Keene State College

Child Development Center

Family Handbook

2009-2010

Child Development Center
KEENE STATE COLLEGE
2009-2010 Calendar

	SU	MO	TU	WE	TH	FR	SA	
2009								
	23	24	25	26	27	28	29	*August*
	30	31						
			1	2	3	4	5	*September*
	6	**7**	8	9	10	11	12	
	13	14	15	16	17	18	**19**	
	20	21	22	23	24	25	26	
	27	28	29	30				
					1	2	3	*October*
	4	5	6	7	8	**9**	10	
	11	12	13	14	15	16	17	
	18	19	20	21	22	23	24	
	25	26	27	28	29	30	31	
	1	2	3	4	5	6	7	*November*
	8	9	10	**11**	12	13	14	
	15	16	17	18	19	20	21	
	22	23	24	**25**	**26**	**27**	28	
	29	30						
			1	2	3	4	5	
	6	7	8	9	10	11	12	*December*
	13	14	15	16	17	18	19	
	20	**21**	**22**	**23**	**24**	**25**	26	
	27	**28**	**29**	**30**	**31**			
2010						**1**	2	
	3	**4**	**5**	6	7	8	9	*January*
	10	11	12	13	14	15	16	
	17	**18**	19	20	21	22	23	
	24	25	26	27	28	29	30	
	31							
		1	2	3	4	5	6	
	7	8	9	10	11	12	13	*February*
	14	15	16	17	18	19	20	
	21	**22**	23	24	25	26	27	
	28							
		1	2	3	4	5	6	
	7	8	9	10	11	12	13	*March*
	14	**15**	**16**	**17**	**18**	**19**	20	
	21	22	23	24	25	26	27	
	28	29	30	31				
					1	2	3	
	4	5	6	7	8	9	10	*April*
	11	12	13	14	15	16	17	
	18	19	20	21	**22**	23	24	
	25	26	27	28	29	30		
							1	
	2	3	4	5	6	7	8	*May*
	9	**10**	11	12	13	14	15	
	16	17	18	19	20	21	22	
	23	24	25	26	27	28	29	
	30	**31**						
			1	2	3	4	5	
	6	7	8	9	10	11	12	*June*
	13	14	15	16	17	18	19	
	20	21	22	23	24	25	26	
	27	28	29	30				

FALL SEMESTER 2009

August

- **28** **Orientation Day for Families and Children**
- 31 **First abbreviated day of school (hours 9:00-4:00)**

September

- 1 **Second abbreviated day of school (hours 9:00-4:00)**
- 2 First full day of school (hours:7:30-5:30)
- **7** **CDC CLOSED- Labor Day**
- 16 **Family Picnic 5:00 – 6:30 pm (Rain date: 9/17, same time)**

October

- **9** **CDC CLOSED- Staff Development Day**

November

- **11** **CDC CLOSED- Veterans Day**
- **25-27** **CDC CLOSED- Thanksgiving Break**

December

- **21** **CDC CLOSED - Winter Break begins**

SRING SEMESTER 2010

January

- **4** **CDC CLOSED – Winter Break con't.**
- **5** **CDC CLOSED – Staff Development Day**
- 6 **CDC Programs RESUME**
- **18** **CDC CLOSED - Martin Luther King Holiday**

February

***** Re-enrollment begins for 2010-2011***

- **22** **CDC CLOSED - Staff Development Day**

March

- **15-19** **CDC CLOSED - Spring Break**

April

May

- **10** **CDC CLOSED - Staff Development Day**
- **31** **CDC CLOSED - Memorial Day**

June

- 2 Family Picnic 5:00-6:30
- 3 Family Picnic rain date
- 11 Last day for all CDC programs

Welcome

Dear Family,

It is an honor to welcome you to the Keene State College Child Development Center (CDC) community on behalf of the staff. Choosing a place for your young child's care and education is a very important decision. We are pleased that your choice is the CDC. We look forward to building a warm and lasting relationship with your child and your family.

This handbook contains information that will help you understand our philosophy and operating procedures. It is important for you to take time to read it carefully. You are welcome to call and/or visit your child's program or the CDC office at any time. We welcome your questions and comments.

Sincerely,

Ellen Ellsberg Edge
Director

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INTRODUCTION

We have developed this handbook to help you understand the philosophy and operating procedures of the Child Development Center.

We are always reflecting on our practice here at the CDC. Our staff and administration consult with each other when making plans affecting operations. We also consult with our Family Advisory Council to ensure that family's perspectives bear upon decisions (please consider joining!) effecting programmatic policies and procedures. We engage all CDC community members in a yearly program evaluation, and so you will have an opportunity to give feedback about your experience at that time as well. We will use that information to develop a plan for program improvement, identifying short and long-term goals. Notwithstanding our internal decision-making processes, we must observe Keene State College policy and procedures, and we report to the Dean of Professional and Graduate Studies, the Vice President of Academic Affairs, and the Business Manager.

The CDC serves children and families from both Keene State College and the greater Monadnock community. We enroll children ages 4 months through 4 years 11 months. The Child Development Center is licensed by the State of New Hampshire, adhering to standards set forth in the New Hampshire Child Care Program Licensing Rules. Each classroom and the office has a copy of the licensing regulations if you wish to read them. They are also available at www.dhhs.state.nh.us/dhhs/bccl. In addition, we observe standards set by the National Association for the Education of Young Children (NAEYC), and are accrediated by this organization. You can view NAEYC standards and learn more about the accreditation process on their website at www.naeyc.org. There are also additional resources on their website that you might find helpful.

Families are responsible for knowing CDC policies. Please be assured that we appreciate hearing from you anytime and welcome any questions or comments you may have after reading this handbook.

MISSION

The Child Development Center is an early childhood education program for Keene State College students, practicing professionals, and children and their families. As a best practices demonstration site, our center strives to:

- Provide college students with multiple opportunities to apply theory to the actual practice of teaching, under the guidance of mentor teachers and in collaboration with education faculty.
- Offer nurturing environments where young children are respected as capable individuals, and where they are encouraged to experience the joy of discovery.
- Partner with families to foster home and center continuity in order to support each child's well-being.
- Provide educational opportunities, support and resources to families and practicing professionals in our community.

The CDC is a dynamic learning community, supporting practicing professionals, students, children and families. Through collaboration we all contribute to an educational environment that encourages professionalism, growth and diversity.

PHILOSOPHY

Educational Philosophy

We believe in order for children to grow and develop to their full potential in the early care and education environment that there are fundamental experiences of care, relationships and play that are considered and planned with focus and intention. We aim to create environments that are reflective of the child's experiences, support the emerging work and play of the child, and honor those connections among ideas, people and materials that foster a community.

- Theoretical Framework – our work is researched based with many eclectic influences from developmental psychologists and educational theorists. An approach has emerged which involves the creation of a *negotiated* curriculum for the children, the families and the educators here at the Child Development Center. We use the word *negotiation* to describe a transaction where curriculum is driven by the children's interest, by information provided to us by families, through our child-assessment processes, and by those developmental and academic goals we set for children. All members of the CDC community have the opportunity to participate in the children's learning experience.

