

Family Handbook

2025-2026 (updated 06/02/2025)

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

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Accredited by the National Association for the Education of Young Children



Bright & Early North Dakota 4-star quality rating

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Getting Started

Congratulations 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 been found to be in compliance with the criteria. In accredited programs, you will see the following 10 Standards of High-Quality implemented daily:

1. **Relationships**: The program promotes **positive relationships** between all children and adults. It encourages each child's sense of individual worth and belonging as part of a community and fosters each child's ability to contribute as a responsible community member.
2. **Curriculum**: The program implements a **curriculum** is consistent with its goals for children and promotes learning and development in each of the following areas: social, emotional, physical, language and cognitive.
3. **Teaching**: The program uses a variety of developmentally, culturally, and linguistically appropriate and **effective teaching approaches** that enhance each child's learning and development in the context of the program's curriculum goals.
4. **Assessment of Child Progress**: The program is informed by ongoing systematic, formal, and informal assessment approaches to provide information on children's learning and development. These assessments occur within the context of reciprocal communication with families and with sensitivity to the cultural contexts in which children develop.
5. **Health**: The program promotes the nutrition and health of children and protects children and staff from illness and injury. Children must be healthy and safe to learn and grow. Programs must be healthy and safe to support children's healthy development.
6. **Staff Competencies, Preparation and Support**: Employ and support a **teaching staff** that have the educational qualifications, knowledge, and professional commitment necessary to promote children's learning and development and to support families' diverse needs and interests.
7. **Families**: The program establishes and maintain collaborative relationships with each child's **family** to foster children's development in all settings. These relationships are sensitive to family composition, language and culture. To support optimal learning and development programs needed to establish relationships with families based on mutual trust and respect, involve families in their children's educational growth, and encourage families to fully participate in the program.
8. **Community Relationships**: The program establishes relationships with and use the resources of the childcare **communities** to support the achievement of program goals.
9. **Physical Environment**: The program has a safe and healthful **environment** that provides appropriate and well maintained indoor and outdoor physical environments.
10. **Leadership and Management**: The program effectively implements policies, procedures, and systems that support stable staff and strong personnel, fiscal, and program management so all children, families, and educators have **high-quality experiences**.

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 (4) star award.

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

Mission

The mission of the NDSU Center for Child Development is to promote high-quality learning for each and every child, support families and educate university students,

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 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 closed. The Center for Child Development will follow NDSU severe weather announcements for openings and closures. Each family will receive 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.
 - Allows infants to determine their own schedule for activity, rest and eating.
 - Promotes healthy development by providing nutritious foods, periods of rest and exercise.
 - Recognizes importance of quiet, reflective thought and allows children solitude if desired.
 - Meets and exceeds all criteria of quality programming based on 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:
 - Respects the culture of the child's home
 - Reinforces independence
 - Designs learning areas that promote extensive exploration and discovery
 - Advocates non-stereotyping thought and behavior
 - Cultivates curiosity and an interest in learning and questioning
 - Allows freedom and opportunities for a child to develop at his/her own individual pace
 - Encourages interactions with people of diverse backgrounds, ages, abilities and cultures

- Fosters a balance of child initiated and teacher-initiated activities
 - Inspires learning through a developmentally appropriate curriculum
3. Implement and evaluate a 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 predictable.
 - 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 based on evidence that is developmentally, culturally, and linguistically relevant for children.
 5. Encourage open communication and a partnership between parents and teacher through:
 - Parent involvement in the classroom.
 - Parent development 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, sharing observations from home and child advocacy
 - Parent evaluation of the program
 - Five or more modes are utilized to communicate with families during orientation.
 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 are 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 North Dakota Department of Health in a public health emergency. We also receive consultation, observations and reports from a Child Care Health Consultant four times per year on our health policies and 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 drill," 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, professional development requirement sanitation and child nutrition education. Every three (3) years a comprehensive review is completed to guarantee our program complies with Federal Regulations.

Privacy Policy

The Center will keep all records and information about your family strictly confidential and private. Information pertaining to the admission, developmental records, screening/assessment results, health and safety information, and transition of a child is confidential. Individuals who have access to files are parents, legal guardian of child, Center teachers and director, Department of 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. The children’s files will be kept locked in the Center office file cabinet. Your child’s records are available for your inspection at any time, simply contact 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 in the Center office.

