



DARTMOUTH
COLLEGE

FAMILY HANDBOOK

2017-18

Welcome to Dartmouth College Child Care Center.
The Center is open Monday to Friday, 7:30 a.m. to 5:30 p.m.

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Dartmouth College Child Care Center
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DCCCC STAFF MEMBERS – Updated November 2017

Office	Jeff Robbins, Director Dawn Cote, Office Manager Karen Small, Administrative Assistant
Chickadees (Infants)	Alexandria (Ali) Wachunas, Lead Teacher Denise Ayers Deserai Stone
Chickadees Too	Teresa Hahn, Lead Teacher Lori Higgins Moya Stevens
Owls (Toddler I)	Debbie Burnham, Lead Teacher Wendy Irwin April Buchanan
Hedgehogs (Toddlers II)	Jennifer Sprague, Lead Teacher Jenn Boudro Angelica Morrison
Otters (Preschool I)	Stephanie Cummings, Lead Teacher Jordan Rosenzweig Vipasha Oza Jane Wolfe, Child Care Assistant
Badgers (Preschool II)	Terri Hollis, Lead Teacher Miranda Arruda Judy Labrie
Black Bears (Preschool III)	Liz Harrington, Lead Teacher Barb Merchand
Floating Assistant Teachers:	Terri Crane, Kristin Cole, Jennifer Murphy,

Staffing ratios and all other policies and procedures of the Center are in accordance with the standards for child care licensing and regulation of the Department of Health & Human Services, State of New Hampshire. The New Hampshire license to operate and any notices from the Bureau for Child Care Licensing are located in the main entry way.

Our Purpose

The purpose of the Center is to meet the daytime child care needs of College personnel by providing a warm, stimulating, safe and reliable environment for the care of young children.

As a department of Dartmouth College the Center is happy to comply with its policies prohibiting discrimination on the basis of race, color, religion, sex, age, sexual orientation, national origin, disability, or military or veteran status in its hiring or enrollment practices. In addition, the Center's programming includes antibias curriculum, commitment to respecting the individuality of each child and to celebrating the enrichment of our lives through the diversity in culture, family structure, socioeconomics, religions and linguistic backgrounds of our children and families.

The Dartmouth College Child Care Center is a program of the Child Care Resource Office, Office of Institutional Diversity & Equity. Staffing ratios and all other policies and procedures of the Center are in accordance with the standards for child care licensing and regulation of the Department of Health & Human Services, State of New Hampshire.

Our Philosophy

DCCCC is committed to promoting the growth of the whole child by attending to each child's physical, emotional, social and intellectual development. Teaching teams work in cooperation with families to produce an environment which encourages and supports all the people who are its parts.

Children are recognized and respected as individuals with unique and diverse family backgrounds. Children are given the opportunity to develop at their own pace in a nurturing, play-based environment that provides for their physical and emotional health and safety. Children are encouraged to make choices and develop independence while learning to be responsible members of the community.

Teaching Practices

The program promotes positive relationships among all children and adults to encourage each child's sense of individual worth and belonging as part of a community and to foster each child's ability to contribute as a responsible community member. Teachers strive to create a predictable, consistent and harmonious classroom.

The program employs and supports a teaching staff that has the educational qualifications, knowledge, and professional commitment necessary to promote children's learning and development and to support families' diverse needs and interests. As a part of orientation and ongoing staff development, new and existing program staff develop skills and knowledge to work effectively with diverse families.

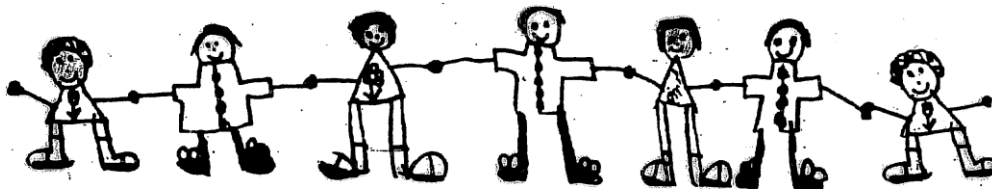
All teaching staff at DCCCC demonstrate the ability to:

- interact with children without using physical punishment or any form of psychological abuse
- recognize health and safety hazards and protect children from harm
- encourage and provide children with a variety of opportunities for learning
- encourage and provide children with a variety of social experiences
- adapt and respond to changing and challenging conditions in ways that enhance program quality
- communicate with children and families

To honor the cultural backgrounds of children and families, staff participate in community cultural events, concerts, storytelling activities, or other events and performances. Understanding the ways in which your family defines its culture, religion, home language, race, and family structure is very helpful to us.

Teaching staff counter potential bias and discrimination by

- treating all children with equal respect and consideration.
- initiating activities and discussions that build positive self-identity and teach the valuing of differences.
- intervening when children tease or reject others.
- providing models and visual images of adult roles, differing abilities, and ethnic or cultural backgrounds that counter stereotypical limitations.
- avoiding stereotypes in language references.



Enrollment, Waiting List & Staffing

DCCCC is licensed by the State of New Hampshire to provide care for 86 children aged 8 weeks to 6 years. The Center is open from 7:30 AM to 5:30 PM, Monday through Friday, year-round. Children attend for two or more full days a week. Enrollment is on a first-come, first-served basis to children of Dartmouth College personnel who work 50% time or more for the College and receive College employee benefits.

On the date an application is received the child's name will be entered on a waiting list for both centers, unless one only is specified, and families will receive confirmation that the child is on the waiting list and of the desired date of enrollment. Most spaces open up in September. Whenever a vacancy occurs the waiting list is sorted for children the age the opening is for and the desired starting date. The space is offered to the family on that list with the earliest date of application. If the family declines the space, the center updates the family's desired starting date and offers the space to other families on the list in order of application date.

A non-refundable deposit is required to hold an available space and will be credited to the first month's tuition. Your deposit will hold the specific schedule that you have reserved and will be based on the number of days per week: 2 days = \$200; 3 days = \$300; 4 days = \$400; 5 days = \$500. Changing or reducing the number of days per week will result in a prorated forfeiture of the deposit at the rate of \$100/day of the week. For example, a \$400 deposit would be charged for a MTThF schedule. Changing to a MTTh schedule would result in a \$100 forfeiture and a credit of \$300 toward the first bill. The waiting list is updated periodically to ascertain families' continuing interest in enrollment. No employee group has priority of admission over any other.

Children are grouped by age. Most children enter in September when the largest number of openings occurs. Typically, children stay with their group throughout the year, moving together to new classrooms in the fall. Each group has a teaching team of three regular, full-time staff members. Teachers work staggered shifts so there is a regular teacher to open and close each classroom. Most classrooms are assisted by a Dartmouth student or community member from 2:00 to 5:30 daily. Afternoon helpers are hired each term. Many work for a number of terms during their time at Dartmouth.

Our regular floating assistant teachers substitute when regular teachers are absent and additional substitute staff may also fill in. The age composition of the groups varies somewhat with enrollment. Some overlap in the age ranges is designed to meet the needs of individual children and also to accommodate the differences in Kindergarten cut-off dates in the surrounding communities. The curriculum of each classroom is designed to be appropriate for a wide range of skill levels and interests. Each program reflects the interests and styles of its children, families and teachers. Enrollment follows this basic pattern:

- 16 infants (Chickadee Rooms) and 6 teachers
- 9-10 young toddlers (Owls) and 3 teachers
- 11-12 older toddlers (Hedgehogs), and 3 teachers
- 12-13 young preschoolers (Otters) and 3 teachers
- 13-15 mid-preschoolers (Badgers) and 3 teachers
- 16-20 older preschoolers (Black Bears) and 3 teachers

At entry to Kindergarten, Black Bears become DCCCC alumni. DCCCC does not have space to care for school-age children. Decisions concerning a child's placement or group transition are made by the Director in consultation with parents and teachers.

Samples of enrollment forms are provided in the Appendix. Please notify the office of any changes in authorized escorts, employment, income, family structure, address, telephone, etc. when they occur.

Welcome to DCCCC

Welcome to DCCCC! We look forward to being a partner in your child's care and education. Your family's time at DCCCC may have already begun with an informal visit to the program or phone calls. Before your child begins, we will ask one or both parents to bring him/her to the Center for a welcome visit. Your child will have an opportunity to spend time with his/her teachers and classmates. The teachers will have an opportunity to exchange information with you and the office staff will review DCCCC policies and paperwork with you.

The Center has written policies and procedures to orient and welcome children and families. These policies and procedures are shared upon enrollment. If understanding English is difficult for you, please let us know and we will seek translation assistance. English language learners are supported in maintaining their first language. If your child is learning English as a second language, please let us know your wishes and perspectives on language acquisition.

