NDSU | CENTER FOR CHILD DEVELOPMENT
DIVISION OF FINANCE AND ADMINISTRATION

Family Handbook

2026-2027 (updated 07/01/2026)

Center Contact Information

Director ..... 231-8281 ..... EML 261
Infant Room ..... 231-8278 ..... EML 161
Toddler Room ..... 231-8285 ..... FLC 113
Preschool Room ..... 231-8284 ..... FLC 111

www.ndsu.edu/childcenter

North Dakota State University ♦ Dept 3142, PO Box 6050; Room 261 EML Hall, Fargo ND 58108

Accredited by the National Association for the Education of Young Children

Bright & Early North Dakota 4-star quality rating

Contents

I. **Getting Started** **3**

Welcome Parents! 3
Mission 3
Vision 3
Purpose 4
Philosophy 4
Hours of Operation 4
Program Goals 4
Regulations That Apply to the Center 5
Privacy and Confidentiality 6
Program Evaluation and Accountability 6
Admission Criteria 7
Enrollment Procedures 7
Termination of Enrollment 8
Child Sign-In and Out 8
Fees 8
Payroll Deduction for Child Care and Education Fees 9
Flexible Spending Account 9
Tax Information 9
Parking 9

II. **Our Staff** **9**

Adult-Child Ratios 9
Teachers 9
Adults On-Floor and Responsibilities 10
Staff and Students Providing Child Care Outside of the Center 10

III. **Partnerships** **10**

Community Partnership 10
Community Resources 11
Parent Partnership and Communication 11
Parent Responsibilities 12
Parent Involvement Opportunities 12
Parent Education and Community Opportunities 13
Parents Eating Lunch with Their Child 13
Affirming Family Diversity 13
Dual Language Learners and Families 13
Child Advocacy 14
Grievance Procedure 14
Donations to the Center 14

IV. **Our Curriculum** **14**

Children's Curriculum and Learning 14
Screening/Assessment of Child Progress 15
Statement of Guidance 16
Child Suspension and Expulsion Policy 16
Infant Flexible Daily Schedule and Routines* 18
Toddler Flexible Daily Schedule and Routines* 19
Preschool Flexible Daily Schedule and Routines* 20

Active Play 21
Rest Time and Infant Sleep 21
Toileting 21
Field Trips 22
Aquatic Activities 22
Child Transitions 22
Dress Code 23
Personal Items/Toys from Home 23
V. **Health, Safety and Nutrition 23**
Child Health Policy 23
Exclusion/Return Guideline for Childcare 24
Children with Allergies/Special Feeding Needs 26
Nut-Restricted Program 26
Medication Policy (all prescription and over-the counter medications) 26
Sunscreen Policy 27
Insect Repellent Policy 27
Active Supervision of Children 28
Building Security and Access 28
Authorization to Release Child 28
Social Media 29
Smoke Free Facilities 29
Firearms Prohibited 29
Safe Arrival and Departure Policy 29
Incident Report and First Aid 29
Medical Emergency Procedures 30
Emergency Procedures (Safety Drills) 30
Oral Hygiene 31
Bike Helmets 32
USDA Child and Adult Care Food Program (CACFP) 32
Accessible Water for Children 34
Birthday and Other Celebrations Treat Policy 34

Getting Started

Welcome Parents!

You have chosen an early care and education program for your child that is accredited by The National Association for the Education of Young Children (NAEYC). Our program has voluntarily undergone a comprehensive process of internal self-study, invited external professional review to verify compliance with standards for high quality early childhood programs, and have met these standards. In accredited programs, you will see the following 9 standards of high-quality early learning implemented daily:

Standard 1: Creating a Caring and Equitable Community of Learners
Standard 2: Engaging in Reciprocal Partnerships with Families and Fostering Community Connections
Standard 3: Planning and Implementing an Engaging Curriculum to meet Meaningful Goals
Standard 4: Teaching to Enhance Each Child's Development and Learning
Standard 5: Observing, Documenting, and Assessing Children's Development and Learning
Standard 6: Promoting Health and Well-Being in Early Childhood Programs
Standard 7: Designing Physical Environments that are Safe, Engaging, and Accessible
Standard 8: Demonstrating Professionalism as Early Childhood Educators
Standard 9: Supporting Staff, Children, and Families through Effective Leadership and Management

NAEYC Accreditation is awarded for five years. During that period, programs submit annual reports documenting that they maintain compliance with the NAEYC program standards. All NAEYC Accredited programs are also subject to unannounced visits by skilled and reliable NAEYC program assessors to ensure that they continue to meet the standards. To verify our program's accreditation, please visit www.naeyc.org.

The Center for Child Development has also earned The Bright & Early North Dakota top quality rating of four stars. We have completed intensive observations, training, coaching, and outside assessments to earn this four-star award.

Thank you for choosing the Center for Child Development to provide early education and care for your child!

Mission

The NDSU Center for Child Development provides high-quality, transformational early childhood education for children, families, and university students. Through strong partnerships with NDSU, families, and the community, we support staff excellence, promote collaborative learning, and contribute to the creation and sharing of knowledge that positively impacts our community and beyond.

Vision

The NDSU Center for Child Development aspires to be a leading early childhood education center and model land-grant partner, where innovative research, teaching, and community engagement come together to transform lives. As a collaborative learning laboratory for university students and faculty, we support the preparation of future educators while advancing knowledge in early childhood development. Through continuous growth and development, we strive to enhance the quality of life for children and families by providing nurturing, high-quality education and care that strengthens our community and contributes to the greater good.

Purpose

The Center for Child Development is an education and service program that employs high quality teachers to educate children of NDSU faculty and staff. Our primary goals are to:

1. Educate and care for children using a developmentally appropriate curriculum.
2. Provide support and strengthen the quality of life for young children and their families.
3. Educate and support university students as they pursue their education.
4. Serve as a research facility at NDSU.

Philosophy

The guiding principle of the Center is that children learn in an environment that supports their success while being respectful of each child's learning style. This environment fosters the development of trust so children feel safe and encouraged to explore, discover, and play. Teachers listen to children, encourage independence, and implement strategies to promote positive outcomes for all children. Parent involvement is always welcome in the Center to promote a strong home-center partnership. Our program seeks to work with other university departments, students, and the community to meet the needs of the children enrolled and to educate university students.

Hours of Operation

The Center operates a full day early education program following the 12-month university calendar. We are open Monday through Friday and are closed for all University holidays. When weather conditions appear serious, NDSU may announce a delayed opening, continued delay start, early closure or closure. The Center for Child Development will follow NDSU severe weather announcements for openings and closures. Each family will receive an annual calendar of days the Center is closed to help you plan ahead. The calendar can also be found on our website: www.ndsu.edu/childcenter/resources.

Fall and Spring Semesters: ..... 7:30 a.m. - 5:30 p.m.
Winter and Spring Break: ..... 7:00 a.m. - 4:30 p.m.
Summer Hours (begin the Monday after spring commencement until the beginning of the third week of August): ..... 7:00 a.m. - 4:30 p.m.

The Center reserves the right to close for professional development, parent-teacher conference preparation, carpet cleaning, etc. Closure dates will be given to parents in advance of these closures.

Program Goals

1. Ensure a safe, nurturing, hygienic, supportive and positive environment for all children by:
   - Allowing infants to determine their own schedule for activity, rest, and eating.
   - Promoting healthy development by providing nutritious foods, periods of rest, and exercise.
   - Recognizing the importance of quiet, reflective thought and allowing children solitude if desired.
   - Meeting and exceeding all criteria of quality programming as outlined by the National Association for the Education of Young Children and the North Dakota Department of Human Services.

2. Support school readiness and help prepare children to be responsible citizens by:
   - Respecting the culture of families
   - Reinforcing independence
   - Designing learning areas that promote extensive exploration and discovery
   - Advocating non-stereotyping thought and behavior
   - Cultivating curiosity and an interest in learning and questioning
   - Allowing freedom and opportunities for a child to develop at his/her own individual pace
   - Encouraging interactions with people of diverse backgrounds, ages, abilities, and cultures
   - Fostering a balance of child-initiated and teacher-initiated activities
   - Inspiring learning through a developmentally appropriate curriculum

3. Implement and evaluate a play-based curriculum that is thoughtfully planned, challenging, engaging, developmentally appropriate, culturally and linguistically sensitive, and promotes positive outcomes for all children. Developmental domains of our curriculum include:
    - Social-Emotional
    - Physical
    - Language
    - Cognitive
    - Early Literacy
    - Early Mathematics
    - Science
    - Creative Expression and Appreciation of the Arts
    - Health and Safety
    - Social Studies
    - Self-Help Skill

4. Provide supportive teachers who:
    - Are consistent, patient, and provide routines for children's well-being.
    - Treat each child and family with respect.
    - Design safe hands-on and developmentally appropriate environments.
    - Respect children's uniqueness in temperament and development.
    - Know each child's strengths, needs, and plans for optimum development.
    - Encourage children to be active and engaged in discovery play.
    - Implement a curriculum that is developmentally, culturally, and linguistically relevant for children.

5. Encourage open communication and a partnership between parents and teachers through:
    - Parent involvement in the classroom.
    - Parent education opportunities.
    - Family social opportunities.
    - Assisting families with outside referrals based upon request.
    - Daily written and verbal communication about a child's day.
    - Parent-teacher conferences and developmental assessments.
    - Sharing observations from home and child advocacy.
    - Parent evaluation of the program.

6. Monitor and evaluate the quality of our program based on a variety of standards to enhance effectiveness.

Regulations That Apply to the Center

1. **ND Department of Human Service** – Child Care License - The purpose of these regulations is to establish minimum standards for licensed childcare centers and to assure that those standards are maintained.
2. **Child Abuse and Neglect Law –** Under the Child Protection Services Act, mandated reporters are required to report any suspicion of abuse or neglect to the appropriate authorities. All Center employees are mandated reporters, under the law. Suspected cases of child abuse or neglect must be reported to the Child Abuse & Neglect Reporting line at 1-833-958-3500 (Fax 701-328-0361). Employees are not required to discuss their suspicions with parents prior to reporting the matter to the appropriate authorities, nor are they required to investigate the cause of any suspicious marks, behavior, or condition prior to making a report. Under the Act, mandated reporters can be held criminally responsible if they fail to report suspected abuse or neglect. Employees who report suspected child abuse or neglect are immune from discharge, retaliation, or other disciplinary action for that reason alone, unless it is proven that the report was malicious.
3. **Health -** The Center follows standards and modified operating procedures as indicated by the North Dakota Department of Health in a public health emergency. We also receive consultation, observations, and reports from a Child Care Health Consultant three times per year on our health policies, procedures, and care of children.
4. **Fire -** The Center for Child Development has annual fire inspections completed by local or state fire authorities. Fire evacuation drills, "safety drills," are performed at the Center in accordance with local fire department's guidelines.
5. **Transportation and Car Seats/Booster Seats -** The Center for Child Development will abide by the North Dakota Child Passenger Safety Law, which states children younger than 7 are required to ride in a child restraint (car seat or booster seat). The restraint must be used correctly – following the manufacturer's instructions.

