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This handbook is a living document. Therefore, the Center reserves the right to adjust the policies listed herein in an effort to keep its contents up-to-date. Changes of this nature will be forwarded to families in writing. Yearly, this Policy Handbook will be revisited for revisions.

01/13
MISSION STATEMENT

The mission of the Delaware Technical Community College’s (DTCC) Child Development Center (the Center) is to provide learning opportunities for the students in the Education Department’s Early Childhood Program while providing care and education for children of DTCC students and employees, as well as the surrounding community. The Center also acts as a model and a community resource that provides high quality and developmentally appropriate programming.

PHILOSOPHY

CHILD-CENTERED

Children are unique. Therefore, the program of care and education provided addresses each child’s particular patterns of growth, previous experiences, temperaments, and learning styles. Activities to match the diverse physical, cultural, social-emotional, and intellectual needs of the children are planned daily.

SELF-ESTEEM AND SOCIAL SKILLS

A positive self-image is important as children form relationships and become open to learning. Children are respected and appreciated as they move towards feeling physically and emotionally empowered. Center staff helps children develop independence, cooperative behavior, and caring attitudes for others.

DIVERSITY

An environment that welcomes diversity and challenges bias and discrimination is emphasized at the Center. Positive exposure to a variety of ages, genders, life-styles, races, cultures, religions, as well as physical abilities helps children develop an understanding and appreciation of others.

ACTIVE LEARNING AND PLAY

Children learn best through active exploration and experimentation. Through child-initiated play, children are given choices and allowed time to explore to their satisfaction whenever possible. The process of learning is stressed before any products or facts. Because children need to experience the world in concrete ways before representing it abstractly, numerals and written language are introduced through real-life experiences.
BEHAVIOR MANAGEMENT

The basic rules for children are established for their health and safety. When appropriate and feasible, children are asked to participate in the creation of such rules. Expectations and requests are tailored to fit the developmental levels of the children in order to minimize frustration and inappropriate behavior. The Center environment is also arranged to avoid problematic situations.

Children are encouraged to develop their own methods of self-control, management of feelings, and problem-solving abilities, as well as their own rewards for appropriate and cooperative behavior.

When children act in ways that could be harmful to themselves/others or are destructive of property, staff intervene. However, corporal punishment (including spanking, humiliation, verbal abuse) is not used. Additionally, children are never denied food or punished for soiling, wetting, or not using the toilet.

A sense of control is modeled in the touches and voices of Center staff. Based on the situation and the child’s ability to understand and comply, firm and consistent limits are established. Teachers and families work as a team to analyze possible reasons for a behavior problem and make environmental adjustments when possible. Ways in which children are assisted in problem solving include being offered choices or more appropriate ways to achieve acceptable behaviors and/or redirection toward other activities. There are also lots of hugs and words of encouragement!

When a child is unable to exercise self-control and/or does not respond to re-direction over a period of time, the family will be called to pick up their child. Center staff is not trained to deal with anti-social behaviors that may lead to physical harm of oneself or others.
ADDRESSES

MAILING ADDRESS
Delaware Technical Community College
Wilmington Campus
Child Development Center
333 North Shipley Street
Wilmington, DE 19801

STREET ADDRESS
West 2nd Street
between North Shipley & North Orange Streets
(entrance on North Shipley Street)

CONTACT INFORMATION

RECEPTION:    (302) 830-5260  Daniela Jackson  j208@dtcc.edu
DIRECTOR:   (302) 830-5248  Nicolle D. Gaines  ngaines@dtcc.edu
FAX:    (302) 830-5269
WEB ADDRESS:  www.dtcc.edu/wilmington/cdc/

LICENSES

The Center is licensed by the State of Delaware. The current license is displayed in the office and is renewed yearly. The “Delacare” handbook, detailing the State’s child care regulations (published by the Office of Child Care Licensing, the Division of Family Services, and the Department of Services for Children, Youth and Their Families), is available for your review.

The Center is also nationally accredited by the National Association for the Education of Young Children (NAEYC). The current accreditation certificate is displayed in the office and is renewed every five (5) years. It identifies the Center as a high quality early childhood program. The Center meets the accreditation criteria for standards involving children, teaching staff, administration, and partnerships.

HOURS

The Center operates Monday through Friday from 7:30 a.m. until 5:30 p.m.

CLOSURES

The Center is CLOSED on the following DTCC holidays:

Martin Luther King Day, Good Friday, Memorial Day, Independence Day, Labor Day, Election Day (dependent on the year), Thanksgiving, day after Thanksgiving, and Winter Break (2 weeks)

The Center is also closed for two (2) Professional Development Days. Dates will be provided in advance.
SEVERE WEATHER

Information regarding campus closings or late openings due to inclement weather may be obtained through a number of sources. When a decision is reached by the College administration, it will be announced on the following radio stations:

WJBR (AM 1290 and FM 99.5), WSTW/WDEL (AM 1150 and FM 93.7), WILM (AM 1450), WXCY (Havre de Grace, MD), WDSD (FM 95), WDOV (AM 1410)

Additionally, a recorded message of closings may be obtained by calling (302) 577-5555.

If the College remains open, Center staff will report to work as scheduled to receive children. In the event that too many children arrive earlier than the staff-to-child ratio allows, families may need to stay in the Center until proper coverage ratios have been reached.

If severe weather occurs during the day and employees are excused from work early, families must pick up children within one (1) hour to allow staff to go home. A minimum number of Center staff will be classified as essential based on the needs of the campus.

ALARM SYSTEM

The Center is alarmed after hours. If you have forgotten something that is absolutely necessary for you to retrieve before the Center opens the following day, please contact Campus Public Safety at (302) 573-5418.
STAFFING

ROLE OF THE TEACHER

Because the relationship between children and teachers is important, the Center environment is safe and nurturing to aid in the development of trust, security, and a sense of belonging. Teachers observe with care and respond quickly with respect and affection. Stimulating and challenging activities based on the needs and interests of children are planned daily.

To help children extend their learning, teachers show interest in their play, make suggestions, add new materials, and/or ask questions to stimulate ideas. Children’s new discoveries and skills are celebrated by teachers.

STAFF LIMITATIONS

To facilitate professional relationships between Center staff and families, the following boundaries have been established. Employees, whether part or full-time, cannot:

- be placed on pick-up lists
- make arrangements for child care
- provide early or after care to any child attending the Center
- transport a child in their own vehicles at the request of a family

The above mentioned items should not be requested of Center staff. Thank you in advance for your understanding and cooperation.

STAFF/STUDENT QUALIFICATIONS

Staff members, including Student Interns, meet and often exceed the qualifications outlined by the Department of Child Care Licensing for their positions. In addition to being trained in CPR and First Aid, they have been screened for tuberculosis and cleared for relevant criminal history.

Additionally, all Method Students have been screened for tuberculosis and cleared for relevant criminal history.

AGE GROUPINGS

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Description</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFANTS:</td>
<td>3 months to 15-18 months</td>
<td>6 children</td>
</tr>
<tr>
<td>TODDLERS:</td>
<td>15-18 months to 33-36 months</td>
<td>10 children</td>
</tr>
<tr>
<td>PRESCHOOLERS:</td>
<td>33-36 months to 59 months</td>
<td>20 children</td>
</tr>
</tbody>
</table>

Placement and movement to the next group is also dependent on the child’s level of development (as determined by the classroom teacher) and space availability.
STAFF CHILD RATIOS/ SUPERVISION

There are always two (2) teachers working within each classroom. Teaching staff will remain within ratio at all times. In the event that extra assistance is needed, the Neighborhood Teacher and/or Administrative Staff will supply adequate supervision.

At various times throughout the year, DTCC students in the Early Childhood Education Program have classroom assignments. Students are placed in the Center for observation, interaction, and fieldwork under the supervision of classroom teachers. Intern Students completing student teaching practicums are in the classroom 15 hours per week during a 16 week period. Method Students fulfill a 4 hour per week placement during a 16 week period. Two (2) Method Students are placed in each classroom during the designated time block.

Infants and Toddlers: Teaching staff supervise infants and toddlers by sight and sound at all times. Children can only be monitored adequately when teachers monitor using both senses.

Infants and Toddlers (while sleeping): Teaching staff supervise children at naptime by sight and sound. The staff ratio requirement may decrease to fifty percent (50%) while children are sleeping. However, if children awaken during naptime, another teacher may need to return to the classroom to provide assistance.