- Development – A comprehensive understanding of child development guides our work with young children. Recognizing that each child's development is unique both as regards their rate of development, and from one domain to the next, we ensure that our work with children is designed to meet the individual needs of each child.

- Environment/Aesthetics – At the Child Development Center, we see the environment as being the "Third Teacher." This notion is derived from the Reggio Emilia approach. By "third teacher", we mean that the way the classroom is designed and set up will bear significantly upon the children's engagement in the program. The design and use of space encourages encounters, communication, and relationships. There is an underlying order and beauty in the design and organization of all the space in a school and the equipment and materials within it. When designing our spaces, we check to see if the display honors the children's voices and work. How can the walls invite active participation and learning on the part of the children as well as of their families? The classroom is more likely to become a child's favorite place if it supports autonomy, social affiliation, and creative exploration and expression.

- Relationships – we value relationships with all constituents. We form partnerships with families, create open and trusting rapport with all children, and value team work. We value knowing children and listening to children. The children teach us.

- Diversity – we value and respect the multiple perspectives of our families and colleagues. We work to ensure that all are welcome in our community

DIVERSITY STATEMENT

The Child Development Center staff is committed to working together with children and families, college students and each other to create an open and welcoming community of respect. In our community, emotional empathy is valued and compassion and respect for all people and the natural world are fostered. We strive to create an environment for each child that reflects the cultural perspectives and life experiences of their families.

As advocates for social justice, we believe it is our professional responsibility to address (was confront) all forms of oppression and foster (was create) a caring and just community. Thus, anti-bias multicultural curriculum is central to our daily lives together at the Child Development Center.

This is reflected in our practice through:

- The integration of multicultural/anti-bias curricula including literature, pictures, dolls, artifacts, media and expressive materials in myriad colors and skin tones

(paints, crayons, paper, etc), and activities that reflect diversity and multiculturalism.

- Taking advantage of teachable moments to engage children and families in conversations that promote awareness and advocacy.
- The inclusion of families in the discussion of our curriculum development and policies through daily discussion and meetings with the Family Advisory Council.
- *Discussing themes, holidays, ideas, or customs which are important to families and to appropriately incorporate these within our school life.*
- Working within our community and with other communities at large to promote multicultural and anti-bias practices in education.
- Continuing to challenge ourselves professionally through literature, news, workshops, and discussion.
- Seeking diversity through hiring and enrollment procedures.
- Teachers modeling kind behavior consistent with our multicultural policy.
- Continually revisiting our diversity statement and practices.
- Embracing and sharing our own diverse backgrounds.

THE CHILD DEVELOPMENT CENTER AS A DEMONSTRATION SITE

As a demonstration site for early childhood majors in the Keene State College Teacher Certification Program, the staff at the Child Development Center create a high-quality learning and care environment for young children to develop as individuals within the center community. Each of our classroom teams includes a facilitating teacher with a master's degree who is responsible for mentoring and evaluating the academic students. Currently the academic program coordinator teaches Early Childhood Methods at our center and supervises and assigns placements for all academic students.

This 'best-practices' model offers our academic students experiences in creating positive relationships with children and families, developing age appropriate curriculum and assessment strategies, designing the classroom environment and practicing their role as teachers of young children. We appreciate your support

as we provide our students with their 'hands-on' learning opportunities in your child's classroom.

Student Teachers

As part of their course requirements our student teachers take over all responsibilities of the classroom teacher during their solo teaching weeks during the 5th and 6th week of their full time seven week placement. To be effective in this practice our student teachers will be planning and implementing curriculum, assessing children's progress, setting up the environment, leading routines and transitions, communicating with families, and documenting their work through portfolios. Student teachers may have access to children's records under the direct guidance of the facilitating teachers. This includes background information, home visit records, medical information, special education documentation, and family conferences.

Methods students

The Early Childhood Methods course is housed at the Child Development Center. Students are at the CDC for a 3-hour class each Friday morning and complete field work at the Child Development Center each week. Methods students spend four mornings per week in the classroom. They plan learning experiences and a unit in math or science, observe teachers and children, lead group times, supervise children in play, and complete a semester long child study.

Observations, Research and Internships

In addition to the required placements, students from other Keene State College programs and from the greater community participate at our center. Some of the courses we have served in the past are Emerging/Evolving Literacy, Assessment and Evaluation for School Counselors, Photography, Music, Health Sciences, Psychology, as well as Development, Exceptionality and Learning. We encourage the use of CDC as an observation site for the study of young children and of best practices in early childhood education. All projects and observations are approved by the academic program coordinator in consultation with the CDC director.

Research projects are approved by CDC staff and the CDC research review panel. Parental/guardian permission is required when projects are carried out with individual children.

Work Study

Many KSC students choose to work at the CDC for their work/study job which is part of their financial aid package. These students are hired to assist throughout the day. We strive for consistency for children as we schedule

work/study students. CDC staff train and supervise these students. Each student is expected to maintain a professional attitude throughout the duration of their scheduled participation.

STATEMENT OF CONFIDENTIALITY

In order to protect the privacy of each family and child, as well as comply with federal and state regulations, all students are required to sign a statement of confidentiality. This statement requires that students refrain from using all identifying information in journal entries, observations, reports or documentation for course assignments. Additionally, we require students to receive permission from facilitating teachers for all photography. These photos are used for classroom displays, course documentation and CDC portfolios. Students do not identify photos by child's name.

Under the leadership of the CDC director, academic program coordinator, facilitating teachers and ESEC faculty, our students participate in the practical nature of the early childhood education field. **We appreciate the important role you and your children play in educating these academic students.**

FAMILY INVOLVEMENT OPPORTUNITIES

We place great emphasis on parent involvement at the Child Development Center. We believe that parents are the experts on their children. Research has shown repeatedly that children are more successful when their parents are involved in their children's schools/early childhood programs. Schools often thrive where there is an active and involved parent body. Children often are aware of their parent's involvement, and it helps them to feel safer here, helping to make this program seem like an extension of their home. The safer and more secure they feel in this environment, the more they will take risks and learn.

Programs with a high level of parent involvement are more vibrant. The CDC strives to better reflect the community through family involvement with the program, so that we can ensure that our family's values and culture are more strongly represented in the children's experiences, and have a place in the culture of the CDC. Programs that have meaningful involvement from the parents have a greater sense of community and connectedness. The children thrive.

Ways for families to participate:

- Join our Family Advisory Council (more on the next page)
- Visit our classrooms and share special interests or talents with the children (some parents have given baby siblings a bath during our group time, brought in pets for visits, showed us how to tap trees for maple sugar, etc.)
- Come in a read a story to the children, or help with a cooking activity.
- Join us for our weekly "Group Sing" on Wednesday mornings.
- Come to our events.
- Volunteer to help when asked.
- Use our Parent Resource Library
- There may be some way we haven't thought of. Please let us know!

