



Wisdom to make a difference.

Keene State College
Child Development Center



Family Handbook
2022-2023

Welcome

Dear Family,

On behalf of the entire CDC staff, we welcome you to the Child Development Center at Keene State College! We look forward to building a warm and lasting relationship with you and your child.

This handbook is for current families and contains information that will help you understand our philosophy and operating procedures. It is important for you to take time to read it carefully and use as a reference this year.

We look forward to greeting you as we start our 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 may be difficult for families as well as children. Teachers work with families to make this as smooth a transition as possible.

We welcome your participation in our program and invite your questions and comments. You are welcome visit your child's classroom or the CDC office at any time.

Sincerely,

Deirdre McPartlin
Director

Stacey Fortin
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 about our operations. We also consult with the CDC 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, so you will have an opportunity to give formal feedback about your experience at that time as well. We use that information to develop plans for program improvement and identify short and long-term goals.

Notwithstanding our internal decision-making processes, we must observe Keene State College operating procedures and policies. We report to the Dean of the School of Arts, Education, and Humanities, the Provost and Vice President of Academic Affairs, and the Finance and Administration 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. There are 51 children at CDC each day.

The Child Development Center is licensed by the State of New Hampshire Department of Health and Human Services, adhering to *Licensed Plus* standards set forth in the New Hampshire Child Development Bureau. Each classroom and the office have a copy of the NH Licensing Rules if you wish to read them. They are also at <https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/he-c4002.pdf>.

In addition, we observe standards set by the National Association for the Education of Young Children (NAEYC), even though we are not accredited. You can view NAEYC standards and learn more about our professional organization at www.naeyc.org. There are family resources on the NAEYC website you might find helpful.

Families are responsible for knowing the 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.

VISION STATEMENT

Every child is a capable individual with unique qualities deserving of our respect. Our professional role is to build respectful and trusting relationships with families and children that will serve as a foundation on which children are secure.

The trusting and supportive relationships among administrators, teachers, families, children, and students form the strong foundation of our community. As we strive for continuity among home, center, and society, we recognize and accept the ways in which each act upon the other. We hold the work of supporting children's participation in our community in the highest regard. We are all learning together to be caring, creative and contributing individuals and consider this learning process to be lifelong.

MISSION STATEMENT

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:

1. 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.
2. Offer nurturing environments where young children are respected as capable individuals, and where they are encouraged to experience the joy of discovery.
3. Partner with families to foster home and center continuity in order to support each child's well-being.
4. 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 STATEMENT

The Child Development Center's (CDC) early childhood classrooms are modeled on Developmentally Appropriate Practices as defined by the National Association for the Education of Young Children (NAEYC). We focus on the needs of the whole child -- physical, social, emotional, cognitive, and creative. Children learn as they observe, play, and participate in a wide range of child-centered activities. The CDC is staffed by experienced Early Childhood Professionals who guide the learning of young children and of college students throughout the day.

The Child Development Center offers undergraduate and graduate students supervised experiences in the education and care of infants, toddlers, and preschool children. With the support of the CDC's professional staff, these preservice teachers build practical skills in observation of child development, curriculum planning and implementation, and child guidance as they are studying relevant theoretical material in their academic courses. Early Childhood Education faculty and CDC staff members teach education courses. The Teacher Education program follows NAEYC guidelines for Early Childhood Teacher Preparation.

The Child Development Center and the Early Childhood Education academic program are committed to expanding understanding of individual and family diversity. Curriculum designed to introduce multiple perspectives, is integrated in the CDC classrooms and in the academic courses. Children and college students learn to think critically, to solve problems, to express ideas using varied media, and to respect difference while understanding commonality. Research in multicultural curriculum development and the inclusion of children with special needs is ongoing.

Family involvement and communication is integral to our program. Excellent early childhood education is provided when families and teachers are committed to a team approach. Likewise, college students are fully supported as members of the teaching team. Relationships among families and teachers (including Student Teachers) develop through informal conversations, regular conferences, parent education programming, and family social activities.

The Child Development Center staff and the Early Childhood Education faculty function as a team, developing best practices for college students, young children, and their families through a collaborative model of program development and maintenance. Each individual is equally committed to personal and professional growth, for her/him/them self, for colleagues, for college students, for children and for families.

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 that 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 family 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 their child's 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 Educator Preparation 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 include a cooperating teacher and early childhood teacher. The cooperating teacher is responsible for mentoring and evaluating the academic students and the early childhood teacher hires and supervises the student employees.

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.

Your role in the education of our students is important. 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 at the end of their full time 14-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 course assignments. Student Teachers may have access to children's records under the direct guidance of the supervising teachers. This includes background information, home visit records, medical information, special education documentation, and family conferences.

❖ **Practicum Students**

Early Childhood Practicum Students complete field work at the Child Development Center during their 14-week placement. Practicum 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 various course assignments related to their placement.

