

# Bodel Childcare Center Handbook

## Table of Contents

	Page
1. <u>Mission</u>	<u>1</u>
Diversity	
Philosophy	
2. <u>History of Phyllis Bodel Childcare Center</u>	<u>2</u>
3. <u>General Information</u>	<u>3</u>
a. Admissions Policy	
b. Confidentiality Policy	
c. Calendar and Hours of Operation	
d. Discipline	
e. Disciplinary Measures	
f. Annual Evaluation of Center	
g. Agency Information	
4. <u>The Program</u>	<u>5</u>
a. Infant Toddler Program	
b. Pre-school Program	
c. Communication	
d. Trust	
e. Visitation	
f. Nutrition	
g. Holiday Celebrations 4	
h. Birthdays	
i. Walks and Outdoor Play	
j. Safety	
k. Fundraising	
5. <u>Organizational Structure</u>	<u>7</u>
a. Staff	
b. Center Policy on Staff "Babysitting"	
c. Administration and Parental Involvement	
d. Complaint Procedure	
6. <u>Center Resources</u>	<u>9</u>
a. Libraries	
b. Communication	
c. Newsletters, Memos and Annual Report	
7. <u>Entry Information</u>	<u>10</u>
a. Financial Support	
b. Security Deposit, Tuition and Notification of Withdrawal	
c. Documentation	
d. Medical Guidelines	
8. <u>Health Policy</u>	<u>11</u>
a. Daily Health Check and Policy	
b. IEP Statement	
c. Admission Policy and Special Care Plan	

## Bodel Childcare Center Handbook

d.	Emergency Medical Care	
e.	Program Policy Regarding Illness	
f.	Care of Mildly Ill Children	
g.	Exclusion of Ill Children	
h.	Medication Administration	
9.	<u>Cleaning Policies</u>	<u>16</u>
	a. Hand washing	
	b. Cleaning and Sanitizing the Environment	
	c. Diaper Changing Procedures	
10.	<u>Supplies and Food</u>	<u>20</u>
	a. Infants	
	b. Toddlers and Preschoolers	
11.	<u>Infant and Toddler Program</u>	<u>20</u>
	a. Curriculum	
	b. Welcome to Infants	
	c. Breast Milk Handling, Administering and Storage	
	d. Welcome to Toddlers	
12.	<u>Preschool Program</u>	<u>26</u>
	a. Curriculum	
	b. Welcome to Preschool	
13.	<u>Kindergarten Program</u>	<u>29</u>
	a. Orientation	
	b. Curriculum	
	c. Welcome to Kindergarten	
14.	<u>Emergency Policies and Preparedness</u>	<u>32</u>
	a. Storm Policy	
	b. Emergency Preparedness	
	c. Emergency Procedures and Practices	
15.	<u>Conclusion</u>	<u>35</u>
	a. Handbook Acknowledgement Form	

# Bodel Childcare Center Handbook

## The Phyllis Bodel Childcare Center

### 1. Mission Statement

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

### Diversity

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

### Philosophy

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

## 2. History

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

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

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

At the start, the Center occupied the now Dramatic Play room and Puzzle room of the Toddler space and shared the kitchen with the Medical Students. The program originally provided care for seven children from six weeks through two years of age with two teachers and one director. In 1985, the program was expanded to 16 infants and toddlers from the age of six weeks through two and a half years. In 1987, the program expanded once again, this time to 27 children, increasing the upper age limit to three years. As the need for childcare continued, the program continued to expand. We now serve over 80 children with a staff of 30 full and part time teachers. We serve children ages six weeks through six years with the addition of our Kindergarten program in 2004.

### 3. General Information

#### a. Admissions Policy

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

- 1) A priority score is assigned to each parent as follows without regard to rank:
  - 1 = Yale Medical School faculty, student, staff or post-doctoral fellows.
  - 2 = Yale University faculty, student, staff, post doctoral fellows and house staff at YNHH.
  - 3 = All others.

If a parent's affiliation changes prior to acceptance to the program the director should be notified and their score will be adjusted accordingly.

- 2) The sum of the parent's score determines the priority score for the applicant.  
(range = 2-6)
- 3) Children who leave the program for sabbatical leave are not guaranteed readmission. However, their application for readmission will be given first priority in the appropriate age group. Children who leave for the summer months are expected to pay tuition for the months away if they wish to be ensured space when they return.
- 4) The application of a sibling currently enrolled will be given priority on the waiting list (after sabbatical reapplications) regardless of the parent's affiliations. If there is more than one sibling, the usual criteria for admissions will apply. An application qualifies as a sibling application if there is an overlap between the enrollment of the sibling and the requested start date of the applicant.
- 5) In the case of a single parent, the priority score of the parent will be doubled.
- 6) Children are accepted from the waiting list in order of priority score, date of application, age and sex.
- 7) 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.
- 8) If the vacancy occurred with less than two months notice, the starting date of the position will be the first day of the month which is two months after the notice date. (i.e., Notice of the last day being any day in December means that the start date is February 1). The applicant has the option of starting January 1 with tuition paid from that date.
- 9) If an opening is offered to an applicant, the applicant must take the position and begin paying tuition from that date in order to accept the position. If the applicant is not willing to do this the position is offered to the next person on the list until the position is filled. Applicants who have been declined a position but wish to remain on the waiting list are filed according to priority criteria: priority score, date of application, age and sex of child.

#### b. Confidentiality Policy

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

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

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

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

## Bodel Childcare Center Handbook

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

### **c. Calendar and Hours of Operation:**

The center is open Monday through Friday from 7:30 a.m. - 5:30 p.m. The Center is closed on Medical School holidays, two additional holidays are set by the Director and Board each May and is posted in the Center's June newsletter. In addition we encourage families to check our website, [bodelchildcare.org](http://bodelchildcare.org) for our monthly calendar. "All Staff" meetings with all staff members and the Director are held the first Friday of every month from 7:30-8:30 a.m. Reminder notices are posted and are in the monthly newsletter. Parents are expected to care for their children during the "All Staff" meetings. Parents often make arrangements to substitute for one another if they cannot stay and watch their child.

Parents are asked to keep their child's day to nine hours. 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.

If you are going to be late at the end of the day to pick up your child, please call the Center. If you do not call the Center and arrive late, you will receive a warning. Each family will be allowed one warning during each quarter of the year. Those who have received a warning or have had a late pick up will then be fined for any subsequent lateness. The fine is \$25.00 for every 15 minutes or part thereof after 5:30 p.m. This means if you are dressing your children in the classroom, checking cubbies, etc. at 5:30 p.m. and not out the door, you are late and will be fined. The fines will be used for the "Staff Development Fund" which is used to pay for area teacher workshops.