GRIEVANCE PROCESS

We consider our work to be in partnership with families. You are the expert on your child, while we have background and knowledge in the area of child development. We invite you to work together with us to ensure that your child thrives here at the Child Development Center. This work can sometimes take us into sensitive areas. Sometimes families go through major changes, and the stress can impact a child's temperament. Sometimes children display possible developmental delays that might indicate a need for additional screening or support. Sometimes families and teachers disagree about how to interpret a child's behavior. Or perhaps family and teacher don't agree about next steps? What should you do if you don't agree or if you feel you are in conflict with your child's teacher?

- First, set up a meeting with your child's teacher and let them know what your concern is. The teachers here at the CDC believe that your perceptions and feelings are important, and want to know when our approach isn't working for you and your family.
- If you find that your meeting with your child's teacher wasn't satisfactory, please contact the Director for additional support.

The best way we can evaluate our work at the Child Development Center is through honest and forthright interactions with families. Your perceptions of our program are the most important and valuable indicator for us as regards our own self-assessment. Please don't be shy. Let us know when things aren't working. Beyond that, please recognize that as parents and teachers, we are in a partnership on behalf of your child. Together, we can ensure that your child has the best possible experience during these critically important early years.

POLICY FOR CHILDREN WITH SPECIAL NEEDS

"Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports."

Definition of Early Childhood Inclusion, excerpted from: "A Joint Position Statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC), April 2009"

Our goal is to meet the needs of every child at the CDC, acknowledging that all children have their own special needs at one time or another. We are often the first educators to identify these needs, and we see facilitation of early intervention services as a critically important aspect to our work with young children. We closely watch the development of all the children in our care, and should we have a question, we will follow the steps outlined below. Throughout this process, we ensure that the confidentiality of every child is protected:

- We will document development and note when behaviors seem outside the normal range over time for children of this age (through anecdotal notes, and samples of work) and meet with the director.

- We will contact the family and communicate our concern in writing and verbally. We will request their permission to arrange for a screening. Should the family agree we will help to coordinate a screening through the appropriate school system or agency for that family.

- If the family refuses to pursue a screening or consult with their child's school system, and the need presented by the child requires additional programmatic resources, families may be asked to assume the costs of those additional supports for their child's inclusion in the program. The CDC Director will be responsible for the hiring and supervision of the additional staff person.

- Should the screening indicate an area of concern in a child's development, teachers, director and parents will meet with the special needs coordinator for that school system or agency and develop a plan for the child in writing.

- Typically these plans will involve modifications to our classroom environment or practice, and guidance will be provided to teachers to support their work.

- In some cases, a school system may recommend that a child be enrolled in a different program, where there may be more resources available to provide early intervention.

- In some cases, certain adaptations to our program may be impossible (an additional teacher, for example) and we may recommend a different placement for the child. Please know that wherever possible, we will draw upon all resources to meet the child's needs.
- The Child Development Center may determine that we are not able to serve the child. Staff and administrators will let the family know as early in the year as possible if this is a possible outcome, so that the family can pursue other placement options. They family will be notified verbally and in writing.

- The program has two considerations when asking a child to leave: a) has implementation of strategies over time resulted in improvement, or have the concerns persisted or escalated? b) Is the program able to meet the needs of the individual child and the needs of the group as a whole? Each case is considered on a case-by-case basis, and the program will apply every recommended strategy to support the child's progress before considering termination.

- College administration will review any cases where there may be a possibility of a termination.

- Our staff regularly consults with specialists in the field so we can talk about children without identifying names. We do this with the Community Preschool Team and with Zero-to-Three Consultants. No child is observed without prior permission of the parent/guardian.

Our policy for inclusion of children with special needs is as follows:

a. The CDC will integrate children with disabilities and other special needs (such as chronic illness) and children without disabilities in all activities possible.

b. Children with special needs and their families shall have access to and be encouraged to receive a multidisciplinary assessment by qualified individuals, using reliable and valid age and culturally appropriate instruments and methodologies, before the child starts in the facility. The multidisciplinary assessment shall by voluntary and focus on the family's priorities, concerns, and resources that are relevant to providing services to the child and that optimize the child's development.

c. The Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) and any other plans for special services shall be developed for children identified as eligible in collaboration with the family, representatives from the disciplines and organizations involved with the child and family, the child's health care provider, and the staff of the facility, depending on the family's wishes, the agency's resources and state laws and regulations.

d. If a child has an IEP or IFSP, the CDC Director will be responsible for coordinating care within the facility and with any caregivers and coordinators in other service settings, in accordance with the written plan.

e. A child with special health care needs shall have a special care plan on file that includes emergency contact information, health provider, triggers, signs and symptoms of the condition and treatment instructions.

In all cases, we place the best interest of our children and families at the center of all plans, and work with the family and with community partners to ensure that the best plan is developed.

PHYSICAL INTERVENTION REPORT

To ensure that families are notified in a timely way of noteworthy events involving their child(ren), teachers will fill out this form and place this form in the family's mailbox at the end of the day. We may not be able to discuss the contents at the time of pick-up, due to the competing needs of the children and other families picking up. However, staff will be happy to discuss this form either on the telephone or during a scheduled meeting. This form will help to ensure that all involved are notified immediately of any concerning incidents or events involving children at the CDC.

Keene State College
Child Development Center

PHYSICAL INTERVENTION REPORT

Child Involved ______________________ Classroom_______________

Date__________ Beginning Time__________ End Time__________

What was happening prior to incident?
____
____
____

Setting:
___ Choice Time in Classroom (unstructured)
___ Clean Up in Classroom
___Group Activity in Classroom
___Playground
___Circle Time
___Bathroom
___Other _______________________________________
____

Behavior: (Check all that apply)
___Tried to hurt staff
___Tried to hurt self
___Tried to hurt another child
___Biting
___Kicking
___Hitting
___Spitting
___Scratching
___Ran Away
____
____

Follow-Up: (What happened after the incident):
____
____

Length of restraint:____________

Signature of Staff involved: ____________________ Date____________

Witness Involved: ____________________ Date____________

Original to CDC
Copy to Parents

CHILD ASSESSMENT AT THE CDC

Child Assessment at the Child Development Center is an integral part of our program. We use assessment to support children's learning, identifying children's interests and needs, describing the developmental progress and learning of children, improving curriculum and adapting teaching practices and the environment, planning program improvement, and communicating with families. In addition, information gathered through our assessment process supports referrals for developmental screenings and for diagnostic assessment where indicated.

We at the Child Development Center us a variety of methods to assess children's learning, such as observations, checklists, portfolio & documentation based assessment, questionnaires, home-visits, informal conversations with families, observation grids, parent-conferences and transition meetings. All these

methods help us to form a full and authentic picture of our children's development.

Our checklists are designed to align with our curriculum goals, and we use checklists as a quantitative method of gathering data about children's development. In addition, these checklists allow us to measure children's development individually and as a group, to inform ongoing program improvement.

TRANSITIONS FOR CHILDREN AND FAMILIES

Transitions (children changing from one classroom to another, or children leaving for kindergarten) are widely recognized as presenting opportunities for growth and development. At the same time, they can also be stressful for both children and families. Our program works to facilitate smooth transitions for children and families, and we employ several strategies to support our families through these changes.