❖ **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 majors we have served in the past are Education, Public Health-Nutrition, Music, Psychology and Physical Education. 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 director in consultation with the CDC staff. Parental/guardian permission is required when projects are carried out with individual children.

❖ **Child Care Assistants and Kitchen/Office Assistants:**

Many KSC students choose to work at the CDC for their Federal Work Study job, which is part of their financial aid award. These students are hired to assist throughout the day. We strive for consistency for children as we schedule student staff. CDC staff train and supervise these students and students are expected to maintain a professional attitude throughout the duration of their scheduled participation.

Student employees, practicum students, student teachers and interns have a current background check, health record and contact information on file.

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 and observers** are required to sign a statement of confidentiality. This statement requires that students refrain from discussing children and families outside the CDC or using any identifying information in journal entries, observations, reports, or documentation for course assignments. Additionally, we require academic students to receive permission from supervising teachers for all photography. These photos are used for classroom displays, course documentation and CDC portfolios. Students do not use identifying information in photo documentation.

Under the leadership of the CDC director, associate director, early childhood teachers and EDUC faculty, our students participate in the practical nature of the early childhood education field.

FAMILY ENGAGEMENT

We place great emphasis on family involvement at the Child Development Center. We believe parents are the first teachers in their child's life and are experts on their child. Research has shown that children are more successful when their parents/guardians are involved in their children's early childhood programs. Centers thrive where there is an active and involved parent body. Children often are aware of this involvement. It helps them to feel safer and makes 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. Parent involvement does predict 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, 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.

Ways for families to participate:

- Read our newsletters and other correspondence – stay informed!
- Join our Family Advisory Council (see more below).
- Visit our classrooms and share special interests or talents with the children (some parents have given baby siblings a bath during our group time, showed us how to tap trees for maple sugar, played musical instruments, etc.).
- Come in and read a story to the children or help with a cooking activity.
- Come to our events (CDC Annual Picnic, guest speakers, and classroom events).
- Volunteer to help when asked (Annual Book Swop, Teacher and Student Appreciation).
- Use our Parent Resource Library (located in the main entryway).
- Help us with our garden and outdoor learning environment.
- Organize a family social activity.
- There may be some way we have not thought of, so please let us know!

FAMILY ADVISORY COUNCIL

The Family Advisory Council (FAC), established in the spring of 2007, is comprised of families of children in the CDC. FAC members have the opportunity to learn about day-to-day news specific to the CDC, to give input to policies and procedures and to make plans that will enhance our program. The parent perspective is critical to our work and this group is the key mechanism that actively supports the voice of families. The FAC recognizes the mission of the program and provides feedback that supports the mission and adherence to college policies and procedures. Further, the FAC observes NH Child Care Licensing Rules and the National Association for the Education of Young Children Accreditation Standards. While the FAC 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 any programmatic changes are made. The FAC decides on a yearly basis the activities they will engage in based by the current needs of the program.

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 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 when parents complete the *Permission to Use Documentation* form. Specific requests for permission are also made as needed for items that do not fall into one of the categories above.

To respect the right to privacy, we ask that parents attending CDC events at which other children and families are present to 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. If children, other than your own, are in photo, please refrain from posting unless you have permission.

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 to 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.

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 a 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 teachers 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.

Similarly, it is important that you feel comfortable approaching CDC's administrative team. Should you find yourself experiencing a challenging interaction with a CDC administrative team member, we encourage you to first approach that individual to let them know. If you find that the interaction doesn't help to address your concern, your next step would be to approach their supervisor. In the case of our administrative team, the Director acts as supervisor to the other CDC administrators. If your concern is with the Director, your next step would be to bring your concern to the Dean of the School of Art, Education, and Humanities.

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.

CURRICULUM PHILOSOPHY

We believe 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 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. We follow the *NH Early Learning Standards*, an early childhood state resource about children's development. We recognize 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 the center 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 teamwork amongst our staff and college students.
- ❖ 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 and ethnic backgrounds. We celebrate our differences, understanding that learning and growth come from understanding each other's perspectives.

LEARNING MATERIALS, TOYS, AND EQUIPMENT

We observe New Hampshire Licensing Rules regarding the use of materials and equipment, which state:

He-C 4002.22

(e)- Child care personnel shall not allow children younger than 3 years of age to have access to toys, toy parts and other materials which pose a choking risk or are small enough to be swallowed, such as, but not limited to, coins, balloons, or exposed foam padding.

*(f) The only exception to (e) above shall be that children younger than 3 years may use materials with small parts during a teacher-directed activity and under **direct supervision** by child care personnel.*

(g) Child care personnel shall closely supervise children age 3 years or older who, due to their development level or medical condition are likely to put objects in their mouths, when they have access to the items noted in (e) above.

The staff at the Child Development Center understand that materials play a critical role with respect to curriculum development and environmental design within the area of early education and care.

