

# Parent Handbook



## Phyllis Bodel Childcare Center At Yale School of Medicine, Inc.

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Accredited by  
the NAEYC Academy  
for Early Childhood  
Program Accreditation



Celebrating Over 3 Decades of Providing Quality Child Care

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## **The Phyllis Bodel Childcare Center**

### **1. Mission Statement:**

The Phyllis Bodel Childcare Center is committed to growth in our understanding of each child's cognitive development. We strive to provide a quality early childhood experience that encourages cooperation, communication and social competence for all children. We recognize that the entire family comes to the childcare center and that families are partners in this commitment. The Phyllis Bodel Childcare Center offers opportunities that will permit children to leave our center with a belief and trust in themselves, their caregivers and in their ability to master their environment. Our mission is to cultivate children who are active learners, willing to explore, take risks and meet the challenges of their future.

### **Diversity:**

The Phyllis Bodel Childcare Center admits students of any race, color and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school; it does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions and scholarship funds. The Phyllis Bodel Childcare Center respects the varied cultural and linguistic backgrounds of all our families and students.

### **Philosophy:**

The Phyllis Bodel Childcare Center is a nationally accredited, developmental program that embraces the many areas in which children learn: physical, emotional, and intellectual. Learning at the Center takes place through stimulating experiences provided in a warm, supportive setting that meets each child's unique individual needs. The curriculum and teacher interactions are based on the individual differences in physical, emotional and cognitive abilities and interests, which exist among all children. As stated in our mission, the center recognizes that the entire family comes to childcare and that families are partners in their child's learning. The Center does not discriminate against children with special needs.

We will make every effort to translate this handbook for parents if needed.

## **2. History:**

The Phyllis Bodel Childcare Center at Yale School of Medicine was conceived and organized by women faculty and postdoctoral fellows at the School of Medicine. It was founded to provide childcare that would facilitate contact between women in medicine, particularly nursing mothers and their infants.

On October 15, 1979, the cofounders of the Phyllis Bodel Infant Toddler Program at the Yale School of Medicine, Inc. (our name was changed to reflect the pre-school in 1994) Dr. Susan Pittman and Dr. Carole Stashwick, saw the opening of the Center in Harkness Dorm. The Center received assistance from the Office of Women in Medicine, the Yale Housing Department and Dean Berliner.

The Center was named in honor of the late Dr. Phyllis Bodel, who was an associate professor of medicine at Yale. The mother of three children, Dr. Bodel was an active proponent of programs for women in medicine. She was the first faculty director of the Office of Women in Medicine at Yale.

At the start, the Center occupied the now Dramatic Play room and Puzzle room of the Toddler space and shared the kitchen with the Medical Students. The program originally provided care for seven children from six weeks through two years of age with two teachers and one director. In 1985, the program was expanded to 16 infants and toddlers from the age of six weeks through two and a half years. In 1987, the program expanded once again, this time to 27 children, increasing the upper age limit to three years. As the need for childcare continued, the program continued to expand. In 1992 the center increased again with the addition of the pre-school. In 2002 the preschool expanded with another classroom. In 2004 we added a kindergarten and in 2007 yet another infant and toddler room. With all the space in Harkness Dorm filled, the Center on September 4, 2014 opened Bodel South at 100 Church St. South to allow for an additional 60 infants through pre-school age children. The Phyllis Bodel Childcare Center has the capacity to care for 160 children at Yale School of Medicine.

### 3. Overview of our Programs:

- a. **Infant - Toddler Program:** Developing secure and trusting relationships is a primary task for infants. Teachers foster this trust through frequent physical contact, sensitive responses to infant's signals (cries and smiles), and mutual delight in interactions. Infants are provided visual and tactile stimulation and opportunities for gross motor activity. Daily activities for toddlers include experiences such as simple art projects, dramatic play, and free play that encourage manipulation, imitation and exploration. Social skills such as empathy, caring and sharing are also emphasized through interactions with warm, responsible and encouraging caregivers.
- b. **Pre-school Program:** The pre-school program balances structured activities that allow children to learn new skills with free play that foster creativity and individual expression. The curriculum incorporates experiences such as dramatic play, blocks, puzzles and books. Building skills such as negotiation, cooperation and communication are encouraged and modeled by a sensitive, caring staff. A developmentally appropriate curriculum is planned monthly by all staff members and posted in each classroom. Please check the posted curriculum frequently so that you are familiar with activities your child has done or will be doing. The teachers use the Connecticut Pre-school Assessment Framework and the Early Learning Developmental Standards.
- c. **Kindergarten Program:** For information on our Nationally Accredited Kindergarten program please see the Kindergarten Section. The kindergarten is ten children and two certified teachers.
- d. **Communication:** Fostering communication between parents and staff is essential to ensuring a quality childcare experience for your child. Any questions, information or concerns about the children should be shared with the child's teacher first. The staff can be most sensitive to a child's needs when aware of how the child has slept, eaten and behaved at home. Likewise, parents can be most receptive to the child's needs at home when they know what kind of day the child has had at the Center. Information can be best shared upon entry to the Center and at the end of the day. Since the Center closes at 5:30 p.m. it is best to arrive at the Center by 5:20 p.m. to pick-up your child. This will give you an opportunity to discuss his or her day. In addition, individual parent-teacher conferences are held each March and October or as needed to give parents and teachers a chance to share thoughts regarding each child's development. Monthly newsletters share information regarding upcoming Center and Community events, developmental issues and a calendar of meetings to allow parents to participate in making policy decisions. If by any chance you are not receiving the Newsletter electronically, please write to the Director to ensure we have the correct address and spelling of your name. If you have any questions or concerns, you are encouraged to arrange a meeting with the Director.
- e. **Trust:** The development of trust is the most important task in early childhood. We know from experience that each child reacts differently to separation from parents and adapts differently to new teachers and environments. Some children adapt quickly, others do not. For this reason, parents are asked to work with staff to establish and build trusting relationships between child, caregivers and parents. Mutual trust, respect and cooperation are important to the success of the program for your child. It is our hope that each child in our program will develop both a strong sense of trust and belonging to his or her group. This development of trust is facilitated by having all children go directly to their classroom when they enter the program in the morning.

#### **4. Program Policies and Procedures:**

##### **a. Admissions Policy:**

The Phyllis Bodel Childcare Center is affiliated with the Yale School of Medicine and offers an enrollment priority to members of the Medical School Community. University and Community families are welcome to apply with the understanding priority will be given to parents with Medical School Affiliation.

The following policies have been adopted to serve as a guide to determining admissions.

- 1) Children who leave the program for sabbatical leave are not guaranteed readmission. However, their application for readmission will be given first priority in the appropriate age group. Children who leave for the summer months are expected to pay tuition for the months away if they wish to be ensured space when they return.
- 2) The application of a sibling currently enrolled will be given priority on the waiting list (after sabbatical reapplications) regardless of the parent's affiliations. If there is more than one sibling, the usual criteria for admissions will apply. An application qualifies as a sibling application if there is an overlap between the enrollment of the sibling and the requested start date of the applicant.
- 3) Children are accepted from the application file in order of Medical School Affiliation, date of application, age and sex.
- 4) The starting date of the position will be the day after the previous child leaves. In most cases this should be the first of the month.
- 5) If the vacancy occurred with less than two months notice, the starting date of the position will be the first day of the month that is two months after the notice date. (i.e., Notice of the last day being any day in December means that the start date is February 1). The applicant has the option of starting January 1 with tuition paid from that date.
- 6) If an opening is offered to an applicant, the applicant must take the position and begin paying tuition from that date in order to accept the position. If the applicant is not willing to do this the position is offered to the next person in the file until the position is filled. Applicants who have been declined a position but wish to remain on file are filed according to affiliation with the Medical School, date of application, age and sex of child.

##### **b. Confidentiality Policy:**

Phyllis Bodel Childcare Center shall maintain confidentiality and shall respect the family's right to privacy, refraining from disclosure of confidential information and intrusion into family life.

However, when we are concerned about a child's welfare, it is permissible to reveal confidential information to agencies and individuals who may be able to act in the child's interest.

Disclosure of children's records beyond parent or guardian, program personnel, and consultants having an obligation of confidentiality shall require written familial consent (except in cases of abuse or neglect).

In the event that it becomes apparent that a child and or family would benefit from additional services, the Center will in communication with the family request that the family sign the HIPAA Release of Information form to begin discussion with the child's physician regarding the information about health, behavior, and or social emotional development. In the event that services are needed beyond medical, the Center will in coordination with the health provider refer to appropriate agencies. All services to our families follow the HIPAA guidelines for confidentiality.

Assessment surveys of the family's satisfaction for the services received are available in the office.

**c. Calendar and Hours of Operation/ Arrival and Departure Procedure/Late Pick Up Policy:**

- **Hours of Operation:** The center is open Monday through Friday from 7:30 a.m. - 5:30 p.m.
- **School Calendar/All Staff Meetings:** The Center is closed on Medical School holidays, two additional holidays are set by the Director and Board each May and is posted with the Center's June newsletter and on our website ([www.bodelchildcare.org](http://www.bodelchildcare.org))
- **Monthly Late Openings:** The first Friday of every month (except December, March, May and August), the center opens an hour later, 8:30 a.m. for our "All Staff" meetings, with all staff members and the Director. Parents are expected to care for their children during the "All Staff" meetings. Parents often make arrangements to substitute for one another if they cannot stay and watch their child. Reminders are posted on doors, newsletters and website calendars.
- **Arrival and Departure Procedures:** Though these can be hectic times of the day they are important times for communicating about your child. Please be certain to share any medications that your child is taking as well as general mood, activity level and anything else you may feel is important in your child's life that may impact their day. Always be certain to sign your child in on the sign in sheet in the morning as well as complete information such as wake up time, breakfast, last toileting and when seasonally appropriate, sunscreen application.

Children are often sensitive to changes and stresses in the home (ex. Parent traveling) and that may affect their behavior in the classroom. It is helpful for teachers to be aware so that they may support your child through difficult times.

We know that you would like to hear about your child's day when you arrive to pick them up. We ask that you plan on arriving with enough time to talk with staff and still be able to gather your child's things and be ready to leave the Center by 5:30pm at closing.

- **Late Arrival:** We understand there are days that the child has a late start. To facilitate daily planning, parents are asked to call the center by 9:30 a.m. to inform the staff if their child will be late or absent for the day.
- **Late Pick-Up:** If you are going to be late at the end of the day to pick up your child, please call the Center. If you do not call the Center and arrive late, you will receive a warning. Each family will be allowed one warning during each quarter of the school year. Those who have received a warning or have had a late pick up will then be fined for any subsequent lateness. The fine is \$25.00 for every 15 minutes or part thereof after 5:30 p.m. This means if you are dressing your children in the classroom, checking cubbies, etc. at 5:30 p.m. and not out the door, you are late and will be fined. The fines will be used for the "Staff Development Fund" which is used to pay for area teacher workshops. If you are not the person picking up at the end the day please let staff know and be certain that person is on your release form. Should an emergency arise and you cannot pick up and the person(s) you have identified for pick up are not available, you may fax in a letter (203-785-3827, north or 203-737-7613, south) ) or email to the director permission for that person to pick your child up. They will need to show identification.

**d. Discipline:** The word discipline means to teach and guide. When a child's behavior warrants assistance to resolve a conflict, manage a transition or express an emotion or desire, the teachers work with the child to model the words, behaviors and strategies that will help the child learn how to guide their own behaviors and actions and learn self-control and self-discipline. Teachers explain; help children understand that they can make choices and that choices have consequences; give fair warnings; support conversation between children for conflict resolution and when necessary allow time for a child to review his/her choices and to come to a different conclusion. Teaching staff never use threats derogatory remarks and neither withhold nor threaten to withhold food as a form of discipline.

**Disciplinary Measures:**

Taken from the Accepted and Prohibited Disciplinary Measures:

1. From section 19a-79-3

## Phyllis Bodel Childcare Center at Yale Medical School

Staff shall not use abusive, neglectful, corporal, humiliating or frightening punishment under any circumstances. The withdrawal of food shall never be used as a form of punishment. The child will be physically restrained only when it is necessary to protect the safety and health of the child or others.

2. Removal of a child from the group for disciplinary or health reasons shall be to a location where visual supervision by staff will be maintained.
3. The Phyllis Bodel Childcare Center follows a policy of distraction vs. discipline in the following order:
  - a. Child is encouraged to do something else.
  - b. Child is encouraged to pursue a solitary task, (i.e., painting, coloring, puzzle).
  - c. Child is encouraged to participate in a one-on-one task with the teacher.
  - d. Child is given a time out in a chair or on a pillow, within the room for a period of no longer than two minutes.
  - e. If the child cannot remain within the room he/she will spend time in the office with the Director.
  - f. If a child is unable to be distracted or consoled, parents will be called.

**e. Annual Evaluation of Center:** The Phyllis Bodel Childcare Center is accredited by the National Academy of Early Childhood Programs. The Center is evaluated annually based on accreditation guidelines. We ask for feedback from parents in a yearly questionnaire, which is designed to rate the Center standards of operation and quality of your child's program. Results are shared with parents in the monthly parent newsletter.

**f. Community Resources/ Agency Information:** A full listing of agencies in the New Haven area that offer child related assistance is available for parents and guardians to browse or copy. The binder is in the Director's office.

