

FAMILY HANDBOOK



Delaware Technical Community College
Child Development Center

2019

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Statement Of Nondiscrimination Policy

It is the policy of the College that no person shall, on the basis race, color, national origin, gender, age, sex, pregnancy, marital status, sexual orientation, gender identify or expression, religion, creed, disability, veteran’s status or any other category protected by federal or state law be subjected to any discrimination prohibited by the Civil Rights Act of 1964, as amended; the Age Discrimination in Employment Act, as amended; Americans with Disabilities Act, as amended; Section 504 of the Rehabilitation Act of 1973; Title IX of the Educational Amendments of 1972; the Genetic Information Nondiscrimination Act of 2008 and other applicable laws, regulations and Executive Orders. This policy applies to recruitment, employment and subsequent placement, training, promotion, compensation, continuation, probation, discharge and other terms and conditions of employment over which the College has jurisdiction as well as to all educational programs and activities. The College has designated a Civil Rights Coordinator, who serves as the College’s Title IX Coordinator and the College’s ADA/Section 504 Coordinator, to carry out its commitment to equal opportunity and nondiscrimination. Inquiries or complaints by students or employees regarding the College’s nondiscrimination policies may be addressed to Christina M. Garcia, Civil Rights & Title IX Coordinator, Office of the President, 100 Campus Drive, Dover, DE 19904, (302) 857-1903 civilrights@dtcc.edu.

Welcome to the Child Development Center at Delaware Technical Community College. We are happy to have you join our comprehensive, high-quality program that reflects evidence-based practices for fostering children's growth and development. We know that your child will enjoy engaging in thoughtfully designed environments for exploration and play, and interacting with professionals who nurture his/her individual development. We also hope that you will engage as a partner in your child's experience at the Child Development Center (CDC). We are committed to a child-centered and family-focused atmosphere to ensure your child's success.

Our program serves as a model and a community resource for excellence in early childhood education. We are a fully licensed center with a Star Level 5 rating, the highest level of achievement for programs participating in Delaware Stars for Early Success' Quality Rating and Improvement System (QRIS) administered by the Delaware Department of Education. The Wilmington Campus Child Development Center is accredited through the National Association for the Education of Young Children (NAEYC). The center meets the accreditation criteria for standards involving children, teaching staff, administration, and partnerships. As a lab school for the Delaware Tech Education Department, we model the best practices for future professionals in the early care and education field. We host students from Delaware Tech as well as students from neighboring institutions of higher education.

As you review the information in this handbook, you will learn more about our mission and values, procedures and practices, teaching and learning philosophy, guidance practices, and our plans in the event of an emergency. We hope that this is just the initial communication that you have with the CDC as we invite you to maintain an open dialog with your child's teacher to nurture his/her growth and development.

You can read more in the Communication section about the various ways we engage families in the learning through events, conferencing, and our parent advisory board. We encourage you to communicate your questions, concerns, and ideas with us in person, via phone, by notes, or through email.

We look forward to working with you through these critical years in your child's development.

Mission Statement and Guiding Principles

The mission of the Child Development Center is two-fold; to provide ECE students the opportunity to acquire hands-on experience in the field of Early Childhood Education within an operational setting of a center based early childhood education program, under the supervision of qualified ECE professionals; and to provide students and families with an array of quality child care services and a model to community.

We Believe:

- Each child should be treated as an individual, with kindness and respect.
- Each child is a unique individual who will develop at his or her own pace.
- Children learn best through play.
- Through active involvement with the environment, children will attempt to make sense of the world around them.
- Children are active learners who are progressing through a sequence of development that proceeds in a predictable way towards great complexity, organization, and internalization.
- The teacher's role is to assess the child's knowledge and abilities and plan activities that generate new understandings.

The Child Development Center serves as a lab school for college students majoring in early education. We strive to model current research-based practices for future professionals in the early care and education field. We host a number of students throughout the year from Delaware Tech and neighboring institutions of higher education.

The Child Development Center (CDC) is fully licensed by the State of Delaware Office of Child Care Licensing (OCCL) per DELACARE regulations. The Child Development Center is rated a Star Level 5, the highest level of achievement for programs participating in Delaware Stars for Early Success' Quality Rating and Improvement System (QRIS) administered by the Delaware Department of Education.



EARLY CHILDHOOD PROGRAM STANDARDS

NAEYC has set 10 standards for early childhood programs that can help families make the right choice when they are looking for a childcare center, preschool, or kindergarten. The standards and criteria are also the foundation of the NAEYC Accreditation system for early childhood programs. Currently, the Wilmington (George) Campus CDC is accredited through the NAEYC. However, all Delaware Tech CDCs place the utmost importance in, and strive to meet, the 10 standards set forth by the NAEYC.

Standard 1: Relationships

The program promotes positive relationships among all children and adults. It encourages each child's sense of individual worth and belonging as part of a community and fosters each child's ability to contribute as a responsible community member.

Warm, sensitive, and responsive relationships help children feel secure. The safe and secure environments built by positive relationships help children thrive physically, benefit from learning experiences, and cooperate and get along with others.

Standard 2: Curriculum

The program implements a curriculum that is consistent with its goals for children and promotes learning and development in each of the following areas: social, emotional, physical, language, and cognitive.

A well-planned written curriculum provides a guide for teachers and administrators. It helps them work together and balance different activities and approaches to maximize children's learning and development. The curriculum includes goals for the content that children are learning, planned activities linked to these goals, daily schedules and routines, and materials to be used.

Standard 3: Teaching

The program uses developmentally, culturally, and linguistically appropriate and effective teaching approaches that enhance each child's learning and development in the context of the curriculum goals.

Children have different learning styles, needs, capacities, interests, and backgrounds. By recognizing these differences and using instructional approaches that are appropriate for each child, teachers and staff help all children learn.

Standard 4: Assessment of Child Progress

The program is informed by ongoing systematic, formal, and informal assessment approaches to provide information on children's learning and development. These assessments occur within the context of reciprocal communications with families and with sensitivity to the cultural contexts in which children develop.

Assessment results benefit children by informing sound decisions, teaching, and program improvement.

Assessments help teachers plan appropriately challenging curriculum and tailor instruction that responds to each child's strengths and needs. Assessments can also help teachers identify children with disabilities and ensuring that they receive needed services.

Standard 5: Health

The program promotes the nutrition and health of children and protects children and staff from illness and injury. Children must be healthy and safe in order to learn and grow. Programs must be healthy and safe to support children's healthy development.

Standard 6: Teachers

The program employs and supports a teaching staff with the educational qualifications, knowledge, and professional commitment necessary to promote children's learning and development and to support families' diverse needs and interests. Teachers who have specific preparation, knowledge, and skills in child development and early childhood education are more likely to provide positive interactions, richer language experiences, and quality learning environments.

Standard 7: Families

The program establishes and maintains collaborative relationships with each child's family to foster children's development in all settings. These relationships are sensitive to family composition, language, and culture. To support children's optimal learning and development, programs need to establish relationships with families based on mutual trust and respect, involve families in their children's educational growth, and encourage families to fully participate in the program.

Standard 8: Community Relationships

The program establishes relationships with and uses the resources of the children's communities to support the achievement of program goals. Relationships with agencies and institutions in the community can help a program achieve its goals and connect families with resources that support children's healthy development and learning.

Standard 9: Physical Environment

The program has a safe and healthful environment that provides appropriate and well-maintained indoor and outdoor physical environments. The environment includes facilities, equipment, and materials to facilitate child and staff learning and development.

An organized, properly equipped, and well-maintained program environment facilitates the learning, comfort, health, and safety of the children and adults who use the program.

Standard 10: Leadership and Management

The program effectively implements policies, procedures, and systems that support stable staff and strong personnel, and fiscal, and program management so all children, families, and staff have high-quality experiences.

Effective management and operations, knowledgeable leaders, and sensible policies and procedures are essential to building a quality program and maintaining the quality over time.

General Center Information

At the Child Development Center, children are divided into developmentally appropriate learning environments. Please see Campus Specific Information Sheets for rates and ages served.

Our **Infant Area/Classroom(s)** are dedicated to infants up to 18 months of age. The rooms are designed with developmentally appropriate equipment available for playtime and nap time. Activities

allow for daily outside play or walks (weather permitting) and developmental play designed to suit individual growth in motor, language, cognitive, and social-emotional skills. In the infant program, each infant has a feeding, playing, and sleeping schedule that is suitable to the child and family. Quality individualized care is provided in a nurturing environment. A warm, loving caregiver assists each infant in developing his/her senses, and mastering motor skills such as crawling, standing, and walking. The infant develops a sense of trust, learns to laugh, gives and takes affection, and understands simple directions.

Our **Toddler Area/Classroom(s)** are designed with child-size furniture and open shelving to enhance self-help skills for children up to 3 years old. Area centers allow for one-to-one interactions, small group activities, and child-oriented play. Activities are designed to nurture the continued development of motor, language, cognitive, and social-emotional skills. Families are encouraged to participate in classroom activities, field trips, and special events with the children. As toddlers, children will become more mobile and develop into a unique social being through contacts with parents, staff, and peers. Children in the toddler program are given many different opportunities for learning to share and cooperate with others in small groups. Children listen to stories, talk with adults and other children, and dramatize daily events with thoughtfully selected play equipment. These and other activities contribute to the development of language and a positive self-image. The toddler enrichment program is structured part of the day when toddlers participate in planned activities, including art, music, and imaginary play. Loving caregivers guide the children through their daily activities, encouraging independence through lots of love, hugs, and support.

Our **Preschool Area/Classroom(s)** are designed with hands-on learning centers and manipulatives, ample space to develop large motor skills, learning centers with memorable themes for children from 3 to 5 years old, and activities designed to prepare children for kindergarten. The preschool years are a time of great creativity and social growth. Curiosity is at its peak. The preschool teacher encourages participation in play and structured activities, which further develop social rapport with others. Our program is discovery based and rich in hands-on-learning experiences. Children begin to develop school readiness skills involving letter, numbers, shapes and colors through weekly planned activities. Our preschool program is a total learning experience for your child. Songs, stories, art activities, field trips and imaginary play contribute to sensory experiences to discover the world. The pre-kindergarten program is designed for children who will begin kindergarten the following school year. This program builds on the preschool curriculum with additional emphasis on kindergarten readiness skills.

Our **School Age Area/Classroom** is designed to provide the opportunity to interact between three multi-age areas: learning centers, indoor play area, and outdoor play area. The main objectives of this program are to develop a child's positive sense of self, problem-solving skills, leadership strategies and an active curiosity for learning in a nurturing environment. Unique learning centers will help make weekly themes come alive through daily hands-on activities. Children in this program will have the opportunity learn while they are having fun. Activities within each interest area provide practice in a variety of academic skills while developing a child's positive sense of self, problem solving skills, leadership strategies and an active curiosity for learning in a nurturing environment. The unique learning centers use themes and daily hands-on activities to provide opportunities for children to explore and discover at his/her own pace.

PARENTS RIGHT TO KNOW

UNDER THE DELAWARE CODE, YOU ARE ENTITLED TO INSPECT THE ACTIVE RECORD AND COMPLAINT FILES OF ANY LICENSED CHILD CARE FACILITY. TO REVIEW A CHILD CARE FACILITY RECORD CONTACT: New Castle County: Administrative Specialist, Office of Child Care Licensing 3411 Silverside Rd, Concord Plaza, Hagley Building, Wilmington, Delaware 19810-4803. Kent and Sussex County: Administrative Specialist, Office of Child Care Licensing 821 Silver Lake Boulevard, Suite 103, Dover, Delaware 19904, phone (302) 739-5487.

You may also view substantiated complaints and compliance review histories for the past three years by visiting: <http://www.apex01.kids.delaware.gov:7777/occl>

BOARD OF TRUSTEES/GOVERNING BODY

The Board of Trustees of Delaware Technical Community College is the governing body of the institution. All members are appointed by the Governor of the State of Delaware with the consent of a majority of the State Senate. Six members are appointed for three-year terms - one from the City of Wilmington, one from New Castle County outside of the City of Wilmington, one from Kent County and one from Sussex County, with the remaining two from anywhere in the State. The seventh member, the Chairperson, is appointed by and serves at the pleasure of, the Governor. No more than four members may be of the same political party. The Board of Trustees sets policy for the College and is responsible for ensuring that the institutional mission is carried out. Among its numerous responsibilities, the Board approves the College plan, is responsible for the management and control of the institution, has the power to appoint administrative and teaching staff, sets the tuition rate, and approves fees. The Board also reviews fiscal matters and approves budgets.

REGISTRATION/CONFIDENTIALITY

We give first priority to siblings, then students of Delaware Tech, the staff of Delaware Tech, and then community members. See Campus Specific Rate Sheet for the definition of DTCC student. The Child Development Center maintains confidential enrollment files on each child attending the Center as well as records applicable to licensing: daily attendance records, injury reports, and daily health checks. Upon completion of specific release authorization forms, information about a child may be exchanged with other schools, health clinics, and other agencies. Written permission from a parent/guardian is required before disclosing or using a child's written, electronic, or digital information except in the performance of official duties by employees of the OCCL or other entities with statutory responsibilities for issues relating to health, safety, and well-being of children. The Child Development Center maintains an on-site file for each child including the registration documents. On-site files are kept in locked cabinets or are password protected restricting access to staff who need to know the information in order to complete essential job functions. Prior to admission of a child to the CDC, a tour and placement meeting will be held and all applicable forms must be completed and signed. This includes:

1. Admission form
 - Application/Enrollment information
 - Emergency and medical release form/emergency information
 - Allergy information/dietary restrictions verified by a physician
 - USDA Child & Adult Care Food Program Form

2. Current physical examination

- Must be completed prior to registration
- Record of TB test results and immunizations which include:
 - Diphtheria
 - Tetanus
 - Pertussis
 - Measles
 - Mumps
 - Lead test
 - Rubella
 - Hepatitis B
 - Polio
 - Haemophilus Influenza type B
 - Varicella
 - Pneumococcal disease

3. Original document, or certified copy, of any court order restricting custody of child in care

4. Photograph/video/observation authorization form

5. Schedule of hours attending the Child Development Center

6. Signed forms acknowledging agreement to abide by all policies and procedures of the CDC

7. A copy of class or work schedule (DTCC student/staff)

The CDC must be made aware of any concerns or special needs which your child may have, i.e. hyperactivity, epilepsy, food or medication allergies, asthma, etc. prior to your child's attendance in the program. Parents must provide a copy of any active IEP/IFSP or Service/Treatment Plan for your child.