- We recognize that young children engage in concrete exploration of the world around them through exploration of materials and that varied materials provide different benefits with respect to development.
- We individualize curriculum for each child based on our assessment of their development, understanding that children's development is unique to each child, and that different children develop at different rates across developmental domains.
- Materials are an important way teachers respond to children's developmental needs, abilities, and interests.
- Because materials play such an important role with respect to curriculum, the environment is often described as the "third teacher".

Safety Is Our First Priority - When teachers make determinations about materials they introduce into the classroom environment, safety and health considerations must be considered. Where materials fail to meet industry standards for safety for their group (infant, toddler, and preschool), the teacher must either exclude that object or material from the classroom or develop a plan for supervised use of that material. For example, objects that are smaller than 1.25 inches in diameter and between 1 and

2.25 inches deep may cause a child to choke. This would also include any small objects that can be taken off of a larger object (such as plastic water bottle caps, or when part of a basket breaks off). Infants and toddlers will also not have access to plastic bags and gloves, which present suffocation hazards. **Additional guidance:** [Toy Safety for Infants and Toddlers](#), [PIRG: Tips for Toy Safety](#), [KidsHealth: Choosing Safe Baby Products: Toys](#), [For Kids' Sake Think Toy Safety - U.S. Consumer Product Safety Commission](#) and [NAEYC Good Toys for Young Children](#)

Balancing Risk and Development – Teachers continuously engage in risk assessment when considering curricular opportunities for children. When we allow children to climb on climbers, we understand there is a risk the child might fall, even with teachers supervising children. There are many activities which have benefit for children, but which also carry risk, and the task of the teacher is to determine where to exclude an opportunity from the classroom or playground for reasons of safety, or to allow the activity under specific circumstances that assure children's safety

while engaging in that activity or using that material

Supervision - Because we want to offer children a wide range of rich and engaging experiences during their days with us, we look to NH Licensing Rules He-C 4002.22 (f) & (g), noted above, which allow the use of materials where there is close supervision. Because the nature of risk and supervision is different for children based on their age and development, here follows guidance as to appropriate supervision for different classrooms:

- ❖ **Infant Classroom** – It is well-known that children aged zero-three use all their senses to explore the world around them. Infants will put objects into their mouths. We also understand that teachers in our Infant Classroom respond to the individual care giving needs (sleep/feeding/diapering) of infants based on the infant’s cues. Therefore, there is transience and movement within the classroom throughout the day. This is also true for the materials themselves. Objects travel around the room with the babies and may be left in odd locations.

Recognizing that teachers may need to leave an activity, or that objects may travel, teachers must closely supervise infants while using materials that pose risk by sitting with those children and giving those children their undivided attention. Teachers must assure that those materials are kept in the designated area. Should an infant take a risky object and walk or crawl away with it, the teacher needs to follow that infant and either redirect them back to the activity or retrieve the object. Should the teacher need to leave that activity, they must either collect all parts to that activity and remove it to a location out of reach of children or assign another teacher to supervise the activity and communicate to that teacher the expectation of undivided supervision.

- ❖ **Toddler Classroom** – Much of the guidance provided above applies to the Toddler Classroom as well. Toddlers explore objects with their mouths, and materials also travel around the classroom. There is a daily schedule which is more uniform for the children, and so there is greater predictability about where teachers will be and when, and where children will be and when. In this setting, supervision may pertain to an activity or “set-up” designed by a teacher for children to explore during their choice time, or a table-top activity. As with the guidance for infants, any activity posing risk must be closely supervised at all times, and then removed to a safe location out of the reach of children, when concluded or interrupted.

Toddlers often develop into preschoolers while in the toddler room, as a few often turn three in the spring. This can create challenges with respect to materials usage. While the preschool-aged children are seeking opportunities to hone fine-motor skills using small implements, those implements would not be appropriate for their younger classmates to use. Further, toddlers don’t always observe “boundaries” established by teachers. In some cases, teachers may opt to work with their older children in a small group outside of the classroom and within a different CDC space, so as to give those children opportunities to use materials unsafe for a toddler classroom.

- ❖ **Preschool Classrooms** – Preschoolers are less likely to place objects in their mouths, though this still happens for some children. Choking becomes less of a concern. Licensing Rules allow greater flexibility regarding the size and shape of materials. Nevertheless, the question of risk remains, and there are many activities with known benefits to development, which carry risk, such as woodworking, sewing, and cooking. All these activities use implements which can cause injury, such as sewing needles, cheese graters, knives for cutting vegetables, hot-plates,

hammers, nails, etc. In keeping with the earlier guidance, preschool teachers will ensure that those activities that carry risk will be closely supervised. Once concluded, the material will be stored away, out of the reach of children, until a teacher is again able to closely supervise its use.

Who Supervises?

The safety of the children rests with the permanent CDC staff at all times. Thus, CDC teachers must either oversee the activity themselves to assure that children are safe or make a determination regarding the ability of a KSC Student to bear that responsibility.

