

Phyllis Bodel Childcare Center at Yale School of Medicine

# Family Handbook

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## **BACKGROUND INFORMATION**

### **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 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.

We are licensed by the State of Connecticut, Office of Early Childhood. We have National Accreditation through the National Association for the Education of Young Children's (NAEYC) Academy.

To obtain a copy of the Connecticut Child Care Center regulations, go to [https://www.ct.gov/oec/lib/oec/licensing/childcare/centers\\_statsregs.pdf](https://www.ct.gov/oec/lib/oec/licensing/childcare/centers_statsregs.pdf)

Phyllis Bodel Childcare Center complies with Title VI of the Civil Rights Act of 1964 (P.L. 88-352), to the effect that, no person in the United States shall, on the ground of race, color, national origin, disability, age, or sex be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which we received federal financial assistance from the United States.

### **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 Sensory 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.

### **Our Goals and Objectives:**

\*Parents feel safe leaving their children in our care.

\*Children are supported to develop a sense of self-esteem and self-concept.

\*Children feel free to explore their environment in a way that is comfortable for each individual child.

\*Parents feel as though they are supported and included in the Center's activities and operations.

\*Children experience growth in social-emotional, physical, language and cognitive development.

### **Organizational Structure:**

#### a. Staff:

Phyllis Bodel is led by an administrative team that consists of the Executive Director, two Coordinators, and a Business Manager. The Executive Director has full responsibility over all areas within the organization and works directly with all staff and the Board of Directors. Each Coordinator supervises the daily operations at each site, ensuring teachers, families, and children are all having their needs met. The Business Manager handles the finances of the organization, including parent tuition payments.

The Executive Director oversees the hiring process for all staff members, with support from each Center's Coordinator. Initial recruitment searches for Teachers focus on educational credentials and prior experience. Preference for consideration is given to Teachers with Associates degrees in Early Childhood Education or higher. All staff members are trained in Pediatric First Aid, CPR, and Medication Administration, Diversity, Special Needs, Pre-literacy and Early Childhood-related Courses.

We follow Coteaching model. The lead teacher is identified on the classroom bulletin board or on the current Learning Experience posted on the Parent Board in each classroom.

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.

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

The cooperative and complementary efforts of the Executive Director, Board of Directors and standing committees administer the Bodel Center. The Board of Directors is comprised of six parent representatives, the Executive Director, three faculty members of the School of Medicine, a child development consultant and the director of the Office of Women in Medicine. The Executive 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 Executive Director makes administrative decisions and supervises the organization of the program and is responsible for staffing decisions. The Board oversees these decisions but leaves the daily administration to the Executive 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 our website ([www.bodelchildcare.org](http://www.bodelchildcare.org)).

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, events, fundraising and other support.

### **YOUR ISSUES AND CONCERNS**

Please know that we view our relationship with you as a partnership. If you have any concerns regarding your child, his/her classroom, or the program in general, please bring it to our attention. This way, we can resolve any possible issues and ensure we are meeting your needs.

If you have a concern about your child or the classroom, your first contact with that concern should be your child's teacher. If your issue is not resolved in that discussion, then please speak either with the Coordinator or the Executive Director. Depending on your concern, a meeting may be called with you, the teacher, and the Executive Director.

If you have a concern about the program in general, or an issue not directly related to your child or your child's classroom, then please speak first to the Coordinator or the Executive Director.

Any issue or concern that you bring to us will be addressed, and you will be kept apprised of any actions taken or other results of our discussions.

#### **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. The regulation reads as follows:

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 Office of Early Childhood at 860-500-4412. In case of abuse/neglect or life-threatening situations, contact the Department of Children and Families at 1-800-842-2288 and the Office of Early Childhood.

All Inspection Reports and Compliance Letters are available for your inspection here at Bodel or by contacting the Office of Early Childhood.

### **OUR CLASSROOMS**

Our Center is made up of age-specific classrooms, each of which is designed to meet the developmental needs of the children enrolled. The furniture and materials are carefully selected to be safe, engaging, and educational. Each room is divided into “learning centers”. The type and number of learning centers in each classroom depends on the ages of the children in the room.

Each day, for a specified amount of time, the children can choose among these centers, which have been carefully designed by each teacher to ensure the optimal experience for learning and development. The younger the child, the longer the amount of time spent freely choosing activities and the less time spent in large or small group activities directed by the teacher.

### **PROGRAM CURRICULUM**

Our curriculum is an Emergent Curriculum. Teachers observe the children and determine their interests as well as their development strengths and areas needing support. Based on this, the teachers create learning experiences that foster each stage of the child’s development. Our approach in the classroom is based on a Constructivist model, championed by theorists such as Piaget and Vygotsky. It is based on the understanding that children learn best through the direct experience of their surrounding environment. The following areas are included in the curriculum planning:

#### **a. Infant and Toddler Curriculum**

Goals of the Program:

1. To provide the necessary components of trust through interactions with warm, responsive and encouraging caregivers.
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 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 show children the effect of their actions and provide for mastery over their environment. This responsive relationship allows teachers to 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 toddler classroom environment allows children to feel and be safe as they explore, experiment and learn about their world and attain mastery.

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 the world around them intact. The age range of the toddler room can be eighteen months to three years.

### **Developmental Focuses:**

#### **Personal/Emotional/Social:**

The teachers value the uniqueness of each child and know the importance of acceptance, warmth, reassurance and understanding of temperaments. Infants are held while being fed and 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 encourage and validate the toddlers' 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 is 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, conversations are all part of every day. Music in the classrooms can range from Raffi 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, 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 care giver, 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 expend energy. Our teachers know that toddlers 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 are examples of areas that 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, Legos, 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 are provided that are developmentally appropriate, 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 available 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 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. Preschool 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 their 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.

### **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 Big Room 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 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 learn about books.

**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.

**WELCOME TO OUR INFANT PROGRAM!**

**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
- 2 crib sheets

**Please make sure everything is labelled.**

**“SHOELESS” INFANT ROOM**

Our infants spend their day on the floor, crawling and rolling and “scooching”. To prevent lead and other toxins from being tracked into the infant rooms and then being picked up on the hands and clothing of our babies, our infant rooms are “shoeless” rooms. If you go into the classroom, then you must either remove your shoes, place a pair of blue booties over your shoes, or change into slippers or shoes that have never been worn outside.