Families and Community

Young children's learning and development are integrally connected to their families. The family is truly the child's first and most important teacher. Positive relationships among teachers and families are essential in creating a successful learning environment and are based on mutual trust and respect to. Families are welcome to visit at any time and to participate fully in the program.

Regular communication with you helps us learn about your child's individual needs and ensures a smooth transition between home and school. Leaving your child in our care is a big decision and a trust that we take seriously. Your knowledge of your child's interests, approaches to learning and developmental needs, and your concerns about and goals for your child is invaluable to us in classroom planning. Please keep us posted with any of your concerns about out-of-home care throughout the year.

Your communication with us is confidential. We will not discuss your child or your family with another party without your permission. In cases in which you would like us to discuss your child's health or education with other professionals, we will seek written permission from you. In emergency situations your signed emergency medical permission form allows us to act without delay. Medical and developmental records for your child are available only to you as parent/guardian, his/her teachers, office staff, licensing and accrediting officials. They are locked when unattended.

We have a variety of means for sharing information with each other. These include informal conversations, written notes, e-mail, newsletters, written questionnaires, parent meetings, family conferences, family functions, classroom and other communications. Volunteering to share your interests or just spending time in your child's classroom is an excellent way to understand your child's program.

We use the information you share with us about your child and your family to shape the program environment, curriculum, and teaching. Ongoing discussion between families and teachers may include any caregiving or educational issue. We may want to talk about routine separations, your child's food and eating habits, educational and language goals for your child, your child abilities or special needs. Also of interest are your skills and interests and your preferred child rearing practices.

There are opportunities for families to meet with one another on a formal and informal basis throughout the year, to work together on projects to support the program, and to learn from and provide support for each other. These may include classroom events, community

service projects and parent meetings.

If you have concerns about your child's development, behavioral challenges or special needs, we work closely with early intervention and special education services for screening, assessment and service delivery. DCCCC participates in many children's Individual Education Plans or Individual Family Service Plans and other individualized plans to address the needs of children with disabilities and other special learning needs.

DCCCC strives to be a good citizen in our neighborhood and in the early childhood community. We encourage staff and families to work together to participate in and support community improvement and advocacy projects. Past projects have included clothing and toy drives, food collections and fundraisers for various agencies.

If there's a problem

The staff will work diligently to collaborate in your child's care and education. If you have a question or a concern please feel free to approach any member of your child's teaching team. Staff members are trained in variety of techniques to find collaborative solutions to problems. If the English language is a barrier to good communication, please let us know and we will seek help in translation.

Very occasionally families and teachers reach an impasse in decision making in a child's program. In cases where talking directly to the child's teacher is impractical, uncomfortable or unsuccessful, you are invited to bring your concerns to the DCCCC Director or Assistant Director, an invitation that is good any time, for any issue. The director and assistant director are charged with maintaining an organizational climate which fosters trust, collaboration, and inclusion.

Home Center Communication

There will be regular teacher conferences in the fall and spring. The teaching staff encourages parent visits and participation. For many children it is difficult to separate from a visiting parent so you may want to plan visits with your child's teacher. Any time you wish to discuss your child's progress, please call and set up a meeting. You should also feel free to call the Center any time during the day to relay a message to your child's teacher. We welcome the chance to exchange news and pass on information daily. Although arrival and departure times are logical opportunities to share information they are also the most hectic times for teachers and parents. Teachers may also use the telephone, e-mail and written notes to relay information and we hope you will too. No problem or concern is too small to discuss with your child's teachers. The Center Director and Assistant Director are also available to discuss any concerns. All staff will treat conversation with you with confidentiality and maintain all families' privacy by not discussing the health, behavior or family situation of any child without permission. Always tell staff if you will not be at your usual daytime phone number. Please keep your emergency information up-to-date with current work schedules, phone numbers, etc.

Evaluation

A comprehensive program evaluation, including a family survey, is conducted annually. The annual evaluation processes include gathering evidence on all areas of program functioning, including policies and procedures, program quality, children's progress and learning, family involvement and satisfaction, and community relations. A report of the annual evaluation findings is shared with families, staff, and administration, and the results are used as a basis for continuing successful activities and for changing those that need

improvement. Staff and families are encouraged to assist in making decisions to improve the program.

Arrival and Departure

Our goal is to ensure you and your child receive a cheery daily greeting in the morning, an opportunity to exchange information, and assistance with the good-bye process. In the afternoon we aspire to have an anecdote about your child's day and any practical communication about your child's day that may be helpful to you. At least weekly we hope we will have had a bit longer informal chat about your child's activities and developmental milestones, shared caregiving issues, and other information that affects the well-being and development of your children. Where in-person communication is not possible, we'll find another way.

All children must be escorted to and from their classrooms. Please make sure your child's teacher is aware of his/her arrival. You will be asked for a list of authorized escorts. Your child will be released from the Center only to escorts you authorize. You may give us standing permission (use the Child Escort Information form) for someone to pick up your child or you may send a written note each time. In a pinch, you may call the Center to give us permission to release your child. Even if your child is being picked up by an authorized escort please let us know so we can prepare your child for the change in routine. Your phone call will be documented and filed. Authorized escort must be at least 16 years old. We will not release your child to anyone for whom we have not received permission, even Grandpa and Grandma. In such a case we will contact you by phone before your child is allowed to leave. Children will not be released to any escort who is unable to transport a child safely for any reason including the influence of alcohol or other drugs.

The main entry and West vestibule doors can only be opened by proximity cards which are Dartmouth ID cards. Non-DC parents will be issued guest cards which can be obtained from the card office. The card unlocks the door for approximately 90 seconds and the handicap access button will then work if the panel is pushed. Access to the indoors is also possible by contacting the office via the front door intercom. Authorized escorts who do not have proxy cards need to use the front door intercom. If cards are lost their holders need to contact DCCCC (or Safety and Security on weekends) so that the access authorization on the card can be disabled.

We ask that you contact the Center by 9 a.m. if your child will be absent or late. We are concerned about your child and like to know why children are absent. We also want to be alerted to illness to enable us to look for symptoms in other children. Please also notify us if your child will be picked up early so we can help prepare him or her.

Please keep your emergency information up to date with current work schedules, phone numbers, etc. We will call you if your child becomes ill at the Center. If we cannot reach you we will call your child's emergency contact person. We do not have facilities for caring for sick children.

For your child's protection, you or your child's designated escort must sign your child IN and OUT each day. Attendance clipboards are located in the classrooms. Please make sure one of your child's regular teachers is aware of your departure. DCCCC opens at 7:30. Teachers arrive a little earlier but are busy preparing for the children's arrival and setting up their classrooms. DCCCC closes promptly at 5:30. Parents leaving the building after 5:30 are subject to a late pick-up charge. Once you have checked your child out for the day please keep him/her with you. Siblings must stay with their parents and may not be left to play independently in the building or on the grounds. If you are visiting with your child and his/her teacher in the classroom or on the playground, your child may be confused about

which behavioral guidelines apply: home rules or Center rules. Testing behavior is not uncommon. You can help by reassuring your child that Center rules still apply. To make it easier for parents to encourage their children out of the building in the afternoon, the multi closes at 5:00. Please do not stop to play or visit in the multi after 5:00.

Emergency procedures

In case of a building emergency or a situation that requires evacuation we have arrangements with the Ray Elementary School to house us until you arrive. You will be notified by e-mail or telephone.

Special Notes for Infants

Your child must be checked in and signed out on the attendance clipboard. This is very important: in case of emergency we would use the clipboards as attendance verification. Also make any notes under the special comments section about anything special you need to communicate to teaching staff. Please also discuss any instructions or news with your child's teacher. When you pick up your child, please remember to take home the Daily Information Sheet which reports on your child's sleep, food, elimination and play activities. Check your child's cubby for dirty clothes, notes and artwork.

Please provide disposable diapers or training pants for your child. A large box of diapers should be brought to the Center. We change the children many times daily. All eliminations are noted on the daily info. sheet, and when additional supplies are needed you will get a note. If your child uses a diaper cream please provide a labeled supply. Please keep two changes of clothing at the Center and please remember to label all clothing.

We ask that you supply two bottles and a can of formula or breast milk daily. Whole milk, juice and snacks are provided. Please label bottles. Nursing mothers are welcome to visit during the day to breastfeed their infants in a comfortable and private area, or to send fresh or frozen breast milk. Toddlers and infants eating table food should bring packed lunches for storage in the classroom refrigerator. Bibs are provided.