Ongoing Activities:
In addition to the strategies listed below, we are committed to maintaining ongoing activities to help make those transitions easier when they happen. We believe that activities that enable children to better know the entire program will help them as they move from one classroom to the next. Arrangements that help the children develop familiarity with our entire staff will make it easier when they transition to a new classroom – all the faces will be familiar:

- *Group Sing*, where all classrooms come together once a week to sing.
- Informal play on the play-yard.
- We have children visit other classrooms during the course of the year, so that they will be more familiar with the wider program, and will have a more concrete idea of the other classrooms and those environments.
- Teachers from classrooms will visit the classrooms of younger children for lunch on a regular basis, so that children will develop a familiarity with that teacher.

Mid-Year Transitions:
It is our hope to minimize transitions for children while they are in our care, and for this reason there are very few transitions that occur for children during the course of the program year. However, we also understand that children require us to be flexible, and that in some cases a move to another classroom may be the best plan for a child. When this happens, the following steps are followed:

- The child's teachers will meet with the child's parents to discuss a possible move and together will determine next steps.
- Teachers from the old and new classroom will participate in a *Transition Meeting* where information about the child will be shared.
- The teachers will schedule three visits for the child prior to the move.
- A plan will be developed with the family as regards the first day of "drop-off" in the new classroom.
- Teachers and family will review the child's progress throughout the course of this change and make any modifications based upon those observations.

<u>End-of-Year Transitions:</u>
Transitions at the end of the year present different requirements for different classrooms. For our children entering Kindergarten, there is much work to support children and families as they make this important shift into the wider world, including family conferences to discuss progress and the transition and public school transition forms to complete. For children moving from one classroom to another within our program, different factors are at play. Here are the steps that we take to assure a smooth transition for our children and families:

- *Continuity of Care:* In our Infant and Toddler program, one infant teacher will travel with the infants to the toddler classroom at the start of the next program year and become a toddler teacher in that classroom. When a child makes a transition with his primary caregiver, these relationships can often help a child make this type of significant change.
- *Transition Meetings:* Teaching teams from each classroom meet together to share information about children moving from one room to another. Teachers will share impressions, observations, and strategies. In addition, teachers should make sure to review incoming children's files.
- *End-of-year Family Conferences:* These conferences provide an opportunity to meet with parents and discuss the transition individually.

TUITION POLICIES

Withdrawal and other changes in enrollment:
A minimum of a four week written notice is required if you plan to permanently withdraw a child from the Center. Otherwise, you will be responsible for the remainder of the contracted tuition. To request additional enrollment or to notify us of a decrease, please submit the information in writing to the CDC office. We will contact you to follow up. Additional enrollment is contingent upon available space in programs.

Payments:
Tuition statements are distributed at the beginning of each month. If you have chosen the monthly installment option, **payment is due upon receipt of the statement**. This amount is fixed (annual tuition divided into equal monthly payments), regardless of the number of days of attendance per month, and is due one month ahead of the attendance month (i.e., the payment due at the beginning of October is November's tuition). Payments are due at the beginning of every month, August through May. **PLEASE NOTE: This is an annual tuition rate. There are no reimbursements for absences or closings due to inclement weather.** Checks or money orders need to be made payable to Keene State College. If you are making a cash or credit card payment, please obtain a receipt from the office.

Written requests for alternate payment plans may be submitted to the office. The parent who enrolls the child is ultimately responsible for the full contracted tuition. If an outside agency is assisting with a child's tuition, the parent is responsible for making all necessary contacts and arrangements, as well as providing the Center with any required paperwork in a timely manner. Any portion of the payment that is not paid by the agency will be kept up-to-date by the parent. The Office Manager will assist families with the process.

If a tuition payment is more than a month overdue, families can face additional penalties, including the assessment of late fees, termination of enrollment at the CDC, credit bureau reporting and assignment to an external collection agency.

FAMILY ADVISORY COUNCIL

This new council was established in the spring of 2007, and it is comprised of families of children in the CDC. This council recognizes the mission of the program, and will provide feedback that supports the mission and adherence to college policies and procedures. Further, the council will observe New Hampshire Child Care Licensing Rules and Accreditation Standards from the National Association for the Education of Young Children. While this council does not have governance over the program, the group will give counsel to the administration of the CDC. Counsel provided by the group will be reviewed by the program and college administration (where appropriate) before programmatic changes are made. The council may engage in the following activities (however the council may identify different activities or needs from one year to the next):

Event Planning – Planning events that offer opportunities for families to

socialize with each other.

Supporting the Teachers – Planning ways to show support to our teaching staff. Some ideas may involve volunteering or hosting an "appreciation" meal for the teachers.

New Family Activities –Helping new families feel more a part of the community, and to meet other families.

Review of CDC Policies –Learn about CDC policies and give input to policy development.

Curricular Input –Explore ways to stimulate parent involvement in the classrooms. This may involve the following:

- **Parents visiting classrooms** – Parents may visit classrooms and share their interests or their gifts. For example, if a parent played an instrument they could bring their instrument in and play for the children. A parent might come in and cook a special snack with the children, or read a story book, play in the snow…

- **Collaboration on Curriculum** – Sometimes parents and teachers might work together to discuss the curriculum in the classroom, recognizing that the CDC needs to ensure that our student teachers have their time to develop and implement curriculum.

- **Feedback** – Families may have questions/concerns about the running of the program. Questions can be discussed and reviewed. Parent education may result from these discussions, or policy revision.

ABSENCES & MAKE-UP DAYS POLICIES

Please notify a classroom teacher if your child will be absent or if there is a change in your child's regular schedule. You may call the classroom phone and leave a message. (See phone numbers on the back cover.)

The CDC allows children who are enrolled part time in Younger or Older Preschool to have two make-up days before winter break, and two make-up days after winter break. Due to developmental considerations, there are no make-up days for children enrolled in the Infant or Toddler classrooms.

1. There will be **no** make-up days during the first and last weeks of the

College's fall semester, or the first and last weeks of spring semester. No make-up days will be scheduled during the month of January or the day before a scheduled break or holiday. These are times of transition for children, staff, and college students.

2. Your child must be absent during the current semester **before** she or he can make up a day.
3. Make-up days do not roll over from one semester to the next, or from one year to the next.
4. Only one child per classroom, per day is scheduled for make-up time.

The scheduling of make-up days is arranged through the CDC Office Manager, not through teaching staff. Families should request make-up days at least one day in advance. Make-up days are contingent upon classroom plans and enrollment.

ARRIVAL/DEPARTURE POLICIES

Daily hours: 7:30 A.M.—5:30 P.M.
The Child Development Center opens at 7:30 AM and we are closed at 5:30 PM. Out of consideration for both our teachers and for your children, please arrange your arrival and pick up times so that you will not be in the classroom **before** 7:30 or **after** 5:30 (please see below).

Arrival:
Parents sign children in at arrival time using the notebook at the designated parent information area in their child's classroom. We recommend that you allow at least fifteen minutes for the arrival transition. The extra time will enable you to connect with your child's teacher as well as to say good-bye in a relaxed manner.

