



BOWDOIN COLLEGE CHILDREN'S CENTER

FAMILY HANDBOOK

2020-21

Welcome to the Bowdoin College Children's Center! This Family Handbook has been written as an informative guide for your reference while your children are with us. We have worked as a committee to create a handbook that will be transparent and supportive as you partner with us to care for your children. In this handbook, you will find information about the C

TABLE OF CONTENTS

- o Barefoot play outside
- o

f Child

ADMINISTRATION, STAFF, and PROGRAMS

Organizational Authority, Licensing and Accreditation

The Senior Vice President of Finance & Administration/ Treasurer of Bowdoin College oversees the Children's Center. The Children's Center as a department of Bowdoin College is fully licensed by the Maine Department of Human Services (renewed every two years) and has been accredited since 2008 with a five-year reaccreditation in 2014 through the National Association for the Education of Young Children (NAEYC), a nationally recognized organization of early childhood professionals. Because of the NAEYC status and our staff qualifications, Maine Roads to Quality has credited the Center with Level 4 status that offers families a reduction on their income tax because of the high-level quality childcare they receive.

This Family Handbook has been written in accordance with the Maine (074.6 (t)-2.6 (at)8.3 (e (u)12.8D)12.8 (e)

BOWDOIN COLLEGE STUDENTS

Student Interns

As part of our mission we strive to offer Bowdoin College students an opportunity to participate at the Center upon their request. Students from the Psychology Department's course: Infant and Child Development (Psych. 210) work as student interns. They are welcomed to the d tvev(g)10.84h (eb(:)6.2 (I-4.6 (m)17.2v(

Other College Students

The Children's Center strives to become a model of excellence where educators and students come to learn the best practices in early childhood care and education. In this light, the Center developed strong relationships with the Early Childhood Departments at The University of Maine/ Farmington, Southern Maine Community College, Central Maine Community College, and Andover College. We offer these students opportunities to complete semester or yearlong practice. These practicum students commit two to three days per week over a semester or year to one of our rooms where they can participate in all aspects of care for children as appropriate, observe the mentoring educators, and create curriculum. At no time are any of these students left alone with the children. The Associate Director supervises this program by placing students in the rooms, ensuring that the co-lead educators are supported as mentors, and scheduling the field faculty member's observations and meetings with the co- lead and student. We balance the number of students participating in each room so that it isn't a burden to the young children or the educators.

Substitutes

The Associate Director manages the interviewing, hiring and training of casual substitute educators who cover in rooms for naptime meetings, sick days, and vacations. The Associate Director is responsible for staffing the room with the right ratios, skills, and personalities.

Substitutes all receive a thorough tour of the Center and specific orientation to the kitchen, general orientation and overview of the Center policies and staff Guidebook. Educators are asked to welcome the substitutes and offer them answers to their questions, orient them to the room, introduce them to the schedule, procedures, and finally the children. Substitutes are asked to spend time in each room before they

Enrolling children

The Children's Center values and appreciates a strong relationship with all families. Contracts with families are considered annually. Community spots are offered in light of the Bowdoin demand for slots.

fosns22 (m)19.1 ther Cieg sib 7.26 (6l)2 (n)2e(r)-1.9 (e co)12.8 c (sh)12.9 (-)4.6 (e)11.2 (ds an)2 (e c9 (e0.9 (ap)2 (p)c (sh)

Enrollment Contract Options:

- Contracts for the academic year enrollment: 10-month (mid-August – mid-June) are due by March 31 of that year.
- Full-year contracts (mid-August – mid-August) are due by March 31 of that year.
-

Terminating a contract

The educa

discover themselves as problem solvers, communicators, and peers. Children are at risk for learning if there

This means that their behaviors may appear single-minded, hyper-focused, or unwavering. Often these behaviors are due to physiological as well as cognitive, social, and communicative development. At the Children's Center, we strive to understand development at a deep and meaningful level in order to meet the children where they are and offer them guidance as they grow and appreciate the world.

To this end we will not use time out, shaming, teasing, humiliation, or denial of food, rest, or access to care. We will not use corporal punishment (hitting, shaking), coercion, or psychological abuse to encourage an understanding of expected behaviors. We will use songs, directions, clear communication, loving gestures, choices, and reflection to support children as they meet frustration, disappointment, sadness, or a differing perspective.

