Keene State College

Child Development Center

Family Handbook
2015-2016
Child Development Center

Calendar 2015-2016

Fall Semester 2015

August 28  Orientation Day for families and children
31     First abbreviated day of school: 9:00 a.m. - 4:00 p.m.

September 1  Second abbreviated day of school: 9:00 a.m. - 4:00 p.m.
2     First full day of school: 7:30 a.m. – 5:30 a.m.
7     CDC closed - Labor Day Holiday (College closed)
16   Family Picnic – 5:00-6:30 p.m. (Rain date 9/17, same time)

October 9   CDC closed - Staff Development Day

November 11  CDC closed - Veteran’s Day Holiday (College closed)
25-27   CDC closed - Thanksgiving Day Holiday (College closed)

December 21  CDC closed – Winter break begins (College closed)

Spring Semester 2016

January 4   CDC programs resume
18   CDC closed – Martin Luther King Holiday (College closed)

February 22  CDC closed – Staff Development Day

March 14-18   CDC closed – Spring Break

May 9     CDC closed – Staff Development Day
30     CDC closed – Memorial Day Holiday (College closed)

June 1   Family Picnic – 5:00-6:30 p.m. (Rain date 6/2, same time)
10     Last day for all CDC programs

The 2015-2016 CDC calendar is configured at 183 days, which include 3 make-up days for likely inclement weather days. Tuition contracts are billed at 180 days.
Welcome

Dear Family,

It is an honor to welcome you to the Keene State College Child Development Center (CDC) community. 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 you and your child!

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

Deirdre McPartlin
Academic Program Coordinator & Associate 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 the family’s perspective is considered when developing 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 use that information to develop plans for program improvement, and identification of 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 Office.

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 accredited 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 or any other matter.
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.

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 – Relationships lay at the foundation of all we do. Research has demonstrated unequivocally that children need strong and trusting relationships with their primary caregivers. Those strong bonds help children to thrive. We value relationships with all members of the CDC community. We form partnerships with families, create open and trusting rapport with all children, and value team work amongst our staff.

- Diversity – we value and respect the multiple perspectives of our families and colleagues. We work to ensure that all are welcome in our community, and that the cultures of our families are reflected in our community. The CDC is a safe and welcoming place for all ideas and all cultural/ethnic backgrounds, and we celebrate our differences, understanding that learning and growth come from understanding each other’s perspectives.

**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 all forms of oppression and foster 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 open 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.

HOLIDAY/CELEBRATION STATEMENT

The CDC community acknowledges the importance of celebrations and rituals in the lives of children. Celebrations build a sense of community and friendship. The CDC provides many times to celebrate as a community throughout the year. These celebrations reflect beginnings and endings, departures and arrivals, and the seasons around us, as these changes are relevant and meaningful to all.

Children enjoy sharing their traditions in the classroom. We appreciate hearing about how each family creates rituals in their homes, and we invite families to share their traditions in the classroom. This provides opportunities for children to experience differences and commonalities between family cultures and traditions.

The staff and families at the CDC choose to focus on individual family cultures and traditions, rather than specific (calendar) holidays. This helps to preserve an environment free from commercialism, which can encourage competition and status ranking. We ask that families discuss with the teachers appropriate ways to share holiday
traditions and items. We believe this fosters respect for differences and cross-cultural understanding, as well as allowing time for developmentally appropriate learning experiences.

We value our relationships and look forward to learning about each other’s traditions and the richness that this sharing will bring to the children’s experience at the Child Development Center.

**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. Our Academic Program Coordinator and Associate Director oversees all placements at the CDC.

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**

  Early Childhood Methods Students complete field work at the Child Development Center each week. Methods students spend four mornings per week in the classroom. They plan learning experiences, 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, Math, 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. 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. Parents are the experts on their children. Research has shown clearly 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, helping to make the Child Development Center 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. Further, when families are involved, the children’s learning experience is deeper and more meaningful. Parent involvement does predict for success at school, and success during the early years does bear upon children’s future educational trajectories.
So being involved makes a difference!

Programs with a high level of parent involvement are also more vibrant. The CDC strives to reflect the community through family involvement within the center, 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:
   
   o Read our newsletters and other correspondence – stay informed!
   o Join our Family Advisory Council (more on the next page)
   o 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.)
   o Come in and read a story to the children, or help with a cooking activity.
   o Come to our events.
   o Volunteer to help when asked.
   o Use our Parent Resource Library
   o There may be some way we haven’t thought of. Please let us know!