Our guidance is that **Practicum Students** and **Student Teachers** should learn how to safely engage children with diverse materials as part of their educator preparation. CDC teachers assess their academic students, and based on that assessment, make a determination about the student's ability to safely supervise a child's use of materials that carry risk. The CDC teacher may decide to supervise the student, as the student supervises the activity.

With respect to **Student Employees**, their skills and abilities are more diverse. While Practicum Students and Student Teachers are engaged in extensive education related to ECE through their pre-service training, Student Employees have less direct instruction. Even so, because there are Student Employees who demonstrate great competency within their role, our guidance is that they only be allowed to supervise activities which carry risk in those instances where the permanent staff person has determined that the student in question is able to assure a child's safety.

In summary, Student Employees should not be charged with this responsibility, and exceptions can be made where the CDC Teacher has determined that the student is fully capable of ensuring the safety of the children.

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, interests and needs and adapt teaching practices and the environment accordingly.
- ❖ Inform ongoing program improvement.
- ❖ Communicate with families about the developmental progress and learning of the child.
- ❖ Ensure that further evaluation is provided where needed, and that early intervention is offered for children when needed.

At the Child Development Center, we use a variety of methods to assess children's learning, such as observations, checklists, portfolio & documentation based assessment, anecdotal records, 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 form a full and authentic picture of the 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.

Portfolios are kept for each individual child in our program. Portfolios are a sampling of the work children do in our program. These samples help to illustrate and illuminate what the child has learned and how the child has gone about learning, how the child thinks, questions, analyzes, synthesizes, produces, creates, and interacts with their peers.

The CDC has a Child Assessment Information packet that is distributed in the fall to parents which includes a cover sheet explaining our process, the curriculum goals developed for each classroom, and the checklist/narrative form which aligns with the curriculum goals for that classroom. The introductory letter and CDC Assessment Process is distributed by the director. The ASQ, parent/teacher conference schedule, and classroom checklist are distributed by the teacher.

When scheduling conferences, teachers typically display a sign-up sheet so parents can arrange for conferences. Conferences are typically 45 minutes to 1 hour. Communication with parents is ongoing and formal meeting times are scheduled in October, March and optional for May/June. Portfolio collections or work samples are provided for families throughout the year. The final narrative and checklist are provided to each family at the end of the year.

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, the ~~teacher~~ 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. The 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.

CHILD GUIDANCE POLICY – STAFF AND CHILD INTERACTIONS AT THE CDC

The Child Development Center is a community of children, families, teachers, administrative staff, academic students, and student employees all working together to build caring relationships and share in the joy of learning. Our philosophy of respect for children and families and focus on implementing a developmental curriculum is consistent throughout the classrooms.

Foremost in our practice is to keep all children physically safe and to assure that all interactions with children are respectful, individualized, and caring. Behavior expectations are stated in clear and positive ways. For example: “Walk inside the room” instead of “Don’t run.” or “Use a quiet or inside voice” instead of “Don’t yell.”

Children’s emotions are acknowledged and accepted. Anger, fear, disappointment are all legitimate emotions as are happiness, excitement, and joy. We provide children with a safe environment to express their feelings. We communicate that it is not acceptable to hurt oneself, others, or materials. We support children in finding appropriate release for emotions and resolution of conflicts. We do not force children to apologize for behaviors.

Classroom rules focus on clearly stating behaviors that we expect from children. It is not appropriate to label a child as “naughty or bad.” Teachers may never coerce, threaten, or punish children and may not use derogatory remarks. Withholding food, physical punishment or psychological abuse is never permitted.

Our focus in guiding children is to treat each child as an individual and provide a safe environment in which all children find ways to communicate their thoughts and feelings in an appropriate manner.

Pyramid Model Implementation Site

Over the last several years the CDC has participated as an implementation site of the Pyramid Model for Promoting Social Emotional Competence in Infants and Young Children. This evidence-based framework provides guidance for teachers, systems and policies for centers, and resources for the classroom.

At the CDC we attended hours of training, created a leadership team to evaluate the benchmarks of quality and developed an action plan, and currently work with practice based coaches in our classrooms. We are grateful for the support of iSocial at the NH Department of Education and Monadnock United Way Impact Monadnock for funding for training and coaching.

The Pyramid Model is a tiered system and intervention strategies are implemented when challenging behaviors occur. Parents are always informed when teachers require further support when working with children who need intervention strategies.

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:

- All group events, such as musical events.
- Informal play on the play-yard.
- We have children visit other classrooms during the course of the year, so that they will be more familiar with the wider program and will have a more concrete idea of the other classrooms and those environments.
- Teachers from classrooms will visit the classrooms of younger children for lunch, so that children will develop a familiarity with that teacher.

❖ Mid-Year Transitions

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

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

❖ 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:

- *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)

This policy is for current CDC families only. We would only consider enrollment for kindergarten eligible children if they have attended our preschool program.

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 typical 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. We request that families communicate with their home-school before suggesting a placement at CDC.
- ❖ 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.

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.