- Children should ride rear facing until at least 2 years of age. Two types of car seats are available for rear facing: *Infant Seats* – Most of these seats can be used until 22-35 pounds. Use them until the highest weight limit or until the child's head is within one inch of the top of the seat. *Convertible Seats* – These seats can be used rear facing and forward facing. Most can be used rear facing up to 30-40 pounds. Use them rear facing until the highest weight or height limit allowed by the manufacturer.
- When children are at least 2 years of age or have outgrown the highest rear-facing limits of their car seat, they may ride forward facing in a car seat with a harness. Use the seat until the child reaches the harness's highest weight limit allowed by the manufacturer. Car seats with harnesses can be used up to 40-100 pounds.
- When children have outgrown the harness in their forward-facing care seat, they may be moved to a booster. The child should be at least 40 pounds and at least 4 years of age. Keep the child in the booster until about 4'0" tall or the seat belt fits correctly over the child's body. Most boosters can be used up to 80-120 pounds.
- A seat belt may be substituted for children younger than 7 who weigh more than 80 pounds and are more than 57 (4'7") inches tall.

6. **Child and Adult Care Food Program** – The Center for Child Development meets the food program requirements in serving nutritional meals to children, participating in required professional development, sanitizing all surfaces and equipment related to food, and providing child nutrition education. Every three (3) years, a comprehensive review is completed to guarantee our program complies with Federal Regulations.

Privacy and Confidentiality

All Center employees are required to take an annual FERPA training to maintain child and family privacy and confidentiality. The Center will keep all records and information about children and families strictly confidential and private. Information pertaining to the admission, developmental records, screening/assessment results, health and safety information, financial records, and transition of a child is confidential. Individuals who have access to files are parents, legal guardians of children, Center teachers and Director, Department of Health and Human Services representatives, field experience students, individuals who possess a written authorization form from the child's parent or legal guardian, and officers of the law. These files will be kept locked in an office file cabinet or electronically within the Center's Shared Drive. Your records are available for your inspection at any time by contacting the Director to set up a time to view these documents.

If information is to be released to an outside agency, parents must sign an Authorization of Release of Information form and/or Consent for Child Referral form. Once signed, specific information will be shared with the indicated agency. These forms will be kept in the child's file located on the Center's Shared Drive.

Program Evaluation and Accountability

Program evaluation encourages our staff, families, and university students to examine all aspects of our program with the primary purpose of making program improvements and developing effective partnerships.

The Center for Child Development is evaluated by both internal and external sources.

Internal Sources:

- Family Survey/Program Evaluation (two times/year)
- Team Feedback Survey (two times/year)
- Classroom Observations
- NDSU Police and Safety Office
- Developmental Progress of Child

External Sources:

- North Dakota Department of Human Services Child Care Licensing (two times/year)
- Fire Department (one to two times/year)
- Health Consultant with specific Early Childhood training (three times/year)
- USDA Child and Adult Care Food Programs (every three years) and as menu cycles change
- National Association for the Education of Young Children Accreditation
- *Bright & Early North Dakota* – Quality Improvement Program – Child Care Aware of North Dakota
- Therapists and consultants

All teachers and the Director review feedback and evaluation results. Together new program goals and objectives are written to improve the overall program quality. Program evaluation results are made available to the Director of Human Resources, staff, and the public as requested. Parents will receive the Family Survey/Program Evaluation results through discussions at Parent Advisory Committee meetings.

Admission Criteria

The Center for Child Development is operated as an educational and research program at the North Dakota State University and as a service to benefitted faculty and staff employees. Children are admitted to the Center based on the child's age, development, date on the waiting list, and faculty/staff continued employment at NDSU.

Children ages 6 weeks through 18 months are served in our Infant room. Children ages 18-36 months are served in our Toddler room. Children 3-5 years of age are served in our Preschool room. The Center for Child Development follows the local school districts' kindergarten eligibility criteria when conducting preschool transitions out of the Center. If a family chooses not to enroll their child into kindergarten, then the family will need to find another preschool program for the following school year. An exception to this policy is when an outside professional team determines that it would not be in the best interest of the child to start kindergarten and a written team recommendation is provided.

Enrollment Procedures

Parents may enroll their child at the Center office located in Room 261, E. Morrow Lebedeff Hall. A non-refundable registration fee of $100.00 is required when you enroll your child. Enrollment will be extended only for children meeting the admission criteria for the upcoming NDSU fiscal year (July 1 – June 30). **NDSU does not discriminate in its programs and activities on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, participation in lawful off-campus activity, physical or mental disability, pregnancy, public assistance status, race, religion, sex, sexual orientation, spousal relationship to current employee, or veteran status, as applicable.**

All enrollment forms are available online at www.ndsu.edu/childcenter and will be completed via DocuSign. Please complete all enrollment forms as indicated below before your child begins:

- Child Enrollment
- Child Development and Routines
- Child Information Sheet **with copy of child's birth certificate or passport**
- Parent's Statement on Health of Child
- Health Care Provider Well-Child Checkup results
- Authorization for Non-Prescription Products
- Parent's Agreement and Liability Release
- Consent Form
- Child Enrollment/Infant Participation Form – (food program)
- Parking Permit

Failure to return completed forms before your child begins violates North Dakota licensing standards. Your child will not be allowed in the Center until all forms are complete, signed, dated and submitted to the Director.

Once enrollment forms have been returned, an introduction to your child's classroom and tour (if desired) will be scheduled. This will allow you the opportunity to get to know your child's teachers and to ask any

questions you may have regarding the Center. Parents and children are highly encouraged to play together in the Center and visit with the teachers before your child's first day.

The Child Emergency Information form will be updated by parents in July, November, and April and as changes occur in emergency contact information and health.

Termination of Enrollment

Written notice of intent to withdraw a child from the Center must be submitted to the Director a minimum of 30 days prior to withdrawal. The Center has a waiting list and the notice is necessary to keep enrollment full and provide education and care for as many NDSU families as possible. If a 30-day written notice is not provided, you will continue to be charged for those days. Upon receiving your written notice, the Director will change your billing and notify classroom teachers of your child's last day in the Center.

The Center for Child Development reserves the right to deny or terminate our contract, at will,

- Of any child who does not meet program enrollment criteria.
- For any faculty/staff who are no longer employed at NDSU.
- When warranted due to non-payment of fees.
- Failure to comply with Center rules, policies, and regulations.
- When a child's presence affects the ability of other children to benefit from the program.
- Prevents teachers and staff from providing high-quality care for the children in the classroom.

If you should decide to terminate your employment at NDSU, your childcare and education services will also be terminated the last day of the month of your termination.

Child Sign-In and Out

Children should be signed-in upon arrival and signed-out from the Center by parents daily. Signing a child in and out is done through our ProCare app. You will receive a pin number to use on the classroom iPad to sign your child in and out. This procedure is required for the safety of your child, headcounts, and used to confirm times your child is in attendance. Parents will be charged a $5.00 fee per time/child after one unsigned in or out per month. This fee will be assessed from your payroll deduction.

Fees

Monthly rates are based on the classroom that your child is enrolled in. Additional fees include:

Registration Fee	A non-refundable registration fee of $100.00 is payable when you enroll your child. An additional fee of $16.00 will be billed for a water container that your child will use throughout their enrollment in the Center.
Late End of Day Pick-up	It is expected that parents will be ready to leave the Center with their child(ren) at closing. Our program must abide by our legally approved hours of operation designated by our ND Childcare license. Parents and children who remain in the Center past closing time will be charged an initial $20.00 fee per child for the first 10 minutes or any part thereof. In addition to the $20.00 fee, $2.00 per minute per child will be charged for every minute late after that period. A late fee will also be assessed when the University closes early due to severe weather/emergency closures and parents pick up their child after the University closing time. **In the event that you pick up your child late, you will be asked to sign a form authorizing the fee be taken from your payroll deduction. This will prevent any misunderstanding regarding a late pick-up fee. The clocks in the Infant, Toddler, and Preschool rooms will be the official time used.*
Failure to Sign Child In and Out Daily	Families will be charged $5.00 fee per time/child if the child is not signed-in or out in the ProCare app more than one time per month. It will be assessed on the second or more occurrence per month. This fee will be paid through parent payroll deduction.
Severe Weather/	When NDSU is closed, the Center will also be closed and parents will be

Emergency Closure	charged 100% of the regular fee. Center closing for partial days will be 100% of the regular fee.
Other	Absences for funeral, parent illness, vacations, maternity leave, and public health emergencies, etc.: 100% regular fee

Payroll Deduction for Child Care and Education Fees

Payroll deduction will be used to pay childcare and education fees in advance of service. The first half of the month's fees will be deducted on the 15th of the month prior and the second half deducted on the last working day of the month prior. Example: July's fees will be paid 50% on June 15 and 50% on June 30.

Flexible Spending Account

Parents are to provide the Director with 12 months of completed and signed Flexible Spending Account Claim forms. At the end of each month, the Director will sign, date, and place the form above your child's cubby.

Tax Information

The Center will provide an itemized yearly statement of childcare and education payments. The year-end statement will have the total payment for the prior year as well as the Federal Tax ID number. The statement will be emailed to the NDSU parent employee.

Parking

Reserved back-in parent parking is available on Centennial Boulevard, in front of the FLC Building, when dropping off and picking up your child. Parents will complete a Parking Permit form and the Director will turn in all provided license plate numbers to the Parking Office. If parking is longer than a 30-minute period, please park in your faculty/staff assigned lot. Parents are discouraged from idling vehicles in our parking area, except if vehicles need to idle in extreme heat or cold to maintain interior or engine temperatures.

Our Staff

Adult-Child Ratios

The Center meets or exceeds the adult/child ratios established by the North Dakota Department of Health and Human Services. University student staff are included in meeting these ratios.

Teachers

The Center for Child Development employs a well-educated teaching staff that has the knowledge and professional commitment necessary to promote children's learning and development. They also support families' diverse needs and interests and work to build community partnerships. All staff members must have a clear background check and be fingerprinted before working with children. They are also Infant-Child CPR, Pediatric First Aid, and AED Certified. Staff must complete annual Baseline Safety, Mandatory Reporting, Physical Activity Ordinance, USDA Food Training, and Medication Administration Trainings. Infant room staff members annually complete Safe Sleep training. Teachers also participate in a minimum of 13 hours of professional development related to children and families yearly as required by licensing.

Each teacher has a primary care group. The teacher will provide on-going personal contact with parents of their care group, conduct parent-teacher conferences, develop educational goals with parents, implement meaningful learning activities and environments, understand your child's preferred learning style, and provide immediate care as needed to protect each child's well-being. Every effort will be made to keep children with their primary teacher for nine months or longer to maintain trusting relationships and continuity of care.

Adults On-Floor and Responsibilities

The number of adults involved in our program varies from semester to semester. These adults and their responsibilities include:

Position	Responsibilities with Children
Parents	• To play with their child, enjoy, and relax. Parents are always welcome in the Center for Child Development.
Head Teacher	• To supervise the children, environment, and curriculum in the Infant, Toddler, or Preschool rooms. • To plan and implement a developmentally appropriate curriculum that promotes children's learning and development. • To establish and maintain an environment that ensures children's safety and healthy development. • To establish supportive relationships with children and implement developmentally appropriate techniques of guidance and group management. • To develop effective communication skills and a partnership with parents, co-workers, and other professionals.
Teacher	• To plan and implement a developmentally appropriate curriculum that promotes children's learning and development. • To establish and maintain an environment that ensures children's safety and healthy development. • To establish supportive relationships with children and implement developmentally appropriate techniques of guidance and group management. • To develop effective communication skills and a partnership with parents, co-workers, and other professionals.
Field Experience Students/Student Teachers	• To plan and implement a developmentally appropriate curriculum that promotes children's learning and development. • To establish and maintain an environment that ensures children's safety and healthy development. • To establish supportive relationships with children and implement developmentally appropriate techniques of guidance and group management. • To develop effective communication skills and a partnership with parents, co-workers, and other professionals.
Student Staff	• To assist the teachers in maintaining a safe, healthy environment for young children. • To assist teachers in the supervision of children, preparation of materials, foods, and other daily routines.