Departure:
Parents sign children out at the end of their day. Children will be permitted to leave the Center only with those people who are authorized to pick-up on the *Registration and Emergency Information Form*. If someone other than those listed on the form is going to pick up your child, a written note with your signature is required.

When picking up your child, you are expected to arrive early enough to gather your child's possessions, connect with the teacher, and depart by 5:30. Fifteen minutes is generally adequate. You are expected to call your child's classroom to inform the teachers if you will be delayed and to discuss the plan for alternative arrangements for pick-up. When a parent or other designated adult has not arrived by 5:30 PM, the staff will attempt to reach the family to determine who is

picking up the child. If you, or another family member, cannot be reached, the emergency contact person(s) listed on the Emergency Information and Registration form will be called to come in and take responsibility for your child.

CALENDAR and CLOSINGS

Calendar:
Please carefully review the calendar inside the front cover of this Handbook. It contains beginning and ending dates and lists closing dates and special events. All CDC classrooms close for the summer. Our school year calendar is largely based on the KSC academic calendar

Staff Development:
Staff Development days provide opportunities for staff to gather and share information regarding classroom curricula and practices, to work on center-wide projects and to attend conferences.

Whenever staff members are absent for professional or personal reasons, arrangements are made for qualified substitutes to take their place.

Inclement Weather Closings:
The Center closes for bad weather when Keene State College is closed. This will be reported on local radio stations and Channel 9 (WMUR). If KSC closes while the CDC is in session, staff will contact parents to ask that they pick up their children immediately. If a parent cannot be reached, persons listed on the *Registration and Emergency Information Form* will be called. There has been some confusion in the past with other listings for "Child Development Center" closings. If we are closed the announcement will specify **Keene State College Child Development Center.**

PERMISSION POLICIES

As part of the curricula in all classrooms we will be taking photographs on a regular basis for CDC documentation and for children's portfolios. You will be asked to review and sign a *General Permission Form* indicating permission for any other uses of your child's photo or artwork. The Child Development Center addresses the sensitive issues of safety and privacy with our academic students. Please note that anytime a child's photo is used she/he is identified, if at all, only by first name and age unless specific parental permission has been received.
For walks off campus, always under the supervision of CDC staff, you will be asked to sign a permission form specific for that event.

CDC staff meet regularly with the local school district's "Community Preschool

Team" and with "Rise for Baby and Family" for discussion that supports the growth and development of all children. Parents will be asked for permission if extensive conversations about their child seem appropriate.

CHILDREN'S RECORDS

The CDC keeps files for each child with information and forms you have submitted to the center. These files contain materials such as health forms, signed tuition contracts, permission forms, Fall and Spring Conferences, accident reports, any referral for special services forms and related reports, as well as original application materials. Parents may see their child's file at any time. Student Teachers have supervised access to children's records.

HEALTH AND SAFETY POLICIES

The Child Development Center complies with the Americans with Disabilities Act (ADA) which requires that we make reasonable accommodations for children with disabilities and chronic illness. We consider each case individually and comply with the requirements of ADA.

The Center adheres to best practices in sanitation that are known to reduce the spread of communicable diseases: hand washing, wearing gloves during clean up and disposal of body fluids and wound treatment, and daily cleaning with a sterilizing solution. Although CDC staff are certified in CPR and basic First Aid, they have only limited medical knowledge. Any suspicious rashes, eye conditions, and physical conditions will routinely be referred to families with a request to seek medical attention. We may ask that a parent obtain a note from the physician or licensed health practitioner which includes information about the particular concern and recommendations for inclusion in the group setting.

When the CDC becomes aware that a child, KSC student or staff member has contracted a contagious disease, families are notified either by a notice in mailboxes or by an announcement on the classroom's "white" board in accordance with state regulations. Notifying parents is meant to create awareness, not alarm. Detailed information about specific diseases is available. Please ask your child's teacher.

Families are required by the State of NH to provide the information detailed on the following page, updated as needed, to assist staff in maintaining a safe and healthy environment for all children.

Immunization Record:
Documentation of updated immunization **must** be on file for each child <u>on</u>

his/her first day of attendance. The recommended schedule for check-ups and immunization for infants and toddlers is Birth, 2, 4, 6, 9, 12 and 18 months. Exemptions from immunizations are available in accordance with State Licensing Regulations.

Physical Examination:
A *Child Health Form* must be on file within **sixty days** of a child's first day. Physical examination records are to be updated annually by a licensed health practitioner for all children

Emergency Information:
The *Registration and Emergency Information Form* must be on file on the child's first day. It will include instructions for dealing with predictable emergencies (allergic reactions, etc.) and persons to be contacted if parents cannot be reached. If the mentioned emergency contact people are also unavailable, a CDC staff member will use his/her judgment and take whatever actions are necessary to ensure the health and safety of the child, providing the parent has signed the release to that effect. If a child is transported by ambulance, the parent is responsible for the resulting charges. Emergency information is kept on file in the child's program, in the CDC office, and in the Campus Safety office.

Contact Logs:
Contact logs are used to objectively record any exceptional or ongoing events, issues, or concerns pertaining to a child or family initiated either by a CDC staff member or a family member. Such events include illness, injuries, special needs, behaviors, child and family concerns or changes in family circumstances. These logs are reviewed by the classroom team and given to the Director, who adds them to the child's file. Contact logs are not forwarded to a child's future placement.

CDC staff will communicate closely with families and keep appropriate records regarding the following situations:

Accidents and Injury:
The Center staff keeps a record of all accidents and injuries, however minor. The family will receive an *Accident and Injury Report* in his/her mailbox to review and sign indicating that they were notified of the injury. If, in a staff member's judgment, an injury is serious or in question, the parent will be contacted immediately for consultation or information. If a parent cannot be reached, we will notify the emergency contact.

Exclusion of Ill Children

With the exception of head lice, for which exclusion at the end of the day is appropriate, the CDC shall temporarily exclude a child or send the child home as soon as possible if one ore more of the following conditions exist:

- The illness prevents the child from participating comfortably in facility activities, as determined by CDC Staff
- The illness results in a greater care need than the child care staff can provide without compromising the health and safety of the other children, as determined by the CDC Staff

The child has any of the following Contagious Conditions: (See Chart A)
During the course of an identified outbreak of any communicable illness at the CDC, a child shall be excluded if the health care provider determines that the child is contributing to the transmission of the illness at the facility. The child shall be readmitted when the health department official or health care provider who made the initial determination decides that the risk of transmission is no longer present.