**d. Discipline:** The word discipline means to teach and guide. When a child's behavior warrants assistance to resolve a conflict, manage a transition or express an emotion or desire, the teachers work with the child to model the words, behaviors and strategies that will help the child learn how to guide their own behaviors and actions and learn self-control and self-discipline. Teachers explain; help children understand that they can make choices and that choices have consequences; give fair warnings; support conversation between children for conflict resolution and when necessary allow time for a child to review his/her choices and to come to a different conclusion.

### **e. Disciplinary Measures**

Taken from the Accepted and Prohibited Disciplinary Measures:

1. From section 19a-79-3  
Staff shall not use abusive, neglectful, corporal, humiliating or frightening punishment under any circumstances. The withdrawal of food shall never be used as a form of punishment. The child will be physically restrained only when it is necessary to protect the safety and health of the child or others.
2. Removal of a child from the group for disciplinary or health reasons shall be to a location where visual supervision by staff will be maintained.
3. The Phyllis Bodel Childcare Center follows a policy of distraction vs. discipline in the following order:
  - a. Child is encouraged to do something else.
  - b. Child is encouraged to pursue a solitary task, (i.e., painting, coloring, puzzle).
  - c. Child is encouraged to participate in a one-on-one task with the teacher.
  - d. Child is given a time out in a chair or on a pillow, within the room for a period of no longer than two minutes.
  - e. If the child cannot remain within the room he/she will spend time in the office with the Director.
  - f. If a child is unable to be distracted or consoled, parents will be called.

**f. Annual Evaluation of Center:** The Phyllis Bodel Childcare Center is accredited by the National Academy of Early Childhood Programs. The Center is evaluated annually based on

## Bodel Childcare Center Handbook

accreditation guidelines. We ask for feedback from parents in a yearly questionnaire which is designed to rate the Center standards of operation and quality of your child's program. Results are shared with parents in the monthly parent newsletter.

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

### 4. The Program

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

## Bodel Childcare Center Handbook

supporting parent-child attachments. Family pictures and daily references to the children's family and home life by the staff serve to constantly reinforce the children's attachment to their parents.

- f. **Nutrition:** The Center 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.
- g. **Holiday Celebrations:** The Center is non-sectarian and does not celebrate any holidays.
- h. **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. We will make banana oatmeal muffins with the birthday child in the preschool and toddler rooms. We can only allow whole fresh fruits (which our staff can prepare) and Hoodsie ice cream cups, (because they are the only ice cream that we can be sure are manufactured on a peanut/tree nut free line) to be brought in the childcare center for birthdays. In the infant rooms, we only allow whole fresh fruit to be brought in for birthdays. 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. Balloons of all types are not allowed in the childcare center.
- i. **Walks/Outdoor Play:** Twice every day, weather permitting, the children go outside. The guidelines are as follows:
  - 1. Infants remain in strollers.
  - 2. At least two teachers will be outside at all times.
  - 3. All outdoor activities will take place in designated areas.
  - 4. Parents will be notified if special walks are taken.
  - 5. The Child Care Weather Watch Chart put out by the Iowa Dept of Public Health, Healthy Child Care-Iowa, is used to determine safe temperatures for outside play. The Chart is posted on the Preschool and Toddler bulletin boards.
  - 6. It is the Center's policy that parents put on sunscreen before their child comes to school. This policy gives time for the sunscreen to become effective and ensures, no matter what time the child arrives, when it is time to go out, everyone is protected. Teachers will apply sunscreen in the afternoon.
- j. **Safety:** Smoking is prohibited in all areas of the Center. No one is allowed to carry handguns or other weapons while on Center premises. Hot liquids including coffee are not allowed in the Center, please dispose of your hot drinks before entering the Center. Balloons and plastic bags are choking and suffocating hazards and therefore not allowed in the Center.
- k. **Fundraising:** The Center has limited fundraising events through out the year. Fundraising helps keep all tuition rates lower. Parents are expected to participate in fundraising events sponsored by the Center.

## **5. Organizational Structure**

### **a. Staff**

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

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. Center Policy on Staff "Babysitting"**

The Phyllis Bodel Childcare Center does not accept any responsibility or liability for teachers watching children outside of the supervised setting of the Center. All childcare before and after hours is a private arrangement between sitter and parent and should be arranged outside of Center hours and with the same level of attention that one would give to anyone left in charge of their children.

### **c. Administration and Parental Involvement**

The cooperative and complementary efforts of the Director, Board of Directors and standing committees administer the Bodel Center. The Board of Directors is comprised of six parent representatives, the Director, three faculty members of the School of Medicine, a child development consultant and the director of the Office of Women in Medicine. In addition, an early childhood education consultant and a child development consultant serve on the personnel committee. The Director assumes the major responsibility of administering all aspects of the program. Policy decisions, approval of the Center's budget and the established tuition and salaries are discussed and approved by the Board. The Director makes administrative decisions and supervises the organization of the program, and with assistance from the personnel committee, is responsible for staffing decisions. The Board oversees these decisions but leaves the daily administration to the Director. Parents are encouraged to serve on a committee and/or the Board. Board meetings are held every other month and all parents are encouraged to attend. Interested parents can join a committee or the Board simply by completing the annual questionnaire distributed in August. Board members are chosen in September by a vote of parents in each room for a one-year term. Parents can keep abreast of Board decisions and discussions by attending Board meetings, by speaking with Board members and/or by reading the minutes of each Board meeting (meeting minutes are posted on both sides of the Center). It is hoped that the involvement of parents on standing committees and the Board will provide avenues for open communication between parents, teachers and the Director.

## Bodel Childcare Center Handbook

### **d. Complaint Procedure**

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

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

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

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

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

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

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

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

The same process works for compliments as well!

## 6. Center Resources

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

### a. Libraries

The Children's Library consists of over 800 books categorized by subject. Categories include science, concepts (colors, numbers, space and motion), food, animals, classic nursery rhymes and songs, etc. Also available is the Harry Miskimin Memorial Parent Library that includes books, workbooks and videotaped materials to help parents better understand their children's development. General materials on child development and early childhood development journals can also be borrowed. All materials can be found in the Center's main office and staff lounge.

### b. Communication

Clear, regular and supportive communication with our families is a major goal of the Center. We strive to achieve this through a variety of means. Efforts are made to engage in daily conversations that allow opportunities for parents to share events in the child's life. The teachers send home letters and post information in the classroom. In addition, a weekly journal of your child's activities is filled out by your child's teachers. You are encouraged to read it at least weekly and to respond and share your own observations. This helps both teachers and parents to communicate about and with the child. Topics covered in the journal are: self confidence, signs of independence, feelings, relationships with peers, cognitive development, use of language, both receptive and expressive, and understanding and creativity. We recognize that we are a diverse community and all staff receives at least four hours of training to aid in communication with all our families. We will make every effort to work collaboratively with our families.