GRIEVANCE PROCESS

We consider our work to be in collaboration 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 or respond to 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 their 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. We hope you will 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. Research has demonstrated clearly that it is much easier to address issues early. 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.

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

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

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 be 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.

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 CDC Staff, depending on the family’s wishes, CDC resources and state laws and regulations.

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.
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. If that is the case, staff will be available 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.
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 use 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. We also use the Ages & Stages Questionnaire, a developmental screening tool which provides information about how your child is growing and developing specific to his/her age. 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.

**SOCIAL MEDIA POLICY**

The purpose of this policy is to provide guidelines for the use of social media at the Child Development Center (CDC). The policy provides information and parameters for CDC families, staff members, KSC academic students and student workers, realizing that social media is dynamic and ever-changing, with new tools emerging on almost a daily basis. It is our hope that by providing general guidelines, we can share the mission and vision of the CDC, and celebrate the successes of our community through the use of electronic communications and social media, while ensuring the privacy of children, parents, staff and students.

Social media is the social interaction among people in which they create, share or exchange information, ideas, pictures and videos in virtual communities and networks. Social media technologies take on many different forms including magazines, internet forums, weblogs, social blogs, microblogging, wikis, social networks, podcasts, photographs or pictures, video, rating and social bookmarking. Technologies include but are not limited to blogging, picture-sharing, vlogs, memes, wall-posting, music sharing, crowdsourcing and voice over IP, to name a few (excerpts from Wikipedia, November 2014).

❖ **Common Code of Conduct for Using Social Media**

- First and foremost, do no harm.
- Behavior that is unacceptable in person is unacceptable online.
- Respect and support the confidentiality rights of children, families, students and staff members.
- Get permission and check permission before posting!
- Be transparent in the use of all social media platforms; never misrepresent yourself, anyone else, or the CDC.
- Be factual and make proper attributions; share information that will increase understanding of the CDC program and celebrate good news and successes.
- Represent the mission and philosophy of the CDC in all communications and postings.
- You have the right to know what photos or information about you is being used on any social media platform.

❖ **Information for Families**

It is the choice of each family whether or not they wish to give permission for photos of their child to be used for CDC public relations materials, faculty media recording, CDC and classroom newsletters, the CDC website, websites of other organizations, Keene State College publications, local newspaper articles, presentations, artwork at KSC, and classroom directories. These choices are made annually when parents complete the photo permission form. Specific requests for permission are also made as needed for items that do not fall into one of the categories above.
In order to respect the right to privacy, we ask that parents attending CDC events at which other children and families are present please be mindful that any photos or video clips taken that include other children/parents should not be shared, or posted on social media platforms, without the explicit consent of those included.

❖ Information for Staff

Remember that the CDC website and any newsletters generated and distributed by the center or individual classrooms are extensions of our program; therefore, professional boundaries, behavior and language should be maintained at all times.

Staff members using social media in a personal capacity need to be aware of professional boundaries at all times, as what is posted and shared can impact how we are viewed by families and the larger KSC community.

Personal social media platforms should not be used as a primary means of communicating with CDC families; KSC email, the CDC website, paper and verbal communication are available for this purpose.

❖ Information for Students

Be constantly aware of the importance of remaining professional when posting on Facebook, Twitter, Instagram and other social media sites, as parents and staff at the CDC may see your postings.

Under no circumstance may you post video, audio or photos of CDC staff, children or families on any social media platform. You may not disclose children’s, families, or teachers’ names or describe them on social media.

Cell phones are not to be used while working in the classrooms. Additionally, electronic media such as MP3 players and texting devices are not in be in use while you are working at the CDC, as we require your full focus to be on your work for the safety of all.

When writing for college assignments, academic students must use a pseudonym or initials instead of the child’s or adult’s name. Students may not identify a child in a photograph. Photographs and recordings are taken by KSC college students under the direct supervision of the permanent staff and only CDC equipment is used. Under no circumstance may a photo, video or audio record be taken with a cell phone and/or used in social media. Individual parental permission is granted for photo, video and audio recording. All students must follow the CDC protocol for photographing children.
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:

- Informal play on the play-yard.
- All school events, which often involve music.
- 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.

❖ 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.

❖ End-of-Year Transitions

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.