Preschool: Teachers supervise children primarily by sight. Supervision for short intervals by sound is permissible for children who are out of sight (i.e. using toilet independently, reading in the library area) with teacher checks occurring frequently.

Preschool (while sleeping): Teachers supervise children primarily by sight. Supervision for short intervals by sound is permissible for children who are out of sight (i.e. positioned behind a shelf or similar barrier) with teacher checks occurring frequently. The staff ratio requirement may decrease to fifty percent (50%) while children are sleeping. However, if children awaken during naptime, another teacher may need to return to the classroom to provide assistance.

Classroom Field Trips Requiring Transportation
The supervision of the children while on a field trip increases to the following ratios:

<table>
<thead>
<tr>
<th>Age of youngest child</th>
<th>Maximum number of children supervised by one (1) teacher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 years</td>
<td>2</td>
</tr>
<tr>
<td>2 through 4 years</td>
<td>4</td>
</tr>
<tr>
<td>5 years and older</td>
<td>8</td>
</tr>
</tbody>
</table>

*Families participating in field trips or routine outings count toward the staff/child ratios when NOT accompanied by other children who are not enrolled at the Center.
FEES

Fees are determined annually as a part of the College budgeting process. Tuition and other fees will not be refunded or pro-rated due to absences related to illness, holidays, and/or inclement weather.

REGISTRATION

The yearly registration fee is $35 for the first child and $25 for each additional child.

TUITION

Fees are determined by the age of the child and the status of the parents/guardians (DTCC staff or student, community). Tuition payments are due every other Monday and cover care provided during the current week as well as one (1) week in advance. Credit card payments are accepted at any time until 2:00 p.m. In the event that the Center is closed on a Monday, payment is due the following Tuesday.

LATE TUITION

A late fee of 5% of the unpaid balance is automatically charged on the Tuesday after payment is due. If payment is not made by Wednesday morning, the Center reserves the right to fill the space and child care will not be provided until payment is received. If payment is not made by the following Monday, the child care contract will be terminated. When a payment cannot be made on tuition day due to an unforeseen sick absence, arrangements must be made with the Director. All other unforeseen absences will be subjected to the late tuition fee.

LATE PICK-UP

Families who pick up their children after the Center closes at 5:30 p.m. will be assessed a late fee. Based on the number of minutes late, $10 will be charged for every 15 minutes late or a portion thereof. Examples of late pick-up calculations are as follows: 5:31 - 5:45 p.m. = $10, 5:46 – 6:00 p.m. = $20. Late fees are charged uniformly, regardless of the reason for the lateness. Please be aware that chronic late pick-ups are grounds for termination.

EMERGENCY FOOD, LUNCH, OR CLOTHING

These fees are charged whenever the Center supplies children with items that families are required to provide on a daily basis. A $1.00 charge is assessed for every missing clothing component. A $0.50 charge is assessed for each missing food component from the nutritional guidelines and $3.00 for missing lunches.

CONTRACTS

Contracts are effective July 1st through June 30th and are renewed annually.
TERMINATIONS

The Center reserves the right to suspend and/or terminate service immediately when mutual respect for the Center's staff, children, policies, procedures, and administration is disregarded. This includes a pattern of delinquent payments, verbal or physical abuse, threatening gestures, intimidation, or non-compliance with the policy handbook.

WITHDRAWAL

If a family decides to withdraw their child from the Center, written notice of termination is required. Tuition will be charged for three (3) weeks from the day notification is received in the office. This tuition, due regardless if the child physically attends or not, must be paid by cash or money order.

WHEN NEEDS CANNOT BE MET

The Center, created as a lab school to train early childhood teachers, is primarily staffed with students. Therefore, the Center is not equipped to provide specially trained staff or services for children who need an inordinate amount of teacher attention for their physical/emotional needs or to ensure the safety of the other children and staff. Children in the program must be able to function within the staff-child ratio so that Lead Teachers have time for all students, including those attending college. The Center reserves the right to terminate care if this becomes an issue. However, the Center will provide a list of resources to other agencies and/or facilities appropriate to the child's needs if requested.

EXIT INTERVIEWS FROM THE CENTER

When a child is ready to leave the Center, families have the option of meeting with staff for an Exit Interview. The Lead Teacher will discuss ways to prepare the child for this separation including how to convey the transition in a manner consistent with the child's ability to understand. At this time, an evaluation of the program as it relates to the classroom and developmental goals will be completed. The Director will finalize any financial arrangements and provide information/referrals for other services if requested. An evaluation of the Center’s services and support for the child and family will also be completed.
CLASSROOM FEATURES

CENTER USAGE: TRAINING, OBSERVATION, AND RESEARCH

As a lab school, observations and activities by non-family members are commonplace at the Center. Thus, general family consent is obtained annually for this purpose. However, other types of research, experimentation, treatment, or activities unrelated to the direct care of the children are not conducted without informed, written family consent.

CELEBRATION OF HOLIDAYS AND SPECIAL DAYS

Holidays and holy days, important components of all cultures, are celebrated by families in various ways. Children enjoy not only sharing their special events, but also sharing the joys of others. Learning about other customs is part of discovering how people are unique and yet the same. Religious holidays are not celebrated at the Center. Instead, children are exposed to the variety in the world as a means of helping them understand the universality of celebrations (foods, music, dance, songs, stories) and develop a respect for differences. Center children should feel that this is a place where they can share the exciting events of their lives. Teachers work with families to develop celebration presentations which are appropriate to the children's level of understanding, abilities, attention span, and the Center’s nutritional policy. Families interested in sharing their special celebrations at the Center must discuss it with teachers in advance. With the proper planning, the celebration will be meaningful to all.

INFANT ROOM

The Infant Room has the capacity to accommodate six (6) infants between three (3) and eighteen (18) months of age. The flexible timetable of the Infant Room is based on the individual needs of each infant. Children eat and nap according to their own schedules. Families of infants must communicate the child’s schedule to the teachers including when the child should eat, receive a bottle, and/or sleep. Diapers are checked throughout the day and changed every two (2) hours or as needed. The time as well as the number and nature of changes are recorded.

The classroom environment is arranged to increase the children’s growth and development in the following areas: gross and fine motor, emotional, cognitive, language, and self-help. The curriculum includes stimulation, sand and water play, puzzles, manipulative toys, books, music and songs, art activities, block play, and multi-cultural activities. Weather permitting, children are taken on walks or play outdoors every day. Children are continually provided with learning activities that encourage and challenge them to develop their potential and increase in confidence.

Before walking on surfaces that infants use specifically for play, adults (including teachers, interns, Method Students, and family members) and children must remove, replace, or cover with clean foot coverings any shoes they have worn outside that play area. Entering the classroom barefoot is permitted only when feet are visibly clean. These measures ensure the cleanliness of the Infant Room at all times.
## Infant Daily Schedule

(times are approximate)

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30-8:10</td>
<td>Open/Welcome children and students/Free play</td>
</tr>
<tr>
<td>8:10-8:15</td>
<td>Breakfast transition</td>
</tr>
<tr>
<td>8:15-9:00</td>
<td>Breakfast</td>
</tr>
<tr>
<td>9:00-9:10</td>
<td>Clean-up transition</td>
</tr>
<tr>
<td>9:10-9:50</td>
<td>Diaper changes</td>
</tr>
<tr>
<td>9:50-10:00</td>
<td>Curriculum and Method Students activities</td>
</tr>
<tr>
<td>10:00-10:50</td>
<td>Outside (walk, gym, playground)</td>
</tr>
<tr>
<td>10:50-11:00</td>
<td>Transition inside</td>
</tr>
<tr>
<td>11:00-11:40</td>
<td>Lunch/Diaper changes</td>
</tr>
<tr>
<td>11:40-11:50</td>
<td>Clean-up transition</td>
</tr>
<tr>
<td>11:50-12:15</td>
<td>Method Students and Part-time activities/Free play</td>
</tr>
<tr>
<td>12:15-12:25</td>
<td>Transition to quiet time</td>
</tr>
<tr>
<td>12:25-2:30</td>
<td>Quiet time (changes will occur as children wake up)</td>
</tr>
<tr>
<td>2:30-2:50</td>
<td>Gross motor activities/Free play</td>
</tr>
<tr>
<td>2:50-3:00</td>
<td>Transition into afternoon snack</td>
</tr>
<tr>
<td>3:00-3:25</td>
<td>Afternoon snack</td>
</tr>
<tr>
<td>3:25-3:30</td>
<td>Clean-up transition</td>
</tr>
<tr>
<td>3:30-4:00</td>
<td>Method Students activities/Diaper changes as needed</td>
</tr>
<tr>
<td>4:00-4:10</td>
<td>Transition outside</td>
</tr>
<tr>
<td>4:10-4:35</td>
<td>Outside</td>
</tr>
<tr>
<td>4:35-4:45</td>
<td>Transition inside</td>
</tr>
<tr>
<td>4:45-5:30</td>
<td>Final diaper changes/Pick up</td>
</tr>
</tbody>
</table>
**TODDLER ROOM**

The Toddler Room is comprised of children ages eighteen (18) to thirty six (36) months of age. The classroom environment is composed of centers which allow for one-to-one and small group activities. The room is designed with toddlers in mind. Child-size furniture is strategically arranged within the room. Open shelved areas allow children to independently access materials.