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.

A copy of the 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 that identifies individuals to whom a child's file and 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 a student's 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 the family's written request, a copy of the records will be transferred to the family or other identified person when the child is no longer enrolled at the Center.

WITHDRAWAL

The CDC requests that parents/guardians submit written notice of their child's projected end date to the Program Manager two weeks prior to the last date of attendance. Parents who withdraw without giving two weeks' notice will be responsible for tuition at a pro-rated amount determined by the last date attended. The CDC will collaborate with parents to enable children to have a successful transition into kindergarten or into another child care facility. School Age families whose children are aging out of care will receive a packet with information that includes internet safety and tips for safety when home alone.

SUSPENSION AND EXPULSION POLICY

The Delaware Tech Child Development Center works cooperatively with families and community support agencies in an effort to meet the varying needs of the children we serve. Sometimes expulsion from a program is deemed necessary if there has been:

1. A determination of a serious safety threat; or,
2. A progression of interventions by staff on behalf of a child, or others, resulting from inappropriate and/or unacceptable behavior.
3. A determination that the conduct or health status of a child will have a detrimental effect on the CDC's staff or other children enrolled at the CDC.

If at any time the CDC Program Manager and staff feel that they are unable to meet the needs of a child, the child's enrollment will be terminated at a date determined by the Program Manager. Except for in extreme cases, the CDC and the family initially will have a family conference to establish a family partnership plan that will address the needs of the child. Families that are unwilling to develop a plan with the center, which may include spending time at the center to witness the behavior and provide input, may be dis-enrolled, as family involvement is key to a child's success. The partnership plan will include:

1. Consultation with family physician and/or social agencies if deemed necessary.
2. A Center Behavior Modification Plan implemented and documentation recorded.
3. Final approval by Program Manager.

CONTINUED ENROLLMENT

The Program Manager will send a letter to all enrolled families to determine which children will remain enrolled in the CDC typically in alignment with the college semesters. If there are any openings in any of the CDC classrooms, the Program Manager will contact families from the waiting list by priority level. The Program Manager will fill out a calling list to track who has been contacted from the list. The CDC will keep a waiting list for all families interested in enrolling their children in the Center. The following information is collected:

- ✓ Child's name
- ✓ Child's birth date
- ✓ Parent's name
- ✓ Address
- ✓ Phone number
- ✓ Classification (student with ID number, staff, community)
- ✓ Signed Parents Right to Know Act form with copy given to family

When the Child Development Center has full enrollment, a waiting list of children to be served is maintained. The Child Development Center selects children for placement based on their place on the waiting list and their readiness to be enrolled. Annually everyone currently on the waiting list will be contacted to confirm that they are still interested in enrolling their child at the CDC. If a parent does not respond within the allotted time, his/her child will be removed from the list.

Roles & Responsibilities

The CDC staff work as a team to provide the best possible care for the children enrolled in the center. Below are the primary roles and responsibilities of the employees and students working in our Child Development Center to promote and provide quality early care and education.

Instructional Director

The Instructional Director oversees the Program Manager in the operational and educational initiatives of the CDC. It is the Instructional Director's responsibility to ensure that CDC staff is promoting best practices taught in education courses. The Instructional Director is responsible for the Program Manager's evaluation. The Instructional Director is also responsible for the coordination, evaluation, and supervision of CDC students enrolled in the Education Department program/courses.

Program Manager, Curriculum Coordinator, and Administrative Assistant

The Child Development Center (CDC) Program Manager is responsible for the daily management of the CDC. The Curriculum Coordinator and Administrative Assistant work closely beside the Program Manager. These positions ensure that the CDC complies with the Office of Child Care Licensing and Delaware Stars. He/She is responsible for all staff and children in the center. He/She is also responsible for scheduling student hours during the method courses in conjunction with the faculty. He/She is actively developing and maintaining relationships with local schools and other agencies. The Program Manager develops and maintains active relationships with community based agencies including information about resources and referral process for children and families. In addition, observations of classroom staff are completed.

Lead Teacher

The Classroom Lead Teacher is responsible for developing weekly lesson plans and acting as the leader of the classroom. His/her foremost responsibility is to provide a quality developmentally appropriate curriculum for the children in his/her classroom. The Lead Teacher is to act as a role model for assistant teachers and college students. He/she will assign various tasks to the assistant teachers and college students working in the classroom. He or she is responsible for daily communication with the families and will ensure any problems are forwarded to the Program Manager to review.

Assistant Teacher/Intern

It is the responsibility of the Assistant Teacher to assist the lead teacher in the classroom. The Assistant Teacher will assist with the planning and implementation of the lesson plans and will model appropriate behavior in the classroom for the students. The Assistant Teacher will interact with the children as well as with the families. The Assistant Teacher brings concerns regarding a classroom policy, procedure, or with one of the students working in the classroom to the attention of the Lead Teacher.

Work-Study Students

Work study students are students employed through Delaware Tech financial aid. These students may not have any early childhood experience. These students help with the classroom but do not necessarily interact with the children. They can clean toys, clean up the lunch/snack dishes, prepare materials for lessons, rotate toys, put up bulletin boards, etc.

Visitors/Volunteers/Contractual Services

As a lab school, the Child Development Center hosts many college students who are interested in careers in education, human services and health fields at Delaware Tech or neighboring institutions of higher education, and visitors from local schools, businesses, or agencies. The CDC is frequently toured by guests of the College's administration, and staff contribute to the tours. However, the priority of all staff members is the children in their care; therefore, routines will be followed despite any special visitors.

ECE Students

Observation in the CDC is a requirement for most early childhood courses at the College. Students will be directed by their instructor to visit the CDC to observe, take notes, and complete assignments for their course. Students usually participate on the peripheral by observing classroom practices and student, teacher, and family interactions. These students are encouraged to interact with the children by reading, engaging in centers and/or outdoor play, and talking to the children as deemed appropriate by the Lead Teacher.

Methods/Practicum Students

Methods and practicum students participate in the classroom setting as support staff. They interact with the children just as the Lead Teacher and classroom aide, but should always remember that the CDC staff is in charge of the classroom. They are considered a part of the classroom teaching team when implementing the program; they provide input and are involved in planning and daily operations. When they arrive at the Child Development Center, they are expected to wash their hands, scan the room, look at the daily lesson plan, and prepare to interact with the children. The College recognizes that they are learning how to plan activities and interact with the children; however, it is important that they begin to build a relationship with the children and staff. This relationship can only occur through interaction with the children and staff. At a minimum, they should begin the experience by taking direction from the lead teacher, reading a story to the children, assisting with cleanup of the classroom, assisting children with personal hygiene routines, and supporting play activities. Methods/practicum students are **never** placed in a role of direct responsibility and must remain under staff supervision at all times.

Typically, a practicum student has completed 192 hours of previous lab experience. Therefore, practicum students assume a leadership role very early in the semester. It is expected that the practicum students will assume planning and teaching responsibilities, and before the last month of the experience, the practicum students will assume the Lead Teacher's role under the Lead Teacher's supervision. At a minimum, the students will team-teach with the lead teacher.

STANDARD 1: RELATIONSHIPS

INTAKE INTERVIEWS

Before a child is admitted, at least one (1) family member must complete an intake interview with the Program Manager or designee and Lead Teacher. The Program Manager or designee reviews the necessary records, authorizations, forms, policies, and procedures of the Center. Admission contracts are also signed at this meeting. 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.

INCLUSION

The CDC staff believe in the inclusion of children with disabilities into our program. If a child with exceptional needs enrolls in the CDC, the staff member will make reasonable accommodations to meet the unique needs of the child. The CDC staff member will also work with any support professionals, such as therapists or specialists, to meet the needs of the child. Please be aware that the CDC does not provide personal aides to assist a child with exceptional needs on a one-on-one basis. However, the CDC staff and Program Manager will work to reasonably accommodate a child by allowing a personal aide chosen by the child's parents to provide individualized attention to the child while he or she is attending the CDC. The staff may seek assistance when uncertain from the Program Manager.

CDC staff members welcome children who are learning English as another language by maintaining open lines of communication with family members, providing translations regarding important information when possible, and encouraging the child to make connections in his/her first language as appropriate for the development of English. The staff may seek assistance from the Program Manager when uncertain about inclusion.

The CDC staff members plan activities that meet the individualized needs of the child. Therefore, when high performing children are enrolled, the CDC staff member will work to meet the child's needs. The CDC staff member will work with the families to add activities to the curriculum to challenge the child.

The College welcomes the presence of trained Service Animals assisting people with disabilities on its campus in areas open to the public consistent with the provisions of this policy and applicable law. A Service Animal is generally permitted to be on College property in any place where the animal's handler is permitted to be, although there are specific activities and sterile locations on College property where all animals are prohibited for safety and health reasons.

FIRST DAY

Please bring two complete changes of clothing, shirt, pants, underwear, and socks to remain at school. Be sure to label the clothing with your child's name and put the clothes in a large, labeled, zip-lock bag. We request that each family bring in one box of tissues. If your child uses diapers, you must provide diapers and wipes each day in your child's cubby or provide a supply that will be stored at the CDC. Please label the diapers and wipes with your child's name. Your child's teacher will notify you when your child needs to restock diapering supplies. We understand how busy and hectic your everyday lives are; however, it can create a hardship for the classroom teacher if a child is without the necessary supplies to ensure that each child is clean and comfortable. If your child has run out of pull-ups, diapers, or wipes and the teacher must borrow these supplies, you will be charged \$1.00 per pull up or diaper, and \$1.00 a day for wipes. These funds will be used to restock these supplies in the classroom.

Be patient with your children and with us. The first school experience can be exciting, scary, overwhelming, and confusing for young children – for us grown-ups involved too! Even when children are ready for school, they can have some anxiety about the new situation whether the situation is only a new classroom or a new school. We want children to feel comfortable and relaxed as soon as possible. Families can help by acknowledging that it can be scary for their children to be starting something new and by allowing plenty of time for the transition into the classroom for the first couple of days.

TRANSITIONS to KINDERGARTEN

Transitions to kindergarten from the preschool classroom vary depending upon the child's next placement into a public, private, or charter school. The transition plan out of the CDC includes an exit survey for families to complete as well as an exit checklist to ensure that all matters are addressed before leaving (ex. remember to take extra clothes from cubby, blankets, child artwork, etc.). The preschool class ensures that each child is prepared for Kindergarten to the best of his/her ability. Taking into account each child's individual progress and development, children are encouraged to develop and advance in the four areas of development (social-emotional, language, physical, and cognitive) that are necessary for success in kindergarten and life. This is the link to the Delaware Readiness Team: <https://www.delawarereadinessteam.com/> The Child Development Center preschool programs are for children ages 3 – 5 that are ineligible for kindergarten entry. Once a child becomes eligible for kindergarten, the CDC will not maintain enrollment in a preschool program without written documentation from the child's school district recommending the child delay kindergarten entry.

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. An evaluation of the center's services and support for the child and family will also be completed. The Program Manager will finalize any financial arrangements and provide information/referrals for other services if requested.

STANDARD 2: CURRICULUM

The Child Development Center will use the center's approved curriculum with individualization for the child as stated on any IEPs and IFSPs. Supplemental curriculum provided by parents will not be utilized in any classrooms, as any curriculum utilized in a childcare center must meet Office of Child Care Licensing and STARS requirements. The Child Development Center uses *Creative Curriculum*, which is comprised of 38 objectives for development and learning that predict school success. These objectives are aligned with state learning standards. *Creative Curriculum* offers daily routines to practice key skills with children in fun and engaging ways. The curriculum also allows for observation on a daily basis by providing built-in opportunities to engage with children, thus creating a strong correlation between curriculum and assessment. An overview of how Creative Curriculum aligns with the Delaware Early Learning Foundations can be found via the following links:

- [Creative Curriculum for Infants, Toddlers, & Twos with Delaware Early Learning Foundations: Infant/Toddler](#)
- [Creative Curriculum for Preschool with Delaware Early Learning Foundations: Preschool](#)

GOALS

1. To ensure that each child's school experience is a positive one

2. To encourage each child to develop thinking and reasoning skills through play-based experiences
3. To develop each child's ability to solve problems and make decisions independently
4. To help each child develop empathy by recognizing the rights, feelings and property of others
5. To help parents become active participants and advocates in their child's education through participation in on-going play and Center / classroom activities
6. To prepare children for a successful transition to kindergarten
7. To provide opportunities for children to develop in all areas including social, emotional, cognitive, physical, self-help, self-esteem, academic, and healthy habits

LESSON PLANS

The CDC has a written plan of developmentally appropriate activities designed to help all children reach goals. The lesson plans are posted in the classroom for ease of accessibility for families and staff members. Teachers are regularly observed and provided instructional coaching. Activities are planned to allow children to choose to participate with the whole group, part of the group, or independently. Lesson plans reflect that children have free choice to participate in different activities each day.

1. Lesson plans are varied, developmentally appropriate, related to studies, culturally meaningful and educationally valuable. The plans promote the development of language, literacy, reasoning and problem-solving skills, an understanding of numbers, and other mathematical and scientific concepts. Large and small muscles skills are reviewed as well as social skills, including an understanding of the self-regulation of emotions. Self-esteem and positive self-image are also reviewed, as appropriate to the ages and developmental levels of children in care. Adaptations of activities are made for children with disabilities to enable them to reach goals described in Individual Education Plan (IEP), Individual Family Services Plan (IFSP), and Section 504 plans. The Program Manager or designee reviews and approves the lesson plans.
2. Teachers adjust lesson plans to the interests and input of children in the class. Curriculum goals and objectives align with ongoing assessment of each child's progress. Assessment information is considered when planning for learning experiences to ensure curriculum goals are met. Choices of activities relevant to the curriculum are offered to the children, and curriculum materials are always accessible.
3. A family's culture and a child's experiences outside the school setting, as shared by the parents are recognized as being important pieces of the child's growth and development. These are considered as teachers develop lesson plans. Each child's developmental needs as well as parent concerns and goals for that child are also part of lesson planning for the class.