TUITION POLICIES

Withdrawal and other changes in enrollment - A minimum of a four week written notice is required if a parent or guardian plans to decrease enrollment or withdraws a child from the Center. The tuition due would then be recalculated to reflect the updated withdrawal date. Without a four week written notice, you will be held responsible for the remainder of the contracted amount. 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 via email 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, and small claims court.

Claiming Tax Credit - You will need our Federal Tax ID# 02-6000937 (for a Dependent Care Flexible Spending Account) or for reporting these expenses toward the federal dependent care credit on your income tax returns.

ABSENCES

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.)

ARRIVAL/DEPARTURE POLICIES

Daily hours: 7:30 A.M.—5:30 P.M.

***There are various dates on the calendar when the CDC will operate with abbreviated hours due to staffing.** Occasionally we will need to reduce hours in a classroom due to low staffing. We will inform you as soon as possible if the hours are reduced in your child's classroom.

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. Please make sure you sign in as this is a licensing requirement.

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 *Child Care 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. Please let your alternate pick up person know that photo identification is required for entrance to the building. Please make sure to sign out as this is a licensing requirement.

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 PM. We request that you arrive at the Center no later than 5:15 PM to ensure that everyone will exit the building no later than 5:30 PM. We value supporting families with their child care needs. Simultaneously, we value our staff and their need to be home with their families and life outside CDC at the end of their day. Leaving at 5:30PM for the end of day team is critical for their well-being.

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 *Child Care Registration and Emergency Information* form will be called to come in and take responsibility for your child.

CALENDAR and CLOSINGS

Calendar - Please carefully review the calendar. It contains beginning and ending dates and lists closing dates and abbreviated days. All CDC classrooms close for the summer.

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 severe 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 (Owl Alert). This is an automated system which will text participants with news of any KSC closure or other emergency.

Abbreviated Days and early closing – During the year we will have abbreviated days because we rely heavily on student childcare assistants, and we will not have those students on campus those days. Permanent staff will cover longer shifts in the classroom on those days. These days are noted on the calendar. The CDC reserves the right to adjust hours based on illness, staffing shortages, and other emergencies. This is done in collaboration with KSC administration.

To register for the Owl Alert Emergency Notification System:

The KSC notification system (Owl Alert) does not allow you to independently sign up to receive notifications if you do not have a Keene net id (keene.edu or ksc.keene.edu).

We recommend that you receive emergency notification from Keene State College, so please complete the form at the beginning of the year to be added to the campus list. You will list first name, last name, email address, cell phone # and cell carrier. You will need to let us know of any changes in your contact information for this system. We will delete your information at the end of your child's enrollment at the CDC.

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 *Child Care 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.

On winter days when area schools are closed and KSC is open, our staff may take time to arrive or may not arrive at all, as many teachers travel long distances to get to CDC. On these days expect that our programs will have modified staffing. We will **combine early in the morning** and student staff will support children with one or two permanent staff present at the 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 *Permission to Use Documentation 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 confidential 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 follows the health and safety regulations of the NH Child Care Licensing Unit, which requires all permanent staff to be certified in Infant/Child CPR and First Aid. Additionally, KSC students, classroom substitutes and CDC staff have criminal background checks and updated medical records on file.

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 sanitizing 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. Notifying parents is meant to create awareness, not alarm. Detailed information about specific diseases will also be made available.

The State of NH require families to provide the information below, 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. If an outbreak of a vaccine preventable disease occurs at the center, the program may exclude the unvaccinated child from the program as outlined by the Bureau of Communicable Disease Control.
- ❖ **Physical Examination** - A *Child Health Assessment Record* 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 *Child Care 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.
- ❖ **Accidents and Injury** - The Center staff keeps a record of all accidents and injuries, however minor. The family will receive a *Child Care Incident 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** - Except for 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:
 - The illness prevents the child from participating comfortably in facility activities, as determined by CDC Staff.
 - The illness results in a greater care need than the child care staff can provide without compromising the health and safety of the other children, as determined by the CDC Staff
 - The child has any of the following Contagious Conditions: (See Chart A)
 - While 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.
 - COVID-19 protocol will be followed.