**g. Visitation:** The on-site nature of our childcare center allows parents to work and spend time with their children during the day. Parents are encouraged to visit their children at the Center when their work schedules allow. The staff is committed to supporting parent-child attachments. Due to our location and the nature of the work of many of our families, we do ask that all white coats be hung outside of the classrooms and that parents refrain from wearing scrubs into the classroom. Family pictures and daily references to the children's family and home life by the staff serve to constantly reinforce the children's attachment to their parents.

**h. Nutrition:** The Center believes that we are a role model for healthy eating and follows the *Nutrition in Action Dietary Guidelines in Childcare*, written by the State of Connecticut Department of Education, Office of Child Nutrition. These guidelines require two food groups at every snack and give appropriate serving sizes and suggestions for healthy lunches for growing children. We recognize the relationship between learning and nutrition. Our snack and mealtime environments are calm, friendly, and encourage healthy eating behaviors and attitudes towards many foods. We are a PEANUT/NUT FREE ENVIRONMENT: Please check labels on food you send to school to ensure they are peanut/nut free and have not been manufactured on a peanut/nut facility.

- a. Please visit our website ([www.bodelchildcare.org](http://www.bodelchildcare.org)) Health & Resources, Healthy Eating to view our Phyllis Bodel Child Care lunch guidelines, food restrictions and information on healthy eating and portions.
- b. Food Storage: We do not have refrigeration capacity for all lunch boxes. We ask that parents follow food safety guidelines, use thermoses, and ice packs to keep food safe. [www.bodelchildcare.org](http://www.bodelchildcare.org) Health & Resources, Healthy Eating, *Safe Lunches*.
- c. Infant food requirements: Please see the "Infant Program" for more specific nutrition requirements
- d. Toddler/ Preschool/ Kindergarten requirements please see the individual sections for more specific policies.

**i. Holiday Celebrations:** The Center is non-sectarian and does not celebrate any holidays. We do have an annual Fall Harvest Hay Ride that parents and children are encouraged to attend.

**j. Birthdays:** Due to our NAEYC accreditation and our status as a tree nut/ peanut free center, there are very limited options of outside food that can be brought into the child care center.

**Birthday Options:**

Infants: You may provide whole (uncut/unsliced) fresh fruit. The staff can prepare the fruit for the friends.

Toddler/Preschool/Kindergarten: We will make banana oatmeal muffins with the Birthday child to share with the class. Foods brought from home: We can only allow whole (uncut/unsliced) fresh fruits (which our staff will prepare, wash, slice, etc.) and currently, ONLY Hoodsie® brand ice cream cups, (because they are the only ice cream that currently we can be sure are manufactured on a peanut/tree-nut free line) to be brought in the childcare center for birthdays.

Goody Bags: We discourage goody bags brought into the center, but if you would like to celebrate your child's birthday with something for their classmates you may bring in board books or small containers of bubbles which will be distributed to the children at the end of the day. **Balloons of all types are not allowed in the childcare center.**

**k. Photos:**

Please ask permission of the classroom teachers before using your camera (they may need to ask for permission from the other parents), cellphone or other recording device at Phyllis Bodel. We may have children whose parents do not want them photographed.

**l. Walks/Outdoor Play:** Physical activity is an important time to develop gross motor skills, coordination and play. The outdoor environment, even in young infants, has shown to improve a child's learning ability. Twice every day, weather permitting, the children go outside. The guidelines are as follows:

1. Infants remain in strollers.
2. At least two teachers will be outside at all times.
3. All outdoor activities will take place in designated areas.
4. Parents will be notified if special walks are taken.
5. The Child Care Weather Watch Chart put out by the Iowa Dept. of Public Health, Healthy Child Care-Iowa, <http://www.idph.state.ia.us/hcci/common/pdf/weatherwatch.pdf> is used to determine safe temperatures for outside play. The Chart is posted on the Center bulletin boards. We also follow weather air quality alerts. We use our discretion based on current weather reports to make decisions regarding the safety of outdoor play.
6. Summer/Winter Clothing: teachers will post what necessary summer and winter clothing is needed to make outdoor play comfortable and safe for your child. We remind you to please label all clothing.
7. Supervision with sight and sound is followed at all times for all age groups. Ratio's for each age group are maintained outside the same as indoors.

**m. Sunscreen: Part of keeping children safe outdoors is protecting them from the harmful effects of the sun and avoiding sunburns.**

- The Complete sunscreen policy is at [www.bodelchildcare.org](http://www.bodelchildcare.org) health and safety resources
- Sunscreen must be PABA Free, Cocoa nut and Shea butter free.
- Not used in infants under 6 months of age
- Parents MUST apply first application of sunscreen each day, prior to coming to the Center, between March and November time changes.
- A new bottle of sunscreen is preferred, or one with a clear expiration date on the bottle.

**n. Air Quality:** The Center follows Air Quality Alerts for the New Haven area posted by Weather.com. Indoor physical activity time in the classroom or large indoor spaces will be provided if the air quality outdoors is cautionary for young children. We use updated weather reports to make these decisions prior to each outdoor playtime.

**o. Safety:** Keeping children healthy and safe is a priority. The following are additional safety guidelines for keeping a safe environment at the center.

- **Smoking:** Smoking is prohibited in all areas of the Center. This includes e-cigarettes
- **Handguns or other weapons:** No one is allowed to carry handguns or other weapons while on Center premises.
- **Hot liquids including coffee:** Are not allowed in the Center, please dispose of your hot drinks before entering the Center.
- **Balloons and plastic bags:** are choking and suffocating hazards and therefore not allowed in the Center. Latex is not permitted in the center.
- **Talc powders, scented products, i.e. Vicks Vaporub and creams or sunscreens with nuts/ oils cannot be used in the center, (this includes products with Shea butter and Coconut oil.)**

**p. Abuse and Neglect Policy for the Phyllis Bodel Childcare Center:**

The Connecticut law requires that those who work with children (all the staff of the Phyllis Bodel Childcare Center) report suspected child abuse and neglect.

Definition of Child Abuse includes:

- Any not accidental physical or mental injury (i.e. shaking, beating, burning)
- Any form of sexual abuse (i.e. sexual exploitation)
- Neglect of a child (i.e. failure to provide food, clothing, shelter, education, mental care, appropriate supervision)
- Emotional abuse (i.e. excessive belittling, berating, teasing which impairs the child's psychological growth)
- At risk behavior i.e. placing a child in a situation which might endanger him by abuse or neglect)

**Child Abuse is defined as:**

A child who has had

- Non-accidental physical injuries inflicted upon their person
- Injuries that are at variance with the history given of them
- Is in a condition that is the result of maltreatment, such as, but not limited to, malnutrition, sexual exploitation, deprivation of necessities, emotional maltreatment or cruel punishment.

A child who has been

- Abandoned
- Denied proper care and attention physically, educationally, emotionally or morally
- Allowed to live under circumstances, conditions or associations injurious to his well-being (CT GS 36b-120)

**Staff Responsibilities:**

As childcare providers, staff are mandated by law to report actual or suspected child abuse or neglect or the imminent risk of serious harm of any child.

**To Report Child Abuse:**

Call the Department of Children and Families within 12 hours of the suspected abuse (**1-800-842-2288**) a written report must be submitted within 48 hours (DCF-136).

There in anonymity for the reporter. Unless a reporter gives written consent, their name will only be disclosed to: The DCF employee, the Law enforcement officer, an appropriate State attorney, an appropriate State Attorney General, a judge and all necessary parties in a court proceeding, a state child care licensing agency, executive director or any institution, school or facility and/or Superintendent of schools.

**Information needed:**

- Name of the child
- Address of the child
- Phone number of the child
- Name of parents/guardians
- Address of parents/guardians
- Phone number of parents/guardians
- Relevant information such as: physical or behavioral indicator, nature and extent of injury, maltreatment or neglect
- Exact description of what the reporter observed
- Time and date of incident
- Information about previous injuries – if any
- Circumstances under which reporter learned of abuse
- Name of person suspected of causing the injury
- Any information reporter believes would be helpful
- Any action taken to help or treat the child
- Seek medical attention for the child – if needed

Staff is protected by law from discrimination or retaliation for reporting suspected abuse or neglect. All phone calls to DCF shall be documented and kept on file at the Center. A copy of all statements from staff and the DCF-136 shall also be kept on file.

The Phyllis Bodel Childcare Center supports zero tolerance for abuse and neglect and will implement immediate action (suspension, reassignment of job duties, etc.) should there be an allegation that a staff member abused or neglected a child.

**Staff training:**

Staff will be required to attend bi-annual training (August and February) focusing on the steps for reporting suspected abuse and neglect and the role of the mandated reporter. All new staff will be trained prior to their start in the classroom.

**Informing Families of the Abuse and Neglect Policy:**

A copy of this policy is included in the parent handbook which families receive upon enrollment. A copy is also posted on the Bulletin Boards. When an accusation of abuse or neglect by a staff member is made, the Director must immediately inform the parents and guardians that a report has been made to DCF. Health care officials may need to talk to a child's parents to assess the cause of the child's injuries and offer support and guidance. The staff member is immediately removed from the center until all allegations have been investigated.

## **5. Organizational Structure:**

### **a. Staff:**

With input from the Phyllis Bodel Personnel Committee, the Director oversees the hiring process for all staff members. Staff members are trained in Pediatric First Aid, CPR, and Medication Administration, Diversity, Special Needs, Pre-literacy and Early Childhood related Courses. More details regarding qualifications and experience can be attained by consulting the Director.

We follow a model of co-teachers with a rotating lead teacher in the classroom each week. The lead teacher is identified on the classroom bulletin board or on the Learning Experience.

When a staff member leaves the Center, the Center cannot legally comment on reasons for the departure or share information about the employee's job performance.

#### **1. Center Policy on Staff "Babysitting":**

The Phyllis Bodel Childcare Center does not accept any responsibility or liability for teachers watching children outside of the supervised setting of the Center. Our accrediting agency, The National Association for the Education of Young Children has clear guidelines regarding staff earning money from relationships with parents. Staff do not babysit.

#### **2. Social Networking:**

To protect the privacy of families and teachers, Phyllis Bodel employees, student workers, and volunteers may not be "friends" with current parents/families on any social networking sites, such as, but not limited to Face book and Twitter and such sites developed in the future. There is to be no posting of Phyllis Bodel activities, including photographs, on the internet, with the possible exception of the Phyllis Bodel website.

#### **3. Photos:**

Please ask permission of the classroom teachers before using your camera (they may need to ask for permission from the other parents), cell phone or other recording device at Phyllis Bodel. We may have children whose parents do not want them photographed.

### **b. Administration and Board of Directors:**

The cooperative and complementary efforts of the Director, Board of Directors and standing committees administer the Bodel Center. The Board of Directors is comprised of six parent representatives, the Director, three faculty members of the School of Medicine, a child development consultant and the director of the Office of Women in Medicine. In addition, an early childhood education consultant and a child development consultant serve on the personnel committee. The Director assumes the major responsibility of administering all aspects of the program. Policy decisions, approval of the Center's budget and the established tuition and salaries are discussed and approved by the Board. The Director makes administrative decisions and supervises the organization of the program, and with assistance from the personnel committee, is responsible for staffing decisions. The Board oversees these decisions but leaves the daily administration to the Director. Board meetings are held ten times a year. Board members are recruited by the Board Governance committee and serve a two year term. The list of Board members is posted on the main Bulletin Boards at both campuses.

**c. Parent Teacher Organization:** The purpose of the PTO is to enhance and support the educational experience at Phyllis Bodel Child Care Center, to develop a closer connection between school and home by encouraging parent involvement, building relationships with teachers and to improve the environment at our Center through guest speakers, parent/child teacher events, fundraising and other support.

**d. Complaint Procedure:**

This procedure is for child day care programs which are licensed under the authority of Connecticut General Statute's 19a-79-1a through 19a-79-12.

Most problems within a daycare center are non-life threatening and can be resolved by:

1. Discussing the problem with the classroom teacher.
2. Discussing the problem with the program director.
3. If the problem is not resolved you may contact the Department of Public Health.

In case of an emergency, notify the Department of Public Health as soon as the emergency is under control.

In case of abuse/neglect or life threatening situations, contact the Department of Children and Families at 1-800-842-2288 and the Department of Public Health-Day Care Licensing Unit.

ALL INSPECTION REPORTS AND COMPLIANCE LETTERS ARE AVAILABLE FOR YOUR INSPECTION AT THIS DAY CARE PROGRAM OR BY CONTACTING THE DEPARTMENT OF PUBLIC HEALTH-DAY CARE LICENSING UNIT AT:

410 Capital Avenue- MS#12 DAC  
P.O. Box 340308  
Hartford, CT 06134-0308

1-800-282-6063  
1-800-439-0437  
(860) 509-8045

*The same process works for compliments as well*

## 6. Center Resources:

At Phyllis Bodel, there are many resources available to parents and teachers. Parents are encouraged to keep as a favorite, our website: [bodelchildcare.org](http://bodelchildcare.org) for the most current information regarding the Center.

### a. Libraries:

The Children's Library consists of over 2000 books categorized by subject. Categories include science, concepts (colors, numbers, space and motion), food, animals, classic nursery rhymes and songs, etc. Also available is the Harry Miskimin Memorial Parent Library that includes books, workbooks and videotaped materials to help parents better understand their children's development. General materials on child development and early childhood development journals can also be borrowed. All materials can be found in the Center's main office and staff lounge.

### b. Communication with families:

Clear, regular and supportive communication with our families is a major goal of the Center. We strive to achieve this through a variety of means. Efforts are made to engage in daily conversations that allow opportunities for parents to share events in the child's life.