Each October and March there are conferences scheduled that offer teachers an opportunity to share with parents their assessments of the child's progress in the classroom. For infants the assessment tool is based on the Denver Developmental Scale. For our toddlers through pre-school the assessment tool is from the Connecticut Pre-School Assessment Framework. Our kindergarten report cards are based on the criteria for Kindergarten set by the State of Connecticut.

### c. Newsletters, Memos and Annual Report

Each month a Center newsletter is distributed by email to our families. It begins with a statement from the Director that discusses different issues and happenings over the past month. It continues on to articles of interest to families and thank you's to those people who have given special items to the Center that month. In closing, we include a monthly calendar with important Bodel information, (i.e., Center closings, board meetings, etc.)

Annually, the Center's Annual Report will be distributed to parents, staff and board members. It will contain previous and future goals for the Center, progress and changes made during the year and other pertinent information.

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

## **7. Entry Information**

### **a. Financial Support**

Each year the Center provides financial support to six families who are eligible for scholarship. Currently, the guideline for application is a combined family income of \$90,000 or below. For families living in the City of New Haven, the Center participates in the School Readiness Grant. Family share for grant applicants is based on the Gross Annual Family Income by State Median Income Ranges. Since these Guidelines vary yearly, the most recent income guidelines are posted in the Center office. The Fee calculation, of which parents will receive a copy, is reviewed biannually and requires a parent signature. Also available for our eligible families are applications for Care 4 Children, the State Childcare Assistance Program. All application forms are available in the office and on line on our website, [bodelchildcare.org](http://bodelchildcare.org). Fundraising events are sponsored during the year in order to raise monies to support scholarship funds. Recipients of Scholarship are expected to participate in the fundraising events sponsored by the Center.

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

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

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

### **c. Documentation upon Entry to the Center**

Prior to entry, each child must have a physical exam and up-to-date immunizations as required by the state health department. Thereafter, physical exams must be done yearly. The following forms must be completed upon your child's entry to the Center:

- Development history
- Parental agreement
- Emergency medical care and release form
- Permission form for field or day trips
- Immunization record and health form
- Authorization for non-prescription topical medications

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

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

In the event that parents separate without an agreement:

Under the laws of the State of Connecticut, both parents have the right to pick up their child, unless a court document restricts that right. The enrolling parent, who chooses not to include the child's other parent on the authorized pick up list, must file an official court document (e.g.

## Bodel Childcare Center Handbook

current restraining order, sole custody decree, divorce decree stating sole custody). Absent that document, the Center may release the child to either parent, provided that parent documents his paternity/maternity of the child.

### **d. Medical Guidelines**

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

Parents should administer prescription and non-prescription medications. If that is not possible, the teachers can administer medication with written permission from both the child's pediatrician and the parent. A state form is available for your use. All medications must be in their original container, labeled with the child's name, dosage and instructions. Parents are required to give the first dose. The health policy is printed below. In addition, we have available colored copies of the health policy for posting in your home or office.

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

## **8. Health Policy**

### **a. Daily Health Check**

Healthy children are better able to participate in child care activities and gain more from the experience. Children who arrive at the program with an illness or become ill during the day are usually uncomfortable and risk infecting other children, teachers and families and require valuable teacher time in addressing their needs at the expense of the needs of the group. Every day each child's health status will be evaluated by child care teachers in accordance with the policy below. Family input on changes in the child's health status is helpful and will be incorporated into decisions about exclusions for illness.

#### **Policy**

For each child, two forms will be completed daily:

1. Family/Caregiver Information Exchange  
Upon daily arrival at the program, each child will be observed by the teachers for signs of illness/injury that could affect the child's ability to participate in the day's activities. The family will supplement these observations with an oral or written exchange of information with the child's caregiver. The written record of findings from these daily checks will be kept for at least 3 months to help identify outbreaks.
2. Enrollment/Attendance/Symptom Record  
The teachers will complete the Enrollment/Attendance/Symptom Record to log attendance and any illness/injury the child is known to have. The E/A/S Records will be reviewed by the health consultant.

### **b. IEP Statement (Individualized Education Plan)**

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

**c. Admissions Policy and Special Care Plan:** This center does not discriminate on the basis of special needs. The program accepts children with special needs as long as a safe, supportive environment can be provided for the child. The program will attempt to accommodate

## Bodel Childcare Center Handbook

children with special needs consistent within the requirements of the Americans with Disabilities Act. If the program is unable to accommodate the child's needs as defined by the child's health care provider(s) of the IFSP/IEP without posing an undue burden as defined by law, the director will work with the parent or legal guardian to find a suitable environment for the child.

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

### **d. Emergency Medical Care**

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

### **e. Program Policy Regarding Illness**

1. If your child is quite sick, cranky or uncomfortable, he or she deserves the comforts of home and parent. Also, such an uncomfortable child needs the full attention of a teacher, thus compromising the care of other children in the program. If the Center/Director determines that a child is too ill to remain at the Center, you will be notified and expected to pick up your child within one hour.
2. Your child should also be kept home for the following:
  - a) Fever of 100° F axillary or above accompanied by a change in behavior. A child needs to remain home until he or she is fever free for 24 hours. If there is no fever with therapy, such as acetaminophen or Tylenol, but the fever recurs when the effects of the medication "wear off", the child is still considered febrile and may not attend the program. Your child may attend with a low-grade (below 100° F axillary if the child is acting well and has been evaluated by medical personnel.
  - b) Gastroenteritis, manifested by vomiting and/or diarrhea (increased number of watery stools in a 24-hour period).
  - c) Skin Conditions that may be infectious (impetigo, ringworm, scabies, head lice). Your child will be excluded for 24 hours after treatment has begun. However, children discovered with head lice need not be removed until the end of the day and may return after the first treatment.
- 3) The usual short-lived respiratory problems (allergies, colds, etc.) are not necessarily a reason to keep a child at home. However, a child's condition can change rapidly; he or she may be fairly comfortable in the morning in spite of a cold, but become significantly unhappy and uncomfortable in a few hours. This pattern may occur for several days in a row before illness ends. If your child has a cold, plan to be available in case he or she needs to be sent home during the day. The responsibility for the decision to send a sick child home rests with the director and the head teachers.
- 4) We recommend, when possible, that parents administer medications(s). If your child needs to have medications(s) given by the staff, you must fill out a medication form that provides information on the dosage, frequency and the need for refrigeration of the medication. This form requires a physician's signature as well as yours. An extra copy of this form should be kept in your home or in your primary care provider's file. It may be faxed into our office at the following number: 203-785-3827. In addition to the common mild respiratory illnesses, there are several contagious diseases, which small children may contract. Children with chicken pox will be excluded for 6 days after the start of the rash. Children with strep throat

## Bodel Childcare Center Handbook

or conjunctivitis with thick or yellow discharge will be excluded for 24 hours after medical treatment is started. If your child has been exposed to one of these, you must notify your child's teachers or the Director

- 5) WHEN YOUR CHILD BECOMES ILL WHILE AT THE CENTER, YOU WILL BE NOTIFIED AND EXPECTED TO PICK UP YOUR CHILD WITHIN ONE HOUR OF NOTIFICATION.