**POLICY FOR KINDERGARTEN-AGED CHILDREN (AND OLDER)**

Sometimes families request that their children remain with us for an additional year, even though they are age-eligible for kindergarten. We discourage this practice for the following reasons:

- The Child Development Center recognizes that children have a wide-range of developmental ability. We expect that any kindergarten program should be able to accommodate typically developing children who are age-eligible for their program. Rather than “ready” children, we believe schools should be “ready” for all developmental abilities that are normal for this early stage of development.

- Because our preschool classrooms are “multi-aged” with children ranging in age from 2.9 to 5, adding a child who is of kindergarten age would stretch that range even farther. Teachers would need to redesign curriculum to assure that all developmental needs are met.

- A child staying an additional year may not have peers of his/her own age to engage with.

- Children develop very quickly, and a child who may not seem ready in February or March, may seem VERY ready by September of the following year.

Having stated our reasons for discouraging this type of arrangement, we understand that individual children will present us with unique needs. For this reason, we will entertain requests that fall within the following parameters:

- If the placement is indicated through the development of an Individual Education Plan with the appropriate school system.
If, through the shared review of the child’s assessment records between parent and teacher, this plan seems to serve the best interests of the child.

Should we agree to such a placement, we caution parents regarding the following:

- We are NOT a kindergarten, and **no child should transition from our preschool classroom directly to a First Grade classroom.** Such a transition would most likely be detrimental to a child’s school success.

- If your home-school has a half-day kindergarten program, and you opt to keep your child in a pre-k classroom for an extra year, there is a chance that the school will insist on placing your child in a first grade classroom when you enroll your child at age six. The public schools must provide compulsory full-day education to children ages six and older, and if they only have a half-day kindergarten, their only choice is to place your child in their first grade classroom.

- Some public school early intervention programs will not provide services on-site to children placed here for an extra year. For example, the Community Preschool Team, which serves SAU 29, would not provide services for that child. Rather, the services would be provided by the elementary school staff at that child’s “home school” and that child would need to be transported in order to receive services. Parents would need to provide that transportation.

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**Excerpt from NAEYC’s position statement on School Readiness:**

*Kindergarten entry should be based on chronological age, not on mastery of skills.*

*Children are ready to enter kindergarten when they reach the legal chronological age of entry. The use of readiness tests to exclude children from school or to make other high-stakes decisions is indefensible.*

*Raising the legal entry age or voluntarily holding children back from kindergarten will not ensure that more children are ready for kindergarten.* Little evidence exists that older children are more successful in kindergarten. Raising the entry age also leaves many children with no access to high-quality early education in the year before kindergarten. Hoping to promote kindergarten readiness, families may decide to hold children out of school for a year; in general, holding children out of school has not been found to predict better social or academic outcomes.

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**COLD WEATHER POLICY**

Temperature and wind chill are two factors that determine the safety of children being outdoors during winter months. The temperature can actually be quite cold and still be conducive to outdoor play, while wind chill tends to be the factor that makes outdoor play dangerous. The cold, blowing air quickly gets into children's apparel, regardless of their level of activity, and puts them at risk of frostbite. Therefore, our policy at the Child Development Center is that any day when the wind chill factor is 12 degrees or below
(even though the air temperature might be warmer), children will not go outdoors. We will use the National Weather Service throughout the day to make a determination.

Outdoor temperature is a different situation. It can be twelve degrees, perfectly dry with no wind chill factor and be safe and healthy for children to be running around outdoors for a few minutes. The key here is that children be ACTIVE and appropriately dressed for the cold. For children who are not mobile or have special health considerations, this policy would be modified at the discretion of the classroom teacher. Therefore, our policy is that any day when the temperature is twelve degrees or higher (with a wind chill factor of 12 degrees or higher), children can be actively playing outdoors dressed in appropriate apparel for an appropriate length of time.

Another factor in determining outdoor activity is clothing. Coats, jackets, mittens, scarves, snow pants, warm socks and a hat are essential for conserving body heat in cold weather. At the first sign of chilling or shivering, a child should go indoors.

**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 council was established in the spring of 2007, and it is comprised of families of
children in the CDC. Council members have the opportunity to learn about day-to-day news specific to the CDC, to give input to policies and procedures, to make plans that will enhance our program, and more. The parent perspective is critical to our work, and this group is the key mechanism that actively supports the voice of families. This council recognizes the mission of the program, and provides feedback that supports the mission and adherence to college policies and procedures. Further, the council observes 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 decides on a yearly basis the activities they will engage in, and these are driven by the current needs of the program.

