptions at home or at school can be upsetting to a child and result in challenging behaviors. In order for the adults to be supportive of your child, it would be helpful to know about changes that are happening at home and at school. An ill grandparent may be worrying a child's mother, or father may be working a lot of overtime. These types of events cause stress for

children and may result in challenging behaviors. Adults who share this information are better prepared to support a child.

Children are learning how to regulate their behavior in a group and will make mistakes. We will not report all challenging behaviors to you but only those that persist. We share this information with you so that we can work together to help your child expand his/her social skills. Severe behavior will sometimes occur in a classroom. These may include biting, hitting, and using profanity. Some behaviors that might cause staff to be concerned about a child include, but are not limited to:

- The child repeatedly displays hurtful and/or unsafe behavior
- The child's behavior is disruptive
- The child's needs exceed the program's resources

Very young children (toddlers under two-and-a-half) frequently may do these things to get a reaction from the adults and peers. Since attention can often promote the behavior, it may be appropriate to redirect the aggressor and protect the other children without giving the aggressor much attention. Prevention is the best tool in this situation.

As preschoolers, children continue to learn how to self-regulate. If you witness aggressive behavior in your child's classroom, know that the teachers and the director are working together, very likely with other professionals, to find a solution. If your child exhibits aggressive behavior, know that we will want to help you find resources to address challenging behaviors before they become behavior patterns that are more difficult to resolve.

### **Steps for Addressing Challenging and/or Disruptive Behaviors**

1. The behaviors of children will be addressed by classroom staff as outlined by the discipline policy of the CFDRC. This could include positive reinforcement for appropriate behavior, redirection, and reminders of classroom expectations, modifying the classroom environment and/or daily schedule, and providing a supervised quiet time for the child to regain composure. Classroom staff shall observe all children and document these observations to note patterns as well as factors leading to the negative behavior. At no time shall staff use shaming, the withholding of food, or physical punishment of any kind.
2. Classroom teachers will communicate with parent(s)/guardian(s) regarding the behaviors observed. The purpose of the communication will also be to gain additional useful information to support the child and establish consistency in routines and expectations.
3. When a child exhibits a challenging behavior on a continual basis that is not resolved through appropriate behavior management strategies, the classroom staff will meet with the center director to document the behavior and ask for further guidance. The teacher will implement additional strategies and communicate with families on a regular basis.
4. If the behavior is still not resolved, the center staff shall request a meeting with the child's parent(s)/guardian(s), to discuss the behavior. The center staff and parent(s)/guardian(s)

will collaborate on developing strategies to resolve the behavior. During this process, the classroom staff will keep the center director and child's parent(s)/guardian(s) informed of progress in resolving the behavior problem. **If a child's behavior results in an injury to another child or staff member, the child's parent(s)/guardian(s) will be notified as soon as possible and written documentation of the incident will be provided to the parent(s)/guardian(s) and placed in the child's file. In cases where a child is physically hurting self, other children, and/or staff, it will be necessary to pick up your child from the program in a timely manner (Please note: tuition will continue to apply in these instances). A meeting with teacher(s) and the Director will follow shortly thereafter and an action plan will be created.**

5. In the case of a bite or an injury where we must apply first aid, we will call the parents/guardians of both children. A written report will also be sent home. The privacy of all children involved in any such incident will be preserved.
6. If the center staff feels that they need further assistance in resolving the behavior, the program may, with the parental permission, request the assistance of an outside party. If the center staff feels that the problem may be a result of a special need, the program may, with parental permission, refer the child for screening. If the parental permission is refused and/or there is no follow-through within a timely matter (not to exceed 2 weeks), the continued enrollment of the child will be reconsidered.
7. If all of the above steps fail to resolve the behavior, the program may ask the parent(s)/guardians to obtain care for their child at another center. The program will provide the parent(s)/guardian(s) with 2 weeks notice, except where such notice is not reasonable because of safety concerns.
8. Written documentation of the above steps will be provided to the parent(s)/guardian(s) and placed in the child's file.

**In compliance with Federal Regulations: §246.8; FNS Instruction 113-1, Departmental Regulation 4300-003, Equal Opportunity Public Notification Policy-June 2, 2015 POLICY State and local agency staff shall not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, age, national origin, sex, or disability in any manner prohibited by the laws of the United States or of the State of Connecticut.**

### **CFDRC Resolution Procedure**

If for any reason you are dissatisfied with the center's policies and procedures you have the right to share your thoughts and concerns. We would like to suggest the following process:

- Discuss your concern or question with your child's teacher.
- If that conversation does not resolve your concern, make an appointment to meet with the director.
- If the concern remains unresolved, you may contact the Vice President of Academic Affairs.

- In the event of abuse or neglect and/or life-threatening situations, contact the Department of Children and Families at 1-800-842-2288.

If a difficult situation arises with another child or family, we suggest that parents/guardians discuss the situation with the director. All complaints are considered confidential.

### **Complaint Procedure**

All complaints are considered confidential. Most problems within a Child Day Care Center are non-life threatening and can be resolved by:

1. Discussing the problem with the classroom teacher.
2. Discussing the problem with the program director.
3. If the problem is not resolved, you may contact the Office of Early Childhood.

This procedure is for Child Day Care programs which are licensed under the authority of Connecticut General Statutes 19a-79-1a through 19a-79-13.

Connecticut Office of Early Childhood  
450 Columbus Blvd. Suite 302  
Hartford, CT 06103  
(860) 500-4412

## **Health and Safety Policies and Procedures**

### **Safety Precautions**

- Be sure to say hello and goodbye to a teacher so your child can begin to model this behavior.
- Be certain that a teacher or assistant, who knows you, has seen you arrive and depart.
- Spend the time to introduce yourself to the staff and get to know them. This shows your child that you are interested and gives you something to talk about with them when at home or in the car.
- Please provide a written note if a different person is going to pick up your child (must be over age 18). **They will be required to provide valid photo identification in order to pick up.** Under no circumstances will we release a child to anyone without prior parental consent and a phot identification.
- If you have a court restraining order or other official documentation limiting someone from picking up your child, please make sure that we have that document on file at the center.
- The center will not release a child at any time to a parent/guardian or designated individual who is visibly impaired due to alcohol consumption, substance abuse, prescription drugs, or other substances. In the event that a parent/guardian or designated individual is impaired, the center's administrative staff will telephone Campus Police and contact individuals on the emergency contact list to arrange for the child to be released.

## Handwashing Policy

The program follows these practices regarding hand washing:

- Staff members and children who are developmentally able to learn personal hygiene are taught hand washing procedures and are periodically monitored.
- Hand washing is required by all staff, volunteers, and children when hand washing would reduce the risk of transmission of infectious diseases to themselves and to others.
- Staff assists children with hand washing as needed to successfully complete the task. Children either wash independently or with staff assistance.

Children and adults wash their hands:

- On arrival for the day
- After diapering or using the toilet (use of wet wipes if acceptable for infants)
- After handling bodily fluids i.e. blowing or wiping a nose, coughing on a hand, or touching any mucus, blood, or vomit)
- Before meals and snacks, before preparing or serving food, or other handling any raw food that requires cooking (i.e. meat, eggs, poultry)
- After playing in water that is shared by two or more people
- After handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals
- When moving from one group to another (.e. visiting) that involves contact with infants and toddlers

Adults also wash their hands:

- Before and after feeding a child
- Before and after administering medication
- After assisting a child with toileting
- After handling garbage or cleaning

Proper hand washing procedures are followed by adults and children that include:

- Using liquid soap and running water
- Rubbing hands vigorously for at least ten seconds, including the back of hands, wrists, between fingers, under and around any jewelry, and under fingernails, rinsing well, drying hands with a paper towel, a single-use towel or a dryer, and avoiding touching the faucet with just washed hands (i.e. by using a paper towel to turn off the water)

Except when handling blood or body fluids that might contain blood (when wearing gloves is required), wearing gloves is an optional supplement, but not a substitute, for hand washing in any required hand-washing situation listed above.