Staff and Students Providing Child Care Outside of the Center

Center employees are **highly discouraged** from providing childcare outside of the Center as they are not acting within the scope of their employment. If parents hire university students outside of the Center work hours to provide care, please be advised that NDSU is not responsible for the actions of the student in these situations. If you would like a student staff member to babysit for you, please request a specific form from the Director for both you and the student to sign and date.

Partnerships

Community Partnership

When children have special needs or have specific health needs, consultants such as a physician, dietitian, nurse, psychologist, physical therapist, occupational therapist, speech-language pathologist, case manager, etc. are welcome in the Center for Child Development per parent/guardian written consent and a two-way release of information. Center staff want to learn the best ways to meet the child's individual needs to promote their education. Teachers would like to be included in the Individual Family Service Plan (IFSP) and/or Individual Education Plan (IEP) meetings and receive updated copies of evaluation and goals. We want to share our developmental observations of the child with the team to help

others see the whole child in varied environments. Teachers will also work with professionals to help them understand the daily classroom routine and best times to implement services for maximum learning.

Therapists/Consultants are encouraged to do therapies within the classroom, which is the least restrictive environment for the child. Our teachers will then have an opportunity to watch therapy sessions and ask questions of the consultants. If it is in the child's best interest to leave the classroom for therapy, we ask the therapist to sign the child out and, upon re-entry into the classroom, sign the child back in. Parents are encouraged to attend all therapy sessions.

Parking permits are available for consultants through the NDSU Parking Office (231-5771) for a fee. The consultant's company, the consultant, or the child's family pays this fee. The parking permit needs to be placed in the front rear view mirror during all therapy sessions to avoid a parking ticket.

Community Resources

FirstLink assists people to identify, access, and make effective use of community and volunteer resources 24 hours a day. It is the community's first link to connect people to current resources. Parents can access FirstLink by:

- Dialing 2-1-1 for resources, listening and support
- Calling 701-235-7335 or toll free at 1-888-293-6462 for community resources, referrals, listening and support.
- 24-hour suicide crisis lifeline – 1-800-273-8255 or 988

Parent Partnership and Communication

Teachers work in collaboration with family members by establishing and maintaining regular, on-going, two-way communication. You can help by sharing information about your child with us, especially during any crisis or period of change when children are under stress and may be acting or reacting differently. Any information shared with a member of our staff will be held in confidence. If English is not your primary language, please talk to the Director so accommodations can be made. The Center staff use a variety of methods to bridge home and school communication and learning experiences including:

Open-Door Policy - We have an open-door policy for families in our Center. Parents are always welcome to stop in at any time to visit and play with their child. Parents are asked to wash their hands for 20 seconds upon arrival. The observation booths are also available for parent use.

Arrival and Departure Conversations – A classroom teacher is available in the morning and at the end of the day for questions and conversations with families.

Newsletter – A monthly newsletter will be provided through the ProCare app. Each classroom will provide information and updates for families through this newsletter.

Parent Bulletin Boards - These are located in the hallway outside the classrooms. Information regarding the children's curriculum, development, and health and wellness will be displayed.

Parent-Teacher Conferences - Conferences are held during the fall and spring semesters. Parents will be notified of conference dates in advance. A conference may be requested at any time by a parent or teacher during the year. Conferences provide an opportunity for teachers and parents to work together, share your child's developmental assessment results, write individual education goals that promote child learning, and to talk about any concerns. Parent observations are valued and contribute to the assessment process and hands-on curriculum.

Daily Parent Report – The infant, toddler, and preschool rooms provide a daily report of your child's day, such as learning activities they have participated in, physical care, supplies needed, and meals through the ProCare app.

Phone Contacts - Classroom teachers and the Director are happy to talk with you or return your call to let you know how your child is doing or answer any questions you may have about the program or upcoming events. Parents receive classroom and office phone numbers upon enrollment.

Events – ProCare calendar invites or flyers of upcoming events, illness in the classroom, policy changes, community family events, etc., will be sent via the ProCare app or posted on a bulletin board/classroom door.

E-mail - E-mail is used to inform or remind parents of Center happenings and changes in policies and procedures. Parents receive our email addresses upon enrollment.

Parent Advisory Committee - Attending Parent Advisory Committee (PAC) meetings may be an opportunity for parents to play an active role in curriculum development and provide recommendations to the Center. All parents are welcome to attend. PAC meetings happen three times a year.

Resources and Referrals -The Center maintains information about programs, services, and resources from other organizations to support families. Please let us know if you would like to look at this information or if we can assist you in seeking outside services. Before information about your child/family is shared with other relevant programs or agencies, teachers will obtain written consent from your family.

Program Evaluations/Family Survey - Parents are asked to complete a survey on your satisfaction with our program two times a year. This is your opportunity to provide feedback and help make our program the very best place for your child(ren).

Parent Responsibilities

- Read the Family Handbook and complete/submit all enrollment forms before your child's first day.
- Update emergency, health, immunizations, and contact information upon changes.
- Walk your child into the classroom at drop-off time and assist your child in removing outdoor clothing.
- Help your child wash his/her hands for 20 seconds before play.
- Sign your child in and out daily for accuracy of your child's attendance and safety. When signing a child out, please ensure that a staff member knows that the child is leaving for the day.
- Check above your child's cubby and in their mailbox daily for artwork and memos to be taken home.
- When leaving the Center, hold your child's hand. Please do not let them run ahead of you.
- Notify the Center by 9:00 a.m. if your child will be coming late or not attending.
- Take medications home nightly – Emergency medication such as Epi-pens, inhalers, etc. will be kept in the Center, as required for your child's health needs.
- Never leave any medications (Tylenol, decongestant, vitamins, or any prescription medication) in your child's cubby, duffle bag or backpack, as this is a safety issue for children.
- Keep two (2) sets of weather and size appropriate clothing including shirts, pants/shorts, socks, underwear, etc. in your child's personal belongings box.
- Collect wet or soiled clothing to take home and bring clean items the next morning.
- Always have suitable, labeled outdoor clothing (i.e., cap, mittens, boots, snow pants, etc.).
- Bring resting items, such as blanket and pillow with washable pillow case, in a **zipped** duffel bag or backpack labeled with your child's name.

Parent Involvement Opportunities

The Center believes that parent involvement is one component of high-quality early education. There is substantial evidence that suggests that when children see their parents participating in their education program their self-esteem flourishes. There is also improved overall academic performance and greater continuity between home and school. Parent involvement can strengthen families by helping parents have a clearer view of their child's developmental abilities, skills, and needs. They also have greater access to resources and parenting information and an increased ability to advocate for their child in other settings. When parents are familiar with the curriculum, routines, and activities of the program, they are less likely to feel anxious about being away from their child(ren).

Parent involvement refers to parents and teachers working together in a partnership to provide a positive and wholesome environment and learning experiences in which children can thrive. Opportunities for parent involvement in the Center include:

- Participating in the Parent Advisory Committee meetings
- Attending parent education opportunities and family social events to meet other families and provide support.

- Participating in parent-teacher conferences, sharing observations of their child's development, and writing educational and developmental goals with their child's teachers
- Sharing skills, hobbies, family traditions, and your occupation with the children
- Assisting with classroom field trips and gardening
- Working at home to repair equipment or sew costumes, doll clothes, bibs, etc.
- Spending time with your child at the Center playing games, reading stories, and eating lunch.
- Observing your child from the observation booth. Parents do not need permission to observe their child from the booth. You are always welcome in the booth or on-floor to play with your child.

Parent Education and Community Opportunities

The Center for Child Development provides various education opportunities for parents on topics regarding nutrition, physical activity, kindergarten transitions, and other areas of interest. The following resources are used to provide education and community involvement:

- Newsletters
- Display tables
- Bulletin boards located outside of the classrooms
- Parent handouts
- Classes
- Guest Speakers
- Flyers on community events

We invite students from various university classes to help us promote parent education. Parents serve as important role models for their children and well-informed parents can play a big role in developing healthy behaviors. Staff post flyers on child-centered community events on their classroom bulletin board, on the table located in the main entryway, and/or on the classroom doors for your information.

Parents Eating Lunch with Their Child

Parents are welcome to eat lunch with their child any time. Children always feel special when a family guest can join them for lunch. To assure that we meet the minimum amounts of food per child according to the USDA Child and Adult Food Program, an additional lunch will be ordered for parents. Please follow these procedures if you wish to eat with your child.

- Email the Director with the date you will be eating with your child. Please email a minimum of two days in advance of the meal so an extra meal can be ordered from dining services.
- A DocuSign will be sent to the NDSU employed parent to agree to a $4.00 lunch fee charge through a payroll deduction.

Affirming Family Diversity

All families have a heritage. The Center for Child Development wants children to live cooperatively in a diverse world. We recognize the beauty, value, and contribution that all families bring to our world. To promote family diversity, Center staff request our families to share child rearing preferences, celebrations and traditions that are important in your home life. Parents may like to share a book that is read at home, a special food, an article of clothing, an instrument, material, collections, activities, etc. that your family enjoys. Please contact your child's teacher to discuss a time for you to share your culture with us. Teachers will reflect the uniqueness of all families served in our classroom environments.

Teachers will treat all children with equal respect and considerations. They will initiate activities and discussions with children that build positive self-identity, teach respect, and teach the value of differences.

Dual Language Learners and Families

While speaking English is crucial for children's success in school, maintaining their home language also supports learning, increases children's self-esteem, and takes them a step closer to being successful in life. Our program is committed to serving all children and families and does not discriminate based upon age, color, gender, national origin, public assistance status, race, religion, sex, or primary language.

Understanding the Family Handbook and completing Center forms are a part of our enrollment process, if you need assistance with that task, please contact the Director and options will be discussed. We encourage you to bring a trusted friend or relative to help translate and communicate more effectively.

Parents are valuable resources in the education of their child. Our teachers would like to learn key words in your home language to help your child communicate his/her wants and needs. Together we can make picture cards of daily routines and words/phrases your child frequently uses at home. Our goal is for your child and family to feel comfortable and welcomed in the Center. Please help us learn how to achieve this goal.

Child Advocacy

Recognizing and advocating for your child's strengths and needs is encouraged. Advocacy means speaking on behalf of your child and encouraging him/her to always do their best. Ways to advocate for your child could include:

- Developing a partnership with your child's teacher and open communication.
- Sharing as much information about your child to help teachers provide continuity of care between home and school.
- Asking questions when you don't understand until you have a clear understanding.
- Developing clear developmental goals and objectives for your child with the teacher.
- Arriving at solutions to best meet your child's developmental needs.
- Asking for information on community agencies and resources for your family.

Grievance Procedure

A grievance is defined as a statement alleging a violation of policies or procedures with the Center for Child Development. It is also defined as when a parent has a concern or issue with a decision made by the Center. Our team is committed to effectively negotiating and resolving differences as they arise. If you should have a grievance, the following procedures have been set up so your concern can be promptly addressed:

- First, discuss the concern with the classroom teachers by requesting a meeting after a 24-hour cool down period. If no solution is agreed upon, a meeting will be set up with the Director.
- Next, discuss the concern with the Director. If no agreement is made, together we will discuss the concern with the Director of Human Resources.