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 Green or Blue 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.

- 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, or the last week of the program year. 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.
- Your child must be absent during the current semester before she or he can make up a day.
- Make-up days do not roll over from one semester to the next, or from one year to the next.
- 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, to attend conferences, and to bring consultants in to provide the CDC staff with on-site professional development.

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). Parents can also elect to sign on to the college’s Emergency Notification System. This is an automated system which will call or email participants with news of any KSC closure or other emergency. If you would like to receive notifications, go to the following link:
Enter the required information (when they ask for the building, enter “Elliot”). We will also post information on our phone mail regarding closings, so please feel free to call our main number as another way of learning about closures. 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.

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 email or by a notice in mailboxes (parents let us know if they prefer electronic or paper correspondence). Notifying parents is meant to create awareness, not alarm. Detailed information about specific diseases will also be made available.

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 on 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._
- **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 or more of the following conditions exist:
  
  o The illness prevents the child from participating comfortably in facility activities, as determined by CDC Staff  
  o 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  
  o The child has any of the following Contagious Conditions: (See Chart A)  
  o 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.

<table>
<thead>
<tr>
<th>Chart A</th>
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</thead>
<tbody>
<tr>
<td><strong>Child Exclusions/Dismissals</strong></td>
</tr>
<tr>
<td>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°F), rectal (102°F), axillary (100°F)</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>Child Exclusions/Dismissals</td>
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<td>-------------------------------------------------------------------------------------------</td>
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<tr>
<td>evaluation finds the child able to be included at the facility</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>Blood in stools not explainable by a dietary change, medication, or hard stools</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms</td>
</tr>
<tr>
<td>Varicella-Zoster (Chicken pox), until all sores have dried and crusted (usually 6 days after onset of rash)</td>
</tr>
<tr>
<td>Measles (until 4 days after onset of rash)</td>
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<tr>
<td>Rubella (until 6 days after onset of rash)</td>
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<tr>
<td>Mumps (until 9 days after onset of parotid gland swelling)</td>
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<tr>
<td>Pertussis (until 5 days of appropriate antibiotic treatment, currently erythromycin, which is given for 14 consecutive days)</td>
</tr>
<tr>
<td>Mouth sores with drooling, unless as health care provider or health department official determines that the child is noninfectious</td>
</tr>
<tr>
<td>Rash with fever or behavior change until a health care provider determines that these symptoms do not indicate a communicable disease</td>
</tr>
<tr>
<td>Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge). Health Care practitioners in the</td>
</tr>
</tbody>
</table>

Chart A
### Chart A

<table>
<thead>
<tr>
<th>Child Exclusions/Dismissals</th>
<th>Staff Exclusions/Dismissal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monadnock Region often will not treat conjunctivitis, because it is typically viral. However, purulent conjunctivitis remains uncomfortable for the child and highly contagious and we request that the child be excluded until the symptoms have abated.</td>
<td>and including eye pain or redness of the eyelids or skin surrounding the eye, until 24 hours after initial treatment</td>
</tr>
<tr>
<td>Pediculosis (head lice), from the end of the day of discovery until after the first treatment</td>
<td>Head lice, from the end of the day of discovery until after the treatment</td>
</tr>
<tr>
<td>Scabies, until after treatment has been completed.</td>
<td>Scabies, until after treatment has been completed.</td>
</tr>
<tr>
<td>Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care.</td>
<td>Tuberculosis, until noninfectious and cleared by a health department official.</td>
</tr>
<tr>
<td>Impetigo (until 24 hours after initial treatment)</td>
<td>Skin infections (e.g. impetigo) (until 24 hours after initial treatment)</td>
</tr>
<tr>
<td>Strep Throat or other streptococcal infection, (until 24 hours after initial antibiotic treatment and cessation of fever)</td>
<td>Strep throat or other streptococcal infection, (until 24 hours after initial antibiotic treatment and end of fever)</td>
</tr>
<tr>
<td>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</td>
<td>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)</td>
</tr>
<tr>
<td>Shingles (herpes zoster).</td>
<td>Shingles (only if the lesions cannot be covered by covered by clothing or a dressing until crusted over</td>
</tr>
<tr>
<td>Herpes simplex</td>
<td>Meningococcal infection, until all staff members for whom antibiotic prophylaxis has been recommended, have been treated.</td>
</tr>
</tbody>
</table>

### PLAN FOR ADMINISTRATION OF MEDICINE

- **Prescription Medication** - Prescription medication must be brought to school in its original container and shall legibly display the following information:
  - The child’s name;
  - The medication name, strength, the prescribed dose and method of administration;
  - The frequency of administration;
  - The indications for usage of all medications to be used as needed; and
  - The dated signature licensed health care practitioner for orders other than the prescription label.
• The 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 side effects from medication and document the administration of each dose by the time and amount given.