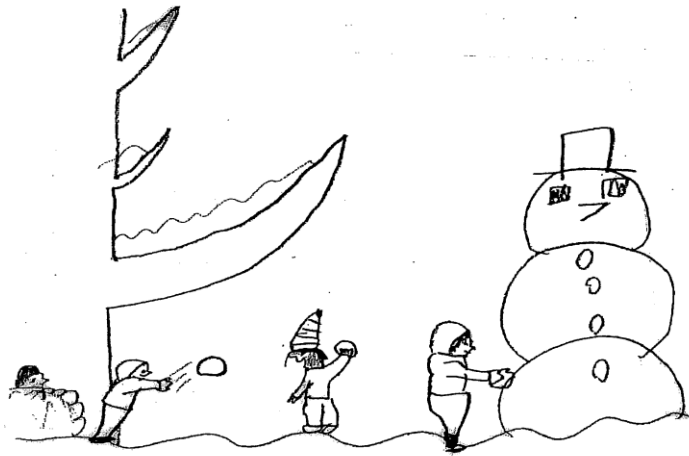
To reduce the risk of Sudden Infant Death Syndrome (SIDS):

- Infants, unless otherwise ordered by a physician, are placed on their backs to sleep.
- Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs.
- If a blanket is used, the infant is placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infant's chest.
- The infant's head remains uncovered during sleep. After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.

The teachers of the infant programs provide the children with a nurturing environment, arranged to stimulate social, physical and emotional growth. The children interact with one or more adults and peers to help develop competence and self-awareness, and are encouraged in their exploration, manipulation and discovery. We are also committed to teaching children to communicate their needs, feelings and ideas both verbally and in positive non-verbal ways. Teachers in the infant program assume the role of primary caregiver for a small group. Your child will be cared for by his or her primary caregiver whenever possible to assist in the building of relationships with consistent adults.

Clothing

Each child has a cubby in which to store clothing and personal items. Children should have a complete change of clothing (two sets for infants and extras for toilet trainees) to keep at school--please replace when used. If children borrow extra clothing, please launder it and return it the next day. In winter children will need boots, snowsuits, etc. In other seasons raincoats and mud boots are needed. We are outdoors every day except in really inclement weather (see below for our outside play policy). All articles of clothing and footwear must be clearly labeled with permanent markers. Please dress your child appropriately for every different New England day. Layering clothing works well to accommodate temperature fluctuations from dawn to noon to dusk. Remember that activities include such things as finger painting and other messy stuff. We use smocks and do our best to protect clothing, but children should be dressed in easily-laundered play clothes.



Playing Outside

We play outside every day because we know that fresh air is important to helping children (and adults) stay healthy. Here are our guidelines for taking children outside at DCCCC. Children should come prepared for different types of weather during the day.

- OWLS and older classes go outside everyday regardless of weather with the exceptions of electrical storms and temperatures below 10° F ambient temperature.
- Chickadees go outside every day with the exception of electrical storms, hard rain, or temperatures below 20° F ambient temperature.
- Staff members can take children outside in colder temperatures if they wish, but they must take them out if the temperature is at or above the guideline.

Toys from Home

Sometimes a cuddly toy or other object is comforting to bring for naptime or for starting a new program. Since special objects can be difficult to share and keep track of, teachers may encourage children to keep them in their cubbies during play periods.

The loan for a day of special books or tapes that everyone can enjoy is welcome, but please check with your child's teacher. Do not send expensive or irreplaceable items. You will worry and so will we. The Center excludes toys of aggression or violence.

Rest Time

Children at DCCCC have a wide variety of sleep patterns and needs. Infants nap according to their own schedules. Older children rest on their mats daily according to their own needs for sleep/rest. Non-sleepers and early risers may play at quiet activities after a rest period. Children, except Chickadees and Owls, will need a small blanket and a crib-sized sheet for naptime, to be left at school. Bedding must be laundered weekly. Your child may bring a comforting object such as a special blanket, soft doll, stuffed animal or small pillow to sleep with, if s/he wishes. The supervision of sleeping children meets the NH state licensing rules which may mean fewer teachers are in classrooms when children are resting. Teachers are trained in naptime safety and the Center's safety plan is on file.

Behavior Guidance

The staff of the Center works to create a physical and emotional environment which encourages children to behave in socially successful ways. The daily schedule is planned to accommodate children's needs for a balance of active play, rest and nourishment. Positive behavior is reinforced. Inappropriate behavior is discouraged through explanation, redirection to an appropriate activity, or removal from an activity that a child cannot manage in an acceptable way. Techniques of positive guidance are always used. Shaming, belittling or physical punishment are never used. Teachers help children learn socially appropriate behavior by providing guidance that is consistent with children's levels of development.

Teachers' responses to challenging, unpredictable or unusual behavior are informed by their knowledge of children's home and classroom life. Teachers address especially challenging behaviors by working with families:

- to assess the function of the child's behavior
- using positive behavior support strategies
- seeking professional help if needed
- developing individualized plans when appropriate

Please discuss any of your questions or concerns with teaching staff. Appendix A to the handbook has some tips for successful behavior management.

Aggressive Behavior between Children

Some of the hardest work of childhood is developing impulse control. Sometimes young children may bite or otherwise hurt another child out of frustration, in a spirit of experimentation, or simply by accident. When a child is injured by another child, the teacher completes an accident report for the family of the hurt child. The family of the child who has caused the injury is informed when appropriate. The confidentiality of both families is maintained.

Extra-Curricular Activities

Some children have the opportunity to attend various classes or special events that occur during the weekdays when they are enrolled at DCCCC. It's great for children to have a variety of experiences. Sometimes, though, the transition away from or back to child care can be rough. Even children who were initially excited about the possibility may have cold feet at the last minute or discover that his/her DCCCC class is doing something too exciting to miss. Some children depart readily, but are disinclined to return to DCCCC in the same

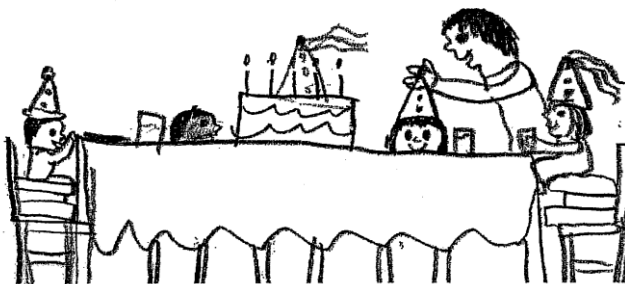
day! Of course, some children, particularly the older ones, do famously. Before making a decision for your child to participate in an outside activity during the child care day, we suggest that you talk to your child's teacher, who may be able to help you assess your child's readiness.

Transitions to other schools and programs

Staff are familiar with other programs and schools and can assist families to prepare for and manage their children's transitions between programs, including special education, by providing basic information about these resources.

Holidays, Celebrations and Other Special Events

We strive to create an environment that fosters respect, appreciation and understanding of people and their individual heritages. Discussions and activities related to holidays and cultural events are tailored to the developmental level of each group and emerge from the interests and experiences of the children, their families and the staff. We encourage you to share your family's culture and heritage with your child's teachers and classmates.



Holidays, when they are observed, are viewed as opportunities to explore how and what people celebrate. Special days are often celebrated in the context of other natural, seasonal and cultural events. Celebrations are kept low in key and relatively short in duration as we seek to avoid creating hype, adding stress, or supporting commercialism.

Birthdays are typically celebrated with special activities and a healthy birthday snack. DCCCC does not serve frosted cakes or cupcakes for birthday celebrations. Foods from home for sharing with other children must be whole fruit or commercially packaged foods. Please discuss celebratory snacks with your child's teacher. Birthday parties and other at home celebrations involving school friends are also great fun, but can be devastating to children who are not invited. Please make arrangements for such events outside the Center, by phone or mail. It is helpful to alert your child's teacher to such arrangements. Please do not pick children up at school for parties which exclude others or use cubbies for party invitations.

Other special events, planned or spontaneous, include: visitors, trips, films, family and class picnics. Your input and attendance is valued.

Field Trips

Excursions out of the Center fall into two categories. The first is neighborhood walks. These include planned or spontaneous visits to the fields and woods surrounding DCCCC, or visits to places of interest such as the Storrs Pond Recreation Area, the Ray Elementary

School, the Hanover Fire Department, the Coop Community Food Market, as well as private homes and businesses in the neighborhood. Other trips are further afield and require transportation. For such trips including water activities your written permission is needed each time. Teachers are especially attentive to ensure that all children are accounted for before, during and after returning from an excursion and to ensure the safety of all children as pedestrians and passengers. A cell phone and first aid supplies are always carried along.