We recognize that we are a diverse community and all staff receives at least four hours of training to aid in communication with all our families. We will make every effort to work collaboratively with our families.

- Drop Off and Pick up:** although these are hectic times of the day they are important times for communicating about your child. Please be sure to share any medications the child is taking as well as general mood, activity level, and anything that you feel is important in the child's life that may impact their day. Children are often sensitive to changes and stresses in the home and that may be reflected in their behavior in the classroom, it is helpful for teachers to be aware so that they may support your child through difficult times.
- Weekly Journals:** a weekly journal of your child's activities is filled out by your child's teachers. You are encouraged to read it at least weekly and to respond and share your own observations. This helps both teachers and parents to communicate about and with the child. Topics covered in the journal are: self-confidence, signs of independence, feelings, relationships with peers, cognitive development, use of language, both receptive and expressive, and understanding and creativity.
- Classroom Postings:** The teachers send home letters and post information in the classroom
- Teacher/Family conferences:** this is a great opportunity to meet with your child's teachers and review your child's growth and development and share any concerns or joys. Each October and March there are conferences scheduled that offer teachers an opportunity to share with parents their assessments of the child's progress in the classroom. Our program uses the Early Learning Developmental Standards (ELDS) to observe and plan for our children from infancy through age five. Our kindergarten report cards are based on the criteria for Kindergarten set by the State of Connecticut with components of the Core Curriculum to ensure that our children are prepared for whatever school or school system they attend for first grade.

### c. Newsletters, Memos and Annual Report:

Periodically additional emails will be sent in between these communications. The emails will contain time sensitive material and updates.

- Newsletters:** Each month a Center newsletter is distributed by email to our families. (if you are not receiving a monthly email, please contact the office to ensure we have the proper address and spelling of your name.) In the newsletter are articles of interest to families and to thank those people who have given special items to the Center that month. In closing, we include a monthly calendar with important Bodel information, (i.e., Center closings, board meetings, etc.)

- School Messenger:** is our center communication system. The paperwork is included in your application package. You will be notified of closings, delays, alerts and general announcements through your phone and email.
- Classroom email messages:** Each classroom maintains an email address book to share information particular to that classroom with the parents.
- Annual Report:** Annually, the Center's Annual Report will be distributed via email to parents, staff and board members. It will contain previous and future goals for the Center, progress and changes made during the year and other pertinent information.

## **7. Enrollment/Entry Information:**

### **a. Financial Support:**

Each year the Center provides financial support to at least six families who are eligible for scholarship. Currently, the guideline for application is a combined family income of \$105,000 or below. For families living in the City of New Haven, the Center participates in the School Readiness Grant. Family share for grant applicants is based on the Gross Annual Family Income by State Median Income Ranges. Since these Guidelines vary yearly, the most recent income guidelines are posted in the Center office. The Fee calculation, of which parents will receive a copy, is reviewed annually and can require a parent signature. In addition to four consecutive pay stubs, families must provide a copy of gas, water, electric or any utility bill to prove New Haven residency. There is a handbook of information specifically for families on the Grant. Should situations change and parents not be able to continue working, the Center will work with the family on additional financial support to allow the child to continue to attend the program.

Families under the Grant who travel must ensure that their child is present at least one day during each grant cycle,( ie. approximately once a month). We also accept Care 4 kids, the State Childcare Assistance Program. Application forms are available in the office and on line on our website, bodelchildcare.org. Fundraising events are sponsored during the year in order to raise monies to support scholarship funds. Recipients of Scholarship are expected to participate in the fundraising events sponsored by the Center.

For State Funded programs we can at this time provide the following guidance for families who may be dealing with questions about their child's immigration status. At this time should an ICE agent come to the Center we will contact General Council at Yale and the office of School Readiness. It is believed at this time that "sensitive locations" such as our early childhood program will be treated as off limits.

Should our current plan need modification in the future, parents will be notified. We have a list of resources for our parents located in the offices at both Bodel North and South available upon request.

### **b. Security Deposit, Tuition and Notification of Withdrawal:**

Before entry into the program, parents must pay one month's tuition as a security deposit. Monthly tuition rates are available from the director and payments are due either the 5<sup>th</sup> or the 20<sup>th</sup> of the month. Parents are required to use the FACTS tuition collection plan or pay the year in advance. You must give the Director at least two-month notice, in writing, prior to withdrawing your child from the program. Less than two month notice will result in forfeiture of your security deposit. No exceptions to this term of the parental agreement will be made. Your security deposit will be applied to your last month's tuition. As a reminder, please be familiar with all the terms of the parental agreement that you will sign upon entry.

In cases where the Center, in its sole discretion, determines that the match between family, child and Center is not congruent, the Center reserves the right to terminate the child's enrollment. If this occurs, one-month notice will be given and the security deposit will cover the final month's tuition.

**c. Required Documentation prior to first day of school:**

Prior to entry, each child must have a physical exam and up-to-date immunizations as required by the state department of health. The CT Early Childhood Health Assessment Record has specific starred information points. For families coming from other states or countries, please be certain your current health care provider addresses these starred questions. Thereafter, physical exams must be done yearly with documentation provided to the office.

The following forms must be completed upon your child's entry to the Center:

- Development history
- Parental agreement
- Emergency medical care and release form
- Permission form for field or day trips
- Immunization record and CT Early Childhood Health Assessment Record (ED191) (see [www.bodelchildcare.org](http://www.bodelchildcare.org))
- Authorization for non-prescription topical medications (diaper cream, sunscreen)
- Enrollment form
- School Messenger Information Sheet
- Permission to Speak with Consultants
- Policy on Food and Allergies
- Parent Handbook Receipt
- Key Forms (where applicable)
- Student Observation Forms
- Permission to Share Immunization Form
- ID form information to update ID's for key readers

**Shared Custody:** In the event of shared custody or custodial and non-custodial parents, the following forms may need to be completed:

In the event of shared custody, a custody agreement regarding pick up of children must be filed with the program.

In the event that parents separate without an agreement:

Under the laws of the State of Connecticut, both parents have the right to pick up their child, unless a court document restricts that right. The enrolling parent, who chooses not to include the child's other parent on the authorized pick up list, must file an official court document (e.g. current restraining order, sole custody decree, divorce decree stating sole custody). Absent that document, the Center may release the child to either parent, provided that parent documents his paternity/maternity of the child.

**d. Medical Guidelines:**

It is very important that parents have back-up systems in place in the event that their child is ill. If your child becomes ill during the day, you will be contacted and expected to take your child home within one hour of the call. Parents must always leave a number where they or another responsible adult can be reached. In case of an emergency, a child can be taken to Yale New Haven Hospital. Each parent is asked to sign an emergency medical care form before enrolling his or her child in the Center.

The safest place for a child to receive medications is at home. Parents should administer prescription and non-prescription medications. If that is not possible, the teachers have been trained in medication administration. Please see **Medication Administration** in section 8, Health Policy for appropriate forms and information.

If your child needs health insurance, you may qualify for HUSKY, Healthcare for Uninsured Kids and Youth. Call 1-877-CTHUSKY for more information.

## 8. Health Policy:

### **Immunizations, Annual Health Assessment Record, Annual Influenza Vaccine**

**a. Immunizations:** State of CT requires our program to maintain current immunization records for the children in our care. When your child visits their health care provider please ask them for a copy of their immunization record. The required immunizations can be located at [http://www.ct.gov/dph/lib/dph/daycare/pdf/Immunization\\_Schedule.pdf](http://www.ct.gov/dph/lib/dph/daycare/pdf/Immunization_Schedule.pdf)

**b. Early Childhood Health Assessment Records:** A copy of your child's current physical exam, not greater than a year old, is required for continued enrollment in the childcare program. The Early Childhood Health Assessment Record can be found on our website at [www.bodelchildcare.org](http://www.bodelchildcare.org).

When your child has a physical please ask your health care provider to please complete this form. We make an effort to send reminders of impending expired paperwork. Please be certain that parents complete the first page and that all starred questions on the second page are filled out.

**c. Influenza Vaccine:** The state of CT DPH requires children, 6 months and older attending licensed child care program to receive the annual seasonal influenza vaccine between August and December 31<sup>st</sup> of each year. Please request a copy of the vaccine administration from your health care provider and submit this to the childcare center. Failure to immunize could require an exclusion from childcare until March 31<sup>st</sup> for children that are not vaccinated. If your child is unable to receive the vaccine please discuss your situation with the Director.

## **B. Children with special needs and an Individualized Education Plan:**

The Center believes that all children should have access to quality care, including children with special health care needs. This group of children includes those with conditions such as allergies, special dietary needs, hearing or visual impairments, chronic illnesses and developmental delays. The Center will make all efforts to integrate children with special health care needs in accordance with the policy below.

**a. Admissions Policy and Special Care Plan:** This center does not discriminate on the basis of special needs. The program accepts children with special needs as long as a safe, supportive environment can be provided for the child. The program will attempt to accommodate children with special needs on a case-by-case basis, consistent within the requirements of the Americans with Disabilities Act. If the program is unable to accommodate the child's needs as defined by the child's health care provider(s) of the IFSP/IEP without posing an undue burden as defined by law, the director will work with the parent or legal guardian to find a suitable environment for the child.

**b. Children with Challenging behaviors:** Children with behaviors that interfere with learning, development and success at play and could put the child at risk for later social problems and school failure will be supported, to the best of the Center's ability, with the family and professional's convening to develop individual plans to address and support positive behavior. If the center is not the placement that best serves the child, the Center will work to support the family in finding the best environment for the child.

**Medical Special Needs/Emergency Medications:** When a parent or legal guardian and/or a child's health care provider identifies that a child has special needs, the director and the parent or legal guardian will meet to review the child care requirements. To help the teachers better understand the child's needs, the director will ask the parent or legal guardian of the child with special needs to complete an "Individualized Care Health Plan (IChP)" in conjunction with the child's health care provider(s). A parent or legal guardian will be asked to authorize release of information including multidisciplinary evaluations, Individual Family Service Plan/Individual Education Plan (IFSP/IEP) and/or reports from providers of special services to help the director and the teachers coordinate the child's care. The health consultant will assist the director and teachers in implementing the plan and coordinating care with the family. If medication is required, the **Medication Administration policy** must be followed.

**C. Daily Health Check:**

Daily, upon arrival the teachers will greet you and ask you how your child is doing. It is important to communicate with the teacher how the child's night went, any medications the child has received in the past 24 hours, any changes in mood, behavior, eating/sleeping patterns, or signs of illness or recent injuries. An initial health check allows the center to recognize the health status of your child upon starting their day so they are able to monitor for any changes in health status.

Healthy children are better able to participate in child care activities and gain more from the experience. Children who arrive at the program with an illness or become ill during the day are usually uncomfortable and risk infecting other children, teachers and families and require valuable teacher time in addressing their needs at the expense of the needs of the group.

Family input on changes in the child's health status is helpful and will be incorporated into decisions about exclusions for illness.

**Policy:**

1. If the parent reports health concerns, medications or injuries, a *Daily Health Check/Symptom Record* will be completed. This will allow the parent and teacher to communicate (verbally and in writing) about the child's health status throughout the day and for the teachers to confirm your contact information for the day. For example, you may notice that your child was coughing a little during the night. While this does not exclude your child for attending the Center, it is helpful for the teacher to know, in case they notice coughing as well, and you will appreciate knowing if your child's cough progressed or never occurred during the day. It is difficult at times to assess your child's health status as you get up and get out of the house, there will be times where the child is fine, and other times that the child's illness progresses. Either way, it is important to communicate this with the teachers. The written record of findings from these daily checks will be kept for at least 3 months to help identify outbreaks.
2. Enrollment/Attendance/Symptom Record  
To track patterns of illness in the Center, the teachers complete an *Enrollment/Attendance/Symptom Record* to log attendance and any illness/injury the child is known to have. The E/A/S Records is reviewed by the health consultant.

**Preparing for managing Illness:** Young children in child care are expected to have 6-12 illnesses a year, 90% of them are mild, self-limited and will require no treatment. As your child grows in child care the number of illnesses a year dramatically decreases. We follow strict infection control practices, and despite our best efforts children will get sick. Most children are able to function in child care with minor colds, or recovering from a recent cold, ear infections, etc. But there are times when your child is better cared for at home, rather than in the group care environment and when your child may develop symptoms of illness while in care and need to be sent home.

- a. Be familiar with our exclusion criteria, a list of reasons your child is not allowed to attend child care. Understand that it is ultimately the program's decision about whether children can stay based on the exclusion criteria and their ability to care for the child who is ill without compromising the care of other children.
- b. Have a backup plan for child care in the event of the short or long term illness
- c. Symptoms that DO NOT require exclusion/ your child may attend child care as long as none of the exclusion criteria are met:
  1. Common colds, runny noses: The usual short-lived respiratory problems (allergies, colds, etc.) are not necessarily a reason to keep a child at home. However, a child's condition can change rapidly; he or she may be fairly comfortable in

the morning in spite of a cold, but become significantly unhappy and uncomfortable in a few hours. This pattern may occur for several days in a row before illness ends. If your child has a cold, plan to be available in case he or she needs to be sent home during the day. The responsibility for the decision to send a sick child home rests with the director and the head teachers.