• Medications must have child-resistant caps.

• Medications shall not be used beyond the date of expiration.

• Medication orders shall be valid for no more than one year.

❖ PRN (as needed) Medications - Medication orders from licensed health care practitioner regarding any medication that is to be administered PRN (as needed) shall include:

  • The indications and any special precautions or limitations regarding administration of the medication;
  • The maximum dosage allowed in a 24-hour period;
  • The dated signature of the parent for topical substances or non-prescription medication; and
  • For other than the prescription label, the dated signature of the licensed health care practitioner for prescription medication.
  • All physician medication samples shall legibly display the information described in above.
  • For administration of a PRN, documentation shall also include the reason for administration.
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

* We understand this is inconvenient for families. However, our first priority is to assure that children are healthy and physically well enough to be at school when here. Over-the-counter medications are best known for masking symptoms. Our priority is to assure that all our children are protected from communicable illness, and one important way is for sick children to stay at home. For this reason we do request that families take the additional step of procuring a doctor’s note.

Topical ointments and sprays - Topical ointments and sprays include, but are not limited to petroleum jelly, sunscreen, bug spray, diaper ointments, 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 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.
- All prescription medication, non-prescription medication, and topical substances shall be kept in their original containers or pharmacy packaging. They must also all be properly closed after each use.
In the case of a medication being discontinued, it must be sent home with the parent to be disposed of. In addition, the discontinuation of the medication must be documented.

- If a pain relieving medication is administered, the person giving the medication must check with the child a half hour later in order to see if the pain medication has been affective using a pain scale. The result must be documented.

- All medications should be stored in a locked box or in a locked box in a refrigerator out of reach of children.

**Medication Incidents:**

- In the event of a medication error in the administration of medication, the CDC director or designee shall notify the child’s parents immediately.

- In the event of a medication error in the documentation of the administration of medication, the CDC Director or designee shall notify the child’s parents by the end of the day in which the error occurred.

**Poison control:** 1-800-222-1222

- Must have child’s weight, prescription information, and parental contact information on hand.

**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.

**INFANT SLEEP**

Providing infants with a safe place to grow and learn is very important. For this reason, the Child Development Center has created a policy on safe sleep practices for infants up to 1-year-old. We follow the most current, 2011, expanded infant safe sleep recommendations of the American Academy of Pediatrics (AAP) [http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284.full.pdf+html] and the Consumer Product Safety Commission to provide a safe sleep environment and reduce the risk of sudden infant death syndrome (SIDS). SIDS is
“the sudden death of an infant under 1 year of age, which remains unexplained after thorough investigation.” Infants will be put to sleep in separate, clean, sanitized cribs that meet Federal Crib Safety Standards denoted in the 2012 US Product Safety Commission Full-Size Baby Crib and Non Full-Size Baby Crib Regulation. [http://www.cpsc.gov/PageFiles/113345/5023.pdf](http://www.cpsc.gov/PageFiles/113345/5023.pdf)

In addition the CDC also follows the New Hampshire Code of Administrative Rules regarding 72He-C 4002.23 Rest and Sleep.

**Sleep Position:**

- Infants will be placed flat on their backs to sleep every time unless there is a physician, practitioner or clinician signed sleep position medical waiver up to date on file. In the case of a waiver, a waiver notice will be posted at the infant’s crib without identifying medical information. The full waiver will be kept in the infant’s file.
- While infants will always be placed on their backs to sleep, when an infant can easily turn over from back to front and front to back, they can remain in whatever position they prefer to sleep.
- Devices such as wedges or infant positioners will not be used since such devices are not proven to reduce the risk of SIDS.
- Infants who use pacifiers will be offered their pacifier when they are placed to sleep, and it will not be put back in should the pacifier fall out once they fall asleep.