Children are generally transported in private cars driven by DCCCC staff members or parents who have adequate automobile liability insurance (\$100-\$300 thousand minimum). Children are transported in rear seats only and proper restraints are always used. Car seats and boosters must be appropriate to the age and weight of the child and used according to manufacturer's instructions.



The DHMC Injury Prevention Center recommends a forward facing car seat from 12 months to 4 years and 20 to 40 pounds. Booster seats which position the lap/shoulder belt appropriately are recommended for children between the ages of 4 and 8 years who weigh about 40-60 pounds. Your child's teacher will ask you to leave a car seat or booster and to provide instructions for its correct use. We encourage your participation on field trips and often need drivers. If your child has a disability we will follow your instructions about transportation.

Smoking

Smoking is not permitted in the building or on the grounds of DCCCC.

Holidays & Closings

The Center is closed on College Holidays, when College offices are closed. These include New Year's, Memorial Day, Independence Day, Labor Day, Thanksgiving (2 days), Christmas (2 days) and the days between Christmas and New Year's. The Center also closes one day in March for in-service training and two days in late August in preparation for the school year.

Inclement Weather

DCCCC follows the Dartmouth College inclement weather policy; our services will only be curtailed if Dartmouth College curtails operations. Even when area schools are closed, we will open at 7:30 as usual.

Nutrition

Children bring their lunches from home. These are kept in the refrigerator in their classroom. The Center provides nutritious snacks and beverages both morning and afternoon. The snack menus are posted weekly on classroom refrigerators. The Center also provides milk or water at lunchtime. We have microwave ovens and can generally heat an

individual child's food except on field trips or picnic days. The children also participate in "special event" meal preparations to which parents are often invited. You will be notified if a packed lunch is not necessary.

We are permitted to have a cold lunch program by the licensing bureau of the State of New Hampshire on the condition that we are accountable for the adequacy of children's lunches. While preschoolers eating habits vary enormously, certain tendencies are common. Children's nutritional requirements are proportionately higher than those of adults, while they have a lower capacity for volume.

For these reasons, as well as our concern for developing good eating habits, we ask that if dessert is provided, it make a nutritive contribution to the meal. Fruit, fruit cocktail, yogurt, etc. are recommended. We maintain a firm NO CANDY policy. Gum is not permitted for safety reasons. We discourage foods which are high in sugar, salt and fat and low in nutrients. As milk or water is provided with lunch it is not necessary to send a drink. Your child's teacher is responsible for monitoring your child's food intake while s/he is at the Center. We are happy to help you plan nutritious lunches tailored to your child's preferences. See Appendix B for Brown Bag Lunch Tips.

DCCCC is a peanut and tree nut safe environment

Several children enrolled in the center have tree nut or peanut allergies. The tiniest particles of ingested nuts/peanuts may be harmful. These may come from foods made with nut or peanut products, as well as from foods contaminated by being prepared, handled or stored where nuts are present. Oil from peanuts and nuts (or peanut butter) left on your hands, for example, could contaminate another food or a food preparation surface.

Please include a dated note in your child's lunch every day that indicates that you have verified that all ingredients are peanut/tree nut free. If you would like preprinted notes, see your child's teacher. Remember to read the label of EVERY package as the ingredients may have changed. If there is not a note, we will attempt to contact you if time allows. We will send home any foods that we are not absolutely sure are peanut/tree nut free. If we are not sure that the lunch is safe, we will give your child a different lunch from our kitchen. Your child's lunch will still be in the lunch box at the end of the day. We'll substitute another item, if appropriate. Please consult with the teachers before sending special treats for the class. More information about food allergies can be found at a useful web site: <http://www.foodallergy.org/>, for the Food Allergy and Anaphylaxis Network.

Packaging issues

- a. not all processed foods are labeled "peanut free" so be sure to read all the ingredients.
- b. suspicious foods like chocolate, may not indicate whether or not they were prepared where peanuts were present.
- c. manufacturers change ingredients and processes without notice, thus we can't create a list of "safe" products. Even with familiar foods, we must read the label of every package.

When making lunches:

Do NOT send:

- whole peanuts or tree nuts, cashews, pecans, walnuts, etc. (i.e. nuts that grow on trees and products that contain peanuts/tree nuts in any way).
- foods processed where peanuts are present such as chocolate

DO send:

- all prepared or packaged foods in the original wrapper with the ingredients listed, or, if you repackage prepared foods, write *"tree/peanut free"* or *"OK"* on the bag indicating that you know the food is safe. **You must do this every time for every prepared food.**

Physical Exams and Immunizations

Prior to enrollment all children must have a NH State Child Health form (or a comparable document used by their doctor on file at the center and completed by their physician, documenting physical examination and appropriate immunizations. The State licensing bureau regulations are based on recommendations of the American Academy of Pediatrics. Examination by a physician is required at 2-4 weeks of age, at 2, 4, 6, 9, 12 & 18 months, and at 2, 3, 4 and 5 years. After age six documentation of a physical exam within the past two years must be on file. An annual examination is recommended. The State vaccination schedule is attached as APPENDIX D. Please see appendix D for recommendations for TB skin testing.

Special Healthcare Needs

Families with children with special health care needs, food allergies or special nutritional needs will provide an individualized care plan designed by the child's health provider in consultation with family members and specialists involved. If your child has food allergies or dietary restrictions we will ask your consent to post them at the Center. If your child has special feeding needs you will receive a daily record.

Sun Safety

DCCCC provides an SPF 30 sunscreen with UVA and UVB protection. We play outside every day; additional protection from the sun includes shade and protective clothing. Infants and toddlers wear sunhats in the summer.

Insect Repellent

DCCCC does not routinely use insect repellent. We only uses insect repellent when recommended by public health authorities due to a high risk of insect-borne disease. In such an event, parental permission is required and the repellent can only be administered once a day and must contain DEET.

Family provided insect repellent may be administered by special request to children older than 2 months with a completed Permission to Administer Medication form.

Handwashing

All staff, volunteers, visitors and children are required to wash their hands upon entering the program to help control the spread of infectious disease. Proper hand-washing procedures are followed by adults and children throughout the day. Staff assist children with handwashing as needed. Staff follow universal precautions in avoiding the handling of bodily fluids by wearing gloves or using another barrier, followed by handwashing.

The use of alcohol-based hand rubs in lieu of hand washing is not recommended for early education and child care settings. It is used at DCCCC only when access to soap and water is restricted (on field trips for example) and only under the supervision of a teacher.

Medication

If your child needs medication, please complete a "Permission to Administer Medication" form. Non-prescription medicines (including Tylenol or any cough/cold medicine) are not routinely administered as they tend to suppress fever temporarily or mask important symptoms while children are still contagious or uncomfortable. Please keep us informed about medications administered at home. Over-the-counter medicines must be administered according to the manufacturer's recommendations unless accompanied by signed, dated, written instructions from the child's licensed health practitioner regarding the appropriate dosage for that child.

Non-prescription medicines must be labeled clearly with the child's first & last name and date the medication was provided by the parents.

Prescription medicines must bear the child's name on the prescription label affixed to the bottle. You may want to ask your pharmacist to divide a prescription between two clearly labeled bottles, for school and home, as medications must be in the original container for school administration. Parents must update this form every 6 months for children who are on maintenance medications (those that are given on an ongoing basis). For medicines administered via inhaler the child's name must be on the inhaler. The prescription label or written instructions from the prescribing doctor must accompany it. All medicines must be in the original container and may not have reached their expiration date. Please hand all medications directly to your child's teacher. Do not leave medications in lunch containers or back-packs.



Illness

The Center will temporarily exclude a child or send the child home as soon as possible if one or more of the following conditions exists.

- a. The illness prevents the child from participating comfortably in activities at the center.
- b. The illness results in a greater need for care than teachers can provide without compromising the health and safety of the other children.
- c. The child has any of the following conditions:

1. Fever (oral temp above 101 degrees F, axillary temp 100 degrees F) accompanied by behavior changes or other signs or symptoms of illness.

2. Symptoms of possible severe illness which may include:

- lethargy
- uncontrolled coughing
- unexplained irritability or persistent crying
- difficulty breathing
- wheezing
- other unusual signs for the child

3. Diarrhea - 2 more watery, less formed stools (deviating from the normal pattern) not associated with a diet change or medication. Children in diapers who develop diarrhea must be excluded, and children who have learned to use the toilet, but can't make it to the toilet in time, must also be excluded.