### **f. Care of Mildly Ill Children**

If a child is only mildly ill, and does not meet the criteria for exclusion in the Exclusion of Ill Children Policy, the child will be allowed to remain at the child care center for the day. The child's parents will be notified that they may need to develop alternate plans for their child's care that day if the child's condition worsens. In order to monitor the mildly ill child's health status, the actions listed below will be completed throughout the day. If the child's condition should worsen, the Exclusion of Ill Children Policy will become effective.

#### Procedure/Practice

1. The Director or Lead Teacher will decide whether a child who is ill will be permitted to come for the day or remain in the program. If a child appears mildly ill, but will be staying for the day:
  - The child's teachers will complete a symptom record to document date, time and symptoms of illness. Information may be obtained by directly observing the child or by questioning the parent or child.
  - The teachers and the parent or legal guardian will discuss treatment and develop a plan for the child's care.
  - The teachers will complete the symptom record during the period the child is in care and give a copy of the symptom record to the parent or legal guardian when the child leaves the program for the day. The symptom record will be kept in the child's file for at least three weeks. The child's symptoms will be treated as agreed upon with the parent or legal guardian. The treatment will be written on the symptom card.
  - A copy of the symptom record will be given to the parent or legal guardian so that the parent or legal guardian has the information needed to continue the child's care and, if necessary, to consult the child's health care provider for management of the child's illness.
  - If the child is too ill to stay in child care, the child will be provided a place to rest until the parent, legal guardian or designated person arrives. The child will be supervised at all times by someone familiar with the child. A child with a potentially communicable illness that requires that the child be sent home from child care will be provided care separate from other children with extra attention to hygiene and sanitation until the child leaves the facility.
2. If the caregiver is unable to contact the parent, medical advice will be sought until the parents can be located.

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

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

#### Procedure/Practice

1. Children will be excluded if:

## Bodel Childcare Center Handbook

- a. The child's illness prevents the child from participating comfortably in activities that the program routinely offers for well children or mildly ill children.
- b. The illness requires more care than the child care teachers are able to provide without compromising the needs of the other children in the group.
- c. 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.
- d. If the child has any of the following conditions:
  1. Fever, accompanied by behavior changes or other symptoms of illness until health professional evaluation finds the child able to be included at the program
  2. 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.
  3. 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 Shingella or E. coli 0157:H7, two negative stool cultures are required. Children whose stools remain loose but who, otherwise, seem well and whose stool cultures are negative, need not be excluded;
  4. Blood in stools not explainable by dietary change, medication or hard stools;
  5. Vomiting illness two or more episodes of vomiting in the previous 24 hours, until vomiting resolves or until a health care provider determines that the cause of the vomiting is not contagious and the child is not in danger of dehydration;
  6. Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms;
  7. Mouth sores with drooling, unless a health care provider or health department official determines that the child is noninfectious;
  8. Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease;
  9. Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until after treatment has been initiated. In epidemics of non-purulent pink eye, exclusion shall be required only if the health authority recommends it;
  10. Pediculosis (head lice), from the end of the day until after the first treatment and nits removed;
  11. Scabies, until after treatment has been completed;
  12. Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care;
  13. Impetigo, until 24 hours after treatment has been initiated;
  14. Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever;
  15. Varicella-Zoster (Chickenpox), until sores have dried and crusted (usually 6 days);
  16. Pertussis, until five days of appropriate antibiotic treatment (currently erythromycin, which is given for 14 consecutive days) has been completed;
  17. Mumps, until nine days after onset of parotid gland swelling;

## Bodel Childcare Center Handbook

18. 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;
  19. Measles, until four days after onset of rash;
  20. Rubella, until six days after onset of rash;
  21. Unspecified respiratory tract illness;
  22. Shingles (herpes zoster);
  23. Herpes simplex.
2. 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.
  3. If the teacher is unable to contact the parent, medical advice will be sought until the parents can be located.
  4. Children will be allowed to return to child care:
    - o 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.
    - o 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.
    - o During the course of an identified outbreak of any communicable illness at the childcare center, a child shall be excluded if a health provider determines that the child is contributing to the transmission of the illness at the program. The child shall be readmitted when the local health official or health care provider who made the initial determination decides that the risk of transmission is no longer present.
  5. Specific conditions that do not require exclusion are:
    - a. Children who are carriers of an infectious disease agent in their bowel movement or urine that can cause illness, but who have no symptoms of illness themselves. Exceptions include E. coli O517:H7, shingella or Salmonella typhi.
    - b. Children with conjunctivitis (pink eye) who have a clear, watery eye discharge and do not have any fever, eye pain, or change in behavior.
    - c. Children with a rash, but no fever or change in behavior.
    - d. Children with cytomegalovirus, parvovirus B19, HIV or carrier of hepatitis b.

### **h. Medication Administration**

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

#### Procedure/Practice

1. For insect repellent\*, sunscreen free of PABA\*, and nonprescription topical medications, specifically:
  - o Diaper changing ointments free of antibiotic, antifungal and steroidal components (such as Balmex, A&D, zinc oxide)
  - o Medicated powders
  - o Teething medications

## Bodel Childcare Center Handbook

A parent/legal guardian written permission is required. The permission form and medication administration form will include the following information:

- Name, address and date of birth of the child
- Name of the medication
- Schedule and site of administration of the medication
- Statement that the medication has been previously administered to the child without adverse effect
- Signature in ink of the Director, head teacher, program teachers receiving the parent permission from and the medication
- Name, address, telephone number, signature and relationship to the child of the parent(s) authorizing the administration of the medication; date and time the medication is started and ended
- Permission for the child care provider to contact the prescriber or pharmacist for additional information about the medication.\*

In addition, the medication administration form will include:

- Medication administration errors; and
- Name of the person who administered the nonprescription topical medication. (For this group of medications teachers are not required to be trained in medication administration.)