Program Evaluation and Accountability

Program evaluation encourages our staff, families, university students and community agencies 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 (four 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 (yearly and unannounced visits)
- *Bright & Early North Dakota* – Quality Improvement Program – Child Care Aware of North Dakota
- Therapists and consultants
- Community Partner Survey

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 The Center Page Newsletter and will be discussed at Parent Advisory Committee meetings.

Admission Criteria

The Center for Child Development is operated as an educational and research program at 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 6 weeks through 18 months are served in our Infant room. Children 18-36 months served in our Toddler room and children 3 through 5 years of age are served in our Preschool room. Children eligible for kindergarten before August 1 are eligible for early education services through August 15. 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 payable 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). Should a NDSU faculty/staff (parent) decide to end employment at NDSU, your child's enrollment will also terminate in the Center for Child Development at the end of the month of your termination. Parents will be responsible for all childcare and education fees through the end of the month. **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 or by hard copy provided by the Director per your preference. Please email or bring all completed and signed enrollment forms as indicated below to the Center office 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
- Child Health Assessment and Immunizations (completed by a Health Care Provider) OR Health Care Provider Well-Child Checkup results with immunizations
- Authorization for Non-Prescription Products
- Parent's Agreement and Liability Release
- Consent Form
- Child Enrollment/Infant Participation Form – (food program)
- Screening Consent Form
- Parent Involvement Opportunities
- 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, the Director will again meet with you to answer any additional questions you may have about our program or policies. At this time, a pre-enrollment conference will be scheduled with your child's primary caregiver. This conference will allow you the opportunity to get to know your child's primary caregiver and the teacher to become familiar with you and your child's needs. Parents and children are highly encouraged to play together in the Center and visit with the teachers before your child's first day.

Additional items that we would like you to bring from home to make your child more comfortable are:

- Two sets of extra clothing – Season appropriate
- Zipper bag with blanket and pillow for children on cots, **items labeled with your child's name**
- Current family picture (for your child's cubby)
- Three toothbrushes or 2" x 2" gauze pads (infants)
- Aveeno Lotion or other lotion
- Two Lip balms
- Diapers/Pull-ups
- Box of wet wipes (until child is wearing underwear consistently)
- 2" 3-ring binder for child portfolio
- Sunscreen UPV 15 or higher – no aerosol (seasonal)
- Insect repellent – not over 30% Deet and no aerosol (seasonal)

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

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.
- Faculty/Staff 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 will not benefit from the program.
- When a child's presence jeopardizes the ability of other children to benefit from the program.
- Prevents personnel from doing their job.

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. In addition, the authorized individual signing the child out must initial with first and name initials. Our sign-in/out sheets are located in each classroom. 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

Fees are based on the classroom that your child is enrolled. 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.
Early Arrival	Early Arrival is considered any time before the Center opens in the morning. A fee of \$2.00 for each minute will be charged. Prior approval must be obtained from the teacher and director.
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. <i>*In the event that you arrive early or pick up your child late, a staff member will indicate in writing on the Sign-in and Out form your arrival time. You will be asked to sign a form authorizing the fee be taken from payroll deduction. This will prevent any misunderstanding about early arrival or late pick-up fees. The clocks in the Infant, Toddler and Preschool rooms will be the official time used.</i>
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 or parent initials are missing 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/ Emergency Closure	When NDSU is closed, the Center will also be closed and parents will be charged 100% regular fee. If NDSU is open, but the Center is closed the full day, parents will be credited for that day. Center closing for partial days will be 100% 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 by payroll deduction, 50% on June 15 and 50% on June 30.