4. Blood in stools not explainable by dietary change, medication or hard stools.

5. Vomiting – two or more episodes of vomiting.

6. Persistent abdominal pain.

7. Mouth sores with drooling.

8. Rash with fever or behavior change.

9. Scabies, until after treatment has been completed.

10. Tuberculosis.

11. Impetigo, until 24 hours after treatment has been initiated.

12. Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever.
13. Chicken pox, until all sores have dried and crusted.
14. Pertussis, until 5 days of appropriate antibiotic treatment has been completed
15. Mumps, until 9 days after onset of parotid gland swelling.
16. Hepatitis A, until 7 days after onset of illness, jaundice, or as directed by the health department.
17. Measles, until 4 days after onset of rash.
18. Rubella, until 6 days after onset of rash.
19. Shingles, until lesions have crusted or are covered by clothing or dressing.
20. Herpes simplex, with open sores and drooling.

Other Illnesses

Head Lice: Parents of affected children are notified and informed that their child must properly treated with a pediculicide such as Nix before returning to school on the day after treatment. Children may be treated at the end of the school day, although starting earlier in the day is recommended. We encourage the removal of all nits.

Conjunctivitis: Children with conjunctivitis may remain in child care unless:

- the child is unable to participate in the program or requires more care than the staff can provide.

- the child meets other exclusion criteria.

- there is a recommendation of the health department or the child's health professional.

Antibiotics may be prescribed, but are not required to return to care.

Dartmouth Student/Community Participation

Our afternoon/temporary staff, who are sometimes Dartmouth students serve an important function in providing full, day-long coverage in the classroom, assisting with our snack program, the maintenance of the Center, enabling teachers to attend staff meeting and other planning and out-of-classroom tasks. They also provide an extra pair of hands when the early shift teachers leave.

Occasionally students in courses at the College observe children at DCCCC. There are also occasions when other programs may be involved with observing children as well. These programs can include (but are not limited to) psychiatry fellows, area Community College Early Childhood Students, and interns from area Early Childhood Education programs.

Sometimes Dartmouth students assist faculty with research by conducting observations or educational projects as part of their coursework. Your permission will be asked to enable your child to participate in such projects. All student projects are reviewed by professors and the Center Director.

Each classroom has a Dartmouth student or community member to assist in the afternoons. Students are an indispensable part of our program. As many of them are from other parts of the U.S. or foreign countries, they bring a welcome diversity to the staff.

Photos of the student and substitute staff are displayed in classrooms to help keep you apprised of the changing faces. If you do not recognize someone working in your child's classroom, we encourage you to introduce yourself or make inquiry of another staff member.

Financial Policies & Tuition

Fees are assessed on a sliding scale. The sliding scale is made possible by the College's subsidy of the program. Tuition is prorated for part time care, i.e. two days a week = 40%, three days = 60% and four days = 80% of the full-time monthly rate.

Financial Verification

Verification of income is done at the time of a child's admission to the Center and annually thereafter in July. If you have more than one preschool child in child care you are eligible for a deduction from your income of up to \$10,000 for household incomes of \$55,000 or more and by \$5,000 for household incomes below \$55,000 for each additional dependent child in full-time pre-school child care. It is a family's responsibility to notify us of significant changes in household income during the year.

Billing

Tuition is paid monthly in advance. Any adjustments due to changes in schedule such as extra days will be billed separately or adjusted on the following month's bill. Reductions in tuition are not given for absence due to illness, holidays, or other reasons. Absences of 4 consecutive weeks or more may be arranged in the summer for a holding fee of 50% of tuition. A thirty day notice is required. The College reserves the right to terminate enrollment if for any reason tuition payments fall 60 days past due. Two weeks' notice will be given prior to termination of enrollment.

Termination of Dartmouth College Employment

If parents leave the College's employ a "grace period" of one month is allowed to permit parents to arrange new child care.

Late Pick-up Charge

DCCCC closes at 5:30 p.m. promptly. Parents must plan sufficient time to collect belongings and chat with their child's teacher and have left by 5:30. Families who exit after 5:30 are liable for a late pick up charge of \$10 per quarter hour, or portion of a quarter of an hour, for the first late pick up in the program year, and \$20 thereafter. Chronic tardiness in picking children up may result in termination of enrollment.

Extra Days

Extra days for part-time children may be arranged through teachers as space permits. Swapping one day for another is usually not possible. Families will be charged for extra days at their usual tuition rate.

Private Child Care Arrangements

DCCCC does not endorse or assume liability for private employment arrangements between DCCCC families and staff or other individuals. Community babysitting resources may be found at the Dartmouth Student Employment Office (www.dartmouth.edu/~seo).



Withdrawal

One month's notice of a child's withdrawal is required. Parents may be liable for the balance of a full month's tuition if inadequate notice is given. One month's notice is also required if parents wish to reduce the number of days a week their child is enrolled.

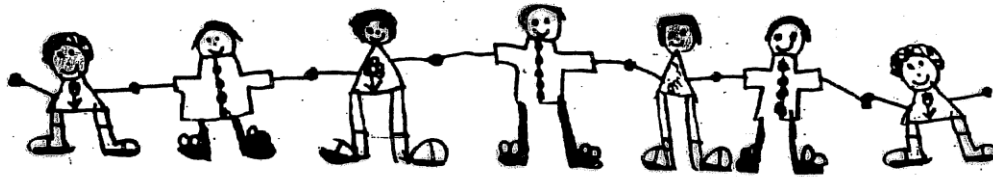
Reporting of Child Abuse & Neglect

The Center is legally mandated to report any suspicion of abuse or neglect of enrolled children to the Department of Children and Families in the State of Vermont, and the Division for Children, Youth & Families in the State of New Hampshire.

Resources for Families

A comprehensive handbook of area resources for children and families is maintained on-line by the Children's Hospital at Dartmouth (CHaD) Family Center at :

http://www.dhmc.org/webpage.cfm?site_id=2&org_id=386&morg_id=0&sec_id=0&gsec_id=24470&item_id=33323



Curriculum and Assessment

Curriculum in early childhood education includes the goals for the knowledge and skills to be acquired by children and the plans for learning experiences through which such knowledge and skills will be acquired. A curriculum which draws on research assists teachers in identifying important concepts and skills as well as effective methods for fostering children's learning and development. When informed by teachers' knowledge of individual children, a well-articulated curriculum guides teachers so they can provide children with experiences that foster growth across a broad range of developmental and content areas. A curriculum also helps ensure that the teacher is intentional in planning a daily schedule that (a) maximizes children's learning through effective use of time, materials used for play, self-initiated learning, and creative expression as well as (b) offers opportunities for children to learn individually and in groups according to their developmental needs and interests.

DCCCC 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 development. The curriculum is implemented in a manner that reflects responsiveness to family home values, beliefs, experiences, and language.

Your child's teachers at DCCCC work and plan together to design and implement a program uniquely suited to the children in their care and their families. They use multiple instructional approaches to optimize children's opportunities for learning. These approaches include strategies that range from structured to unstructured and from adult-directed to child-directed. Children bring to learning environments different backgrounds, interests, experiences, learning styles, needs, and capacities. Teachers' consideration of these differences when selecting and implementing instructional approaches helps all children succeed.

Teaching staff create and maintain a setting in which children of differing abilities can progress toward increasing levels of autonomy, responsibility, and empathy. When professional values and practices differ from family values and practices, the staff will work with you to find a mutually satisfying path.

DCCCC has adopted The Creative Curriculum[®]. The Creative Curriculum for Preschool[®] is developmentally, culturally, and linguistically relevant for 3- to 5-year-old children, including those with special needs. The goals and 50 objectives of The Creative Curriculum for Preschool are organized into four developmental areas: Social/Emotional, Physical, Cognitive, and Language. These goals and objectives are based on child development knowledge and content standards. They provide the direction and basis for curriculum planning and assessment. The curriculum also includes subject-matter areas: literacy, math, science, social studies, the arts, and technology. Content for the curriculum is based on national standards. Teachers plan meaningful experiences to engage children's minds and bodies in learning experiences throughout the day in interest areas, small- and large-group times, daily routines, and long-term studies. They offer children opportunities to investigate the world around them and to learn through purposeful play. On the basis of assessment information, they build on what children already know and teach them important

concepts and skills in an intentional way during large-group, small-group, and individual instruction.

The Creative Curriculum for Infants and Toddlers[®] is designed for children ages 0-36 months. Like the preschool curriculum the goals incorporate Social/Emotional, Physical, Cognitive and Language development. Twenty-one objectives guide teachers and families in assessing and providing for the child's individual needs. Emphasis is given to understanding the child's development, creating a responsive environment, structuring the content of children's learning, building positive relationships and self regulation, as well as creating partnerships with families. Like the preschool curriculum, subject matter areas are explored through the discovery of mathematical relationships, scientific explorations and many activities in language and literacy.