- Staff wear gloves when contamination with blood may occur.

- Staff do not use hand-washing sinks for bathing children or for removing smeared fecal material.
- In situations where sinks are used for both food preparation and other purposes, staff clean and sanitize the sinks before using them to prepare food.

### **Sun-block and Insect Repellent**

Though our playgrounds and porch provide shady spots for play during warm months, parents/guardians may wish to provide sunscreen or sun-block with UVK protection of SPF 15 or higher to be applied only to exposed skin. When public health authorities recommend the use of insect repellents due to high risk of insect-borne disease, parents/guardians may provide the repellent for application. Please note, appropriate medication administration form must be completed by parent/guardian and/or physician.

### **Diapering Procedure**

Diapers are checked at least every two hours and when children awaken from rest and changed whenever soiled or wet. The time, number, and nature of changes are recorded. Parents/guardians must provide disposable diapers. Children are washed and dried with individual washing materials, such as single-use disposable wipes (also supplied by parents/guardians) during each diaper change.

Diaper changes are recorded for parent(s)/guardian(s), including information on the number of changes, BM's and/or diarrhea. The hands of staff and all children, including infants, are washed thoroughly with soap and running water after each changing. Individual towels are used to dry hands. The changing table or diapering surface is intact, impervious to water, and used for no other purpose. It is adequately covered by a disposable covering after each use.

### **CFDRC Diapering Procedures**

- 1. Get organized**
  - Gather supplies in changing area within reach (disposable diaper, wipes, gloves, non-absorbent paper liner, clean clothing, and a plastic bag if needed).
  - Cover the entire changing surface or table with paper.
  - Wash hands thoroughly with soap and warm running water.
- 2. Wash child's hands**
  - Place child on diapering table keeping a hand on him/her at all times for safety.
  - Never leave child unattended during diapering procedure.
- 3. Remove child's clothing**
  - Put soiled clothing aside.
  - Put on gloves.
- 4. Unfasten diaper and leave soiled diaper under child**
  - Lift the child's legs and use disposable wipes to clean skin creases, genitalia, and bottom.
  - Wipe front to back using a clean wipe each time.
  - Place used wipes in dirty diaper.
- 5. Remove soiled diaper**
  - Fold diaper inward and place in covered, hands-free, plastic-lined container.



- Fold back paper liner if a clean surface is needed.
  - Remove gloves and place in covered, hands-free, plastic-lined container.
6. **Clean your hands**
    - Use a disposable wipe to clean your hands.
    - Clean child's hands with another fresh wipe.
  7. **Put clean diaper on child**
    - Apply ointment provided by parents/guardians upon their written consent.
  8. **Dress the child**
    - Change the child's clothing if wet or soiled.
  9. **Wash the child's hands**
    - Wash child's hands using soap and water.
    - Put child safely in supervised area.
  10. **Clean and sanitize the changing surface or table**
    - Throw away the paper liner in covered, hands-free, plastic-lined container.
    - Clean any visible soil with detergent and water.
    - Place soiled items in a bag, tie the bag, and send it home that day.
    - Wet the entire changing surface with sanitizing solution.
  11. **Wash your hands**
    - Wash your hands with soap and warm water.

### **Accident and Illness Forms**

Accident and illness forms are filled out when an injury or illness occurs at the center. Parents/guardians are requested to read and sign a copy, which will be kept in the child's file. In the event of an emergency, the teacher/staff present will call 911, the parent/guardian, and the University Police. If an ambulance is called to transport a child, a teacher/staff will remain with the child until the parent/guardian arrives. Medical forms, emergency cards, and permission to treat forms will accompany the child to the hospital. If a child has a noticeable injury as a result of an accident outside of the school, parents/guardians are requested to inform the staff.

It is important that specific information be included on the enrollment/application forms designating preferred hospital and physician. Teachers will regularly check with parents/guardians to assure that the information is correct.

If we cannot reach a parent/guardian, the emergency contacts identified on the enrollment/application form will be called. New emergency contacts should be submitted to the front desk and classroom teachers as soon as changes occur.

### **Emergency Procedures**

#### **Early Closing Due to Inclement Weather**

When inclement weather is creating hazardous travel conditions, the center will make a decision regarding an early closing in conjunction with University Administration. The center will notify all parents/guardians and request that children are picked up as close as possible to the early closing time. Two teachers/staff will remain with the children until all children have been picked up.

**Fire Emergency**

Under the supervision of the Eastern Connecticut State University Police, fire drills are practiced monthly. While responsibility for smooth evacuation lies with the teachers, children are taught to respond to the alarm quietly and quickly. Parents/guardians and families in the building during an alarm signal should proceed to the nearest exit.

**Lockdown Plan**

If there is a reason to lockdown the center, teachers will be provided with code words identifying that the center is in a lockdown phase. One code will identify that teachers and children are to remain in their classrooms, pull the shades, and make sure the classroom exit doors to the great room are locked. A different code word will alert teachers to escort all children and staff to the market place by the tree area.

**Evacuation**

In the case of an emergency, children will be evacuated to Hurley Hall. Children will be evacuated according to the diagrams set forth in each classroom designation the closest means of egress. Children will wait with their classroom teachers. Teachers carry the class list with emergency contact information for each child. During the emergency or drill, children will be instructed to stand quietly and listen for directions from their teacher. The director/designated teacher will check with each group to determine that all children in attendance are present, and consult with campus Police prior to re-entering the building. Once there, telephones will be used to contact parent(s)/guardian(s) or the children's emergency contact numbers. Beverages, lavatories, and space for small group activities are available to make children comfortable while waiting for their parent(s)/guardian(s) or emergency contact person. Two teachers will remain until all children have been picked up.

**Weather Evacuation**

In the event of a weather emergency that necessitates keeping children in the center:

- The director or designee will contact Eastern Connecticut State University Police.
- Teachers/staff will farther children away from window areas and await instructions.

In the event of weather emergency that necessitates leaving the center, children and teachers will use the same egress as in a fire drill. The director/administrative assistant will contact University Police/911 and move to Hurley Hall. Once there, telephones will be used to contact parent(s)/guardian(s) or the children's emergency contact numbers. Beverages and lavatories are available on site to ensure that children will be comfortable while waiting for their parent(s)/guardians(s) or emergency contact person. Two staff members will remain until all children have been picked up.

**Medical Emergency**

The Child and Family Development Center staff strives to prevent accidents, but in the event of a minor accident at the center, first aid supplies are available in classrooms, playground, bathrooms, and the main office in accordance with state requirements.

## **CFDRC Policy and Procedure for Medical and Dental Emergencies**

Policy: CFDRC staff will implement and keep current written procedures for handling emergency situations which threaten the health and safety of children, staff, or volunteers.