Please note:

- Swaddling is not allowed.
- Children who come into the program or fall asleep within 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.
- Wedges may only be used with a Doctor’s authorization.
- 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 his or her needs. Also, please empty your child’s bags and wash their hands before you leave. We absolutely understand that rough mornings don’t always make this possible and we are here to help in those moments but please make your best effort in helping us with this transition. Thank you all so much for sharing your beautiful babies with us!
- Walkers: The Center does not use walkers, exersaucers or swings in the infant rooms.
- 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. The infants go outside twice a day for walks in the strollers, and to test their large motor skills by using push and pull toys. Younger infants will have opportunities to experience tummy time and other activities on blankets while outdoors.
- Nutrition/Meals: Parents supply all food necessary for their infants. The Center supports breast-feeding and provides space for nursing mothers. We will not offer solid food and fruit juices to infants younger than four months, unless the child’s health care provider recommends it in writing. 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, formula or appropriate milk provided by the parent. No solid food will be put into a bottle without written instructions from a health care provider.
- 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 may 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.
- 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 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); 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). We are a completely tree nut and peanut free center,
- For ideas on appropriate finger foods and portions please see our website ([www.bodelchildcare.org](http://www.bodelchildcare.org)).
- Teachers will check ingredients of all foods brought into the Center. Anything containing peanuts or tree nuts will be sent home, unopened.
- 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 Infant Room Phone numbers:  
 Guppies 203-737-1095  
 Starfish: 203-737-2938  
 Ducklings: 203-1277

South Campus Infant Room Phone Numbers:

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 and will adjust and document schedules to meet these needs whenever possible.

**Breast Milk Handling, Administering and Storage:**

**To All Families:**

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 never shaken
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 nursery bag is clearly labeled with the correct infant’s name and date. Do not accept any unlabeled bags. Infants unable to sit are held for bottle feedings.
2. Refrigerate bottles or nursery bags immediately upon arrival.
3. Use bottles or nursery 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 either with running water or in a bottle warmer.

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 Families and Teachers:**

#### Storage of Fresh Breast Milk

1. If used within 2 hours of being expressed and kept 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!**

#### **Toddlers entering the Center will need:**

- 1-2 changes of clothing, changed seasonally
- 1 light blanket
- 1 heavy blanket (thin)
- 1 set of cot sheets
- Lunch in a labeled lunch box with an ice pack

#### **Your child's transition from Infants to Toddlers:**

The transition process from the infant classroom takes two to four weeks, depending on the child. Initially your child will just visit the empty toddler classroom with a Teacher from their current 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 most 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.

#### **Some things to know:**

- 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 The Daily Health Check for further information about drop off.
- Meals:

- Beginning with the Toddlers classroom, your child's teachers will be preparing a morning snack and an afternoon snack. You will be providing lunch.
- 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.
- 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
- Lunches 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. The name should be written on the container and on the label.
- Snacks provided by the teachers will always cover two food groups. If your child has food restrictions, please be certain to discuss these with 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 (larger grapes should be cut in quarters). Popcorn and chips are not given to the children. This includes veggie chips. Fruit rolls ups and other similarly processed foods are too hard for toddlers to chew and safely swallow, and they stick to their teeth, so they are therefore not allowed. Please visit [www.bodelchildcare.org](http://www.bodelchildcare.org), Health and Resources, Healthy Eating for healthy food ideas, portions and choices
- No bottles are given at nap time.
- The toddlers are encouraged to feed themselves and so will wear a large plastic bib.
- Toddlers and pre-school children are served age and diet appropriate snacks.

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)  
Chips, Fritos, Cheese Doodles, Candy, Veggie Chips

Gogurt

- **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.
- **Clothing:** 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.
- **Visiting:** One of the greatest benefits of being on site is your ability to visit your child during the day. Parents are encouraged and invited to visit, and even take your child out for lunch occasionally. Our only caution is that, if your child is having great difficulty separating from you in the morning, you may want to wait until that has resolved so that the child is not having to deal with these strong feelings twice each day. Also, we ask that you please follow the schedule of the toddler space so that, for example, rest time is not disrupted. 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:

Bodel North:

Puffins: 55300

Penguins: 30157

Bodel South:

Butterflies: 30024

Dragonflies: 30026

### **WELCOME TO PRESCHOOL!**

#### **Preschoolers entering the Center will need:**

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

## **Our Preschool Program**

The Phyllis Bodel Childcare preschool consists of children three to five years of age. Each classroom has a team of two teachers. We hope that this information will help make that transition to our preschool successful for everyone.

**Transitions:** The transition process from toddlers 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 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 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.

**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, so it is important that we know if a parent is out of town, if there is a sickness, or if there has been any change in your child's regular routine. This will help us understand your child and meet all his or her needs.

**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. Anyone here after 5:30 is considered a late pick up and can be subject to a fee.

**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 extra clothing for the current season.

**Snack:** The snacks are posted and are decided by the teachers.

**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 on both the lid and the container. 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 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. If a food is brought in that has peanuts or tree nuts, the teachers will not be able to serve it to your child.

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, dried fruits, Hard Candy, Pretzels, Peanuts or peanut butter, Chips, Seeds, Popcorn, Nuts of any kind, Raw Peas, Meat in chunks larger than can be swallowed whole

**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 preschooler's 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. 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.

**Preschool Schedule:**

Your child's classroom's daily schedule is posted in the room.

**Visiting:** One of the greatest benefits of being on site is the ability of our parents to visit their children during the day when able. 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 preschool. 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.