The weekly planned activities are child and teacher oriented. Language, social/emotional, cognitive, fine and gross motor, and sensory are the domain focus areas on which curriculum is based. Free play activities include: painting, blocks, clay, manipulative toys, puzzles, peg boards, dramatic play, climbing, music, painting, dancing, table toys, and play dough. Dancing, singing, stories, and musical instruments are components of group activities. Outdoors, children have free play or take community walks.

Toddlers are encouraged to learn and develop independent self-help skills. Positive verbal praise helps children feel good about their accomplishments. Children are also encouraged to learn, accept, and appreciate the similarities and differences in others. Children receive individual care that nurtures based on their needs (i.e. hugs, high fives).

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**Toddler Daily Schedule**

(times are approximate)

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30-7:40</td>
<td>Children begin arriving/Wellness checks</td>
</tr>
<tr>
<td>7:40-8:30</td>
<td>Free play/Individual activities</td>
</tr>
<tr>
<td>8:30-8:45</td>
<td>Breakfast transition (cleaning/bleaching tables, washing hands, songs/finger plays)</td>
</tr>
<tr>
<td>8:45-9:00</td>
<td>Breakfast</td>
</tr>
<tr>
<td>9:00-9:15</td>
<td>Music/Action games</td>
</tr>
<tr>
<td>9:15-10:05</td>
<td>Curriculum activities (Method Students implement activities)</td>
</tr>
<tr>
<td></td>
<td>Bathroom changes and toileting</td>
</tr>
<tr>
<td>10:05-10:15</td>
<td>Clean-up transition into group gathering</td>
</tr>
<tr>
<td>10:15-10:25</td>
<td>Group gathering (finger plays, songs, and group activity)</td>
</tr>
</tbody>
</table>
Toddler Daily Schedule
(times are approximate)

10:25-10:35  Outside transition (putting on jackets, hats, mittens, etc.)
10:35-11:10  Outside
11:10-11:20  Breathless activity
11:20-11:30  Inside transition (group games, songs and/or finger plays while in the hallway)
11:30-12:00  Curriculum activities (Method Students implement activities)
12:00-1:00  Lunch/Bathroom changes and toileting
1:00-2:30  Naptime
2:30- 2:50  Wake up/Put away cots and blanket boxes/Begin bathroom changes and toileting
2:50-3:00  Transition into snack
3:00- 3:20  Snack
3:20- 3:50  Individualized activities (Method Students implement)/Finish bathroom changes and toileting
3:50-4:00  Breathless activity
4:00-4:10  Clean up/Transition outside
4:10-4:35  Outside
4:35-4:45  Clean up playground/Transition back into classroom
4:45-5:30  Small activities/End of the day pick up
PRESCHOOL ROOM

The Preschool Room is an interactive environment comprised of three (3) to five (5) year olds. The space is divided into two (2) separate spaces – the Green Room and the Pink Room. Both places contain many opportunities for children to foster skills they already possess while helping them develop skills that may be emerging.

The Green Room focuses on hands-on learning centers with language-based activities, math concepts, fine motor development, technology, and manipulatives to engage young minds. The Pink Room acts as an indoor gross motor setting. Children are exposed to dramatic play, blocks, sensory, and easel painting in this room.

Working within the framework of a developmentally appropriate classroom, memorable and meaningful experiences are created for the children by the teaching team. Children learn best through play. Therefore, teachers work to maximize the children’s involvement to help scaffold their learning to the next level of development.

Puzzles, woodworking, books, blocks, games, art, dramatic play, and dancing are examples of activities available to children during free play. Large group time may include stories, finger plays, discussions, calendar, current events, musical instruments, and songs. Method Students implement developmentally appropriate activities during small group time. Gross motor activities occur indoors as well as outdoors.

Preschool Daily Schedule
(times are approximate)

7:30-8:00  Opening/Free play in Green Room
8:00-8:35  Free play in Pink and Green Rooms
            (AM Method Students implement)
8:35-8:45  Clean up/Hand washing/Transition to breakfast
8:45-9:10  Breakfast (breakfast concludes at 9:00 a.m.)
9:10-9:20  Breakfast clean up/Hand washing
9:20-10:00 Free play in Pink and Green Rooms
             (AM Method Students implement)
10:00-10:10 Clean up/Transition to group in Green Room
10:10-10:30 Group time
Preschool Daily Schedule
(times are approximate)

10:30-10:40  Transition outside
10:40-11:20  Outside gross motor
11:20-11:35  Transition inside
11:35-12:10  Free play in Pink and Green Rooms
             (Mid-morning Method Students implement)
12:10-12:20  Clean up/Transition to lunch/Hand washing
12:20-1:00   Lunch (independent schedule including bathroom tasks)
1:00-2:30    Nap/Quiet time
2:30-2:45    Wake up/Clean up from nap
2:45-3:00    Indoor gross motor activity
3:00-3:20    Afternoon snack
3:20-4:00    Free play in Pink and Green Rooms
             (PM Method Students implement)
4:00-4:10    Clean up/Transition outside
4:10-4:35    Outside gross motor
4:35-4:45    Clean up/Transition inside
4:45-5:30    Books/Pick up
ADMISSIONS, TRANSITIONS, AND REFERRALS

WAITING LIST/PRIORITIES

In conjunction with DTCC’s commitment to equal opportunity and non-discrimination, eligibility for child care is not based on race, color, creed, sex, national origin, age, or disability. Applications for child care for children with disabilities are accepted, but enrollment and service is based on the Center’s ability to provide appropriate care without an undue burden to the Center.

Admissions are open first to DTCC students/staff and siblings of children already in the program. Although the Center does not accept children younger than three (3) months, a family can place their name on the waiting list as soon as the pregnancy is confirmed. This placement expires six (6) months from the time the child was placed on the waiting list. Families are responsible for renewing placement on this list every six (6) months.

INTAKE INTERVIEWS

Before a child is admitted, at least one (1) family member completes an Intake Interview with the Director and Lead Teacher. The Director reviews the necessary records, authorizations, forms, policies, and procedures of the Center. The Lead Teacher discusses the child’s needs, special concerns, daily and gradual start schedules, separation issues, methods for communication, as well as what items to bring to the Center.

GRADUAL START

The required gradual start process begins when families visit the classroom with their child for one (1) or two (2) short days prior to the child beginning full-time. This schedule is arranged at the Intake Meeting with the Lead Teacher. Entering a new program may be stressful for some children. A gradual start enables them to handle separation and adjust to new surroundings, adults, children, and routines. Children completing the gradual start process tend to adjust better in a shorter amount of time.
TRANSITIONS

When children are developmentally ready and reach the age criteria for the next classroom, a transition meeting is scheduled. The family, the child’s prior teacher, and the new teacher meet to discuss the child’s current skills and abilities. The child’s skill inventory booklet will be given to the new teacher to ensure continuity of care and education. During the transition meeting, daily schedules, expectations, and adjustment difficulties will be discussed. The family can also ask questions, voice comments/concerns, and tour the classroom.

SCHEDULE (can be extended if necessary)

First day – The child visits the new classroom for a two (2) hour period.
When this is scheduled for the morning, the child eats breakfast with new friends.

Second day – The child visits the new classroom for half of the day.
The child will experience a full lunch time routine.