Chart A – Exclusion of Ill Children	
Child Exclusions/Dismissals	Staff Exclusions/Dismissal
Fever, accompanied by behavior changes or other signs or symptoms of illness (including: sore throat, vomiting, diarrhea, rash, earache) until medical professional evaluation finds the child able to be included at the facility Temperature: oral (101°), rectal (102°), axillary (100°)	Haemophilus influenza type B (Hib), prophylaxis, until antibiotic treatment has been initiated.
Signs and symptoms of severe illness (i.e. unusual lethargy, uncontrolled coughing, difficult breathing, wheezing, or other unusual signs for the child) until medical professional evaluation finds the child able to be included at the facility	Respiratory Illness, if the illness limits the staff member's ability to provided acceptable level of child care and compromises the health and safety of the children.
Uncontrolled Diarrhea, defined by more than one episode in one day of watery stools, decreased form of stool that is not associated with changes of diet, and increased frequency of passing stool, that is not contained by the child's ability to use the toilet. Children with diarrheal illness of infectious origin generally may be allowed to return to child care once the diarrhea resolves, except for children with diarrhea caused by Salmonella typhi, Shigella, or E.coli	Diarrhea illness, three or more episodes of diarrhea during the previous 24 hours or blood in stools, until diarrhea resolves; if E.coli or Shigella is isolated, until diarrhea resolves, and two stool cultures are negative.
Blood in stools not explainable by a dietary change, medication, or hard stools	
Vomiting (more than one episode in one day) until vomiting resolves or until a health care provider determines that the cause of the vomiting is not contagious, and the child is not in danger of dehydration.	Vomiting illness (two or more episodes in the previous 24 hours)
Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms	
Varicella-Zoster (Chicken pox), until all sores have dried and crusted (usually 6 days after onset of rash)	Chicken pox until all sores have dried and crusted, which usually occurs by 6 days)
Measles (until 4 days after onset of rash)	Measles until 4 days after onset of rash (if the staff member or substitute is immunocompetent)
Rubella (until 6 days after onset of rash)	Rubella (until 6 days after onset of rash)
Mumps (until 9 days after onset of parotid gland swelling)	Not usually applicable
Pertussis (until 5 days of appropriate antibiotic treatment, currently erythromycin, which is given for 14 consecutive days)	Pertussis until after 5 days of appropriate antibiotic therapy (which is to be given for a total of 14 days) and until disease preventive measures, including preventive antibiotics and vaccines for children and staff who have been in contact with children infected with pertussis, have been implemented
Mouth sores with drooling, unless as health care provider or health department official determines that the child is noninfectious Skin lesions that have not been diagnosed or	

Chart A – Exclusion of Ill Children	
Child Exclusions/Dismissals	Staff Exclusions/Dismissal
treated by health practitioner.	
Skin lesions that have not been diagnosed or treated by health practitioner.	
Rash with fever or behavior change until a health care provider determines that these symptoms do not indicate a communicable disease	Rash with fever or joint pain (until diagnosed not to be measles or rubella)
Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge). Health Care practitioners in the 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.	Purulent conjunctivitis defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep, and including eye pain or redness of the eyelids or skin surrounding the eye, until 24 hours after initial treatment
Pediculosis (head lice), from the end of the day of discovery until after the first treatment	Head lice, from the end of the day of discovery until after the treatment
Scabies, until after treatment has been completed.	Scabies, until after treatment has been completed.
Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care.	Tuberculosis, until noninfectious and cleared by a health department official.
Impetigo (until 24 hours after initial treatment)	Skin infections (e.g. impetigo) (until 24 hours after initial treatment)
Strep Throat or other streptococcal infection, (until 24 hours after initial antibiotic treatment and cessation of fever)	Strep throat or other streptococcal infection, (until 24 hours after initial antibiotic treatment and end of fever)
Hepatitis A Virus, until 1 week after onset of illness, jaundice, or as directed by the health department when passive immunoprophylaxis (currently, immune serum globulin) has been administered to appropriate children and staff members	Hepatitis A Virus until 1 week after onset or as directed by the health department when immunoglobulin has been given to appropriate children and the staff in the facility (for one week after onset or passive immunoprophylaxis)
Shingles (herpes zoster).	Shingles (only if the lesions cannot be covered by covered by clothing or a dressing until crusted over
Herpes simplex	Meningococcal infection, until all staff members for whom antibiotic prophylaxis has been recommended, have been treated.

PLAN FOR ADMINISTRATION OF MEDICINE

Prescription Medication - Prescription medication must be brought to school in its original container and 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.

Additionally:

- 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** –We do not administer non-prescription medications (over the counter medication, etc.) without a written order of a physician.

- 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 topical ointment 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 ointments.

❖ **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. Please do not pack in lunch boxes.
- 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 expired, 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 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 in the Child Care Setting

Infant Sleep in Group Care: Consistent with our child/family approach to caring for children, teachers and families work together to develop an individual sleep routine for each child that builds on the routine she or he has at home. There are as many sleep environments and personal routines as there are babies, and while it is virtually impossible to replicate the home sleep *environment* for all babies at the CDC, Infant teachers are very skilled at promoting consistent sleep *routines* that are unique to each baby. While these routines may differ from home, our aim is to work with each family to find an appropriate

Sleep Temperament: Research by Dr. Elizabeth Super, Pediatrician at OHSU Doernbecher Children's Hospital in Portland, Oregon states that "babies aren't *good* or *bad* sleepers, they're just different." She reassures parents who have babies that don't sleep well that it's not something the baby or parent are doing wrong, it has to do with the sleep temperament. She states, "Doctors and sleep researchers have identified two types of sleep temperaments in infants as young as six months: self-soothers (babies who can get themselves back to sleep) and signalers (babies who tend to call out during the nights). Whatever their innate sleep temperament, your baby's sleep skills are a learned behavior. Developmentally, all children, whatever their sleep temperament, will learn to adapt and fall asleep independently as they grow."