All serious complaints should be communicated to the Director immediately. No adverse action will come to the parent or child enrolled in the Center for filing the grievance and using the above procedure. You may also contact the Center's ND Early Childhood Licensing Specialist – Kayla Ness at 701-270-2948.

Donations to the Center

The Center for Child Development accepts donations of gently used children's toys, books, art materials, paper, and other supplies/materials that enrich the children's curriculum. We appreciate parents thinking of the Center for your donations. To donate, please contact the Director to determine if the donation is needed and would be used.

Our Curriculum

Children's Curriculum and Learning

The Center for Child Development implements a curriculum that is thoughtfully planned, challenging, engaging, developmentally appropriate, reflective of family home values and language, and will enhance positive outcomes for all young children. Teachers develop weekly flexible lesson plans that are posted in each classroom and change classroom toys, materials, and/or equipment on a weekly basis to keep children's interest high and reflect the skill level of the children. In collaboration with parents, we promote school readiness and help prepare children for successful participation in work and life. This is achieved by:

- Following individualized infant schedules that are cooperatively planned by parents and teachers.
- Providing materials and equipment that spark children's interest and encouraging them to experiment and learn.
- Having children active and engaged in exploration and play.
- Implementing a curriculum based on researched evidence that it is developmentally, culturally, and linguistically relevant for the children.
- Using teaching strategies based upon the children's ages, developmental capacities, language, culture, and abilities.
- Building upon the child's prior learning and interests.
- Promoting the child's physical well-being and social/emotional development through: cognitive skills, early literacy, early mathematics, science, creative expression and the arts, health and safety, nutrition, social studies, and self-help skills.
- Implementing activities to help children develop reasoning, problem solving, social skills, communication, and other critical thinking skills.
- For children over the age of two years, using technology that is developmentally appropriate and meaningful to learning experiences supports collaborative play and will enhance the children's curriculum. Technology will never be used to replace creative play, exploration, physical activity, outdoor experience, or interactions.

The Creative Curriculum is a comprehensive curriculum, linked to an assessment system that fully meets the criteria for appropriateness and effectiveness. It allows teachers to explore what to teach through the various studies and why and how children learn best. With this curriculum and parent input, teachers can respond to the individual needs and learning styles of all children.

Teaching Strategies GOLD is also linked to assessment. It helps teachers know what to look for; write individual goals and objectives; generate daily, weekly, and monthly curriculum plans; and support children's development within the classroom. For more information on our curriculum, please talk with your child's teachers.

Screening/Assessment of Child Progress

Assessment is the process of observing, recording, and documenting what children do and how they do it as a basis for a variety of educational decisions that affect the child. Teachers assess for ongoing, developmental progress through observation-based methods that take place in the classrooms during normal routines and educational experiences throughout the year. The Teaching Strategies GOLD assessment is updated a minimum of two times per year and written results are respectfully shared with parents at conference times and as requested. Observations of children includes work samples, photos, and anecdotal notes made during the child's daily routine and educational experiences. The Center also partners with Pediatric Partners who provides a free developmental screening in the areas of gross motor, communication, fine motor, cognitive, and social–emotional development. A trained professional will administer the Ages and Stages screening at the Center to assess your child's development. The screening results will be shared with parents and the Center teachers through written documentation, if consent is given. Free vision and hearing screenings will also be conducted annually with parent consent. If a developmental delay or any other special needs is suspected, teachers will document and explain the concern in a respectful manner. Teachers or the Director will offer suggestions and resources that parents may use to have their child assessed for services.

The Center for Child Development uses a variety of assessment methods such as observation, checklists, parent report, medical reports, anecdotal notes, and the Teaching Strategies GOLD Assessment. Teachers have a degree in child development or early childhood education and have earned the GOLD Interrater Reliability Certification.

Our goals are to:

1) Assess children's strengths, progress, and needs
2) Make sound decisions about our teaching strategies for program improvement
3) Set up the environment based upon children's developmental needs and interests
4) Identify significant concerns that may require further assessment or intervention and make referrals as needed
5) Share observations and assessment information with families
6) Make sure the program is accomplishing its goals for children's learning

Parents complete health and developmental enrollment forms, a Pre-Conference Survey, and help write developmental goals for individualized child learning with the teachers. If parents have questions or concerns about how the assessment/screening will meet their child's needs, please ask a teacher. Parents can also complete the program evaluation to initiate further conversations on assessment methods as needed.

Statement of Guidance

The Center for Child Development uses guidance as a means of helping children learn acceptable ways to deal with their feelings and desires. Through guidance, we help children learn self-regulation and encourage them to show respect for themselves, others, and property.

Teachers never use physical punishment such as shaking, hitting, spanking, slapping, jerking, squeezing, kicking, biting, pinching, excessive tickling and pulling of arms, hair, or ear; or requiring a child to remain inactive for a long period of time. Teachers also never use psychological abuse such as shaming, name-calling, sarcasm, cursing at, making threats or frightening a child, ostracism, or withholding affection. Coercion, such as forcing a child to sit down, lie down, or stay down, except when a restraint is necessary to protect the child or others from harm; physically forcing a child to perform an action, such as eating or cleaning up, is prohibited.

For children with persistent disruptive behaviors, we will work with parents to develop and implement an individual plan that supports the child's inclusion and success. Examples of disruptive behaviors include:

1. A behavior that interferes with all of the children's learning, development, and success at play
2. A behavior that is harmful to the child, other children, or adults
3. A behavior that requires one-to-one adult attention for long or frequent durations of the day which negatively affects the other children's educational experiences and daily routines.

Teachers will provide for the safety of your child and others in the classroom, remain calm and respectful to the child, and provide the child with information on acceptable behaviors. Teachers will also assess the function of the disruptive behavior such as: Does the child lack words to communicate? Is the child teething, tired, or hungry? Does the child have oral motor sensory needs? Is the child trying to avoid something, bored, or needing extra attention? Parents may be asked to contact community resources to best meet your child's needs if disruptive behaviors prevent teachers and student staff from providing high-quality educational experiences and interactions with the children in the classroom.

Positive guidance strategies for toddlers and preschoolers used include:

- Working with parents and professionals to develop an individual plan that addresses the behavior
- Forming a positive relationship with each child
- Praising, modeling and encouraging positive behaviors when demonstrated
- Setting clear, reasonable, and consistent rules, and explaining them to the children
- Redirecting children to more acceptable behavior or activity
- Establishing developmentally appropriate environments, curriculum, and expectations
- Changing the classroom environment that increases disruptive behavior
- Including materials in the environment that decreases disruptive behavior
- Creating a predictable daily routine
- Encouraging problem-solving skills in children
- Being aware of possible causes of behavior and individualizing the curriculum for child success
- Anticipating and eliminating potential problems
- Respectfully listen, acknowledge, and respond to children's feeling and frustrations

Child Suspension and Expulsion Policy

Suspension in services is a reduction in the amount of time a child may be in attendance in a program. Expulsion refers to terminating the enrollment of a child because of ongoing, disruptive behaviors. We join with the National Association for the Education of the Young Children's goal to limit or eliminate the use of

suspension, expulsion, and other exclusionary measures due to consistent and prolonged disruptive or unsafe behavior. We want all children to benefit from continuity of high-quality early childhood education.

When disruptive behaviors occur, exclusionary measures are not considered until all other possible interventions have been exhausted and there is an agreement that exclusion is in the best interest of the child. The steps taken before a decision to exclude are:

- Assess the health of the child and the adequacy of the curriculum in meeting the developmental and education needs of the children
- Engage parents in collaboration regarding how the child's behaviors may be best handled and develop an individualized plan
- Access an early childhood mental health consultant to assist in developing an effective plan to address the child's disruptive behaviors
- Facilitate family communication with the child's primary doctor so the child can be assessed for related health concerns and referral for services

Our program will offer information to the family in accessing services and an alternative placement. A detailed transition plan to a more appropriate learning setting will be developed with the family.

Circumstances under which exclusion may occur:

1. Continued placement in the classroom/program jeopardizes the physical safety of the child and/or classmates as assessed by an early childhood health consultant and all possible interventions have been exhausted.
2. The family is unwilling to participate in consultations for the child and family.
3. Continued placement in the program clearly fails to meet the developmental needs of the child as agreed by both staff and parent AND a different program that is better able to meet these needs has been identified.

Our policy will abide with both the federal and state civil rights laws.

Infant Flexible Daily Schedule and Routines*

7:30 – 8:00	Arrival, Handwashing, and Child Choice-Exploration
8:00 – 8:30	Handwashing and Breakfast
8:30 – 11:15	Personal Care, Child Choice–Exploration, Teacher-Directed Activity, Large Motor/Outdoor Play
11:15 – 11:45	Handwashing and Lunch Group One Served
11:30 – 12:00	Handwashing and Lunch Group Two Served
12:00 – 2:30	Personal Care, Nap/Rest, Child Choice-Exploration, Teacher-Directed Activity
2:30 – 3:30	Handwashing and Snack
3:30 – 5:30	Personal Care, Child Choice–Exploration, Teacher-Directed Activity, Large Motor/Outdoor Play

Arrival – Teachers greet children as they enter the classroom and exchange verbal communication with parents. Parents assist their child with handwashing upon arrival and then sign their child in.

Child Choice-Exploration – Children move from interest area to interest area interacting with toys or activities. Interest areas are changed often to encourage and enrich exploration. Teachers support children's play and help them develop individual learning goals.

Teacher-Directed Activities – Teachers plan small group and individual activities for the children and invite them to participate. Teachers introduce vocabulary, encourage language development, and provide opportunities for problem solving through intentional lesson implementation. Fine motor development is promoted when children use their hands and fingers to act on their environment. Creative expression opportunities through art, music, dance, and drama help children widen their repertoire of skills that support self-expression. Social-emotional skills are promoted by helping children regulate their behavior, label emotions, and play cooperatively with friends.

Breakfast, lunch, and snack – Family style meals provide time for teachers and children to sit down and eat together. Teachers use this time to develop language and social development in a relaxed environment while children eat.

Outdoor Play/Large Motor – Children are provided an opportunity for fresh air, movement, and outdoor exploration. Teachers plan and implement large motor activities with some moderate to vigorous physical activity.

Personal Care – A time for individual attention and care. Children are learning self-help skills during handwashing, toothbrushing, dressing/undressing, and toileting/diapering routines. Children are encouraged to try new skills on their own before teachers help them.

Nap/Rest Time – A time for children to rest and relax their bodies based upon individual needs and group schedules. Teachers play soft music, sit next to the children, and rub/pat their backs, if desired.

Clean Up – Children assist in picking up toys, removing dirty dishes, and maintaining a safe classroom. Children learn responsibility, cooperation, and develop a sense of pride for their classroom.

*The summer Flexible Daily Schedule and Routines will vary slightly with our hours of 7:00 AM – 4:30 PM.

Toddler Flexible Daily Schedule and Routines*

7:30 – 8:15	Arrival, Handwashing, and Child Choice-Exploration
8:15 – 8:45	Handwashing and Breakfast
8:45 – 11:15	Personal Care, Child Choice–Exploration, Teacher-Directed Activity, Large Motor/Outdoor Play
11:15 – 11:45	Handwashing and Lunch Group One Served
11:30 – 12:00	Handwashing and Lunch Group Two Served
12:00 – 2:30	Personal Care, Nap/Rest, Child Choice-Exploration, Teacher-Directed Activity
2:30 – 3:30	Handwashing and Snack
3:30 – 5:30	Personal Care, Child Choice–Exploration, Teacher-Directed Activity, Large Motor/Outdoor Play

Arrival – Teachers greet children as they enter the classroom and exchange verbal communication with parents. Parents assist their child with handwashing upon arrival and then sign their child in.