2. Cough not associated with an infectious disease or fever
3. Ear infections
4. Skin infections that require treatment (impetigo, scabies, ringworm) 24 hours after treatment has begun. Children with a rash, but no fever or change in behavior.
5. Specific conditions that do not require exclusion are: Children who are carriers of an infectious disease agent in their bowel movement or urine that can cause illness, but who have no symptoms of illness themselves. Exceptions include E. coli 0517:H7, shingella or Salmonella typhi. Children with cytomegalovirus, parvovirus B19, HIV or carrier of hepatitis b.

#### **Exclusion Criteria:**

If your child is quite sick, cranky or uncomfortable, he or she deserves the comforts of home and parent. Also, such an uncomfortable child needs the full attention of a teacher, thus compromising the care of other children in the program. If your child meets any of the exclusion criteria they should not attend the center. If they develop any of the symptoms below it may be determined that a child is too ill to remain at the Center, you will be notified and expected to pick up your child within one hour.

#### **g. Exclusion of Ill Children:**

Young children experience many illnesses during the first few years of life. Children who are sick or uncomfortable deserve the comforts of home and parents. In addition, an uncomfortable child needs the full attention of a teacher, possibly compromising the care of other children in the program. Parents should anticipate episodes of illness and have plans in place for care of an ill child. The Director or teacher, not the child's family or health care provider, makes the final determination about whether an acutely ill child can receive care in the childcare program. If a child is too ill to remain at the program, parents will be notified and expected to pick up their child as soon as possible and within the hour.

#### **Procedure/Practice**

1. Children will be excluded if:
  - a. The child's illness prevents the child from participating comfortably in activities that the program routinely offers for the children.
  - b. The child results in a need for care that is greater than the staff can provide without compromising the health, safety and needs of the other children in the group.
  - c. Keeping the child in care poses an increased risk to the child or others of spread of harmful diseases to other children or adults with whom the child will come in contact. If the childcare teachers are uncertain about whether the child's illness poses an increased risk to others, the child will be excluded until a physician or nurse practitioner notifies the child care program that the child may attend.
  - d. If the child has any of the following conditions:
    1. An acute change in behavior: such as lack of responsiveness, irritability, persistent crying, difficult breathing or having a quickly spreading rash.
    2. Fever, above 100 degrees F axillary and behavior change or other signs and symptoms (sore throat, rash, vomiting, diarrhea, cough, etc.). We now use an ear thermometer and read a fever at 101 degrees. Fever in a child less than 6 months of age should be medically evaluated, and a child that is less than two months of age should get urgent medical attention with any fever. **\*If your child has a fever above 101 degrees at home or is sent home with a fever over 101 degrees, they cannot return to the Center until they are fever free for a 24-hour period without taking any fever reducing medicine (medications with acetaminophen or ibuprofen).**

3. Diarrhea, defined by more watery stools or decreased form of stool that is not associated with changes in diet, and increased frequency of passing stool, that is not contained by the child's ability to use the toilet. If a child has two or more diarrheal stools in one hour. Children with diarrheal illness of infectious origin generally may be allowed to return to childcare once the diarrhea resolves, except for children with Salmonella typhi, Shigella or E. coli 0157:H7. For Salmonella typhi, three negative stool cultures are required. For Shingella or E. coli 0157:H7, two negative stool cultures are required. Children whose stools remain loose but who, otherwise, seem well and whose stool cultures are negative, need not be excluded;
4. Blood or mucus in stools not explainable by dietary change, medication or hard stools;
5. Vomiting illness two or more episodes of vomiting in the previous 24 hours, until vomiting resolves or until a health care provider determines that the cause of the vomiting is non- infectious condition and the child is not in danger of dehydration; Unless the vomiting is determined to be caused by a non- infectious condition and the child remains adequately hydrated. (i.e. motion sickness)
6. Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms;
7. Mouth sores with drooling, unless a health care provider or health department official determines that the child is noninfectious;
8. Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease;
9. Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), for 24 hours after treatment has been initiated. In epidemics of non-purulent pink eye, exclusion shall be required only if the health authority recommends it;
10. Pediculosis (head lice) may be excluded at the end of the day and may return after the first treatment "and nits removed".
11. Scabies, until after treatment has been given.
12. Active Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care;
13. Impetigo, until treatment has been initiated
14. Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever;
15. Varicella-Zoster (Chickenpox), until sores have dried and crusted (usually 6 days);
16. Pertussis, until five days of appropriate antibiotic treatment has been completed;
17. Mumps, until five days after onset of parotid gland swelling
18. Hepatitis A virus, until one week after onset of illness, jaundice, or as directed by the health department.
19. Measles, until four days after onset of rash;
20. Rubella, until six days after onset of rash;
21. Unspecified respiratory tract illness that would cause the child not to be able to participate.
22. Symptoms and signs of possible severe illness, until a health professional evaluation finds the child able to be included at the program. Symptoms and signs of possible severe illness shall include:
  - Lethargy that is more than expected tiredness;
  - Uncontrolled coughing;
  - Inexplicable irritability or persistent crying;
  - Difficulty breathing;
  - Wheezing, or;
  - Other unusual signs for the child.

**When Children develop signs and symptoms of illness while in our care:**

If your child is quite sick, cranky or uncomfortable, he or she deserves the comforts of home and parent. Also, such an uncomfortable child needs the full attention of a teacher, thus compromising the care of other children in the program. If your child develops any of the signs and symptoms that meet any of the exclusion criteria they will need to go home, as they are too ill to remain at the Center. **You will be notified and expected to pick up your child within one hour.**

1. Children often develop signs and symptoms of illness as the day progresses.
2. The child may have non-excludable signs and symptoms, such as the early stages of a cold, with sneezing, running nose, red cheeks, fatigue.

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- The teachers will document their observations on the Daily Health Check/Symptom record and notify the parent and the Director.
  - The child will be made as comfortable as possible and allowed to participate in their daily schedule, as they are capable.
3. If the child develops any signs or symptoms that are noted in the Exclusion Criteria, the symptoms will be documented, the parent will be notified, and the child needs to be picked up within the hour.
  4. Children awaiting pick up by parents will be provided care and supervision by a teacher known to them. The contact with other children and the childcare environment will be minimized. The area and toys the child played with while awaiting pick up will be cleaned following cleaning and sanitizing instructions. A child with uncontrolled vomiting or diarrhea shall be provided separate care apart from the other children, with extra attention given to hygiene and sanitation, until the parent arrives to remove the child.
  5. If the teacher is unable to contact the parent or emergency contacts, medical advice may be sought until the parents can be located.
  6. Children will be allowed to return to child care:
    - When symptoms have resolved or become mild enough to enable the child to participate fully in the program. Diarrhea is considered resolved when the child seems well and has resumed a pre-illness stool pattern, or when the child seems well and has developed a new, but regular pattern of non-watery bowel movements for more than a week, even if this pattern is more frequent and looser bowel movements than was usual for the child before the diarrhea episode.
    - For all infectious diseases for which treatment has been initiated, continuing to include the child in care after treatment has been initiated will be conditional on completing the prescribed course of therapy and clinical improvement of the child's illness.
    - During the course of an identified outbreak of any communicable illness at the childcare center, a child shall be excluded if a health provider determines that the child is contributing to the transmission of the illness at the program. The child shall be readmitted when the local health official or health care provider who made the initial determination decides that the risk of transmission is no longer present.
- 3) **Exposure to illness:** if your child has been exposed to a communicable disease such as strep throat, conjunctivitis, lice, etc. by a friend, sibling or relative, please notify the director as soon as possible. There are times when specific communicable diseases pose a risk to the young population in our center and their families.
- 4) **Medications:** We recommend, when possible, that parents administer medications(s). If your child needs to have medications(s) given by the staff, you must follow the medication administration guidelines in this section.
- 5) WHEN YOUR CHILD BECOMES ILL WHILE AT THE CENTER, YOU WILL BE NOTIFIED AND EXPECTED TO PICK UP YOUR CHILD WITHIN ONE HOUR OF NOTIFICATION.

### **e. Emergency Medical Care:**

The staff will contact the parent in case of an acute medical problem. In the event of an emergency, when the parent cannot be reached, the child can be taken to Yale New Haven Hospital Emergency Room. Each parent upon enrollment must sign a permission form for emergency care.

### **h. Medication Administration:**

All children who require medication, especially those with special health care needs, should be able to attend childcare and have their health needs addressed. This policy was developed to facilitate safe and consistent medication administration policies in accordance with the Connecticut General Statutes and Regulations of CT State Agencies for child day care centers, group and family day care homes. To accommodate this need, selected teachers, who are trained according to regulation requirements, will follow all procedures as mandated by the regulations.

#### Procedure/Practice

1. For diaper cream, sunscreen free of PABA\*, insect repellent, nonprescription topical medications, specifically:

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- Diaper changing ointments free of antibiotic, antifungal and steroidal components (such as Balmex, A&D, zinc oxide)
- Moisturizing lotions

**A written authorization from the parent/legal guardian is required.** Please visit [www.bodelchildcare.org](http://www.bodelchildcare.org) Health & Resources for these forms.

- 2.** For other nonprescription medications and for prescription medications, specifically:
- i. Oral medications (oral antibiotics, Tylenol, gas drops, etc.)
  - ii. Topical medications (eye drops, medicated creams, ear drops)
  - iii. Inhalant medications (nebulizer, nasal sprays, metered dose inhalers)
  - iv. Injectable medications by a premeasured, commercially prepared syringe (EpiPen Jr. ®)

**A written order from an authorized prescriber is required.** If one of the child's parents is a medical doctor the authorization must come from the child's health care provider.

The Written Authorization from an Authorized Prescriber can be found at [www.bodelchildcare.org](http://www.bodelchildcare.org) under Health & Resources.

**3. Medication:**

- **Over the Counter Medication**
  - i. Must be in original packaging
  - ii. Write the child's name on the medication
  - iii. Check the expiration date
  - iv. Check that the medication you are providing is the exact same name as the medication that is ordered by your health care **provider**.
- **Prescription Medication**
  - i. Must be original packaging
  - ii. Please supply pharmacy print out of side effects, adverse reactions and how to use/administer medication appropriately.
  - iii. Pharmacy label must be present, on the box or on the medication
  - iv. Name of the medication provided must exactly match name on the Written Authorization that your health care provider signed.
- **Tools:** cups, spoons, spacers, etc. must be provided by the parents or legal guardians.
  - i. Please ensure the dose that is prescribed is measurable on the tool provided. For example if ½ a teaspoon is ordered, ensure the medicine cup has a ½ teaspoon marking.

## 9. Infection Control Policies:

### a. Hand washing:

Proper and consistent hand washing is essential for maintaining a healthy environment and minimizing disease transmission. The hand washing policy is a guideline for teachers, children and families to promote proper hygiene in the child care program and to decrease transmission of infections.

**Parents, children and siblings are required to wash their hands upon arrival for the day prior to starting play and engaging in the classroom environment. We follow the guidelines from our Accrediting Agency, NAEYC and Caring For Our Children –National Health and Safety Performance Standards.**

#### When do we wash hands?:

1. All teachers, volunteers and children will wash their hands at the following times (as applicable):
  - a. On arrival for the day, when moving from one child care group to another or coming in from outdoors
  - b. Before and after:
    - Eating, handling food or feeding a child

- Giving medication
- Playing in water that is used by more than one person
- c. After:
  - Diapering and toileting (also before Diapering)
  - Handling bodily fluids (mucus, blood, vomit) and wiping noses, mouths and sores
  - Cleaning or handling garbage
  - Handling pets or other animals
  - Playing in sandboxes
- 2. Hand washing procedure: the hand-washing procedure is posted at each hand-washing sink. It is expected that all teachers, volunteers, children and families will follow this procedure.
  - Please note for infants that are too heavy to hold for hand washing at the sink, and cannot be brought to the sink for hand washing, use disposable wipes or a damp paper towel moistened with a drop of liquid soap to clean the child's hands. Then wipe the child's hands with a paper towel wet with clear water. Note: this method is less satisfactory than washing at the sink where the soil can be rinsed off in running water.
- 3. Antibacterial soap is not used, recommended or required.
- 4. Alcohol Based Waterless Hand Sanitizers: Antibacterial hand cleansers can be used by adults only. Proper use of the hand sanitizer includes:
  - Using enough product to get/keep the hands wet for 15 seconds
  - Rubbing all surfaces of the hands, fingernail beds, between fingers, palms and backs of hands until they are dry
  - They will NEVER be used for children under the age of two
  - Teachers may use them when running water is not available and they must wash their hands that are not visibly soiled.
  - The use of hand sanitizers with children over the age of two by using the above method, only under adult supervision and if running water is not available. Every attempt will be made to find regular hand washing facilities before determining that a hand sanitizer will be used.
- 5. The childcare center shall ensure that teachers and children are instructed in, and monitored on, proper hand washing as described above.
- 6. The director and/or health consultant of the childcare center shall conduct periodic monitoring to ensure that hand washing procedures are followed.

**b. Cleaning, Sanitizing and Disinfecting:**

A clean environment reduces the incidence of illness. Young children explore their environment by mouthing surfaces and objects and touching things and people. They have not yet developed the skills to consistently cover a cough and blow a nose. This normal behavior contributes to the transmission of infection. Although a child care program can never be entirely sanitary, these policies promote a clean environment and reduce the spread of infections.

Procedure/Practice: We follow the Caring for Our Children National Health and Safety Standards and the National Association for the Education of Young Children (NAEYC) requirements for cleaning, sanitizing and disinfecting child care surfaces and environments (play area, diaper area, food area, etc.)