Chart A	
Child Exclusions/Dismissals	**Staff Exclusions/Dismissal**
Fever, accompanied by behavior changes or other signs or symptoms of illness until medical professional evaluation finds the child able to be included at the facility Temperature: oral (101◦), rectal (102◦), axillary (100◦)	Haemophilus influenza type B (Hib), prophylaxis, until antibiotic treatment has been initiated.
Signs and symptoms of severe illness (i.e. unusual lethargy, uncontrolled coughing, difficult breathing, wheezing, or other unusual signs for the child) until medical professional evaluation finds the child able to be included at the facility	Respiratory Illness, if the illness limits the staff member's ability to provided acceptable level of child care and compromises the health and safety of the children.
Uncontrolled Diarrhea, defined by more watery stools, decreased form of stool that is not associated with changes of diet, and increased frequency of passing stool, that is not contained by the child's ability to use the toilet. Children with diarrheal illness of infectious origin generally may be allowed to return to child care once the diarrhea resolves, except for children with diarrhea caused by Salmonella typhi, Shigella, or E.coli	Diarrhea illness, three or more episodes of diarrhea during the previous 24 hours or blood in stools, until diarrhea resolves; if E.coli or Shigella is isolated, until diarrhea resolves and two stool cultures are negative.
Blood in stools not explainable by a dietary change, medication, or hard stools	

Chart A	
Child Exclusions/Dismissals	**Staff Exclusions/Dismissal**
Vomiting (two or more episodes in the previous 24 hours) until vomiting resolves or until a health care provider determines that the cause of the vomiting is not contagious and the child is not in danger of dehydration.	Vomiting illness (two or more episodes in the previous 24 hours)
Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms	
Varicella-Zoster (Chicken pox), until all sores have dried and crusted (usually 6 days after onset of rash)	Chicken pox until all sores have dried and crusted, which usually occurs by 6 days)
Measles (until 4 days after onset of rash)	Measles until 4 days after onset of rash (if the staff member or substitute is immunocompetent)
Rubella (until 6 days after onset of rash)	Rubella (until 6 days after onset of rash)
Mumps (until 9 days after onset of parotid gland swelling)	Not usually applicable
Pertussis (until 5 days of appropriate antibiotic treatment, currently erythromycin, which is given for 14 consecutive days)	Pertussis until after 5 days of appropriate antibiotic therapy (which is to be given for a total of 14 days) and until disease preventive measures, including preventive antibiotics and vaccines for children and staff who have been in contact with children infected with pertussis, have been implemented
Mouth sores with drooling, unless as health care provider or health department official determines that the child is noninfectious	
Rash with fever or behavior change until a health care provider determines that these symptoms do not indicate a communicable disease	Rash with fever or joint pain (until diagnosed not to be measles or rubella)
Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until after treatment has been initiated. In epidemics of nonpurulent pink eye, exclusion shall be required only if the health authority recommends it.	Purulent conjunctivitis defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep, and including eye pain or redness of the eyelids or skin surrounding the eye, until 24 hours after initial treatment
Pediculosis (head lice), from the end of the day of discovery until after the first treatment	Head lice, from the end of the day of discovery until after the treatment

Chart A	
Child Exclusions/Dismissals	**Staff Exclusions/Dismissal**
Scabies, until after treatment has been completed.	Scabies, until after treatment has been completed.
Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care.	Tuberculosis, until noninfectious and cleared by a health department official.
Impetigo (until 24 hours after initial treatment)	Skin infections (e.g. impetigo) (until 24 hours after initial treatment)
Strep Throat or other streptococcal infection, (until 24 hours after initial antibiotic treatment and cessation of fever)	Strep throat or other streptococcal infection, (until 24 hours after initial antibiotic treatment and end of fever)
Hepatitis A Virus, until 1 week after onset of illness, jaundice, or as directed by the health department when passive immunoprophylaxis (currently, immune serum globulin) has been administered to appropriate children and staff members	Hepatitis A Virus until 1 week after onset or as directed by the health department when immunoglobulin has been given to appropriate children and the staff in the facility (for one week after onset or passive immunoprophylaxis)
Shingles (herpes zoster).	Shingles (only if the lesions cannot be covered by covered by clothing or a dressing until crusted over
Herpes simplex	Meningococcal infection, until all staff members for whom antibiotic prophylaxis has been recommended, have been treated.

Plan for administration of medicine

Prescription Medication:

- Prescription medication must be brought to school in its original container and include the child's name, the name of the medication, the dosage, the number of times per day and the number of days the medication is to be administered. This prescription label will be accepted as the written authorization of the physician.
- The center will not administer any medication contrary to the directions on the label unless so authorized by written order of the child's physician.
- The parent must fill out the Authorization *To Provide Prescription And Non-Prescription Medications* form before the medication can be administered.
- The program will train the caregiver who administers the medication to check that the name of the child on the medication and the child receiving the medication are the same; read and understand the label/prescription directions in relation to the measured dose, frequency, and other circumstances relative to administration (such as in relation to meals); administer the medication according to the prescribed methods and the prescribed dose; observe and report and side effects from the medication; and document the administration of each dose by the time and amount given.

- Medication must have child-resistant caps
- Medications shall not be used beyond the date of expiration

Non-Prescription Medication

- The parent must fill out the *Authorization To Provide Prescription And Non-Prescription Medications* form which allows the center to administer the non-prescription medication in accordance with the written order of the physician. The statement will be valid for one year from the date it was signed.
- The center will make every attempt to contact the parent prior to the child receiving the non-prescription medication unless the child needs medication urgently or when contacting the parent will delay appropriate care unreasonably.
- Medication must have child-resistant caps
- Medications shall not be used beyond the date of expiration

Topical ointments and sprays

- Topical ointments and sprays such as petroleum jelly, sunscreen, bug spray, etc. will be administered to the child with written parental permission. There is a sunscreen sign-up sheet in each classroom, where the parents can provide this written consent. The signed statement from the parent will be valid for one year and include a list of topical non-prescription medication.

All Medication

- The first dosage must be administered by the parent at home in case of an allergic reaction.
- All medications must be given to the teacher directly by the parent.
- All medications will be stored out of the reach of children.
- The teacher will be responsible for the administration of medication.
- The center will maintain a written record of the administration of any medication (excluding topical ointments and sprays applied to normal skin) which will include the child's name, the time and date of each administration, the dosage, and the name of the staff person administering the medication. This completed record will become part of the child's file.
- All unused medication will be returned to the parent.

Plan for meeting individual children's specific health needs

- During intake, parents will be asked to record any known allergies on the face sheet. The face sheet will be updated yearly.
- All allergies will be posted in each classroom, on the refrigerator in the kitchen, and where snack is stored. Allergy lists will be updated as necessary – new children enroll, unknown allergies become known.
- All staff and substitutes will be kept informed by the director so that children can be protected from exposure to foods, chemicals, pets or other materials to which they are allergic.
- For a child with specific food allergies, alternative snack options will be available. (dairy free, wheat free)

- All staff will be notified as regards life-threatening allergies, with specific instructions if an occurrence were to happen. The director will be responsible for making sure that staff receives appropriate training to handle emergency allergic reactions.

CLASSROOM PET POLICY

We welcome classroom pets and visiting animals, provided they appear to be in good health. We require that pets or visiting animals have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized (if the animal should be so protected) and that the animal is suitable for contact with children. Teaching staff will supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals. Please let us know if your child is allergic to any animal and we will prevent exposure. We do not allow reptiles as classroom pets because of the risk for salmonella infection. Follow the KSC Pet Policy for additional guidance.