Child Choice-Exploration – Children move from interest area to interest area interacting with toys or activities. Interest areas are changed often to encourage and enrich exploration. Teachers support children's play and help them develop individual learning goals.

Teacher-Directed Activities – Teachers plan small group and individual activities for the children and invite them to participate. Teachers introduce vocabulary, encourage language development, and provide opportunities for problem solving through intentional lesson implementation. Fine motor development is promoted when children use their hands and fingers to act on their environment. Creative expression opportunities through art, music, dance, and drama help children widen their repertoire of skills that support self-expression. Social-emotional skills are promoted by helping children regulate their behavior, label emotions, and play cooperatively with friends.

Breakfast, lunch, and snack – Family style meals provide time for teachers and children to sit down and eat together. Teachers use this time to develop language and social development in a relaxed environment while children eat.

Outdoor Play/Large Motor – Children are provided an opportunity for fresh air, movement, and outdoor exploration. Teachers plan and implement large motor activities with some moderate to vigorous physical activity.

Personal Care – A time for individual attention and care. Children are learning self-help skills during handwashing, toothbrushing, dressing/undressing, and toileting/diapering routines. Children are encouraged to try new skills on their own before teachers help them.

Nap/Rest Time – A time for children to rest and relax their bodies based upon individual needs and group schedules. Teachers play soft music, sit next to the children, and rub/pat their backs, if desired.

Clean Up – Children assist in picking up toys, removing dirty dishes, and maintaining a safe classroom. Children learn responsibility, cooperation, and develop a sense of pride for their classroom.

*The summer Flexible Daily Schedule and Routines will vary slightly with our hours of 7:00 AM – 4:30 PM.

Preschool Flexible Daily Schedule and Routines*

7:30 – 8:30	Arrival, Handwashing, and Child Choice-Exploration
8:30 – 9:00	Handwashing and Breakfast
9:00 – 11:20	Large Group, Small Group, Child Choice-Exploration, Large Motor/Outdoor Play
11:20 – 12:15	Handwashing, Lunch, and Personal Care
12:15 – 12:30	Large Group
12:30 – 3:00	Rest/Nap Time, Personal Care, Child Choice-Exploration
3:00 – 3:15	Handwashing and Snack
3:15 – 3:30	Music and Movement
3:30 – 4:30	Child Choice-Exploration and Small Group
4:30 – 5:30	Large Motor/Outdoor Play

Arrival – Teachers greet children as they enter the classroom and exchange verbal communication with parents. Parents assist their child with handwashing upon arrival and then sign their child in.

Child Choice-Exploration – Children move from interest area to interest area interacting with toys. Interest areas are changed often to encourage and enrich exploration. Teachers support children's play and help them develop individual learning goals.

Teacher-Directed Activities – Teachers plan small group and large group activities and invite children to participate. Teachers introduce vocabulary, encourage language development, read stories, sing, and provide opportunities for problem solving through intentional lesson implementation. Fine motor development is promoted when children use their hands and fingers to act on their environment. Creative expression opportunities through art, music, dance, and drama help children widen their repertoire of skills that support self-expression.

Breakfast, lunch, and snack – Family style meals provide time for teachers and children to sit down and eat together. Teachers use this time to develop language and social development in a relaxed environment while children eat.

Outdoor Play/Large Motor – Children are provided an opportunity for fresh air, movement, and outdoor exploration. Teachers plan and implement large motor experiences to develop balance, strength, and coordination. They plan activities that challenge the children a bit to promote further development. Games with rules are introduced to the children. Other times children choose to play with their friends making up their own game. Teachers plan experiences that promote moderate to vigorous movement.

Personal Care – A time for individual attention and care. Children are learning self-help skills during handwashing, toothbrushing, dressing/undressing and toileting/diapering routines. Children are encouraged to try new skills on their own before teachers help them.

Nap/Rest Time – A time for children to rest and relax their bodies. Teachers play soft music, sit next to the children, and rub/pat their backs, if desired. Children help set-up their cots and after rest time, place items back in their backpack.

Music and Movement – Children develop large and small muscle coordination and rhythm by singing, playing instruments, dancing, and using materials, such as scarves and streamers, with music.

Clean Up – Children assist in picking up toys, removing dirty dishes, and maintaining a safe classroom. Children learn responsibility, cooperation, and develop a sense of pride for their classroom.

*The summer Flexible Daily Schedule and Routines will vary slightly with our hours of 7:00 AM – 4:30 PM.

Active Play

Active play allows children to move through teacher-directed and child-directed play as part of our daily routine. Children will be taken outdoors to play when weather, air quality, and environmental safety conditions do not pose a health risk. When outdoor opportunities are not possible because of conditions, we will provide similar large motor activities indoors. We provide preschool children with at least 120 minutes of active play indoors and outdoors daily and 60 minutes per day for infant and toddlers. Supervised tummy time is provided for all infants several times a day. Movement activities are planned by the teachers daily and posted on our lesson plan form. Nutritional education opportunities are also implemented. Children are discouraged from inactive play periods greater than 30 minutes.

We believe active play is valuable to the children's physical well-being. Research has shown that children who are exposed to fresh air daily get fewer colds and respiratory infections than children who typically remain indoors. The length of time outdoors will be based on the weather. The National Weather Service temperature and wind chill factor will be used to determine whether the exposure risks are too great. Weather that poses a significant health risk shall include wind chill and/or temperatures that fall below 0 degrees Fahrenheit and a heat index at or above 90 degrees Fahrenheit. Children are not allowed to remain indoors due to illness or threat of illness.

Screen time includes television, movies, computer, video games, or any device that has a screen. Children less than two (2) years of age have no screen time. Children 3-5 years of age do not engage in screen time for more than 30 minutes per day to enhance our educational curriculum.

Rest Time and Infant Sleep

Rest time is a scheduled part of the daily routine for all children. A cot or crib that meets U.S. Consumer Product Safety Commission approval standards is provided for each child attending the Center for Child Development. All children in the program rest.

Parents of toddlers and preschoolers are asked to bring a blanket, a pillow covered with a washable pillowcase (if desired) and a bag that zips, such as a backpack or a duffel bag, to store the items in when not in use. The bag, blanket, and pillow must be clearly labeled with your child's name. The storage bag must be large enough to totally cover the blanket and pillow when bag is zipped. This preventative measure will decrease the spread of illness among children. Parents will bring the blanket and pillow home to be washed on the weekend or sooner if soiled.

Infants and toddlers rest/sleep according to their individual schedules. Infants, 12 months and younger, are placed on their backs to sleep unless a written note from the child’s health care provider is given stating the medical reason and the specific time frame that an alternate sleep position or surface is required. Written permission for alternate sleep position or surface is also required by the infant’s parents. Our program reserves the right to refuse enrolling your infant if our program does not feel comfortable following the order. All infants must be removed from their car seats, have outer clothing removed by the parent, and handed to a teacher upon arrival. Teachers will closely monitor infants when they are sleeping by listening to and observing them. Written parental permission is required if you want your infant to sleep with a pacifier and/or in a sleep sack.

Swaddling is not recommended. If swaddled, only one blanket will be used no higher than the infant’s shoulders. Swaddling will be discontinued once the baby reaches 2 months or sooner if showing signs of rolling. Swaddle sleep sacks will not be used once the infant reaches 2 months of age or sooner if showing signs of rolling.

Toileting

Learning to use the toilet is a big event in a young child’s life. Because toilet training is a complex process and very individualized, there are many things to consider before and during the toilet training process for child success. When a parent believes their child is ready for toilet training, the parent will complete a toilet training checklist and meet with a classroom teacher, prior to starting toilet training at the Center. An individualized plan will be developed for the child.

Field Trips

Field trips are planned for the children throughout the year as educational opportunities. A field trip is considered any supervised trip with the children that is outside the viewing area of the Evelyn Morrow Lebedeff Hall and Family Life Center buildings. They may be walking or driving trips to visit people or places of interest. University vans or the city bus will be used for transporting children. All motorpool vans are licensed and insured. When car seats or booster seats are needed for the field trip, parents are required to correctly install the car seat/booster into the vehicle. Car seat/booster must be labeled with the child's name, parent's names, and phone numbers.

Teachers will always inform parents of the field trip by posting a notice on ProCare with the destination and the departure and return times. If you do not want your child to go on the field trip, inform the teacher as soon as possible. All groups will be back to the Center no later than 4:30 p.m. Children will be supervised at all times and, if transportation is needed, teachers will abide by the North Dakota Child Passenger Safety Laws. A preplanned emergency evacuation procedure will be established for each field trip. A fully equipped first aid kit and emergency contact information is taken with and is readily available along with any necessary emergency medication for children with special needs. A picture of your child with their emergency contact information is also included in the kit. A written consent form for your child to participate in field trips is required and is included in your enrollment packet. Parents may be asked to pay a small field trip fee for special outings. All parents are welcome and encouraged to participate in field trips.

Aquatic Activities

North Dakota Child Care Licensing definition of aquatic activity means an activity in or on a body of water, either natural or manmade, including rivers, lakes, streams, swimming pools, and waterslides.

Teachers plan water play activities for the children including water play tables, sprinkler play on the playground, or splash pad. When children change into and out of their swimsuit or swimming gear, a towel barrier will be kept under their bare bottoms. Children will be reminded to walk as surfaces around water can be slippery. Children in diapers are required to wear diapers designed for water activities.

Teachers will keep all children within sight at all times during water play and will not be involved in any activity other than directly supervising the children. Our teachers are certified in Pediatric First Aid and CPR. Child-to-teacher ratios will be maintained at all times.

Outdoor water play clothes and supplies include:

- Swimsuit or shorts and top
- Shoes that can get wet to protect feet
- Towel
- Swimming diaper for children in diapers
- Sunscreen

Please have all swimwear and supplies labeled with your child's first name and last initial.

Child Transitions

A child's transition from one teacher to another, from one group to another, or from one classroom to another will be coordinated to provide the most positive and safe experience for the child.

- Every attempt will be made to keep infants and toddlers with the same teaching staff for a period of nine months or longer. This will promote trust and continuity of care for the child and family.

- Children will be transitioned from one room to another room based on the child's age, developmental needs, and openings available. The child's primary teacher will coordinate the transition with the new classroom teacher. Parents will be informed of the transition process and the start date in the new classroom. The child's transition process will gradually move from free play to involvement in more structured activities, such as small groups, lunch, and rest time.

- When a child attends a community program (i.e. public school, HeadStart) in addition to the Center for Child Development, it is the parent's responsibility to coordinate their child's transition. We ask parents to contact the community program regarding hour/days of education, transportation arrangements, times the child will be picked up and dropped off, if a meal needs to be saved for

your child etc. and communicate this information to the classroom teachers. On days the child does not attend the Center due to illness, vacation, etc., parents are responsible to notify the community program that transportation is not needed. The Center also requires the community program or parent to pick-up and drop off the child from the Center classroom.

- When a child receives outside programming/therapy and will leave the classroom with a therapist, it is the parent's responsibility to coordinate their child's transition. Parents must update the Authorization to Release Child form giving teachers permission to release the child to a specific program. Parents must communicate their child's therapy days/times to the classroom teachers. The therapist must sign the child in and out of the classroom so teachers can maintain an accurate head count. On days the child does not attend the Center due to illness, vacation, etc., parents are responsible for notifying the community program.

