



DARTMOUTH  
COLLEGE

# Family Handbook

Dartmouth College Child Care Center,  
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*Staffing ratios and all other policies and procedures of the Center are in accordance with the standards for childcare 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.*

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## Introduction

### **Welcome to DCCCC!**

We are excited to partner with you in your child's care and education. Whether your journey with us has started with a visit or a phone call, we strive to ensure a seamless transition into our program. Before your child officially joins us, we invite adult family members to bring their child to the Center for a welcome visit. This visit allows your child to meet their teachers and classmates, and for you to exchange important information with our staff. During this time, the office staff will also review our policies and paperwork with you.

### **Orientation and Communication**

We have comprehensive written policies and procedures designed to welcome and orient children and families, which are shared upon enrollment.

Please keep the office informed of any changes in authorized escorts, employment, income, family structure, address, telephone, etc.

If English is not your first language and you need assistance, please let us know, and we will seek translation support.

We are committed to supporting English language learners and value maintaining your child's first language. Please share your wishes and perspectives on language acquisition with us.

### **Our Purpose**

Our primary goal is to meet the daytime childcare needs of College personnel by providing a warm, stimulating, safe, and reliable environment for young children.

As a department of Dartmouth College, we adhere to its policies prohibiting discrimination based on race, color, religion, sex, age, sexual orientation, national origin, disability, income or military or veteran status in our hiring or enrollment practices.

Our programming includes an anti-bias curriculum, a commitment to respecting each child's individuality, and celebrating diversity in culture, family structure, socioeconomics, religions, and linguistic backgrounds.

We follow the standards for childcare licensing and regulation set by the Department of Health & Human Services, State of New Hampshire.

### **Our Philosophy**

At DCCCC, we are dedicated to promoting the holistic growth of each child, focusing on physical, emotional, social, and intellectual development. Our teaching teams collaborate with families to create an environment that supports everyone involved. We recognize and respect children as individuals with unique and diverse family backgrounds. Our nurturing, play-based

environment allows children to develop at their own pace, emphasizing physical and emotional health and safety. We encourage children to make choices, develop independence, and learn to be responsible community members.

### **Teaching Practices**

We foster positive relationships among children and adults to enhance each child's sense of individual worth and community belonging. Our goal is to create a predictable, consistent, and harmonious classroom environment. Our teaching staff are well-qualified and committed to promoting children's learning and development while supporting families' diverse needs and interests. Continuous staff development ensures that our team can work effectively with diverse families.

Our teaching staff are skilled in:

- Interacting with children without using physical punishment or psychological abuse.
- Recognizing and protecting children from health and safety hazards.
- Providing varied learning opportunities.
- Offering diverse social experiences.
- Adapting to changing conditions to enhance program quality.
- Communicating effectively with children and families.

We honor the cultural backgrounds of children and families by participating in community cultural events and activities. Understanding your family's culture, religion, home language, race, and family structure is important to us.

Our staff actively counter potential bias and discrimination by treating all children with equal respect, initiating discussions that build positive self-identity, and providing diverse models and images that counter stereotypes.

### **Inclusivity**

DCCCC welcomes all children, including those with special needs. Our teaching teams work closely with families and external professionals to meet each child's needs.

### **Staffing**

Each group has a dedicated team of three full-time teachers, with staggered shifts to ensure a familiar teacher is present throughout the day. We also have Floating Teachers and Dartmouth students or community members assisting in the afternoons. Regular Floating Teachers and additional substitute staff ensure continuity of care in the absence of classroom teachers.

**Dartmouth Student/Community Participation**

Each classroom has a Dartmouth student or community member to assist in the afternoons whenever possible. 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. Our afternoon/temporary staff, serve an important function in providing 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 for the day.

Occasionally, students from Dartmouth College courses observe children at DCCCC as part of their educational experience. Additionally, various other programs may involve observing children at the center. These programs can include, but are not limited to, psychiatry fellows, Early Childhood Education students from area Community Colleges, and interns from local 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.

If you do not recognize someone working in your child's classroom, we encourage you to introduce yourself or make an inquiry of another staff member.

**Family Engagement**

We believe that young children's learning and development are closely connected to their families. Positive relationships between teachers and families are essential for creating a successful learning environment and are based on mutual trust and respect. Families are always welcome to visit and participate in the program.

Regular communication helps us understand your child's individual needs and ensures a smooth transition between home and school. We value your insights into your child's interests, learning approaches, and developmental needs. Your communication with us is confidential, and we will not discuss your child or family with others without your permission.

We have various means of communication, including informal conversations, written notes, emails, newsletters, parent meetings, family conferences, and classroom visits. Volunteering in your child's classroom is a great way to understand the program.

We use the information you share with us to shape our program environment, curriculum, and teaching. Ongoing discussions may include caregiving or educational issues, routine separations, food and eating habits, educational and language goals, and special needs. Your skills, interests, and preferred child-rearing practices are also important to us.

## Community Involvement

There are opportunities for families to meet, work on projects, and support each other. These may include classroom events, community service projects, and parent meetings. We encourage staff and families to participate in and support community improvement and advocacy projects, such as clothing and toy drives and food collections.

At DCCCC, we strive to be a good citizen in our neighborhood and the early childhood community. We look forward to working together to support and enrich the lives of our children and families.

## Once Your Child is Enrolled

### We're Enrolled, Now What?

When we have received your deposit, you are officially enrolled. Congratulations! What happens next? Once you are officially enrolled you will:

- Receive a link to the paperwork that needs to be completed.
- Complete your paperwork – if you have any questions, please contact the DCCCC office staff.
- Your child's teacher will reach out to you to set up a time for visits and an official intake.
- You and your child will visit the program before enrolling.
- Your child will start attending (you may decide to start with shorter days and work up to full days).