Third day – The child visits the new classroom for the entire day.
The child will nap on his/her new cot and wake up with new friends to complete the afternoon.
REFERRALS

Social, mental health, educational, and medical services are specialized community resources available to the Center (see Appendix I). In the event that an assessment or evaluation dictates the need for services that are beneficial to the child, the following procedures for referring families are in place.

REFERRAL PROCESS

Staff concerns about a child’s development/behavior are to be reported to the child’s classroom Lead Teacher. These concerns are then shared and reviewed with the Director. If the Director is in agreement with the recommendation for referral, the Lead Teacher completes an observation report and reviews the child’s records.

REFERRAL MEETING WITH FAMILIES

The Director meets with the family to notify them of the following: documented observations, efforts made by the Center to accommodate the child’s needs, and reasons for recommending additional services. Possible referral resources may be suggested at this time by the Director.

Written records of this process are maintained by the Director. This includes documentation for the initial referral and from the conference with the family. Two (2) copies of this paperwork are made - one (1) for the family and the other for the child’s file.

FOLLOW-UP TO THE REFERRAL

With the family’s permission, the agency providing additional services may need to evaluate the child. At the Center, evaluations may be performed and/or services provided. If services can only be provided at another site, the child may be required to leave the Center, sporadically, temporarily, or permanently.
ARRIVAL AND PICK-UP PROCEDURES

ARRIVAL

Because the Center is a lab school, children must arrive no later than 9:30 a.m. **We reserve the right to deny entry after 9:30 a.m.** Please allow enough time for a comfortable transition into the Center each day. Each family should **sign in**, assist in the removal of outside clothing, greet teachers and children, and inform the teacher about issues which might affect the child’s moods or abilities (i.e. changes in the child’s routine). All children and family members must wash their hands upon entering the classroom. If your child is in the Infant Room, you are also required to remove your shoes or use shoe coverings before entering.

Children who arrive late on scheduled field trip days will be sent home due to insufficient staff coverage. Late entry due to a doctor’s visit requires advance notification.

With the reassurance that their family will return at the end of the day, children seem to respond to a clear and decisive good-bye. Families should not “sneak out” without saying good-bye. Although this may temporarily ease the pain of separation, it is alarming to children when they discover that their family member has “disappeared.” Failure to say good-bye undermines basic trust. Directing a child’s attention to a toy or an activity before leaving may be a helpful strategy. If the separation seems extremely difficult, you may always phone the Center later to see how your child is doing.

SCHEDULE CHANGES

Please inform the staff of changes in the child’s regular routine (i.e. late drop offs, early pick-ups, mid-day appointments or lessons, absences due to illness or vacation, different pick-up person). Receiving advanced notification assists staff in preparing the child and organizing activities. The courtesy of a call is much appreciated!
PICK-UP POLICY

Arriving on time to pick up your child is essential to the smooth operation of the Center. Please allow enough time to speak briefly with the teachers about the child’s day and read the dailies about the day’s activities. If there are issues to discuss, please do not do so at pick-up time. Instead, please make arrangements for a conference or phone call when the teacher can give you his/her undivided time and attention.

Your child may be very involved in an activity that he/she wants to finish before going home. During these times, it is important to convey clear expectations to your child regarding the end of the day routine. It is helpful to set and follow through on limits with statements such as, “You may take two more turns, and then we will go home.”

After you (or an authorized individual) pick up your child from the classroom, the responsibility for the child’s safety is released to you. You must also remain in compliance with Center rules. Children may not pass through any gates indoors or outdoors without a family escort.

Alternate pick-up arrangements must be made by the family when unable to pick up their child on time. When possible, please inform the staff of any last minute changes. Staff can then prepare the child and make personal arrangements if their departure from the Center will be delayed.

In a continuing effort to ensure their health and safety, the Center must protect children from harmful situations that may occur on the premises or at home. Therefore, if any staff member has reason to believe that the pick-up person is intoxicated or otherwise incapable of safely taking the child home, the following calls will be made:

1. Public Safety Department of DTCC
2. Next person(s) on the Emergency Contact List
3. Department of Services for Children, Youth, and Their Families and/or 911

Note: Anyone picking up a child must be at least sixteen (16) years of age. Children will not be released to minors under any circumstances. Written authorization for designated pick-up individuals must be on file at the Center. Please make these individuals aware that state photo identification is required. Also, if custody is an issue, a copy of the notarized court order is requested so that the correct legal course of action is followed.
LATE PICK-UP POLICY

The following steps will occur when a child is not picked up by the contracted time of 5:30 p.m.

Within a calendar year:

1st time: Verbal and written notice
2nd time: Fine ($10 per 15 minutes) to be paid before child returns to the Center
3rd time: Fine ($10 per 15 minutes) to be paid before child returns to the Center
Meeting with the Director to discuss the problem and future action steps

Note: Lateness is determined by the clock at the Center. It is suggested that families set their watches accordingly. Lateness is also determined based on the time that the child is picked up from the classroom, not based on the clipboard sign-out time. Late notices and fines are imposed uniformly, regardless of the reason for the delay.

In the event of an unexpected situation that creates a delay, families are expected to call the Center. Staff will then explain the delay to the child and make the necessary staffing arrangements.

If a child is not picked up on time, staff will attempt to reach the family or other individuals authorized as per the Emergency Contact List. If by 6:30 p.m. no one contacts the Center and staff is still unable to reach anyone, the Department of Services for Children, Youth, and Their Families will be contacted as a last resort.
HEALTH PRACTICES

The Child Development Center maintains an environment that is healthy for both children and staff. Staff members are trained in First Aid and CPR. The following policies and procedures are designed to minimize the risk of infectious diseases. The Center will err on the side of caution in situations that are not clear cut.

PHYSICAL EXAMS AND IMMUNIZATIONS

At the time of enrollment, a current physical examination by a physician and documentation of immunizations are required for each child. (If an exception to this requirement is requested due to religious beliefs, the request must be documented and notarized.) Lead and tuberculosis screenings are also required at one (1) year of age. Information can be obtained from your pediatrician.

Documentation of annual physicals and subsequent immunizations is required by the Department of Child Care Licensing. **Your child’s file must be kept current.** Failure to comply may result in the immediate termination of child care services to ensure that the Center remains compliant with the Department of Child Care Licensing. For questions regarding immunizations required by the Department of Public Health, please contact their office (1-800-282-8672).

CENTER NOTIFICATION

Families are required to notify the Center whenever your child:

- Has sustained an illness
- Has been exposed to a contagious disease (notify Center within 24 hours)
- Is taking medications administered at home
  (staff will look for possible side effects, negative reactions)

HAND WASHING & DISINFECTING

Careful hand washing after diapering, toileting, and nose wiping is the single most effective way to prevent the spread of disease among children and staff at the Center. Mouthed toys and dishes are disinfected with each use. Surfaces are disinfected frequently throughout the day by staff and daily by custodial services.

ORAL HEALTH

The Center promotes healthy oral practices for young children. The importance of good oral health is taught to children early. At least once daily, usually after lunch, the children are provided an opportunity for tooth brushing and gum cleaning (young infants) to remove food and plaque. The Center provides toothbrushes/toothpaste for toddlers and preschoolers and finger brushes for infants that are replaced on a regular basis. The Center also works in collaboration with the DTCC Dental Health Center to educate children about oral health. In addition to verbal presentations, children are exposed to dental equipment and tools. These experiences reinforce good oral health and help to reduce anxiety children may have as related to office visits.
FEVERS

Most fevers in children are caused by simple viral infections. Children who appear well with a fever are extremely unlikely to have a serious underlying disease. In accordance with Delaware’s State regulations, children will be asked to leave the Center under the following conditions:

- infants four (4) months old and younger with a fever of 100°F or greater
- children older than four (4) months with a fever of 101°F or greater

Children with a fever or taking fever reducing medication may not return to the Center until twenty-four (24) hours have passed without a temperature and/or the administration of medication.

MASKING FEVERS AND FUNCTIONALITY

Children requiring acetaminophen, ibuprofen, or other antipyretics to maintain functionality throughout the day are considered too ill to be at the Center.

EXCLUSION FOR NON-FUNCTIONALITY

Symptoms and signs of severe illness (i.e. unusual lethargy, uncontrolled coughing, inexplicable irritability, persistent crying, difficulty breathing, wheezing, other unusual signs) are criteria for excluding children from the Center. Medical evaluation may be requested to permit inclusion. The Center does not have sufficient staff to care for children who are too ill to participate in the program or who require almost constant attention. As a result, staff is not able to provide the one-on-one attention that sick children deserve.