NUTRITION AND NUT AWARENESS POLICIES

For all children: It is our goal to support healthy nutrition for the children in our program. All snacks are served in accordance with the U.S. Department of Agriculture (USDA) Child and Adult Food Care Program guidelines. In addition, we are committed to doing our utmost to combat childhood obesity, and recognize the important role that food plays at the CDC, during snack, eating lunch, and in our curriculum. We are also pleased to be working with the Department of Health Sciences to collaborate on the development of an early childhood curriculum called "Early Sprouts", which strives to instill healthy eating habits in young children through a garden-based curriculum that also ensures multiple exposures to target vegetables.

We work with families to ensure that all foods and beverages brought from home meet USDA's CACFP guidelines and meet children's nutritional needs, and are labeled with the child's name and date. Food requiring refrigeration must stay cold until served to ensure this each opening classroom letter to families requests a cold pack for their child's lunch box daily. Liquids and foods that are hotter than 110 degrees are kept out of children's reach. We will also provide food to supplement lunches brought from home if necessary. We will not offer children younger than four years these foods: hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas and hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole.

Infants: If infants are unable to sit for bottle-feeding, we will hold them. All other children will either sit or be held while being fed. We will never place bottles into the cribs with the infants or with sleeping toddlers, and we will never prop bottles for infants

to drink from. Our infants and toddlers will not carry bottles, sippy cups or regular cups with them while crawling or walking. We will offer children fluids from a cup as soon as a plan is developed with the family to take this step. Bottle feedings do not contain solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice. Staff discard after one hour any formula or human milk that is served but not completely consumed or is not refrigerated. If staff warm formula or human milk, the milk is warmed in water at no more than 120 degrees Fahrenheit for no more than five minutes.

No milk, including human milk, and no other infant foods will be warmed in a microwave oven.

Teaching staff will not offer solid foods and fruit juices to infants younger than six months, unless recommended by the child's health care provider and approved by families. Sweetened beverages are avoided. If juice (only 100 percent fruit juice is recommended) is served, the amount is limited to no more than four ounces per child daily. Whole milk for children under two is provided, 2% for children older than two years.

The current epidemic of overweight and obesity within the United States has become the fastest growing public health concern. Some of the most dramatic increases in the number of overweight and obese are being observed among preschool-aged children, where the prevalence of obesity has more than doubled in the past 30 years. Although there are many causes, eating and exercise behaviors are primary predictors of an individual's risk for obesity. Those habits are learned and established at an early age, making the early childhood years an opportune time for primary prevention of obesity. We see early childhood professionals as being perfectly situated to support children and families as they work to develop healthy nutritional practices. Not only is it our responsibility to provide children with healthy snacks at school, best practices also indicate that it is our role to provide nutritional education to children and families. Through our participation in the Early Sprouts Curriculum (and its adoption here at the CDC) we are actively working to support healthy nutrition for our entire community. Here follows some other ways that we engage in this process.

Our Snack Menus: At the Child Development Center snacks, meals and cooking projects are part of the overall curriculum. We serve 2 nutritious snacks daily consisting mainly of fresh vegetables, fruits, whole grains and minimally processed foods. In addition, we limit foods containing refined sugar and salt. We serve water or juice with snack. Milk* or water is served with lunch. Weekly snack menus are posted in each classroom. Our menu is reviewed by a nutrition consultant to ensure that it supports children's healthy physical development and exceeds USDA guidelines.

Lunch from Home: We also observe the National Association for the Education of Young Children (NAEYC) standard pertaining to nutritional health, which states that our program works with families to ensure that food brought from home complies with USDA guidelines. The following are USDA guidelines:

**NH Licensing Guidelines mandate that children under 2 years of age are served whole milk. If parents wish to have 2% milk served to their child, they need to supply it.*

Child Meal Pattern
Lunch or Supper

Food Components	*Ages 1-2*	*Ages 3-5*	*Ages 6-12*[1]
1 milk			
fluid milk	1/2 cup	3/4 cup	1 cup
2 fruits/vegetables			
juice,[2] fruit and/or vegetable	1/4 cup	1/2 cup	3/4 cup
1 grains/bread[3]			
bread or	1/2 slice	1/2 slice	1 slice
cornbread or biscuit or roll or muffin or	1/2 serving	1/2 serving	1 serving
cold dry cereal or	1/4 cup	1/3 cup	3/4 cup
hot cooked cereal or	1/4 cup	1/4 cup	1/2 cup
pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
1 meat/meat alternate			
meat or poultry or fish[4] or	1 ounce	1 1/2 ounces	2 ounces
alternate protein product or	1 ounce	1 1/2 ounces	2 ounces
cheese or	1 ounce	1 1/2 ounces	2 ounces
egg or	1/2 egg	3/4 cup	1 egg
cooked dry beans or peas or	1/4 cup	3/8 cup	1/2 cup
peanut or other nut or seed butters or	2 Tbsp.	3 Tbsp.	4 Tbsp.
nuts and/or seeds[5] or	1/2 ounce	3/4 ounces	1 ounces
yogurt[6]	4 ounces	6 ounces	8 ounces

[1] Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.
[2] Fruit or vegetable juice must be full-strength.
[3] Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must bewhole-grain

or enriched or fortified.
[4] A serving consists of the edible portion of cooked lean meat or poultry or fish.
[5] Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the lunch or supper requirement.
[6] Yogurt may be plain or flavored, unsweetened or sweetened.

We will provide families with ideas and recipes they may wish to use at home when preparing food. In addition, there will be workshops and presentations regarding our Early Sprouts work and providing nutritional education during the year.

Individualized Eating Plans/Allergies: We work with families to support children with allergies, providing alternatives when possible. When a child has a life-threatening allergy (most often nuts are the cause of the most severe food allergies), we will make every effort to eliminate that substance from the program to ensure that there is no cross-contamination and to eliminate risk. Families are made aware when these precautions are taken, and all members of the CDC community observe the ban in all classrooms. We recognize, however, that we cannot control for the actions of the many individuals who utilize this program (students, staff, families, children). While we will eliminate any dangerous substances from our food purchases, we understand that chance occurrences and human error may undermine our best efforts.

Mealtime: Children and staff sit together at meal and snack time and children are given sufficient time to eat. Children are encouraged, but never forced, to participate. We do not use food as punishment or reward.

COLD, HEAT, SUN INJURY AND INSECT-BORN DISEASES

To protect against cold, heat, sun, injury, and insect-borne disease, the program ensures that:

- Children wear clothing that is dry and layered for warmth in cold weather.
- Children have the opportunity to play in the shade. When in the sun, they wear sun-protective clothing, applied skin protection, or both. Applied skin protection will be either sunscreen or sun block with UVB and UVA protection of SPF 15 or higher that is applied to exposed skin (only with written parental permission to do so).

When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used, and these are applied only on children older than two months. Staff apply insect repellent no more than once a day and only with written parental permission

CHILD CARE PROGRAM LICENSING

The Keene State College Child Development Center is licensed by the State of New Hampshire. We adhere to, and often exceed, the standards set forth in the New Hampshire Child Care Program Licensing Rules.