The following information will be made available to both staff and families via their respective handbooks:

- Windham Community Memorial Hospital is the closest available facility providing emergency medical and dental care. Parents/guardians have the option of listing a hospital preference on the CFDRC Health/Emergency Contact Information form, but in an emergency CFDRC staff and/or EMS personnel may make a different hospital selection based on the child's condition.
- CFDRC Health/Emergency Contact Information form will be updated by families every six (6) months or as needed. Current forms will be copied and copies will be kept in the following locations:
  - Front desk (child's file)
  - Health office (child's health files)
  - Classroom Emergency Backpack
- In an emergency (medical or dental) requiring transport to a hospital the child or other individual requiring treatment will be accompanied by either the director, center nurse, or head teacher.
- At least one staff member with current first aid training including rescue breathing will be on-site at all times.
- A Special Health Care Plan (SHCP) for children with asthma, life-threatening allergies, or other special health care needs will be kept current and in writing in the child's health file. In cases where medication may be required for the condition, a copy of the SHCP will be kept in the classroom health book with the medication record. Parents/guardians will be encouraged to participate in development of the SHCP and are asked to provide the CFDRC staff with current information as to the child's condition, including any changes that may have been made by the child's health care provider. A current copy of the SHCP is to be attached to the child's CFDRC Health/Emergency Contact Information form in each place (listed above) that the form is kept.
- An Emergency Information Form for Children with Special Needs should be completed and updated with contact information. This form should be attached to the SHCP and the CFDRC Health/Emergency Contact Information form.
- In the event of an emergency requiring transport of the child by EMS, the forms listed here should accompany the child whenever possible, as this information is extremely helpful to the medical professionals who will be caring for the child.

## **Office of Early Childhood (OEC) Licensing Regulations and Requirements: Abuse and Neglect Policy**

The Child and Family Development Resource Center is required by the Public Policy of the State of Connecticut to protect children whose health and welfare may be adversely affected through injury and neglect, to strengthen the family and to make the home safe for children by enhancing

the parental capacity for good child care, to provide a temporary or permanent nurturing and safe environment for children when necessary, and for the instances that require the reporting of suspected child abuse, investigation or such reports by a social agency and provision of services, where needed, to children and families.

### **Child Abuse and Neglect Reporting Policy**

In accordance with state law and regulations, as well as early childhood education practices, it is the policy of the CFDRC to report all instances of child abuse and/or neglect as soon as there is reasonable cause to believe that abuse or neglect may have occurred.

Once a staff person believes that abuse/neglect may have occurred, this staff person conveys this belief immediately to the director and reports this belief in the following manner as prescribed by the State of Connecticut Department of Children and Families (DCF):

1. An oral report must be made within twelve hours to the commissioner of DCF or his representative or to the local police or state police. [17-38a] [The phone number for the Willimantic office is 450-2000; Hot Line: 1-800-842-2288]
2. A written report must follow within twelve hours. It can be submitted to a DCF regional office [Tyler Square, 1320 Main Street, Willimantic, CT 06226] or directly to the Commissioner at the Central Office. [17-38a]
3. If a person is making the report as a member of the staff of a hospital, school, social agent, or other institution, the reporter must also notify the head of the institution or his designee that such a report has been made. [17-38a (b)]
4. All information as noted on the DCF reporting form, if known by the reporter, must be reported. [17-38a]
5. Agencies or institutions receiving reports must transfer such information to the Commissioner of DCF or his agent within twenty-four hours. [17-38a(e)]

It is also the CFDRC's policy to:

1. Ensure that all staff are informed of this policy and of their duty, as mandated reporters, to report abuse or neglect, as well as the fact that failure to report can result in a fine between \$500-\$2,500.
2. Report names, addresses, date of birth, and social security numbers of all staff at time of initial employment to the state Police Bureau of Identification for investigation.
3. Provide staff with training as to the prevention and identification of abuse or neglect.
4. Cooperate with the Department of Children and Families and the State Police in any investigation involving the center's families and/or its personnel.
5. Take immediate action to safeguard children, up to and including suspension from duty, should an allegation of abuse or neglect be made against a staff person.
6. Take immediate action to safeguard children, up to and including dismissed from duty, should a staff person be found to have perpetrated abuse or neglect.
7. Adhere to the Confidentiality Policy adopted by the Center

The following is a summary of Connecticut's legal requirements concerning child abuse/neglect.

### **Public Policy of the State of Connecticut**

*To protect children whose health and welfare may be adversely affected through injury and neglect to strengthen the family and to make the home safe for children by enhancing the parental capacity for good child care to provide a temporary or permanent nurturing and safe environment for children when necessary and for these purposes to require the reporting or suspected child abuse, investigation of such reports by a social agency, and provision of services where needed.*

Who is mandated to Report Child Abuse/Neglect?

- Licensed physician, surgeons & physician assistants
- Resident physicians and interns in any hospital located in the state
- Registered and licensed practical nurses
- Medical examiners
- Dentists and dental hygienist
- Psychologist, social workers, and other mental health professionals
- School teachers, principals, guidance counselors, paraprofessionals, school coaches
- Police officers
- Member of the clergy
- Pharmacists, Physical therapists, optometrists, chiropractors, podiatrists
- Licensed or certified alcohol and drug counselors
- Licensed marital and family therapists
- Sexual assault and battered women's counselors
- Paid child caregivers in a licensed public and private child day care centers, family day care homes, and group day care homes
- The Child Advocate and employees of the Office of the Child Advocate
- Licensed professional counselors
- Public Health employees responsible for licensing child day care centers, family and group day care homes, and youth camps
- Department of Children and Families employees
- Juvenile and adult probation and parole officers [17-38a(b)]

Do those mandated to report incur liability?

No. Any person, institution or agency reporting in good faith is immune from any liability, civil or criminal. [17-38a (h)]

Is there a penalty for not reporting?

Yes. A person is required to report; those who fail to do so shall be fined between \$500-\$2,500.

What must be reported?

1. Child Abuse: Defined as any child under the age of eighteen who has had a physical injury or injuries inflicted upon him by a person responsible for the health, welfare, or care, or by a person given access to the child by the responsible person other than by accidental means or has injuries which are at variance with the history given of them, or

is in a condition which is the result of maltreatment such as but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment, cruel punishment, or has been neglected. [17-38a(b) and 17-53]

2. Child Neglect: Defined as child under eighteen who has been abandoned or is being denied proper care and attention, physically, emotionally, or morally or is being permitted to live under conditions, circumstances, or associations injurious to his/her well-being or has been abused. [17-53]

*Exceptions: The treatment of any child by an accredited Christian Science practitioner shall not of itself constitute neglect or maltreatment.*

3. Child at risk: Reasonable cause to believe or suspect a child is in danger of being abused as opposed to belief that the abuse has actually occurred. {17-38(b)}
4. Child under 13 with VD: A physician or facility must report to the Commissioner of DCF on the consultation, examination, and treatment for venereal disease of a child not more than twelve years old.

#### Do Private Citizens Have a Responsibility for Reporting?

Yes. A separate section of the law indicates that any person in addition to those specifically mandated, shall give an oral or written report to DCF when there is reasonable cause to suspect child abuse/neglect. Such a person making the report in good faith is also immune from any liability, civil or criminal. There is however the penalty for not reporting. [17-38c]

*\*Specific citations from the Connecticut General Statutes are noted in brackets.*

Mandated reporters are under no legal obligation to inform parents/guardians that they have made a report to DCF about their child. In cases of abuse, reporters should not talk with parents/guardians before DCF investigates the allegations. ([www.state.ct.us/DCF/reptlaws.htm](http://www.state.ct.us/DCF/reptlaws.htm))

#### **Suspected Abuse by a Member of an Institution or Facility Providing Child Care**

Mandated reporters are also required to report when they have reasonable cause to suspect or believe that any child has been abused or neglected by a member of the staff of a public or private institution or facility that provides child care for children. DCF must notify the head of the institution or facility providing child care that a report has been made, except in circumstances when such person is the alleged perpetrator. Whenever DCF, based on the results of an investigation, has reasonable cause to believe that a child has been abused or neglected by a staff member of a public or private institution or facility providing child care, DCF shall notify the institution, school, or facility and provide records concerning the investigation to the executive director. If the facility is licensed by the state for the caring of children, DCF shall notify the state agency that licenses it and provide records concerning the investigation. The institution may suspend the employee. The suspension must be with pay and will not diminish or terminate the employee's benefits. This will remain in effect until resolved by the person's employer. Employee's confidentiality will be assumed as with all personnel matters.