Cleaning, Sanitizing and Disinfecting

The program will provide training for teachers who are responsible for cleaning. Such training will include cleaning techniques, proper use of protective barriers such as gloves, proper handling and disposal of contaminated materials, and information required by the United States Occupational Safety and Health Administration about the use of any chemical agents.

The Director and health consultant will supervise routine cleaning of the program. Cleaning, sanitizing and disinfecting schedules are listed in each classroom and bathroom.

Cleaning products: Simple Green is used as a cleaner. Bleach and water are used to disinfect and sanitize. The center makes a batch of bleach and water daily and distributes them to each classroom. For

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Sanitizing: Bleach 1 Tablespoon to 1 Gallon of water. For Disinfecting: ½ C bleach to 1 gallon of water. To minimize the environmental health impact of cleaning agents we use bleach and water in correct concentrations and as directed by the cleaning schedule. To Disinfect and sanitize, the surfaces are cleaned with Simple Green, wiped, and then the bleach solution is applied. The bleach solution may be allowed to air dry if the children will not be in the area of the wet bleach, or will be wiped after two minutes of contact time.

Standard Precautions: Each classroom has a copy of special instructions for cleaning/disinfecting spills of bodily fluids. Disinfecting Procedures

### Diapering

- Diapering will occur only in a designated area, which will not be located in a food preparation or handling area.
- Changing surfaces will be impervious and nonabsorbent and will be kept free from cracks, tears, and crevices. Tables will be sturdy, adult height, and have railings. Safety straps will not be used.
- Changing tables shall be cleaned and disinfected after each use by wiping with disinfectant solution described above.
- Hand washing sinks will be provided adjacent to diaper changing tables, with a minimum of one sink per two tables.
- If disposable gloves are used, they must be discarded immediately and hands washed.
- All teachers will follow the diaper changing procedures posted at the diaper changing area.

### Toileting

- Toilets, fixtures and related equipment will be kept visibly clean and will be cleaned and sanitized at least daily. Toilets will be separate from the children's activity area.
- An adult will accompany children who require assistance to the toilet area.
- Gloves and equipment used for cleaning toilet areas will not be used for any other purposes.
- Potty chairs will not be permitted. Easily disinfected toilet seat adapters and non-slip plastic stepstools may be used.

### Toys

- Toys that are placed in a child's mouth or otherwise contaminated by body secretions shall be set aside in a container labeled "contaminated toys" to be cleaned according to the Cleaning, Sanitizing and Disinfecting schedule. Machine washable cloth toys can be used and shall be machine-washed when contaminated.
- All toys which are frequently touched in infant and toddler rooms will be disinfected daily.
- Toys which only older children use frequently will be cleaned at least weekly and when soiled.

### Bedding

- Each child shall have its own bedding. Children will not sleep on bare, uncovered surfaces.
- Bedding shall be sent home weekly for cleaning and when your child has been excluded for illness.
- Pillows will not be used for infants.
- Thin blankets will be available to provide adequate warmth.
- For Infants 12 months and younger, the AAP recommends a sleeper as an alternative to a blanket
- Bedding used on cribs and cots will be tight fitting.

### Carpets, Rugs and Floors

- Floors, except those that are carpeted, shall be vacuumed or swept and mopped with a sanitizing solution at least daily and when soiled.
- Carpeting shall be free from visible soil, vacuumed daily and shampooed at least every six months to remain free from visible soil.
- Small rugs that can be washed shall be shaken or vacuumed at least daily and washed at least weekly. These are avoided where possible.

### Pets

- Any animal at the program shall be in good health, show no evidence of disease, and be a friendly companion to children.
- Dogs or cats will be immunized and will be maintained on a flea, tick and worm control program.

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- Animal cages will be of an approved type with removable bottoms and shall be kept clean and sanitary.
- Loving areas of animals will be enclosed and kept clean of waste to reduce the risk of human contact with animal waste.
- Caregivers will always be present when children are exposed to animals.
- Animals will be prevented from entering food preparation, storage and eating areas.
- Hands shall be washed before and after handling animals and animal waste.

### **10. Supplies & Food:**

#### **a. Infants entering the Center will need:**

- 1 large box of diapers
- 2 cloth diapers. For burping
- 2 bibs
- 2 plastic bottles with nipples
- Frozen breast milk or formula in factory sealed container
- 1 training cup
- 1 plastic bowl
- 2-3 changes of clothing
- 1 light blanket
- 2 crib sheets
- 1 notebook for their journal
- A sleep sack for infants under 12 months.

#### **b. Toddlers, Preschoolers and Kindergarteners entering the Center will need:**

- 1-2 changes of clothing, changed seasonally
- 1 light blanket
- 1 heavy blanket (thin)
- 1 set of cot sheets
- 1 notebook for their journal

All items need to be marked with your child's name. Please check your child's supplies regularly. Individual teachers will help parents keep track of when these items need to be replaced.

### **11. Assessment Policy and Procedure:**

#### Phyllis Bodel Childcare Center Assessment Policy and Procedures

The Phyllis Bodel Childcare Center is committed to high quality and early education in its delivery of services to young children and their families. Assessing children's development is an ongoing, integral part of the program. In a balance of child directed and teacher directed activities, our assessment tools are non-invasive, non-biased and open ended, and do not require or invite any direct testing. We understand that parents are an essential part in gaining information when assessing a child and in ongoing communication about the child and his/her development. We also understand that the assessment process requires particular skill in attending to the diversity of families the often uneven development of young children and children with special needs. Assessment takes place as part of the daily routine, under ordinary classroom conditions with children engaging in classroom activities.

#### **The tools we use:**

- Observation/anecdotal records
- Everyday conversations with families/parents
- Parent/teacher conferences
- The Early Learning Developmental Standards
- The Pre-School Assessment Framework
- The Denver Developmental Scale

**The time line we adhere to:**

- Observation/anecdotal records- ongoing
- Parent teacher conferences- 2X a year or as needed
- Parent Intake Information sheets
- Teacher inventory of Emotional and Behavioral Development (when needed)
- Pre-School Assessment Framework Child Profile

**How we organize our findings:**

The information is categorized with some overlap in the areas of social emotional, physical, cognitive, and language development. In addition, for our pre-school and infant-toddlers, we look at personal/social, physical, cognitive, language development and creative expression. The information is fluid and on a continuum. The information is shared with parents at conferences.

**How we interpret the information and make it useful in planning and teaching:**

Staff use their knowledge of early childhood supported by a variety of resources. They consult curriculum references- The CT Curriculum Frame work, The Early Learning Developmental Standards and the Connecticut Pre-School Assessment Framework. Teaching teams work to meet weekly to interpret and use assessment results to align curriculum and teaching practices to the interests and needs of the children to create lesson plans.

**How we share with parents, consultants and outside professionals:**

- Parents are privileged to the information about their children in an ongoing dialogue with the teacher. Formal conferences are twice a year, (October and March) and are the time for in depth conversations about the child and when written information is shared. Communication between staff and parent needs to be sensitive to the family's values and culture and is therefore individualized and is prepared carefully to address the uniqueness of each family. A parent may request a written report in their home language.
- Phyllis Bodel Consultants working with the program to support and enhance the learning environment use the staff's verbal and written information about the child to assist staff in making curriculum changes/modifications and/or suggest strategies to support the child in social interactions. Parents are notified in writing when the program seeks help for their child from one of the Center's consultants. Consultants may also work directly with a family and or advise other interventions outside of Phyllis Bodel if needed. A list of current consultants is available from the Directory.

**Our Commitment to confidentiality:**

- All printed assessment information is stored in a secure/locked location in the Director's office.
- Disclosure of children's assessment records beyond parent or guardian of child at Phyllis Bodel, program personnel and our consultants all have an obligation of confidentiality shall require familial consent.
- All staff must understand and must adhere to the confidentiality policies as written in the Staff and Parent Handbooks.

**The Program's written assessment plan includes the multiple purposes and uses of assessment including:**

- Arranging for outside help through developmental screening and referral for diagnostic assessment.
- Identifying children's interests and needs within the classroom
- Describing developmental progress and learning for children
- Improving curriculum and adapting teaching practices and the environment.
- Planning program improvement
- Communicating with families.

**How we continue to improve and move forward:**

- The Family and Teacher Surveys from (NAEYC) give insight into the success of the assessment tool and their outcomes. The information is compiled and a program improvement plan is put into place.
- Child outcomes are studied, discussed and evaluated in planning for program improvements.

Update: February 2017

## 12. Curriculum

**Curriculum for the Phyllis Bodel Childcare Center:** Our Center relies on the observation of the children, regardless their age, by our staff and using these observations with the support and guide of the Early Learning Developmental Standards to support our philosophy of individualization in planning curriculum for the children. This individualization of plans allows the teachers to modify for differences in age and ability, developmental stage, family needs and other such factors.

## 13. Infant and Toddler Program:

### a. Infant and Toddler Curriculum:

#### Goals of the Program:

1. To provide for the infants and toddlers the necessary components of trust through interactions with warm, responsive and encouraging care givers.
2. To provide infants and toddlers experiences that facilitate learning through their environment and activities that allow for manipulation, imitation and opportunities that encourage them to anticipate.
3. To foster positive social skills by providing the model and offering guidance.

#### The Program:

Infants need to develop a basic secure relationship – trust. Trust in their caregivers and in their own ability to impact on their world. It is an important developmental task of infancy. Teachers foster this trust by frequent physical contact, sensitive response to the infant signals (cries and smiles), mutual delight in interactions and providing routines and experiences that teach consequence to the child's actions and provide for mastery over their environment. This responsive relationship allows teachers meet each child's individual needs. Children do not transition to toddlers until they have demonstrated emotional growth on the continuum of attachment to separation. This usually happens for children between the ages of eighteen to twenty four months. The physical environment allows children to be safe and healthy as they explore, experiment and learn about their world. There are three teachers for eight children.

The toddler still needs all the components that foster basic trust as they move toward autonomy and realize the world is complicated. The teachers provide them with supported, predictable experiences, clear limits, as well as the opportunities to make choices and follow their own interests. Indoor and outdoor spaces encourage exploration. The teachers use their knowledge of each child to modify the program to meet each child's individual needs. These daily components of the curriculum allow the child to keep frustrations to a minimum and an active interest in all about them intact. The age range of the toddler room can be eighteen months to three years.

There are three teachers for eight children.

#### Developmental Focuses: Personal/Emotional/Social:

The teacher's value the uniqueness of each child and know the importance of acceptance, warmth, reassurance and understanding of temperaments. Infants are held while being fed, engaged in play in a wide range of settings, e.g., diaper changes, floor time, one on one in the rocking chair. Experiences that help foster the development of trust.

Toddlers with their emerging independence are encouraged to make choices within limits that are fair and consistent. There are daily routines that allow them to know what is expected and with little redirections, move through their day with a sense of positive self-esteem. The rooms are arranged with toys and books accessible for freedom of choice and their art work is prominently displayed. Our experienced staff recognizes the need to encourage and validate the toddler's need to do things for/by themselves. The teachers are aware that the toddler's opposing tendencies between self-awareness (mine) and awareness of others are signs of developing social skills and are as important of milestones toward independence as walking and talking.

**Communicating:**

Both verbal and non-verbal communication is encouraged and supported. Sign language words are used and taught to the children to encourage pre-verbal communication. In infancy, imitation of beginning gurgles and sounds and encouraging reciprocal conversation supports language. Our infants and toddlers are read to. Objects, emotions and situations are labeled. Songs, nursery rhymes, finger play, and conversations are all part of every day. Music in the classrooms can range from Rafi to show tunes, gospel, classics, jazz, blues and music from around the world.

The chromatics, pitches, pattern, words and beats of all types of music enhance the language rich environment of the infant and toddler rooms. The toddlers, with verbal support, are given words to help them mediate their actions, i.e., Stop, No, and repeated opportunities to witness the power of words. These experiences are an important tool in the emerging skill of self-regulation.

**Physical:**

Our infants spend time on the floor working neck, arm and back muscles. As they grow they are encouraged to reach for toys, play games such as Pat a cake, and climb in cubes, tunnels, and boxes that are provided. Their day is a balance of one on one with a caregiver, quiet processing time on the floor, time with peers or older children and solitary exploration of a toy. Their fine motor skills are encouraged with various types of art projects. Both their fine motor and self-help skills are supported as they learn to feed themselves and wash their own hands.

Our toddlers are encouraged to use steps, slides, bicycles, and push carts. These all improve balance, body awareness, coordination and to expend energy. Our teachers know that toddler learn on a physical level and plan for this large muscle activity. They realize that children need a balance between active and quiet play, the book corner and housekeeping area help provide this balance. The teachers appreciate the toddler's need for concrete and sensory activities, thus sand and water play are always available. Also, provided are manipulatives that meet the toddler's emerging fine motor skills, i.e., puzzles, Lego's, and sorting toys. Self-help skills of dressing themselves, feeding themselves and serving themselves are encouraged and supported.

**Cognitive:**

Infants learn through manipulation, imitation, discrimination and anticipation. Cognitive development is fostered through warm, supportive interactions with the teachers, i.e., peek a boo, smiles, and imitation of facial expressions. Toys that are developmentally appropriate, that allow for necessary mouthing and handling along with, opportunities to explore developing motor abilities and an increasing awareness of their environment support cognitive development.

Toddlers are provided interactions with teachers individually and in small groups. Activities and toys are provided that balance between open ended and single purpose. They are meant to foster the necessary cognitive skills of attention and spatial relationships. The rooms are arranged to provide exposure to the key cognitive experiences of classification and discrimination.