- As a child transitions from the Center for Child Development to another program, we are happy to provide a copy of the child's developmental assessments and educational artifacts to the family.

Dress Code

Play is children's work, so children need to wear washable clothes comfortable for their work and rubber sole shoes appropriate for active play. Expect clothes to get dirty some days.

All children will have a labeled storage container, provided by the Center, for extra clothes. The containers will be stored in the bathroom cupboards. Parents are encouraged to check their child's extra clothing weekly and replenish as needed.

Each child should have two (2) complete changes of clothing (underwear, socks, shirts, and pants) that have been labeled with their name. Shoes must be rubber sole and preferably cover the entire foot. If sandals are worn in the summer months, make sure they have a strap around the heel to keep the shoes securely on the feet. During the winter months, send snow pants, two (2) pairs of waterproof mittens, a hat, boots, and a neck warmer for outdoor play. Teachers will be responsible for bundling your child up in dry clothes, but parents need to send the appropriate number and size of clothing. Scarves are not allowed due to them being a strangulation hazard.

The National Health and Safety Performance Standards for Child Care recommends that child care personnel NOT rinse out soiled clothes before they are put in a plastic bag and are sent home that day for laundering. The procedure of rinsing soiled clothes increases the chance that germs will spread.

Personal Items/Toys from Home

We have a large variety of developmentally appropriate toys/materials for children ages' birth through five years. **Please do not send toys from home** as they are easily broken or lost and are extra hard to share. The Center will not be responsible for damaged or lost items brought from home. The exception to this policy is when children have special attachment objects such as favorite blankets, pillows, soft toys, or a pacifier. We understand that adjustment to the Center and new situations may create the need for extra comfort for the child. If these items provide extra security, they are welcome. Also, on Show and Share Days, please refrain from allowing your child to bring any type of toy weapon or action figure to our program.

Health, Safety and Nutrition

Child Health Policy

We take every precaution to protect your child's health. In turn, it is your responsibility to help us protect the health of other children as well.

The following procedures are enforced:

1. All health-related forms must be completed, signed, and dated before a child begins in the Center. (Failure to return these forms before a child begins violates North Dakota Century Code 23-07-17.1.).

2. All children will be given a daily informal health screening by a staff member. The staff member's decision will determine whether your child may stay at the Center according to the 'Guidelines for Exclusion Due to Illness' section of the handbook. All bruises will be documented.
3. A child may not attend the Center with symptoms of illness or a communicable disease. If a question exists as to the health of your child, a recommendation to see your health care provider will be made.
4. If a child becomes ill during the day, the parent will be immediately notified and the child must be picked up. If the parent cannot be reached, the emergency contact person will be called. The ill child will be separated from the other children and an adult will stay with the child to keep them comfortable and observe for new symptoms until the parent or guardian arrives. Strict adherence to this policy will be maintained to protect the health of other children and keep your child comfortable.
5. If the children are exposed to a communicable disease, the Center will notify parents of the disease signs and symptoms, mode of transmission, period of communicability, and control measures that are being implemented at the program.
6. If a child has a physician's written order or care plan for special medical management, an adult trained in the procedure will be on-site whenever the child is present. Example; asthma, allergies, diabetes.
7. Our health policies will not be superseded by a doctor's authorization for attendance.
8. The Center will abide by all modified operation practices and recommendations as indicated by the ND Department of Health and Human Services for a public health emergency. Health decisions made by the Center will be communicated through a variety of methods such as email, posting a memo, or phone calls to parents.

Immunizations (SFN 16038)

A record of immunization or a valid exemption must be on file at the time of enrollment for all children. Immunization records should be updated as children receive their immunizations.

According to North Dakota law, childcare programs cannot refuse to provide care to unimmunized children, who are otherwise eligible, if they present a valid exemption from the immunization requirements (SFN 16038). It is recommended by the ND Dept. of Health, that the Center exclude an unimmunized child from our program in the event of an outbreak of a vaccine preventable disease for the unimmunized child's protection.

Parent's Statement of Health of Child (SFN 847)

A Parent's Statement of Health of Child form must be on file at the time of admission for all children. This form must be updated annually.

Exclusion/Return Guideline for Childcare

The parent, legal guardian, or emergency contact person will be notified immediately when a child has a sign or symptom that requires exclusion from the childcare setting. The child will be excluded from the program if one or more of the following conditions exist:

A. The illness prevents the child from participating comfortably in routine activities and learning.
B. The illness results in a greater need for care than the teachers can provide; therefore, compromising the health, safety and education to the other children in the group.
C. The child's condition is suspected to be contagious and requires exclusion to prevent the spread to others.
D. The child has any of the following conditions:

CONDITION FOR EXCLUSION:	RETURN GUIDELINES:
Persistent abdominal pain (continues for more than two hours) or intermittent pain associated with fever or other signs or symptoms.	Once symptoms have resolved.
Blood in stools	With health care provider written permission.
Chickenpox	When all sores have dried and crusted (usually 6 days).

COVID-19	Children and staff who had symptoms can go back to normal activities when, for at least 24 hours, both are true: • Your symptoms are improving overall, **and** • You have not had a fever (and are not using fever-reducing medication).
Diarrhea is defined as an increased number of abnormally loose stools in comparison with the individual's usual bowel movements, stool that cannot be contained in a diaper or has three or more loose stools within a 24-hr period, or one episode if other symptoms of illness are present, must remain at home.	Once diarrhea has resolved, except for children with diarrhea caused by Salmonella, Shigella, Cryptosporidium, G intestinalis, and E. coli where health care provider's written permission is required
Fever is defined as an elevation of body temperature above normal. Oral or ear temperature 100.4 degrees F or higher, axillary (armpit) temperature of 99 degrees F is considered to be above normal in children. Rectal temperatures are not recommended in childcare settings and oral temperatures should not be taken on children younger than four years of age.	Fever free for 24 hours without fever reducing medications and can participate fully in normal routine activities.
Flu (Influenza)	When the child is fever free for 24 hours without the use of fever reducing medicine and returns to normal activity level.
Hand, Foot, Mouth Disease (if fever and open sores are present)	Fever free for 24 hours without fever reducing medications, able to eat and drink normally, and can participate in daily routines without pain
Head lice	Return the following day after their first treatment.
Hepatitis A virus	After 7 days from onset of symptoms
Herpes Simplex Infection	If uncontrolled oral secretions, child may return once mouth sores are gone.
Impetigo	After treatment has started as long as lesions are covered.
Measles	After 4 days from onset of rash.
Mumps	After 5 days from the onset of symptoms
Pertussis (whopping cough)	After 5 days of antibiotic treatment.
Rash with fever or behavior change	With health care provider's written permission stating the child is non-infectious.
Rubella	After 7 days from onset of rash.
Scabies	When first treatment has been completed.
Symptoms and signs of possible severe illness, such as lethargy, uncontrolled coughing, inexplicable irritability or persistent crying, difficulty breathing, wheezing, or other unusual signs for the child.	Once symptoms have resolved or with health care provider's written permission
Shingles – This virus is present in small, fluid filled blisters, and is spread by direct contact.	Once all lesions have crusted over.
Strep throat	After 12 hours of antibiotic treatment and no longer has a fever.
Tuberculosis	When health care provider or health official gives written permission stating that the child is on appropriate therapy and can attend child care.
Unspecified respiratory illness including the common cold, sore throat, croup, bronchitis, runny nose, or ear infection	Once the child can comfortably participate in routine child care activities.
Vomiting illness - two or more episodes in the previous 24 hours, if no other symptoms. One episode if other symptoms of illness are present or if child has recent history of a head injury.	When vomiting resolves or a health care provider determines that the cause of the vomiting is not contagious (i.e. reflux).

Sources:

- *"Managing Infectious Diseases in Child Care ad Schools. A Quick Reference Guide, 6th Edition, American Academy of Pediatrics"*
- *"North Dakota Child Care and School Infectious Disease Exclusion Guide". ND Dept. of Health and Human Services*

Children with Allergies/Special Feeding Needs

The Center will enroll children with allergies and special feeding needs. To the best of our ability, we will create an environment that minimizes risks. We recognize that the risk of accidental allergy exposure can be reduced, but not eliminated. To determine manageability, we look at the following factors:

- Type of allergy
- Number of allergies
- Level of severity
- If exposure to all allergens can be managed safely and reasonably
- Comfort level of teachers and parents when considering the level of risk

Once it has been determined that the allergy/special feeding need is manageable in a Center child care setting, the following procedures must be followed **BEFORE** the child's first day:

- Parents will provide a Health Care Plan signed by the child's health care provider and child's parents. The Health Care Plan must be reviewed at least yearly and updated as needed.
- For a food-related allergy, parents are required to have your child's health care provider complete a Medical Statement for Child with Allergies/Chronic Disease/Disabilities Requiring Special Meals form. Parents will review the menu and are welcome to look at all food labels to determine if foods are safe for their child.
- The parent will meet and discuss this Health Care Plan with the Director.
- The parent will give permission to post an Allergy Alert form within the child's classroom along with the child's picture to ensure proper identification.
- The parent will provide all necessary medications, dispensing tools, and complete the Permission to Administer Medication form. Medications and equipment needed to administer medication must always be available at the Center.
- All staff will review the Health Care Plan on an annual basis and as updated. New employees will review the Health Care Plan before caring for children.
- The parent will notify the Director of any changes to the child's allergy/special feeding needs.
- Teachers will document the type and quantity of food consumed by the child and provide this information to parents. Special feeding needs include: food intolerance, allergies, health concerns, and medical conditions.
- Staff will maintain areas used by staff or children who have allergies or any other special environmental health needs according to the recommendations of health professionals.

Nut-Restricted Program

Due to the extreme nature of some allergic reactions to peanuts/nuts and products containing peanuts and/or nuts in some children, the Center is a peanut/nut-restricted program. When families are bringing food into the program, for special occasions, it is important to remember to read the label of every food item you send. Many foods, which we do not think of as containing peanuts or nuts, have in fact been made in the same factories as peanut/nut-containing foods and are therefore considered to be contaminated. When reading the label, look at not only the ingredients listed but also for statements such as "may contain traces of peanuts."

Medication Policy (all prescription and over-the counter medications)

When a child in the Center requires medication, written permission and instructions are required from the health care provider and parents. Required information includes date, the name of medication, length of time to give medication, dosage, the time to administer the medication, and the route. If a liquid oral medication is to be given, the parent must provide the administration device with clearly marked measurements. All medications MUST be labeled and given to a teacher so the medication may be properly stored. Medications are stored in the Center's kitchen refrigerator or in a designated locked classroom cupboard. When no longer needed by the child, all medications must go home with the parents. Medications that must be readily available are stored in a safe manner, inaccessible to children, while allowing for quick access by teachers (i.e. an Epi Pen). Only teachers will administer medication as they complete Medication Administration Training.

Over-the-counter cold, fever, and cough medication will not be given to children under the age of six (6) years old without written orders from the child's health care provider in addition to parents' written

permission. Over-the-counter products such as sunscreen, insect repellent, lotion, lip balm, etc. require written parental permission on a yearly basis.

Prescription medications must be in an original pharmacy container, with a label that clearly states the child's name, the health care provider, the name of the medication, date, time, and dosage. Over-the-counter medication must be in the original manufacturer's container. The medication must be labeled with the child's first and last name. The period of use for all medication will be for a limited time and not to be a blanket period of time. The instructions for the child shall not conflict with the directions as prescribed by the child's health care provider or with the manufacturer's instructions.