PETS

Center pets may require certification by a licensed veterinarian as being free of illness. Those exempt from this ruling (i.e. goldfish, hermit crabs, 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.

PHYSICAL ACTIVITY

The Center is committed to children'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.

*If weather prohibits outdoor play, the hallway or the DTCC gym are utilized for play.

MAKING LEARNING MEANINGFUL THROUGH LANGUAGE ACQUISITION

Quality interactions between adults and children are what foster language development. Children's attempts at language are encouraged and reinforced. Adults provide appropriate examples and respond to children by using indirect correction.

There are developmentally appropriate materials available for children to explore, such as books and materials for writing. Children are encouraged to express their thoughts and feelings in a variety of ways. Children are encouraged to ask questions and make comments while teachers expand upon what is said to increase the child's vocabulary.

Classrooms provide a print-rich environment where equipment is labeled with words and pictures. Children's names are used where appropriate. Materials and equipment serve as a catalyst to stimulate inquiry and interactions between children and adults. Children are exposed to children's literature, poems, rhymes, games and songs.

Respect is given to children of all cultures and backgrounds. Teachers use written and spoken words from the children's cultures where and whenever it is appropriate. There is also a variety of classroom material, pictures, books, puzzles and dolls reflective of the child's background.

Efforts are made to be sensitive to children with differing abilities and developmental levels. Children learn to use signs and other methods as a means to communicate.

STANDARD 3: TEACHING

STAFF / STUDENT QUALIFICATIONS

Staff members, including student interns, meet and often exceed the qualifications outlined by the OCCL 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 methods/practicum students have been screened for tuberculosis and cleared for relevant criminal history.

STAFF CHILD RATIOS / SUPERVISION

There are two (2) teachers working within each classroom as much as possible. Teaching staff will remain within the required ratio at all times. In the event that extra assistance is needed, the neighborhood/substitute teacher and/or administrative staff will supply adequate supervision.

Age Group	OCCL Ratios for Mixed Age Groups
Infants 3 - 18 months	1:4 Group size of eight
Toddler 18 - 36 months	1:6 Group size of twelve

Preschool 3 - 5 year olds

1:10 Group size of twenty

When centers are not utilizing mixed age groups, the OCCL ratios for the ages of the children served are followed.

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. If children awoken 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 awoken during naptime, another teacher may need to return to the classroom to provide assistance.

DTCC students enrolled in the College's Early Childhood Education (ECE) Program have classroom placements within the Center. Students are placed at the Center for observation, interaction, and fieldwork under the supervision of DTCC ECE faculty. Practicum students completing student teaching practicums are in the classroom 15 hours per week during a 15-week period. Method students fulfill a 4 hour per week placement during a 15-week period.

Supervision of Children during Outdoor Play

There will always be a minimum of two staff on the playground during outdoor play.

Staff must be strategically located on the playground, so they are on opposite sides of the play structure and situated, so all the children are within view at all times.

First Aid kits must always be taken and carried by a staff person when the children are engaged in outdoor play. First Aid kits will be carried in the classroom backpacks that are worn by staff members at all times.

STANDARD 4: ASSESSMENT OF CHILD PROGRESS

PURPOSE OF ASSESSMENT

Teachers assess children individually and how they work with other children, in groups and with assistance (scaffolding). Teachers assess children weekly and results are reviewed with the Program Manager monthly. Teachers use assessments to:

- refine how they plan and implement activities, modalities and materials for the emerging curriculum.
- 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 school readiness and placement into a new classroom or school setting

ASSESSMENT INPUT

Staff training is conducted on staff development days, through one-on-one training and through offerings through the Delaware Institute for Excellence in Early Childhood (DIEEC). The classroom teaching team all participate in collecting and reviewing the evidence: gathering work samples, writing down quotes, anecdotal notes, and observations. The assistant teachers support the classroom teacher in these efforts.

ASSESSMENT PROCEDURES

- Families are informed during enrollment about the Assessment Policy located in this Parent 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 four (4) months thereafter, families will meet formally with the Lead Teacher to discuss the child's progress.
- Developmental and behavioral screenings are completed in collaboration with parents, with parents (and teachers, if needed) completing the following screening tools:
 - Ages and Stages Questionnaire (ASQ)
 - Ages and Stages Questionnaire: Social Emotional 2 (ASQ: SE2)Each child will receive a preliminary developmental and behavioral screening link to follow within the Center's school district. This will enable the family to connect with services if needed and give opportunity for the Center and family to work collaboratively.
- Confidentiality of assessment information is extremely important. Staff members (including Interns and Method Students) are required to read and sign a confidentiality agreement.
- Children's records are stored in a locked file cabinet located in the reception area of the Center.
- 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 a confidentiality agreement.
- 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 use Teaching Strategies Gold activities 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.
- The Center enlists the services of DTCC's Language and Culture Department to help interpret data for families who speak a language other than English.

PHOTO / VIDEO / RESEARCH

Teachers use digital cameras and digital video to capture the activities of children. Documentation of children's activities is used for parents to see what their children are doing in the Center, and it is also a way to broadcast back to children in visual ways what they have been doing. This is how the Center uses and displays photos and video. Occasionally, campus newspaper and public relations office ask to take photos of the Center for use in their efforts and when news stories are done about the Center. In the event that faculty and students of DTCC propose a research project at the Center, a project description and specific permission form will be distributed to parents.

*Parents must give permission for children to be photographed or videotaped.

GATHERING ASSESSMENT INFORMATION

Information for child portfolios includes the following items:

- Teaching Strategies Gold data and reports
- Work samples (teachers use iPad for online documentation)
- Anecdotal recordings (teachers use iPad for online documentation)
- Observation Documentation (online in Teaching Strategies Gold)
- Family Conference Form (completed at the conference in collaboration with the family)

RESULTS OF ASSESSMENT

Assessment result information is used to:

- improve the overall program
- improve and adapt curriculum to individual and cultural interests and needs
- communicate with parents/guardians
- acquire specialized services for children with special needs
- plan monthly team meetings
- create individualized objectives for children that correspond with curriculum unit planning
- integrate the developmental areas in the skill inventory book with the curriculum areas

ASSESSMENTS and SCREENINGS

The Center utilizes several assessments and screenings each for different objectives.

For the children, the classroom teachers utilize the following screenings: Ages and Stages Questionnaire and Ages & Stages Questionnaire: Social-Emotional.

Classrooms use the Creative Curriculum for Infants, Toddlers and Twos developmental assessment or Creative Curriculum for Preschoolers developmental assessment. Parents and teachers complete these together, over the course of the school year.

Parents complete User Satisfaction Questionnaires, Student Parent Demographic Surveys, and Exit Interviews when they leave the program.

The Center uses the following Environmental Assessments: Infant-Toddler Environment Rating Scale and Early Childhood Environmental Rating Scale.

Teachers conduct assessments of employee performance, and develop trainings accordingly (please see Personnel Policy Manual & Employee Handbook)

- Creative Curriculum for Infants, Toddlers and Twos
- Creative Curriculum for Preschoolers
- Ages & Stages Questionnaire: Social-Emotional
- Parent Feedback on Program Services
- Parent Satisfaction Survey

LINKS to SCREENING and ASSESSMENT

The links below are to more information on the screenings & assessments used by the teachers:

Teaching Strategies GOLD online

<https://www.teachingstrategies.com/page/GOLD-assessment-online.cfm>

Validity Study:

<https://www.teachingstrategies.com/content/pageDocs/GOLD-Concurrent-Validity-2013.pdf>

Norms:

<https://www.teachingstrategies.com/content/pageDocs/TS-GOLD-Growth-Norms-TechSummary-2012.pdf>

Reliability:

<https://www.teachingstrategies.com/content/pageDocs/TS-GOLD-Technical-Summary-2013.pdf>

Ages and Stages Questionnaire

Technical Report (Consistency, reliability, concurrent validity, and criterion-referenced):

http://agesandstages.com/wp-content/uploads/2015/02/asq3_technical_report.pdf

Ages and Stages – Socio-Emotional Questionnaire

Technical Report (Consistency, reliability, concurrent validity, and criterion-referenced):

http://agesandstages.com/wp-content/uploads/2015/03/asqse_technical_report.pdf

Early Childhood Environment Rating Scale:

<http://www.fpg.unc.edu/~ECERS/>

Infant/Toddler Environment Rating Scale:

<http://ers.fpg.unc.edu/infanttoddler-environment-rating-scale-iters-r>

TeachingStrategiesSM

Objectives for Development & Learning

Birth Through Kindergarten



Social-Emotional

1. Regulates own emotions and behaviors
2. Establishes and sustains positive relationships
3. Participates cooperatively and constructively in group situations



Physical

4. Demonstrates traveling skills
5. Demonstrates balancing skills
6. Demonstrates gross-motor manipulative skills
7. Demonstrates fine-motor strength and coordination

Language

8. Listens to and understands increasingly complex language
9. Uses language to express thoughts and needs
10. Uses appropriate conversational and other communication skills



Cognitive

11. Demonstrates positive approaches to learning
12. Remembers and connects experiences
13. Uses classification skills
14. Uses symbols and images to represent something not present



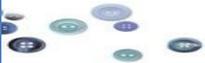
Literacy

15. Demonstrates phonological awareness
16. Demonstrates knowledge of the alphabet and its uses
17. Demonstrates knowledge of print and its uses
18. Comprehends and responds to books and other texts
19. Demonstrates emergent writing skills



Mathematics

20. Uses number concepts and operations
21. Explores and describes spatial relationships and shapes
22. Compares and measures
23. Demonstrates knowledge of patterns



Science and Technology

24. Uses scientific inquiry skills
25. Demonstrates knowledge of the characteristics of living things
26. Demonstrates knowledge of the physical properties of objects and materials
27. Demonstrates knowledge of Earth's environment
28. Uses tools and other technology to perform tasks



Social Studies

29. Demonstrates knowledge about self and how they live
30. Shows basic understanding of people and how they live
31. Explores change related to familiar people or places
32. Demonstrates simple geographic knowledge



The Arts

33. Explores the visual arts
34. Explores musical concepts and expression
35. Explores dance and movement concepts
36. Explores drama through actions and language



English Language Acquisition

37. Demonstrates progress in listening to and understanding English
38. Demonstrates progress in speaking English

REFERRAL for ADDITIONAL SERVICES

Social, mental health, educational, and medical services are specialized community resources available to the Center (see Community Resources on Page 34). In the event that an assessment or evaluation suggests the need for services that are beneficial to the child, the following procedures for referring families are in place.

REFERRAL PROCESS

Concerns about a child's development/behavior are reported to the child's classroom Lead Teacher. Teaching staff communicate with parents regarding the concern(s) or behavior(s) when observed, and the concerns are documented by data: notes, photos, videos or charts. These concerns are also shared and reviewed with the Program Manager. If the Program Manager and parents agree with the

recommendation for referral, the Lead Teacher completes an observation report and reviews the child's records. Possible referral resources may be suggested at this time by the Program Manager. Written records of this process are maintained by the Program Manager. 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. Center staff will work with families as they connect with professional agencies and will help to coordinate observations / consultations. 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. Teaching staff, parents, and intervention staff will meet periodically to evaluate the outcome of the intervention and the child's progress.

USE OF OUTSIDE CONSULTANTS

On occasion, the Center enlists the support of outside consultants to meet the needs of its children, families and staff. An example would be Early Childhood Mental Health Consultants which is offered through the Division of Prevention and Behavioral Services (DPBS). DPBS offers early childhood mental health consultation as a free service and partnership with Delaware early childhood education programs. All consultants used by the program must submit documentation to work within the Center (most frequently an IFSP or IEP). Consultants working at the Center are expected to have appropriate skills and training. These may include a professional degree in their field and appropriate experience or equivalent qualifications.

Consultants may work with children during regular business hours. They may use classroom space or other areas of the Center (i.e. Library, hallway, etc.). When consent has been received from families, consultants may work alone with children while on site. If consent has not been received for this type of interaction, consultants may only work with children in the presence of a staff member. Consultants will be available for program use as deemed appropriate for the situation they are addressing. This will be decided on an as needed basis according to the individual situation and the needs of the children, families and program staff.

Staff members and consultants will work together in a collaborative fashion. Consultants will be expected to follow classroom policies and procedures and adhere to the program's philosophy. When appropriate and when consent has been obtained, teaching staff will share information with consultants regarding individual children. When formal documentation is in place, such as IEPs or IFSPs, consultants will be expected to share that information with program staff to ensure all parties are able to best meet the needs of the child. If an IEP is not in place but is in progress, teaching staff should be involved and able to provide feedback for the process.

STANDARD 5: HEALTH

The Child Development Center maintains an environment that is healthy for both children and staff. Staff members are trained in First Aid and CPR. First aid kits are in each classroom and are on hand when children are outside. The following policies and procedures are designed to minimize the risk of 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. The Center will err on the side of caution in situations that are not straightforward.

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 the child's pediatrician.

Documentation of annual physicals and subsequent immunizations are required by OCCL. The child's file must be kept current: failure to comply may result in the termination of child care services. Current medical documentation (annual physical and immunizations) ensures that the Center remains compliant with the OCCL. 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 the child:

- has sustained an illness.
- has been exposed to a contagious disease (notify center within 24 hours).
- is taking medications administered at home so staff will look for possible side effects or negative reactions.