Whenever children are non-functional, but have no additional symptoms, the decision to send them home will be made by the Lead Teacher and Director. In these situations, two (2) calls may be made. The first will notify families that there may be a problem. If necessary, a second call will request pick up within one (1) hour. Children may be isolated and cared for in the Sick Care Room until a member of the family or other authorized individual arrives.

In a limited number of circumstances, children may need to be excluded for their welfare and that of others, irrespective of their functional state.
INFECTIOUS DISEASES

In spite of the best measures taken, children in group care will inevitably sustain more infectious illness than those children cared for at home. Infants and toddlers in group care typically sustain 8-10 respiratory infections per year compared to the 4-6 average for children not attending group care. Preschoolers are at less risk, but still average around 5-6 respiratory illnesses per year.

Because viruses and bacteria are present days before the onset of a child’s symptoms and often long after they have recovered, children with minor illness (i.e. colds, mild diarrhea) are NOT excluded from attending the Center provided they feel well enough to participate in their usual activities.

FAMILY NOTIFICATION

The Center will notify families about real or potential exposure to infectious diseases. This written notification will also contain symptoms to look for while monitoring your child at home. Contagious situations must be addressed and confirmed by your child's physician. In most cases, the child may return to the Center with a note from the physician.

COMMUNICABLE DISEASES: REPORTABLE

A County Health Officer from the Division of Public Health and the Center’s Health Care Consultant will be contacted if a child or employee of the Center has any of the following diseases (Reg. 208):

<table>
<thead>
<tr>
<th>RESPIRATORY</th>
<th>GASTRO-INTESTINAL</th>
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</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>Giardiasis</td>
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<tr>
<td>German Measles</td>
<td>Hepatitis A</td>
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<tr>
<td>Hemophilus Influenzae Disease</td>
<td>Salmonellosis</td>
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<tr>
<td>Measles (rubeola)</td>
<td>Shigellosis</td>
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<tr>
<td>Bacterial (spinal) Meningitis</td>
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<tr>
<td>Mumps</td>
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<td>Pertussis (whooping cough)</td>
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<tr>
<td>Rubella</td>
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<tr>
<td>Tuberculosis</td>
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For current information on reportable communicable diseases, contact the Division of Public Health or refer to their website: [http://www.dhss.delaware.gov/dhss/dph/dpc/rptdisease.html](http://www.dhss.delaware.gov/dhss/dph/dpc/rptdisease.html).

In general, the Center reserves the right to decide upon the appropriateness of a child’s readmission to the Center. A child will be excluded if his/her condition poses an increased risk to other children and/or adults with whom the child comes in contact. In the event of conflicting opinions between a health care provider and the Division of Public Health regarding the exclusion of a child, the Center will follow the recommendations of the Division of Public Health.
ILLNESS DURING THE DAY

Center staff is trained to recognize the symptoms of common childhood illnesses. The health of each child is evaluated upon arrival at the Center and throughout the day. In the event that children become ill during the day, they may be isolated and cared for in the Sick Care Room. Families will be called and given one (1) hour in which to pick up the child. It is imperative that the response to this pick-up requirement be prompt. Delays can seriously impair the smooth operation of the Center.

If a member of the family cannot be located, the process of contacting individuals listed on the Emergency Contact List will begin. It is important to update this information as necessary.

Return to the Center after an illness is conditional upon the child’s ability to participate in the group and not pose an infectious risk to others. The child must be symptom free and not taking fever-reducing medication for twenty-four (24) hours prior to returning to the Center. Although arranging alternative care during times of illness can be inconvenient, your understanding and cooperation is necessary and appreciated. Please be assured that the rationale behind these guidelines is in the best interest of the children and staff.

MEDICATION

Prescription and non-prescription medications can only be administered by staff possessing Medical Administration Certification. Families are required to sign the Permission to Administer Medication Form for all medications, including topical ointments. The child’s name should be clearly inscribed. Written instructions regarding medication dosage should be clear and legible. A physician’s written order, which may include the label on the medication, is required. In the absence of a physician’s order, parents/guardians may come to the Center and administer medication to the child.

MINOR INJURIES

Families receive written notification of all injuries. These reports include when and how the injury occurred, the treatment given, and whether a call to the family or physician was made. Copies of all reports are kept in the child’s file.

In the event of a human bite that breaks the skin, it is recommended that the family of the child who did the biting as well as the child or adult who was bitten contact their physician about possible testing.

FIRST AID

First Aid Kits are located in each classroom as well as outside in places inaccessible to children. They are also taken on all field trips along with emergency numbers and information on each child. At all times when children are in attendance, there is at least one (1) staff member certified in First Aid and CPR on the premises.
MEDICAL EMERGENCIES

In the event of a serious illness, accident, or injury, Center staff will take the necessary emergency action to protect the child from additional harm and then notify the family. If the family cannot be reached, individuals listed on the Emergency Contact List (please keep this information current) will be contacted. If neither the family nor the emergency contacts can be reached during a medical emergency, proper medical care (i.e. first aid, ambulance, other medical emergency services) will be provided to the child. It is required that all families sign a medical release for these services.

Any and all expenses incurred by the Center in the process of securing medical treatment for a child shall be assumed by the child’s family. The staff and administrators of Delaware Technical Community College and the Child Development Center are released and discharged from all claims, demands, actions, and judgments which may result after securing medical treatment for a child under the Center’s supervision.

An Injury Report form will be completed and forwarded to the family. These reports include when and how the injury occurred, the treatment given, and whether a call to the family or physician was made. Copies of all reports are kept in the child’s file.

TELEPHONES

The Center maintains and posts a list of the following emergency numbers:

- Ambulance Service or Emergency Medical Services
- Police Department
- Fire Department
- Poison Control
- Child Abuse Reporting Numbers
- DTCC Security
DIAPERING PROCEDURES

Families are responsible for providing disposable diapers. Diapers are checked throughout the day and changed at least every two (2) hours or whenever soiled or wet. The time, number, and nature of changes are recorded. During each diaper change, the child is washed and dried with individual washing materials such as single-use disposable wipes.

The hands of staff and all children, including infants, are washed thoroughly with soap and running water after each change. Individual paper towels are used to dry hands.

The changing table or diapering surface is cushioned, intact, impervious to water, and used for no other purpose. It is adequately covered by a disposable covering. The surface is disinfected after each use.

Soiled, disposable diapers are placed in a waterproof container with a foot pedal, a tight-fitting cover, as well as a plastic liner. The container is emptied and sanitized at least daily.

TOILETING PROCEDURES

Toilet training begins as per the request of the child’s family and in a manner consistent with the child’s physical and emotional abilities. Toilet training is not coerced. Children are not punished for soiling, wetting, or not using the toilet and are supervised during toileting. Potty-chairs are emptied and sanitized after each use.

After using the toilet, children wash their hands with soap and running water. Staff members assisting children with toileting are also required to wash their hands with soap and running water. Individual paper towels are used to dry hands.

Clothing soiled by feces, urine, vomit, or blood is “double-bagged,” placed in sealed plastic bags, and stored apart from other items. Because rinsing or laundering these items at the Center could spread germs and diseases, these articles of clothing are sent home daily.

Families are asked to always have a change of clothing at the Center. Clothing should be clearly marked with the child’s name. If necessary, clothing will be loaned to a child for a nominal fee.

DIARRHEA

If diarrhea occurs twice during the day, the child will be excluded from the Center until normal stools return. The child will immediately be excluded from the Center in the event of uncontrolled diarrhea (defined as stool that cannot be contained by the diaper and/or an increase in the number of stools or stool water). The Center encourages and may require families to seek medical care for a culture and treatment before returning.
SAFETY PRACTICES

The Center is committed to providing a safe environment for children and staff. In an effort to protect children from injury, close attention is paid to providing safe physical surroundings and encouraging safety practices. Policies and procedures are developed and periodically reviewed to maintain this commitment to safety.

CURRICULUM

Safety issues are integrated into the regular curriculum. This includes, but is not limited to, remaining safe in the classroom, on the playground, while riding in the car, while crossing the streets, or when in the presence of strange adults and/or animals. Fire safety topics include “Stop, Drop and Roll” when clothes catch on fire and a visit from members of the fire department during Fire Prevention Week.