**Sleep Environment:**

- Our program will use Consumer Product Safety Commission guidelines for safety-approved cribs and firm mattresses.
- Crib slats will be less than 2 3/8” apart.
- Infants will not be placed to sleep on any standard bed, waterbeds, couches, air mattresses, or on other soft surfaces.
- Only one infant will be placed to sleep in each crib. Siblings, including twins and triplets, will be placed in separate cribs.
- The crib will have a firm tight fitting mattress covered by a fitted sheet and will be free from blankets, loose bedding, toys, and other soft objects (i.e., pillows, quilts, comforters, sheepskins, stuffed toys, etc.)
- To avoid overheating, the temperature of the rooms where infants sleep will be checked and will be kept at a level that is comfortable for a lightly clothed adult.
- Sleep clothing, such as sleepers, sleep sacks, and wearable blankets, may be used as alternatives to blankets.
- Bibs and pacifiers will not be tied around an infant’s neck or clipped on to an infant’s clothing during sleep.
- Smoking will not be allowed in or near Child Development Center.

**Supervision:**

- A staff member will visibly check on sleeping infants every 5 minutes.
- In addition a baby monitor is used to listen for stirring infants.
Training:
- Safe sleep practices will be reviewed with all staff, substitute staff, and students each year. In addition, training specific to these policies will be given before any individual is allowed to care for infants.
- Documentation that staff, substitutes, and volunteers have read and understand these policies will be kept on file.

Communication Plan for Staff and Parents - Parents will review this policy when they enroll their child at the CDC and a copy will be provided in the parent handbook. Parents are asked to follow this same policy when the infant is at home. These policies will be posted in prominent places. Information regarding safe sleep practices, safe sleep environments, reducing the risk of SIDS in child care as well as other program health and safety practices will be shared if any changes are made. A copy will also be provided in the staff handbook.

SUPERVISION OF YOUNG CHILDREN

Our first priority is to keep all children safe at the Child Development Center, and the basic means for accomplishing this is through vigilant supervision. Children at the CDC must be supervised at all times. Teachers observe the following guidelines regarding supervision of children:

Teaching staff will supervise by positioning themselves to see as many children as possible.

- Teachers and Students are aware of, and positioned so they can hear and see, any sleeping children for whom they are responsible, especially when they are actively engaged with children who are awake.
- Teachers supervise children primarily by sight. Supervision for short intervals by sound is permissible, as long as teachers check frequently on children who are out of sight (e.g., those who can use the toilet independently, who are in a library area, or who are napping).
- When going outside, teachers will regularly conduct “head-counts” to ensure that all children are present.
- Teaching staff will supervise infants and toddlers by sight and sound at all times.

Children must be supervised by CDC permanent staff; they may not be left alone with student workers.

- Under the following circumstances, student workers may:
  - Walk a child to or from the playground to the classroom or bathroom where a CDC staff member is present.
  - Walk a child to or from any room within the CDC where a CDC staff member is present.
  - Supervise napping children (where all children are asleep and a CDC staff person is present in the classroom).
• Student workers who have been designated as “Associate Teacher” by CDC administration in accordance with NH Child Care Licensing regulations may be left alone with children.

CLASSROOM PET GUIDELINES

❖ Bringing and keeping a pet
To provide children with learning experiences relating to the care of animals and the responsibilities of owning a pet, the CDC will allow visits and may have pets residing in the classroom. To this end, students, staff and families may bring or keep animals to a CDC classroom with the permission of the CDC director.

❖ Cleanliness, Hygiene and Safety
Pets must appear to be in good health and 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.

CDC staff will ensure that the presence of pets in the program does not present a hazard to the children for reasons of physical or emotional health (allergies, fears). 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).

When there are pets in the program, the CDC will ensure that:

• Dogs and cats have a current vaccination for rabies;
• Pets and their living quarters are not allowed on food preparation surfaces or food service surfaces;
• Litter boxes are not kept in food preparation or food service areas or in areas where children play;
• Children are not exposed to animal feces or urine either indoors or outdoors;
• Pets which are known to pose a health or safety risk to children are not permitted in rooms used by children and are not accessible to children;
• Pets that have been determined by the NH Department of Health and Human Services to pose a health or safety risk to children shall include, but are not limited to, the following:
  o Bats;
  o Turtles;
  o Tortoises;
  o Snakes;
  o Other lizards or reptiles;
  o Hedgehogs;
  o Parakeets; and
  o Parrots and parrot-like birds; and
The only exceptions to the above list shall be for a visiting animal show, provided that:

- Children wash their hands immediately after handling any animals; and
- Once animals leave, all surfaces which animals came into contact with are cleaned and sanitized immediately

Safety and hygiene will be addressed with children as part of our pet-care curriculum. Animal cages or tanks will be cleaned thoroughly and on a regular basis.