At the Phyllis Bodel Childcare Center, we feel that through play the children learn about their world, they act upon it, and knowledge comes from these interactions.

**b. Welcome to Infants:**

We hope the following information will assist you and your child in making the transition to childcare.

- Please be sure to read the Enrollment, Program and Health policies located in the front of this handbook. These apply to each age group.
- Please note swaddling is not recommended.
- Children who come into the program or fall asleep with in the program in equipment not specifically designed for sleep ( car seats, strollers or bouncy seats) are to be removed and placed on their backs in the crib.

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- Wedges may only be used with a Doctor's authorization.
- We encourage parents to visit with as much frequency as they are able the two weeks prior to the start of their infant's enrollment.
- **Prohibited: Vicks/heavily scented rubs or creams due to the bronchial irritation that may occur. Talc powder, due to risk of inhalation. You may discuss appropriate alternative treatments for the child care environment with the teachers or director.**
- **Drop off:** Please sign your child in on the sign in sheet and touch base with the teachers. It is helpful when you talk to the teachers to let them know how your child has slept and eaten. Children are affected by changes in their routine, therefore it is important that we know if a parent is out of town, if there is a sickness, or extenuating circumstances. If there is a change in your child's routines, it will help us understand your child and meet all of his or her needs. **Please see the Daily Health Check in Section 8 of the Parent Handbook.**
- **Pick up:** We know that you would like to hear about your child's day when you arrive to pick him or her up. Please allow yourself enough time to talk with us, sign out, gather your child's things, and be ready to leave the Center by 5:30 p.m., at closing.
- **Walkers:** The Center does not use walkers, exersaucers or swings in the infant rooms.
- **Physical Activity:** Please visit our website [www.bodelchildcare.org](http://www.bodelchildcare.org) and view our policy for physical activity. Infants are provided opportunities for tummy time, crawling, creeping and walking. Teachers are knowledgeable in supporting your child's development of fine and gross motor skills.
- **Nutrition/Meals:** Parents supply all food necessary for their infants. The Center supports breast-feeding and provides space within in each room for nursing mothers. Teaching staff does not offer solid food and fruit juices to infants younger than four months, unless the child's health care provider recommends it. We work with families to meet the nutritional needs of their infant.
  - If your child does have juice recommended by a health care provider, it is to be 100% fruit juice and limited to no more than 4oz. daily. We must have written documentation that juice is recommended by the health care provider.
  - Infants who are unable to sit are held for bottle feedings. All others sit or are held when fed. An infant's bottle is never propped and infants are never fed in their crib.
  - Bottle feedings only contain breast milk or formula or appropriate milk provided by the parent. No solid food will be put into a bottle without written instructions and a medical reason for the practice.
  - Parents may supply Sippy/lidded cups for their child. Children are only permitted to have a cup/Sippy cup while seated at the table. No child is allowed to have a bottle/cup while lying in a crib or walking or crawling.
  - Parents may bring in solid food prepared at home for use by their child or infant food that comes in factory sealed containers.
  - **All food containers must be labeled with your child's full name and dated. This is a requirement of our license.**
  - Infants are fed a meal or snack at least every two hours but no more than three hours apart. Feeding is determined by working with the child's family and the child's individual needs. The type of formula and child's schedule are given to the Center upon enrollment. All formula supplied to the Center in cans or powder form must be in factory sealed containers.

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- Infants under 12 months are not fed cow's milk and are fed only whole milk between the ages of 12-24 months. Flavored additives for milk or food mixed in a bottle are not used in the classrooms in the program.
- For information on how we handle breast milk, please see our Breast Milk Handling, Administration and Storage policy below.
- Food Guidelines; please see our website [www.bodelchildcare.org](http://www.bodelchildcare.org) for a list of the Phyllis Bodel Child Care Lunch Guidelines. Infant's food must be cut into ¼ inch square pieces. Our Lunch Guidelines describe food restrictions and requirements for cutting infant food. Staff are not able to offer children under four years of age the following foods: hot dogs, whole or sliced into rounds; whole grapes (for infants they must be cut into quarters); we are a completely tree nut and peanut free center, raw peas or hard pretzels, chunks of raw carrots, celery or meats cut larger than can be swallowed whole (for infants this is ¼ inch square).
- For ideas on appropriate finger foods and portions please see our website [www.bodelchildcare.org](http://www.bodelchildcare.org), Health and resources, Healthy Eating.
- The only "ready-to-eat" breakfast cereal allowed in the infant rooms is Cheerios. If there are other dietary restrictions that preclude your infant eating Cheerios, please touch base with the Director. We do not use Toddler Puffs or any other finger food of this nature.
- Many parents come to the Center to either feed or have lunch with their children. The Center supports breast feeding and mothers who are breast-feeding can be called when their baby is hungry or can organize feeding around their schedule. There is a refrigerator and a freezer at the Center for frozen breast milk and formula.

North Campus Phone numbers:

Guppies and Tadpoles: 203-785-5300

Ducklings: 3-1754

South Campus:

Ladybugs: 3-0029

Caterpillars: 3-0028

- *Every effort is made by the staff to accommodate children on special diets. Individual cases should be discussed with the teachers or director. Individual feeding and sleeping routines vary greatly among very young children. The staff respects these differences when possible and will adjust and document schedules to meet these needs.*

### **c. Breast Milk Handling, Administering and Storage:**

To All Mothers:

1. Store breast milk in the refrigerator or freezer soon (within 2 hours) of collecting it.
2. Store the milk in hard plastic bottles or "nursery" bags.
3. Store in amounts the infant usually takes at each feed.
4. Label the bottles or bags with the child's full name, date of expression, date and method of storage (i.e. refrigerator, deep freezer, frost free freezer with separate door, refrigerator with single freezer door, etc.). Please note that the teachers must follow the guidance regarding expiration of breast milk dependent on the methods of storage at home.
5. Provide a couple of bottles or nursery bags with 1 to 2 ounces of frozen breast milk for the times when the infant wants extra breast milk.
6. The childcare teachers are to receive the breast milk in a cooler with an ice pack or thermos bottle with ice inside.
7. Bottles are not given to children in cribs
8. Breast milk is not shaken

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9. After 1 hour unused milk is discarded.
10. Infants/toddlers may not crawl/walk around the room with bottles or Sippy cups.
11. Parents, please read next section on teachers role and responsibilities around handling breast milk.

### To All Teachers:

1. Make certain that each bottle or nurser bag is clearly labeled with the correct infants name and date. Do not accept any unlabeled bags. Infants unable to sit are held for bottle feedings.
2. Refrigerate bottles or nurser bags immediately upon arrival.
3. Use bottles or nurser bags of breast milk only for the infant for whom they were intended.
4. Ask the mother whether the child drinks breast milk at room temperature or warmed. We warm only with running water that ranges between 95-115 degrees. Our legal water temperature limits.
5. Children are offered fluids from a cup as soon as family and teachers decide that the child is developmentally ready to use a cup.
6. Breast milk is never shaken.
7. After one hour, all unfinished milk is to be discarded.

### To All: Storage of Fresh Breast Milk

1. If expressed within 2 hours at room temperature (79 F.) no special storage required.
2. May use refrigerated breast milk (40F) up to 48 hours after expression.
3. Freezer type Storage Length  
We may keep frozen breast milk in the classroom small freezer for 2 days and in our larger freezer for 2 weeks.

### Welcome to Toddlers:

The following bullets are designed to be helpful and informative. The teacher's hope that the information shared will help make this a smooth and comfortable transition.

- **Please be sure to read the Enrollment, Program and Health policies located in the front of this handbook. These apply to each age group.**
- The transition process takes about one month. Initially your child will just visit the empty toddler classroom. Eventually, they will stay with their infant room teacher through a snack time, then outdoors with the toddlers, through a lunch and then a nap. Within two weeks they should be spending the majority of the day with the toddlers. They have the flexibility to return to the infant room for emotional "refueling" if needed. The infant teachers will tell you when they feel your child is ready to be brought directly to the toddler room. Your child is not considered officially a toddler until the first of the following month.
- **Sign in sheet:** As in the infant room, you are expected to sign your child in and out daily. The Toddler Sheet is slightly more detailed. Please take a moment to fill in the sheet each morning so the teachers will know about your child's morning. Please review section 8. The Daily Health Check for further information about drop off.
- **Meals:**
  - **We are a peanut/nut free facility. Please make an extra effort to ensure the food you provide your child is peanut/nut free to keep our children in the center safe. Many young children also have undiagnosed allergies to foods.**
  - Toddler food must be cut into ½ inch cube sizes.
  - Phyllis Bodel Child Care Lunch Guidelines are posted at [www.bodelchildcare.org](http://www.bodelchildcare.org), Health and Resources, Healthy Eating, for a list of guidance and restrictions.
  - Lunches: Lunches are brought from home and are to be stored in a lunchbox with a cold pack due to the limited refrigerator space. Lunchboxes and all food containers must be clearly labeled with your child's name. There are no bottles in Toddlers for meals or naptime.
  - Food containers MUST be labeled with child's name and date.
  - Snacks: Snacks are decided by the teachers and purchased through Peapods. They will always cover two food groups. If your child has food restrictions please be certain to discuss these with

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the teachers and complete any necessary paperwork.  
There is a morning snack, lunch and afternoon snack. Meals are approximately two hours apart but not more than three hours.

- **Reminders:** Grapes are welcomed but must be cut in half to ½ inch cube size. Popcorn and potato chips are not given to the children. They are a choking hazard. Fruit rolls ups and other like processed foods are too hard for toddlers to chew and safely swallow and stick to their teeth.
- No bottles are given at nap time.
- The toddlers are encouraged to feed themselves and we use a large plastic bib.
- Toddlers and pre-school children are served age and diet appropriate snacks. Please visit [www.bodelchildcare.org](http://www.bodelchildcare.org), Health and Resources, Healthy Eating for healthy food ideas, portions and choices.

The toddler teachers have come up with a list of some appropriate foods for the toddler room:

Any fruit (sliced and peeled please)	
Pasta	Bread
Soup	English muffins
Sandwiches	Finger foods
Meat	Pizza
Yogurt	Cheese
Applesauce	Vegetables

Inappropriate foods:

Frozen food	Chocolate
Bottles	Fruit rollups
Baby food	Fruit gushers
Peanuts (any nuts)	Gogurt
Chips, Fritos, Cheese Doodles, Candy	

- **Physical Activity:** Please visit our website [www.bodelchildcare.org](http://www.bodelchildcare.org) and view our policy for physical activity. Toddlers go outside twice a day, weather permitting. They are given opportunities for physical activity inside during the day as well as while outdoors. The toddler play allows children to explore, climb, slide, run and play. Teachers are knowledgeable in supporting your child's development of fine and gross motor skills and will provide opportunities to practice skills. Posted in each room is a monthly calendar of activities from Head Start Body Start, which parents can review, and the teachers use as a resource.
- **Supplies for your child:** As in the infant room, your child needs extra undershirts, pants, shirts, and socks, all labeled. The children go outside every day and need appropriate clothing, all labeled with their names, (boots, hats, mittens, snow pants, water shoes and bathing suits). Because your child is growing, please remember to periodically check their bin for outgrown clothes.
- **Journals:** Your child's journal will follow them from the infant room. This next year is one of the most exciting and challenging of your child's life. The teachers invite you to write back in your child's journal. A partnership of home and Center is the most beneficial in supporting your child through the developmental milestones of toddlerhood. The journal is also a great way to communicate to teachers when you will be away on vacations or when a parent is out of town.
- **Visiting:** One of the greatest benefits of being on site is the ability of the majority of our parents to visit their children during the day. Parents are encouraged and invited to visit however, it is beneficial to your child and to the other children if parents would follow the schedule of the toddler space. Please remember that most toddlers do not want to say goodbye to their parent at lunchtime and will initially object to your returning to work. If you bring your child back at 1:00 p.m., half the group is asleep; a crying child will wake up the other children and overtax the ability of the teachers to provide for so many distressed children. Afternoon visiting can be somewhat distressing for your child as they may think it is time to go home. Talk with your child's teachers to find a time and routine that not only supports visiting but also supports the needs of all the children.

- Phone calls: We encourage phone calls. It is a great way to check in and see how your child's day is going. If your child will be running late, we would greatly appreciate being notified as soon as possible. Please be patient when trying to call, there are 29 children on the infant toddler side at North and only one line. (203-785-5300). For South Campus you may call the main number (203-737-1436) or the classrooms from within Yale:  
Ladybugs: 3-0029  
Caterpillars: 3-0028  
Dragonflies: 3-0026  
Butterflies: 3-0024
- Drop off: Please make daily contact with your child's teachers and sign in your child.
- Pick up: We know how important it is for you to find out all about your child's day. Please allow yourself enough time to speak with the teachers and pick up your child and be ready to leave by closing time which is 5:30 p.m.
- Curriculum: The curriculum for the toddler space is posted on the bulletin board outside the kitchen door. You are encouraged to review the activities that are provided for your child each day. There is a range of art activities, music, stories, and activities that use all of their large muscles. If you have any questions, concerns, comments, please address them to the lead teacher whose name is on the curriculum.
- We all hope that this information is helpful. The Infant and Toddler side of our program is the space where parents can and are encouraged to visit within the classrooms. When your child eventually transitions to the pre-school side of the program, visits within the classroom are problematic. The space is very limited. It would be a good idea for parents and children to think about establishing lunchtime visit routines that involve activities outside of the classroom. Your child may have been in the room all morning and may welcome a respite from the space and, most importantly, may want you all to themselves and not wish to share you with peers.