Flexible Spending Plan

Parents are to provide the director with 12 monthly 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 parent parking is available on Centennial Boulevard, in front of the FLC Building, when dropping off and picking up your child. A dated parking permit provided by the Center Director, in addition to your NDSU faculty/staff-parking permit is required. For parents who are not NDSU faculty/staff, a permit will be provided upon request that indicates "No NDSU Faculty/Staff Permit Required." These

permits must be hung in your rear-view mirror to avoid police ticketing and/or towing. If parking is longer than a 30-minute period, please park in your faculty/staff assigned lot. Please note that there is one parking space reserved for the Dean of Human Development and Education. The reserved parent parking signs indicate:

Eight parking space available

marked by this sign:



Three parking spaces available

marked by this sign:



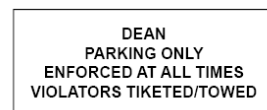
Five parking spaces available

marked by this sign:



DO NOT park in the spot

marked by this sign:



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 Human Services. Field experience students and student assistants 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 educators must have a clear background check and be finger printed before working with children. They are Infant-Child CPR, Pediatric First Aid and AED Certified, complete annual Baseline Safety, Mandatory Reporting, Physical Activity Ordinance, USDA Food Training and Medication Administration Trainings. Infant teachers annually complete Safe Sleep training. Teachers also participate in a minimum of 13 hours of professional development related to children and families yearly.

Each child has a primary teacher. This teacher will provide on-going personal contact with parents, 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.

All Center employees are mandated by North Dakota Century Code to report suspected child abuse and/or neglect to Child Protective Services. All documentation of suspected abuse/neglect is kept in a confidential locked file.

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	<ul style="list-style-type: none">To play with their child, enjoy and relax. Parents are <u>always welcome</u> in the Center for Child Development.
Head Teacher	<ul style="list-style-type: none">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	<ul style="list-style-type: none">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	<ul style="list-style-type: none">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.To observe young children's development, help develop the individual child portfolio and conduct or sit-in on one parent conference.To develop a parent bulletin board or write/contribute to the Center Page Newsletter.
Student Assistants	<ul style="list-style-type: none">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 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 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 are cognitively or behaviorally challenged or have specific health needs, consultants such as a physician, dietitian, nurse, psychologist, physical therapist, occupational therapist, speech pathologist, case manager etc. are welcome in the Center for Child Development per parent/guardian

written consent and 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 and/or Individual Education Plan 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.

Therapist/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 partners will be asked annually to complete a Community Partners Survey to evaluate how our program is doing in welcoming them and meeting the needs of children and families. The feedback will be used to plan for continuous program improvement.

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

Educators work in partnership with families establishing and maintaining regular, on-going, two-way communication. When English is not your primary language, please talk to the Director so accommodations can be made. The Center staff uses a variety of methods to bridge home and school communication 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 - *The Center Page* is a newsletter emailed to parents monthly. It contains information on parenting young children, calendar of upcoming Center events, program evaluation results, favorite recipes and songs used in the classrooms, monthly menu, Infant, Toddler and Preschool room happenings.

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 - Regularly scheduled conferences are during 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 by a scheduled appointment. Conferences provide an opportunity for teachers and parents to work together, share your Child's Developmental Portfolio, write individual education goals that promote child learning, and to talk about any concerns. Parent observations of your child are valued and contribute to the assessment process and hands-on curriculum.

Daily Parent Report - Each room provides a written daily report of your child's day, such as learning activities they have participated in, physical care, supplies needed, meals, and developmental observations. This report goes home with you daily.

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.

Written Notes/Flyers - Notes, memos, or flyers of upcoming events, illness in the classroom, policy changes, community family events, etc., will be posted above your child's cubby, next to the sign in and out sheets, or on 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 meetings may be an opportunity for parents to play an active role in curriculum development and provide recommendation to the Center. All parents are welcome to attend.

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).

Clearly, ongoing interaction and support from both families and staff make the connection between home and school a two-way street. 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 act or react differently. Any information shared with a member of our staff will be held in confidence.

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 out, the individual taking the child must provide their initials on the sign in and out sheet, as well as notify a teacher.
- 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 us 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 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 quality early education. There is substantial evidence that suggests that when children see their parents participating in their education program self-esteem flourishes, there is 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, have greater access to resources and parenting information and 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 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, share observations of the child development and together write learning goals
- 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:

- The Center Page Newsletter
- Display tables
- Bulletin boards located outside of the classrooms
- Parent handouts
- Classes
- Guest Speakers
- Flyers on community events

We invite students from various classes to help us promote parent education. Parents serve as important role models to their children, and well-informed parents can play a big role in helping to develop healthy behaviors. Staff post flyers on child-centered community events next to the sign in and sign out sheet, on the table located in the main entryway and 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.