#### **Health Forms and Immunization**

Children cannot attend the center unless a yearly physical examination form (ED119) is on file and all immunizations are up-to-date. Medical forms are kept in the nurse's office in a locked

cabinet and are available only to those teaching and administrative staff as needed with signed authorization from parents/legal guardians.

### **CFDRC Medication Administration Policy**

This policy addresses medication administration at the CFDRC and will detail those practices necessary to ensure the safety and health of children and staff. While many medications are best administered at home by the child's parent/guardian, CFDRC recognizes that some medications must be administered during the school day in order for the child to participate fully and not be unnecessarily excluded from program activities.

- **Types of Medication to be Administered:**  
CFDRC staff will administer only those medications approved by Connecticut Department of Public Health for administration by child day care personnel. Only medications in the following categories will be administered:
  - Non-prescription topical medications, including diaper creams, medicated powders, and lip/teething gel or ointment.
  - Oral, topical, inhaled medications, not included above, both prescription and non-prescription.
  - Premeasured, commercially prepared injectable medication for emergency treatment of life-threatening allergy.No other types of medication will be administered at the CFDRC without prior DPH approval and medication-specific training by a health care professional. CFDRC will not administer investigational drugs or any medicines that exceed established medical safety parameters as recognized by the Federal Food and Drug Administration (FDA) or patient package insert.
- **Parent/Guardian Responsibilities:**  
Parent/guardian responsibilities will include, but not be limited to the following:
  - Submission of properly signed medication authorization. A physician's signature is required for all medication, prescription and non-prescription, with the exception of those in the "non-prescription" category described above.
  - Parent/guardian will provide the child with the first dose of any new medication. The first dose of a new medication will not be provided to a child by CFDRC staff.
  - Parent/guardian will communicate any unusual side effects or reactions to the medication that may have been noted following previous doses.
  - Parent/guardian will communicate those medication administration techniques that have been successfully used at home. Parent/guardian will also provide proper dosing tools or other equipment required to administer a medication (i.e. oral medicine dropper or spacer for use with inhaler).
  - Parent/guardian will provide CFDRC with adequate supply of medication in original container or packaging with pharmacy label intact, if applicable.
  - Parent/guardian will pick up any remaining medication once the treatment course has been completed. Medication that has not been retrieved by the

parent/guardian after one week will be disposed of according to Connecticut DEP guidelines.

- Parent/guardian will notify CFDRC staff when/if a medication dosage is given at home prior to drop off at the CFDRC.
- CFDRC Staff Responsibilities:  
CFDRC staff responsibilities will include, but are not limited to the following:
  - Ensure the proper authorization is current, completed, and signed before administering any medication.
  - Only CFDRC staff with current written approval indicating successful completion of medication administration training will administer any medication other than non-prescription topical.
  - Staff will administer medications only as authorized.
  - Staff will check authorization prior to each dose of medication.
  - Staff will perform three separate checks of the “Five Rights” of medication administration prior to each dose of medication:
    - Right child
    - Right medication
    - Right dose
    - Right time
    - Right route
  - Staff will immediately report, both verbally and in writing, any medication errors to:
    - Prescriber
    - Parent/guardian
    - Poison Control Center, as appropriate
      - Connecticut Poison Control: 1-800-222-1222
    - Director
    - Health consultant

One medication error report must be completed for each child involved in the error; parent/guardian of each child involved must be contacted.

  - Staff will carefully document every dose administered in the child’s medication record.
  - Staff will communicate the following to parent/guardian:
    - Any unusual side effects noted following medication administration
    - Less than one-week supply of medicine remaining
    - Refusal of a scheduled medication dose
    - Any medication errors
    - Time of last medication dosage at CFDRC
  - Self-administration of a medication by a child will be managed on an individual, case-by-case basis. Family, teacher, and health consultant will develop a collaborative, written plan which encourages the child to participate in self-care while remaining attentive to safety and developmental readiness.
- Proper Medication Labeling and Storage:



- Non-prescription topical medications must be stored in the original package, labeled with child's name and date of birth, and kept out of reach of children. So long as these conditions are met, these medications may be stored in the classroom.
- Asthma medications and those medications to be used as treatment for life-threatening allergies (i.e. EPI pen), must be stored in the original package with the pharmacy label still intact and out of reach of children. So long as these conditions are met, these medications may be stored in the classroom to allow for quick access in an emergency.
- Controlled medications must be stored in a locked box out of the reach of children.
- Other medications may be kept in the classroom so long as the conditions above are met, with the following expectations:
  - Medications requiring refrigeration must be kept in the health room refrigerator with original packaging and label intact.
  - Controlled medications will be kept locked in a safe in the health room with original packaging and label intact.
- Expiration dates are to be checked on all medications before administration of each dose. Expired medications will be returned to the parent within one week. Expired medications not retrieved by parent after one week will be disposed of according to DEP guidelines.
- All medications, regardless of type, must be labeled by the CFDRC staff with child's name and date of birth, date of authorization, and directions for use.
- Medication Administration Recordkeeping:

CFDRC staff will maintain the following recordkeeping procedures:

  - All documentation will be legible and in black ink.
  - Non-prescription topical medications will be authorized using the form titled "Non-prescription Topical Medication Administration" and doses will be recorded on the form titled "Medication Administration Record" (MAR). These two forms make up the child's medication administration record.
  - Medications other than non-prescription topical will be authorized using the form titled "Authorization for the Administration of Medication by Child Care Personnel" (Mar).
  - Child's medication administration record will be kept in the same location as the medication itself (i.e. emergency medications and non-prescription topical medications in the classroom; prescription and refrigerated medications in the health office).
  - Medication administration records, both prescription and non-prescription, will be kept on-site as part of the child's permanent health file for two years after the child leaves CFDRC.
  - Medication error reports will be kept on-site as part of the child's permanent health file for two years after the child leaves the CFDRC.

### **Instructions for Special Health Care Needs**

Children with special health care needs have an updated care plan that is written in conjunction with the child's parents/guardian, physician, and child care center staff. It is individualized and based on the specific health care issue and needs of the child. The care plan is authorized with the signatures of the physician and often includes prescription or non-prescription medication. The medication authorization form would accompany the care plan in this case. Our model includes constant evaluation and updates as needed.

There are a variety of reasons that a child may require medication while in our care. Due to the our commitment to the highest level of diligence involving medication administration it is mandatory that our CFDRC specific forms are completed. Such forms include physicians medication orders, specific care plans for children with illnesses requiring medication and other illness-related documentation. A nurse consultant is available to explain requirements that may impact your child's individual situation. Failure to submit required forms will delay a child's start date to the center or will result in exclusion until complete compliance is followed.

### **Families Choosing Medical or Religious Exemption**

Immunization exemptions are permitted under certain circumstances. According to state law, a child can be exempt from receiving a vaccine for medical conditions which are contraindicated or for religious reasons. If one of these circumstances is true for your child please ask for a form to be completed and signed by the parent/guardian.