Educators collaborate with each other, parents, and children to develop a caring community in which there is respect for each other and the environment. This process may include developing community celebrations, rituals and routines in the rooms; attention to the relational qualities of our program; and communication. We understand that children imitate the behaviors and actions that adult's model for them. The educators strive to act in ways that are worthy of the child's respect and imitation.

Educators will use their actions as models for children to imitate rather than verbal directions or cues. Singing to children as part of a routine or during a time of stress will support their understanding of what is expected. Educators will use specific songs with discrete routines so that children focus on the connection between what is happening and the cue for their participation. Often a child becomes frustrated or anxious when they are not sure of what is expected. We understand that by standing by a child with a hand on their back or a quiet voice

scheduling visits, sharing information on a regular basis outside of the room in order to continue strategies and skill development for the child after therapies, and discussions to prepare for an IFSP or IEP meeting. Educators will follow the suggestions and direction of therapists with the parents' approval. No therapies that are recommended will be used with a child until the parent has been made aware of them and agrees to their implementation.

Recommendations for inclusive education rest on therapies being offered through consultation and time spent with the child. Our work focuses on managing the child's needs as well as the nature and cost of accommodations, impact of the accommodations on the program, financial resources of the program, and availability of funding or services. Should the necessary accommodations create an undue burden to the Center, the administration would work with the parents to make an alternative recommendation.

Language Learning

Young children learn language in a developmental sequence beginning with the experience of being understood. During these very early months and years the educators' deep relationship and bond with the children offers them the rich experience of being understood. Their signals are decoded, their intentions are recognized, and their attempts to communicate with gestures and words are received. When young children see themselves as communicators their experience informs their actions leading them to communicate more fully and with experimentation.

We also know that a language-rich environment is critical to language learning. Educators create environments that send signals to children through song, gesture, storytelling, and book reading. Each room offers children frequent exposure to these experiences on a daily basis. Educators speak to them during care routines particularly so that the one-on-one relationship that is part of a care routine is marked with language, song, and emotional connection. Because children learn first through emotional connections we integrate our most important teaching through relationships in the most secure and attached moments. This occurs throughout the Center.

The curriculum is also intentionally designed to include language-learning opportunities. Educators consider where children are in their development and how to support their emerging skills through the materials and invitations in the rooms. There are story-telling opportunities daily to small groups of children as well as story reading in the cozy areas. Children are offered books to look at in the reading areas so that they begin an independent relationship with books and print as well as illustrated materials.

As toddlers grow, they recognize the symbols that are present in their play can be extended to their language and they begin to "use their words." These moments are reinforced with labeling, actions, and responses to requests. Through their intimate relationship with educators and their growing sense of independence they communicate verbally and intensely.

Older children also will recognize print and language as directive and instructive so they will search their environments for how we gather information about the world. Directions on packages, labels on containers, and words on daily sheets become interesting artifacts to them. We offer them their own photo albums, stories about their lives, and signals around the room for their information. In this way, they begin their journey toward literacy and language use.

Infusing our center with diversity for what children learn

weatherboard in the front hall throughout the day to decide for morning and afternoon. Infants and young toddlers are brought in when wind chill is less than 20 degrees after 10 –

First Aid

thermometers

- Daily: water table and water play equipment, tabletops, washcloths and towels, toys in the infant and toddler rooms (including machine-washable ones)
- Weekly: cribs, cots, sheets, blankets or other coverings, and machine-washable fabric toys.

Parent Responsibilities

- Wash hands upon entering the room with your child.
- Wash hands after diapering and toileting your child.
- There is no need to wear gloves unless you are feeding other children while sitting at lunch or snack.