Infant Sleep Policy

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, 2016, expanded infant safe sleep recommendations of the American Academy of Pediatrics (AAP) 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.

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

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 and each crib will have a firm mattress.
- 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.
- Swaddling with blankets is not recommended in child care, so we suggest sleep sacks which may be used as alternatives. Please note that due to sleep safe practices, we are unable to use sleep sacks with weighted elements on them, like the Nested Bean Zen Sack. We will work in consultation with individual families to determine needs of the infant and will follow best practices.
- 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 10-15 minutes, to be in accordance with licensing regulations.
- In addition, a baby monitor is used to listen for stirring infants.
- Parents must acknowledge through written consent that a monitor is used as a means of supervision when the infant is asleep.

Training:

- Training in safe sleep practices will be taken and documented for all CDC staff, substitutes, associate teachers, student teachers and all infant student employees and academic students.
- Safe sleep practices will be reviewed with all staff, substitute staff, and students each year.
- 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 CDC Family 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.

NAP AND REST FOR OLDER CHILDREN

The toddler and preschool programs will consult with the parents of each child and observe children on an ongoing basis to determine each child's resting or napping needs at the CDC. Toddlers and Preschoolers nap during a scheduled nap time and fall asleep and wake up at their own pace within a block of time set aside after lunch. Teaching staff will be able to see and hear sleeping toddlers and preschoolers.

For preschoolers who rest, all children must rest quietly for 60 minutes and are offered quiet activities. Preschoolers who rest do not stay on their mats for more than 60 minutes. CDC staff directly supervise nap and rest times.

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 college 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 employees, unless the students have associate teacher qualifications as determined by the NH State Licensing Rules.

- Under the following circumstances, student employees 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 employees who have been designated as “Associate Teacher” by CDC administration, and in accordance with NH Child Care Licensing regulations, maybe left alone with children.

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 see early childhood professionals as being well 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 CDC, but best practices also indicate that it is our role to provide nutritional education to children and families. We actively work to support healthy nutrition for our entire community.

Early Sprouts™ at the CDC –Early Sprouts™ is a research-based nutrition and gardening curriculum designed to increase children’s food preferences towards six target vegetables and increase their consumption of these vegetables. The vegetables are: butternut squash, green beans, bell peppers, carrots, Swiss chard, and tomatoes. The children grow these vegetables in raised beds in the CDC playground and explore vegetables through sensory activities and cooking projects during the year. We work with public health nutrition students to implement the curriculum for toddlers and preschoolers. Parents receive the recipes of all the cooking projects.

Infant Feeding - When receiving bottles, all children will be held, unless a child prefers to sit down at the table, and this method has been discussed with their family. 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, 1% for children older than two years. In addition, children are offered a water cup that is provided by the center after a discussion with the family.

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 milk with morning snack and water with afternoon snack. Milk* or water is served with lunch. Weekly snack menus are posted in each classroom. A nutrition consultant reviews our menu to ensure that it supports children’s healthy physical development and exceeds USDA guidelines.

**NH Licensing Guidelines mandate that children under 2 years of age are served whole milk. If parents wish to have 1% milk served to their child, they need to supply it.*

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.

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. Please do not send in candy and sugary drinks in your child's lunch. The following are USDA guidelines for children 1-5years:

Lunch and Supper (Select all five components for a reimbursable meal)				
Food Components and Food Items	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18
Fluid Milk	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/meat alternates				
Lean meat, poultry, or fish	1 ounce	1 ½ ounce	2 ounces	2 ounces
Tofu, soy product, or alternate protein products	1 ounce	1 ½ ounce	2 ounces	2 ounces
Cheese	1 ounce	1 ½ ounce	2 ounces	2 ounces
Large egg	½	¾	1	1
Cooked dry beans or peas	¼ cup	⅜ cup	½ cup	½ cup
Peanut butter or soy nut butter or other nut or seed butters	2 tbsp	3 tbsp	4 tbsp	4 tbsp
Yogurt, plain or flavored unsweetened or sweetened ⁵	4 ounces or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup	8 ounces or 1 cup
The following may be used to meet no more than 50% of the requirement: Peanuts, soy nuts, tree nuts, or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounces of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	½ ounce = 50%	¾ ounce = 50%	1 ounce = 50%	1 ounce = 50%
Vegetables	⅔ cup	¼ cup	½ cup	½ cup
Fruits	⅔ cup	¼ cup	½ cup	½ cup
Grains (oz eq)				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice

Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal, cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup

- ❖ **Individualized Eating Plans/Allergies** –We work with families to support children with dietary restrictions or 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 allergens from our food purchases, we understand that chance occurrences and human error may undermine our best efforts.

For all Allergies: An Allergy Emergency Plan from the physician must be on file along with an authorization to dispense medication if Benadryl and/or Epi-Pen is prescribed.