### What to Bring

Here is a list of things that you will be asked to supply for your child starting the first day that they attend (see [Special Notes for Infants](#) for additional items for babies):

- [Extra clothing](#)
- Rest time bedding (excluding infants): for older children, a regular size crib sheet, blankets if desired, pillow if desired, snuggly item if desired. Bedding will remain in your child's cubby during the week. Bedding must be taken home and laundered weekly (Owls and Chickadees launder items here).
- Lunch – we provide two snacks per day. You bring a lunch for your child that is kept in our refrigerator. Please see the [nutrition section](#) for more details.
- A reusable water bottle.
- [Emergency or maintenance medications](#) – please fill out a permission to administer medication in your child's classroom.
- We supply sunscreen and diaper cream. If you would like a different brand used, you are welcome to supply it.
- Please check with your child's teachers before bringing [toys from home](#).

## In the Classroom

### Daily Schedule

Because children have different needs at different levels of development, each classroom has a slightly different schedule for the day.

Infants operate on schedules that resemble their home schedules whenever possible. They will do plenty of playing inside and out, interacting with adults and other children, eating, sleeping, and having their diapers changed. Please see [Special Notes for Infants](#) for more details.



For older children (toddlers and above) you will generally see a predictable schedule. The following is a sample schedule only; each classroom has their daily schedule posted where you can find it.

### **Sample Daily Schedule**

[Arrival](#)

[Hand washing](#)

[Free Play](#)

[Morning gathering time](#)

[Hand washing](#)

[Morning snack](#)

[Toileting/Diapering](#)

[Inside/outside play/activities](#)

[Hand washing](#)

[Lunch](#)

[Toileting/Diapering](#)

[Free Play](#)

[Rest](#)

[Quiet Play](#)

[Toileting/Diapering](#)

[Afternoon gathering time](#)

[Afternoon snack](#)

[Free play inside or outside](#)

[Departure](#)

### **Arrival**

DCCCC opens at 8:00 AM. Teachers arrive a little earlier but are busy preparing for the children's arrival and setting up their classrooms.

All children must be escorted to and from their classrooms. Please make sure your child's teacher is aware of their arrival.

For your child's protection and to meet childcare licensing regulations, you or your child's designated escort must **sign your child IN each day**. Attendance clipboards are located in the classrooms.

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 would 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 notify us if your child will be picked up early so we can help prepare your child.

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.

You and your child will likely develop a routine for drop off: putting items away where they belong, washing hands, saying, "Good morning," to teachers and other children, talking with teachers about the night or morning at home, finding an activity or completing a good-bye ritual such as a kiss to last all day or waving at the window/door.

Sometimes, arrival does not go as smoothly as we would like. Some children have a difficult time separating from the people that they love most in the world (and sometimes the adults have that same difficulty). Especially for pre-verbal children, crying is the only way that they have of expressing their discomfort with the situation. You may see this in extreme when first starting in the program or when children transition to a new classroom. Children's reaction to arrival can also be impacted by differences at home such as a parent being away or a visit from grandparents.

If your child has a difficult time separating, teachers will gauge when it is appropriate to step in and help. Teachers will be respectful of your needs, but they have knowledge and experience that tells them when it is time to pass the child from parent to teacher. In most cases, your child's reactions will subside within minutes of your departure. Feel free to call later in the day to reassure yourself that your child is having a great day so that you can concentrate on your tasks at hand.

If your child continues to have difficulty at arrival, please check in with your child's teacher for their perspective and to make a plan to help make your child more comfortable.

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### **Departure**

In the afternoon we aspire to have an anecdote about your child's day and any practical communication 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.

For your child's protection and to meet childcare licensing regulations, you or your child's designated escort must **sign your child OUT each day**. Attendance clipboards are located in the classrooms or on the playground if children are playing outside at the end of the day.

Please make sure one of your child's regular teachers is aware of your departure.

DCCCC closes promptly at 5:00. Families leaving the building after 5:00 are subject to a [late pick-up charge](#).

Once you have checked your child out for the day please keep them with you.

Please allow enough time to collect your child's belongings, talk with a teacher, look at the things that your child wants to share with you, and get dressed for the trip home. This sometimes takes a bit longer in the winter, when your child first starts at the Center, or when they move to a new classroom.

Siblings must stay with their parents and may not be left to play independently in the building or on the grounds.

If you are chatting with your child and their teacher in the classroom or on the playground, your child may be confused about which behavioral guidelines apply – home rules or DCCCC rules. Testing behavior is not uncommon. You can help by reassuring your child that DCCCC rules still apply.

To make it easier for adult family members to encourage their children to move out of the building in the afternoon, the multi closes at 4:45. Please do not stop to play or visit in the multi after 4:45.

We ask that you do not leave your car idling while dropping off or picking up your children.

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## **Curriculum**

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

- Maximizes children’s learning through effective use of time, materials used for play, self- initiated learning, and creative expression.
- 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.

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.

All staff are trained yearly on the newest approaches to assessing children. Assessment is tied to children's daily activities, supported by professional development, inclusive of families, and connected to specific beneficial purposes:

- Making sound decisions about teaching and learning.
- Identifying significant concerns that may require focused intervention for individual children.
- 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.

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### **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 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.

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### **Nutrition**

Children bring their lunches from home, which are stored in their classroom refrigerator. The Center provides nutritious snacks and beverages both in the morning and afternoon. Weekly snack menus are posted on classroom refrigerators. At lunchtime, the Center supplies milk or water. We have microwave ovens available to heat individual children's food, except on field trips or picnic days. Additionally, children participate in "special event" meal preparations, to which parents may sometimes be invited. You will be informed in advance if a packed lunch is not necessary for any reason.

The State of New Hampshire's licensing bureau permits us to run a cold lunch program, with the condition that we ensure the adequacy of the children's lunches. Given that children's nutritional needs are proportionately higher than adults', yet they have a lower capacity for volume, it is important to provide balanced and nutritious meals. To foster good eating habits and meet these nutritional needs, we ask that any desserts included in your child's lunch also contribute nutritionally. We recommend options like fruit, fruit cocktail, or yogurt.

**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 unless you want your child to drink something different.

Your child's teacher is responsible for monitoring your child's food intake while 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.