**2. For other nonprescription medications and for prescription medications, specifically:**

- Oral medications
- Topical medications
- Inhalant medications
- Injectable medications by a premeasured, commercially prepared syringe

In addition to the items listed above, a written order from an authorized prescriber must be on one form for a specific child and must include the following information:

**Order From an Authorized Prescriber/Parent's Permission**

The written order from an authorized prescriber shall be on one form which shall indicate that the medication is for a specific child and shall contain the following information:

- Name, address, and date of birth of the child
- Date the medication was written
- Medication or drug name, dose and method of administration
- Time the medication is to be administered
- Date(s) the medication is to be started and ended
- Relevant side effects and the authorized prescriber's plan for management if they occur
- Notation if the medication is a controlled drug
- Listing of any allergies, reactions to, or negative interactions with foods or drugs
- Specific instructions from the authorized prescriber who orders the medication regarding how the medication is to be given
- Name, address and telephone number of the authorized prescriber ordering the drug; and
- Authorized prescriber's signature.

(For this group of medications teachers are required to be trained in medication administration.)

\*Not required in CT ChildCare Regulations, but required by this child care program.

## 9. Cleaning Policies

### a. Hand washing

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

## Bodel Childcare Center Handbook

### Procedure/Practice

1. Signs will be posted at each sink with the times when hand washing is required and the steps to follow.
2. 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
    - 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
3. All teachers, volunteers and children will wash hands as follows:
  - a. Moisten hands with water and apply liquid soap. Rub hands with soap and water for at least 10 seconds. Include between fingers, under and around nail beds, backs of hands and any jewelry.
  - b. Rinse hands well under running water with fingers down so water flows from wrist to fingertips. Leave the water running.
  - c. Dry hands with paper towel or approved drying device. Drying devices will not be used unless there is a faucet that does not require the user to touch the faucet after the hands are washed.
  - d. Use a towel to turn off the faucet, if inside a toilet room with a closed door, use the towel to open the door. Discard the towel in an appropriate receptacle.
  - e. Apply hand lotion, if needed.

If a child is 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.

Antibacterial hand cleansers can be used when soap and water is inaccessible but should not be substituted for hand washing.

4. The child care center shall ensure that teachers and children are instructed in, and monitored on, proper hand washing as described above.
5. The director and/or health consultant of the child care center shall conduct periodic monitoring to ensure that hand washing procedures are followed.

### **b. Cleaning and Sanitizing**

A clean environment reduces the incidence of illness. Young children explore their environment by mouthing surfaces and objects and touching things and people. 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

#### Cleaning and Sanitizing

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

## Bodel Childcare Center Handbook

and disposal of contaminated materials, and information required by the United States Occupational Safety and Health Administration about the use of any chemical agents.

Routine cleaning of the program will be supervised by the Director and health consultant.

### Disinfecting Procedures

The program will be maintained in a clean and sanitary condition. When a spill occurs, the area will be made inaccessible to children, and teachers will clean the area. When surfaces are soiled by body fluids or other potentially infectious material, they will be cleaned with soap and water to remove all organic material and then disinfected. Surfaces will be disinfected using a nontoxic solution of ¼ cup of household bleach to 1 gallon of tap water (or 1 tablespoon of household bleach to 1 quart of water) and will be made fresh daily by teachers. To disinfect, the surface will be sprayed until glossy. The bleach solution will be left on for at least 2 minutes before it is wiped off with a clean paper towel, or it may be allowed to air dry.

### Diapering

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

### Toileting

- Toilets, fixtures and related equipment will be kept visibly clean and will be cleaned and sanitized at least daily. Toilets will be separate from the children's activity area.
- Children who require assistance will be accompanied to the toilet area by an adult.
- Gloves and equipment used for cleaning toilet areas will not be used for any other purposes.
- Potty chairs will not be permitted unless they are individually assigned and stored only in the toilet room. Easily disinfected toilet seat adapters and non-slip plastic stepstools may be used.

### Toys

- Toys that are placed in a child's mouth or otherwise contaminated by body secretions shall be set aside in a container labeled "contaminated toys" to be cleaned with water and detergents, disinfected, and rinsed before handling by another child. A container for contaminated toys will be placed in each infant and toddler classroom. Machine washable cloth toys can be used and shall be machine washed when contaminated.
- All toys which are frequently touched in infant and toddler rooms will be disinfected daily.
- Toys which only older children use frequently will be cleaned at least weekly and when soiled.

### Bedding

- Each child shall have their own bedding. Children will not sleep on bare, uncovered surfaces.
- Bedding shall be cleaned per the cleaning schedule attached.
- Pillows will not be used for infants.
- Blankets will be available to provide adequate warmth.
- Bedding used on cribs and cots will be tight-fitting.

### Carpets, Rugs and Floors

## Bodel Childcare Center Handbook

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

### Pets

- Any animal at the program shall be in good health, show no evidence of disease, and be a friendly companion to children.
- Dogs or cats will be immunized and will be maintained on a flea, tick and worm control program.
- Animal cages will be of an approved type with removable bottoms and shall be kept clean and sanitary.
- Loving areas of animals will be enclosed and kept clean of waste to reduce the risk of human contact with animal waste.
- Caregivers will always be present when children are exposed to animals.
- Animals will be prevented from entering food preparation, storage and eating areas.
- Hands shall be washed before and after handling animals and animal waste.

### **c. Diaper Changing Procedures**

1. Wash adult's and child's hands. Put on gloves.
2. Collect all supplies, but keep everything off the diapering surface except the items you will completely use up during the diapering process.
3. Prepare a piece of nonabsorbent paper to cover the diapering surface from the child's chest to the child's feet.
4. Always keep a hand on the child.
5. Avoid contact with soiled items. Anything that comes into contact with stool or urine is a source of germs. These items will have to be cleaned and sanitized after each diaper change.
6. Carry the child to the changing table, keeping soiled clothing from touching the caregiver's clothing. Bag soiled clothing and later tie the plastic bag to send the clothing home.
7. Unfasten the diaper, but leave the soiled diaper under the child. Hold the child's feet to raise the child out of the soiled diaper and use the disposable wipes to clean the child's diaper area. Remove stool and urine from front to back and use a fresh wipe each time. Put the soiled wipes into the soiled diaper.
8. Remove the soiled diaper, clean soiled surfaces, and then remove gloves, disposing of everything in a covered container.
9. Clean the caregiver's hands with a disposable wipe.
10. Put on a clean diaper.
11. Clean the child's hands using soap and water or a disposable wipe.
12. Take the child back to the child care area.
13. Clean and disinfect the diapering area. Dispose of the table cover in the covered container. Clean any visible soil from the changing table. Disinfect the table per surface sanitizing procedure.
14. Wash hands thoroughly.