Teachers of infants, toddlers, and preschoolers find out what children know and can do through ongoing assessment, observation and conversation with families to ensure that assessment is appropriate, valid, and reliable as well as a central part of the program. Assessment is tied to children's daily activities, supported by professional development, inclusive of families, and connected to specific beneficial purposes:

- 1) making sound decisions about teaching and learning;
- 2) identifying significant concerns that may require focused intervention for individual children, and
- 3) helping programs improve their educational and developmental interventions.

For more information about curriculum and assessment at DCCCC, please chat with your child's teacher or with the director. The Goals and Objectives of the Creative Curriculum are attached as an appendix. Additional information is available at www.teachingstrategies.com. A chart of the goals and objectives of this curriculum is appendix G.

Notes on Behavior Guidance

The following are some notes compiled by staff members of DCCCC in response to questions frequently asked by parents. They may be helpful to you in dealing with some of the behavior guidance issues which all parents of young children must face.

Separating from Children

For many parents, separating from the child once s/he has been dropped off in the classroom is a difficult experience. Often both parent and child are apprehensive as the parent prepares to depart. This may lead to a ritual where the parent delays separation and the child clings to the parent and cries. We have found that this situation is best handled by having the parent tell the child "goodbye" simply and firmly and then leaving. It is important not to slip out while your child's back is turned -- when your child does discover you are gone, s/he may fear you won't be back. Another suggestion that we have found helpful is to lead your child into an activity that s/he likes at home. Then tell your child what time you will be back and that you'll be interested in hearing about it when you return. If you are experiencing difficulties in this area, please let one of the teachers know.

Parents also often find it hard to get their children to leave at the end of the day. It is important for the parent not to feel rejected or not needed when this happens. In fact, the child may be feeling more secure with the parent present, feel freer to participate in activities with other children and be emotionally expressive. If possible, we have found it helpful for the parent to come into the room and tell the child they will be leaving soon - then either gather up your child's belongings or exchange news with the teacher about your child's day. By this time both the child and parent should be ready to leave. However, if a speedy exit is necessary, tell the child it's time to go. As with separating, please speak with teaching staff if you are having difficulty in this area.

Talking with Children

Before speaking, be sure you have the child's attention. Try to speak to children at their eye level.

Use simple, direct statements which tell a child what to do rather than what not to do.

Disapprove of the unacceptable behavior, not the child.

When possible, try to direct a child into appropriate behavior or activity.

Set a positive example - when you want a child to stop shouting, don't yell across room for a child to use an indoor voice.

Guiding Behavior

Children need limits; they feel safe when they know what to do. They get mixed up when there are no rules, or rules are continually changing. Parents feel more secure with rules too.

Children should be stopped when they hurt others, hurt themselves, or get lost in a tantrum.

Children sometimes hate and want to hurt. We all have feelings of anger and jealousy as well as kindness and love. Stop children, and reassure them that you will protect them from their own feelings. Do not punish a child for showing anger or jealousy. Do not make children hide their

feelings. Show the child that you understand these feelings and the good reasons for feeling this way, encourage the child to talk about it.

When a child annoys you, s/he may be seeking attention you were too busy to give. Think of this before punishing. You have feelings too. If your child annoys you, assure him or her that you like him or her, but that you don't like what he or she is doing.

You can control a child only if you can control yourself. Children respond calmly to adult calmness.

You are your child's model - your child will feel the way you feel and act the way you act.

Speak softly - a soft voice can carry more strength than a loud one. You need to be firm but not rigid.

Never make a threat or a promise that can't be kept, or a child may believe threats are meaningless and/or that adults don't mean what they say.

Make your requests "do's" not "don'ts". Cooperation that is difficult to get can often be obtained that way.

Adults in the same household caring for a child need to keep a united front, using consistent rules and the same discipline. Even though it sometimes means thwarting a child's wants and wishes, show pleasantly and firmly that you mean what you say.

Good behavior guidance means teaching a child what you feel is important for him or her, for the family, etc., and meets the child's needs, not always his or her wishes. Even if the child doesn't like you for it at the time, you are doing what is best for the child, and that is an expression of your love.

Ask yourself whether the standards of behavior you set are within the child's ability to achieve. The fewer the rules, the more agreeable a child will be about following them. What is expected of children should not rest on unstable emotions or momentary whim, but for the best long-term decisions for children.

Lunch at DCCCC:

(to stay peanut/nut free, always check the label!)

Helpful Hints

- Whatever is easiest and fastest is, thankfully, usually her favorite.
- Leftovers, leftovers, leftovers.
- After dinner, immediately get out a plastic container and put some leftovers in it. Then slice an apple, bag up some crackers or chips or a buttered slice of bread and, poof, lunch is ready for tomorrow.
- Children love to eat what they help prepare!
- Home-made "lunchables"- I use 4 paper muffin cups inside of small square tupperware container, with cubes of cheese in one, cubes of meat, crackers, and fruit in each of the others. Seems to be a big hit!
- Many prepared foods are now available in low-fat, low salt versions.
- Try cream cheese as a substitute for mayonnaise as a sandwich spread.
- Celery can be dehydrated and made easier to eat by cutting partially through the stalk and peeling backwards.
- Blanching raw vegetables briefly in boiling water or in the microwave makes them easier to eat and moderates the taste of some strong vegetables.
- Does your child prefer leftovers warmed up or cold? Lots of times, they don't care!
- To prevent sliced fruit from browning, dip in orange juice, lemon juice or a product marketed for this purpose.
- Create a rainbow of colors with : green beans, orange, squash, yellow banana

Grains

- soy crisps (like a mini rice cake)
- a bowl of cereal
- instant oatmeal
- noodles
- pasta (with butter or olive oil and cheese)
- mini rice cakes
- flavored rice cakes
- baked chips
- pancakes, waffles or frenchtoast (leftover from weekend breakfasts, these freeze well)
- Quaker bite sized flavored rice cakes ("Quakes")
- flavored cous cous
- rice: white, brown, flavored

- popcorn, plain or cheese
- frying noodles
- dumplings
- quick breads- banana, pumpkin, zucchini, etc
- pretzel rods (whole wheat? reduced salt?)
- whole grain crackers (reduced fat and salt)
- pita pockets
- tortillas (white, whole wheat, corn)
- whole grain cereal (flakes, O's, or a combo) as a crunchy snack.
- whole grain muffin baked with an extra egg and/or protein powder, fruit and yogurt

Fruits and Vegetables

- Mandarin oranges (available in single serving packages)
- freeze dried fruit and veggies
- fruit kabobs
- vegetables and low fat dip (or make your own dip from plain yogurt)
- dried fruit (way more nutritious than fruit roll-ups)
- yogurt covered raisins
- canned fruit packed in juice: peaches, pears, pineapple, fruit cocktail, etc.
- applesauce
- carrot and celery sticks with ranch dip. Available in single service packs.
- steamed baby carrots
- blanched broccoli
- fruit salad
- edamame--soy beans (shelled for a Teddy, in the shell for older kids)
- veggies and salad dressing
- lettuce wedge

Protein

- yogurt drinks
- mozzarella cheese sticks
- deli meat/cheese roll ups (add a pretzel stick or vegetable in the middle)
- baked beans
- bean dip
- tofu
- hard-boiled egg
- string cheese
- chicken leg
- storebought meatballs (freeze and thaw a few at a time)
- omelets
- turkey & cheese or ham & cheese roll ups