**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:

Bodel North

**Otters:** 3-1754

**Belugas:** 3-4087

**Dolphins:** 3-1037

**Manatees:** 3-4088

Bodel South

**Chipmunks:** 3-0027

**Hedgehogs:** 3-0025

**Curriculum:** The lesson plans 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.

## **SCREEN TIME**

It is our belief (as well as that of NAEYC and the American Academy of Pediatrics) that children learn best by doing. That is, children need to manipulate objects, move, sing, and interact with each other to develop physically, intellectually, socially, emotionally and creatively. They learn very little by spending time sitting and watching TV or playing at the computer. Therefore, you will find that there is no TV or DVD player in our building. Your child will be actively engaged in his or her learning during the time that he is here. We do have tablets in our classrooms for the teachers to use. Occasionally, the teacher may show the children a video on the tablet or one of our laptops that is relevant to the learning experiences or do some research with them to find the answer to a question. But the time spent is limited to just a few minutes and only occasionally. This way we can ensure an optimal learning environment for your child.

## **DISCIPLINE POLICY**

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. We do not use "time out" but may ask a child to leave an area of the room, and/or go to sit in the book area with a book or play at the sand table to help them to calm down if upset. In these circumstances, the child remains in the classroom with direct supervision of the teachers and can rejoin the group when the child feels ready. Teaching staff never use threats, derogatory remarks, and neither withhold nor threaten to withhold food as a form of discipline. Staff will also not use abusive, neglectful, corporal, humiliating or frightening punishment under any circumstances.

It is our intention to create an environment in which children can learn from both positive and negative experiences. We choose to use a positive approach to discipline that is age appropriate and emphasizes what a child should do instead of shouldn't do. We strive to provide an atmosphere that allows the children to have some independence, and establishes clear, reasonable limits and goals.

**The Staff will use positive discipline by:**

- Anticipating and eliminating potential problems.
- Having a few consistent, clear rules that are explained to children and understood by adults.
- Catching the child being good and reinforcing positive behavior.
- Criticizing the behavior not the child.
- Nurturing and caring for each child every day.

**Steps of our Process**

- We will first speak to the child and explain not only why the behavior is unacceptable, but also what the child can do that is appropriate and possible natural consequences of the behavior, such as how someone might get hurt.
- After giving the child a few chances (depending on the behavior and the child's age) we will re-direct the child to a new activity, providing them the opportunity to make a choice if appropriate and changing the focus of their behavior.

- If redirection is also not helping we will provide the child with a quiet space, engaged in a quiet activity such as puzzles, books, or play dough so that they can sit and calm their body down and gain self-control and return to the group.

## **ANNUAL PHYSICAL AND IMMUNIZATIONS**

Each child is required to have an annual physical examination by your pediatrician and an updated medical form in our files. All immunizations must be kept up to date. Exceptions can be made only for health reasons, which must be explained in writing by a health care professional.

All children must be immunized with the flu vaccine each winter.

As your child receives immunizations, please bring in documentation by your physician stating the immunization your child just received so that your child can continue to attend.

If immunizations have not been or are not to be administered because of a medical condition, a statement from the child's primary health care provider documenting the reason why the child is temporarily or permanently medically exempt from the immunization requirements should be on file.

Parents/guardians of an enrolling or enrolled infant who has not been immunized due to the child's age should be informed if/when there are children in care who have not had routine immunizations due to exemption.

The parent/guardian of a child who has not received the age-appropriate immunizations prior to enrollment and who does not have documented medical exemptions from routine childhood immunizations should provide documentation of a scheduled appointment or arrangement to receive immunizations.

If a vaccine-preventable disease outbreak occurs, all susceptible children will be excluded from child care based on public health officials' determination. Children without proof of immunity, including children with medical exemption, shall be excluded for this reason and will not be able to return until (1) the danger of the outbreak has passed as determined by public health officials, (2) the child becomes ill with the disease and completely recovers, or (3) the child becomes immunized against the disease.

## SICK CHILDREN

A child who attends the program must be able to participate in all activities comfortably, including going outside. Requests by parents to keep children indoors cannot be accommodated since we do not have the extra teachers available.

Children cannot attend if they have any of these symptoms:

- The child's illness prevents the child from participating comfortably in activities that the program routinely offers for well children or mildly ill children.
- The illness requires more care than the child care teachers can provide without compromising the needs of the other children in the group.
- Keeping the child in care poses an increased risk to the child or to other children or adults with whom the child will come in contact. If the child care 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.
- If the child has any of the following conditions:
  - Fever of 101.1 F or higher. Fever must be broken without fever reduction medication for 24 hours or more.
  - 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.
  - a) Diarrhea, defined by more watery stools, 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. Children with diarrheal illness of infectious origin generally may be allowed to return to child care 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 Shigella 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;
  - b) Blood in stools not explainable by dietary change, medication or hard stools;
  - c) 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 not contagious, and the child is not in danger of dehydration;

- d)** Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms;
- e)** Mouth sores with drooling, unless a health care provider or health department official determines that the child is noninfectious;
- f)** Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease;
- g)** Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until after treatment has been initiated. In epidemics of non-purulent pink eye, exclusion shall be required only if the health authority recommends it;
- h)** Pediculosis (head lice), from the end of the day until after the first treatment and nits removed;
- i)** Scabies, until after treatment has been completed;
- j)** Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care;
- k)** Impetigo, until 24 hours after treatment has been initiated;
- l)** Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever;
- m)** Varicella-Zoster (Chickenpox), until sores have dried and crusted (usually 6 days);
- n)** Pertussis, until five days of appropriate antibiotic treatment (currently erythromycin, which is given for 14 consecutive days) has been completed;
- o)** Mumps, until nine days after onset of parotid gland swelling;
- p)** Hepatitis A virus, until one week after onset of illness, jaundice, or as directed by the health department when passive immunoprophylaxis (currently, immune serum globulin) has been administered to appropriate children and teachers;
- q)** Measles, until four days after onset of rash;
- r)** Rubella, until six days after onset of rash;
- s)** Unspecified respiratory tract
- t)** Shingles (herpes zoster)
- u)** Herpes simplex

- 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.
- If the teacher is unable to contact the parent, medical advice will be sought until the parents can be located.



- 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 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.

If a child exhibits any of these symptoms during morning drop off, we cannot accept the child. If a child exhibits any of the above symptoms at school, we will call the family and ask them to pick up the child. **Children should be picked up within one hour** if called with one of the above symptoms.