## 10. Supplies & Food

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

- 1 large box of diapers
- 2 cloth diapers
- 2 bibs
- 2 plastic bottles with nipples
- Frozen breast milk or formula
- 1 training cup
- 1 plastic bowl
- 2-3 changes of clothing
- 1 light blanket
- 2 crib sheets
- 1 notebook

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

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

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

Parents supply all food necessary for their infants. Toddlers and pre-school children are served age and diet appropriate snacks.

Many parents come to the Center to either feed or have lunch with their children. 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. Toddler and preschool children are asked to use frozen cool packs in their lunch boxes due to the limited refrigerator space. Please be sure to label the lunch box with your child's name. All food containers must be labeled with your child's name and dated. This is a requirement of our license.

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

## 11. Infant and Toddler Program

### a. Infant and Toddler Curriculum

Goals of the Program:

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

## Bodel Childcare Center Handbook

The program:

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

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

Developmental Focuses:

Personal/Emotional/Social:

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

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

Communicating:

Both verbal and non-verbal communication is encouraged and supported. Sign language words are used and taught to the children to encourage pre-verbal communication. In infancy, imitation of beginning gurgles and sounds and encouraging reciprocal conversation supports language. Our infants and toddlers are read to. Objects, emotions and situations are labeled. Songs, nursery rhymes, finger play, conversations are all part of every day. Music in the classrooms 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, i.e., Stop, No, and repeated opportunities to witness the power of words. These experiences are an important tool in the emerging skill of self-regulation.

Physical:

Our infants spend time on the floor working neck, arm and back muscles. As they grow they are encouraged to reach for toys, play games such as Pat-a-cake, and climb in cubes, tunnels, and boxes that are provided. Their day is a balance of one on one with a care giver, quiet processing

## Bodel Childcare Center Handbook

time on the floor, time with peers or older children and solitary exploration of a toy. Their fine motor skills are encouraged with various types of art projects. Both their fine motor and self-help skills are supported as they learn to feed themselves and wash their own hands.

Our toddlers are encouraged to use steps, slides, bicycles, and push carts. These all improve balance, body awareness, coordination and to expend energy. Our teachers know that toddler learn on a physical level and plan for this large muscle activity. They realize that children need a balance between active and quiet play, the book corner and housekeeping area help provide this balance. The teachers appreciate the toddler's need for concrete and sensory activities, thus sand and water play are always available. Also, provided are manipulatives that meet the toddler's emerging fine motor skills, i.e., puzzles, 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 that are developmentally appropriate, that allow for necessary mouthing and handling along with, opportunities to explore developing motor abilities and an increasing awareness of their environment support cognitive development.

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

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

### **b. Welcome to Infants**

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

- We encourage parents to visit with as much frequency as they are able the two weeks prior to the start of their infant's enrollment.
- **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 if there has been a change in your child's regular routine. This will help us understand your child and meet all of his or her needs.
- **Pick up:** We know that you would like to hear about your child's day when you arrive to pick him or her up. Please allow yourself enough time to talk with us, sign out, gather your child's things, and be ready to leave the Center by 5:30 p.m., at closing.
- **Walkers:** The Center does not use walkers, exersaucers or swings in the infant rooms.
- **Meals:** All food for infants is provided by the parents. Teaching staff do not offer solid food and fruit juices to infants younger than six months, unless it is recommended by the child's health care provider.

## Bodel Childcare Center Handbook

- If your child does have juice recommended, 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 are fed a meal or snack at least every two hours but no more than three hours apart.
- 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 are not used in the classrooms in the program.
- For information on how we handle breast milk, please see our Breast Milk Handling, Administration and Storage policy below.
- Staff do not offer children under four years of age the following foods: hot dogs, whole or sliced into rounds; whole grapes (for infants they must be cut into quarters); we are a completely tree nut and peanut free center, raw peas or hard pretzels, chunks of raw carrots, celery or meats cut larger than can be swallowed whole (for infants this is ¼ inch square).
- The only "ready-to-eat" breakfast cereal allowed in the infant rooms is Cheerios. If there are other dietary restrictions that preclude your infant eating Cheerios, please touch base with the Director.

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

To All Mothers:

1. Store breast milk in the refrigerator or freezer soon (within 2 hours) of collecting it.
2. Store the milk in hard plastic bottles or "nursery" bags.
3. Store in amounts the infant usually takes at each feed.
4. Label the bottles or bags with the child's 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.)
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. Infants/toddlers may not crawl/walk around the room with bottles or sippy cups.

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.
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.

To All: Storage of Fresh Breastmilk

1. If expressed within 2 hours at room temperature (79 F.) no special storage required.
2. May use refrigerated breast milk (40F) up to 48 hours after expression.
3. Freezer type Storage Length

## Bodel Childcare Center Handbook

Deep Freezer 0 degrees Up to 6 mo.  
Freezer with single door 2-4 weeks.  
Refrigerator with separate freezer door 3 mo.  
All Frost -free freezer units 2-4 weeks

### d. Welcome to Toddlers

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

- The transition process takes about one month. Initially your child will just visit the empty toddler classroom. Eventually, they will stay with their infant room teacher through a snack time, then outdoors with the toddlers, through a lunch and then a nap. Within two weeks they should be spending the majority of the day with the toddlers. They have the flexibility to return to the infant room for emotional "refueling" if needed. The infant teachers will tell you when they feel your child is ready to be brought directly to the toddler room. Your child is not considered officially a toddler until the first of the following month.
- Sign in sheet: As in the infant room, you are expected to sign your child in and out daily. The Toddler Sheet is slightly more detailed. Please take a moment to fill in the sheet each morning so the teachers will know about your child's morning.
- Meals:
  - Snacks: Snacks are decided by the teachers and purchased through Peapods.
  - Lunches: Lunches are brought from home and are to be stored in a lunchbox with a cold pack. There is no room in the refrigerator for all the lunchboxes. Lunchboxes must be clearly labeled with your child's name. All food containers must be labeled with your child's name and the date.
  - Food choices: Due to the fact that it is such an allergen and the fact that the infants and toddlers at different times share the kitchen space, we ask that peanut butter be avoided. We do not have any peanut butter/or any tree nuts anywhere within the entire program. Grapes are welcomed but must be cut in half. Popcorn and potato chips are not given to the children. They are a choking hazard. Fruit rolls ups and other like processed foods are too hard for toddlers to chew and safely swallow. No bottles are given at nap time. The toddlers are encouraged to feed themselves and we use a large plastic bib.

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	Crackers
Sandwiches	Finger foods
Meat	Pizza
Yogurt	Cheese
Applesauce	Vegetables

Inappropriate foods:

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

## Bodel Childcare Center Handbook

\*\*\*\*If for some reason your child is not interested in their lunch. Each child has a basket in the kitchen labeled with their name in which you can place non perishable foods as a back up (Gerber Toddler Meals, etc.)