As per NH Child Care Licensing Rules, we are not allowed to serve the following foods to children under the age of 3 years old.

- Spoonsful of peanut butter
- Whole or rounds of hot dogs or sausage
- Whole grapes
- Hard candy and chewing gum
- Raw carrot rounds, peas or celery
- Chips or hard pretzels
- Marshmallows
- Nuts or seeds
- Popcorn
- Other hard or cylinder-shaped foods that may pose a choking hazard.

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### **Toileting/Diapering**

Following NH childcare licensing regulations, diapers are checked at least every 2 hours. Dry/unsoiled diapers are not changed. Diapers are changed more frequently if the need becomes apparent (I smell a poop). Teachers follow all sanitary and safety regulations when changing diapers.

Toilet learning (potty training) is individualized to each child. Children vary in their readiness to learn this skill. A very few are ready before they turn two and some are still not ready until they are an older four or younger five-year-old. The majority of children will be learning this skill when they are two or three years old. In our toddler classrooms, children are encouraged to try sitting on the potty when they show developmental signs of readiness such as noticing when they have urinated or had a bowel movement, discomfort with a dirty diaper, longer periods of time between elimination or just outright saying, "I don't want to wear a diaper!" Toileting is never forced. Bodily functions are highly personal, and this is something to be respected. If you want some potty advice for your child, the teachers are experts and can offer suggestions!

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## **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, temperatures below 10° F ambient temperature, and when there is a heat or air-quality advisory.
- Chickadees go outside every day with the exception of all of the above plus hard rain, or temperatures below 20° F ambient temperature.
- DCCCC teachers 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.

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## **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.

Preschool children wear sunhats if desired.

If you wish to have your child use a different sunscreen, please provide a labeled bottle to stay at the Center.

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## **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 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 taken home weekly to be laundered.

Your child may bring a comforting object such as a special blanket, soft doll, stuffed animal or small pillow to sleep with, if they wish.

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.

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## Other Classroom Items

### 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-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. Families are invited to join the class for a birthday celebration/snack. Typically, your child will prepare a special snack here with a few friends to share with all in the class. Some typical birthday snack choices are fruit popsicles, yogurt parfaits, or fruit or vegetable-based muffins. DCCCC does not serve frosted cakes or cupcakes for birthday celebrations. Please discuss celebratory snacks with your child's teacher.

Birthday parties and other at home celebrations involving school friends are great fun but can be devastating to children who are not invited. Please make arrangements for such events outside the center, by phone or e-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, thank you notes, or gifts.

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

Other whole-center events that happen annually include

- A Bike Parade for the 4<sup>th</sup> of July (families are parade spectators).
- Trunk-or-Treat near Halloween (families volunteer to provide a trunk).
- A Thanksgiving Feast for Staff the week before Thanksgiving (families volunteer to provide a potluck meal for staff).
- A Winter Sing-a-Long the last day before Winter Break (families are encouraged to attend and sing along).

## **Clothing**

Each child has a cubby in which to store clothing and personal items. Children should have multiple complete changes of clothing (extras for toilet learners) 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 (or snowpants and a jacket), mittens and hats.

Children are required to wear shoes/slippers inside for the winter months. We never know when an emergency may occur and we may not have time to help all children get shoes/boots on before exiting the building. Bare feet outside in the winter is a sure recipe for frostbite.

In other seasons raincoats and mud boots are needed. We do play outside in the rain and splash in puddles. Umbrellas are fun but not very practical or useful. **We supply rainsuits for all children.**

Please check your child's cubby often for supplies. Children grow quickly so the clothing that you supplied at the beginning of the year may not fit a couple of months later and may not be appropriate for the season.

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 with children who can tolerate them. We use smocks and do our best to protect clothing, but children should be dressed in easily-laundered play clothes.

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## **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 *toys from home* policy changes from room to room depending on the age, development and needs of each classroom. Please check with your child's teachers if you have any questions about their policy.

Do not send expensive or irreplaceable items. You will worry and so will we.

The Center excludes toys of aggression or violence.

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## **Field Trips**

Excursions outside of the Center are always walking trips; DCCCC does not take field trips in vehicles. These walking trips 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.

### **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. Families are responsible for arranging transportation to and from outside activities. It's great for children to have a variety of experiences. Sometimes, though, the transition away from or back to childcare can be rough. Even children who were initially excited about the possibility may have cold feet at the last minute or discover that their 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 planning for your child to participate in an outside activity during the childcare day, we suggest that you talk to your child's teacher, who may be able to help you assess your child's readiness.

### **Ages and Stages Questionnaire**

Twice a year staff use the Ages and Stages Questionnaire to assess the developmental performance of your child in the areas of communication, gross motor skills, fine motor skills, problem solving, and personal-social skills.

There are two reasons we complete these assessments:

- To create curriculum that is based on your child's needs.
- For overall program improvement.

Families are always welcome to raise questions or concerns about how the assessment methods will meet their needs.

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### **Behavior Guidance**

The staff at DCCCC 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 stopping an activity that a child cannot manage in an acceptable way.

Techniques of positive guidance are always used. Shaming, belittling, time-out or physical punishment are never used.

Teachers help children learn socially appropriate behavior by providing guidance that is consistent with the 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.

## **Special Notes for Infants**

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 their primary caregiver whenever possible to assist in the building of relationships with consistent adults.

### **Communication**

Your child must be signed in and signed out on the attendance clipboard. This is very important; in case of emergency, we would use the clipboards as attendance verification.

Make any notes under the special comments section about anything special you need to communicate to teaching staff.

Please 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, eliminations and play activities. Check your child's cubby for dirty clothes, notes and artwork.

### **What to Bring**

**Diapers.** Please provide disposable diapers or training pants for your child. A large supply of diapers should be brought to the center to ensure that there will always be diapers available for your child. We change the children many times daily. All eliminations are noted on the daily information sheet, and when additional supplies are needed you will get a note.

**Extra clothing.** Please keep multiple changes of labeled clothing at the center. We get messy, children spit up, poop explosions happen, and we encourage independence in eating when appropriate. Having multiple changes of clothing is extremely important.