The child may return with a doctor's note, 24 hours after symptoms have disappeared, or 24 hours after medication has started. If you have any questions as to which apply, please refer your questions to the Executive Director, Nurse, or Center Coordinator.

If a child has one of the listed communicable diseases, we will hang up a sign alerting parents, and will have available information to let you know the signs and symptoms, mode of transmission, period of communicability, and control measures that are being implemented here and that can be implemented at home.

## MEDICATION

All staff receive training in the administration of medication.

For staff to administer medication to a child, the following must be done:

- The parent and physician must fill out a medication authorization form.
- The medicine must be in its original bottle with the prescription label containing the child's name, the name of the medication, the directions and dosage, the expiration date of the medication, and a list of warnings and possible side effects.

Nonprescription medication must be in the original container with the child's name clearly labeled.

- The dosage may not be altered in any way by the staff.

A telephone call is not acceptable authorization for administering medicine unless we have a blanket medication form. (Ex. for Tylenol or a child's allergy or asthma medication).

We will not administer new medication to a child for the first time while he or she is here at the center. This must be done with parent supervision at home.

We will return any unused medication to the family when the end date on the permission is reached.

\*We will not give over the counter cold or cough medicines unless we have a doctor's note to do so. This note must include the purpose of the medication and time intervals of administration. These OTC medications must be in their original containers and include the child's name, the name of the medication, dose and directions for use, an expiration date for the medication, and a list of warnings and possible side effects. However, a parent may come to the center to administer medication for their own child.

We will not administer new medication to a child for the first time while he or she is here at the center. Parents need to administer new medication at home.

All medications are kept out of reach of children. Non-emergency medications are kept in locked boxes, either in a cabinet or in the fridge. Emergency medications are kept in our red emergency bags, which are out of reach of children but easily accessed by adults. These bags are carried by teachers when they go to the playground or into the Big Room.

### **Food Allergy Policy**

Food allergies are becoming more common among infants and young children. Allergic reactions can range from mild skin rashes to severe, life-threatening reactions. It is important to reduce the likelihood that these reactions will take place while the child is in the child care setting. Phyllis Bodel Childcare Center is a peanut free/tree nut free facility. Restrictions regarding other foods will be determined on a case by case basis; taking into consideration the severity of the allergy, the potential exposure while in the classroom and recommendations received by the child's health provider/ allergist.

#### ***Procedure/Practice***

1. Strategies to avoid exposure to known allergens
  - a. All children and staff will wash their hands upon entering the center and before and after food consumption.
  - b. Use of allergenic food in crafts, cooking and special activities will be avoided.

## 2. Food Preparation

- a. Sharing food, containers and utensils will not be allowed
- b. Bottles, lunchboxes and other utensils will be clearly labelled with the name of the child and if not clear, the food ingredients.
- c. Eating areas and utensils will be thoroughly cleaned with appropriate cleaning solution
- d. Tables and chairs will be wiped down before and after meal times
- e. All food kept at the center will be labeled and dated. Should food not be labeled and dated it will be disposed of.

## 3. Staff Training and Education

- a. Ongoing training and education for staff about food allergy management, anaphylaxis and use of prefilled, Epinephrine autoinjectors will be provided by the center's health consultant.
- b. All staff are responsible for knowing each child's allergy and have reviewed the Emergency Care Plan and Medication Authorization form, this includes substitutes and float staff.
- c. Staff will be instructed about necessary measures to prevent cross-contamination during handling, preparation and serving of food.
- d. Staff will directly observe any child with allergies during meal times.
- e. Staff will use age-appropriate teaching to educate children on food allergies

## 4. Emergency Medication Administration

- a. All staff will be trained in Medication Administration, Anaphylaxis and Epinephrine administration
- b. Staff will have rapid access to epinephrine auto-injectors at all times while the child is present at the center.

## **POLICIES OF OPERATION**

### **HOURS AND DAYS**

The Child Care Center opens at 7:30 a.m. and closes at 5:30 p.m. Monday through Friday. Please refer to our annual calendar on our website ([www.bodel.com/bodelchildcare/forms/](http://www.bodel.com/bodelchildcare/forms/)) for our list of closings and late openings and early dismissals for staff development.

## **APPLYING TO THE CHILD CARE CENTER**

The Child Care Center admits students of any race, color, culture, sex, religion, ancestry, sexual preference, disability, or national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the center. We do not discriminate on the basis of race, color, culture, sex, religion, ancestry, sexual preference, disability, or national and ethnic origin in administration of our educational policies, admission policies, or other school programs and activities.

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 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 from different families, 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. In other words, one sibling is already enrolled at the time the new sibling would start.
- 3) Children are accepted from the application file in order of Medical School Affiliation, date of application, and age.
- 4) Preference is to those wanting full time enrollment (5 days per week). Those wanting two or three days per week are offered space if no one on the waitlist for the available date wants full time enrollment.
- 5) 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.
- 6) If an opening is offered to an applicant, the applicant must take the position and begin paying tuition from that date to accept the position. If the applicant is not willing to do this the position is offered to the next person in the waitlist until the position is filled. Applicants who have declined a position but wish to remain on file are filed according to affiliation with the

Medical School, date of application, and age of child. They do not lose their spot on the waiting list, and therefore are not “bumped down”.

## **ENROLLMENT**

Once a space comes available, you will receive a phone call or email from us with an offer. You have the option of accepting the spot, deferring to a future opening, or being removed completely from the waiting list. If you accept, you will be given a packet of forms that will need to be completed. All forms need to be completed and handed in before the child is scheduled to start.

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

Before entry into the program, parents must pay one month's tuition as a nonrefundable security deposit. Monthly tuition rates are available from the director and payments are due either the 5th or the 20th of the month. Payment is for the month that the payment is made (a payment made October 5<sup>th</sup> or October 20<sup>th</sup> is for the month of October). Parents are required to use the FACTS tuition collection plan or pay the year in advance.

You must give the Director at least a two-month notice, in writing, prior to withdrawing your child from the program. Less than a 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. A month is considered the first of the month to the last day of the month. We do not prorate months. If you leave on the 15<sup>th</sup> of the month, you will be responsible for the entire month and there will be no refunds. 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.