Health Policies and Procedures

The Child Development Center's health policies are established to keep children and staff as healthy as possible. We cannot allow any child with signs of transmitted communicable diseases to attend school. If the child exhibits symptoms of a severe or contagious illness, the child will be cared for in an isolated area from the other children until he or she is picked up. Children's families will be contacted after the staff notice more than one episode of diarrhea or vomiting during a given school day, a persistent runny nose characterized by green or yellow discharge, fever, uncontrolled coughing, lethargic behavior that prevents the child from participating in the activities of the classroom, and/or unidentified rashes, bumps or blisters. 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 CDC encourages, and may require, families to seek medical care for a culture and treatment before returning. Families will be called and given one hour in which to pick up the child. Whenever children are unable to participate in activities, but have no additional symptoms, the decision to send them home will be made by the Lead Teacher and Program Manager or designee. In these situations, two (2) calls will be made. The first will notify families that there is a problem. If necessary, a second call will request pick up within one (1) hour. If a member of the family cannot be located, the

process of contacting individuals listed on the Emergency Contact List will begin. An illness report will be sent home with a sick child that indicates symptoms and when the child can return. In a limited number of circumstances, children may need to be excluded for their welfare, as well as that of the other children, irrespective of their ability to participate in activities. Although arranging alternative care during times of illness can be inconvenient, parent/guardian understanding and cooperation is necessary and appreciated. Our goal is to protect the health of all the children we serve.

Children who have been sent home with one or more of these symptoms must be symptom free for 24 hours prior to returning to school. If diarrhea is more than two times or accompanied by fever the child must be symptom free for 48 hours. If vomiting is more than two times or one time with fever the child must be symptom free for 48 hours. This is in alignment with OCCL requirements. The Child Development Center reserves the right to exclude a child from care until the child is no longer contagious. If necessary, a medical release from your physician may be required before regular participation in school can resume. If a child becomes sick at home, he/she must be symptom free for 24 or 48 hours prior to returning to school. The center does not have sufficient staff to care for children who are too ill to participate in the program or who require constant attention due to illness.

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 the child at home. Contagious situations must be addressed and confirmed by the child's physician. In most cases, the child can return to the center with a note from the physician.

The Delaware Tech Child Development Center shall not permit a child with a reportable communicable disease, as specified by the Division of Public Health to be admitted to or remain at the center, unless:

- A. Written documentation from the child's licensed physician states the child has been evaluated and presents no risk to the child or to others;
- B. The Center has reported the illness to the Division of Public Health and has been advised the child presents no health risk to others; or
- C. If there is conflict in the opinions of the health care provider and the Division of Public Health regarding the exclusion of a child, the center shall follow the instructions of the Division of Public Health.

A center shall report any reportable communicable disease to the Division of Public Health in accordance with Division of Public Health procedures. For current information on reportable communicable diseases, contact the Division of Public Health or refer to the website: <http://www.dhss.delaware.gov/dhss/dph/dpc/rptdisease.html>

Families of children with head lice will be immediately called to pick up the child. We will request that the family contact your health care provider on how best to be rid of lice. The child will not be readmitted into the program until 24 hours after treatment.

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

If the children are well enough to be at the center, they should be well enough to go outside and play. Please provide children with ample and appropriate clothing for cold, wet, snowy, or hot outdoor weather. We go outside when the temperature is above 32 F. Fresh air promotes good health and is not a contributing factor in colds and flu. Because wind can be uncomfortable to sensitive ears, a hat or

hood is recommended. Parents should not send children to school if they do not want them to spend time outside. If there is weather advisory we will not have outdoor play.

MEDICATION POLICY

During the center's operating hours a trained staff member, who has received a valid Administration of Medication certificate from OCCL, is present at all times to provide both scheduled and emergency medications to children in care. A certified staff member will be present during field trips and routine program outings to administer medication when needed. Per OCCL requirements written permission from the child's parent/guardian for each medication to be administered is required. This form is the Medication Administration Record or MAR. This includes sunscreen, lip balm and diaper cream. Medication must be kept in a location that is secure and not accessible to children. When dropping off medication please make sure that you give it directly to a teacher so that it can be secured.

The information provided will include the name and birth date of the child; medication allergies; doctor name and phone number; pharmacy name and phone number; name of medication; dosage (amount given); time or frequency (when given); route of administration, such as oral, eye, nose, mouth, topical, inhalation, injection; medication expiration date; end date (when to stop giving); reason for medication; and special directions. If no dosage or administration information is listed on the container, such information must be provided in writing by the child's health care provider. Prescription medication must be in the original container with the child's name on it. Nonprescription medication must be in its original container and properly labeled with directions on how to give or use it. The medication must be listed on the container as appropriate for use by the child's weight and age, or a written health care provider instructions is required. Daily medication that is needed once or twice a day should be administered at home so that it is spaced either 24 or 12 hours apart. Three times a day medicines should be given two doses at home and 1 at school. Once a day or twice a day medication will not be administered unless written documentation from a health care provider states that the medication must be given during the hours the child attends the center. The center will administer as needed medication per the dosing instructions or emergency action plan.

Medication to a child who has a medical need during child care hours that requires the administration of medication by a non-intravenous injection has the following additional requirements. The parent/guardian shall provide written permission for the center to provide the requested medical care; and a written statement from the child's health care provider stating: the specific medication by injection needed by the child; that for the child's health, the requested medication by injection must be administered during the hours the child attends the center; that the requested medication by injection may be appropriately administered at the center by non-medical child care staff; and whether any additional training is necessary for non-medical staff members to administer the medication or medical care appropriately. If additional training is required, the health care provider shall provide instructions including information about: the type of training, who may provide such training (which may include the child's parent/guardian), and any other instructions needed to provide the requested medication by injection. If additional training is required, the center shall identify staff members who are certified to administer medication and have them complete the additional training specified by the child's health care provider. Such training must be completed in a reasonable time based on the availability of such training and before the child starts attending. Documentation of this training will be kept with the child's MAR, and the center will inform the parent/guardian in writing which staff members are authorized and trained to perform the requested medication by injection. This information will be updated as needed. At least one staff member, who is trained will be present at the center at all times while the child is

present. This information will be reviewed with the child's parent/guardian and health care provider yearly, and as needed. Reviews and changes must be written, dated, agreed upon by all parties, and kept with the MAR.

School-age children may self-administer medical care, as described above with written parent/guardian permission and written health care provider permission. These permissions must indicate the child is able to safely self-administer the prescribed medical care, identify and select the correct medicine and dosage, if applicable, and administer the medical care at the correct time and frequency.

Documentation of these permissions will be kept with the child's MAR. A staff member with a current administration of medication certificate shall be present during the self-administration and document all information required on the MAR, including that the medication was self-administered by the child.

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.

- Sunblock is used from May (after Memorial Day) through September. Families are responsible for applying sunblock in the morning before drop off. Products with a SPF of 30 or higher are suggested. Families who want center staff to apply sunblock prior to the afternoon outdoor playtime must sign a 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. Water is always available outside.
- Areas of shelter and shade are available on the playground. Infants six (6) months old and younger are too young for sunblock and will play in shaded areas.

HAND WASHING POLICY

Regular hand washing is required of all staff, volunteers, and children. Hand washing procedures are proven to reduce the risk of transmission of infectious diseases to self and others. Children wash their hands either independently or with staff assistance.

The Child Development Center follows this process regarding hand washing:

- turn on warm water;
- wet hands (water activates soap);
- apply liquid soap;
- rub hands together vigorously until a soapy lather appears;
- rub between fingers, fronts and backs of hands, for at least 20 seconds out of the water;
- rinse hands under running water until they are free of dirt and soap;
- dry hands with a clean disposable paper towel;
- turn off water with paper towel;
- throw paper towel away into a lined trash container.

Children and adults wash their hands at the following times:

- upon arrival to the classroom;
- after diapering or using the toilet (use of wet wipes is acceptable for infants);
- after handling body fluids (i.e. blowing or wiping a nose, coughing on hand, or touching any mucus, blood, or vomit);
- before meals and snacks, before preparing or serving food, or after handling any raw food that requires cooking (i.e. meat, eggs, poultry);
- before and after water play and playground use;
- after handling classroom pets and/or materials such as sand, dirt, or surfaces that might be contaminated by contact with animals;
- when moving from one group to another (i.e. visiting) that involves contact with infants and toddlers/twos.

Employees also wash their hands at the following times:

- before and after feeding a child;
- before and after administering medication;
- after assisting a child with toileting;
- after handling garbage or cleaning

DISINFECTING

Mouthed toys and dishes are disinfected with each use. Surfaces are disinfected frequently throughout the day by staff and daily by custodial services. Please see NAEYC's "Cleaning, Sanitizing, and Disinfecting Frequency Table".

HELMETS

The OCCL DELACARE Regulations state that a helmet is necessary when riding a bicycle with wheels greater than 20 inches in diameter which exceeds the wheel diameter of the tricycles used at the center. Therefore, we do not provide safety helmets for children. We recommend that Preschool children who ride the tricycles to wear helmets and encourage parents to bring a helmet to keep at the center. As always, please ensure that each helmet is labeled with the child's name.

TOOTH BRUSHING

Children will practice brushing their teeth after lunch in all classrooms. The center provides toothbrushes and toothpaste for each child here at the center. Toothbrushes are labeled with each child's name and are changed every quarter (every three months) or more often if a brush becomes contaminated. Toothpaste will be provided to the children.

After brushing, children will be assisted in rinsing off the toothbrush with water and placing it back into their holders. The Center for Disease Control and the American Dental Association recommends that toothbrushes be stored in an open container that allows them to stand upright and out of contact with other children's brushes to air dry until they are used again. Each child will have his/her name on the toothbrush and holder to prevent cross contamination. Each week, the toothbrush holder will be cleaned

and disinfected and allowed to air dry. During this process, the children's' toothbrushes will be placed individually on paper towels until the holder is dry.

SAFETY PRACTICES

- All employees are identified by a badge that they wear or have on their person at all times.
- All staff are required to have training in first aid, CPR, and the operation of a fire extinguisher. Before working with children, staff must have a criminal background check, including a child abuse registry check and adult abuse registry check. In addition, all staff are required to have a periodic health exam and TB test.
- Fencing surrounds the perimeter of the Center playground.
- Classrooms are equipped with age-appropriate furniture, toys and equipment, as well as safety outlets throughout the rooms, and finger guards on bathroom doors. Infant rooms have diffused lighting to protect developing eyes.
- Telephones are provided in each classroom (including the teacher resource room, kitchen, computer room, etc.) for staff to use to appropriately report a concern.
- As noted earlier, each classroom has a fully stocked first aid kit, and a smaller kit is included in the classroom backpacks that travel with teachers.
- Smoke, sprinkler, and fire alarm systems are present throughout the Center.
- Staff members practice safety precautions and are required to always wash their hands and follow safe sanitation practices. Gloves are worn while diapering or assisting a child with the bathroom, when handling food and when bodily fluids are involved (mucus, blood, urine, etc.).
- The Center and staff follows all of Delaware's OCCL regulations and NAEYC safety practices to ensure each child's safety. Toys, equipment and used spaces are safe and do not pose a hazard if used appropriately. The staff reviews equipment daily, and if anything is deemed to be unsafe, it is removed from the area immediately.

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.

SAFETY in the CURRICULUM

Safety procedures are integrated into the regular curriculum. These procedures include, but are 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" for cases when clothes catch on fire, and a visit from members of the fire department during Fire Prevention Week.

SAFETY INSPECTIONS

Periodic safety inspections are performed in the center and on the playground. Additional inspections completed by OCCL and the Fire Marshall are kept on file in the office.

SURVEILLANCE FEATURES

To provide an added level of safety and security for children as well as staff, the center is equipped with security cameras covering strategic areas both inside and outside the building.

ACCIDENT AND INCIDENT REPORTING

We work hard to keep children safe while they are at the CDC. Despite the many precautions we take, however, accidents do happen. When children are hurt at school, we respond by providing appropriate care. Most minor accidents require tender, loving care, and we have plenty of that at the CDC! A cut, scrape or bump may require washing or applying ice. We will call if it is serious; we will let you know when you pick up your child if it is something minor. In either case, an incident report is completed. Incident reports also require the family member's signature and offer space for written responses.

EMERGENCY PLANS

During monthly fire drills children are evacuated in accordance with our fire exit plan. These plans are posted in each classroom. A shelter-in-place drill occurs two times per year. A center emergency plan is located at the front desk. This includes plans for building and campus evacuations. Each classroom has evacuation procedures posted. All staff are first aid and pediatric CPR trained.

UTILITY LOSS

The CDC will use the text alert system to inform families to pick up their children if the facility experiences a power outage, loss of heat or air conditioning (room temperature regulation), or loss of water supply. The Center will follow a policy of evacuation to the College to await an authorized pick up.

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 will then notify the family. If the family cannot be reached, individuals listed on the Emergency Contact List 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 at the Intake Meeting held before the child starts at the center.

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 DTCC and the 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 by the classroom teachers that witnessed the incident 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.

EMERGENCY TELEPHONE NUMBERS

The center maintains and posts a list of the following emergency numbers by each telephone as well as in every classroom:

- Ambulance Service or Emergency Medical Services
- Police Department
- Fire Department
- Poison Control
- Child Abuse Reporting Numbers
- Del Tech Public Safety

FOOD PROGRAM & NUTRITION PRACTICES 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 comply 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
- Mini Muffins
- Whole Grain Fig Bars
- Graham Crackers
- Fruit Smoothies
- 100% Fruit Juice Freeze Pops
- Low Fat Yogurt

STANDARD 7: FAMILIES

PARENT COMMUNICATION

Family-teacher partnership: Families enter into a partnership with teachers and other staff from the center where each party understands that they play a crucial role in the child's developmental and educational life. All parties must work together to ensure that each child grows and learns at a rate that is suitable for their development. The center agrees with current research indicating that children perform better when parents are involved in their educational life. The center encourages and supports all parents to become involved in their child's education through conferences, meetings, classroom visits, and volunteer opportunities. We encourage families to share observations, suggestions, questions, and concerns with the appropriate staff members.

Child's teacher: Teachers will communicate to families about their children using the following methods:

1. Infant and Toddler Classrooms

Written, daily communication provides families with information about their child's health and well-being; includes eating, sleeping and diapering routines; and well-being includes information about the child's

social-emotional development. Daily communication includes information about activities that take place in the classroom.