- Call the Director (231-8281) to indicate the date you will be eating with your child. Call a minimum of two days in advance of the meal so an extra meal can be ordered from the food catering service.
- Pay \$4.00 per meal to the Center for Child Development office in advance of the meal.

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 a "piece of your life" 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 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. Our team is committed to effectively negotiate and resolve 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 teacher, if no solution is agreed upon.
- Next, discuss the concern solution 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 our North Dakota Department of Human Services – Childcare Licensing Division – Ruby Kolpack at 701-630-8912.

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 simply:

- Contact the Director to determine if the donation is needed and would be used.
- Together we will determine a convenient drop off time at the Center office in 261 EML Hall.

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 partnership 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 educators.
- Providing materials and equipment that spark children's interest and encourage them to experiment and learn.
- Having children active and engaged in exploration and play.
- Implementing a curriculum based on evidence that is developmentally, culturally and linguistically relevant for the children.
- Using teaching strategies based upon the children's ages, developmental capacities, language, culture, and abilities or disabilities.
- 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.
- Implementing activities to help children get better at reasoning, solving problems, getting along with others, using language, and developing other skills.
- For children over the age of two years, using technology that is developmentally appropriate, 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 addresses teachers' need to know what to teach 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 contact your child's primary teacher.

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. A developmental screening will be completed within three (3) months of a child's entry into the program and both fall and spring semesters. Pediatric Partners provides a free developmental screening in the areas of gross motor, communications, fine motor, cognitive and social-emotional development. A trained professional will administer the Ages and Stages screening at the Center to measure your child's present level of functioning. The screening results will be shared with parents and the Center teachers through written documentation. Free vision and hearing screenings will also be conducted annually per parent written consent. The screening results will be shared with parents in writing and used to plan developmentally appropriate curriculum and environments, prepare for parent-teacher conferences, and help make referrals for further evaluation with parental permission. If a developmental delay is suspected or other special need, teachers will document and explain the concern in a respectful manner. Teachers will offer suggestions and resources for the next steps parents can take for child assessment.

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 had formal training on assessment/screening delivery and interpretations.

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 assessment information with families.
- 6) Make sure the program is accomplishing its goals for children's learning.

Assessing a child is an ongoing process, which takes place throughout the year. The Teaching Strategies GOLD 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 child's play and learning are an ongoing process, which includes work samples, photos, and specific developmental observations made during the child's daily routine.

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 are needed. Health Care professionals complete the Child Health Evaluation and Certificate of Immunization forms a minimum of one time per year.

Teachers and the child create an individual child portfolio, which is a purposeful collection of evidence of the child's learning, collected over time, which demonstrates the child's efforts, progress, process, and achievements. The child developmental portfolio is kept in a locked cabinet in the classroom or the Center office. The child's file is kept in the Center office and locked to maintain confidentiality. Individuals who have access to the child's portfolio are: families, legal guardian of child, teachers, authorized county agency, Department of Human Services representatives, field experience students, individuals who possess a written authorization from the child's parent or legal guardian, and officers of the law.

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 develop self-control 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; requiring a child to remain inactive for a long period of time. Teachers also never use psychological abuse such as shaming, name-calling, ridiculing, humiliation, sarcasm, cursing at, making threats or frightening a child, ostracism, or withholding affection. Coercion such as rough handling: forcing a child to sit down, lie down or stay down, except when restraints 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 challenging behavior, we will work with parents to develop and implement an individual plan that supports the child's inclusion and success. Examples of challenging behaviors include:

1. A behavior that interferes with 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 puts a child at high risk for later social problems or school failure including physical aggression, relational aggression (verbal bullying, tantrums, whining, testing limits, refusal to follow directions or observe classroom rules.)

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 challenging behavior such as: does the child lack words to communicate; is the child

teething, tired, hungry; does the child have oral motor 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.

Positive guidance strategies 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 triggers challenging behavior
- Including materials in the environment that triggers challenging behavior
- Creating a predictable daily routine with flexibility
- 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 a challenging behavior or health condition. 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 quality early childhood education.