Follow the KSC Pet Policy for additional guidance.

**NUTRITION AND ALLERGY 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.*

<table>
<thead>
<tr>
<th>Child Meal Pattern</th>
<th>Lunch or Supper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Components</td>
<td>Ages 1-2</td>
</tr>
<tr>
<td>1 milk fluid milk</td>
<td>1/2 cup</td>
</tr>
<tr>
<td></td>
<td>1/4 cup</td>
</tr>
<tr>
<td>----------------</td>
<td>---------</td>
</tr>
<tr>
<td><strong>2 fruits/vegetables</strong></td>
<td></td>
</tr>
<tr>
<td>fruit or vegetable</td>
<td></td>
</tr>
<tr>
<td>juice, fruit and/or vegetable</td>
<td></td>
</tr>
<tr>
<td><strong>1 grains/bread</strong></td>
<td></td>
</tr>
<tr>
<td>bread or</td>
<td></td>
</tr>
<tr>
<td>cornbread or biscuit or roll or muffin or</td>
<td></td>
</tr>
<tr>
<td>cold dry cereal or</td>
<td></td>
</tr>
<tr>
<td>hot cooked cereal or</td>
<td></td>
</tr>
<tr>
<td>pasta or noodles or grains</td>
<td></td>
</tr>
<tr>
<td><strong>1 meat/meat alternate</strong></td>
<td></td>
</tr>
<tr>
<td>meat or poultry or fish</td>
<td></td>
</tr>
<tr>
<td>alternate protein product or</td>
<td></td>
</tr>
<tr>
<td>cheese or</td>
<td></td>
</tr>
<tr>
<td>egg or</td>
<td></td>
</tr>
<tr>
<td>cooked dry beans or peas or</td>
<td></td>
</tr>
<tr>
<td>peanut or other nut or seed butters or</td>
<td></td>
</tr>
<tr>
<td>nuts and/or seeds</td>
<td></td>
</tr>
<tr>
<td>yogurt</td>
<td></td>
</tr>
</tbody>
</table>

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 be whole-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. Below is a “Food Components Suggestion Table” which offers suggestions for lunch items. 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, and 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.
BREASTFEEDING FRIENDLY POLICY

Breastfeeding is widely acknowledged to be the best way to nourish infants and benefits babies, their mothers, and the community in many ways. The CDC recognizes the role that the child care providers play in helping mothers continue to breastfeed while their infants are in care and is committed to fully supporting breastfeeding mothers and their infants in the following ways:

- We welcome mothers to nurse their babies or express milk at our center at any time during the day and provide them with a private space to do so. Our nursing space is located in the Infant Classroom, and is equipped with a curtain to assure completely privacy. Nursing can also be accomplished in our Staff Room, but there may be interruptions.
- We work with mothers to maximize opportunities for nursing babies at drop-off and pick up times.
- We provide refrigerator and freezer space for storing breast milk.
- We educate families in the correct handling of human milk, including proper storage times, thawing and warming techniques, and food safety, using recommendations from the Academy of Breastfeeding Medicine.
- We train staff to feed breastfed babies appropriately – infants are held while fed and feedings are paced, led by the infant, and never rushed.
- We work with parents to create individual feeding plans for each infant, and continue to consult with parents to update feeding plans on a regular basis.
- We feed infants on demand based on their hunger and satiety cues.
- We support exclusively breastfed infants and will not offer any other foods without written permission from the parents.
- We provide parents with resources and information about breastfeeding and breastfeeding support organizations, including the Breastfeeding Resource Guide: For the Monadnock Region and Beyond, which is located on the parent table in the lobby of the CDC.
- We offer referrals to organizations or experts for breastfeeding support, if desired.
- We train staff to support breastfeeding mothers and encourage continuing education in breastfeeding related topics.
- We strive to normalize breastfeeding for children and families through the use of pictures, books, toys and educational materials.
- We promote breastfeeding as the optimal way to feed babies with all families and provide education on the benefits of breastfeeding and the importance of exclusive breastfeeding to parents.
- We support our breastfeeding employees by providing reasonable break times for nursing or expressing milk as well as a private space in which to do so.
- We communicate this breastfeeding friendly policy with all staff, enrolled families, and prospective families.
COLD, HEAT, SUN INJURY AND INSECT-BORNE 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 PROCEDURES

- Emergency Procedure Overview - The CDC conducts monthly emergency exit practices (i.e. fire drills), as well as “shelter-in-place” drills and a “lock-down” drills (each take place twice a year). Staff reassure the children that they are safe, that it is a practice, and that we will help them.