**Tuition remains the same regardless of illness, school closings, holidays or vacation.**

### **A note about part time schedules:**

Part time is considered two or three days per week. When we accept a child for part time care, we will find another child to enroll part time to compliment those days so that an entire full-time schedule is held by two children. A scheduled day cannot be switched for another day if a child is not able to attend for any reason on a scheduled day. If possible, we will add a day to

the child's schedule at the parent's request, but only if we have the available space and available staffing.

Two months' notice is required for a family to change from a full-time schedule to a part time schedule so that the center has time to find another enrollment to compliment the part time schedule. Requests to change from part time to full time should be made at minimum one month in advance and will only be done if there is available space and staffing.

Families may request changes to a part time schedule (either from 2 to 3 days, 3 to 2 days, or to change the actual days of attendance) at least one month in advance.

Schedules may only be changed up to twice a year.

**A month is considered the 1<sup>st</sup> to the last day of any month. We do not prorate our tuition.**

#### **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 plus Presidents' Day. We are closed between Christmas and New Year's Day (as per the School of Medicine's break)
- 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. On the first Friday of December and March, we open at 10:00 am, and on the first Friday of May we close at 1:30. Reminders are posted on doors, newsletters and website calendars. In August we close two full days. In May
- 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. If someone other than yourself will be picking-up your child, you must notify us. We must have written permission from you to release your child to anyone except the parent or guardian. You can add names at any time during the year to the list you provided us at registration. Please also be aware that, if we have never seen this person, he or she must show ID upon entering the Center. If we do not have proper notification or ID and someone

comes to pick your child up, **we will not, under any circumstances, release your child to that person.** This policy is enforced for the safety of the children.

- 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: Our Center is licensed to operate until 5:30 pm. Remaining open after that time is in violation of our license and can result in a citation from the state. Furthermore, our teachers have their own children, classes, and other responsibilities to attend to after they are finished at Bodel. A late pick-up also results in having to pay our teachers overtime, which negatively impacts our fiscal operations. A late pick-up therefore affects our ability to operate and leads to significant disruption of our employees' lives.

If you are going to be late, please try to arrange for someone else to pick up your child. If that's not possible, please call the center immediately. This way, our teachers can make arrangements with their own families, professors, and others that rely on them. It also reassures them that you are safe.

To offset the financial impact of a late pick-up, we have instituted the following late pick-up policy:

A late pick-up is considered a pick up after 5:30 pm. A parent picking up later than their scheduled time is not considered late unless it is after 5:30 pm.

A pick-up is considered late if the child is not out of the building by 5:30 pm, when our licensed hours end. This means parents must arrive before 5:30 pm, especially in the winter, so that the child can be dressed in outer clothing, gather personal belongings, and be out the door by 5:30 pm. This will ensure that we are not cited by our licensor and that teachers are able to fulfill their evening responsibilities.

Late pick-ups are subject to fines as follows:

- There is no fine the first time you are **up to** five minutes late. Subsequent pick-ups **up to** five minutes late may be subject to a \$10.00 fine.
- Pick-ups that are between 5:35 and 5:45 may be subject to a \$20 fine. This includes the first late pick up.
- Late pick-ups after 5:45 will be subject to a fine of \$25.00 for every 15 minutes or part thereof.

The fines will be used for the "Staff Development Fund" which is used to pay for 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. This is allowed only once.

### **POLICY ON THE RELEASE OF CHILDREN**

Each child may be released only to the child's custodial parent(s) or person(s) authorized by the custodial parent(s). If a non-custodial parent has been denied access to a child by a court order, you must provide the center with documentation to that effect for us to maintain on file.

If anyone comes to pick up a child who has not been given authority by the parent, we will not release that child. We will call the parents and request that they or another authorized person come to the Center for the child.

If a child is not picked up by the time the Center closes:

1. We will attempt to contact the parent(s) or person(s) authorized by the parent(s);
2. An hour or more after closing time, if we have not been able to reach the parent or others authorized by the parent, we will call Security to seek assistance in caring for the child until the parent(s) is able to pick-up the child.

If a parent or other adult arrives inebriated or otherwise in a condition unable to transport the child safely home:

1. We will not release the child to that adult.
2. We will attempt to contact the child's other parent or an alternate person(s);
3. If the center is unable to make alternative arrangements, we will call Security to seek assistance in caring for the child

### **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 will prepare the fruit for the children.



Toddler/Preschool: We will make muffins or another special snack for the Birthday child (their choice) 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 Breyer's Natural Vanilla Ice Cream, (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.

### **OUTDOOR PLAY AND ACTIVITIES**

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. At least two teachers will be outside at all times.
2. All outdoor activities will take place in designated areas.
3. Parents will be notified and permission required if special walks are taken.
4. 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, since these days can be unhealthy for young children, especially those with any allergies or asthma. We also use our discretion based on current weather reports to make decisions regarding the safety of outdoor play.
5. 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.
6. Supervision with sight and sound is followed at all times for all age groups. Ratios for each age group are maintained outside the same as indoors.

The State of Connecticut requires children enrolled in child care centers spend time outdoors every day, weather permitting. Time outside at any time of year means children are building not only muscles but also their immune system by coming into contact with the natural world. They are also stimulating their imagination and developing problem solving skills. Being out in the sun provides them with Vitamin D.

In the Winter months, getting fresh air can help combat illnesses and help prevent children from contracting illness from other children. Most viruses are airborne and getting children outside helps to eliminate some of the germs they carry. According to the American Academy of Pediatrics, *"Cold weather does not cause colds or flu. But the viruses that cause colds and flu*

*tend to be more common in the winter when children are in school and are in closer contact with each other.”*

Please dress your child/ren appropriately for the weather. In the winter, bring in a hat and gloves or mittens, snow pants, and boots for cold and snowy days. In the summer, please provide sunblock. We must also have written permission from you to apply the sunblock. The sunblock will be applied by you prior to drop off, and by us in the afternoon. Please also provide a hat for the sun. Also, bring a bathing suit, towel, and water shoes so that your children can participate in water play activities. PLEASE LABEL EVERYTHING! Children cannot wear open-toed shoes due to the likelihood of injury and the difficulty in running.