When challenging behaviors or health conditions occur exclusionary measures are not considered until all other possible interventions have been exhausted, and there is 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 the parents in the spirit of 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 challenging behaviors
- Facilitate with the family communication with the child's doctor, so the child can be assessed for related health concerns and referral

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

Circumstances under which types of 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 mental health consultation for the child and family
3. Continued placement in the program clearly fails to meet the mental health and/or social-emotional 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/Toddler 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
2:30 – 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 the parents. Parents assist their child with handwashing upon arrival and then sign their child in daily.

Child Choice- Exploration – Children move from center to center interacting with toys. Learning centers are changed to enrich varied interests and encourage exploration. Teachers support child's play and help children 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 provides 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. Hand washing always precedes mealtimes. Lunch one is served to the infants and younger toddlers, followed by the Lunch two for the older toddlers.

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-care skills during hand washing, tooth brushing, dressing/undressing and toileting/diapering routines. Children are encouraged to try new skills on their own before teachers help.

Nap/Rest Time – A secure 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 the 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 the parents. Parents assist their child with handwashing upon arrival and then sign their child in daily.

Child Choice- Exploration – Children move from center to center interacting with toys. Learning centers are changed to enrich varied interests and encourage exploration. Teachers support child’s play and help children 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 finders 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 provides 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. Hand washing always precedes and follows mealtimes.

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-care skills during hand washing, tooth brushing, dressing/undressing and toileting/diapering routines. Children are encouraged to try new skills on their own before teachers help.

Nap/Rest Time – A secure 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 the 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. Daily we provide preschool children with at least 120 minutes of active play indoors and outdoors and 60 minutes per day for infant and toddlers. Supervised tummy time is provided for all infants when awake 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 times 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 **resting blanket, 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 provided 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 given to 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. 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 the room door with the destination, 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 not try and walk with their swimsuit at their ankles and 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
- Water shoes 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 individual portfolio to the family. This portfolio provides a purposeful collection of the child's learning collected over time and demonstrates the child's efforts, progress, process, and achievements. We encourage parents to share this portfolio with their child's next teacher.

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 has 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 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 breakage 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. 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 visual health check by a staff member. The staff decision will determine whether your child may stay at the Center.
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. Should the child become 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. Occasionally the sick child may not be contagious but may be run down and more susceptible to other illnesses or not feeling well enough to remain active at the Center. Teachers will then suggest that that you keep your child home for his/her benefit.
6. Should the children be 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.
7. According to North Dakota law, child care programs cannot refuse to provide care to unimmunized children who are otherwise eligible if they present a valid exemption from immunization requirements, therefore, there may be unimmunized children in our program. If you do not choose to immunize your child, you are required to provide our program with a valid document of exemption. Under immunized children will be excluded if a vaccine preventable disease to which children are susceptible occurs in the program.
8. Should a child have 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.
9. Our health policies will not be superseded by a doctor's authorization for attendance.
10. The Center will abide by all modified operation practices and recommendations as indicated by ND Department of Health and ND Department of 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 by the 'sign in and out' sheet, and phone calls to parents.
11. In case of suspected poisoning, we will call the Poison Center at 1-800-222-1222 for further instruction. Poisoning could be through swallowed poison, poison in the eye, poison on the skin, or inhaled poison.

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 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).
Conjunctivitis or suspected Pink Eye is defined as redness and swelling of the covering of the white part of the eye with discharge from one or both eyes.	Exclusion of child until treated for 24 hours or when the symptoms are no longer present.
Diarrhea is defined as an increased number of abnormally loose stools in comparison with the individual's usual bowel habits. A child who cannot make it to a toilet for all bowel movements, stool that cannot be contained in a diaper or has two or more loose stools within a 24-hour 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. A temperature of 101.0 F any location along with difficulty breathing, changes in behavior, lethargy, irritability, persistent crying or progressive rash. Infants younger than two months, exclude if the temperature is at or above 100.4 F with or without behavior changes or other symptoms.	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	When lesions crust over. For mouth sores only, a minimum of 4 days from onset of illness.
Head lice	After treatment has been completed.
Hepatitis A virus	After 7 days from onset of symptoms, jaundice or as directed by the health department and vaccine or immune globulin has been given to appropriate children and staff members.
Herpes Simplex Infection	When no drooling or exposed open sores.
Impetigo	After treatment has started as long as lesions are covered.
Measles	After four days from onset of rash.
Mouth sores with drooling – except for thrush and canker sores.	When no drooling or exposed open sores.
Mumps	After five (5) days from the onset of parotid gland swelling.
Pertussis (whooping cough)	After five 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 seven (7) days from onset of rash.
Scabies	After 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 are covered or all sores have crusted over.
Strep throat	After 24 hours of antibiotic treatment and no longer has fever.
Tuberculosis	When health care provider or health official gives written permission stating that the child is on appropriate therapy and can attend childcare.
Unspecified respiratory illness including the common cold, sore throat, croup, bronchitis, runny nose, or ear infection	Once the child can comfortably participate in routine childcare 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 cause of the vomiting is not contagious (ex., reflux).
Sources: <ul style="list-style-type: none"> • "Caring for our Children" National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs. 4th Edition. • North Dakota Department of Health and Human Services 04-2024 	