***Please note: Children with religious or medical exemptions shall be permitted to attend a licensed child care program or school except in the case of an outbreak of vaccine-preventable disease. In the event of an outbreak of vaccine preventable disease, all susceptible children will be excluded from child care or school settings based on public health officials' determination that the child care facility or school is a significant site for disease exposure, transmission and spread into the community. Children without proof of immunity, including children with religious and medical exemptions shall be excluded from these settings for this reason and will not be able to return until (1) the danger of the outbreak has passed as determined by public officials, (2) the child becomes ill with the disease and completely recovers, or (3) the child is immunized.***

### **Support Securing Medical Assistance**

The CFDRC Health Consultant/Nurse and/or the Director will provide resources to families in need of medical care for their child enrolled at the CFDRC. The staff will assist in providing information and resources to uninsured families on programs such as ACCESS HEALTH/HUSKY in an effort to promote health through well child visits, immunizations, dental, and nutritional screenings as needed.

### **Oral Health Policy**

Annually, we offer a dental hygiene program for children. We encourage and promote healthy eating and low sugar snacks.

## Outdoor Gross Motor Play

Outdoor/gross motor play is an important aspect to include in every child's daily range of activities. Children need fresh air and sunlight in all seasons. Children in all programs will play outside daily unless there is rain or extreme cold (below 25° for toddlers and preschoolers and below 32° for infants). Parents/guardians are responsible for sending appropriate clothing for their children. A child who is too sick to go outside is considered to be too sick to go to school. Even in the winter months, when children are recovering from colds, coughs, the flu, etc. short periods of outdoor time are vital to restoring health. Illnesses are most often contracted in the close, stuffy, germ-prevalent classroom- not in the cold fresh air.

We are fortunate to have an indoor space to allow for gross motor play when we are unable to go outside. Classrooms will take turns using this space in order to promote physical activity.

## Physical Activity

In the Investigations Curriculum, two gross motor play experiences are planned—one in the morning and one in the afternoon. The primary purpose of gross motor play is to promote physical and mental health. Physical activity to improve cardiovascular health and maintain a healthy body mass index and the emotional benefits related to exposure to the outdoor natural environment are important outcomes of the outdoor play program. Motor play activities and teacher interactions are planned so that all children engage in **active physical play for at least half of the time spent engaged in gross motor play.**

Teachers are as planful and involved in gross motor play as they are for indoor center time. Beyond supervision and safety, they have as a primary goal to facilitate active play among all children on the playground. They will carefully monitor each child's activities and engage those who are passive or uninvolved in order to achieve this goal.

**Gross Motor Curriculum Experiences:** The Investigations Curriculum is unique in its emphasis on several other purposes for gross motor play, beyond motor development and emotional well-being. Materials, activities, and interventions are planned to promote the child outcomes of the curriculum, across the domains. Sometimes, teachers might bring indoor activities outside for children to use. Some are active motor experiences: bean bag aiming games, dropping and rolling games, and large hollow blocks.

Physical activity promotes:

1. **Inhibitory Control:** This is an ability to resist acting in a certain way, even though there is a strong urge to do so. An example would be a child who resists an inclination to get up from group time and wash hands before it is time.
2. **Cognitive Flexibility:** This is the ability to adapt your thinking to changes in the environment. It involves quickly shifting your attention and/or actions to accommodate a new problem or challenge.

3. **Attention:** This is an ability to control your brain so it pays close attention to one thing, while ignoring irrelevant things.
4. **Working Memory:** This is the ability to control what you will remember from all the distracting stimuli in the environment.

### Sick Child Exclusion Policy

**Please Note:**

**Epidemic/Pandemic and Other Emergency Protocol:**

During times of epidemics and or pandemics as well as other emergencies which may arise, the Center reserves the right to modify policy pertaining to Health and Safety including but not limited to Sick/Exclusion Policy noted below. Modifications will be considered with guidance from the school nurse and/or local and state agencies. Families will receive a memo with immediate changes.

When a child becomes ill at the center, parents/guardians are contacted immediately. Families must pick up their sick child within 30 minutes of contact by the Center. In the event you do not pick up within the 30 minutes frame, the Center will notify your emergency contacts as an alternate to pick up your child.

When a child has an illness that requires medication and/or is contagious, parents/guardians are required to notify the center. A note from the physician stating that the child is free of contagious illness is required upon the child's re-entry into the center. One of the best signs of whether or not a child is ill is how he or she looks and acts. Here are some quick signs of illness which require children to remain home:

- Difficulty breathing
- Skin rash or sores
- Eyes swollen, crusty, or goopy
- Ears draining
- Difficulty swallowing
- Fever of 100 degrees or higher
- Vomiting
- Diarrhea (three or more soft, loose stools)
- Listless, lethargic, or unresponsive
- Doubled over in pain, unable to move
- Wheezing

**Diarrhea or vomiting:** The child may return when free from symptoms for 24 hours. Child will be sent home if they have a watery stool that cannot be contained in a diaper or underpants or 3 or more, soft, loose stools.

**Fever:** Temperatures above 100 °F or higher. Child may return when free from fever for 24 hours without the aid of fever reducing medicine.

**Pediculosis (Head lice):** The child may return to school following a minimum of two (2) days of treatment.

**Cold:** The child may attend school if he or she is free from fever and general malaise. If a child has a lingering cough (a signal of an upper respiratory infection), he or she should be seen by a physician.

**Skin conditions:** A child should be excluded in the following circumstances:

- \* Open wounds or blisters that are draining fluid and cannot be covered.
- \* Multiple fluid filled blisters
- \* Rapidly spreading red raised areas of the skin associated with itching.
- \* A recent diagnosis by a physician of impetigo, coxsackie virus or other infections process will require a physician note to return.

**Earache:** The child should be seen by a physician and return to school following a minimum 24 hours of treatment.

**Eye Drainage:** A child with persistent, thick yellowish drainage and crusting eyelashes should be excluded. Children with tearing associated with cold signs and symptoms should be monitored.

Children may only return to the program when they have been symptom-free for 24 hours and/or with a physician's note, depending on type of illness.

The following conditions are described in detail to assist with decisions regarding when children can safely return to school.

	Looking Healthy	Looking Sick
General Appearance	<ul style="list-style-type: none"> <li>• Comfortable</li> <li>• Cheerful, responsive</li> <li>• Active, playing</li> <li>• Behavior appropriate for child and time of day</li> <li>• Good appetite</li> </ul>	<ul style="list-style-type: none"> <li>• Excessive crying, clinginess, or fussiness</li> <li>• Doubled over in pain, unable to move</li> <li>• Listless, lethargic, or unresponsive</li> <li>• No appetite</li> <li>• Vomiting, diarrhea</li> </ul>
Breathing	<ul style="list-style-type: none"> <li>• Breathing slowly</li> <li>• Relaxed</li> <li>• Quiet</li> </ul>	<ul style="list-style-type: none"> <li>• Breathing fast</li> <li>• Difficulty breathing</li> <li>• Sucking in around ribs</li> <li>• Flaring nostrils</li> <li>• Persistent cough</li> <li>• Wheezing</li> </ul>
Skin	<ul style="list-style-type: none"> <li>• Normal skin color and texture for child</li> <li>• Normal skin temperature</li> <li>• No rashes, sores, swelling, or bruising</li> <li>• No scratching at skin or scalp</li> </ul>	<ul style="list-style-type: none"> <li>• Pale, grayish, flushed, yellowish</li> <li>• Hot or cold and clammy skin</li> <li>• Skin rash, sores, swelling, or bruising</li> <li>• Scratching at skin or scalp</li> <li>• Skin doesn't spring back when pinched</li> </ul>
Eyes, Nose, Ears, and Mouth	<ul style="list-style-type: none"> <li>• Eyes bright and clear</li> <li>• Nose clear</li> <li>• Eyes clear</li> <li>• Mouth without sores, swallowing comfortable</li> </ul>	<ul style="list-style-type: none"> <li>• Eyes swollen, red, crusty, goopy, watery, yellowish, or sunken</li> <li>• Nose congested or runny</li> <li>• Ears draining pus or blood</li> <li>• Pulling at ears</li> <li>• Mouth or lips with sores, excessive drooling, difficulty swallowing</li> </ul>
Odors	<ul style="list-style-type: none"> <li>• No odor or normal odor for a child</li> </ul>	<ul style="list-style-type: none"> <li>• Breath smells foul or fruity</li> <li>• Stool smells foul</li> </ul>