**Assessment:** Our teachers use the Early Learning Developmental Standards for observation and planning for infants and toddlers and use the Denver Developmental scale for assessment.

Our full Assessment Policy and Procedure is located on page 23 of this handbook.  
As always, if you have any questions or concerns, please come and talk.

## **14. Preschool Program:**

### **a. Curriculum:**

#### **Goals of the Program:**

1. To help each child develop a strong positive self- image by facilitating many successes for each child in all areas of the curriculum.
2. To help each child become aware of his or her abilities and interests and gain positive feelings about learning by providing a wide range of age appropriate activities.
3. To foster positive social skills by providing the model and guidance. The

#### **Program:**

Teachers prepare the environment and allow children to select many of their own activities from among a variety of learning areas including dramatic play, blocks, science, math, puzzles, books, art and music. The program is a balance between structured activities and free play. Both are valuable to the young child. Through structured play children can learn new processes, how to share, communicate and cooperate within a small or large group. Free play is essential to foster creativity and individual expression. Children choose from among the activities the teacher has set out or can initiate something on their own. The children are encouraged, but not required to participate in any activity. There are two teachers for ten children.

**Developmental Focuses:**

**Physical:**

Large motor activities are important to young children to expend energy, improve eye-hand and eye-foot coordination, balance and body awareness. The children go outside twice a day, have access to a playground and the Harkness lounge in inclement weather for ball play, bicycles, parachute and relay races.

Fine motor activities are important for young children to increase their precision in manipulating objects and in their ability to use opposing hand movements. Fine motor activities including markers, crayons, legos, puzzles, blocks and scissors are always available.

Self-help skills are important for young children to gain self-confidence, increase positive self-esteem and to increase independence. Children are supported and encouraged in their attempts to dress, eat, and toilet independently.

**Personal and Social:**

Our teachers provide many opportunities for children to continue the development of social skills, e.g. helping, negotiating, cooperating and talking to solve conflicts. Whole and small group time is an important part of the day to model these skills and cooperation and consideration of their peers is encouraged and expected. Children are supported in trying new activities and in sustaining attention to tasks and activities

**Cognitive:**

Our teachers know that children learn by active participation. The sand and water tables provide experiences in gravity, measurement, weights and balances. The room arrangements provide the necessary exposure to literacy sorting, classification, seriation and number concepts. Block play provides many prerequisites for writing, math, science and social studies. Cooking projects involve science, math, and language skills. The children have the opportunity to see how reading and writing are useful while they dictate descriptions of pictures, make and use classroom charts and experiments with writing by drawing, copying and inventing their own spelling. The sign language, introduced in infancy, continues in preschool. It is through their play that they learn about their world, they act upon it and knowledge comes from these interactions. Through reading stories to the children, teachers help them to understand stories and to increase awareness of print.

**Creative Expression:**

Our teachers provide many opportunities for the children to creatively express themselves. Construction materials, for example, blocks and legos are available. Paints and drawing materials are available for artistic expression. Dramatic play is supported by the classroom set up and materials. Music is where they learn new songs and finger plays.

The Phyllis Bodel Childcare Center strives to be a family daycare within a center setting. Communication and commitment to our children and their families allows us to meet the unique needs of our families and provide high quality childcare.

**b. Welcome to Preschool:**

The Phyllis Bodel Childcare preschool consists of children three to five years of age. There are six classrooms in the preschool. Each classroom has a team of teachers. All of the preschool teachers would like to welcome you. We hope that this information will help make that transition to our preschool successful for everyone.

- **Please be sure to read the Enrollment, Program and Health policies located in the front of this handbook. These apply to each age group.**
  - b. **Transitions:** The transition process is very similar to the transition from infants to toddlers. The children start by visiting the empty space with one of the toddler teachers and then

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slowly, as they are ready they spend more and more time in the new room. They have a snack with the children and their new teachers. Then, they go outside, eventually stay for lunch, then nap and finally after several weeks, stay for the entire day in the preschool. The toddler teachers will keep in touch with you about how it is going and will let you know when your child is ready for the first drop off in their new room.

- c. **Drop off:** Please sign your child in and out as you did in the toddler space. It is helpful when you talk to the teachers to let them know how your child has slept and eaten. Children are affected by changes in their routine, therefore it is important that we know if a parent is out of town, if there is a sickness, or if there has been a change in your child's regular routine. This will help us understand your child and meet all of his or her needs. *Please see Section 8 Health Policies, Daily Health Check for additional information to provide during drop off.*
- d. **Pick up:** We know that you would like to hear about your child's day when you arrive to pick him or her up. Please allow yourself enough time to talk with us, gather your child's things, and be ready to leave the Center by 5:30 p.m., at closing.
- e. **Dress appropriately:** Our program acknowledges and supports the importance of outdoor play for young children. We ask that you dress your child in clothing that will allow them to run and jump and have fun during outdoor play. This includes having a bathing suit and sun block in the summer and snow pants and boots in the winter. It is also very warm in our building, so please remember to dress your child in layers in the winter so we can adjust for inside and outside temperatures. Each child has a bin for extra clothing in case of spills or accidents. Please be certain that there is adequate clothing for the current season.
- f. **Snack:** The snacks are posted and are decided by the teachers. The food is purchased through Peapod.
- g. **Lunch:** Lunches are brought in from home and need to be in a lunch box that has an ice pack. Please be sure to label the lunch box with your child's name. All food containers must be labeled with your child's name and dated. This is a requirement of our License. When packing your child's lunch, please remember to pack healthy food. Health and nutrition are an ongoing part of our curriculum. It is also a great idea to pack a juice box and snack for the ride home at the end of the day.

Lunch Box ideas: [www.bodelchildcare.org](http://www.bodelchildcare.org), Health & Resources, Healthy Eating has great healthy choices for lunches, Phyllis Bodel Lunch Guidelines and proper portions for preschoolers. Please review these materials as we support healthy eating environments and meals.

\* Please note that as in Infants and Toddlers our Preschool is peanut and tree nut free. The Center follows the guidelines for Out of Home Childcare Programs written by the American Public Health Association and the American Academy of Pediatrics for dietary restrictions for children under four. In planning snacks and decisions of healthy foods some of the recommendations we follow are: No foods that are round, hard, small, thick and sticky, smooth or slippery are offered to children.

Examples are:

Whole grapes	Marshmallows	Hot dogs cut into rounds	No dried fruits
Hard Candy	Pretzels	Spoonful's of peanut butter	Peanuts
Chips	Seeds	Popcorn	Nuts of any kind
Raw Peas	Meat in chunks larger than can be swallowed whole		

- **Physical Activity:** Please visit our website [www.bodelchildcare.org](http://www.bodelchildcare.org) and view our policy for physical activity. Preschoolers go outside twice a day, weather permitting. They are given opportunities for physical activity inside during the day as well as while outdoors. The preschool play areas allow children the opportunity to explore, climb, slide, run and play. Teachers are knowledgeable in supporting your child's development of fine and gross motor skills and will provide opportunities to practice skills. The two hours of outdoor play supports our goal to meet your preschoolers requirement of moderate to vigorous physical activity for 60 minutes of structured, and 60 minutes unstructured play.
- **Safety:** The children must walk within the Center. In order to keep everyone safe, only adults open and close the doors and turn the lights on and off. Teachers and parents need to work together and help the children follow Phyllis Bodel safety procedures any time they are on Bodel property because it is much too difficult for children to have two sets of rules.

## Phyllis Bodel Childcare Center at Yale Medical School

- **Preschool Schedule:**

The following is the basic daily schedule of the Phyllis Bodel Preschool:

7:30-9:40	Constructive play, art, science and special projects.
9:40-10:30	Clean up, snack and bathrooms.
10:30-11:30	Outside play.
11:30-12:00	Circle time.
12:00-1:00	Lunch and bathrooms.
1:00-3:00	Nap.
3:00-3:45	Bathrooms and free play.
3:45-4:15	Snack.
4:15-5:15	Outside play.
5:15-5:30	Pick up time.

- **Visiting:** One of the greatest benefits of being on site is the ability of the majority of our parents to visit their children during the day. Parents are encouraged and invited to visit, however, it is beneficial to your child and to the other children if parents follow the schedule of the pre-school. Children can often have a hard time saying good-bye to their parents at lunchtime and may initially object to your returning to work. If you bring your child back at 1:00 p.m. and half the group is settling down to rest, a crying child will wake the other children and overtax the ability of the teachers to provide for all the needs of the children. Our pre-school rooms are just the right size for two adults and the number of children enrolled. They are not large enough to accommodate numbers of visiting parents. We ask that you find alternate spaces to visit with your child at lunchtime.

- **Phone Calls:** We encourage phone calls. It is a great way to check in and see how your child's day is going. If your child will be running late, we would greatly appreciate being notified as soon as possible. From within the University, you may call directly into the classrooms:  
From outside the University at North please call 203-785-3829 and for South 203-737-1436.

<b>Otters:</b>	3-1754
<b>Belugas:</b>	3-4087
<b>Dolphins:</b>	3-4086
<b>Manatees:</b>	3-4088
<b>Penguins:</b>	3-0157
<b>Infant side:</b>	5-5300
<b>Bodel South:</b>	
<b>Hedgehogs:</b>	3-0025
<b>Chipmunks:</b>	3-0027

- **Curriculum:** The curriculum for your child's classroom is posted on the bulletin board within the classroom. You are encouraged to review the activities that are provided for your child each day. There is a range of art activities, music, stories, and activities that use their large muscles. If you have any questions, concerns, comments, please address them to the lead teacher whose name is on the curriculum.

**Assessment:** Our staff uses the Early Learning Developmental Standards for Observation and planning and the Connecticut Pre-School Assessment Framework for assessment of each child's growth and development. We have a full assessment Policy and Procedure located on page 23 of this handbook.

## **15. Kindergarten Program:**

### **a. Orientation:**

Each fall there is a board posted outside of the Manatee Classroom listing all open houses for magnet schools, private kindergartens and private elementary schools that include kindergartens. Parents are also made aware of the yearly presentation at the Medical School of a program presented by directors of Yale affiliated programs regarding kindergarten readiness. Teachers from the four-year-old classrooms visit the open houses to potentially be of support to parents with questions and concerns. At the end of August, parents may request a developmental profile of their child based on the “Connecticut Framework, Pre-School Curricular Goals and Benchmarks” to share with their child’s kindergarten teacher to help facilitate a smooth transition.

### **b. Welcome to Kindergarten:**

We’re excited about being your child’s teachers for this very special school experience. We’ll have a wonderful year of discovery and learning. We believe that play is children’s work and that children learn best by touching, manipulating, imitating and experiencing the world around them. We’ll immerse ourselves in print, poems, trade books and language experience stories as we prepare for reading. We’ll play games, make choices and perform classroom jobs as we learn social skills and responsibility. We’ll sing, dance, cook and act out stories as we discover sequencing, patterns and rhythms in language and math.

We’ve attached a copy of our daily schedule and ask you to please remember that the kindergarten day begins at 8:30 A.M. Please make every effort to have your child here by that time so that they will not miss any part of their school day and so that they will not be recorded as “tardy”.

Following are a few special highlights or routines that will be an integral part of our kindergarten program:

\* Show and Tell - Each child will be assigned a day on which s(he) may bring something to share with the class. The day of the week will be the same all year. We’ll send a schedule home at the end of September that lists suggested “themes” for each week.

\* Class Big Books – We make class books about once a month that will be sent home with a different child each night in a special “Book Share Bag”. Our first book, “Kindergarten Friends”, will start coming home this week.

\* Special Person of the Week – This is our own unique way to incorporate the center’s “Celebration of Families”. Each child will have a special week during which we will learn all about that child, his/her family and heritage. Children will be asked to share favorite books, pictures, toys, stuffed animals, etc. and parents will be asked to visit for part of a morning to talk about their cultures and careers. This program will begin on September 25. Names are drawn randomly each Friday from a “special” box and the lucky child will be sent home with a “special” bag which they may fill with their treasures and bring in to share with us on the following Monday. Details about the week’s activities will be in the bag.

Our next few days will be spent playing friendship games, establishing routines and brainstorming classroom rules. Please don’t hesitate to talk with us about any questions you may have regarding the kindergarten schedule or program.

The schedule:

Full Day: 7:30am-5:30pm

Kindergarten: 8:30am-3-30pm

Flow of the Day\*

7:30-8:30	Center is open, snack available
8:30-9:15	Free play and snack
9:15-	Morning Meeting (approximately 20 minutes) Discussion of the day and what they will be studying
Until 10:35	Choices, some teacher directed depending upon individual needs. Work can be left to be continued in afternoon or until complete.
10:45-11:45	Outside
11:45-12:15	Music and movement
12:15-12:45	Lunch
12:45-1:15	Cots ready and books
1:15-2:15	Rest time: This may be reduced to ½ hour depending on the group
2:15-2:30	Up and clean up
2:30-2:45	Story time (short stories, poetry, eventual chapter books) 2:45-
4:00	Clean up and outside
4:00-4:30	Clean up and snack
4:30-5:30	Games, clay, finish projects. Closure.

\* This time line represents the flow of the day in September, as the group matures along with their ability to spend longer time on a task, modifications will be made.