2. Preschool Classroom

Newsletters are sent home on a weekly basis. Classroom newsletters include information on children's learning experiences and activities.

Family Communication: Each child has a cubby or mailbox. Any communication for the parent (i.e. daily reports, incident reports, information on trainings, etc.) will be placed in the cubby, mailbox, or given to the parent at pickup. Parents are encouraged to check for communication during pick up and drop off. Each program has a parent information bulletin board where important information is posted. This board is updated regularly, so please review it frequently.

Assessment and student growth conferences: Along with other methods of ongoing family communication used to exchange information regarding a child's progress, teachers meet with families to review and discuss their child's progress at least three times a year. At this meeting, teachers will solicit input from families regarding goals for their child's individual plan. The center uses a variety of assessment instruments and methods to support all children, infants through preschool, including:

- Ages & Stages – ASQ-SE and ASQ-3
- Teaching Strategies Gold
- Anecdotal notes / observations
- Children's work samples

Information gleaned from multiple assessment sources along with family goals serve as the foundation/starting point for teacher's planning.

FAMILY / TEACHER COLLABORATION

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 are emphasized. As always, family participation is encouraged. Information regarding center children, families, and/or staff should remain confidential.

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.

FAMILY SCHOOL PARTNERSHIP and COMMUNICATION

Nothing is more important to a young child than his/her relationship to his/her parents. Consequently, good teacher-parent interaction is necessary for quality child care. To promote a good working relationship, the staff at the center will take time to explain the program to parents, both in person and in writing. The staff will provide families with a "Welcome Packet" prior to their child starting in any classroom. This "Welcome Packet" introduces aspects of the classroom to the parents including:

welcome letter & names of teachers, forms utilized in classroom, procedures specific to that classroom, and aspects of the daily schedule. The staff will provide frequent opportunities for conversations between parents and staff about the child's activities and development, both informally during "drop-off" and "pick-up" times, and at scheduled parent-teacher conferences. The staff will work with parents to resolve concerns in a positive manner. Family and staff will work together to set goals, plan action steps, and follow up on the goals. Screening and referrals to community services when appropriate will also be provided. The basis of an effective family-staff relationship is two-way communication. The relationship is based on a common concern for the good of the child.

Each child's family is encouraged to take part in center activities. This participation will add to the parent and child's early education experiences. Volunteering helps support the program by providing additional help in the classroom and elsewhere. When volunteering, there are certain guidelines which must be considered. As a volunteer, you must follow the same guidelines that the teachers and other staff follow including a comprehensive background check if volunteering more than 5 days or 40 hours. All community volunteers must have a current TB test, comprehensive background check and must have a completed orientation. Opportunities for volunteering include reading to children, assisting with Center activities, donating learning materials (books, toys, etc.), participating in classroom and family activities, completing teacher appreciation activities, and contributing to parent committee/policy council.

The Center will communicate formally with parents/guardians on a regular basis through monthly newsletters, Parent Information Board, Center website, and individual daily notes for our younger age groups. Child-focused parent-teacher conferences will also be encouraged for mutual feedback between home and school. The Delaware Tech Child Development Center follows confidentiality practices at all times.

OBSERVATION

The Child Development Center has an open-door policy, and families are encouraged to observe in their children's classrooms. The Child Development Center has one-way glass, which allows families to watch their children without distracting them. When visiting the center, please sign in at front desk.

In the Child Development Center, information regarding children and families remains confidential and is treated with the utmost respect. Anything observed while at the Center should remain confidential; we do not condone discussions or speculation about children in our care. In addition, we ask that when issues, concerns, or questions arise regarding the program or procedures, these concerns are addressed with the teachers, administrative staff, or the program manager, rather than other families. Direct communication with the staff members will prevent misunderstandings.

CONFERENCES

There are three developmental checkpoints annually through Teaching Strategies Gold with parent conferences scheduled twice a year, in November and May. Parents can request a conference at any

time. These conferences may include, but are not limited to, discussion of your child's progress and observation about how your child learns best.

When the staff and family feel confident that a child is ready to move up, a transition process will begin. This will include a family meeting with a written transition plan. During this process, the child will have a chance to visit his/her new room with one of his/her current teachers. He/She will spend increasing amounts of time in his/her new room over the course of several weeks. When the teachers in both classrooms, the one he/she is transitioning from and the one he/she is transitioning to, feel confident that the child is ready to graduate, the teachers will schedule a conference with the parents/guardians. If everyone agrees that the child is ready, the child will officially graduate into his/her new room.

EVALUATIONS

In May, parents complete an evaluation of the Child Development Center. This annual survey is an important source of information regarding experiences with our program. The information provided is used to improve services and monitor effectiveness in relation to the Center's mission and goals.

ADVISORY INVOLVEMENT

Parents are encouraged to join the groups offered at each CDC that enables parents to have opportunities for input, training, and family activities. The purpose is to keep open lines of communication between the school and the parents. They might be named the parent advisory board, parent committee, or policy council. The parent group also gets involved in some of the policies and decisions made for the Child Development Center. Dates are announced at least two weeks before the meeting is held.

STANDARD 8: COMMUNITY RELATIONSHIPS

The center believes in the importance of building collaborative partnerships within the community. We work with a number of organizations in order to provide the highest quality of service to our children and families. For this reason, the center works closely with organizations such as Early Childhood Mental Health Consultants, Child Find, Social Workers, and other professionals spanning a number of disciplines. These community partners are used as resources and are often called in to offer support to staff, children, and families.

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 such as a local charitable organization walk or St Jude's Trike-a-Thon.

Community Resources

The CDC has a list of community services available to families. If any families express a need or concern, the CDC staff members will make the information available immediately. The CDC also has a lending library, where families can find resources on various topics.

WOMEN, INFANTS and CHILDREN (WIC)

Food, nutrition counseling, and access to health services are provided to low-income women, infants, and children under the Special Supplemental Nutrition Program for Women, Infants, and Children, popularly known as WIC.

WIC provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children who are found to be at nutritional risk.

Established as a pilot program in 1972 and made permanent in 1974, WIC is administered at the Federal level by the Food and Nutrition Service of the U.S. Department of Agriculture. Formerly known as the Special Supplemental Food Program for Women, Infants, and Children, WIC's name was changed under the Healthy Meals for Healthy Americans Act of 1994, in order to emphasize its role as a nutrition program.

WIC's Mission: To safeguard the health of low-income women, infants, and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care. WIC can be contacted toll free in Delaware at 1-800-222-2189

Most State WIC programs provide vouchers that participants use at authorized food stores. A wide variety of State and local organizations cooperate in providing the food and health care benefits, and 46,000 merchants nationwide accept WIC vouchers. WIC is effective in improving the health of pregnant women, new mothers, and their infants. A 1990 study showed that women who participated in the program during their pregnancies had lower Medicaid costs for themselves and their babies than did women who did not participate. WIC participation was also linked with longer gestation periods, higher birth weights and lower infant mortality. The WIC target populations are low-income, nutritionally at risk:

- Pregnant women (through pregnancy and up to 6 weeks after birth or after pregnancy ends).
- Breastfeeding women (up to infant's 1st birthday)
- Non-breastfeeding postpartum women (up to 6 months after the birth of an infant or after pregnancy ends)
- Infants (up to 1st birthday). WIC serves 53 percent of all infants born in the United States.
- Children up to their 5th birthday.

The following benefits are provided to WIC participants:

- Supplemental nutritious foods

- Nutrition education and counseling at WIC clinics
- Screening and referrals to other health, welfare and social services

WIC is not an entitlement program as Congress does not set aside funds to allow every eligible individual to participate in the program. WIC is a Federal grant program for which Congress authorizes a specific amount of funds each year for the program. WIC is administered at the Federal level by FNS administered by 90 WIC state agencies, through approximately 47,000 authorized retailers. WIC operates through 1,900 local agencies in 10,000 clinic sites, in 50 State health departments, 34 Indian Tribal Organizations, the District of Columbia, and five territories (Northern Mariana, American Samoa, Guam, Puerto Rico, and the Virgin Islands).

COMMUNITY RESOURCES

Brandywine Counseling	(302) 656-2348
Catholic Charities	(302) 655-9624
Child Care Licensing Office	1-800-822-2236
Child Development Watch (behavioral intervention)	(302) 995-8576
Child, Inc.	(302) 762-8989
Child Priority Respond (Sussex County)	1-800-969-4357
Children & Families First	(302) 658-5177
Children’s Secret Garden (care for children w/ special health needs)	(302) 730-1717
Dart First State Reduced Fare Program	(302) 577-3278
Delaware Dept. of Services for Children, Youth	(302) 633-2500
Delaware Guidance for Children and Youth	(302) 652-3948
Delaware Health and Social Services	(302) 552-3530
Delaware Helpline	(302) 577-3000
Delaware State Housing Authority	(302) 577-5001
Developmental Disabilities Council	(302) 739-2232
Easter Seals	(302) 324-4444
Family Services	(302) 633-2650
Head Start Programs	(302) 452-1500
Henrietta Johnson Medical Center	(302) 655-6190
Jewish Family Services of Delaware	(302) 478-9411
Libraries (Delaware Division of)	1-800-282-8696
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

FOSTER GRANDPARENT OF DELAWARE PROGRAM

The Child Development Center partners with many outside agencies. Your child’s CDC may partner with the Foster Grandparent of Delaware Program which provides grandparents that volunteer in the classrooms. The goals of the Foster Grandparent Program are to enable the foster grandparent

volunteers to remain physically and mentally active and to enhance self-esteem through special needs to achieve improved educational, physical, mental, emotional, and social development. Read Aloud Delaware provides volunteers that read one on one with the children.

STANDARD 10: LEADERSHIP and MANAGEMENT

ACCESS TO CDC

To ensure the safety of CDC children and staff, a security system requires access to be granted in order to gain entrance to areas of the CDC. Guests and volunteers must sign the visitor's log located at the reception desk. Parents arriving to pick up or drop off their children do not need to sign the visitor's log. Parents only need to sign the visitor's log when observing or volunteering in the classroom. Anyone picking up a child should bring a photo I.D. for identification purposes. Only an identified person listed on the child's release form will be able to pick up a child unless written permission from the parents is on file. In the event of an emergency, the parent may email or fax written consent to grant permission to have someone pick up their child who is not on the list. We will confirm that the caller is the parent. The parent must provide verbal or written permission, as well as the person's name and description. As an added safeguard, this will be verified by phone contact. Except in emergencies, it is best to make changes to the child's normal pick up routine ahead of time.

CAR SAFETY SEAT REQUIREMENT

Children transport in vehicles must be buckled securely into car safety seats/seatbelts that meet state requirements. Parents will take whatever steps necessary to maintain and use car safety seats. Another person on the authorized list will be called if this requirement is not met.

PARENTS' RIGHT TO PICK UP

According to Delaware law, both parents have the right to pick up their child, unless a court document restricts that right. The enrolling parent, who chooses not to include the child's other parent on the authorized pick-up list, must file an official court document (e.g., current restraining order, sole custody decree, divorce decree stating sole custody). Absent that document, the center may release the child to either parent provided that parent documents his paternity/her maternity of the child. Unless the Center has a copy of a valid court order barring a noncustodial parent from contact with his/her child, the Center cannot refuse a parent access to the child.

OTHER DROP OFF / PICK UP INFORMATION

- Child(ren) must be signed in and out daily at the front desk.
- When dropping off, the staff in the room should be addressed so that they know the child is there and being released to their supervision.
- Staff will request a valid driver's license or other photo I.D. to verify pick up information. This will be photocopied and kept in the child's file to document verification.

- With written parent/guardian permission, school-age children may walk from the school bus stop to the center. It is the CDC policy to have a staff member meet the children at the bus stop outside the center. The children are then signed in to the computer at the front desk.
- If a family wishes to add or delete people authorized to pick up their child, they must provide the center this information in writing. The change will be noted in our files and the staff will be notified. It is essential that all contact information be kept current for authorized pick up persons. Four times a year, families will be requested to update their child's emergency card. This is a system in place to ensure that the center has the most up-to-date information.
- If a child is left at the center past pick-up time, the parents and other persons listed as authorized to pick up will be called. If there is no response at any of the provided numbers, messages will be left. If there is no response to pick up the child within 30 minutes of the scheduled closing time, the Delaware Division of Child Protective Services will be called to assume responsibility for the child.
- At no time may any child be left unsupervised in the center or on the DTCC campus. Once an adult signs a child out of the center, they are responsible for the close supervision of that child while on College property.
- 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 who is not designated on these forms or to anyone without a state photo ID.
- The law does not permit refusing to release a child to a custodial parent/guardian. If a parent /guardian or authorized release appears to be intoxicated or under the influence of drugs, staff will offer to call an emergency contact to pick up the child. If the person does leave the premises, it will be explained to the person that the center will contact the police due to the concerns of being under the influence of alcohol or drugs.

ATTENDANCE POLICY

The CDC operates according to the Delaware Technical Community College calendar. Parents whose children are enrolled in the program must provide up- to -date contact phone numbers to be reached. If your child will not be attending on a scheduled day, please call the Center by 8:00 a.m. If a child is suspended from their partnering school district, the Child Development Center will only be able to provide care for their regularly scheduled after-school program.

CONTINUITY of CARE

Our policy and practice is that each child's age group will have staff assigned to achieve particular ratios as stated. The Center maintains consistency of care by hiring a permanent Lead Teacher for each classroom and create teaching teams, consistent part time teachers in each classroom. Once the schedule is established, the teaching staff is stable for the rest of the semester. Teaching staff assigned to a particular age group work with that age group throughout the duration of their employment unless a change is required (i.e. in the best interest of the staff member due to a course schedule change). In

addition, when substitute/neighborhood teachers are in the classrooms, all attempts are made to send the same person to rooms in which they have experience.