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
- Can exposure to all allergens 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 group care setting, the following procedures must be followed **BEFORE** that 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 and during orientation.
- 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.

Peanut/Nut Free 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-free 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

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 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. Example; Epi Pen. Only teachers will administer medication as they complete Medication Administration Training.

The term "medications" applies to all prescription and over-the-counter medications.

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 <i>consult physician for dosage</i> , 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, _____ was given _____ of _____			
(Child's Name) (Dosage)			
_____ through _____ on:			
(medication) (route)			
Date: _____	Time: _____	Staff Signature _____	

Sunscreen Policy

When children play in the sun, they wear sun-protective clothing, sunscreen or both. Sunscreen is not recommended for children under 6 months of age. Applied sun protection must have a UVB and UVA ray protection of SPF 15 or higher. Look for the words water proof 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 out doors to allow the ingredients to fully to the skin., Each child must have his or 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 to the Center. Sunscreen bottles may harbor bacteria over time. At the end of the season, teachers will dispose of all sunscreen bottles and request that parents bring a new bottle at the start of the new 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 season. Your child's first name and last initial must be written on the container. Teachers will notify parents on our sign in/out sheet if insect repellent is applied.

Building Security and Access

The Center for Child Development is an education and service program for children of NDSU faculty and staff. Our goals include serving as a laboratory school for university students and researchers.

Your child's safety is always our number one priority. The Center safety practices are consistent with childcare 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 work all opening 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. The Director upon appointment uses the observation booths for parent tours instead of entering the classrooms.
6. Above each child's cubby is a picture of the child with parents to assist with safe departure and identification.
7. 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.
8. Each classroom has inside locks on all doors.
9. Classroom door handles are higher than normal to prevent children from reaching and opening the classroom door.
10. Based upon the ND Department of Health and ND Department of Human Services recommendations, there may be times when parents are greeted in the front entryway to the Center and the child is walked to the classroom by a staff member for distancing.

Authorization to Release Child

Parents are required to complete an Authorization to Release Child Form if someone other than you, a spouse or emergency contact person picks up your child(ren). Persons on the Authorized list must be at least 18 years of age and able to document their age and identity. The Authorization forms are located in each classroom for your convenience. This form must be completed **each time** another person picks up your child(ren). 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. After completion, the form will be placed in your child's file.

Center for Child Development AUTHORIZATION TO RELEASE CHILD	
<p>Unless otherwise authorized by you in writing, no one but you, your spouse or emergency contact person may pick up your child(ren) from the Center for Child Development.</p>	
<p>I, _____ give authorization for <div style="text-align: center; font-size: small;">(Parent/Guardian Name)</div> </p>	
<p>_____ to pick up my child _____ on _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Name of Person to Pick up Child (Child's Name) (Date) </div> </p>	
<p>ADDITIONAL COMMENTS:</p>	
<p>_____ <div style="font-size: small;">Parent(s) Signature</div> </p>	<p>_____ <div style="font-size: small;">Date</div> </p>
<p>_____ <div style="font-size: small;">Authorized Person's Signature</div> </p>	<p>_____ <div style="font-size: small;">Date</div> </p>

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).
- Show a copy of the authorization form.
- 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 and will be posted in the appropriate classroom.