- **Please be sure to read the Enrollment, Program and Health policies located in the front of this handbook. These apply to each age group.**

### **c. Kindergarten Curriculum:**

#### **Social Studies:**

The Child will:

1. be supported in their understanding and appreciation of their individual identities and strengths.
2. realize their relationship in relation to other family members and complete a generational study.
3. be supported in their developing sense of respect for the environment and the world around them.
4. develop an understanding of the relationship of time through daily routines
5. increase their awareness of their surroundings
6. identify and describe types of transportation
7. construct maps and models of school and community
8. identify national holidays
9. participate in room government, classroom rules and issues.

#### **Math:**

The Child will:

1. identify colors and shapes (including pillars, cylinder, box)
2. classify objects by color, shape, size
3. recognize and anticipate patterning
4. identify the location of objects in space: top/bottom, inside/outside, left/right, front/back/middle, beside/between

5. understand sets; which have more or less, counting and combining sets up to 10, changing the size of a set, placement within a set 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>.
6. identify what comes first/next, sequencing activities, identifying taller/shorter, smaller, longer, more/less
7. tell which container holds more
8. view and interpret graphs and tables
9. understand one to one correspondence
10. understand the stable order principle
11. understand the cardinal order principle
12. understand the abstraction principle
13. understand the order irrelevance principle
14. order numbers 1-10 and be able to write the numbers
15. understand the connection between numbers and our daily lives

**Science:**

The Child will:

1. learn to observe and question
2. conduct simple hands on experiments
3. observe a variety of plants and animals
4. classify objects by their properties
5. observe and record weather
6. be introduced to solar system
7. be introduced to properties of energy, the earth (air, water and soil) and recycling.
8. know the parts of their body and the purpose of the parts

**Language arts:**

The Child will:

1. select books for enjoyment
2. use books in reading like behavior, opening, closing, tracking left to right
3. understand that print conveys meaning
4. follow a simple story and be able to retell the story
5. predict what will happen in a story
6. determine whether a story could really happen
7. identify letters and letter sounds (upper and lower case)
8. recognize their name and the name of their classmates
9. dictate their own stories and rhymes and make their own books
10. recognize common sight words
11. write journals- use drawings to convey meaning and explain what they represent
12. hold a pencil, crayon, paintbrush or other writing implement correctly
13. write their name
14. make use of opportunities to copy words
15. use letters and letter sounds to represent whole words in their own writing process
16. increase awareness of the parts of words (syllables) and sentences (noun, verb, adjectives)

**Art and Music:**

The Child will:

1. use materials singly or combined: pencil, crayon, markers, chalk, paint (watercolor and tempera)
2. be exposed to collage materials and opportunities to make their own design
3. be introduced to a variety of materials for printing
4. be introduced to materials for sculpting (clay, paper mache)
5. be introduced to a wide variety of materials and techniques for self expression
6. have daily opportunities to make music (instruments, CD players)

7. sing songs using a full scale
8. rhythm opportunities (echoing, clapping, beat, tempo, melodies)
9. participate in action songs and singing games
10. have opportunity to participate in a performance
11. have opportunity to listen to a variety of music (international, counting, modern, classical,

**Assessment:** Though we do not teach to the Common Core, the teachers do plan activities that align with Common Core standards for our children who will move on to schools who use Common Core. All curriculum required by the State of Connecticut for Kindergarten is covered in addition to activities and concepts particular to the interests of our children. There are three report cards and parent conferences per year.

## **16. Emergency Policies and Preparedness:**

### **a. Storm Policy:**

The Center uses the New Haven Public School as a guide for deciding whether the Center will close early or for the entire day. However, many of the staff lives close by and every effort will be made to remain open. We will only remain open if we are certain that adequate staff can be maintained. The decision about whether or not to close is made by the Director in conjunction with the Board President. Center closings are announced on KC 101FM and WTNH Channel 8, television or you may check their website at WTNH.com for a complete listing of cancellations and delays. In addition, families will be reached via our communication system School Messenger, by phone and/or email.

### **b. Emergency Preparedness:**

#### **Belief/Intent/Background:**

Despite prevention efforts, emergencies may occur at the child care program. Teachers and parents should familiarize themselves with emergency policies before an event so that an appropriate, coordinated response is implemented.

### **c. Emergency Procedures and Practices:**

1. First Aid Kits: North Campus:  
First aid kits will be located in the Toddler and Pre-school Kitchens, kept inaccessible to children and will be restocked following use to maintain the supply of items in accordance with the CT Child Care Regulations. An appropriately supplied first aid kit will be taken on trips (walking or Vehicular) to and from the facility. The health consultant and teachers complete monthly checks to review the contents of the first aid kits and replace missing or expired items.  
South Campus:  
Emergency bag is located in the main office on top of the file cabinet.
2. Emergency Phone Numbers:  
All caregivers will have immediate access to a device that allows them to summon help in an emergency. The telephone numbers of the Fire Department, Police Department, Hospital and Poison Control will be posted by each phone with an outside line. Emergency contact information, health insurance information and emergency medical consent forms for each child and teacher will be kept readily available. Telephone numbers for contractors who provide specific types of building repairs for this facility are kept in the office. These maintenance contractors, 785-3288, can be called by the Director or person in charge for problems with electricity, heating, plumbing, snow removal and general maintenance. The list of emergency telephone numbers, health insurance information and emergency medical consent forms and copies will be taken along anytime children leave the program in the care of teachers.

3. Lost or Missing Children:
  - a) To prevent lost or missing children, teachers will count children frequently while on a field trip or outside. A teacher will be responsible for performing a “sweep” of the area or vehicle the children are leaving to be sure that no child is overlooked. Teachers will identify and implement specific systems for speedy recovery of missing children, such as uniform, brightly colored T-shirts, accessible identification and contact information for the children, and instructions to older children about what to do if they separate from the group. Teachers will not make the child’s name visible to a stranger who might use the child’s name to lure the child from the group.
  - b) If it is determined that a child is missing or lost, staff will immediately notify the local police or sheriff, 911 in campus line, or 432-4400 off campus line, the program director, the parents or legal guardian, and other authorities as required by state regulation. If on a field trip, the teachers will notify the Director to assist in the search for the child.
4. Reportable Injury or Illnesses requiring Medical or Dental Care:
  - a) The teacher who is with the child and who has had pediatric first aid training will provide first aid.
  - b) The staff will activate the Emergency Medical Services (EMS) system by dialing 911 or 432-4400 when immediate medical help is required. The staff will contact a parent or legal guardian or, if legal guardian cannot be reached, the alternate emergency contact person. The staff will contact the emergency facility to alert them that an adult and child are on their way. The emergency facility used by the program is Yale New Haven Hospital. Prior to a specific medical emergency staff will contact the emergency facility at 688-3333 to find out what procedures are followed for emergency treatment of children who are not accompanied by a parent or legal guardian. Emergency transport is provided by ambulance.
  - c) A teacher will accompany the child and remain with the child until the parent or legal guardian assumes responsibility for the child. Child: Staff ratios of 1 adult for every 4 children will be maintained at all times for the children remaining in the program. Another staff person will substitute for the missing caregiver in such emergencies.
  - d) The staff member who witnessed the event will complete an injury report form as soon after the incident as possible. The form will be signed by the parent or legal guardian. Copies will be distributed to the parent or legal guardian, the child’s record at the program, and the Program’s Injury Log.
  - e) Dental Emergencies:

Dr. Donald Kohn, 787-3669, is the licensed provider who has agreed to accept emergency dental referrals of children and to give advice regarding a dental emergency unless otherwise indicated by the parent or legal guardian. Dental injuries will be given first aid as in (a) above. If emergency dental care is required, a teacher will accompany the child and remain with the child until the parent or legal guardian assumes responsibility for the child.
5. Serious Illness, Hospitalization and Death:

The Director will immediately notify the parents, The State Department of Public Health and the governing Board of the Center of a serious illness, hospitalization, or death of a child or teacher that occurs related to child care or during the child care day. The Director will plan and carry out communication with teacher, families, children and the community as appropriate.
6. Evacuation Procedure: North Campus
  - a) Child: staff ratios will be maintained, and the children will be evacuated to 333 Cedar Street. Harkness Auditorium in the Rotunda
  - b) Children who cannot walk out of the building on their own will be evacuated as planned in consultation with a fire safety professional:
    - Infants and Toddlers will be in evacuation cribs and strollers.
    - Children with Disabilities will be in wheelchairs or wagons.
  - c) The Director will ensure that each teacher knows a specific assignment; the schedule is posted on the bulletin boards.
  - d) Teachers will count the children in each group being evacuated and count the children again when they reach the evacuation destination.
  - e) Teachers will give children clear, simple instructions about exiting the center. Children will stop their activities immediately at the sound of the alarm and proceed to the exit door.
  - f) Administration staff will carry attendance and emergency contact information from the facility to the Rotunda at 333 Cedar Street and compare attendance at the Rotunda,

333 Cedar Street, to the attendance sheet to be sure no children or teachers have been left behind.

g) To ensure complete evacuation has occurred, the last person to leave each part of the facility will conduct a final, through "sweep" of all areas accessible to children (whether or not children are allowed in those areas). The center will post a list of all areas to be checked as part of the "sweep" in each part of the center. The last person to leave will use the list of accessible areas to be sure each area is checked, and then take the list to the Yale Fire Marshall. Each person who conducted a "sweep" will sign the list of areas checked, then take the list to the Yale Fire Marshall. If a child who should have been evacuated with the group is located as a result of a final "sweep" during the evacuation drill, the director will investigate the circumstances that led to the failure to evacuate the child and plan how to avoid such problems in the future.

h) If reentry into the building is not possible, children will be evacuated to the Rotunda, 333 Cedar Street; teachers should remain calm and speak to the children in a reassuring manner.

i) Temporary shelter will be stocked with supplies and materials necessary for the program to take care of children until parents, legal guardians or designated persons can take the children home.

j) Families will be notified by telephone or radio/television broadcast on KC101 FM or WTNH Channel 8 and CT FOX TV. The radio station/television station call letters are listed in the Parent/Family Handbook and by our communication system School Reach on their phone or email.

k) The evacuation procedures will be posted in the center at the Bulletin Boards. Evacuation drills will be held monthly. The timing of the drills will be varied to include early morning, mealtimes and nap times. Children will be appropriately prepared for and reassured during drills. The director will complete the Evacuation Drill Log at the end of each drill.

l) At least one drill per year will be observed by a representative of the Fire Department or equivalent emergency or disaster planning personnel.

m) All new teachers will receive perspective training on the evacuation plan.

Evacuation Procedure South Campus

Procedures will be the same but the evacuation will be facilitated by busses provided by the University and the children taken to Payne Whitney Gym.

7. Fire or Risk of Explosion:

a) Anyone who discovers smoke, fire or risk of explosion will pull the fire alarm located at the door to each side of the Center and notify the Yale Fire Department by calling 911 from a campus line or from an outside line, from a safe location after being sure that evacuation of the building takes place.

b) Teachers will follow the posted Evacuation Procedures.

c) The last person to leave a room will close the doors of the room.

d) Trained staff is authorized to use the fire extinguisher where necessary and safe.

e) The Director will report a fire or explosion to the childcare licensing agency within 24 hours.

8. Hazard Identification and Correction:

The Director will conduct monthly inspections of the program for hazards. The results of the site inspections will be reviewed by the Yale Fire Marshall to arrange for corrections of hazardous conditions identified. Written reports of the inspections and corrections will be kept in the program files.

a) Escape Hazards: Yale Fire Marshall will maintain and review with the teachers annually a list of potential high risk locations/situations where a child might escape unnoticed from the group. Teachers will use this list to plan for increased supervision in these high risk locations and situations. If such a high risk escape hazard is identified between annual reviews, staff will take action immediately.

b) Evacuation Hazards: Yale Fire Marshall will be responsible for establishing and updating a checklist of locations to be assessed during evacuation to assure complete surveillance of the building before an evacuation is declared complete. The checklist will identify usual and likely-to-be-forgotten locations such as: under a cot, behind a sofa, in a toy bin, in a closet, kitchen or toilet room.

9. Emergency plans specific to children with special health care needs will be outlined in each child's Individualized Health Care Plan.

**17. Conclusion:**

This handbook should answer many of your questions about the program. Regularly scheduled parent meetings, parent conferences and participation on Center committees and on the Board provide families with greater insight and knowledge of the program. A monthly newsletter, given to each family, gives highlights at the Center along with updates and important information for parents. The June edition will include the school year calendar for posting in your home or office. Questions or concerns can be addressed to either the Director and/or your child's teachers. With open communication, mutual respect, trust and cooperation, the partnership between parents and staff will benefit each child by helping to provide high quality, individualized development care.

After careful review of the handbook please sign and date the acknowledgement on the last page and return it to the main office or place it in one of the tuition pockets on either side of the Center.

**A receipt must be on file for every family.**

**Notes:**

**Phyllis Bodel Child Care Center at  
the Yale School of Medicine**

**Handbook Acknowledgement Statement**

I/we acknowledge receipt of the Phyllis Bodel Child Care Center Handbook. I /we have read and questioned any statements that needed clarification and agree to follow the guidelines outlined in the handbook.

\_\_\_\_ I/ we have read and understand and discussed the Behavior Management Policy of the Center with the Director, located under Discipline in this Handbook.

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date

\_\_\_\_\_

**(Second parent)**

Parent's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date

\_\_\_\_\_

**Acknowledgement Receipt**

**Please sign and return to the main office or leave it in a tuition pocket.**