From: Keeping Kids healthy, Sacramento, CA: California Department of Education, 1994

## Recognizing and Managing Communicable Disease

Condition	Symptoms	Transmission	Child May Return When	Incubation Period	Contagious Period
Bronchitis	Coughing, Breathing difficult	Contact with germs from saliva, mucus, or tears of the infected	Child must be fever free and cough is at a minimum and able to participate in class	2 to 5 days	Onset of cough until fever is gone
Chicken Pox	Mild fever, itchy rash, starts as pink bumps, turns to blisters and scabs	Exposure to infected fluids from person to person contact, scabs not infectious	Blisters must be dry, usually occurs 6 days after the rash starts	10 to 21 days	5 days before rash until sores have crusts (7 to 5 days)
Colds	Sneezing, runny nose, cough, sore throat, perhaps fever	Contact with germs from saliva or mucus of the infected person	Child must be fever free and able to participate in class	2 to 5 days	Onset of runny nose until fever is gone
Conjunctivitis (Pink Eye)	Inflammation of the eye, redness, tearing, crust on the eye	Contact with infected child, touching or rubbing eye	24 hours after treatment, and/or no runny discharge	2 to 7 days	Onset of pus until 1 day on antibiotic eye drops
Croup (viral)	Swelling of air passage, building up of mucus	From coughing	A note is provided by the pediatrician	2 to 6 days	Onset of cough until fever is gone
Diarrhea	Stomach ache and loose stools	Close contact with infected person who shared utensils and drinks and who don't wash hands as they should	Not toilet trained: stools are formed Toilet trained: until the fever is gone, diarrhea is mild, blood and mucus are gone, and child has control over loose bowel movements	1 to 5 days	During the period of time when symptoms are occurring
Condition	Symptoms	Transmission	Child May Return When	Incubation Period	Contagious Period
Ear Infection	Earache, difficulty hearing, mucus build up, sensations in ear	Not contagious	Child must be fever free and able to participate in class	None	None
Fever	Having difficulty breathing, listless, irritable and confused	Not transmitted	24 hours without a fever	Can occur at any time	Not contagious
Fifth Disease	Low grade fever, fatigue, lase red rash on face, moves to arms and trunk	Viral	One week after rash appears or becomes non-evident *MD note required	4 to 14 days	7 days before rash / until rash begins
Flu	Sore throat, fever, chills, headache, muscle ache, loss of appetite, nausea	Contact with articles recently contaminated by the infected person	Child is fever free and able to participate	2 days before symptoms	Up to 5 days after symptoms began
Impetigo	Red, rash, blisters, or honey colored crusty scabs	Cuts and scrapes throughout skin that come in contact with bacteria	24 hours after treatment	2 to 5 days	Onset of sores until 24 hours on antibiotic
Influenza	Runny nose, nasal congestion, sore throat, cough, fever, chills, muscle ache	Coming into contact with the secretions of the infected	A note provided by the pediatrician	1 to 4 days	One day before symptoms to 5 days after
Kawasaki Disease	Red patchy rash, swollen neck, peeling hands and feet, cracked lips	Unknown, the cause is presumed to be due to the body's response to an infection	Child must feel strong enough to participate *MD note required	2 weeks approx. 1 to 2 months to fully run its course	None
Lice	Itchy scalp	Contact with insects that lay eggs or close contact with the infected	24-48 hours after treatments and/or child is nit free	7 to 10 days for nits to hatch	Onset of itch until one treatment

Condition	Symptoms	Transmission	Child May Return When	Incubation Period	Contagious Period
Measles	High fever, cough, runny nose, red eyes, rash begins on neck and travels down	Unsure, has been mostly eradicated	A note provided by the pediatrician	8 to 12 days	4 days before and until 5 days after rash appears
Mononucleosis (Mono)	Fever, fatigue, enlarged tonsils or throat	Virus	Child must function properly in class and outdoors *ND note required	30 to 50 days	Symptoms usually do not develop until 1 to 2 months after being exposed to the virus
Mumps	Low grade fever, facial swelling	Virus	A note provided by the pediatrician	12 to 25 days	5 days before swelling is gone (7 days)
Ringworm	Slightly raised, itchy, ring-shaped sores, patches or rash anywhere on the body	Contact with infected persons, animals, or surfaces harboring ringworm fungus	48 hours after antibiotic treatment	2 days before symptoms	Prior to 48 hour treatment
Rosella	Fever for several days that disappears at the same time rash occurs	Unknown	Child must be fever free, no rash, and able to participate	9 to 10 days	Onset of fever until rash is gone (2 days)
Scabies	Itchy red rash	Contact with small insects called nits or infected person	24 hours after treatment	14 to 45 days	Onset of rash until one treatment
Sore throat, viral	Fever	Virus	On antibiotic for 24 hours	2 to 5 days	Onset of sore throat until fever is gone
Strep throat	Sore, red throat, red tongue, fever, vomiting, and head/earache	Contact with infected person	24 hours after treatment	2 to 5 days	Onset of sore throat until 24 hours in antibiotic
Scarlet fever	Fever, vomiting, headache, and sudden severe sore throat followed by rash	Contact with infected person or contaminated food that has been improperly refrigerated	*MD note required	3 to 6 days	Onset of fever or rash until 24 hours on antibiotic
Vomiting, viral	Fever, stomachache	Virus	Vomiting has stopped and no fever for 24 hours	2 to 5 days	Until vomiting stops

\*Adopted from [keepkidshealthy.com](http://keepkidshealthy.com)

## Food Policies

### CFDRC Food and Nutrition Policy

The Child and Family Development Resource Center utilizes the dining services on the Eastern campus to provide and serve a nutritious well-balanced hot lunch daily. We follow the USDA MyPlate food guidelines (<https://fns-prod.azureedge.net/sites/default/files/MyPlateAtHome.pdf>) serving a protein, grain, fruit, and vegetable. MyPlate is divided into four sections of approximately 30 percent grains, 40 percent vegetables, 10 percent fruits and 20 percent protein, accompanied by a smaller circle representing dairy, such as a glass of milk or a yogurt cup. We always offer water (throughout the day). Children under age 2 receive whole milk and children over age two review 2% milk. Juice is watered down (1/2 juice and 1/2 water). We offer healthy low sugar snacks such as fresh fruits, crackers, cheese, yogurt, hummus and no sugar cereal (plain Cheerios, plain Rice Crispies), mini bagels as examples.

In addition, the Center utilizes a Nutritional Consultant to assure healthy well-balanced meals and snacks. The CFDRC has established the following nutrition policies that support the growth, health, and well-being of the children in our care.