TRANSPORTATION PROCEDURES

Daily transportation to and from the Center is the responsibility of parents. In the event of a medical emergency, the center may arrange for the transportation of your child to an emergency medical care provider as acknowledged in the signed "Authorized Pick Up & Emergency Contact Information/Emergency Care" form on file at the center. In addition, the Center periodically offers off campus field trip opportunities to enhance the educational experience of children. Depending upon the location and circumstances of the activity, the Center may provide transportation for the field trip. Where field trip transportation is provided by the Center, the driver shall be at least twenty-one (21) years of age, have a valid commercial driver's license, and maintain a safe driving record. The driver shall not transport more persons, including children and adults, than the capacity of the vehicle. Nor shall the driver operate the vehicle if there are any physical conditions present that would impair the driver's ability to drive. All other DELACARE regulations for transportation, including Rule 53, shall be employed or otherwise followed in field trips where the center offers transportation. Parents are encouraged to review these Delaware Childcare regulations at: <http://kids.delaware.gov/occl/announcements/Center-Regulations-2015.pdf> . Where the center provides bus transportation for school age children, the bus may not be equipped with child safety restraints. When any vehicle other than a bus is utilized by the center for field trips, all children shall be properly secured in child safety restraints appropriate for the age, weight, and height while the vehicle is in motion. Providing appropriate safety carriers or booster seats under these procedures is the responsibility of parents. The Center will inform parents in writing of any transportation provided by the Center for field trip activities in a written field trip permission slip. The permission slip will identify the specific mode of transportation offered by the Center, where and when the children will be transported, the identity of the driver, as well as the activities provided on the excursion. Parents who authorize the center to provide transportation on field trips must identify the specific needs or problems of a child which might require special attention during transportation. Parents who do not authorize the Center to provide field trip transportation are solely responsible for their child's transportation to and from the field trip activity site.

FIELD TRIP PROCEDURES

A signed Field Trip Form and Release, for excursions off campus grounds, must be submitted by parents, in advance of any off campus field trips. Signed field trip permission slips are required even if transportation is not provided by the center or where the parent provides transportation to and from the field trip activity site. Children not able to attend curriculum field trips must have alternative child care arrangements, since all center staff will be attending the field trip, to ensure the safety of the children. Child care fees will not be credited for children's inability to attend curriculum planned field trips.

The Center adheres to all Delaware Childcare regulations pertaining to off campus field trips. At least one (1) member of the center's staff with age-appropriate First Aid and CPR training will attend the field trip. Standard first aid kits are maintained on all Center field trips. At a minimum, staff shall also have access to all of the following on center excursions: water; liquid soap; emergency medications required for children with special needs; "Authorized Pick Up & Emergency Contact Information/Emergency Care" forms for all field trip participants, including home and work phone numbers of

parents/guardians, and the Poison Control Center phone number (1-800-222-1222); a roster of all field trip participants that shall be reviewed by center staff in documented roll checks at all times in the course of the excursion; identification tags detailing the center's phone number that shall be worn by all field trip participants during the excursion; and at least one operating phone to make emergency calls. Center staffing for field trips is determined by the location, activities, transportation, and age grouping as set forth in the Delaware Childcare regulations. Parents are advised that under no circumstances will less than two (2) center staff members be present at all times for any excursion undertaken at the Center. Parents are encouraged to contact the center for any questions about field trip opportunities. A signed On-site Excursion Field Trip Authorization and Release Form must be submitted by parents, during enrollment, for children to participate on center curriculum campus excursions/field trips, which take place on the college campus, but beyond the center grounds. On-site Excursion/Field Trip Procedures will be followed to ensure the safety of the children at all times.

SOCIAL MEDIA

To protect the confidentiality of the children, please refrain from taking pictures of any child other than one's own and placing them on social media (Facebook, Twitter, Instagram).

CELL PHONES & TEXTING

The Center respectfully requests that adults refrain from using cell phones and texting while in the building unless there is an emergency. This will allow adults to focus on talking with children and the staff when at the Center.

CHILD ABUSE REPORTING

The purpose of this policy is to aid in prevention, identification, elimination and reporting of child abuse and neglect. The CDC is mandated to report all suspected child abuse and neglect cases and provide all necessary information in accordance with the State's reporting laws. People on the emergency contact list could be contacted if it is deemed necessary by Division of Family Services.

In the event that a staff/teacher of the Delaware Tech Child Development Center is suspected of child abuse:

- A. The person who is accused of child abuse will be immediately removed from working with any child until an investigation is completed; however, the employee in question will continue working for the Center in another capacity until the investigation is complete.
- B. If the person has been found not guilty, he/she may return to the Center.
- C. If it has been proven that the employee is found guilty, he/she will be terminated immediately.

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. It is essential that we are consistent at home and at the center, or we will confuse the child. If we feel the child is not developmentally ready for potty training, a meeting will be scheduled with the Program Manager and the classroom teacher. We reserve the right to

discontinue the training. Toilet training is not coerced. Children are not punished for soiling, wetting, or not using the toilet and are supervised during toileting. 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.

Clothes play a very important part in this endeavor too. They should be ones that are easily taken off (no one piece suits, overall, or suspender type clothing). Please send in several changes of clothing and five or six pairs of training pants, along with plastic bags for soiled articles. 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.

DIAPERING POLICIES

Families will provide diapers and wipes for their children. Please send a full box of diapers and wipes labeled with the child’s name. Staff will inform families when the supply needs to be replenished. For the comfort of the child, children who are wet or soiled are changed upon discovery. In addition, parents provide extra clothing and diapering supplies for their children. Soiled clothing will be placed in a sealed bag and returned to the parent at the end of the day. To protect the health of all children, soiled clothing will not be cleaned in the Center’s washing machine.

For children who are unable to use the toilet consistently, the program makes sure that:

- Staff check children for signs that diapers or pull-ups are wet or contain feces (a) hourly when children are awake and (b) when children awaken.
- Diapers are changed when wet or soiled.
- Staff change children’s diapers or soiled underwear in the designated changing areas and not elsewhere in the facility.
- At all times, staff have a hand on the child when the child is being changed on an elevated surface.
- In the changing area, staff post and follow changing procedures.
- Surfaces used for changing and on which changing materials are placed are not for other purposes, including temporary placement of other objects, and especially not for any object involved with food or feeding.
- Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly by using a hands-free device (e.g., a step can).
- Containers are kept closed and are not accessible to children.
- Staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day.
- 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.

CLOTH DIAPERS

The Center only uses commercially available disposable diapers or pull-ups unless the child has a medical or cultural reason that does not permit their use. The child's health care provider must document in writing the medical reason for the use of cloth diapers.

When using cloth diapers, the diaper must have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit. (This means that parents must provide ample outer coverings since they cannot be used twice at the Center).

Cloth diapers that are soiled are placed in a plastic bag (without rinsing) that is able to be sealed – such as a Ziploc bag. This bag will then be placed in another bag and put in the child's diaper bag in the cubby. Soiled diapers are to be removed by parents daily from the Center. All other diaper procedures will be followed as stipulated by the OCCL.

CDC REST TIME

Research indicates that young children need downtime every day to let their bodies rest and brains comprehend all that they have learned. It is the policy of the CDC to require children in all classrooms to rest quietly for one hour each day. This will allow children that want to sleep time to relax and fall asleep. After thirty minutes, children that have not fallen asleep will be offered books, puzzles, file folder games, or other small developmentally appropriate toys to keep them engaged until naptime is over. This allows the children who are sleeping to still have quiet rest time. Parents may also bring in a special labeled nap bag for their child, which will be kept by the teacher and given to your child only at naptime. The nap bag may include: books, puzzles, quiet toys, coloring books, crayons, etc. but may not include small video machines, electronic toys or other electronic devices. The CDC will not be responsible for any lost, stolen or broken items for the napping bag.

The Delaware Tech Child Development Center utilizes cots, as an option, for rest time. Children must be twelve (12) to eighteen (18) months and walking to utilize a mat. Children are reassured and monitored closely during rest time as teachers provide relaxation techniques such as soft music, dimmed lights, and reassuring voices to facilitate children during their transition into a restful slumber.

Signature of the Parent Handbook Acknowledgement form acknowledges parent's acceptance and acknowledgement of the center's procedure concerning sleeping arrangements in the Infant Room. Children entering the Toddler Room have reached the walking milestone. Signature on the Parent Handbook Acknowledgement form acknowledges parent's acceptance and acknowledgement of the center's procedure concerning sleeping arrangements in the Toddler Room.

SAFE SLEEP POLICY

A Safe Sleep Policy exists for children less than twelve (12) months of age. 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
- use sleep sacks
- 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.

BRINGING TOYS FROM HOME

We discourage children from bringing toys from home to school. Children may bring a special blanket, pillow, or friend to sleep with during naptime. 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 (as determined by Center staff)
- toy guns or other weapons
- Items which are small enough to be a choking hazard to other children
- gum/candy or other food
- electronics

DRESSING FOR SCHOOL

Young children learn best when they are free to explore their environment and be fully engaged with the materials to which they are exposed in the classroom. That means they **will** get messy. Please do not dress them in clothing you don't want to get dirty. Send them to preschool in comfortable, old clothing in which they will be able to explore and fully participate in all the activities available. The children will also be engaged in lots of physical activity and need to wear safe and comfortable shoes – tennis shoes are best!

OUTDOOR POLICY

The teachers in the CDC will take the children outside everyday unless there is inclement weather or a weather advisory. According to state OCCL regulation 76 B: Weather permitting, a licensee shall ensure daily outdoor play is provided for infants, toddlers, and older children when the wind chill factor is 32°F or higher or the heat index is 89°F or lower. Parents are required to bring hats, gloves, and warm coats in the colder winter months. Children cannot stay in due to the staff/child ratios. Unless there is a documented medical condition, all children must be prepared to go outside if they come to school. All teachers will make sure that if hats and gloves are brought to school, they will be put on the children.

REGISTRATION FEE

There is a yearly registration fee of \$35.00 for the first child and \$25.00 for each additional child payable at the time of registration and then due annually.

CDC CONTRACT

The Child Development Center requires all families to sign a contract for each semester. The contract states the child's schedule and the fee for each invoice. This contract is a binding agreement to pay for childcare services. Changes to a child's schedule will be limited to one schedule change per semester and will require a new child care contract to be completed.

PAYMENT SCHEDULE

Payment is paid ahead of time for care. Newly enrolled children will pay for the first two weeks of care before enrollment begins. The Child Development Center invoices will be issued every two weeks and are due on the last day of each billing cycle. See Campus Specific Rate sheets for information regarding sibling discounts. Childcare will not be provided without payment. Payments can be made by credit card, money order, cash or check.

If the child is enrolled at a CDC that accepts Purchase of Care (POC), it is the family's responsibility to keep POC authorizations up to date. If POC expires before the CDC receives a new authorization, the parent will be responsible for paying the regular rate charged by the CDC.

Sick days, vacation days and Delaware Tech holidays are incorporated into the fee structure. The two week Winter Break is the only holiday for which we do not charge. Dates for center holidays and semester breaks are made available at the front desk. The CDC conducts two employee in-service days each academic year. Notification will be provided to families in ample time for alternative child care arrangements to be made. In-service days are incorporated in the rate structure. Families are charged the regular weekly rate during the week of in-service.

LATE PICK UP FEES

The hours of operation for the Child Development Center are 7:30 a.m. – 5:30 p.m., Monday through Friday. Children not picked up according to their contracted hours may be assessed a late fee. It is important that children are picked up on time. If you are picking up your child late, you will be assessed a late fee which shall be paid directly to the center. If we are unable to contact you and if the emergency contact cannot be reached or the child is in the center one hour after closing, Department of Services for Children Youth and their Families will be contacted.

At the discretion of the Program Manager, families who are consistently late picking up their children from the center will be charged as follows:

1-5 minutes = \$5.30

6-10 minutes = \$10.60

11-15 minutes = \$15.80

20 minutes = \$21.00

Consistently picking up a child late or non-payment of late fees may result in dismissal of a child from the CDC by the Program Manager. We appreciate your cooperation in dropping off and picking up your children on time.

DELINQUENT ACCOUNT PROCEDURES

An invoice will be considered outstanding on the first working day of the next two-week billing cycle. The staff will issue a reminder to anyone who is showing as delinquent after 9:00 a.m. If the invoice is still unpaid on the second day, a letter to the parents will be given with ten days to pay the invoice. The letter will be put in the child's cubby for the parents to pick up and also mailed, and the child **may not** attend the CDC until the invoice is paid. If after ten days the invoice has not been paid, the vacant spot will be filled with a child on the waiting list. The Business Office will send the account to a collection agency, and the responsible party will be required to pay an additional fee.

Due to the number of children on the waiting list, a parent may only be delinquent two times. After the second delinquency, a certified letter will be sent to the parents notifying them that the next delinquency will result in the child being unable to attend the CDC, and the vacant spot will be filled with a child on the waiting list.

- Parents, who are students at the College, will receive a hold on their accounts if a delinquency occurs. This action prevents future registration or request for official transcripts.

RETURNED CHECK PROCEDURE

In the event a check is returned for insufficient payment, the accountant or Program Manager will notify guardian that a **cash payment** must be received by the next business day. The child will not be eligible for childcare services until the returned check and returned check fee is paid.

INCLEMENT WEATHER

If the campus is delayed due to bad weather, the CDC will also be delayed. The text alert notification system will inform families of the opening time. If the campus is closed due to inclement weather, the CDC will be closed. An announcement will be made on local radio and television stations and through the text alert system. Please see the Program Manager for information about signing up to receive these alerts regarding inclement weather.

GRIEVANCES

If any parent has a complaint against any staff member employed by the CDC or a concern regarding a child enrolled in the Program, please notify the Program Manager; steps will be taken to remedy the situation.

If there is a complaint against the CDC or in the event that an issue or unresolved concern needs to be referred beyond the Program Manager, please contact the Education Instructional Director; steps will be taken to remedy the situation.