You will be asked to complete the following form if a medication is to be given by a Center teacher trained in medication administration.

AUTHORIZATION TO ADMINISTER MEDICATIONS

Name:_____ Date:_____

Medication:_____ Dosage:_____ Time(s) of Day to be given:_____ Length of time to give medication_____

Route: Eye Nose Ear Mouth Skin *(please circle one)* Special Instructions:_____

For children on over-the-counter medication, where the directions indicate *consult physician for dosage*, I hereby certify that I have consulted a physician and the requested dosage is within the limits as indicated by the physician.

_____ _____

Parent/Guardian signature *Date*

Medication Feedback to Parents

Per your request, _____ *(Child's Name)* was given _____ *(Dosage)* of _____ *(medication)* through _____ *(route)* on:

Date: Time: Staff Signature

Sunscreen Policy

When children play in the sun, they may wear sun-protective clothing, sunscreen, or both. Sunscreen is not recommended for children under 6 months of age. Applied sun protection must have a UVA and UVB ray protection of SPF 15 or higher. Look for the words waterproof and broad-spectrum when purchasing sunscreen. Aerosol sunscreens are not allowed due to the potential of inhaling the sunscreen or spraying the sunscreen in the eyes. Combination products of sunscreen and insect repellent are not recommended. For maximum effectiveness, sunscreen should be applied at least 20-30 minutes before going outdoors to allow the ingredients to fully soak into the skin. Each child must have his/her own bottle of sunscreen labeled with the child's first name and last initial. A signed and dated permission form from parents must be obtained before the teacher can apply the sunscreen. Teachers will apply sunscreen in the morning and afternoon prior to outdoor activities.

If you do not want sunscreen applied to your child and your child is over 6 months of age, please understand that children will be taken outside daily (weather permitting). A waiver to apply sunscreen must be signed by the parent and returned to the Center for Child Development if you do not want sunscreen applied to your child's skin.

Parents should check the sunscreen expiration date before bringing it to the Center. Sunscreen bottles may harbor bacteria over time. At the end of the fall season, teachers will dispose of all sunscreen bottles and request that parents bring a new bottle at the start of the spring season.

Insect Repellent Policy

When Public Health authorities recommend use of insect repellent due to high risk of insect borne disease, repellent will be applied with written parental permission. Insect repellent is not recommended for children under 2 months of age. Mosquito netting or clothing will be used instead. Written permission and instructions from a health care provider will be obtained if parents request insect repellent be used for children under 2 months of age. Non-Aerosol products with DEET less than 30% will be applied once a day and on children two (2) months and older. Products containing active ingredients other than DEET will be applied according to the manufacturer's directions. Combination products containing DEET and sunscreen will not be used. Parents will sign a Permission form for teachers to apply the Insect Repellent. If you do not want insect repellent applied to your child and understand that children will be taken outside

daily (weather permitting), a waiver for no insect repellent must be signed by the parent and returned to the Center for Child Development.

Insect Repellent will be provided by the parent and disposed of at the end of the summer season. Your child's first name and last initial must be written on the container. Teachers will notify parents on ProCare if insect repellent is applied.

Active Supervision of Children

Active supervision promotes a safe environment and prevents injuries in young children. It requires focused attention and intentional observation of children at all times. Using active supervision, teachers position themselves so that they can always observe all children by watching, counting, and listening. Teachers set up the environment so they can supervise children and always have access to them. They position themselves to protect children from harm. Teachers continuously scan the environment to know where everyone is and what they are doing. They use a head count method to keep track of children, especially when moving to a different part of the building or outdoors.

Supervision of children looks different based on their ages. Active supervision for infants and toddlers is always monitoring the children by sight and sound. Preschool children are also monitored by sight and sound, but they are able to be out of a teacher's line of sight for up to 5 minutes as long as the teacher can continue to hear them, such as when they are using the restroom within the classroom.

Building Security and Access

The Center for Child Development is an education and service program for children of NDSU faculty and staff. We also serve as a laboratory child care Center for university students and researchers.

Your child's safety is always our number one priority. The Center's safety practices are consistent with child care licensing, Fire and Health Sanitation regulations, and standard practices for child care and education programs. Some of the security measures used are:

1. Center teachers are available during the Center's hours and greet families upon arrival and departure.
2. Custodial staff unlock our building and doors in the morning for cleaning. At the end of the day, our teachers lock all Center doors and NDSU Police do a walk through to double check doors.
3. Building cameras are located at all entrances and are monitored by NDSU Police 24-7.
4. If an unexpected visitor would knock on the classroom door, the Director would be contacted immediately to meet with the visitor outside of the classroom.
5. Above each child's cubby is a picture of the child with his/her parents to assist with safe departure and identification.
6. Observation booth doors have signage indicating they are open for parent observation and to university students for completing course assignments. Instructors are required to contact the Director prior to student observation to indicate the course assignment and number of students completing observations.
7. Each classroom has a lock on the inside of all doors.
8. Classroom door handles are higher than normal to prevent children from reaching and opening the classroom door.
9. All doors leading to the playground remain locked when the children are indoors.

Authorization to Release Child

Parents are required to provide a list of authorized individuals who are able to pick-up their child from the Center. These names will be entered into ProCare and the individuals will receive a unique pin number. They will use the pin number to sign the child in and/or out so that parents will know when their child was dropped off or picked up. Persons on the Authorized list must be at least 18 years of age and able to document their age and identity. Anyone picking up a child will be asked to provide photographic identification if the teacher is not familiar with the individual. Please come prepared with identification. If you need to add a new authorized pick-up person, contact the Director to have them added on ProCare.

In the event that an **unauthorized person** attempts to pick up your child(ren) from the Center for Child Development, teachers will:

- Inform the person that he/she is unauthorized to pick up the child(ren).
- Contact the authorized person(s) and the Director to inform them of the problem.
- Call university police (1-8998 or 9-911) if unauthorized person does not leave.

A picture of the unauthorized person is requested, if possible, and will be posted in the appropriate classroom in a cabinet designated only for staff.

Social Media

The Center for Child Development currently has a Facebook page. No children will be posted on the Center's social media unless we have consent to do so. When visiting the Center, we ask that parents refrain from taking pictures of anyone else's children unless their parents are there and able to consent to the pictures being taken. It is prohibited to take any photos or videos of children when in the observation booths. We do not have parent written permission from all families for photos and videos of the children. The Center is not responsible for photos and/or videos, etc., taken outside of the Center, such as field trips and at family social events.

Smoke Free Facilities

Smoking is prohibited on the North Dakota State University grounds and in university buildings, residence halls, apartments, in or near childcare facilities, and enclosed structures.

Firearms Prohibited

To safeguard the health and safety of children and adults, firearms, and other significant hazards are prohibited. Center staff will immediately call campus police in unsafe situations.

Safe Arrival and Departure Policy

There may be unusual circumstances upon arrival or departure, such as unauthorized individuals attempting to pick up children other than parents/guardians, court-ordered custody agreements, or individuals suspected of being under the influence of alcohol, recreational or illegal drugs, or medications that impair judgement and reaction tine. If Center staff is concerned for the safety or well-being of your child at pick-up time, we will inform you of our concern, keep the child at the Center until alternative arrangements are made, and call a person on your Authorization List to pick up the child.

If we are concerned for your child's safety when the person on your Authorization List picks up your child, we will phone you immediately and/or call another person on your authorized list to pick up your child.

At program closure, if a parent does not arrive to pick up their child on time, we will attempt to contact parents first and then move to the Authorization list. If no one can be reached to pick up the child, the Department of Social Services along with the NDSU Police will be notified. The Department of Social Services will take custody of the child while further attempts to reach you are made.

Incident Report and First Aid

All teachers and the Director are certified in Pediatric First Aid, CPR, and AED. We will provide basic first aid for your child if necessary. Our staff will not remove splinters, wood ticks, etc. We will apply ice, clean the injured area, and apply a Band-Aid if needed. Teachers will not apply creams, gels, or antibiotic ointments to the injury, due to possible skin allergies and adverse reactions.

A form authorizing emergency medical care for your child is signed at the time of enrollment. In case of an emergency, you will be called. If we are unable to reach parents, we will notify the emergency contact(s) indicated on your child's authorization form. If we feel your child needs medical attention and are unsuccessful in contacting the parents or emergency contact, we will call EMS to transport them for medical attention to Sanford Health, our designated facility.

If your child is injured while at the Center, you will receive an Incident Report telling you what happened and what first aid was provided. If a medical emergency occurs or an incident that requires more medical attention, the ND Department of Health and Human Services' Incident Form (SFN 438) will be completed

and a parent signature will be needed to document the incident. This form will be scanned and kept in the child's electronic file for licensing purposes.

Medical Emergency Procedures

Injury to a Child: For non-emergency injuries, a teacher will administer first aid and complete an incident report for parents to review. If the injury is life threatening, 911 will be called and the Director will be contacted immediately. A staff member will contact the child's parents/guardian or emergency contact person while First-Aid is being administered. If parents cannot be reached and the child needs to be seen by a doctor, the following procedures will be followed:

1. The *Child Information* form will be obtained before transporting and sent with the child.
2. A staff member will stay with the child at the clinic/hospital until the parent/guardian arrives.
3. Staff will keep trying to contact the parent/guardian or emergency contact person.
4. An Incident Report form will be completed for parent's signature, which will describe when, where, how the injury occurred, and care given to the child.
5. ND Early Childhood Licensing Specialist will be notified.

Dental Emergency – For dental emergencies, such as a child's tooth being knocked out, cracked, or chipped or tongue/lip bites, it is important for parents to take their child to the dentist for assessment and treatment. Teachers will inform parents of dental emergencies so they can make the right decision for their child's treatment.

Injury to the Mouth - Teachers will gently rinse the area of injury with water to see and assess the situation. If it is a soft tissue injury, we will do first aid to control bleeding of the soft tissue. If unable to control bleeding, a visit to the dentist or primary care provider is recommended.

Injury to a Tooth - As most children through five years of age still have their primary teeth, it is not recommended to replant the primary tooth. Teachers will try to retrieve the pieces of tooth or the tooth. We recommend that parents bring the child to the dentist as soon as possible for evaluation.

Loose Tooth Injury – Teachers will assess the situation, provide first aid as needed, call the parents to inform them of the injury, and recommend they bring their child to the dentist. The dentist will determine the correct course of treatment.

Ingestion of Poison - In the unlikely event that a child ingests a poison, staff will immediately call the Poison Control Center (1-800-222-1222) and follow their recommendations for action. 911 will be called first if the child is unconscious or has symptoms. The Director will immediately be contacted along with the parent/guardian.

Child Stops Breathing - In the event that a child stops breathing, staff will:

- Initiate lifesaving CPR procedures
- Call 911 for emergency care
- Continue CPR until medical help arrives and takes over

Emergency Procedures (Safety Drills)

University Police will use the Campus Emergency Notification System (CENS) to notify the campus community upon the confirmation of a significant emergency or dangerous situation involving an immediate threat to the campus utilizing one or more of a phone call, voicemail, e-mail, and TV emergency alert system. The Center will practice monthly safety drills with the children. A notice will go out on ProCare when a safety drill has occurred.

Fire	Fire drills are referred to as "safety drills" with the children. Upon hearing the fire alarms sound, staff/students/faculty will immediately exit the building with ALL children. The A. Glenn Hill building, next to room 112, has been designated as a central meeting place. Adults and children will not return to the Center until receiving approval from a fire official or NDSU official.
Shelter-In-Place	Our goal is to keep children away from external threats.
	Airborne Chemical Release
	All children and teachers will move inside the building. Door and window cracks will be covered. Children will remain in the building until told all is safe or to evacuate. NDSU officials will notify Center staff when it is safe to leave the shelter.