**Our policy is...if your child is well enough to come to school, they are well enough to go outside. Please do not ask us to keep your child indoors as our staffing does not allow for that.**

If the weather prevents us from going outside, children will spend time engaged in large motor activities in our Big Room. This way, they will receive the benefits of active physical play necessary for development.

## **PARENT INVOLVEMENT**

In addition to the PTO, parents will have the opportunity and are encouraged to participate in their children’s experience at Bodell in many ways. These will include, but are not limited to:

The Week of the Young Child  
Potluck Dinners throughout the year  
“Dance into Spring”  
Art Experiences

Any other time a parent wishes to volunteer, it can be arranged with the teachers or Coordinator.

Parents are encouraged to take advantage of our open-door policy and to call or visit anytime. All that is asked is that parents be aware of the schedule and to plan visits/phone calls at a time that will not be disruptive, (i.e. nap time). Please be aware also that if your child is having trouble in separating from you at drop off time, daytime visits could be difficult for both of you.

## **DEVELOPMENTAL PROGRESS**

Your child's developmental progress will be followed closely throughout the year so that our curriculum responds to the educational and social needs of every child enrolled. We look at language development, preliteracy and premath skills, as well as social, emotional, and physical development.

We use the Connecticut Early Learning and Development Standards (CT ELDS) and Connecticut Documentation and Observation for Teaching System (CT DOTS) appropriate for your child's age. Teachers receive training in these materials as soon as a workshop is available after they begin working at Bodel. These tools enable us to observe and assess each child developmentally and plan learning experiences accordingly. CT DOTS is mainly used informally, to assess your child while participating in typical classroom activities and is therefore not a stressful experience for your child. Occasionally we may need to ask your child to, for example, show us how well he or she throws a ball or hops on one foot, but this is done in a way to make your child feel proud of what he or she can do, not as if he or she is being asked to perform to a predetermined level. We also maintain anecdotal records, which are essentially objective narratives describing our observations of each child. The observations are aligned with the CT ELDS Learning Progressions and the CT DOTS Observation Progressions so that Teachers can then plan activities to support your child's growth and development. All these records are kept on file in a secure location. We will be happy to share them with you at any time. We will share our written assessments with you at your Parent Teacher conference in the fall and spring as well as periodically (less formally) at other points in the year. If you or the teacher have concerns about your child's development, a meeting can always be scheduled at any time during the year.

### **PARENT/TEACHER CONFERENCES**

During the Fall, and again in the Spring, you will have the opportunity to sit down with your child's teacher and discuss your child's development. Although we have these bi-annual parent/teacher conferences, the teachers are available anytime to discuss your child with you.

### **CONFIDENTIALITY**

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). If 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. If 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.

Our staff will not share confidential information with other staff members unless authorized by the Director. Confidential information is only seen by and discussed with staff members who need the information to provide services. We will not share any information regarding a child or family with anyone other than relevant staff members and the family of that child. This includes specifics regarding behavior that may involve more than one child. For example, if a child hits another child, we will not tell the “victim’s” family who the hitter was. This would be a breach of confidentiality and is considered in our field to be unethical. Furthermore, confidential information about children and families will not be discussed in the presence of others in the facility, but instead will be discussed privately.

## **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 requirements please see the individual sections for more specific policies.

Our staff members follow sanitary procedures for serving the food to children. We wash our hands to prevent the transmission of germs. Children wash their hands carefully before coming to the table to eat. Younger children have their food served to them, while older children eat “family style”, so that they serve themselves out of serving bowls and plates.

Water is served to children daily with all meals, and children may drink water throughout the day as needed.

## TOILETING

We watch for signs that your child is ready to train and then after discussing it with you and developing a plan together, we will offer your child the opportunity to start using the toilet, even if that means just sitting for a few minutes. We will work together with you to ensure that this transition is as smooth as possible for your child. We do ask that if we have your child on a potty schedule here that you try to follow the same schedule at home, so your child feels the home-school connection and so that the transition into underwear is easier for all.

- o 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.
- o An adult will accompany children who require assistance to the toilet area.
- o Gloves and equipment used for cleaning toilet areas will not be used for any other purposes.
- o Potty chairs will not be permitted. Easily disinfected toilet seat adapters and non-slip plastic stepstools may be used.

## RESTING

**Infants** younger than 12 months are placed on their backs for every sleep time unless the child's health care professional completes a signed-and-dated statement that the child requires a different sleep position. Infants always sleep in a crib on a firm surface. Our cribs meet current standards of the US Consumer Product Safety Commission (CPSC) and ASTM for infant sleep equipment. Infants who fall asleep outside a crib are put in their cribs on their backs to continue sleeping. Only one child may sleep in the same crib at one time. Cribs are sanitized between uses. Except for a fitted sheet to cover the mattress and a pacifier, no other items are in an occupied crib with an infant, and nothing is attached to the crib or within reach of the child. Wedges and infant positioners not be used unless prescribed by the child's health care professional with a written note. Soft bedding materials such as sheepskin, quilts, comforters, pillows, crib bumpers, and granular materials (plastic foam beads or pellets) used in beanbags are not accessible to infants. Infants are kept at a comfortable temperature with clothing sufficient for warmth but that does not result in overheating. Blankets are not used. Infants are not swaddled. Nothing is tied around the child's neck or attached to the child's clothing (i.e., no bibs, necklaces, garment ties, hoods, pacifier strings, or ribbons).

**For older children,** rest time occurs after lunch. Each child has a designated cot, and parents provide sheets and blankets for the cot. Children may also have a "snuggly" from home which can be used to help relax the child. Cots are placed around the classroom in time for rest time. Lights are lowered, and the room is kept quiet, with soft music playing. Lighting is sufficient to

ensure that children can be seen by the staff. At all times, when sleeping and resting, a staff member who remains alert supervises children by seeing and hearing them and checking each child frequently. If after a reasonable amount of time resting on his cot (30 to 45 minutes) a child is not able to fall asleep, he or she may engage in a quiet activity either on his cot or at a table away from the group.