Nutrition

We at the Child Development Center support your child's healthy food choices by:

- Gently encouraging children to try fruits and vegetables, and giving positive reinforcement if they do.
- Role-modeling positive behaviors by eating fruits and vegetables in the presence of the children.
- Providing nutrition education.
- Supporting children's healthy eating habits, by looking for hunger and fullness cues.
- Not serving high sugar or fat snack items.
- Serving:
 - Whole milk for children younger than 2 years old
 - Skim for children aged 2 years and older
- Following the American Academy of Pediatrics recommendations, our program will encourage children over a year of age to use a cup exclusively, instead of bottle.
- Following the American Academy of Pediatrics recommendations, this program will not serve any food or drink other than breast milk and/or iron-fortified infant formula, in a bottle unless medically necessary.
- Making sure that water is clearly visible and available to the children at all times (indoors and outdoors).
- Offering most breads, pastas, and grains made from whole grains.
- Serving whole grain cereals containing 6 grams of sugar or less.

MEALTIMES

A weekly menu is posted in each room. Meals are eaten family style with a relaxed atmosphere and conversation. This can be a very important time of learning and social interaction for children. Mealtimes are an opportunity to further explore our thematic units through nutritional awareness. Parents are welcome to stop by and have lunch with us.

Breakfast: 8:30 – 9:15 a.m. **Lunch:** 11:15 – 12:30 p.m. **Snack:** 2:30 – 3:30 p.m.

The Child Development Center follows the USDA Dietary Guidelines for child care centers in alignment with the Child and Adult Care Food Program requirements. Some of the programs participate in the Federal Child and Adult Care Food Program ("Program"). This allows the CDC to be reimbursed for a percentage of the food served to the children. If your child requires special dietary meals, or meals designated for allergy sensitive children, the program must be advised in writing by the child's medical provider. Such written notification must include specific instructions in order to ensure proper delivery of meals and snacks. If your child's CDC participates in the program, parents have the option of having their child eat the prepared meals daily or sending their child's meals from home. Parents will need to

notify the CDC which program has been selected. Please check with your campus CDC if you will need to provide lunch for your child. All food from home should be packed in appropriate containers to maintain food at safe temperatures and to preserve purity and freshness. We will not prepare meal items sent from home. All meals brought from home must meet the USDA Dietary guidelines. The following basic food groups should be included: milk, proteins, 2 items that are fruit or vegetables, and whole grains. Please pack in a microwave safe dish if it needs to be heated. These guidelines are available upon request at the receptionist's desk in the CDC. The CDC reserves the right to substitute meals brought from home if any of the USDA requirements are missing, and the family will be charged accordingly for the meal.

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. If children require vegetarian or organic food or beverages, substitutions are to be provided by the family and must meet the OCCL's DELACARE regulations and container specifications listed above.

Non-Discrimination Statement

The US Department of Agriculture prohibits discrimination against its customers, employees and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities)

If you wish to file a Civil Rights Program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usdagov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov.

Guidance

The Child Development Center promotes a positive approach to guiding behavior. By establishing an environment where children can actively explore and interact, where expectations are clear and age appropriate, and where optimal adult to child ratios are observed, most behavior problems can be prevented. The goal is to effectively socialize the child while preserving his/her self-esteem and dignity. Teachers work to prevent behavior problems. Prevention strategies shall include providing appropriate, educationally valuable materials and activities in an organized, stimulating environment, and setting realistic expectations for young children when planning the program. Staff shall praise and encourage children for positive behavior and predict or guide inappropriate behavior into more motive actions, rather than reply on punishment. Response to a child's behavior needs to be appropriate to the child's developmental understanding. All consequences that are implemented in responses to children's

actions not only need to be developmentally appropriate, but also be logical. Children need to be able to understand, learn, and grow from every experience. Behavior management must follow this as well; children need to have consistent rules and consequences that follow logic.

This type of guidance includes:

- Praise, rewards, and encouragement
- Responses to child's behavior will be appropriate to the child's developmental level
- Corporal punishment inflicted in any way on a child's body (including shaking, biting, pinching, pulling, slapping, spanking, grabbing, sticking, or plucking) **is prohibited**.
- **Children will not be:** humiliated, frightened, or abused verbally, physically, or sexually; deprived of food or toilet use as punishment; tied or placed in mechanical restraints as a punishment; isolated without supervision; punished for not going to sleep, toileting accidents, failure to eat all or part of food, or failure to complete prescribed activities.

When problems arise, the teacher will regard the behavior as communicative and attempt to determine the underlying cause of the behavior (see **Common Reasons for Misbehavior**). After evaluating the situation, attempts will be made to find an environment to better meet the needs of the child. Providing the children with choices, and responding to needs immediately, enables the teacher to redirect the child without negative consequences. Providing choices for the child in an overwhelming situation allows him/her to be a part of the decision-making process and often results in a more acceptable choice. Helping with conflict resolution is a large part of working with children and a central part the curriculum. Using effective language is essential to positive guidance. Staff should try to avoid using the word "no" or "no, thank you" to deter a child from a behavior. Instead, staff might say "stop, please" or engage the child in a narrative that assesses the situation and prompts them to a more appropriate activity (See **Useful Phrases**). Using redirection, active listening, logical consequences, participating in the solution, natural consequences and/or modeling encourages positive behavior. The Center is committed to providing a nurturing environment for all children, and positive guidance is essential. Staff members will consult with a child's parent/guardian and professionals, if necessary, to design effective positive behavioral interventions and to adapt behavior management practices for a child who has a special need, including a behavioral or emotional disability. In addition to the above information, the CDC may also employ Conscious Discipline, which is an evidence-based discipline approach.

RESTRAINING A CHILD

Children may only be restrained by holding if the child or others are in imminent danger or a risk to themselves or others. Physical holding for a brief time to remedy the risk or removing the child to a safer location is permissible. Supervision is required. In the event physical holding is used, staff must document that the child was restrained.

COMMON REASONS FOR MISBEHAVIOR

If caregivers understand why children misbehave, they can be more successful at reducing misbehavior.

- Children want to test whether caregivers will enforce rules.
- They experience different sets of expectations between school and home.

- A child does not understand the rules, or is held to expectations beyond developmental levels.
- They want to assert themselves and their independence.
- They feel ill, bored, hungry or sleepy.
- They lack accurate information and prior experience.
- They have been previously "rewarded" for their misbehavior with adult attention.

If the teacher feels it is necessary to address a severe or reoccurring behavior concern, he/she will alert the Program Manager. The Program Manager will conduct observations and determine the next steps. This may include a behavior plan, which must be put in writing and agreed upon by the teacher, director, and family. It is required by law to maintain a safe environment for all who participate in our program. If at any time the center's administration feels that the Center is unable to meet the needs of a child/family, the Center reserves the right to terminate enrollment. The Center will provide a list of resources to other agencies and/or facilities appropriate to the child's needs upon request.

BITING GUIDELINES AND PROCEDURES

It is common and developmentally appropriate for children under the age of three to bite. While biting among children seems a natural part of childhood, there are those extreme and rare cases when biting actually breaks the skin. The risk of these bites leading to bacterial infections is extremely low. Therefore, a good cleansing of the wound should decrease the risk of a bacterial infection to almost zero.

Young children bite for different reasons. Most reasons are not related to behavior problems and are categorized into three categories:

1. Developmental issues – developmental delays and/or social emotional delays
2. Expression of feelings - frustration, self-assertion, need for control, sensory exploration, imitation, attention, anxiety, panic, or experimenting with cause and effect
3. An environment or program that needs to be modified for the child – examine stimuli or lack of stimuli within the environment.

Staff will be sensitive to the circumstances when biting occurs and use preventive measures to stop biting behavior. The objective is to maintain the health, safety, and comfort of each child. In order to accomplish this, the following measures will take place:

1. Determine the significance of the bite (skin breakage, presence of open wound or puncture wound).
2. Provide immediate first aid to the bite wound.
3. Inform parents of both children of the biting incident. If the bite was significant, encourage the parents to consult with their primary health care provider about any follow-up measures.
4. Document the incident as established by procedure. This will include written documentation signed by the family of the child who is biting.

Measures to stop biting behavior:

1. Discourage biting from the first incident
2. Give children short, simple directions such as "no biting" or "we don't hurt our friends"
3. Coupled with direct eye contact and a firm voice

- (Not necessary to yell)
4. Setting children to the side while directing attention to child bitten provides the child the opportunity to see that they will not gain attention through this choice of behavior.
 5. At each biting incident or biting attempt, the family will receive a report that states what was happening, the actions taken by the staff, and the nature of the bite to the other child (ex. on hand, left teeth marks). After three biting incidents, a parent teacher conference will be held to discuss what steps can be implemented to eliminate the biting. This could include shadowing, requesting information from the pediatrician, or bringing in support for the classroom staff.
 6. If the biting still continues, more drastic measures must be taken. A consultation with the parents will be set up to discuss measures implemented by both the parents and the CDC. Continued placement in the program will be based upon partnership with family and ability of Center to meet the individual needs of the child.

Adapted from information from:

www.kidshealth.org,

http://www.ehow.com/info_8088389_nccc-child-development-ages-stages.html

www.allkids.org

Department of Health and Social Services

Delaware Division of Public Health

Health Information and Epidemiology

<http://www.dhss.delaware.gov/dhss/dph/chca/files/childcaremanual.pdf>

Sample Schedule

This is an example of a full day schedule. Due to shared spaces your child's time period for outside, centers etc. may differ.

7:30-8:30	Arrival/Open centers/ individual projects
8:30-9:00	Story/Wash Hands/Snack or Breakfast
9:00-9:30	Music & Movement/Large Motor
9:30-9:40	Circle Time
9:40-10:45	Open Centers/Small Group Activities
10:45-11:00	Story/Get mats ready
11:00-11:30	Large Motor (Playground)
11:30-12:00	Wash Hands/Lunch
12:00-12:30	Bathroom – Wash hands, etc...
12:30-2:30	Nap

2:30-2:45	Wake-up/Quiet Centers – books, puzzles, etc...
2:45-3:00	Story/Wash Hands
3:00-3:15	Snack/Wash Hands
3:15-4:30	Open Centers/Finish small groups
4:30-5:00	Large Motor (Playground/Avenue)
5:00-5:30	Open Centers

LEARNING CENTERS

Although it may appear as if the children are playing, through studies in child development we know that “play is a child’s work.” The learning centers are one component of the daily schedule in which the children have the opportunity to go to “work.” The children are encouraged to visit each learning center at least twice a day, once in the morning and once in the afternoon, for an hour. The learning centers are designed to enhance exploration, creativity and the overall development of the children. Some of the centers and their purposes are outlined below.

Art Center

Art stimulates all senses in children. It promotes creativity and plays an important part in the development of children. Through art, children may express their moods and feelings.

Music Center

Music is an excellent way for young children to use their imagination and originality. Music enables them to develop fluency and flexibility with their mind and body. They learn listening skills including differences in tempo, tone, and volume. They also learn to express themselves creatively and as individuals.

Block Center

Block Center helps children develop cognitively. Through building, they are developing mathematical skills, concepts of sizes, shapes, and sequencing.

Science Center

Through “hands on” experience, children will sharpen their basic thinking skills: observing, questioning, and early computation. They will also be sharpening their visual skills, eye-hand coordination, small motor control, problem solving, communication skills, predicting, measuring, comparing, classifying, making generalizations, and drawing conclusions.

Manipulatives

Manipulatives and games teach children to recognize colors, shapes, and numbers. They master learning skills such as measuring, counting, classifying, comparing, contrasting, and creative decision making. Experts say “hands on” is the best way for children to learn. They learn by doing, playing, exploring, and experimenting with materials they can see, touch, and manipulate.

Cooking Experience

Learning occurs during all phases of this activity from preparation to clean up. Children learn to measure and combine ingredients, to distinguish differences between hot and cold, and to recognize various stages of matter (solid, liquid, gas). Many cooking experiences require the children to stir, shake, and spread which will help with their coordination and motor control.

Sand and Water Table

The sand and water table allows children to explore the different properties of sand and water. Children experiment with pouring, measuring, and developing concepts such as cause and effect or hot and cold. Time spent at the sand and water table allows for development of children's small motor skills and hand-eye coordination. Children learn valuable social skills while playing together and enjoying "hands on" learning experiences. Precautions are taken for healthy practices: tables/toys are cleaned and sanitized after each use; children are not allowed to drink the water; children with sores on their hands are not permitted to participate in communal water play; and fresh potable water is used.

Dramatic Play

Dramatic Play Center is where children can be whoever they want to be. It allows children to participate in a wide range of activities associated with family living, culture and society. For example, children can pretend to be mommy, daddy, police person, sibling, etc. Through dramatic play, children can use their imagination to understand concepts, processes, roles, and relationships.

Library Center

The Library Center allows children to explore concepts through the wonderful world of books. The center enhances the self-concept of children. The children begin to view themselves as readers and engage in reading-like activities. They pretend to read books and impose meanings from the pictures. The Library Center also helps develop reading readiness skills needed to become successful readers.

Screen Time

As per DELACARE regulations regarding screen time (regulation 66), the center implements the following precautionary measures/procedures:

Computer, television, tablet, digital video display (DVD) etc, ("Screen-time") will be incorporated into program planning in accordance with DELACARE and pre-approved in accordance with developmentally appropriate curriculum guidelines.

- A. Prohibited for children two (2) years of age or younger;
- B. Not permitted without written approval of each child's parent/guardian;
- C. Limited to programs, games and websites which are age-appropriate and educational;
- D. Provides protections from exposure to inappropriate websites such as those that are sexually explicit, violent, or use inappropriate language;
- E. Supervised by a staff member; and
- F. Not to exceed one (1) hour daily per child or group of children

Viewing time periods/usage time periods may be extended for specific special events or occasions such as a current event, holiday/birthday celebration or homework, researching topics, special events or interests of a child or group of children and documented in monthly lesson plans.

Licensing and Regulations

The Child Development Center is licensed by the State of Delaware. The license is displayed in the lobby of the CDC. A copy of DELACARE (requirements for child centers, distributed by the state of Delaware, Department of Services for Children, Youth, and Their Families) is available at the reception desk. Parents are encouraged to review these regulations at any time.