Wellness Policy

This Wellness Policy is informed by the State's regSy r 2T 2To01.04 -0 0 11.042 <</MCID 32 >>B:c-4.6 (e)-1.7 ((

What parents will do

Parents always have the right to determine the course of care for their child in light of the information shared with them by the educators. If parents have any changes in contact information during the year, we ask them to notify the Center in order to keep the files current. When a child needs to be

- A physician's diagnoses of a contagious disease. Strep throat before 24 hours of antibiotics would be an example.
- In an instance where only a fever is present (above 100.4) and a known virus is present in the Center with fever as a symptom.
- When a child has diarrhea (an increasingly frequent number (three) of excessively watery or unformed stools in a few hours) they will be excluded from the Center within an hour even if the diarrhea is suspected to be related to an antibiotic that is currently administered to the child.
- When a child has discharge from the eyes or ears that is not clear and is a thick mucus substance.
- When a child is suspected to have conjunctivitis, they must see a pediatrician. They don't need to be on an antibiotic to return to the Center.
- When a child has scabies or other infestation (e.g. lice and nits that have been untreated)
- The Center will not cite antibiotic use as single criteria for exclusion. We recognize that reactions to antibiotics can occur at any time. Educators will notify parents of any reactions to antibiotics when their children are in the program.
- A physician's diagnoses of a contagious disease where exclusion is indicated.

When a child has been diagnosed with an illness that requires

- Vomiting has ceased for 24 hours and appetite has returned. In the event of a GI illness that dictates longer exclusion, please contact your pediatrician.
- The rash is explained by the pediatrician and offers no contagion to others in group care. Lesions or scabs have dried and are no longer weeping or crusty.
-

child there will always be a trained adult available to conduct su

with the associate director to create the snack menu each season and for communicating that menu to parents on our website or in the classroom binder.

Breast Feeding infants

-

- We ask that sweetened beverages are avoided and if you do want your infant to be fed juice that the amount is limited to 4 ounces of 100% juice or less each day.
- We are not able to add food to bottles for feeding unless there are written instructions from a health care provider suggesting that there is a medical reason.

Meal Times

Infants are fed bottles and solid food in the laps of educators as a way of supporting them while they eat. We understand that in a group care setting it is often stressful for infants to be seated alone in a chair while fed. As a way to address secure based relationships, we hold children in our laps to eat for the first year to support their time eating with a social relationship. Whenever possible primary educators hold and feed the infants in their care in order to reinforce the secure relationship. At one year old and as they join others in more social relationships, a small group will gather for a meal.

Children eat two snacks and lunch with their peers and educators every day. Educators are expected to sit at the table with the children in order to share in their conversation, model how to eat food, and to participate in the moment. Because we recognize meal time as an opportunity to engage in meaningful conversation with children, educators will offer children time to develop conversations, eat at a relaxed pace, and hear stories about their day or other experiences. We provide daily sheets capturing information about their snack intake.

Food PMCID 19 s1.9 (e)912.9 (t)-2.6 (-)-4.6 (u)1.9 (e))9.2 (r)-.7 (o)t7 (n)1.1 (ode)-10 Td ()Tj7.554 /P <</MCID 1

Diapering of young children happens throughout the day and is one of the most important times for educators to deepen their relationship with children. We talk to the children, build routines that allow them to anticipate what will happen next, and take time to enjoy these moments. Our goal is to have the primary educators diaper their children in order to engage in secure relationships.

Educators check diapers frequently during the day and change each child at two-hour intervals as

When it appears that parents and staff are not communicating clearly about the toileting plan setting

relationships in the first three years of life are found to reduce stress, support learning, and build creative and imaginative play. Parents and children appreciate the opportunity to move from one room to the next with their familiar adults and continue their relationships into the next year. As children leave the older toddler room for preschool they are ready for new relationships, branching out to other adults, and the beginning experiences of making friends. At the end of August, when the older preschool children have moved on to kindergarten, the older toddler children make their transition to the preschool program,

Transition to Kindergarten

We collaborate with

We collect a variety of documentation materials that show evidence of children's learning. These materials include photos, children's artistic representations, and sometimes transcriptions of key conversations, as well as favorite songs, cooking activities, verses, and preferences. Documentation is both a collection of representations as well as the careful analysis by educators of those expressions in order to figure out responsive curriculum.

Daily Communication and Portfolio documentation:

In our infant room, we keep daily records of their experiences and curiosity. The photo documentation of their development and investigations as well as analysis and notes are collected in a binder for them to bring with them into their next years at the Center.