## **PACIFIERS**

Pacifiers are allowed in the infant rooms and toddler rooms at very specific times. According to the American Academy of Pediatrics, the use of pacifiers during sleep has been shown to decrease the incidence of SIDS. It is therefore recommended that pacifiers are used at nap time and bedtime. The AAP recommends that pacifiers be used when placing the infant down for sleep, and that it not be reinserted once the infant falls asleep.

Pacifiers must not be coated in any sweet solution. They must be cleaned often and replaced regularly. They will not be used to replace or delay meals and will only be offered when we know a child is not hungry. Pacifiers should have ventilation holes and a shield wider than the child's mouth. They should be made of one piece of a durable material, replaced when worn, and never tied by a string to the crib or around a child's neck or hand.

Pacifiers need to be inspected carefully for tears or cracks, and to see if there is unknown fluid in the nipple before each use. The pacifier should be cleaned with soap and water before each use, as well. Pacifiers should not be clipped, pinned, or tied to clothing, nor tied around an infant's neck, wrist, or other body part.

We will not force a child to take the pacifier if he or she refuses it.

Pacifiers will be cleaned and stored in an open area, separate from the diapering area, diapering items or other children's personal items.

Infants may use a pacifier whenever they need the comfort from it but must be sitting or lying down. Toddlers can use a pacifier during naptime. Mobile infants or toddlers may try to remove a pacifier from an infant's mouth, put it in their own mouth, or try to reinsert it in another child's mouth. These behaviors can increase the risk for choking and for transmission of infectious diseases. Therefore, pacifiers may only be used during these specific times.

If a child entering the Penguins or Dragonflies is still using a pacifier, a plan will be developed between the parents and the teachers to begin to wean the child off the pacifier. The goal will be to wean the child off the pacifier before he or she transitions to a preschool classroom.

## **SANITATION AND HYGIENE**

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:
    - o Eating, handling food or feeding a child
    - o Giving medication
    - o Playing in water that is used by more than one person
  - c. After:
    - o Diapering and toileting (also before Diapering)
    - o Handling bodily fluids (mucus, blood, vomit) and wiping noses, mouths and sores
    - o Cleaning or handling garbage
    - o Handling pets or other animals
    - o 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.
  - o 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:
  - o Using enough product to get/keep the hands wet for 15 seconds
  - o Rubbing all surfaces of the hands, fingernail beds, between fingers, palms and backs of hands until they are dry
  - o They will NEVER be used for children under the age of two
  - o Teachers may use them when running water is not available and they must wash their hands that are not visibly soiled.

- o 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, which is environmentally safe, 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 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**

- o Diapering will occur only in a designated area, which will not be located in a food preparation or handling area.
- o 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.
- o Changing tables shall be cleaned and disinfected after each use by wiping with disinfectant solution described above.
- o Hand washing sinks will be provided adjacent to diaper changing tables, with a minimum of one sink per two tables.
- o If disposable gloves are used, they must be discarded immediately and hands washed.
- o All teachers will follow the diaper changing procedures posted at the diaper changing area.

### **Toileting**

- o 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.
- o An adult will accompany children who require assistance to the toilet area. o Gloves and equipment used for cleaning toilet areas will not be used for any other purposes.
- o Potty chairs will not be permitted. Easily disinfected toilet seat adapters and non-slip plastic stepstools may be used.

### **Toys**

- o 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.

- o All toys which are frequently touched in infant and toddler rooms will be disinfected daily.

- o Toys which only older children use frequently will be cleaned at least weekly and when soiled.

### **Bedding**

- o Each child shall have their own bedding. Children will not sleep on bare, uncovered surfaces.

- o Bedding shall be sent home weekly for cleaning and when your child has been excluded for illness.

- o Pillows will not be used for infants.

- o Thin blankets will be available to provide adequate warmth.

- o For Infants 12 months and younger, the AAP recommends a sleeper as an alternative to a blanket

- o Bedding used on cribs and cots will be tight fitting.

### **Carpets, Rugs and Floors**

- o Floors, except those that are carpeted, shall be vacuumed or swept and mopped with a sanitizing solution at least daily and when soiled.

- o Carpeting shall be free from visible soil, vacuumed daily and shampooed at least every six months to remain free from visible soil.

- o 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**

- o Any animal at the program shall be in good health, show no evidence of disease, and be a friendly companion to children.

- o Dogs or cats will be immunized and will be maintained on a flea, tick and worm control program.

- o Animal cages will be of an approved type with removable bottoms and shall be kept clean and sanitary.

- o Living areas of animals will be enclosed and kept clean of waste to reduce the risk of human contact with animal waste.

- o Caregivers will always be present when children are exposed to animals. o Animals will be prevented from entering food preparation, storage and eating areas.

- o Hands shall be washed before and after handling animals and animal waste.

## **CHALLENGING BEHAVIORS**

It is our intention to work with all children to bring out their best behaviors. When a child is acting out negatively we need to look at the full picture to find out what is going on for that

child. We will look closely and reassess our environment and methods used to help the child, and we will ask you to do the same so that we can find a common goal to support the child through this difficult time.

For children with serious and persistent behaviors we would like to meet and work with both the family and any other professionals to develop and implement an individualized plan that supports the child's inclusion and success.

### **WITHDRAWAL OF A CHILD BY THE CENTER**

Our goal is to not expel or suspend any child on the basis of challenging behaviors. We will instead look at a variety of alternative approaches including assessing the health of the child, looking at the adequacy of the curriculum in meeting the needs of the child, collaborate with the parents to develop solutions, or help the family access mental health or other resources.

We will consider expulsion if and only if the recommendations of the program and/or a mental health consultant or other resource is not followed by the family, if the family does not cooperate in finding solutions, or if the family and teachers agree that an outside placement would benefit the child.