Please check the extra clothes supply frequently as your child grows and the seasons change.

**Bottles.** Please supply two bottles labeled with your child's name. We will use these bottles and sanitize them at DCCCC after use.

**Formula or Breast Milk.** You are responsible for providing formula or breast milk. We refrigerate or freeze breast milk as appropriate.

**Lunch.** As your child begins eating solid foods, you are responsible for providing their lunch which will be stored in our classroom refrigerators.

### **We Provide**

**Diaper cream.** When you first enrolled, you likely signed permission for us to use diaper cream as needed. If you do not want diaper cream used and did not give permission, the office staff has alerted us, but it doesn't hurt to let us know in person. If your child uses a particular diaper cream, please provide a labeled supply.

**Whole milk and snacks.** We provide whole milk and snacks for children when they transition to eating table foods.

**Bibs**

**Bedding**

**Rainsuits**

### **Breast Milk**

We take all safety precautions when feeding breast milk to children. New staff are trained in our procedures to ensure that children receive the correct milk in the correct bottle. Staff are also trained to properly prepare breast milk for bottle feeding.

Adult family members are always welcome to come to DCCCC to feed their children.

A comfortable private area for nursing can be provided if desired.

## **Reducing the Risk of Sudden Infant Death Syndrome (SIDS)**

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

- All staff who work with infants receive training in supervision and safe sleep practices.
- Unless otherwise ordered by a physician, infants 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 assume any comfortable sleep position when they can easily turn themselves from the back position.

[Return to What to Bring](#)  
[Return to Daily Schedule](#)

## **Communication**

### **Home Center Communication**

There will be regular family/teacher conferences in the fall and spring.

The teaching staff encourages family visits and participation. For many children it is difficult to separate from a visiting family member 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 adult family members.

Teachers may also use the telephone, e-mail, text 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.

**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.

**Concerns About Development**

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 children's Individual Education Plans or Individual Family Service Plans and other individualized plans to address the needs of children with unique learning needs.

**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 a 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 when talking directly to the child's teacher is impractical, uncomfortable or unsuccessful, you are invited to bring your concerns to the DCCCC Director, an invitation that is good any time, for any issue. The Director is charged with maintaining an organizational climate which fosters trust, collaboration, and inclusion.

**Program Evaluation**

A comprehensive program evaluation, including a family survey, is conducted annually.

The annual evaluation process includes 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.

# Health

## 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 a health care professional, 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 C](#).

## 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 documentation at the center. If your child has special feeding needs, you will receive a daily record.

## Medication

### General

If your child needs medication (prescription or over-the-counter) while at the Center, please complete a "Permission to Administer Medication" form. Your child's teachers will be able to supply the form.

All DCCCC staff members are trained to properly administer medication.

DCCCC staff members will complete the medication form as doses are administered. You are welcome to examine the medication form at any time.

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.

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, cubbies or backpacks.

All medications will be stored out of the reach of children.

With the exception of emergency medications, a lock box is used for storage according to

manufacturer's instructions.

Unused medications will be returned to families at the end of the time designated on the Permission to Administer Medication form.

Any expired medications will be returned to the family.

### **Non-prescription medications**

Non-prescription medications must be in original containers and labeled clearly with the child's first & last name and the date the medication was provided.

Non-prescription medications 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.

### **Prescription medications**

Prescription medications must bear the child's name on the prescription label affixed to the bottle (not a family member).

You may want to ask your pharmacist to divide a prescription between two clearly labeled bottles, for school and home use.

Prescription medications must be in the original container for school administration.

### **Maintenance medications**

Adult family members must update the permission to administer medication 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 and any apparatus used for administration (spacer, nebulizer, etc.). The prescription label or written instructions from the prescribing doctor must accompany it.

### **Emergency medications**

Emergency medications such as epi-pens and emergency inhalers, are not stored in a lockbox. They are kept in a spot accessible to adults but not to children. This enables quick access if needed in an emergency.

An emergency medical action plan must be on file with the program.

The plan will be posted in areas where the child is likely to be so that any staff member will know how to respond in an emergency and where to locate the emergency medication.

If your child requires emergency medications, please be sure that a non-expired dose is on hand.

**Insect Repellent**

DCCCC 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.

**Illness**

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.

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:

(for a temperature conversion chart, please see [Appendix D](#))

- Fever (oral temp above 101 °F – 38.3° C, axillary temp 100° F – 37.8° C) accompanied by behavior changes or other signs or symptoms of illness which may include items below
- 24 hours fever free with no fever reducer medication
- Symptoms of possible illness may include:
  - unusual lethargy
  - uncontrolled coughing
  - unexplained irritability or persistent crying
  - difficulty breathing
  - wheezing
  - other unusual signs for the child
- Diarrhea - 2 or more watery, less formed stools (deviating from the normal pattern) not associated with a diet change or medication that cannot be contained by diapers. Children who have learned to use the toilet, but can't make it to the toilet in time, must also be excluded.
- Blood in stools not explainable by dietary change, medication or hard stools.
- Vomiting – two or more episodes of vomiting.
- Persistent abdominal pain.
- Mouth sores with drooling.
- Rash with fever or behavior change.



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

Note about Covid: we follow the recommendations of the CDC and Dartmouth College. These recommendations change periodically. If your child develops Covid, please ask the Director for exclusion guidance.

The Center does not immediately exclude children for the following conditions.

- Head Lice: Parents of affected children are notified and informed that their child must be 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 childcare 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.
- Hand/Foot/Mouth Disease 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.

**When Accidents Happen**

All staff who are included in the calculation of the staff/child ratio are trained in Pediatric First Aid and CPR.

For all injuries sustained at DCCCC, teachers will complete an accident report. This report must be signed and dated by you when received. Reports are kept on file in the office for three years. If you would like a copy of the report, please let your teacher know.

**Minor Injuries**

Any injury that only requires minor first aid will be treated by trained DCCCC staff members. TLC is one of the most frequent items that you will see listed on the accident report.