In the younger toddler, older toddler, and preschool groups we record pertinent information about the child's day (eating, napping, and toileting as appropriate) and their experience of the environment that day. We also build a portfolio documenting each child's growth and development throughout the year. These portfolios will include photos of the child, recipes they may have used, songs they sang, art they produced, and monthly summaries of a moment in time during the years at the Center. When a child leaves the Center, they will have this portfolio charting their time in each room as they grew.

Teaching Team meetings as part of assessment:

Room educators meet weekly to discuss and analyze their ongoing documentation of children's

collaboration with families, may identify the need for more formal assessments and testing. Educators never diagnose a developmental delay or concern, but rather are trained to identify indicators of developmental variations from typical development. Appropriate intervention specialists from the school district, county, or other agency conduct an initial screening and, if indicated, proceed with further assessments and standardized testing (most often involving observation of children performing specific tasks). Results are used in conjunction with educators and parent assessments when making decisions on how to move forward.

The Children's Center in relation to External Standards

Currently, efforts are being made to ensure greater accountability in the public schools for children's education. The most notable effort is the No Child Left Behind Act proposing reforms in order to build the "mind and character of every child, from every background, in every part of America". This is demonstrated through the articulation of learning expectations for children. However, critics of these frameworks point to the increasing use of formal testing as a way to measure children's learning.

A critical piece to the No Child Left Behind Act is the level of "preparedness" that children should have as they arrive at school. The No Child Left Behind Act is important because it ensures that public schools are teaching students what they need to know to be successful in life. It also draws attention to the need to prepare children before they start school.

President Bush believed that all children must begin school with an equal chance at achievement so that "no child is left behind." In 2002 the Bush Administration proposed a new early childhood initiative Good Start, Grow Smart to help states and local communities strengthen early learning for young children.

This required states to develop early learning guidelines for the preschool years.

NAEYC advises that early learning standards need to address all areas of a child's development, recognize the importance of individual differences in ability and interests, and be responsive to socio-cultural backgrounds. For more information go to: <http://www.maine.gov/education/fouryearold/guidelines.html>.

Rather than prescribing the content and methods of teaching, the educators use external frameworks as a tool for informing our choices about curriculum direction and to support our assessment of children's learning. For instance, educators might observe a group of young toddlers curious about how to step over a puddle. Educators would consider the questions they observe children exploring in those moments. During team and planning meetings the educators would make connections to developmentally appropriate learning goals for the children in their interest, skill, and ability areas. This work might easily bridge from kinesthet

The status of children and families is discussed in an appropriately private space only by Center staff or

Parent Meetings

During the year, parents can participate in a variety of meeting opportunities. Each month the director offers a “lunch time” conversation about a topic of interest or an open dialogue with parents. Past conversations include how children learn, preschool curriculum, behavior management strategies, and shared thoughts about the Center. Parents also have the opportunity to meet with educators from their room at “lunch time” gatherings a couple of times a year.

Negotiating Differences

We recognize that differences in opinion, miscommunications and conflicts can arise between parents and caregivers when working within such an intimate setting caring for children. The center’s primary goal is to maintain partnership with every parent at our center. When these problems occur, we have several goals in mind. First is to protect the children and the classroom as well as the integrity of the

hes a ye2. Td [2 (s t)8e (h)2 (e .9(d)12ft)-2.6fng as-26.293 -1.14123.88 (ass).8-Tj 0(a)11.141[.7 (s)8.6 (e)-1.7 1.aetnta

Each year, we ask families to complete an annual anonymous survey regarding their experience at the Center. The responses are summarized and discussed with educators and the Advisory Committee. A copy of the summary is emailed to all families. We appreciate and carefully consider all of the feedback and ideas we receive and use this information to guide our professional development and program quality-improvement activities.

Advisory Committee

Purpose and Activities:

The purpose of the Advisory committee is to offer a sounding board regarding issues related to the Center, its policies, and its families. The Director reports on the activities at the center, including annual survey results; outlines proposed initiatives; and seeks input from members regarding Center policies.

Structure:

The Advisory Committee members are parents, former parents, staff, and College liaisons who serve one-year terms on this committee. We seek representation from each room but, given the volunteer nature of this committee, that may not always be the case. The Director, Associate Director, an educator, and representatives from the Finance Department of the College are also members.