Additionally, if we see, after working with a child for an extended period of time that the child is still having a difficult time conducting their daily activities and controlling their behavior so that it is affecting the safety and wellbeing of that child, his/her classmates, and/or the staff, we may determine that the best thing to do is to withdraw that child from the Center. This decision would be made after significant time and effort has been taken in working with the child. In this situation, the family would be given a minimum of one week to find alternative care. The Director will try to work with the family in finding alternative care, if possible.

This policy complies with all Connecticut and Federal Civil Rights laws.

Parental actions warranting expulsion might be failure to pay or habitual lateness in making payments, failure to complete required forms including the child's immunization records, or physical or verbal abuse to staff. In each of these cases, a letter of warning would be given to the family with specific requirements listed to enable the family to remain in the program (e.g., pay a certain amount by a certain date in the case of failure to pay; returning required forms by a particular date; refraining from any further incidents of abusive behavior by the family member toward the staff).

A fourth parental action that could lead to withdrawal of the child are frequent late pick-ups. As explained in the section "Late Pick-Ups", children need to be picked up by 5:30 pm. If a child is picked up after 5:30 more than once in any month, or consistently once a month or more, the Director has the option of withdrawing the child from the child care center. Parents will receive a warning letter, explaining that at the next late pick up, the child will be withdrawn. If there is

then another late pick-up, the family will be told that they have at minimum one week to find alternative care. The Director will try to help the family find alternative care.

The policies in this handbook were carefully written to ensure that every child is cared for to the very best of the staffs' ability. Repeated failure to follow these policies will result in being asked to leave the center. Again, the family will receive a letter explaining the policy infringement(s) and letting the family know that one additional such occurrence will result in withdrawal of the child. If an additional policy is then broken, the family will be given at minimum one week to find alternative care. The Director will try to assist the family in finding alternative care.

### **PARKING POLICY**

At Bodel North, you may park either on Cedar Street near the corner of York Street, or you may park in the small lot on South Frontage Street, near the loading dock. Please obtain a yellow parking permit from the office. All cars without a yellow permit are subject to towing and/or ticketing.

At Bodel South, you may park in the parking lot outside of our building, in spots designated for child care drop off and pick up.

Parking is allowed only for the time needed to drop off or pick up your child. You may not park there any longer than needed. Since parking is limited, we ask that you move your vehicle as quickly as possible to enable others to park. Also, please note that idling of cars is not permitted unless the extreme cold or heat requires you to do so to maintain internal or engine temperature. Please make sure to turn off your engine while dropping off or picking up your child.

### **THE FOLLOWING BEHAVIORS ARE NOT ALLOWED ON OUR PREMISES**

Smoking, alcohol, substances prohibited by the State of Connecticut, and firearms – exceptions to the carrying of firearms will be made only for Police Officers. Anyone found to be in violation of this policy will be asked to leave immediately. A second offense will result in that person being denied entry in the future.

### **SECURITY**

We have developed a very careful system for ensuring your child's wellbeing while in our building. The main door into the front of the building is always locked and can only be opened by a parent or staff member who has been given access through the ID center once Bodel has given that approval. At Bodel North, parents and employees need to have a key to get into the

preschool hallway, the Puffins Hallway, or Guppies classroom. At Bodell South, families also need to use their ID access to enter the child care center. At North, there is an intercom outside the door to call the main office for anyone without ID access. At South, there is a doorbell outside the entry to the center. Everyone dropping off or picking up a child must sign their child in and out at the classroom. Visitors must sign a visitors log in the office. If you have not given written permission for your child to be picked up by someone, we will not release your child to that person, and we will check anyone's identification whom we have not met before.

No one will be allowed entry unless they have business with the Center.

### **CHILD ABUSE POLICY**

***Allegations of Child Abuse or Neglect:*** The Phyllis Bodell Childcare Program will follow State of Connecticut policy regarding child abuse and neglect. A brief summary of this policy is provided here:

- Teachers and day care employees are **required** to report child abuse-neglect (17-8a(h)).
- Any person, institution, or agency reporting in good faith is immune from any liability, civil or criminal (17-38a(h)).
- A person required to report who fails to do so shall be fined not more than \$500.00 (17-38a(b)).
- The reporting procedure is as follows:
  1. An oral report must be made as soon as possible, but within 12 hours of a suspected incident to the Commissioner of the Department of Children and Families (DCF) or his/her representative or to the local police or state police.
  2. A WRITTEN report must follow within 48 hours. It can be submitted to a DCF regional office or directly to the Commissioner at the Central Office (17-38a(c)).
  3. If a person is making the report as a member of the staff of a hospital, school, social agent or other institution, the reporter must ALSO notify the head of the institution or his/her designee that such a report has been made (17-38a(c)).
  4. Agencies or institutions receiving reports must transfer such information to the Commissioner of DCF or his/her agent within 24 hours (17-38a(e)).

Any employee that suspects a child is abused or neglected must report it to the Connecticut Department of Children and Families (800-842-2288).

Any employee who is suspected of abusing or neglecting a child will be reported to the Connecticut Department of Children and Families and will be placed on administrative leave pending an investigation. If the investigation determines that the accusations are founded, then the employee's position will be terminated.

### **Emergency Policies and Preparedness**

**a. Storm Policy:** Our goal is to remain open no matter what. However, 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 Executive Director in conjunction with the Board President. Center closings are announced through our family communication app.

**b. Emergency Preparedness:** 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 can be called by the Executive Director or Coordinator 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/or strollers.
- Children with Disabilities will be in wheelchairs or wagons.

c) The Director will ensure that each teacher knows a specific assignment; the evacuation route 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) Teachers 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, thorough “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 through our family communication app.
  - k) The evacuation procedures will be posted in each classroom on 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, and children will be walked only to the sidewalk alongside SHM. Children will be appropriately prepared for and reassured during drills. The director or coordinator 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.
- South Campus** Procedures will be the same. For the monthly fire drills, the children will walk out to the parking lot behind the playground, under the pedestrian overpass.

#### **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 or Coordinator 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

## **Thank you**

.....for choosing Phyllis Bodel Childcare Center. We look forward to working with you and your family.

Our promise to you is to continually strive to grow and improve our center so that our children and families are receiving the best care possible.

We appreciate and are honored by your continued trust!!!