	Armed Intruder and Violent Behavior
	Inside Building – All children and adults will go to the nearest room and lock the doors. Lights will be turned off and the environment will remain quiet. Teachers will not answer the door or phone during this time. We will wait for NDSU Police to give us further instructions. Outside the Building – All children and adults will be moved away from the danger area to a safe location. We will not respond to knocking on the door, phone calls, or the fire alarms unless we see smoke. We will wait for NDSU Police to give us further instruction.
	Tornado
	When the threat of a tornado is imminent, the city/campus emergency sirens will be activated and we will seek shelter in the hallway of the E. Morrow Lebedeff Hall. Preschoolers and toddlers will be positioned with backs against the wall, head down and hands over their heads. Staff will place infants in their laps and shield them with their arms. We will remain in the hallway until the threat of the tornado has passed.
Bomb Threat	Bomb threat evacuations are referred to as "safety drills" with the children. If the NDSU police or the safety office contact the Center for a bomb threat evacuation, the Director will inform the HR Director and CCD staff to start evacuation procedures. Center staff will immediately take iPad, First Aid backpacks, and proceed to evacuate to the Bentson Bunker Fieldhouse in a quick and orderly manner with <u>all</u> children. **Staff and children will walk to:** **NDSU Bentson Bunker Fieldhouse** **Room: 24** **Phone # 231-7474** We will remain at this location until NDSU police give us permission to return or it is announced on the radio or television. Parents are welcome to call regarding their child's safety or come to the Bentson Bunker Fieldhouse and pick up or stay with their child(ren), if the parent's own safety is not compromised. Please use extreme caution and follow all directives from the University Police and Safety office.
Severe Weather/ Emergency Closure	NDSU personnel are asked to use the NDSU home page (www.ndsu.edu) as the primary source of severe weather-related information. When NDSU and the Center are open and weather conditions appear serious, the Director will monitor weather reports and make contacts with University Administration. Based on the information obtained, one of the following decisions will be made: 1. The University will be in full operation and all events will take place as scheduled. 2. Delayed start 3. Continued delayed start 4. Early closure 5. Closed 6. Continued Closed When NDSU is in full operation but teachers are unable to get to work, a decision will be made to **<u>delay the Center's opening</u>**. Parents will be contacted by Center staff informing them of the delayed opening time. Voice messages will also be left in the Infant/Toddler and Preschool rooms and Director's office by 6:30 a.m. We ask each family to call the Center confirming the opening time BEFORE bringing your child to the Center. Parents must take the responsibility of being aware of weather conditions, NDSU announcements, and take appropriate action to safeguard your family.

Oral Hygiene

Regular tooth brushing after lunch is encouraged to reinforce healthy oral habits, prevent gingivitis, and tooth decay. The teachers will supervise your child's toothbrushing after lunch. Toothpaste will <u>not</u> be used since the removal of food and plaque from the teeth is achieved through the brushing action. For infants, teachers will wipe the child's teeth and gums with gauze to remove liquid that coats the teeth and gums, per parent request.

It is the parent's responsibility to:

- Provide three (3) size-appropriate toothbrushes for the school year or for infants, 2" x 2" gauze pads.
- Clearly label your child's first name and last initial on the brush handle or gauze box with permanent marker.

The teacher's responsibility is to:

- Provide a clean sink for toothbrushing.

- Supervise the child's toothbrushing or for infants, wipe teeth and gums with gauze.
- Store toothbrushes so they air-dry and do not touch other toothbrushes.
- Throw the child's toothbrush away at the end of each semester or sooner if the bristles become fanned out or if child is diagnosed with strep throat.
- Implement developmentally appropriate oral health education on the importance and process of good oral hygiene.

Bike Helmets

Children will wear bike helmets that meet Consumer Product Safety Commission standards while riding tricycles. All children must wear a helmet while riding a wheel-based toy of more than 20" in diameter. Children must remove helmets when they are no longer using a wheeled toy, as helmets can catch on other playground equipment, possibly leading to strangulation or head entrapment.

Teachers will wipe the lining of the helmet and the strap with a paper towel that has been sprayed with soap and water before another child uses the helmet. Using detergents, cleaning chemicals, or sanitizers is not recommended because chemicals may cause the impact-absorbing material inside the helmet and the strap to deteriorate.

USDA Child and Adult Care Food Program (CACFP)

The Center for Child Development participates in the Child and Adult Care Food Program (CACFP), which is a federally funded program, administered by the U.S. Department of Agriculture. The program provides cash assistance and regulations, which promote good nutrition and balanced meals.

A breakfast, lunch, and afternoon snack are provided daily, which meets the CACFP regulations. A monthly menu is sent out through ProCare and is posted in the classrooms. Daily lunches are catered in by NDSU Dining Services. Meals are served family style as a teacher sits and eats with the children, engaging in meaningful conversation during meal times. Children are encouraged to try new foods and less favorite foods, but are not forced to eat or taste food. The Center has a six (6) week menu cycle that changes approximately every six (6) months. Warmer foods are served in the winter and cooler foods in the summer. Special attention has been given to providing meals with whole grains, fiber, fresh fruits, and vegetables, while decreasing high fat and sugar content. We also try to introduce foods from different cultures to the children. Children younger than four years of age are not offered these foods due to choking hazards: hotdogs, whole grapes, nuts, popcorn, raw peas, hard pretzels, spoonful of peanut butter or similar products, chunks of raw carrots, or meat larger than can be swallowed whole.

Meals for Infants

Breastfeeding is welcomed and encouraged. The infant room has rocking chairs in semi-private areas for feeding. Teachers will coordinate with the parent for infant's breastfeeding times. When bottle feeding, infants will be held. Infants will be fed on demand. Bottle feedings do not contain solid foods, unless the child's health care provider supplies written instructions otherwise. Children are not allowed to walk around or play while drinking from a cup or bottle.

Introduction of solid foods (cereal, fruits, and vegetables) before the age of six months is done only with parental permission. We request a written feeding plan for foods your child may eat, the best consistency of foods given, and the time of day your child typically eats. Frequently, parents use our monthly menu to highlight foods their child may eat in the Center. Our teachers also enjoy visiting with parents about the child's evolving feeding practices.

- **Breast milk** – Mothers are welcome to breastfeed their child in the Infant room. We also accept, store, and serve expressed breast milk that is fresh or frozen. All breast milk must be stored in disposable liners with the child's full name, date and time the milk was expressed. If breast milk is frozen, place storage bags in a Ziploc bag to prevent spillage or contamination. Frozen milk can be stored in our freezer for up to 6 months. Breast milk will be stored in the refrigerator for no more than 4 days or no more than 24 hours if the breast milk was previously frozen. When thawing breast milk, teachers will place the storage bag in its own warm water container. Breast milk and formula will be warmed (if desired) in a bottle using a bottle warmer or warm water. Teachers will discard any unfinished and unrefrigerated formula or breast milk after one hour.

- **Formula** – The Center provides Member's Mark or Parent Choice iron-fortified formula. Parents may choose to use this brand of formula or your own brand-name formula that you provide. All formula must be sent in unopened, factory-sealed containers. Formula will be prepared according to manufacturer's instructions.
- **Whole Milk** – Whole milk is provided to children beginning at 12 months. The Center will provide whole milk, but parents must label clean bottles with your child's name.
- **Iron-Fortified Cereal** – The Center provides rice iron-fortified cereal to infants. Parents may choose to provide a different iron-enriched cereal. Solid foods are never added to a bottle unless recommended by a health care provider in writing.
- **Strained/Table Foods** – The Center provides table foods prepared in the consistency appropriate for your child. Strained baby foods in factory-sealed containers, are welcome if you prefer, but must be provided by the parents.

All infant foods and beverages brought from home must be labeled with the child's full name and date. As the child begins to transition to solid foods, we will follow the parents' lead on foods that have been introduced at home. With your permission, we will begin serving a variety of foods cut into appropriate-sized pieces. A parent report on feedings will be provided to parents daily. No formula, breast milk, or infant foods are warmed in a microwave oven.

Special Dietary Restrictions

For children with documented food allergies, food substitutions will be provided based upon health care provider written recommendation. The Center does not provide food substitutions for a lifestyle choice.

In accordance with Federal Civil Rights law and U.S. Department of Agriculture civil rights and regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. Mail U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, DC 20250-9410
2. Fax (202) 690-7442; or 833-256-1665
3. Email program.intake@usda.gov

This institution is an equal opportunity provider.

Parent Requested Dietary Modifications

In accordance with the North Dakota Early Child Care Century Code, all meals and snacks provided by our program must meet USDA nutritional standards. If a child's meal or snack needs to be modified due to cultural, religious, ethical, or other dietary practices, parents are required to:

- Complete the Parent Request for Child Dietary Change Form.
- Review and Modify the Menu: Parents must review the program's monthly menu and clearly indicate any food on the form that their child cannot eat.
- Provide Nutritionally Equivalent Substitutes: Parents are responsible for supplying alternative food items that are nutritionally equivalent to the menu offerings and comply with USDA standards.
- Follow Food Safety Guidelines: All food substitutes brought from home must be properly labeled, dated, and stored according to food safety regulations.

This policy ensures that all children's dietary needs are met in a manner that maintains nutritional quality and aligns with program standards. Any dietary changes or concerns should be communicated to the program Director as needed.

Accessible Water for Children

Children play hard and need fluids to stay hydrated. Drinking water is easily visible and available for children both indoors and outdoors, every day. Water is the best beverage choice for children between meals and it satisfies thirst without adding additional calories. When water is located within easy reach of a child, it will be looked at first to quench thirst. Water will only be served to infants under one (1) year of age with parental permission based on the instructions from the infant's health care provider. Toddlers will not carry water containers with them while crawling or walking. The children will sit in the kitchen area of the classroom and drink water. Then, a teacher will put the container away once the child is finished drinking.

Birthday and Other Celebrations Treat Policy

The teachers are always excited to help celebrate your child's birthday by serving your treats at lunch or snack time, if desired. We encourage parents to join us for the celebration to help make the birthday child feel extra special. When bringing food treats to share among all children, remember:

- Food must be either whole fruits or commercially prepared packaged food in factory-sealed containers.
- Send one type of nutritious treat.
- Send items that are easy to serve (i.e., breads, muffins) rather than items that need to be cut up and served.
- Avoid heavy frostings, candies, or other extremely sweet foods.
- Send enough food for all children in the classroom.

Examples of fun treats are:

1. Box of raisins individually wrapped with birthday paper
2. Fun Fruits
3. Fruit muffins or quick breads
4. Frozen Fruit Bars
5. Frozen Yogurt
6. Yogurt
7. Oranges, apples or bananas or your child's favorite fruit, prewashed
8. Fruit pizza
9. Cheese pizza
10. Bite size sandwiches
11. Cheese cubes
12. Foods with special family or cultural significance
13. Healthy foods in fun shapes (i.e. cheese and crackers)
14. Parent(s) joining their child for the celebration

Birthday Invitations – The Center is <u>not</u> to be involved with children's home birthday parties. Distribution of birthday invitations at the Center is not permitted. Invitations will need to be mailed or emailed to the families. If you have a question regarding an address or phone number, please contact the Director, as many parents have given consent to release their name, address, and phone number.