INSPECTIONS

Periodic safety inspections are performed in the Center and on the playground. Additional inspections completed by The Department of Child Care Licensing and The Department of Public Health are kept on file in the office.

OUTDOOR PLAY

If children are well enough to attend the Center, they should be well enough to go outside and play. Do not send your child to school if you do not want him/her to spend time outside. Fresh air promotes good health and is not a contributing factor to catching colds or flu. Please provide children with ample and appropriate clothing for cold, wet, snowy, or hot outdoor weather. Because wind can be uncomfortable to an ear infection, a hat or hood is recommended. Children in the Preschool and Toddler Rooms go outside when the temperature is above 20°F. Infants go outside when the temperature is above 33°F. If weather advisories are posted, children will not have outdoor play. Instead, they will have the opportunity to use the College’s gym. To continue promoting healthy practices, the Center uses single-use disposable hand wipes during outdoor play.

During the summer months, water play is added to the children’s outdoor experience. Again, if a child is well enough to attend the Center, he/she is well enough to participate in water play. The outside temperature benchmark is 68°F. Please provide your child with towels, bathing suits, and water shoes.

Throughout the year, children have the pleasure of using the playground sandbox for sensory and fine motor activity. The sandbox is securely covered during inclement weather and whenever the Center is closed.
PHYSICAL ACTIVITY

The Center is committed to your child’s health. It is important for staff to serve as positive role models for the children as they learn to live healthy lives. Throughout the day, children have a variety of engaging and vigorous physical activities from which they are encouraged to choose. It is recommended that children participate in a minimum of sixty (60) minutes of physical activity each day.

SUN PROTECTION PRACTICES

To protect children from skin damage caused by exposure to the summer sun’s harmful UVA and UVB rays, sun protection measures are in place.

- Sun block is used May (after Memorial Day) through September. Families are responsible for applying sun block in the morning before drop off. Products with a SPF of 30 or higher are suggested. Families who want Center staff to apply sun block prior to the afternoon outdoor playtime must sign an Administration of Medication form and provide sun block. Staff will apply each child’s own supply of sun block to exposed skin. This includes, but is not limited to, the face (except eyelids), top of ears, nose, bare shoulders, arms, and legs.

- Families are asked to: provide hats with wide brims that protect the face, neck, and ears and to dress children in sun protective clothing (i.e. tightly woven, loose fitting, full length, light colored, light weight).

- Children will be hydrated and encouraged to drink water before and during outdoor play.

- Areas of shelter and shade are available on the playground. Infants six (6) months old and younger are too young for sun block and will play in shaded areas.

PROHIBITED ITEMS

To maintain a safe environment in which all can fully participate, children are not permitted to have the following items:

- jewelry (post only earrings with secure backs are acceptable)
- barrettes (permitted in the Preschool Room only)
- flip-flops, clogs, or high wedged shoes
- money
- medications
- dangerous items
SAFE SLEEP POLICY

A Safe Sleep Policy exists for children less than twelve (12) months of age. Each staff member is informed about the policy during orientation. After reviewing the policy, the staff is required to sign an agreement stating that he/she understands and will abide by the procedures.

The policy states that while working in the Infant Room, staff will do the following:

- always put infants on their backs to sleep (once asleep, a child may assume a different position once he/she can independently turn over)
- keep the infant’s face and head uncovered at all times
- place the infant at the foot of the crib
- tuck a blanket, if used, along the sides and foot of the crib mattress reaching only as far as the infant’s chest
- NOT allow pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items in cribs while children are sleeping
- place only one (1) infant in a crib at a time (unless evacuating infants during a practice drill or emergency)
- visually check on sleeping infants every fifteen (15) minutes and document

If there is a medical condition prohibiting an infant twelve (12) months or younger to be placed on his/her back for sleeping, a waiver must be signed by the family and a licensed physician.

EVACUATIONS DUE TO NATURAL OR MAN-MADE EMERGENCIES

Evacuation plans are posted in all rooms of the Center. Fire drills are conducted monthly as required by the Fire Marshal. In the event of an actual emergency, families will be called to pick up their children. The evacuation process is as follows:

Center only evacuation - staff will take the children to the cafeteria in the East Building

Campus evacuation - staff will take children across Orange Street to the parking garage

Staff is also trained for other emergencies such as natural disasters and security threats. Every appropriate measure will be taken to protect the children in the Center.

Note: If a drill or emergency occurs while you are at the Center, you are required to follow the Center’s procedures and immediately evacuate the building with the children and staff.
UTILITY LOSSES

The Center will call families to pick up their children if the facility experiences a power outage or loss of water supply for more than two (2) hours.

FIREARMS

Firearms are prohibited in and around the Center. Other similar types of hazardous items that pose a risk to children and adults are also prohibited.

SMOKING

DTCC is a tobacco-free campus.

PETS

Center pets may require certification by a licensed veterinarian as being free of illness or any other hazards to children. Those exempt from this ruling (i.e. goldfish, hermit crabs, frogs, hissing cockroaches) must be visibly clean. Pets will be handled by children only with close staff supervision and will be cared for in a safe and sanitary manner.
The Center promotes healthy attitudes toward food. Children are exposed to topics such as good eating habits, healthy reasons to eat, the importance of food variety when making choices, and why foods prepared or eaten in certain ways are/are not healthy.

Breakfast is served at the Center on a daily basis. For families who would like to take advantage of this service, your child must be in the classroom before 9:00 a.m. in order to be served.

Lunches must be sent in brown or cloth bags due to the unsanitary conditions that can be created by lunch boxes. This also facilitates better storage in the small, classroom refrigerators. In addition to labeling your child’s lunch bag with his/her name, please label all lunch items.

Good nutrition is modeled for children in the meals and snacks offered at the Center. As is required by the Delaware Child and Adult Care Food Program (CACFP) and the Office of Child Care Licensing (OCCL), the Center and its families must follow the specified nutrition guidelines. The Center exercises care in selecting, preparing, and presenting foods that reflect balance from the different food groups. Foods chosen are also low in sodium, refined sugars, fat, and preservatives and contain no artificial coloring or flavoring. Children are always encouraged to explore new tastes.

Families are required to participate in the Center’s efforts to promote healthy eating habits by sending nutritionally sound lunches.

Lunches prepared at home must contain the following based on the child’s age:

A. Milk: fluid pasteurized cow’s milk
   infant/toddler - 4 oz.
   (children ages 1 - 2 receive whole pasteurized cow’s milk when not on formula or breast milk)
   preschool - 6 oz.

B. Proteins: meat, fish, poultry, eggs, yogurt, cheese, beans
   infants/toddlers - 1 oz.
   preschool - 1 ½ oz.

C. Fruits and Vegetables: 2 items
   variety of fresh vegetables and fruits
   100% fruit juice counts toward one (1) of the requirements
   infant/toddler - ¼ cup per serving total
   preschool - ½ cup per serving total

D. Grains: whole grain and enriched products (i.e. breads, cereals, pastas, crackers, rice)
   ½ slice for all children
   ¼ cup for all children
PROHIBITED LUNCH FOODS

The following lunch foods are prohibited at the Center:

- NO sodas
- NO drinks with dyes (i.e. sugar water drinks)
- NO juice (unless 100% unsweetened fruit juice)
- NO chocolate (i.e. chocolate chip cookies, chocolate chip granola bars, candy, cake)

UNSAFE FOODS

Although some of the foods that follow are offered and safely eaten at home, they are prohibited at the Center for each specified age group:

Preschoolers

Chewing gum, dry bread, hard candies (including lollipops, candy canes), hard pretzels, hot dogs (whole and round slices), large pieces of meat, meat on bones, nuts, peanuts, peanut butter, popcorn, raw peas, uncut grapes, unpitted cherries or plums

Toddlers

All items listed for preschoolers with the addition of raw vegetables

Infants

All items listed for toddlers and preschoolers with the addition of honey and raisins

LIST OF NUTRITIOUS LUNCH SUGGESTIONS

The following suggestions may be helpful when planning what to pack in your child’s lunch:

Leftovers:  Pasta with or without sauce/cheese/meat
            Mouth sized morsels of meat
            Steamed vegetables
            Rice or beans
            Soups or stews

Sandwiches: Whole grain breads, biscuits, muffins, pitas, bagels
            Cheese (plain or grilled)
            Tuna, meats
            Soy butter or bean spreads
            Bananas or other thin fruits
            Applesauce

Small containers: Cottage cheese or yogurt with applesauce or fruits
IMPORTANT LUNCH INFORMATION

Serving groups of young children is a time-consuming effort. Families are required to prepare lunches in the following ways:

- Cut sandwiches into quarters
- Pare fruits and steam vegetables (infants/toddlers)
- Pit fruits
- **Cut meats into mouth-size morsels**

NUTRITION POLICY WARNING SYSTEM/MONETARY REIMBURSEMENT

Supplemental foods from all food groups are available at the Center and will be served if meals provided by the family fail to meet the mandatory requirements as described above. A notice will be sent home whenever this occurs.