You may not see physical evidence of the injury when you arrive in the afternoon, but we believe that you should be alerted to anything that caused pain or distress.

If there is even a minor injury to your child's face, we will alert you during the day so that you don't walk in and see a scratch, bruise or abrasion on your child's face without warning.

**Intermediate Injuries**

If your child receives an injury that may require more than basic first-aid but does not require immediate emergency care, we will contact you, describe the injury and ask how you would like to proceed.

In most cases, families prefer to pick up their child and have them seen by their Primary Care Provider.

In some cases, families may instruct us to call for emergency services.

If emergency services feel the child should be transported for care, a DCCCC staff member will take your child's emergency form and accompany your child to meet you at the hospital.

**Severe Injuries**

In the very unlikely event that your child is involved in a severe accident, we will immediately call 911 and then alert you through the contact information that you provide (it is important to keep this information updated).

If emergency services feel the child should be transported for care, a DCCCC staff member will take your child's emergency form and accompany your child to meet you at the hospital.

Dartmouth College carries accident insurance that covers costs not covered by your child's medical insurance.

NH Childcare Licensing is contacted when any child receives a severe injury.

## **Emergency Procedures**

### **Emergency Forms**

In emergencies, your signed emergency medical permission form allows us to act promptly. Your child's medical and developmental records are accessible only to you, their teachers, office staff, and licensing and accrediting officials.

### **Emergency Operating Procedures**

DCCCC takes emergency preparedness very seriously. We have comprehensive emergency procedures that are reviewed and updated annually.

A copy of the procedures is located in each classroom. Staff are required to review the procedures quarterly.

We have a fire-drill monthly. We use the actual alarm while the Hanover Fire Department is present.

In addition to fire-drills we also practice other procedures annually (as required by NH childcare licensing regulations)

- Bomb threats and off-site evacuation and missing child drills are practiced without children present.
- At least two other emergency procedures are practiced with the children.

In case of a building emergency or a situation that requires off-site evacuation, we have arrangements with the Ray Elementary School to house us until you arrive. The Rugby House is our secondary location if the Ray School is not a viable option.

You will be notified by e-mail (most likely) or telephone in the event of an emergency.

### **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.

## **Other Policies and Procedures**

### **Access to the Center**

The main entry and west vestibule doors can only be opened by proximity cards which are Dartmouth ID cards.

Non-DC parents/guardians 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 Center is also possible by contacting the office via the front door intercom.

Authorized escorts who do not have proximity cards need to use the front door intercom.

If a card is lost, the holder should contact DCCCC (or Safety and Security on weekends) so that the access authorization on the card can be disabled.

### **Authorized Escorts**

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. Your phone call will be documented and filed. E-mail is preferred so that we have written permission to reference when the escort arrives.

If we are not familiar with the escort, they will be asked to show ID in the office and in the classroom.

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.

Authorized escorts must be at least 16 years old.

We will not release your child to anyone for whom we have not received permission (either via the escort list or your express 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.

### **College 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. DCCCC also observes Winter Break as decided by the College each year.

The center closes for professional development four days per year

- one day in March
- two days in late August in preparation for the school year.
- one day in December

### **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 8:00 as usual.

### **Older Non-Enrolled Sibling Visits**

We are not able to accommodate older siblings at DCCCC during days that their school is not in session or delayed for any reason. Teachers can periodically invite older siblings to join their class for a short time if it is part of their curriculum plan (i.e. planning a sibling lunch during a vacation week). Any non-enrolled sibling who attends as an invited guest, must have a complete emergency form on file with DCCCC.

### **Expulsion Policy**

We believe that all domains of learning are supported during play and through strong, positive, interactions with adults. Promoting healthy social and emotional development, including self-control, is one of the fundamental responsibilities of our program. We acknowledge that all children develop in all domains at an individual pace. Infants and toddlers are experimenting and learning everything about life. The preschool period is a critical time for children to learn to control their thoughts, feelings, attention, impulses, and behavior. They are learning how to get along with others and how to be a friend. Children are not born with these skills. Teachers and caregivers must teach social-emotional skills just as they teach washing hands or learning colors and shapes. We know that when children are given the opportunities and support to develop (learn, practice, discuss, etc.) self-control and other social and emotional skills, it gives them the foundation needed for academic and life success.

We support this development through:

- Providing an environment that is developmentally appropriate and respectful to children as individuals.
- Encouraging skill development.

#### **Our Teachers**

- Work to develop a relationship with each child.
- Encourage peer relationships by creating social opportunities and working with children to resolve conflict.
- Always speak to children in a calm tone, especially during redirections.
- Help children put words to their emotions (ex. “Chi, I can tell you were mad when Dana took your block.”)

#### **Our Administrators**

- Work with teachers to provide an appropriate environment and program for all children.
- Observe classrooms when teachers or families have concerns.
- Make suggestions to teachers for potential changes to the environment and/or program.
- Work with the teachers and families to create a plan for children who are facing challenges.

- Request assistance from professionals who specialize in the specific area of need (i.e. supporting children's social and emotional health).
- On rare occasions, after exhausting all resources, we may work with families to seek the best care for their child if all parties agree that our program can no longer meet the needs of an individual child.

#### Our Families Can

- Communicate regularly with staff to ensure consistency in guidance between home and school.
- Understand that to best serve children, we may need to partner with social and emotional experts to help give a child the best foundation for academic and life success.
- Understand and acknowledge that we do not routinely expel children. We will pursue all reasonable resources before asking that a child leave our program. We strive to serve individual needs while ensuring the safety of young children and our teachers.

#### Smoking

Smoking is not permitted in the building, on the grounds of DCCCC or anywhere within sight of children.

#### 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](http://www.dartmouth.edu/~seo)).

## Enrollment Practices

#### Enrollment/Waitlist Practices

DCCCC is licensed by the State of New Hampshire to provide care for 86 children aged 6 weeks to 5 years. The Center is open from 8:00 AM to 5:00 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% of the time or more for the College and are eligible for College employee benefits.