- Health Policy: The Health Policy is a Center wide policy; please refer to the posted Health Policy on the Bulletin Board and the policy printed in your handbook.
- Supplies for your child: As in the infant room, your child needs extra undershirts, pants, shirts, and socks, all labeled. The children go outside everyday and need appropriate clothing, all labeled (boots, hats, mittens, snow pants, water shoes and bathing suits). Because your child is growing, please remember to periodically check their bin for outgrown clothes.
- Journals: Your child's journal will follow them from the infant room. This next year is one of the most exciting and challenging of your child's life. The teachers invite you to write back in your child's journal. A partnership of home and Center is the most beneficial in supporting your child through the developmental milestones of toddlerhood. The journal is also a great way to communicate to teachers when you will be away on vacations or when a parent is out of town.
- Visiting: One of the greatest benefits of being on site is the ability of the majority of our parents to visit their children during the day. Parents are encouraged and invited to visit however, it is beneficial to your child and to the other children if parents would follow the schedule of the toddler space. Please remember that most toddlers do not want to say goodbye to their parent at lunchtime and will initially object to your returning to work. If you bring your child back at 1:00 p.m., half the group is asleep, a crying child will wake up the other children and overtax the ability of the teachers to provide for so many distressed children. Afternoon visiting can be somewhat distressing for your child as they may think it is time to go home.

Talk with your child's teachers to find a time and routine that not only supports visiting but also supports the needs of all the children.

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

As always, if you have any questions or concerns, please come and talk.

## 12. Preschool Program

### a. Curriculum

Goals of the Program:

1. To help each child develop a strong positive self image by facilitating many successes for each child in all areas of the curriculum.
2. To help each child become aware of 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 Harkness lounge in inclement weather for ball play, bicycles, parachute and relay races.

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

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

Personal and Social:

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

Cognitive:

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

## Bodel Childcare Center Handbook

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.

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

### b. Welcome to Preschool

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

- **Transitions:** The transition process is very similar to the transition from infants to toddlers. The children start by visiting the empty space with one of the toddler teachers and then slowly, as they are ready they spend more and more time in the new room. They have a snack with the children and their new teachers. Then, they go outside, eventually stay for lunch, then nap and finally after several weeks, stay for the entire day in the preschool. The toddler teachers will keep in touch with you about how it is going and will let you know when your child is ready for the first drop off in their new room.
- **Drop off:** Please sign your child in and out as you did in the toddler space. It is helpful when you talk to the teachers to let them know how your child has slept and eaten. Children are affected by changes in their routine, therefore it is important that we know if a parent is out of town, if there is a sickness, or if there has been a change in your child's regular routine. This will help us understand your child and meet all of his or her needs.
- **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.
- **Dress appropriately:** Our program acknowledges and supports the importance of outdoor play for young children. We ask that you dress your child in clothing that will allow them to run and jump and have fun during outdoor play. This includes having a bathing suit and sun block in the summer and snow pants and boots in the winter. It is also very warm in our building, so please remember to dress your child in layers in the winter so we can adjust for inside and outside temperatures. Each child has a bin for extra clothing in case of spills or accidents. Please be certain that there is adequate clothing for the current season.
- **Snack:** The snacks are posted and are decided by the teachers. The food is purchased through Peapod.
- **Lunch:** Lunches are brought in from home and need to be in a lunch box that has an ice pack. Please be sure to label the lunch box with your child's name. All food containers must be labeled with your child's name and dated. This is a requirement of our License. When packing your child's lunch, please remember to pack healthy food. Health and nutrition are an ongoing part of our curriculum. It is also a great idea to pack a juice box and snack for the ride home at the end of the day.

\* Please note that as in Infants and Toddlers our Preschool is peanut and tree nut free. The Center follows the guidelines for Out of Home Childcare Programs written by the American Public Health Association and the American Academy of Pediatrics for dietary restrictions for children under four. In planning snacks and decisions of healthy foods

## Bodel Childcare Center Handbook

some of the recommendations we follow are: No foods that are round, hard, small, thick and sticky, smooth or slippery are offered to children. Examples are:

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

- **Safety:** The children must walk within the Center. In order to keep everyone safe, only adults open and close the doors and turn the lights on and off. Teachers and parents need to work together and help the children follow Phyllis Bodel safety procedures any time they are on Bodel property because it is much too difficult for children to have two sets of rules.
- **Preschool Schedule:**  
The following is the basic daily schedule of the Phyllis Bodel Preschool:  
7:30-9:40 Constructive play, art, science and special projects.  
9:40-10:30 Clean up, snack and bathrooms.  
10:30-11:30 Outside play.  
11:30- 12:00 Circle time.  
12:00-1:00 Lunch and bathrooms.  
1:00-3:00 Nap.  
3:00-3:45 Bathrooms and free play.  
3:45-4:15 Snack.  
4:15-5:15 Outside play.  
5:15-5:30 Pick up time.
- **Visiting:** One of the greatest benefits of being on site is the ability of the majority of our parents to visit their children during the day. Parents are encouraged and invited to visit, however, it is beneficial to your child and to the other children if parents follow the schedule of the pre-school. Children can often have a hard time saying good-bye to their parents at lunchtime and may initially object to your returning to work. If you bring your child back at 1:00 p.m. and half the group is settling down to rest, a crying child will wake the other children and overtax the ability of the teachers to provide for all the needs of the children. Our pre-school rooms are just the right size for two adults and the number of children enrolled. They are not large enough to accommodate numbers of visiting parents. We ask that you find alternate spaces to visit with your child at lunchtime.
- **Phone Calls:** We encourage phone calls. It is a great way to check in and see how your child's day is going. If your child will be running late, we would greatly appreciate being notified as soon as possible. From within the University, you may call directly into the classrooms:  
**Otters:** 3-1754  
**Belugas:** 3-4087  
**Dolphins:** 3-4086  
**Manatees:** 3-4088
- **Curriculum:** The curriculum for your child's classroom is posted on the bulletin board within the classroom. You are encouraged to review the activities that are provided for your child each day. There is a range of art activities, music, stories, and activities that use their large muscles. If you have any questions, concerns, comments, please address them to the lead teacher whose name is on the curriculum.