Delaware Technical Community College carries insurance for all children in attendance at the Child Development Center.

The CDC maintains an on-site file for all staff including: job descriptions of Center staff/profiles, current adult health appraisal, current tuberculosis inoculation verification, and current federal and state criminal verification, pediatric CPR certification, and pediatric first aid and safety certification.

ECAP

The ECAP program, available only at Owens Campus, maintains a separate waiting list. The CDC reserves 15 Department of Education funded seats for income eligible three and four year olds in accordance with Head Start Program Performance Standards. ECAP students have community transportation options available.

ECAP families also have the opportunity for home visits.

Parents are encouraged to join the parent committee which provides opportunities for input, training, and family activities. The purpose is to keep open lines of communication between the school and the parents. There is also an ECAP Policy Council which gets involved in the policies and decisions made for the Child Development Center. The Policy Council meets four times a year and membership is comprised of ECAP family members and one non-ECAP family/community representative. Dates are announced at least two weeks prior to the meeting.

NAEYC



National Academy of Early Childhood Programs

Only the George Campus is NAEYC accredited.

STANDARD 1: RELATIONSHIPS

TRANSITION INTO A NEW CLASSROOM

Transitions can be difficult for children and we make every effort to minimize the number of group, teaching staff, and classroom transitions experienced by an individual child during the day and program year. Every attempt is made to maintain continuity of relationships between teaching staff and children and among groups of 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. A transition schedule is used to help facilitate a child's transition into the program or into a new classroom. The gradual start process begins when families visit the classroom with their child for one (1) day for two hours, the next day for four (4) hours and the last day is a full day prior to the child beginning full-time. This schedule is arranged at the Intake Meeting with the Lead Teacher.

We strongly recommend that children participate in a gradual start as this is part of best practice care for children. If this process creates a hardship for the family, other arrangements can be made for the family and the child to become familiar with their classroom and the Center.

CLASSROOM 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 child's new teacher meet to discuss the child's current skills and abilities. The child's Teaching Strategies Gold Portfolio will be assigned 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.

Gradual Start Schedule (can be extended if necessary)

First day	Child visits the new classroom for a two (2) hour period. When scheduled in the morning, the child eats breakfast with new friends.
Second day	Child visits the new classroom for half of the day. The child will experience a full lunch time routine.
Third day	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.

STANDARD 5: HEALTH

Lead and tuberculosis screenings are required annually for children attending the Wilmington Campus CDC.

INSURANCE CARD

Families are required to provide a copy of their child's insurance card to be kept in the child's file. Current information regarding the child's health insurance coverage should include the insurance carrier, policy number, and name of insured.

ORAL HEALTH

The Center promotes healthy oral practices for young children. The importance of good oral health is taught early to children. 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. 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 any anxiety that children may have regarding visits to the dentist.

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.

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:

RESPIRATORY

- Diphtheria
- German Measles
- Hemophilus Influenzae Disease
- Measles (rubeola)
- Bacterial (spinal) Meningitis
- Mumps
- Pertussis (whooping cough)
- Rubella
- Tuberculosis

GASTRO-INTESTINAL

- Giardiasis
- Hepatitis A
- Salmonellosis
- Shigellosis

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>.

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.

COMMUNICABLE DISEASES: GUIDELINES

Disease	Incubation Period	Return after:
AIDS (or HIV Infection)	6 to 12 weeks	Evaluation by team including family, child’s physician, public health personnel and the Center
Chicken Pox	10 to 21 days	One week if blisters/lesions are dry and crusted over

Conjunctivitis	24 to 72 hours	24 hours on antibiotic medication except in non-purulent
Coxsackie A (Hand, Foot & Mouth Disease)	7 to 10 days	After the symptoms have disappeared, no blisters in mouth or lesions on hands
Croup	1 to 3 days	When physician advises
Diarrhea	Varies based on cause	When stool is no longer watery or persistent (about 1hour OR is still loose after 7 days, but there are no other symptoms or blood/mucus in stool)
Gastroenteritis	6 to 72 hours	7 days after symptoms resolve
Giardiasis	1 to 4 weeks	When asymptomatic
Herpangina	3 to 6 days	5 days after onset of symptoms
Human Herpes Virus 6 (Roseola)	Varies	After seen by a physician <u>and</u> fever and rash are gone
Impetigo	24 hours	24 ours on oral or topical medication
Infectious Hepatitis A	15 to 50 days	1 week after onset OR until Hepatitis immune globulin has been administered to exposed children and staff OR until directed by the responsible health department
Infectious Hepatitis B	45 to 100 days	When physician advises
Infectious Mononucleosis	30 to 50 days	Exclude until symptomatically able to tolerate general activity
Invasive Haelmophilus	Unknown	After completion of full course of antibiotic therapy for children with diagnosed disease and after completion of a 4 day course of rifampin for index case and high risk contacts if indicated
Invasive Meningococcal	1 to 10 days	After completion of full course of antibiotic therapy for children with diagnosed disease and after completion of a recommended chemoprophylaxis program for index case and high risk contacts
Mumps	12 to 52 days	9 days after swelling disappears
Oral Herpes Simplex Primary (Gingivostomatitis)	2 to 14 days	When able to control drooling
Re-occurring		When skin lesions are dry and crusted (at discretion of Program Manager based on age and behaviors)

Pediculosis (including Head Lice)	6 to 10 days	24 hours on treatment and no new nits(eggs) Child will be checked for any new evidence of new infection daily by teacher for 10 days after treatment
Pertussis (whooping cough)	6 to 20 days	5 to 7 days after initiation of antibiotic therapy and physician advises return
Ringworm	Unknown	After treatment has begun
Rubella (German Measles)	2 to 3 weeks	7 days from appearance of the rash
Rubeola (Measles)	10 to 14 days	7 days from the appearance of the rash
Shigellosis	1 to 7 days	5 days of antibiotic therapy completed or negative stool cultures
Shingles	1 to 7 days	When blisters/lesions have dried up and crusted over
Streptococcal infections (including Scarlet Fever & Strep Throat)	2 to 5 days	24 hours on oral medication and afebrile
Additional diseases are outlined in the "Infectious Diseases in Childcare Settings" https://decc.delaware.gov/files/2015/03/InfectiousDisease.pdf		

EVACUATIONS DUE to NATURAL or MAN-MADE EMERGENCIES

The Center and DTCC’s Public Safety’s highest priority is to keep children safe at all times. Evacuation plans are posted in each room of the Center, and staff are trained to respond accordingly, when required. Fire drills are conducted monthly as required by OCCL. In the event of an emergency, DTCC’s Public Safety will inform the Center staff of the choice of protocol.

The Center has a variety of options when situations arise that require the children and staff to change locations or to remain at the Center for their safety. All communication will occur using the Delaware Tech Alert System.

- **Shelter in Place** - This option will be put into place in the event of a weather emergency, unsafe outside conditions or threats. In this option, children will remain in their classrooms. The Center is secured and locked to restrict entry. Families will be notified if they need to pick up their child before the normal closing time.
- **Evacuation to College** - This option will be put into place in the event that is not safe for the children to remain at the Center based on facility issues. In those situations, children and staff will move to the College temporarily or until other arrangements are made. Families will be notified to the location change.
- **Evacuation to Salvation Army** - This option will be put into place in the event that it is not safe for the children to remain at the Center or be moved to the College. Public Safety will inform the Center that this option is in place and will assist in the transport of children to the evacuation location. Families will be notified that the evacuation plan is in place and will be given specific

information about pick-up. The DTCC/CDC has an a MOU (memorandum of understanding) on file with the Salvation Army at the Center and it is reviewed annually.

Staff are 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 family members are in the Center, family members are also required to follow the Center's procedures, and will immediately evacuate the building with the children and staff.

FOOD PROGRAM & NUTRITION PRACTICES

Nutrition is a major factor in the physical, social, mental, and emotional development of children. 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.

Good nutrition is modeled for children in the meals and snacks offered at the Center. The Delaware Child and Adult Care Food Program (CACFP) and the OCCL require the Center and its families to 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.

Breakfast

Breakfast is served at the Center on a daily basis. For families who would like to take advantage of this service, the child must be in the classroom prior to 8:45 a.m. in order to be served.

Lunch

Families are required to participate in the Center's efforts to promote healthy eating habits by sending nutritionally sound lunches. Lunches must be sent in a container. This also facilitates better storage in the classroom refrigerators. In addition to labeling your child's container with his/her name, please label all lunch items. We shall ensure that classrooms have refrigerator with sufficient capacity to keep lunches prepared at home, cold to 40° F or colder (per USDA & CACFP requirements). A working thermometer shall be in all refrigerators and freezers at all times.

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

1. Milk: fluid pasteurized cow's milk (children ages 1 - 2 receive whole pasteurized cow's milk when not on formula or breast milk)
 - Infants / Toddlers - 4 oz.
 - Preschoolers - 6 oz.
2. Proteins: meat, fish, poultry, eggs, yogurt, cheese, beans
 - Infants / toddlers - 1 oz.
 - Preschoolers - 1 ½ oz.
3. 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
4. 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:

- sodas
- drinks with dyes (i.e. sugar water drinks)
- juice (unless 100% unsweetened fruit juice)
- chocolate (i.e. chocolate chip cookies, chocolate chip granola bars, candy, cake, etc.)

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:

A. 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, tree nuts, peanuts, peanut butter, popcorn, raw peas, uncut grapes, un-pitted cherries or plums

B. Toddlers

All items listed for preschoolers with the addition of raw vegetables

C. Infants

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

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 two (2) 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.

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 the child's file. Please adhere to the following guidelines 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 reheated.

FEEDING INFANTS & TODDLERS

Infants unable to sit are held for bottle-feeding. All others sit or are held to be fed. Infants do not have bottles while in a crib or eat from a propped bottle at any time.

Toddlers do not carry sippy cups or regular cups with them while crawling or walking.

FORMULA and BABY FOODS

The Center provides one brand of formula that is part of our breakfast and/or snack programming. Families may provide alternative formulas and/or breast milk based on their infant's needs. Families are responsible for providing sterilized plastic bottles. Teaching staff offer fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup. The Center provides sippy cups for older infants and toddlers. Staff discards, after one hour, any formula or breast milk that is served but not completely consumed or is not refrigerated. If staff warm formula or breast milk, the milk is warmed in a crockpot/slow cooker with water at no more than 120 degrees Fahrenheit for no more than 5 minutes. No milk, including breast milk, and no other infant foods are warmed in a microwave oven.

BREAST MILK / NURSING MOTHERS

The Center provides food to infants only after clear communication and understanding has been achieved with the child's family. This ensures the teacher and family member provide for the infant's individual needs.

ALLERGIES

If your child requires nutritional accommodations for medical reasons, please provide documentation and a care plan from the child's pediatrician. Provisions of food substitutes are the responsibility of the family, and they must adhere to the OCCL's DELACARE Regulations and container specifications listed above.

RELIGIOUS RESTRICTIONS

If a meal component listed on the menu is not permissible due to religious reasons, it is the responsibility of the family to provide substitutes that meet the OCCL's DELACARE regulations and container specifications listed above.

TOILETING PROCEDURES

Potty-chairs are emptied and sanitized after each use. 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.

STANDARD 6: TEACHERS

****No applicable policies addressing teacher qualifications****

STANDARD 7: FAMILIES

PARENT COMMUNICATION

Meetings: The Center holds monthly parent meetings for parents where information and information can be shared, parents can share their concerns and trainings will be offered. The Center strongly encourages all parents to attend these meetings.

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 also may be held within each classroom.

Event examples are listed below by month:

- | | |
|--------------------------|----------|
| • Story Night | February |
| • Day of Elegance | April |
| • Make and Take Night | June |
| • Meet & Greet | August |
| • Potluck Dinner | October |
| • Friends & Family Feast | November |

STANDARD 9: PHYSICAL ENVIRONMENT

****No applicable policies addressing physical environment****

STANDARD 10: LEADERSHIP and MANAGEMENT

STAFF LIMITATIONS

In order to facilitate professional relationships between the Center staff and families, the following boundaries are in place. 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. The Center thanks families in advance for their understanding and cooperation.

CONTINUITY of CARE

Classrooms are set up so that children are in the same classroom for extended periods of time. Children are in the Infant classroom from 3 months until 18 months (up to a year and a quarter). Children are in the Toddler classroom from 18 months to 36 months (up to a year and a half). Children are in the Preschool Classroom from 36 months until they leave the program to enter kindergarten (which can be up to 2 years).

The Center makes every attempt to minimize transitions in order to provide continuity of care. Children transition from infant to toddlers and toddlers to preschool. Transitions to kindergarten from the preschool program are varied depending on their next placement which can be to public, private or charter schools.

Delaware Technical & Community College Child Development Center

Parent Handbook Acknowledgement

I, the undersigned, acknowledge that I have received a copy of the Parent Handbook for the Child Development Center. While I understand that the Parent Handbook is neither a contract nor a legal document, I recognize that it is my responsibility to read and understand the policies, provisions, and procedures contained in the Parent Handbook.

In addition, I understand that the contents of the Parent Handbook are subject to change. I acknowledge that the Parent Handbook will be revised in accordance with the rules or regulations of state, federal, and accrediting entities, best practices for child care service providers, or at the discretion of the Board of Trustees of the Delaware Technical & Community College. I recognize that any such revisions will supersede, modify, or eliminate the current contents of the Parent Handbook.

I acknowledge that it is my responsibility to stay informed of policy and procedure revisions to the Parent Handbook, which will be posted on the Child Development web site at <https://www.dtcc.edu/student-resources/childcare>. In the event I do not have internet access, I understand that I can obtain a hard copy of the updated Parent Handbook upon request to the Child Development Center.

Moreover, I recognize that it is my responsibility to contact the Child Development Program Manger for any questions I might have about the contents of the Parent Handbook now and in the future.

_____ **Guardian Name (Print)**

_____ **Guardian Signature and Date**

_____ **Child Registered in Program (1)**

_____ **Child Registered in Program (2)**

_____ **Child Registered in Program (3)**

_____ **Child Registered in Program (4)**