On the date an application is received the child's name will be entered on a waiting list and families will receive confirmation that the child is on the list and of the desired date of enrollment. Most spaces open in September. Whenever a vacancy occurs, the waiting list is sorted for children of the appropriate age 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' continued interest in enrollment.

No employee group has priority of admission over any other.

### **Age Groupings**

Children are grouped by age. Most children enter in September when the largest number of openings occur. Children are moved from classroom to classroom as a cohort based on kindergarten entrance eligibility date whenever possible. Most children move to a new classroom in late August or early September when our oldest children move to kindergarten. Decisions concerning a child's placement or group transition are made by the Director in consultation with parents and teachers when appropriate.

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 (2 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.

## Finance

### 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.

Because the fee you pay for childcare at DCCCC is based on a sliding fee scale, your subsidy is the difference between the full price and the amount you pay. As required by federal tax law, the College must report the subsidy as imputed income to you and the IRS as taxable wages on your W-2.

### 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 childcare, 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.

The College reserves the right to terminate enrollment if for any reason tuition payments fall 30 days past due. Two weeks' notice will be given prior to termination of enrollment.

### Summer Holding Fee

Absences of 4 consecutive weeks or more may be arranged in the summer only (June, July and August) for a holding fee of 50% of tuition.

### Termination of Dartmouth College Employment

If the adult family member who is employed by Dartmouth College leaves the College's employ a "grace period" of one month is allowed to permit parents to arrange new childcare.



**DCCCC 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 per week that their child is enrolled.

**Late Pick-up Charge**

DCCCC teachers work until 5:00 p.m. They often have other family or social obligations that they must attend to after work. We ask that you be sure to arrive early enough to be out of the building by 5:00.

Occasionally, you will not be able to arrive on time. Please contact the Center if you know that you are running late.

In the unlikely event that you are not able to exit before 5:00, you will be 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.

[Return to Departure](#)

**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.

## Conclusion

We are thrilled that you will be part of our DCCCC community! You are not expected to remember all of this information, but now you know where to find it. If you have any questions about this information or anything else, please contact any of us at DCCCC. We are all here to be sure that you and your child have the best experience possible!

## Appendix A - Notes on Behavior Guidance

The following are some notes compiled by staff members of DCCCC over the years 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 they have 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, they may fear you won't be back. Another suggestion that we have found helpful is to lead your child into an activity that they like 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. Adults feel more secure with rules too.

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

Children sometimes get angry 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 strong emotions. 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, they 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 them that you like them, but that you don't like what they are 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 them, for the family, etc., and meets the child's needs, not always their 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.

[Return to Behavior Guidance](#)

## Appendix B – Lunch Ideas

<ul style="list-style-type: none"> <li>•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.</li> <li>•hot dogs, turkey dogs, tofu pups, corn dogs</li> <li>•soy nut butter</li> <li>•cottage cheese, plain or with fruit bites (grapes, melon, banana etc.)</li> <li>•cheese: American, muenster, colby, edam, etc.</li> <li>•bologna (low fat)</li> <li>•fish sticks</li> <li>•meatloaf (can be prepared in muffin tins)</li> <li>•leftover meat in bite sized chunks</li> </ul> <p style="text-align: center;"><u>Other</u></p> <ul style="list-style-type: none"> <li>•Little bear cheese puffs</li> <li>•Rice Krispie treats, regular flavor.</li> <li>•dill pickles</li> <li>•nutless gorp with dried fruits, yogurt covered raisins, various cereals</li> </ul> <p style="text-align: center;"><u>Main Dishes</u></p> <ul style="list-style-type: none"> <li>•macaroni &amp; cheese</li> <li>•spaghetti &amp; red sauce</li> <li>•baked ziti</li> <li>•pizza (from the pizzeria or frozen)</li> <li>•pita bread pizza with sauce, cheese, ham, and pineapple</li> <li>•English muffin pizza (toast English muffin first)</li> <li>•lasagna</li> <li>•spaghetti o's.</li> <li>•chunky soups (check salt content)</li> <li>•pasta with meatballs</li> <li>•pasta with cheese sauce</li> <li>•pasta with a little butter/olive oil and grated parmesan cheese</li> <li>•scrambled eggs with toast</li> <li>•cheese quesadilla (add meat and veggie ingredients, too, if desired)</li> <li>•rice with meat and vegetable</li> <li>•sandwiches (check the label of all baked goods) <ul style="list-style-type: none"> <li>*cheese, deli meat, chicken</li> <li>*cookie cutter sandwiches</li> <li>*soy nut butter and jelly sandwich</li> <li>*bagel &amp; cream cheese</li> <li>*bagel &amp; hummus</li> <li>*bagel with meat, cheese and veggies</li> <li>*grilled Cheese sandwich</li> <li>*soy butter and apple slices (or banana) on whole grain bread</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>•popcorn, apples and cheese</li> <li>•celery stuffed with soy butter or cheese</li> <li>•celery, cream cheese, raisins (ants on a log)</li> <li>•chips or crackers and bean dip</li> <li>•whole grain crackers and cheese</li> <li>•yogurt and cereal to sprinkle on top</li> <li>•applesauce and graham crackers for dipping</li> <li>•Annie's Mac and Cheese with Broccoli</li> <li>•Annie's Mac and Cheese with Green Beans</li> <li>•Annie's Mac and Cheese with Red Peppers</li> </ul> <p style="text-align: center;">note: Annie's is usually peanut/nut free</p> <ul style="list-style-type: none"> <li>•Amy's frozen macaroni and cheese (pricey, but good)</li> <li>•Vegetarian sushi (cucumbers, tofu, avocado)</li> <li>•steamed stuffed bread</li> <li>•breakfast sandwich</li> <li>•soft tacos with different fillings</li> <li>•hummus &amp; pita bread pieces</li> <li>•Chef Boy R De Ravioli's Beef</li> <li>•turkey hot dogs, already cooked, with the bun and ketchup on the side.</li> <li>•tofu mixed with a little tamarini (or soy) sauce mixed with brown rice.</li> <li>•quesadillas (just cheese in a tortilla, heated at home in microwave, so cheese isn't loose, reheated at school)</li> <li>•burrito (lightly spiced rice and beans rolled up in a tortilla with or without cheese).</li> <li>•chicken with rice</li> <li>•cream of left-over dinner soup</li> </ul> <p style="text-align: center;"><u>Menu Suggestions</u></p> <ul style="list-style-type: none"> <li>•ham sandwich, yogurt, cooked carrot, pear</li> <li>•rice, tofu, broccoli, apple</li> <li>•pasta mixed with cheese and ham, corn with some grapes.</li> <li>•pita pizza with cucumber and tomato salad.</li> <li>•bread, baked chicken covered with crushed cornflakes, cauliflower, strawberries</li> </ul> <p style="text-align: center;"><u>Recipe for Apple "Pizza"</u></p> <ul style="list-style-type: none"> <li>-Cut apple into horizontal slices</li> <li>-Spread cream cheese or peanut butter (not at DCCCC) on the apple.</li> <li>-Add any of the following "toppings": <ul style="list-style-type: none"> <li>*Shredded cheese, carrots</li> <li>*Cinnamon</li> <li>*Or any other favorite topping</li> </ul> </li> </ul>
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Prepared by families and staff at DCCCC, 12/05