If after three (3) notices lunches fail to meet the requirements, a fee in the amount of $0.50 per item will be billed to the child’s tuition account for the supplemental food.

MODIFICATIONS TO BASIC MEAL PATTERN REQUIREMENTS

If a modification of the basic meal pattern is requested due to a child’s medical need (i.e. food allergy or intolerance), families must provide the Center with written documentation from the child’s health care provider permitting and specifying the modifications.

If a modification of the basic meal pattern is requested due to food preferences or religious beliefs, families must provide written documentation specifying which foods are unacceptable and the food substitutions allowed within the same food group.

MICROWAVE USAGE

If requested, lunch items will be heated in the microwave for no more than twenty (20) seconds. Families who are interested in this optional service are required to sign a Microwave Waiver that will be placed in your child’s file. The following guidelines must be adhered to in order to have the child’s lunch heated in the microwave:

- Food must be brought in microwave safe containers (food will be directly heated in these)
- Containers must be labeled with the child’s name

Note: teachers will microwave every lunch item that needs to be heated, not just selected items
SPECIAL CELEBRATIONS

Special foods are sometimes included in Center celebrations such as birthdays, holidays, or a child’s last day at the Center. These foods must also be in alignment with healthy guidelines and be prepared only by the staff, children, and/or family members while at the Center. These restrictions are due to liability issues as well as regulations established by the Department of Public Health. Families are not permitted to send food treats to be shared with the class unless the items are in the original package, accompanied by the store receipt, and follow healthy guidelines. Families are encouraged to make healthy treats with their child and his/her classroom peers. Center staff is available and will happily assist you.

Healthy suggestions for celebrations:

- Fruit Kabobs
- Whole Grain Fig Bars
- Graham Crackers
- Fruit Smoothies
- “Ice Cream Cakes” (fill ice cream cones with low fat pudding and decorate with sprinkles)

- Mini Muffins
- Small Oatmeal Cookies
- Low Fat Yogurt
- 100% Fruit Juice Freeze Pops
CHILD MALTREATMENT PRACTICES

The procedures that follow are designed to help protect children from maltreatment, both inside and outside of the Center.

PREVENTION

The prevention of child abuse is promoted through the following Center components:

Written policies regarding:
- Adult/Child interactions
- Discipline
- Abuse reporting procedures in accordance with state laws

Personal Safety Curriculum that includes:
- Learning anatomically correct names for body parts
- Developing assertiveness skills
- Understanding differences in personal touches
- Verbalizing about unwanted touches

Communication with parents/guardians regarding:
- Child abuse and neglect
- Center policies
- Families’ role in prevention

Staff Education:
- Review of policies during orientation
- Periodic in-service training on maltreatment issues and prevention
- Outside courses and workshops
- Ongoing discussions concerning each child’s development and well-being
SUSPECTED OR ALLEGED CHILD ABUSE OR NEGLECT

Delaware law requires all individuals, including all Center employees, who know or in good faith suspect child abuse or neglect to make a report to the Delaware Division of Youth and Family Services. Upon becoming aware or receiving a report of child abuse or neglect or suspected child abuse or neglect, Center staff will immediately contact the Division of Youth and Family Services and law enforcement to investigate. The Center will take all appropriate steps to safeguard the welfare of the child in accordance with the law.

Similarly, Center employees who are accused or suspected of abusing a child in their care will be removed immediately from the childcare setting, be reported to the Division of Youth and Family Services and law enforcement, and be subject to College discipline, up to and including termination, for any wrongful conduct as determined through the investigatory process.

All media inquiries are to be directed to the DTCC Marketing Department.

DFS REPORTING HOTLINE: 1-800-292-9582
TRANSPORTATION PRACTICES

DAILY TRANSPORTATION

Daily transportation to and from the Center is the responsibility of families.

At the time of enrollment and re-contracting, families complete an Emergency Contact List form authorizing others to pick up their children. A form to update this information at other times is available in the office and must be signed by the family. CHILDREN WILL NOT BE RELEASED TO ANYONE NOT DESIGNATED ON THESE FORMS OR TO ANYONE WITHOUT A STATE PHOTO ID.

FIELD TRIP TRANSPORTATION

Throughout the year, classrooms take local field trips. Families sign a general Field Trip Release Form at the time of enrollment. However, information about trips is distributed in writing from the Center. Permission may be withdrawn in writing at anytime. If permission is not withdrawn, the general release document serves as on-going permission.

The number of children riding in a vehicle will not exceed the number of seats. Vehicles will not be driven unless all children are seated in approved safety carriers or booster seats. Seatbelts will be used by all children, drivers, and attendants. Families may be asked to provide their child’s car seat. Please notify the Center if your child experiences difficulties while riding (i.e. motion sickness, seizures). The Department of Child Care Licensing requires that when transporting children, Centers use vehicles equipped with a dry chemical fire extinguisher as well as a first aid kit and carry emergency information for all children.

Families who not want their children to attend a particular trip are responsible for finding alternative care on the day of the trip.
FAMILY INVOLVEMENT/FAMILY RIGHTS

FAMILY/TEACHER PARTNERSHIP

Families have the primary responsibility for the care and education of the child. Teachers work in close partnership with families because both groups possess important knowledge about the child's education. Mutual trust and open communication is emphasized. As always, family participation is encouraged.

Information regarding Center children, families, and/or staff should remain confidential. As you make observations at the Center, please refrain from discussions and/or speculations about children other than your own. If you have any issues, concerns, and/or questions regarding the Center’s program and/or procedures, please address these with the appropriate teacher, administrative staff, or the Director rather than other families. Maintaining confidentiality combined with clear and direct communication will prevent misunderstandings.

DIVERSE LANGUAGES

When families speak and/or read another language, every effort will be made to provide Center information in that language. The DTCC Language and Culture Department is often able to provide assistance by interpreting documents and translating information during meetings and conferences.

MESSAGES/NOTICES/DAILY RECORDS

Each classroom has a designated place to post messages and notices. Notes from families should be given to the teacher. Daily records of the activities for individual children and the classroom group are written and posted in each classroom. Families are encouraged to read and discuss these with the teachers.

VISITATION

Families are always welcome to visit the classrooms. Classroom activities can be viewed without distracting children via observation booths with one-way glass. Families who want to spend time in the classroom, should discuss their request with the teacher who will inform you of Center guidelines for being in the room. Additionally, children need to know about the change in routine. Impromptu visits are sometimes viewed by children as unusual and they may behave accordingly. Depending on their age, children may be dismayed when they cannot leave with the family member after a mid-day visit.

INPUT

Families are encouraged to make suggestions about Center policies and programs. These suggestions can be shared at conference time on the Center evaluation form or to the Director at anytime. Your input is important as the Center continually strives to provide quality service.
CONFERENCES

Conferences with your child’s teacher are required to discuss progress, accomplishments, and/or difficulties that may be experienced at the Center or at home. They are scheduled after a child has been enrolled in the Center at three (3) months, twice a year, or as needed. During conferences, an assessment plan is developed using the Assessment Planning Sheet as a tool. This plan helps families and the teachers plan for growth and development by creating goals for the child based on individual needs and cultures.