Accessing Community Resources

The Center staff is familiar with the range of community resources in the Mid Coast area and around the state. If you would like us to help you get support you need in raising your family, we are happy to do so.

There is a Resource Binder (available in the office) with agency information. Parent Reps will keep families

extensive field trips. Preschool children will ride in Bowdoin vans with van certified educators as drivers (trained through a three-hour course at Bowdoin) to go on field trips out of the area.

Only certified educators or administrators with driver's licenses will drive the vans. Parents do not drive vans and cannot take other parent's children from the Center in cars for field trips. Parents must bring appropriate car seats for children to participate in trips for which Bowdoin College Children's Center provides transportat

When the College closes or closes any of their departments, they dismiss non-essential and/or essential personnel depending on the emergency. Since Center staff members are considered non-essential personnel at the College the Center will remain open in the event of a weather emergency until non-essential personnel are dismissed.

When the College dismisses non-essential personnel during workday hours, administrators will contact families through email to alert them to the closing. We will also leave a message on the weather line on the phone. For community family members who are not connected to the College's announcement system, it will be important to stay in close contact with the Center when weather could be an issue. Parents will be asked to pick up their children at least fifteen minutes prior to the closing time. This will

Bowdoin College Children's Center

Addendum to the Family Handbook

June 5, 2020

This addendum is written to support our return to the Children's Center in a healthy and secure community of families and staff. It is written after weeks of work with the Children's Center staff as we engaged in conversations about how to rebuild our intimate, close knit, and physically engaged practice. We struggled with the concepts of socially distancing with children under 5 years old, removing ourselves behind masks, and leaving parents outside of the Center and their children's lives. The conversations we had were rich and sad, anxious and concerned, as well as honest and joyful. We worked so hard to create and rebuild a Children's Center that will welcome you back and reassure you that we are here as always, just different.

Attachment to our life and the routines and rituals we were leaving caused us distress as we discussed what we saw would change. Our challenge has been to hold on to what is most critical in our care of your children and consider it not from "how will we do this now" but "why did we do it to begin with". Once we were focused on that, we began to collect all the "why's" and connect the most important pieces of the Children's Center to our new practices. We began the slow process of integrating what we were attached to with how we need to address the new COVID guidelines.

A lot of our work was supported through lectures courtesy of TED talks, articles, books, and hours of discussion in small groups, program teams, and our whole staff. We also found resource in collaboration with other center directors and consultation services. We know that failing to provide the care we believe in is not an option and we understand that with this new model of practice we will do our best, adjust, and move forward. We know that we can't control the outcome of our new practices as we integrate them with the CDC guidelines, and we are going to try them out anyway... hoping to see success. We have been readying to see you and your children, we have been missing everyone, waiting for your return, knowing what you will look for, what will be missing, and how you might see things now. We will continue to bring calm, presence, and respect for your children to our work as we wash everything, leave you at the gate, and carefully assess health. We will avoid interrupting the child's play and focus as we limit toys, move things that have been used away, and clean. We will play, show warmth, eat together, listen with full attention, remember what is important to your children, and care for them in unexpected ways. We will deepen and preserve our relationships with you and your children by offering you, in this return to the Center a chance to be close and remember what is important to all of us.

Plans for a healthy environment with COVID -19

The following procedures and practices have been gathered, sifted through, and examined from the CDC Guidelines, the Maine CDC Guidelines, the American Academy of Pediatrics and the NAEYC standards that we had in place. We recognize that a low risk environment is “at home care” and the high-risk environment is returning to how we managed ourselves in February. These new guidelines offer, with great attention to detail, the practices we offer, and our focus on children’s health, a Children’s Center that is a medium risk environment. All the aspects below are important, there is no one piece that can simply be minimized because all of the hygiene practices and our attention to health bring a strong environment to our families. Circumstances may change so this document will be “fluid” and updated as needed. We will always have the most up to date copy of the Addendum dated and posted on the Children’s Center website.