## 13. Kindergarten Program

### a. Orientation

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

### b. Welcome to Kindergarten

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

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

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

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

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

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

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

# Bodel Childcare Center Handbook

The schedule:

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

Kindergarten: 8:30am-3-30pm

Flow of the Day\*

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

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

## c. Kindergarten Curriculum

### Social Studies

The Child will:

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

### Math

The Child will:

1. identify colors and shapes (including pillars, cylinder, box)
2. classify objects by color, shape, size
3. recognize and anticipate patterning
4. identify the location of objects in space: top/bottom, inside/outside, left/right, front/back/middle, beside/between
5. understand sets; which have more or less, counting and combining sets up to 10, changing the size of a set, placement within a set 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>.
6. identify what comes first/next, sequencing activities, identifying taller/shorter, smaller, longer, more/less
7. tell which container holds more
8. view and interpret graphs and tables

## Bodel Childcare Center Handbook

9. understand one to one correspondence
10. understand the stable order principle
11. understand the cardinal order principle
12. understand the abstraction principle
13. understand the order irrelevance principle
14. order numbers 1-10 and be able to write the numbers
15. understand the connection between numbers and our daily lives

### Science

The Child will:

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

### Language arts:

The Child will:

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

### Art and Music

The Child will:

1. use materials singly or combined: pencil, crayon, markers, chalk, paint (watercolor and tempera)
2. be exposed to collage materials and opportunities to make their own design
3. be introduced to a variety of materials for printing
4. be introduced to materials for sculpting (clay, paper mache)
5. be introduced to a wide variety of materials and techniques for self expression
6. have daily opportunities to make music (instruments, CD players)
7. sing songs using a full scale
8. rhythm opportunities (echoing, clapping, beat, tempo, melodies)
9. participate in action songs and singing games
10. have opportunity to participate in a performance
11. have opportunity to listen to a variety of music (international, counting, modern, classical,

## 14. Emergency Policies and Preparedness

### a. Storm Policy

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

### b. Emergency Preparedness

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

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

### c. Emergency Procedures and Practices

#### 1. First Aid Kits

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. Additionally, the kit may contain an emergency dose of medication for any child in the group who may require such medication (e.g. Epipen, metered-dose inhaler for asthma, antihistamine for allergic reaction in accordance with CT DPH 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 will check the contents of the first aid kits and replace missing or expired items.

#### 2. Emergency Phone Numbers

All caregivers will have immediate access to a device that allows them to summon help in an emergency. The telephone numbers of the Fire Department, Police Department, Hospital and Poison Control will be posted by each phone with an outside line. Emergency contact information, health insurance information and emergency medical consent forms for each child and teacher will be kept readily available. Telephone numbers for contractors who provide specific types of building repairs for this facility are kept in the office. These maintenance contractors, 785-4620, can be called by the Director or person in charge for problems with electricity, heating, plumbing, snow removal and general maintenance. The list of emergency telephone numbers, health insurance information and emergency medical consent forms and copies will be taken along anytime children leave the program in the care of teachers.

#### 3. Lost or Missing Children

a) To prevent lost or missing children, teachers will count children frequently while on a field trip or outside. A teacher will be responsible for performing a "sweep" of the area or vehicle the children are leaving to be sure that no child is overlooked. Teachers will identify and implement specific systems for speedy recovery of missing children, such as uniform, brightly colored T-shirts, accessible identification and contact information for the children, and instructions to older children about what to do if they separate from

## Bodel Childcare Center Handbook

- 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, Yale Child Study Center, 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:
- a) Child:staff ratios will be maintained, and the children will be evacuated to 333 Cedar Street.
- b) Children who cannot walk out of the building on their own will be evacuated as planned in consultation with a fire safety professional:
- Infants and Toddlers will be in evacuation cribs and strollers.
  - Children with Disabilities will be in wheelchairs or wagons.
- c) The Director will ensure that each teacher knows a specific assignment; the schedule is posted on the bulletin boards.
- d) Teachers will count the children in each group being evacuated and count the children again when they reach the evacuation destination.
- e) Teachers will give children clear, simple instructions about exiting the center. Children will stop their activities immediately at the sound of the alarm and proceed to the exit door.
- f) Administration staff will carry attendance and emergency contact information from the facility to the Rotunda at 333 Cedar Street and compare attendance at the Rotunda, 333 Cedar Street, to the attendance sheet to be sure no children or teachers have been left behind.

## Bodel Childcare Center Handbook

- g) To ensure complete evacuation has occurred, the last person to leave each part of the facility will conduct a final, through "sweep" of all areas accessible to children (whether or not children are allowed in those areas). The center will post a list of all areas to be checked as part of the "sweep" in each part of the center. The last person to leave will use the list of accessible areas to be sure each area is checked, and then take the list to the Yale Fire Marshall. Each person who conducted a "sweep" will sign the list of areas checked, then take the list to the Yale Fire Marshall. If a child who should have been evacuated with the group is located as a result of a final "sweep" during the evacuation drill, the director will investigate the circumstances that led to the failure to evacuate the child and plan how to avoid such problems in the future.
  - h) If reentry into the building is not possible, children will be evacuated to the Rotunda, 333 Cedar Street; teachers should remain calm and speak to the children in a reassuring manner.
  - i) Temporary shelter will be stocked with supplies and materials necessary for the program to take care of children until parents, legal guardians or designated persons can take the children home.
  - j) Families will be notified by telephone or radio/television broadcast on KC101 FM or WTNH Channel 8. The radio station/television station call letters are listed in the Parent/Family Handbook.
  - k) The evacuation procedures will be posted in the center at the Bulletin Boards. Evacuation drills will be held monthly. The timing of the drills will be varied to include early morning, mealtimes and nap times. Children will be appropriately prepared for and reassured during drills. The director will complete the Evacuation Drill Log at the end of each drill.
  - l) At least one drill per year will be observed by a representative of the Fire Department or equivalent emergency or disaster planning personnel.
  - m) All new teachers will receive perspective training on the evacuation plan.
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 11 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 child care licensing agency within 24 hours.
8. Hazard Identification and Correction
- The Director will conduct monthly inspections of the program for hazards. The results of the site inspections will be reviewed by the Yale Fire Marshall to arrange for corrections of hazardous conditions identified. Written reports of the inspections and corrections will be kept in the program files.
- a) Escape Hazards: Yale Fire Marshall will maintain and review with the teachers annually a list of potential high risk locations/situations where a child might escape unnoticed from the group. Teachers will use this list to plan for increased supervision in these high risk locations and situations. If such a high risk escape hazard is identified between annual reviews, staff will take action immediately.
  - b) Evacuation Hazards: Yale Fire Marshall will be responsible for establishing and updating a checklist of locations to be assessed during evacuation to assure complete surveillance of the building before an evacuation is declared complete. The checklist will identify usual and likely-to-be-forgotten locations such as: under a cot, behind a sofa, in a toy bin, in a closet, kitchen or toilet room.
9. Emergency plans specific to children with special health care needs will be outlined in each child's Individualized Health Care Plan.

## **15. Conclusion**

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

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

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

**Notes:**

Bodel Childcare Center Handbook

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

**Handbook Acknowledgement Statement**

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

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

**(second parent)**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

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