## Appendix B

**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 (preferably whole wheat), whole grain, bran, pumpernickel, rye , rice cakes, bagels, 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) green peppers, grated carrot, celery; tuna salad with veggies or apple; cottage cheese and red peppers; meatloaf, especially ground turkey; grated cheese, apple, light mayo; cheese (unprocessed, such as Swiss or low fat cheddar) with fresh fruit; tossed salad with light cheese & dressing in a pita pocket; sprouts, spinach, cream cheese; baked beans

**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)**

Leftover cheese or veggie pizza

English muffin pizza

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

## Appendix B

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.

*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.

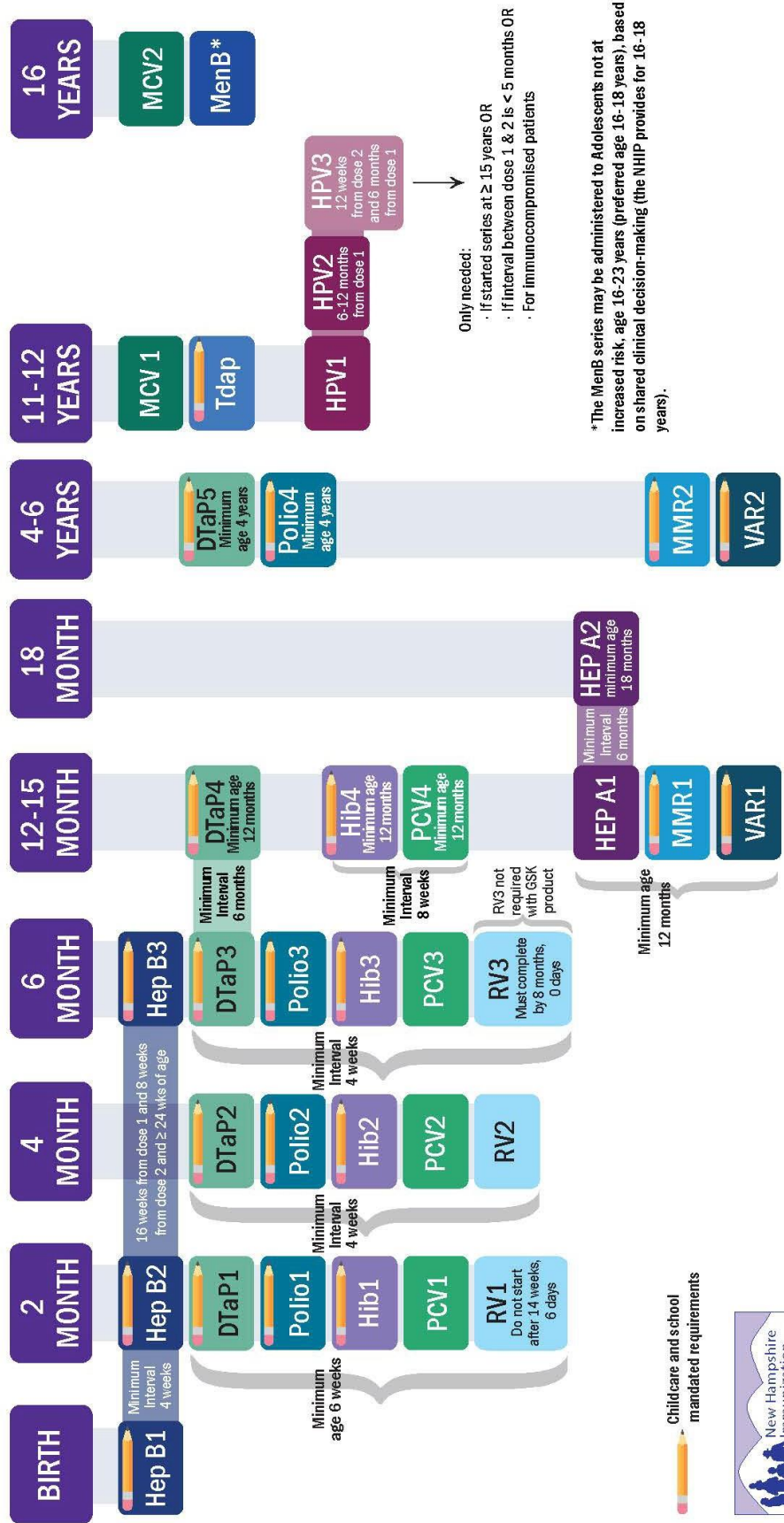
Fruit Salad, Yogurt, Pudding.