CHILD PROGRESS: ASSESSMENT

Purposes of assessment:

- Document and evaluate the overall development of each child
- Make informed curriculum decisions in the areas of room arrangement, curriculum content, and daily transitions
- Connect families to the school environment
- Develop an individualized learning plan for each child that will support the child’s learning
- Improve overall programming
- Help determine readiness and placement into a new classroom or school setting

Procedures for assessment methods:

- Families are informed during enrollment about the Assessment Policy located in the Center Policy Handbook. The opportunity to review specific assessment methods and explore how results are used to support learning is available at the Lead Teacher Intake Meeting.
- The initial conference occurs three (3) months after the child enters the program. Every six (6) months thereafter, families will meet formally with the Lead Teacher to discuss the child’s progress.
- Child Find is invited to the Center yearly to perform formal assessments on children in the Preschool Room. Family consent for this service is mandatory.
- Confidentiality of assessment information is extremely important. Staff members (including Interns and Method Students) are required to read and sign a confidentiality agreement.
- Family and child records are stored in a locked file cabinet.
- Children’s portfolios are stored in cabinets within each classroom.
- Access to a child’s record occurs on a need-to-know basis and is limited to staff and student interns who have completed orientation.
- Family involvement in the planning and implementation of assessments is included when families identify the interests and needs of their child, follow through with specialized needs and services, and utilize the Skill Inventory to continue learning at home.
- The Developmental History and Family Traditions questionnaire helps teachers acquire information for assessment and curriculum planning purposes.
- Daily reports and conferences (formal and informal) are used to communicate with families about assessment.
- To help interpret data for families who speak a language other than English, the Center enlists the services of DTCC’s Language and Culture Department.
Gathering assessment information for child portfolios includes the following items:

- Skill Inventory
- Work samples (art, speech, writing)
- Anecdotal recordings
- Observation sheets (social-emotional/temperament scales, time samplings, audio/video tapes)
- Individual Goal Setting Sheet (done at conference time with the family)

**Results of assessment information are used in the following ways:**

- Overall program improvements
- Improving and adapting curriculum to individual and cultural interests and needs
- Communicating with parents/guardians
- Acquiring specialized services for children with special needs
- Planning monthly team meetings
- Creating individualized objectives for children that coincide with curriculum unit planning
- Integrating the developmental areas in the skill inventory book with the curriculum areas

**Use of norm-referenced tests and published instruments for evaluation purposes:**

- Norm-referenced and standardized tests are used only when seeking information on eligibility for special services. Testing is conducted by outside agencies such as Child Find.
- The Center collaborates with community agencies assigned to evaluate a child by producing observations, checklists, rating scales, and work samples to create a better picture of the whole child.
- The Center does not currently use any published instruments for evaluation purposes.

**RECORDS: CONFIDENTIALITY/DISTRIBUTION**

Information contained within a child’s record is privileged and confidential. These records will not be released to anyone indirectly related to implementing the Center’s education program without written family consent. If your child’s records are subpoenaed, you will be notified.

Children’s records are accessible to families upon request within two (2) business days. Established procedures govern access to, duplication of, and dissemination of such information.

A permanent written log is maintained which identifies individuals to whom information has been released. This log is available only to families and personnel responsible for record maintenance. Upon request, copies can be provided to families at no charge.

Families may add, delete, or amend the record and have the right to discuss this at a conference. They also have the right to submit a written response within one (1) week stating the reasons for their decision. If the decision favors the family, immediate steps will be taken to make the requested changes.

Upon written family request, records will be transferred to the family or other identified person when the child is no longer enrolled at the Center.
FUNDRAISING

Fundraising is an opportunity for Center families and staff to join forces and raise money for school supplies, family events, as well as teacher appreciation items. Everyone benefits from the fundraising efforts. Your time, support, and involvement are valued and appreciated. The Center is always open to new fundraising ideas and suggestions! Please see the Director.

Event examples:

- Joe Corbi’s Pizza            March
- School Portraits            May
- Boscov’s Friends Helping Friends October
- Bake Sale                  3rd week in November
- Printer Cartridges         All year long
- Old Cell Phones            All year long

SOCIAL GET-TOGETHERS

Community is very important to the environment of the Center. Therefore, opportunities to gather with families and staff are promoted. Several times throughout the year, mix and mingle events are sponsored by the Center. Additional social gatherings may also be held within each classroom.

Event examples:

- Day of Elegance            April
- Story Night               March
- Make and Take Night        June
- Sesame Place              June
- Let’s Meet and Get Involved August
- Potluck Dinner            October
- Craft Night              November
COMMUNITY INVOLVEMENT

The Center cannot function in isolation. The surrounding community provides the Center with resources to help the children grow and explore. Therefore, the Center gets involved with the community as a way of giving back. Families and staff have the opportunity to participate in planned events.

Event examples:

- Local charitable organization walk  
  (i.e. Aids Walk DE, Diabetes Walk)  
  various months
- St. Jude’s Trike-a-Thon  
  (supports children with Leukemia)  
  September

CLASSROOM AND SCHOOL INVOLVEMENT

There are many ways in which families can be involved in the planning and implementation of events at the Center. Your input is valued and appreciated. The contributions of time and materials help the Center promote the highest quality of care for children.

Event examples:

- Field trips
- Classroom activities
GRIEVANCE PROCEDURES

Although the Center makes every attempt to offer the highest quality of care possible to children, there may be occasions when families have problems and/or concerns about specific events, situations, and/or staff members. Please follow protocol by first speaking to the appropriate staff member. Open communication is encouraged as a means of addressing and resolving situations. By working together, families and staff can ensure the well-being of each child.

When preparing to discuss your problem and/or concern, please arrange a time and secure a place in which you can privately speak face-to-face. Allow enough time for thorough discussion. Remarks should be phrased using “I” statements and steps to reduce defensiveness should be utilized. Please demonstrate willingness to work toward a resolution by being willing to listen and hear the other side.

Please do the following if you have a problem and/or concern regarding:

POLICY/PROCEDURE: Discuss your problem/concern with the Director. He/She may consult with the Education Department Chair.

LEAD TEACHER/TEACHER: Discuss your problem/concern with the teacher. If the situation remains unresolved, ask to meet with the teacher and the Director.

DIRECTOR: Discuss your problem/concern with the Director. If the situation remains unresolved, ask to meet with the Director and the Education Department Chair.
<table>
<thead>
<tr>
<th>Community Resource</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Brandywine Counseling</td>
<td>(302) 656-2348</td>
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<tr>
<td>Catholic Charities</td>
<td>(302) 655-9624</td>
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<tr>
<td>Child Care Licensing Office</td>
<td>1-800-822-2236</td>
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<tr>
<td>Child Development Watch (behavioral intervention)</td>
<td>(302) 995-8576</td>
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<tr>
<td>Child, Inc.</td>
<td>(302) 762-8989</td>
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<td>Child Priority Respond (Sussex County)</td>
<td>1-800-969-4357</td>
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<tr>
<td>Children &amp; Families First</td>
<td>(302) 658-5177</td>
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<tr>
<td>Children’s Secret Garden (care for children w/ special health needs)</td>
<td>(302) 730-1717</td>
</tr>
<tr>
<td>Dart First State Reduced Fare Program</td>
<td>(302) 577-3278</td>
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<tr>
<td>Delaware Dept. of Services for Children, Youth and Their Families</td>
<td>(302) 633-2500</td>
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<tr>
<td>Delaware Guidance for Children and Youth</td>
<td>(302) 652-3948</td>
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<tr>
<td>Delaware Health and Social Services</td>
<td>(302) 552-3530</td>
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<tr>
<td>Delaware Helpline</td>
<td>(302) 577-3000</td>
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<tr>
<td>Delaware State Housing Authority</td>
<td>(302) 577-5001</td>
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<tr>
<td>Developmental Disabilities Council</td>
<td>(302) 739-2232</td>
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<tr>
<td>Easter Seals</td>
<td>(302) 324-4444</td>
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<tr>
<td>Family Services</td>
<td>(302) 633-2650</td>
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<tr>
<td>Head Start Programs</td>
<td>(302) 452-1500</td>
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<tr>
<td>Henrietta Johnson Medical Center</td>
<td>(302) 655-6190</td>
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<tr>
<td>Jewish Family Services of Delaware</td>
<td>(302) 478-9411</td>
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<tr>
<td>Libraries (Delaware Division of)</td>
<td>1-800-282-8696</td>
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</tbody>
</table>
COMMUNITY RESOURCES

Parent Information Center (302) 366-0152
Parents as Teachers (302) 454-5955
Poison Information Center 1-800-222-1222
Prevention and Behavioral Health Services (302) 633-2600
Read-Aloud Delaware (302) 656-5256
YMCA of Delaware (302) 221-YMCA