Social Media

It is essential to maintain the privacy and security of all families and employees. It is prohibited to take any photos or videos of children while visiting the Center and 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 time. 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.

If at program closure, a parent does not arrive to pick up their child, we will attempt to contact parents first and then move to the Authorization to Release Child 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 a written Incident Report telling you what happened and what first aid was provided. Parents must read and sign the Incident Report form when picking up their child. All Incident Report forms will be kept on file in the Center office.

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 and sign. 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 Child Care Licensors will be notified

Dental Emergency - Dental emergencies such as child's tooth knocked out, cracked or chipped tooth, tongue or 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 - 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.

All injuries will be documented on the Incident Report form, signed and dated by a parent, and filed in the child's Center file.

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 9-911 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 the phones, voicemail, e-mail and TV emergency alert systems. The Center will practice monthly safety drills with the children. A written notice will be placed on the sign in/out sheet in each classroom 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 <u>ALL</u> 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	<p>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 child sign-in and -out sheets, First Aid backpacks and proceed to evacuate to the Bentson Bunker Fieldhouse in a quick and orderly manner with <u>all</u> children.</p> <p>Staff and children will walk to: NDSU Bentson Bunker Fieldhouse Room: 24 Phone # 231-7474</p> <p>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.</p>
Severe Weather/ Emergency Closure	<p>NDSU personnel are asked to use the NDSU home page (www.ndsu.edu) as the primary source of severe weather-related information.</p> <p>When NDSU and the Center are open and weather conditions appear serious, the Director will monitor weather reports via radio and make contacts with University Administration. Based on the information obtained, one of the following decisions will be made:</p> <ol style="list-style-type: none"> 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 <p>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.</p>

Oral Hygiene

Regular tooth brushing after lunch is encouraged to reinforce healthy oral habits, prevent gingivitis and tooth decay. Per parent request, the teachers will supervise your child's tooth brushing after lunch. Toothpaste will not 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:

- Inform teachers that you want your child to brush his/her teeth after lunch or have their teeth and gums wiped.
- 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 tooth brushing.
- Supervise the child's tooth brushing 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.

Best practice is for children to wear their own properly fitted bike helmet from home when riding wheeled toys.

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 is provided daily, which meets the CACFP regulations. A monthly menu is posted by the sign in and out sheet in each classroom and sent by e-mail with the monthly Center Page Newsletter. Daily lunches are catered. Meals are served family style as a teacher sits and eats with the children, encourages children to serve themselves and engages in meaningful conversation during meal times. Children are encouraged to try new foods and less favorite foods, but 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 increasing meals with whole grains, fiber, fresh fruits and vegetables while decreasing high fat and sugar content foods. 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 hazard; 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

Breast-feeding is welcomed and encouraged. The classrooms have rocking chairs in semi-private areas for feeding. Teachers will coordinate with the parent for infant's breastfed feeding time. 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. When 100% fruit juice is served at snack time to infants 12 months or older, the amount is limited to no more than 4 ounces per child daily.

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 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 changing feeding practices.

- **Human Milk** – Mothers are welcome to breast-feed their child in the Infant-Toddler rooms. We also accept, store and serve expressed human milk that is fresh or frozen. All human milk must be stored in disposable liners with the child's full name, date and time the milk was expressed. Human milk should be brought daily to the Center in a "bottle cooler" bag to be stored in the freezer or refrigerator. If human milk is frozen, place liners in a Ziploc bag to prevent spillage or contamination. Frozen milk can be stored in freezer for two (2) weeks. Human milk will be stored in the refrigerator for no more than five (5) days (or no more than 24 hours if the human milk was previously frozen.) When warming human milk, teachers will place the bottle in its own warm water container. Human milk and formula will be warmed (if desired) in water no more than five

(5) minutes. Teachers will discard any unfinished and unrefrigerated formula or human milk after one hour.

- **Formula** – The Center provides 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 at 12 months of age or based upon doctor's written recommendation. 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 size pieces. A written parent report on feeding will be provided to parents daily. No formula, human 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 life style 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 enough fluid to stay well 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 and two's will not carry water containers with them while crawling or walking. The children will sit in the kitchen area of the classroom and a teacher will give and remove the container 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:

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

Birthday Invitations – The Center is not 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.