- We will observe all the sanitation regulations required of the state of CT.
- We never use food as a punishment or a reward.
- Teachers will sit with the children and eat the same foods as the children to provide a positive example and promote appropriate mealtime conversation and manners.
- The food will be served family-style in small serving bowls to encourage the children to serve themselves.
- Mealtime will be used as a time to discuss the importance of eating healthy foods and nutrition education conversation.
- The teachers will encourage, but not force children to taste all foods, including trying new foods. Teachers will encourage the children to eat some of all the food offered before getting seconds on their favorite foods.
- Children will be introduced to a variety of foods representing the cultures of families in our program.
- To help prevent dental cavities and eating empty calories, no sugary foods, such as candy and chewing gum, will be served to the children during the child care day, including using candy as a reward.
- The kitchen staff will prepare meals that meet the Dietary Guidelines request to decrease the fat, sugar, and salt in food.
- Fresh and frozen fruits and vegetables will be served in the place of canned fruits/vegetables when possible, depending on storage, availability, and cost.
- Children will be encouraged to drink water, which will be available throughout the entire day.
- Whole grains (whole wheat bread, pastas, and brown rice) will be available to the children.
- Children between twelve and twenty-four months will be served whole milk only. One percent or less milk will be served to the children after age two.
- The portion size appropriate for the age of the child will be used to help prevent overeating.
- No food will be brought from home or restaurants, including fast food restaurants, to be served to an individual child during the day to discourage unhealthy food choices and to ensure all children are served the same foods. Special food allergies will be reviewed with the family, nurse, and Director.
- Celebrating times will emphasize healthy food choices instead of high fat and high sugar foods and beverages.
- Teachers will provide at least three nutrition activities each week in their classroom.
- Teachers will help children to identify hunger and fullness to help them recognize their internal triggers that will help them not to overeat.
- Staff do not offer children the following foods: hot dogs (whole or sliced), whole grapes, nuts, popcorn, raw peas, hard pretzels, peanut butter, chunks of raw carrot, or pieces of meat larger than can be swallowed whole.



- Food for toddlers will be cut into ½ inch to ¼ inch depending on the individual child's chewing and swallowing ability.
- Snacks will be prepared and served at regularly scheduled times with no more than three hours between.
- Written menus will be posted in advance in locations easily accessible to parents/guardians. Changes will be written on the posted menu in order to notify parents/guardians.
- Extra portions of food requiring refrigeration will be labeled with the time and date before going into the refrigerator. After 48 hours, any refrigerated food will be discarded.
- Foods and/or liquids hotter than 110° will be kept out of reach of children at all times.

These nutrition policies were developed with the assistance of the Early Childhood Nutrition Partnership of Cooperative Extension, Smart Start of Forsyth County, NC Child Care Health Consultants, and the Child and Adult Care Food Program personnel.

### **Healthy Snack Notes from the Nurse**

Eating a healthy breakfast is an essential component of good health.

A breakfast with whole grains, protein and fresh produce are ideal. Sugary foods and beverages are not appropriate foods and do not provide the energy children need to grow and thrive.

Breakfast is the most important meal of the day especially for your child. This is because they are growing and developing so they need food (fuel) for their body. After a good night sleep, it can be as long as 12 hours since their last meal. Their brain and body will need breakfast so they are ready for school and can learn at their best.

- A healthy heart starts with a healthy breakfast.
- Breakfast fills your child's "empty tank" to get them going after a long night of sleeping.
- Studies show that kids who eat breakfast maintain a more ideal body weight.
- Children who skip breakfast often mistake hunger pangs for a tummy ache.
- Look for whole grain cereals and breads with at least 4 gram of fiber.
- There are many studies that have proven the importance of breakfast and how well your child does in school.
- To make pancakes even healthier, try the whole-wheat pancakes.
- Before going on and outing, eat breakfast and plan your lunch.
- Give your child a healthy breakfast. Make sure it has at least 3 of the food groups represented.
- Follow the 5-5 rule. Look for cereals with 5 grams or less of sugar!
- Try melon slices for breakfast for a change.
- Make sure your child eats breakfast. Breakfast provides children with the energy they need to listen and learn in school.
- Be sure your family fuels up with a healthy breakfast every day.
- Cut out pancakes with cookie cutters and decorate them with fruit, nuts and yogurt.
- Start with carbohydrates, protein and a little fat to keep motors running.

## Food Safety Policy

The program follows the food safety procedures outlined by the Department of Public Health. The most recent inspection report is included. All foods are dated and staff discards any foods with expired dates on a daily basis. Liquids and foods that are hotter than 110 degrees Fahrenheit are kept out of children's reach at all times.

The health and safety of ALL children is integral to the teachers and staff at the CFDRC. As a result, below you will find our policy regarding food brought into the facility.

## Snacks and Lunch

Snacks may not be permitted in the Morning Room. Please feed your child prior to 7:30. The center serves a morning snack (between 9:15-9:30 daily). This is followed by lunch at noon and an afternoon snack at 3pm. We work closely with our food service and chef to ensure healthy and well-balanced nutritious options.

## Birthday Celebrations

Birthdays are very special to young children and we want to recognize them and make them feel special! **We will provide a special healthy birthday snack for them on their special day! No food from outside is permitted.** They can choose from a 100% fruit popsicle, lemon icy, fruit salad, or other healthy allergy-safe alternatives. The most important part is that children feel special (friends making them cards, pictures, signing to them, etc.). Families may bring paper goods (i.e. special napkins, plates, cups) although it is not necessary. **If you are planning a birthday party for your child, invitations to the event should be distributed outside of the Center.**

Should your child have a significant food allergy (as opposed to a preference), please contact the director.

## Allergies and Special Diets

When a child's diet requires special considerations due to a food allergy, cultural preference, or a medical reason, parents/guardians need to provide a written description highlighting the changes requested and/or a statement from their physician (if medical). The center will attempt to substitute with food modifications, however, at times parents/guardians may be asked to supply food items from home in an original container, labeled with the child's name and the date. Due to life threatening allergies to peanuts, the center is a peanut-free environment.

## Field Trips

### Field Trips

Children participate in walking field trips on-campus. Teachers carry cell phones and first aid supplies in case of emergency. The Center provides enrichment opportunities on site by inviting special guests/experts in areas such as: music appreciation, science, yoga, etc.

## Calendar

### Center Closed in August

The Center closes on the last week of August for Professional Development Week.

### Observed Holidays

- New Year's Day
- Martin Luther King's Day
- Lincoln's Birthday
- President's Day
- Day of Reflection
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day

### Sample Daily Classroom Schedule

#### *\*Part-time children arrive at 8:30\**

7:30-8:25      Arrival (Early Morning Room) – Children sign in with assistance, transition from their parents/guardians, with the help of a teacher and begin making choices from several open interest centers such as creative arts, writing, library, and small muscle manipulatives.

8:30-9:00      Transition to home classrooms. Children of this age benefit from transitions that are announced 1-2 minutes prior to beginning and include specific ways they can be contributing members of a group. Often teachers will suggest certain items or number of items for each child to pick up while singing a “clean-up” song to keep everyone on task.

9:00-9:15      Group Meeting – This is an opportunity for all to come together to share a good morning song, or handshake, to hear about the events at home last night and to begin to about the new day.

9:15-9:30      Snack – Often while one teacher is conducting group meeting, another is assisting children in preparing for snack. This is an excellent opportunity for children to count out items, work on 1:1 correspondence (put napkin wherever you find a chair). When snack is ready and meeting has concluded the children are called individually to wash hands and find a spot at the table for snack. As children progress, group snack may become another interest center that children can choose during activity time.