Prepared by families and staff at DCCCC, 12/05

•chicken nuggets with a side of ketchup or dip. Health is Wealth brand frozen from the Coop are breaded with whole wheat and are all white meat. •hot dogs, turkey dogs, tofu pups, corn dogs •soy nut butter •cottage cheese, plain or with fruit bites (grapes, melon, banana etc.) •cheese: American, muenster, colby, edam, etc. •bologna (low fat) •fish sticks •meatloaf (can be prepared in muffin tins) •leftover meat in bite sized chunks	•popcorn, apples and cheese •celery stuffed with soy butter or cheese •celery, cream cheese, raisins (ants on a log) •chips or crackers and bean dip •whole grain crackers and cheese •yogurt and cereal to sprinkle on top •applesauce and graham crackers for dipping •Annie's Mac and Cheese with Broccoli •Annie's Mac and Cheese with Green Beans •Annie's Mac and Cheese with Red Peppers note: Annie's is usually peanut/nut free •Amy's frozen macaroni and cheese (pricey, but good) •Vegetarian sushi (cucumbers, tofu, avocado) •steamed stuffed bread •breakfast sandwich •soft tacos with different fillings •hummus & pita bread pieces •Chef Boy R De Ravioli's Beef •turkey hot dogs, already cooked, with the bun and ketchup on the side. •tofu mixed with a little tamari (or soy) sauce mixed with brown rice. •quesadillas (just cheese in a tortilla, heated at home in microwave, so cheese isn't loose, reheated at school) •burrito (lightly spiced rice and beans rolled up in a tortilla with or without cheese). •chicken with rice •cream of left-over dinner soup
•macaroni & cheese •spaghetti & red sauce •baked ziti •pizza (from the pizzeria or frozen) •pita bread pizza with sauce, cheese, ham, and pineapple •English muffin pizza (toast English muffin first) •lasagna •spaghetti o's. •chunky soups (check salt content) •pasta with meatballs •pasta with cheese sauce •pasta with a little butter/olive oil and grated parmesan cheese •scrambled eggs with toast •cheese quesadilla (add meat and veggie ingredients, too, if desired) •rice with meat and vegetable •sandwiches (check the label of all baked goods) •cheese, deli meat, chicken •cookie cutter sandwiches •soy nut butter and jelly sandwich •bagel & cream cheese •bagel & hummus •bagel with meat, cheese and veggies •grilled Cheese sandwich •soy butter and apple slices (or banana) on whole grain bread	•ham sandwich, yogurt, cooked carrot, pear •rice, tofu, broccoli, apple •pasta mixed with cheese and ham, corn with some grapes. •pita pizza with cucumber and tomato salad. •bread, baked chicken covered with crushed cornflakes, cauliflower, strawberries
	<u>Recipe for Apple "Pizza"</u> -Cut apple into horizontal slices -Spread cream cheese or peanut butter (not at DCCCC) on the apple. -Add any of the following "toppings": *Shredded cheese, carrots *Cinnamon *Or any other favorite topping

Prepared by families and staff at DCCCC, 12/05

THE BROWN BAG LUNCH

Problem: After packing lunches day in and day out, new healthy ideas can be hard to come by. Traditional lunch foods are often high in fat, sodium and calories (processed meats including bologna, potato chips, commercially prepared soups).

Solution: A healthy lunch includes: a complex carbohydrate (bread, pasta or cereal); a protein source (lean meat, chicken, fish, cheese, egg, or beans); an unsweetened fruit; a vegetable; and a calcium source (milk, yogurt or pudding). A healthy lunch is high in fiber and nutrients but modest in fat, salt, sugar. Dessert, other than fruit, is optional!! Mix and match from the chart below to spruce up lunches and promote healthy eating. Remember, kids who eat well get sick much less often.

Sandwiches

Breads – Pita bread, preferably whole wheat
Whole grain, Bran bread, Pumpernickel
Rye bread
Rice cakes
Bagels
Norwegian flatbread crackers
Matzo
English muffins
Flour or soft corn tortillas
Leftover pancakes
Unsalted wheat pretzels

Fillings – Turkey breast, lean roast
beef, egg salad (light mayo) with
green peppers, grated carrot, celery
Tuna salad with veggies or apple
Cottage cheese, red peppers
Meatloaf, especially ground turkey
Grated cheese, apple, light mayo
Cheese (unprocessed, such as Swiss
low fat cheddar) with fresh fruit
Tossed salad with light cheese
& dressing in a pita pocket
Sprouts, spinach, cream cheese
Leftover cheese or veggie pizza
Baked beans with sweet relish
English muffin pizza

For dips: Hummus (chickpea spread), salad dressings, yogurt & spices.

Veggies: carrots, green peppers, cherry or grape tomatoes, cucumbers, beans, peas, broccoli and cauliflower florets, lettuce, coleslaw.

Fruits: Apples of all varieties, Oranges, Grapefruit, Pears, Grapes, Bananas, Peaches, Plums, Melons, Pineapple, Raisins, Apricots, Prunes, Kiwi, Berries (strawberries, blueberries, raspberries), unsweetened applesauce, canned fruits packed in juice or water (not in syrup).

Finger Foods (additional fun stuff)

Hard boiled eggs, occasionally
Cheese chunks, preferably low fat
Kidney or garbanzo beans plain or with fat free salad dressing
Pasta salad, leftover pasta casseroles
Crackers – whole wheat saltines, Triscuits, grahams
Popcorn (unbuttered, low salt)
Bite-size shredded wheat
Gorp = raisins, dried fruit, **, popcorn **, Cheerios and Kix
Tender meat chunks

Celery with fat free cream cheese & raisins

Salsa with fat free corn chips

Jello (use real fruit juice to replace half the water, for a creamy dessert, use yogurt instead of cold water)

Yogurt (read label to be sure it is low fat. For less sugar, buy plain yogurt and add your own fresh fruit). Yogurt with active cultures is preferable.

Beverages

Children should be offered milk at least 3 times per day – please consider milk the primary mealtime beverage. (Use a refreezable ice pack to keep it cold). Whole milk is recommended for children up to two years old, after that 1% or skim milk is preferable. While unflavored milk is best, occasional use of a small amount of flavoring is fine. However, commercially prepared chocolate milk is quite high in sugar.

Unsweetened fruit juices – avoid punches, drinks, ades, cocktails, nectars ... these terms identify products that are mostly water and sugar, they lack the vitamins and fiber of real juices.

Water !!!

V8 or Tomato juice (counts as a vegetable)

Unfiltered apple juice is preferable to the clear products.

Kiefer = liquid yogurt

Desserts

FRUITS

Occasional cookies that are low sugar, low fat and/or have some redeeming nutritional value:

Graham Crackers, Fig and Fruit Newtons, Oatmeal-raisin, Vanilla wafers, Gingersnaps, Animal Crackers, Teddy Grahams

If you make your own cookies, try using whole wheat flour or oatmeal to replace part of the white flour.

Fruit breads (apple, raisin, banana, zucchini, pumpkin, etc., especially if prepared with half the usual oil and sugar amounts)

Muffins (use any recipe and reduce the sugars to no more than 1/4 cup and the oil/margarine to no more than 1/4 cup per dozen muffin) Yes, they still taste good.

Fruit Salad, Yogurt, Pudding



Jeffrey A. Meyers
Commissioner

Lisa Morris
Director

STATE OF NEW HAMPSHIRE
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New Hampshire School Immunization Requirements 2017-2018

DTaP DT/DTP Tdap/Td	6 years and under: 4 or 5 doses of a DTaP vaccine with the last dose given on or after the 4th birthday. 7 years and older: 3 or 4 doses of DTaP, Tdap or Td vaccine with the last dose given on or after the 4th birthday. Grades 7-12: 1 dose of Tdap is required for entry into 7th grade. A Tdap vaccine given on or after the 7th birthday meets the school requirement for Grade 7.
Polio	Grades K-5: 3 or 4 doses with one dose on or after the 4th birthday, with the last two doses separated by 6 months. Grades 6-12: 3 doses, with the last dose given on or after the 4th birthday or 4 doses regardless of age at administration.
Hepatitis B	Grades K-12: 3 doses at acceptable intervals. See attached schedule.
MMR	Grades K-12: 2 doses required; the first dose must be on or after the 1 st birthday.
Varicella	Grades K-8: 2 doses or laboratory confirmation of chicken pox disease. Grades 9-12: 2 doses, laboratory confirmation of chicken pox disease, or history of chicken pox disease. In all grades the first dose of varicella must be on or after the 1st birthday.