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[Return to Daily Schedule](#)

# Appendix C – Immunization Requirements

## NH SIMPLIFIED IMMUNIZATION SCHEDULE (BIRTH - 18 YEARS)

### ANNUAL FLU VACCINE FOR EVERYONE 6 MONTHS AND OLDER



### COVID-19 FOR EVERYONE 6 MONTHS AND OLDER

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>



See current CDC recommended schedule for children/adolescents for additional information.  
Last Update 5/30/2023.

## 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.

<b>Brand</b>	<b>Vaccine(s)/Abbreviation</b>
ActHIB	Haemophilus influenzae type b (Hib)
Adacel	Tetanus, Diphtheria, Pertussis (Tdap)
Boostrix	Tetanus, Diphtheria, Pertussis (Tdap)
Comvax	Haemophilus influenzae type b (Hib) &
Daptac	Diphtheria, Tetanus, Pertussis (DTaP)
DT	Diphtheria, Tetanus (DT)
Engerix	Hepatitis B (HepB)
Hiberix	Haemophilus influenzae type b (Hib)
HibTITE	Haemophilus influenzae type b (Hib)
Infanrix	Diphtheria, Tetanus, Pertussis (DTaP)
Ipol®	Polio (IPV)
Kinrix®	Diphtheria, Tetanus, Pertussis (DTaP) & Polio
M-M-R	Measles, Mumps, Rubella (MMR)
Pediarix®	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), & Hepatitis B (HepB)
Pedvax	Haemophilus influenzae type b (Hib)
Pentace®	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), & Haemophilus influenzae type b (Hib)
ProQua	Measles, Mumps, Rubella & Varicella (MMRV)
Recom	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.

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## Appendix D -Temperature Conversion Chart

Celsius (°C)	Fahrenheit (°F)
35 °C	95 °F
35.1 °C	95.2 °F
35.2 °C	95.4 °F
35.3 °C	95.5 °F
35.4 °C	95.7 °F
35.5 °C	95.9 °F
35.6 °C	96.1 °F
35.7 °C	96.3 °F
35.8 °C	96.4 °F
35.9 °C	96.6 °F
36 °C	96.8 °F
36.1 °C	97.0 °F
36.2 °C	97. °F
36.3 °C	97.3 °F
36.4 °C	97.5 °F
36.5 °C	97.7 °F
36.6 °C	97.9 °F
36.7 °C	98. °F
36.8 °C	98.2 °F
36.9 °C	98.4 °F
37 °C	98.6 °F
37.1 °C	98.8 °F
37.2 °C	99 °F
37.3 °C	99.1 °F
37.4 °C	99.3 °F

Fahrenheit (°F)	Celsius (°C)
96 °F	35.6 °C
96.2 °F	35.7 °C
96.4 °F	35.8 °C
96.6 °F	35.9 °C
96.8 °F	36 °C
97 °F	36.1 °C
97.2 °F	36.2 °C
97.4 °F	36.3 °C
97.6 °F	36.4 °C
97.8 °F	36.6 °C
98 °F	36.7 °C
98.2 °F	36.8 °C
98.4 °F	36.9 °C
98.6 °F	37 °C
98.8 °F	37.1 °C
99 °F	37.2 °C
99.2 °F	37.3 °C
99.4 °F	37.4 °C
99.6 °F	37.5 °C
99.7 °F	37.6 °C
99.8 °F	37.67 °C
99.9 °F	37.7 °C
100 °F	37.8 °C
100.2 °F	37.9 °C
100.4 °F	38 °C

37.5 °C	99.5 °F
37.6 °C	99.7 °F
37.7 °C	99.9 °F
37.8 °C	100. °F
37.9 °C	100.2 °F
38 °C	100.4 °F
38.1 °C	100.6 °F
38.2 °C	100.8 °F
38.3 °C	100.9 °F
38.4 °C	101.1 °F
38.5 °C	101.3 °F
38.6 °C	101.5 °F
38.7 °C	101.7 °F
38.8 °C	101.8 °F
38.9 °C	102 °F
39 °C	102.2 °F
39.1 °C	102.4 °F
39.2 °C	102.6 °F
39.3 °C	102.7 °F
39.4 °C	102.9 °F
39.5 °C	103.1 °F
39.6 °C	103.3 °F
39.7 °C	103.5 °F
39.8 °C	103.6 °F

100.6 °F	38.1 °C
100.8 °F	38.2 °C
101 °F	38.3 °C
101.2 °F	38.4 °C
101.4 °F	38.6 °C
101.6 °F	38.7 °C
101.8 °F	38.8 °C
102 °F	38.9 °C
102.2 °F	39 °C
102.4 °F	39.1 °C
102.6 °F	39.2 °C
102.8 °F	39.3 °C
103 °F	39.4 °C
103.2 °F	39.6 °C
103.4 °F	39.7 °C
103.6 °F	39.8 °C
103.8 °F	39.9 °C
104 °F	40 °C
104.2 °F	40.1 °C
104.4 °F	40.2 °C
104.6 °F	40.3 °C
104.8 °F	40.4 °C
105 °F	40.6 °C

[Return to Illness](#)

## Appendix E – Handwashing

### Hand-washing Procedure



Adults will

- Wash hands upon arrival
- Wash hands before preparing food, feeding a child, eating, or administering medication
- Wash hands after handling uncooked food, feeding a child, administering medication, toileting self or child, cleaning, handling pets or animals, moving from one group to another involving infants or toddlers, playing in water shared by several people, handling garbage or body secretions (e.g. changing diapers, cleaning up a child who has vomited or spit up, wiping a child's nose, handling soiled clothing)

### How to Wash Hands

- Check to be sure a paper towel is available. Turn water on to a comfortable temperature
- Moisten hands with water and apply heavy lather of liquid soap
- Wash well under running water for at least 20 seconds
- Pay particular attention to areas between fingers and around nail beds, under fingernails, and backs of hands
- Rinse well under running water until free of soap and dirt. Hold hands so that water flows from wrist to fingertips
- Dry hands with paper towel
- Use paper towel to turn off faucet then discard towel

Revised 8/2024

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[Return to Daily Schedule](#)