All childcare personnel in the State of New Hampshire are legally required to report any suspected abuse or neglect of a child to the Division for Children, Youth and Families at 1-800-894-5533. (See page 14, He-C 4002.5 C of the NH Child Care Program Licensing Rules). Suspecting and reporting abuse is rare and one of the most difficult events that can happen at any center. Please know that should a report be required, it would be kept strictly confidential and every effort would be made to support families, children and teachers.

EMERGENCY EXIT PROCEDURE

The CDC conducts frequent emergency exit practices. Staff reassure children as they talk them through the process of exiting the building safely and gathering outside. We reassure them that they are safe, that it is a practice, and that we will help them. We will also conduct infrequent "Shelter In Place" drills.

The CDC staff, in collaboration with the Campus Safety Office, have developed plans to use for fire drills and/or when the Elliot Hall building alarm sounds. When the occasion is of short duration, children are helped to Rhodes Hall. Rhodes Hall is next to (east) CDC and faces Main Street. The Emergency Exit Procedure is posted near the exits of each classroom. The CDC will inform you when an unusual event has occurred that causes a building evacuation. Knowledge of the event will help you support your child as s/he shares stories and concerns.

If an extended evacuation is necessary, children will be taken to the college library (Mason Library) on the second floor. This area offers large enclosed rooms next to one another and easy access to bathrooms, phones and a kitchen area. CDC staff will notify parents if we are at the library and unable to go back to Elliot. You will be able to pick your child up there (second floor rooms #202, 204, and 205). The Campus Safety Office requests that you do not attempt to reach us by phone at such a time due to congested phone lines. We will call you.

SHELTER IN PLACE PROCEDURE

Emergency scenarios can take a variety of forms. This procedure provides some strategies to employ in certain situations. Because of the variety of scenarios possible, we will be asked to think creatively when a situation arises. A "Shelter-in-Place" procedure might be most useful in the event of an armed attack, or in the event of a toxic spill.

- The Director will call Dispatch to lock the Child Development Center. If the Director is not on-site, the Academic Program Coordinator will make the call. If the Academic Program Coordinator is not on-site, the Office Manager will make the call. If there is no administrator on site, a Facilitating Teacher will make the call. (8-2228)
- Permanent Staff (Facilitating Teachers or Early Childhood Teachers) in every classroom will ensure that the following is accomplished:
  - Pull down shades on all windows
  - Lock doors to classrooms.
  - In the event of a toxic spill, teachers will seal doors and openings with duct tape and plastic.
  - In the event of an attack, children will be asked to sit quietly and will be given quiet activities.
  - Children take "cues" from us, and so it is important that we remain calm.
- If teachers are out on campus with children, they must bring their cell phone with them. Administrators will call them on their cell phone and advise them to seek shelter in the building closest to them.
- Parents may try to access the campus if they hear of an event on the news. One person will be posted near the entrance of the CDC to admit parents. If the situation has stabilized we will release children to their parents according to CDC procedures. If the situation is unstable we will insist that parent and child shelter with us until the event has passed.
- We will conduct "Shelter in Place" Drills quarterly, where children will be asked to sit quietly with quiet activities while a teacher pulls shades and locks doors.

Protocol to contain Pandemic at the Child Development Center

This protocol involves two components. The first is to ensure that program staff and families are taking steps to prohibit the spread of a pandemic through monitoring and good hygiene practices. The second component involves a school closure protocol in the event of a *severe outbreak*.

- Maintain general health and hygiene activities at the CDC. CDC Administration will remind all students and staff of the importance of regular hand-washing and use of alcohol hand gels, no sharing of drinking containers, and coughing/sneezing into the elbow.

- Each morning, all parents/caregivers will assess all family members and especially all school-age children for symptoms as outlined by public health officials for a pandemic.

- Each morning all school faculty and staff should assess themselves for symptoms as outlined by public health officials.

- All students, staff or faculty with symptoms will stay home and not attend school. Students should stay home for 24 hours or as directed by State and Federal Authorities. Sick individuals should remain self-isolated based on DHHS recommendations.

- All students, staff and faculty with probable or confirmed disease should stay out of school for a period directed by authorities even if their symptoms resolve sooner. Students and faculty who are still sick following that period will continue to stay home from school until at least 24 hours after they have completely recovered (or as directed by authorities).

- The Child Development Center will remain vigilant for students and staff with visible signs of possible illness upon arrival at school. Students and staff who appear ill at arrival or become ill at school should be promptly isolated and sent home. Persons who are ill should stay home and not go into the community unless they need medical care.

- As always, situations can be individualized and Keene State College administration may close the Child Development Center at our discretion. Parents may use their judgment regarding the risk and benefits of sending their children to school during an outbreak.

We will follow these protocols for School Closures in the event of a pandemic:

- Temporary School Closures: Temporary closure of the Child Development Center will be strongly considered if a student at the school or facility has a confirmed diagnosis of a disease where there is a severe outbreak or if the student has symptoms and has been exposed to illness from a family member, friend or other person with a confirmed diagnosis during a severe outbreak. *We are not recommending school closure in situations where a child is ill, but does not have a confirmed diagnosis or link to someone with a confirmed diagnosis of illness.*

- Response to Dismissals: If the Child Development Center dismisses students or a if we close, we will also cancel all gatherings and encourage parents and students to avoid congregating outside of the school.

- Duration of Closing: The duration of closings for the CDC will be informed by DHHS recommendations. Keene State College administration will consult with our local and state health departments for guidance on reopening. If no additional confirmed or suspected cases are identified among students (or school-based personnel) for a determined period, we may consider reopening.

IN CLOSING

We look forward to greeting you as we start our school year. Please know that often when a child begins at the CDC, a period of adjustment for the child, the family and the CDC is to be expected. Families are encouraged to support their children in this transition by adjusting schedules, visiting the classroom, and/or allowing extra time at drop-off and pick-up. We know that this separation experience can be difficult for families as well as children. Teachers work with families to make this as smooth a transition as possible. Close communication between families and staff continues throughout the child's enrollment.

Child Development Center
Classroom and Staff Directory

CDC OFFICE:		358-2233
CDC DIRECTOR:	Ellen Edge	358-2232
ACADEMIC PROGRAM COORDINATOR:	Deirdre McPartlin	358-2244
OFFICE MANAGER:	Tara Kavanagh	358-2233

INFANT CLASSROOM 358-2217

TEACHERS:

Sarah Copper-Ellis	358-2216
Stephanie Pilotte	358-2216

TODDLER CLASSROOM 358-2217

TEACHERS:

Peggy Mead	358-2215
Beth Mucci	358-2215

YOUNGER PRESCHOOL CLASSROOM 358-2158

TEACHERS:

Carole Sands	358-2236
Karen Gutierrez	358-2236

OLDER PRESCHOOL CLASSROOM 358-2213

TEACHERS:

Stacey Fortin	358-2214
Carole Russell	358-2214
Stephanie Pratt	358-2218