- Children must have proof of all required immunizations, or valid exemptions, in order to be admitted or enrolled in any school. Documentation of immunity by confirming laboratory test results is acceptable for Measles, Mumps, Rubella, Varicella, and Hepatitis B.
- A child may be conditionally enrolled when the parent or guardian provides:
 - (1) Documentation of at least one dose for each required vaccine; AND
 - (2) The appointment date for the next dose of required vaccine.
- All immunizations must meet minimum age and interval requirements for each vaccine. A 4-day grace period is allowed; however, live attenuated vaccines not administered on the same day should be administered at least 28 days apart. Live attenuated vaccines are MMR, Varicella, and FluMist, (the intranasal flu vaccine).
- Medical and religious exemptions have specific requirements. Information is available at: <http://www.dhhs.nh.gov/dphs/immunization/exemptions.htm>

Minimum Age & Interval Schedule for Valid Vaccine Doses - New Hampshire School Immunization Requirements 2017/2018				
Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
Diphtheria, Tetanus, and Pertussis DTaP	DTaP – Dose 1	6 weeks	4 weeks between Dose 1 & 2	For children 6 years and under, the 5 th dose is not necessary if the 4 th dose was administered at age 4 years or older.
	DTaP – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	DTaP – Dose 3	14 weeks	6 months between Dose 3 & 4	
	DTaP – Dose 4	12 months	6 months between Dose 4 & 5	
	DTaP – Dose 5	4 years	-----	
Tetanus, Diphtheria, and Pertussis Tdap	Tdap – Dose 1	10 years*	-----	Students entering 7 th grade are required to have a dose of Tdap. . *Tdap given on or after the 7 th birthday meets this requirement.
Polio IPV	IPV – Dose 1	6 weeks	4 weeks between Dose 1 & 2	*Kindergarten through 5 ^h Grade: 3 or 4 doses, with one dose on or after the 4 th birthday, with the last two doses separated by 6 months. If Dose 3 is given after the 4 th birthday, only 3 doses are required (if an all OPV or all IPV schedule). If a combined IPV/OPV polio schedule was used, 4 doses are always required, even if the 3 rd dose was after the 4 th birthday.
	IPV – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	IPV – Dose 3	14 weeks	4 weeks to 6 months between Dose 3 & 4*	
	IPV - Dose 4	4 years	-----	
Hepatitis B HepB	HepB – Dose 1	Birth	4 weeks between Dose 1 & 2	Minimum age for Dose 3 is $\geq$ 24 weeks
	HepB – Dose 2	4 weeks	8 weeks between Dose 2 & 3	
	HepB – Dose 3	24 weeks	16 weeks between Dose 1 & 3	
Measles, Mumps, and Rubella MMR	MMR – Dose 1	12 months	4 weeks between Dose 1 & 2	Live attenuated vaccines not administered on the same day should be administered at least 28 days apart.
	MMR – Dose 2	13 months	-----	
Varicella (chickenpox) VAR	VAR – Dose 1	12 months	12 weeks between Dose 1 & 2	If first dose administered $\geq$ age 13 years - two doses separated by a minimum interval of 4 weeks. Live attenuated vaccines not administered on the same day should be administered 28 days apart.
	VAR – Dose 2	15 months	-----	

Pre-school Students 3-5 Years Old

New Hampshire Immunization Requirements 2017/2018

Please refer to the Minimum Age & Interval Schedule
for acceptable intervals and age requirements

DIPHTHERIA, TETANUS, PERTUSSIS (DTaP/DT)

3-5 years	Four doses - the 3 rd and 4 th dose should be separated by at least 6 months.
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POLIO

3-5 years	Three doses
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MEASLES, MUMPS, and RUBELLA (MMR)

3-5 years	A dose administered on or after age 12 months.
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HAEMOPHILUS INFLUENZAE TYPE B (Hib)

3-5 years	One dose on or after 15 months of age OR four doses with the last dose administered on or after 12 months of age. Hib is not required for children $\geq$ 5 years of age.
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HEPATITIS B VACCINE

3-5 years	Three doses given at acceptable intervals. See attached schedule.
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VARICELLA (CHICKEN POX) VACCINE

3-5 years	A dose administered on or after age 12 months.
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Brand Names for Vaccines

Alphabetical List

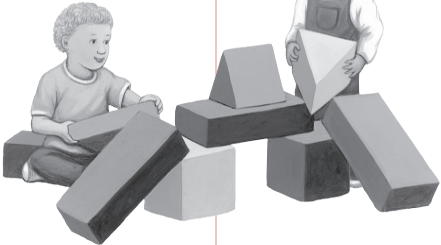
May be used as a reference when reviewing immunization records

This is a list of many vaccine brand names.

Not all are required for school, pre-school, or childcare admittance.

Brand Name	Vaccine(s)/Abbreviation
ActHIB®	Haemophilus influenzae type b (Hib)
Adacel®	Tetanus, Diphtheria, Pertussis (Tdap)
Boostrix®	Tetanus, Diphtheria, Pertussis (Tdap)
Comvax®	Haemophilus influenzae type b (Hib) & Hepatitis B (HepB)
Daptacel®	Diphtheria, Tetanus, Pertussis (DTaP)
DT	Diphtheria, Tetanus (DT)
Engerix B®	Hepatitis B (HepB)
Hiberix®	Haemophilus influenzae type b (Hib)
HibTITER®	Haemophilus influenzae type b (Hib)
Infanrix®	Diphtheria, Tetanus, Pertussis (DTaP)
Ipol®	Polio (IPV)
Kinrix®	Diphtheria, Tetanus, Pertussis (DTaP) & Polio (IPV)
M-M-R II	Measles, Mumps, Rubella (MMR)
Pediarix®	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), & Hepatitis B (HepB)
PedvaxHIB®*	Haemophilus influenzae type b (Hib)
Pentacel®	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), & Haemophilus influenzae type b (Hib)
ProQuad®	Measles, Mumps, Rubella & Varicella (MMRV)
RecombivaxHB®	Hepatitis B (HepB)
Tripedia®	Diphtheria, Tetanus, Pertussis (DTaP)
Varivax®	Varicella (Chicken Pox, VAR)

See <http://www.cdc.gov/vaccines/about/terms/USVaccines.html> for other vaccine brand names.

SOCIAL/EMOTIONAL DEVELOPMENT	PHYSICAL DEVELOPMENT	COGNITIVE DEVELOPMENT	LANGUAGE DEVELOPMENT
To learn about self and others 1. Trusts known, caring adults 2. Regulates own behavior 3. Manages own feelings 4. Responds to others' feelings with growing empathy 5. Plays with other children 6. Learns to be a member of a group 7. Uses personal care skills 	To learn about moving 8. Demonstrates basic gross motor skills 9. Demonstrates basic fine motor skills  	To learn about the world 10. Sustains attention 11. Understands how objects can be used 12. Shows a beginning understanding of cause and effect 13. Shows a beginning understanding that things can be grouped 14. Uses problem-solving strategies 15. Engages in pretend play	To learn about communicating 16. Develops receptive language 17. Develops expressive language 18. Participates in conversations 19. Enjoys books and being read to 20. Shows an awareness of pictures and print 21. Experiments with drawing and writing 

The Creative Curriculum® Goals and Objectives at a Glance

SOCIAL/EMOTIONAL DEVELOPMENT	PHYSICAL DEVELOPMENT	COGNITIVE DEVELOPMENT	LANGUAGE DEVELOPMENT
I. Sense of Self 1. Shows ability to adjust to new situations 2. Demonstrates appropriate trust in adults 3. Recognizes own feelings and manages them appropriately 4. Stands up for rights II. Responsibility for Self and Others 5. Demonstrates self-direction and independence 6. Takes responsibility for own well-being 7. Respects and cares for classroom environment and materials 8. Follows classroom routines 9. Follows classroom rules III. Prosocial Behavior 10. Plays well with other children 11. Recognizes the feelings of others and responds appropriately 12. Shares and respects the rights of others 13. Uses thinking skills to resolve conflicts	I. Gross Motor 14. Demonstrates basic locomotor skills (running, jumping, hopping, galloping) 15. Shows balance while moving 16. Climbs up and down 17. Pedals and steers a tricycle (or other wheeled vehicle) 18. Demonstrates throwing, kicking, and catching skills II. Fine Motor 19. Controls small muscles in hands 20. Coordinates eye-hand movement 21. Uses tools for writing and drawing	I. Learning and Problem Solving 22. Observes objects and events with curiosity 23. Approaches problems flexibly 24. Shows persistence in approaching tasks 25. Explores cause and effect 26. Applies knowledge or experience to a new context II. Logical Thinking 27. Classifies objects 28. Compares/measures 29. Arranges objects in a series 30. Recognizes patterns and can repeat them 31. Shows awareness of time concepts and sequence 32. Shows awareness of position in space 33. Uses one-to-one correspondence 34. Uses numbers and counting III. Representation and Symbolic Thinking 35. Takes on pretend roles and situations 36. Makes believe with objects 37. Makes and interprets representations	I. Listening and Speaking 38. Hears and discriminates the sounds of language 39. Expresses self using words and expanded sentences 40. Understands and follows oral directions 41. Answers questions 42. Asks questions 43. Actively participates in conversations II. Reading and Writing 44. Enjoys and values reading 45. Demonstrates understanding of print concepts 46. Demonstrates knowledge of the alphabet 47. Uses emerging reading skills to make meaning from print 48. Comprehends and interprets meaning from books and other texts 49. Understands the purpose of writing 50. Writes letters and words