- ❖ **The CDC is nut free, so all items made with nuts or produced in a facility where nuts were processed are not to be served at the CDC.**

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 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 and staff 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.
- 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 using pictures, books, toys, and educational materials.
- 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. For rainy and cold weather days children will need mittens, hats, snow/rain boots, snow/rain pants, and jackets.
- Children have the opportunity to play in the shade on hot, sunny days. When in the sun, they wear sun-protective clothing, including sunhats, and 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**). Classrooms use sign-up sheets to obtain permission.
- 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. Repellents with 30% or more of DEET will not be applied to children. Pump spray is safer and is applied after sunscreen dries on exposed skin (but not near eyes, mouth, or nose). Staff apply insect repellent with DEET will be administered one time per day and **only with written parental permission**.

Tick Removal Policy - Removal of a tick within 24-36 hours of attachment can help prevent disease transmission. If a tick is discovered unattached, we will remove it promptly and discard. If we find a tick attached to the skin, we will remove it using the Center for Disease Control recommendations. If a tick is removed, the parent will be notified by phone as soon as a staff member is available to make the call. The tick will be put into a plastic bag, labeled with the date, time and place and sent home. An accident report will be written for parent signature and returned to the Center.

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 cold 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 °F or below (even though the air temperature might be lot 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 12°F, perfectly dry with no wind chill factor and be safe and healthy for children to be running around outdoors. 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 12°F or higher (with a wind chill factor of 12°F 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, hats, 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.**

CHILD CARE PROGRAM LICENSING REGULATIONS

The Child Development Center is licensed by the State of New Hampshire through the Licensed Plus Quality Rating Improvement System. We adhere to, and often exceed, the standards set forth in the New Hampshire Child Care Program Licensing Rules. Many of our policies and practices are directly related to mandated ruling.

State Mandated Reporting of Child Abuse & Neglect

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.

Building Security and Monitoring – The doors to the Blue Preschool Classroom and to the Main Entrance are locked during business hours. A passcode is provided to all members of the CDC community. Parents will receive a passcode for the main entrance and blue preschool classroom in August via email.

Please Note: When you are not able to pick up your child, your alternate pick up person will need to show Photo Identification, which we will check with the name(s) you've indicated on your Registration and Emergency Information form. Please make sure your alternate pick up people bring their Photo ID.

Parents are always welcome to visit the classroom and the center. We may ask you for ID if we haven't met you, so please be patient as we get to know you.

EMERGENCY PROCEDURE OVERVIEW

The CDC conducts monthly emergency evacuation drills (i.e., fire drills), as well as twice yearly Reverse Evacuation and Shelter in Place Drills. Teachers and staff are well practiced in all other drills. Staff reassure the children that they are safe, that it is a practice, and that we will help them.

The CDC director and associate director, in collaboration with the Campus Safety Office and Environmental Health and Safety Office, have developed emergency operations 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 you support your children as stories may be shared at home.

If an extended evacuation is necessary, children will be taken to the secondary location. CDC staff will notify parents if we are at the secondary location and unable to go back to Elliot Hall

Fire Drill/Evacuation: This response action may be used when it is necessary for staff, children, and visitors to exit the building when the fire alarm activates or an incident in the building poses an unsafe environment.

Shelter-In-Place: This response action may be used in the event of outside of the building airborne hazardous materials, severe weather, smoke, radiological or nuclear material, etc. 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.

Lockdown: This response action may be used during an actual or potential threat outside of the campus of specific buildings or areas. Campus safety or other officials will order and announce lockdown procedures. Areas for lockdown are located so there is no line of sight from the exterior of the building and more than one egress allowing for more than one escape route. If you hear news of a lock-down on campus, please do not go to the CDC until the campus has been deemed secure as 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 the emergency notification system. **Please make sure that you are signed up for the college's emergency notification system.**

Reverse Evacuation: This response action may be used when it is necessary for staff, children, and visitors to enter the building quickly in order to avoid a dangerous or potentially dangerous situation outside the building such as a wild animal, smoke, severe weather, hazardous material, etc.

Bomb Threat (SCAN): This response action is activated when it is necessary for staff to look around their area for any item which doesn't belong there. Any bomb threat should be taken seriously and treated as a real situation until proven otherwise. Scan will be activated primarily in the case of a Bomb Threat but could be utilized for any situation that required the staff to look for an item which may cause harm.

IMPORTANT for ALL DRILLS:

Children must be quiet to hear instructions. They should promptly form a line or be gathered together, stay with the group, and keep voices off. If extra teachers are available, they could gather outdoor coats or blankets and distribute them during cold weather season. Additionally, all staff participate in drills regardless of office time/breaks.

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 handwashing 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.

COVID -19

At the time of this writing, COVID-19 cases have dropped on campus and the Centers for Disease Control and Prevention has moved Cheshire County to green or low risk.

If there are risk mitigation requirements to follow this fall, a separate COVID-19 addendum to the CDC Family Handbook will be provided to you in August 2022.