The CDC director, in collaboration with the Campus Safety Office, have developed these plans according to current best-practices. For fire drills, when the occasion is of short duration, children are evacuated to Rhodes Hall. Rhodes Hall is next to CDC and faces Main Street. The Emergency Exit Procedure is posted near the exits of each classroom. Families are to be informed in the daily notes about a building evacuation. Knowledge of the event will help them support their children 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.
A note about lock-down drills - The CDC Director and Campus Safety Director surveyed the facility, and located two areas with optimal features: a) no line of sight from the exterior of the building; and b) more than one egress allowing for more than one escape route. Therefore, for preschoolers, we require that the children congregate in the CDC hallway nearest the Physical Plant Department’s hallway. Infants and toddlers will congregate in the nap-room and nursing area. All staff will be in these safe spaces with the children, and there will be no staff-person available to allow access to the CDC. Therefore, if you hear news of a lock-down on campus, please do not go to the CDC until the campus has been deemed secure. The CDC will be locked and entry will not be possible. As soon as we are able, we will communicate with you, as will the college through their emergency notification system. Please make sure that you are signed up for the emergency notification system.

Shelter in Place Procedure - Shelter-in-place means to seek an immediate, temporary shelter inside a building. Shelter-in-place may be necessary where there has been a release of toxic chemicals to the outside air or other emergency where the escape route may not be safely secured.

- 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. Cell phones should be programmed to receive campus emergency notifications.
- Parents may try to access the campus if they hear of an event on the news. However, they must stay away from the CDC until the area is deemed safe. If the situation has stabilized we will release children to their parents according to CDC procedures. If we already have parents with us, and 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” and “Lock-Down” Drills quarterly.

Lock-Down Procedure - A lock-down action may be required during an actual or potential threat outside of the campus of specific buildings or areas. Campus safety or other officials will order and announce “lock-down” procedures.

  - Basic Lock Down Procedures:
    - Clear hallways, restrooms and other rooms that cannot be secured.
    - Lock all classroom doors and windows and pull down shades.
    - Move people away from windows and doors. Turn off lights.
- Keep out of sight. Take cover behind a solid object, if possible.
- DO NOT respond to anyone at the door until the “all clear” is announced.
- Remain in place until the police or other official gives the “all clear”.

  - Lock-Down at the CDC Specifics:
    - Preschool children should shelter in the hallway outside of Green Preschool, beyond the kitchen and into the Physical Plant Hallway. The beneficial features of this area is that a) it is out of sightline from any exterior window; and b) there are two areas of escape. Children should wait there with adults until the “all clear” is given.
    - Infants and Toddlers should shelter in the nursing and napping area of the infant classroom (with the curtain drawn). The benefits of these areas are: a) out of sight-line of any exterior window; and b) there is an escape route through the infant nap room into the infant teacher’s office.
    - Administrators will lock front door using allen wrench to “pop” crash bar.
    - Teachers will have “go-bags” prepared so as to occupy children while in the hallways.

**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 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 Ellsberg Edge 358-2232

ACADEMIC PROGRAM COORDINATOR & ASSOCIATE DIRECTOR: Deirdre McPartlin 358-2244

OFFICE MANAGER: Tara Kavanagh 358-2233

INFANT CLASSROOM 358-2217

TEACHERS:
Janet Richards 358-2216
Beth Mucci 358-2215

TODDLER CLASSROOM 358-2217

TEACHERS:
Peggy Mead 358-2216
Stephanie Quail 358-2215

GREEN PRESCHOOL CLASSROOM 358-2158

TEACHERS:
Karen Gutierrez 358-2218
Mackenzie Royce 358-2214

BLUE PRESCHOOL CLASSROOM 358-2213

TEACHERS:
Stacey Fortin 358-2214
Jackie Beaudry 358-2218
Heather Lounsbury 358-2236