9:30-9:50      Group Meeting – A short story is offered; new concepts or questions related to the current theme are introduced and descriptions of available experiences in each of the centers are provided. Children choose a center and begin work.

9:50-10:50      Centers and Investigations – Children often move from one center to another at approximately 15-20 minute intervals. These intervals grow with the age of the child and their ability to invest in an experience, plan and stay with an idea to completion. This is also a time

when a teacher pursues project work with a small group and questions related to the theme are investigated.

10:50-11:00 Clean-up – This can take more time, especially at the beginning of the year when children are easily distracted, however it is important to provide children with the opportunity to become invested in their classroom, and participate with other in work of cleaning their classroom. The skill of putting blocks away by size or sweeping rice from the floor are good examples of children using thinking skills and engaging muscle development. (Clearly, all parts of a day are useful for learning!)

11:00-11:15 Group Meeting – This meeting time is an excellent opportunity for “de-briefing” what has just transpired in the various centers and the work of individual children. It is an occasion to celebrate a beautiful painting, explore the intricacies of a block structure or review how to handle conflicts with others and the use of our words.

11:15-11:50 Large Motor Experiences – These can happen in the great room or on the playground. Children have an opportunity to run, ride bikes, swing, climb, and a variety of other activities such as sand, water, and paint are occasionally offered.

11:50-12:10 Lunch Preparation with helpers, washing of hands, and settling in from the busy play of the morning.

12:10-12:40 Lunch – Children eat lunch family-style with friends and teachers. Teachers use this opportunity to encourage good manners and language development. Conversations amongst children and adults occur in warm, supportive setting. Children learn about good foods and proper eating habits and begin to develop self-help skills.

12:30-1:00 Transition after lunch occurs on a gradual basis. Two children at a time clean up their place at the table, use the bathroom, wash hands, and find a book for rest, locate their favorite blanket, remove sneakers and socks (if they wish), and finally settle in on their respective cots.

1:00-3:00 Quiet Rest Time - Although some children may not sleep, all are required to remain on their cots in a quiet manner, reading books and relaxing. Teachers make every effort to visit with each child individually for a few minutes sharing a story or quick conversation. Those children who require some assistance in calming down are also provided with back rubbing or gentle encouragement to quiet their bodies.

2:00-2:30 Creative Arts exploration – During this time some children are asleep, however those who are awake are invited to join others engaged in media such as clay, markers, and collage. The media are varied depending on the day and number of children at the table. This may also be a time when children can participate in preparing a special snack for all such as muffins, pizza etc.

2:30-3:00 Lights on – Children are encouraged to awake, and invited to assist with blanket and cot storage, and re-dress with their socks and sneakers. As children are gradually awaking this is a wonderful time to share favorite stories and play game with language and poetry.

3:00-3:20 Snack – All children are invited to participate in an afternoon snack including preparation and clean-up.

3:20-4:00 Large Motor/outdoor Activities - Children can once again choose from swings, bikes and climbing and, at least 2-3 times a week, teachers have a prepared activity for children to join. (Huila hoops, scarves, musical instruments)

4:00-4:30 Group Journaling – This is a time for reviewing the many experiences of the day and begin to plan for tomorrow. Teachers take dictation from the children and create a daily log which serves as an excellent opportunity to model writing and reflection.

4:30-5:30 Free Choice – Puzzles, use of the computer, creative arts, writing area, and the library are some of the choices offered while the children are gradually dismissed. This is also an important time filled with opportunities to share with families some of the events of the day and to say good bye to peers

**Please note: The schedule is subject to change based on the needs of the children and individual classrooms.**

## Appendix A

### CFDRC Tuition Contract

I/We, \_\_\_\_\_, understand that I/we will be held solely responsible for charges accrued during \_\_\_\_\_ (D.O.B. \_\_\_\_\_) enrollment at the Child & Family Development Resource Center including **vacations, absences, or when the Center is closed**. I/We understand that the determination of my/our charges will be based on the rates in effect during my/our child's enrollment, and that I/we will be expected to pay charges by the posted due dates in order to maintain my/our child's enrollment status.

I/We understand that if payment for the month is not received within thirty (30) days, a **Notice of Failure to Pay**, per the family handbook, will be mailed to me/us advising me/us that my/our child will not be able to attend school until all payments have been made in full.

I/We understand that enrolling my child in the CFRDC will generate charges that I am legally obligated to pay in accordance with the CFRDC's payment policies and deadlines. I also understand that any unpaid financial obligation may be referred to the CFRDC's contracted collection agency through Eastern Connecticut State University and that I will be responsible for any related collection costs in addition to the amounts due.

I/We understand that I/we must provide a two (2) week written notice prior to withdrawing my/our child from the Center.

<b>Initial Enrollment Date:</b>
<b>Contract Effective Date:</b>
<b>Weekly Schedule:</b>
<b>CFDRC Weekly Default Tuition Rate without Care 4 Kids or School Readiness:</b> (This rate will apply if you do not qualify or lose School Readiness or Care 4 Kids)

**Full Day School Readiness Weekly Parent Fee\*:**                      **School Readiness Enrollment Date:**

*(A determined School Readiness Weekly Parent Fee supersedes the CFDRC Weekly Tuition Rate in accordance with Connecticut State Department of Education.)*

**Part Day School Readiness Weekly Parent Fee\*:**

*(A determined School Readiness Weekly Parent Fee supersedes the CFDRC Weekly Tuition Rate in accordance with Connecticut State Department of Education.)*

**Care 4 Kids Weekly Family Fee\*:**

*(Upon Certificate approval, a Care 4 Kids Weekly Family Fee supersedes the School Readiness Weekly Parent Fee in accordance with the Connecticut Department of Social Services. Your provider may charge more than the Care 4 Kids Basic Rate listed on your Care 4 Kids contract. In this case, your provider may charge you with the Family Fee and this additional amount. You are responsible to pay these amounts.)*

*Families approved for Half Time care who do not participate with School Readiness may choose to attend Full Time for an additional CFDRC charge.*

Care 4 Kids Approved Level of Care:

Care 4 Kids Certificate Period:

CFDRC Weekly Tuition Rate\*:

*(The amount stated in this section is a reflection of the difference in rates between the Child and Family Development Resource Center and Care 4 Kids. This fee covers the additional amount owed to the center due to the Care 4 Kids basic rate being lower than the CFDRC's rate based on your income status on the sliding fee scale, or the difference owed due to Care 4 Kids only covering a portion of the child's attendance.)*

Weekly Tuition: \$ _____ Total Monthly Amount Due (Weekly X4) \$ _____
---

Person/s responsible for payment (please print): \_\_\_\_\_  
 \_\_\_\_\_

Current Address/es: \_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please be advised that the Care 4 Kids program and the School Readiness Grant require periodical redeterminations to ensure that the number of household occupants, household income and child's address information are up-to-date. If any of these circumstances should change prior to a mandatory redetermination, it is the responsibility of the above signed to notify the CFDRC immediately as well as the appropriate agency. Upon any redetermination, a new tuition contract must be signed between the CFDRC and the child's guardian/s. This tuition contract will supersede any previous tuition contracts between the CFDRC and the child's guardian/s.*

***Tuition bills are distributed on a monthly basis. Payments for the month are expected to be paid in full upon receipt of the bill. Families are required to be current in their child care payments at all times. If payment for the month has not been received within 30 days, a Notice of Failure to Pay will be mailed to the party responsible for payment advising them that their child may not be able to attend school until all payments have been made in full.***

CORRESPONDING SCHOOL READINESS AGREEMENTS AND CARE 4 KIDS CERTIFICATES ARE ATTACHED TO THIS CONTRACT.