BCCC will screen staff and children

Guidelines:

- Each staff person and child will be screened through daily health checks upon arrival. They will be monitored for: appearing ill, cough, shortness of breath or difficulty breathing, fever (body temperature above 100.4 degrees F), chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell.
- Parents are required to take their child’s temperature at home prior to arrival and ensure that there is no fever (a temperature of 100.4 or higher). Staff will ask parents the daily health check questions in order to both

- Parents will receive daily notes upon their return to the Center at the end of the day. Primaries may share brief conversation with you about your child's day in the pick-up period.
- Documentation of the children's day in each program will be posted on the Center Website in the parent portal. We will have photos, descriptions of the activities, and information for parents to detail their child's conversations.
- Primaries are available for conversations via phone and email during the day according to the parent's schedule.
- Drop-in visits, check-ins on an infant, and other brief during-the-day drop-in's will be discussed individually.
- The primaries will approach parents to lift the child into their arms and bring them to their day, take the child's hand and walk into their day, or help them wave goodbye from wherever they may have run in the play yard.

BCCC will promote healthy practices:

Guidelines:

- We will continue to wash hands for 20 seconds with warm soapy water and cover coughs and sneezes among children and staff. We will continue to wash hands upon arriving at the Center, after breaks, before and after preparing food/bottles, before and after eating, handling food, or feeding children, before and after administering medication or medical ointment, before diapering infants, after toileting/diapering, after coming in contact with bodily fluid, after playing outdoors, after handling garbage, after cleaning.
- The Maine Department of Health and Human Services recommends the following for mask wearing in child care:
 - No child under the age of 2 should be wearing a cloth face covering
 - Children in child care may wear cloth face coverings while attending the program when feasible.
 - If a parent would like their child to wear a cloth face covering in child care they should be allowed to do so as long as they are at least 2 years old.
 - Staff will be required to wear cloth face coverings while working in child care when it is feasible.
- All BCCC staff have been taught proper mask management through a workshop, handouts, and the Bowdoin College Safety Training for On-Site personnel. Staff will be provided with up to date COVID information and training in order to adhere to the proper use of masks, the changing of masks throughout the day, washing hands prior to and after touching masks, and the removal and washing of masks.
- BCCC has adequate supplies to support healthy hygiene behaviors including soap, hand sanitizers with at least 60% alcohol, gloves, lotion, paper towels, and tissues.
- Signs are posted appropriately addressing proper hand washing, diapering, and toileting practices, aa

- BCCC will limit the adults in the program to the ones caring for the children and overseeing the Center's operations.
- We will restrict the mixing between groups by keeping children on their designated play yards and in their rooms.
- All field trips including to the Fa

- Infants will still have bottles sanitized at the Center for their daily use.

BCCC will intensify its cleaning, disinfection, and ventilation practices.

Guidelines:

- Bowdoin College housekeeping staff will clean, sanitize and disinfect frequently touched surfaces (doorknobs, bathroom faucets, room sinks, kitchen sinks, refrigerators, stoves, and cabinets) throughout the day.
- BCCC staff will use warm soapy water and then a disinfectant wipe to clean diaper areas, tabletops, and other surfaces prior to and/or after use. All disinfection will be conducted with an EPA approved disinfectant for SARS-CoV-2 and used in a manner that ensures that the appropriate contact time is achieved before touch or use. We will use Clorox wipes leaving them on the surface of areas and large equipment for four minutes in order to disinfect for all

COVID-19 Guidelines:

- Anyone (staff or child) who traveled out of state must quarantine for 14 days prior to attending the Children's Center.
- Children who have a cough, shortness of breath or difficulty breathing, has a fever (body temperature above 100.4 degrees F), chills, repeated shaking with chills, muscle pain, complains of a headache, sore throat, new loss of smell or taste they will be excluded from the Center.
- If someone is being tested for COVID-19 symptoms, anyone in close contact with that person should quarantine for 48 hours or until test results come back. If test results are positive, then continue to quarantine for 14 days. If the results are negative, then consider the exclusion guidelines for the Children's Center.
- Anyone diagnosed with COVID-19 or awaiting test results must self-isolate until it has been 3 days of no fever without fever reducing drugs, and other symptoms have improved, and at least 10 days have passed since symptoms first appeared.
- BCCC will monitor absenteeism to identify any trends in staff or child absences due to illness. We will use

