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 Children’s Center’s educational philosophies and practices, and our administrative policies.

COVID-19 Disclaimer

During the COVID-19 Pandemic, the Children’s Center has implemented a variety of new policies and procedures that are not outlined or may vary from what is presented in the family handbook. We have left the family handbook as is and added a Pandemic Addendum which includes an updated Health & Illness Policy. Both the addendum and the updated health policy at the end of this document highlight the areas in which there were changes. The policies outlined in the Pandemic Addendum override the policies and practices listed in the handbook until further notice. We thank our families for their partnership in building a healthy and safe community during this difficult time.

Overview of the Center

The Children’s Center has been a department of Bowdoin College since 1988, residing in a building designed specifically for our use since 2003. We receive support through Bowdoin College’s administrative offices in the way any department does and therefore appreciate a stable and carefully maintained existence while we provide high-quality and excellent care for young children.

The Children’s Center builds its pedagogical foundation on research that asserts attachment and secure relationships are the basis for free play and learning. In response to this research, our care model begins with primary relationships between each child, the family, and the educators. The relationships are built through clear communication, consistent care routines, and predictable schedules. Whether our children are in the infant program or the preschool, each of them has a primary relationship and anticipates care that leads them to play. Our expectation is that play is how children learn. As children play without adult interruption they have the opportunity to be active agents as they investigate and explore their world. Initially they do this by problem solving and planning with their bodies to move themselves through space. We offer them an environment that is calm, peaceful, and rich with opportunities to create and imagine.

Children are also offered access to the outdoor play yards throughout the day, every day, and throughout the year. This commitment to nature-based learning completes the academic preparation that research shows is substantial and nourishing for young children.

Please let us know of your questions or thoughts as you read this material and spend the next year at the Center. The administration is always available to you.

Welcome!

Martha Eshoo, Executive Director (meshoo@bowdoin.edu)
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The Children’s Center at Bowdoin College provides an excellent standard of care by establishing nurturing environments for children, families, and educators. At the Center, staff offer a practice that recognizes that learning occurs when deeply attached relationships with adults and uninterrupted play exist.

**Goals**

- BCCC will embody a commitment to our children’s best care by offering attached relationships with educators (through continuity of care), responding to children’s needs to learn through play, building an outdoor environment that supports creative and investigative play, and creating deep partnerships with their families.

- BCCC will maintain a focus on reciprocal relationships with children and families, recognize diversity among families that are reflected in their values, practices, and goals, and build trusting relationships among the adults in order to model a healthy community environment for children.

- BCCC staff will work with families to communicate their practice, curriculum, and understanding of children development clearly and through a variety of ways: article-sharing, recommended reading lists, lunch-time talks, conference reports, and website resources.

- BCCC educators will actively participate in rich and professional interactions with other educators in the community (education, workshops, and trainings), create supportive work environments (breaks, planning time, meetings), and in partnerships with families (conferences, meetings, and daily engagement).

- With the College’s support, BCCC will offer a well-managed and financially stable organization to the entire community.

- BCCC will be a highly visible leader in the Early Childhood Community and an advocate for high-quality caregiving as it meets these goals.

*To achieve our mission and goals, we will accomplish the following objectives:*

**Objective 1:** Provide continuity of care for children from birth – three years old and then in the preschool program in order to build an environment that is predictable, consistent, and nurtures learning.

**Objective 2:** Support young children’s free and uninterrupted play in order to offer a rich and meaningful learning environment.

**Objective 3:** Build and maintain learning experiences in the outside play yards that encourage investigations, discovery, and exploration.

**Objective 4:** Value the work of long-term partnerships between families and educators

**Objective 5:** Work to cultivate an inclusive and accepting environment that is respectful to family values and children’s abilities.

**Objective 6:** Create standards of professionalism and practice at the Center and within the child care community.
Objective 7: Maintain administrative standards that support a high-quality program through fiscal management and budget planning.

Objective 8: BCCC will research and communicate continuity of care practices and outdoor play-based learning curriculum with outside child care community members.

Our Community and Vision

The Children’s Center places itself in the context of Bowdoin College and its surrounding community. We identify ourselves as community members through our professional interactions, support for educators, and partnerships with families. By designing our curriculum to use the offerings of the College, we establish a strong relationship with its members and offer children the opportunity to see themselves as part of a larger group. The diversity of our community, rich with skills, interests, and abilities, is enhanced as we draw on all Bowdoin has to offer. The Center is a continuing resource to Bowdoin, by opening doors to students and faculty for coursework and research and by offering employment to students.

The Center’s Philosophy

The team of educators at Bowdoin College Children’s Center welcomes children and their families, appreciating the diversity that forms our Center as a whole and the room communities. We celebrate a joyful, warm, and nurturing atmosphere throughout the Center where educators and children create strong foundational relationships through vibrant experiences and the educators’ reflective practice. The Center embodies commitment to our children by responding to their interests, intentionally building an inclusive and respectful community, and creating deepening partnerships with their families.

Families are at once individual expressions of who they are as well as representatives of a group culture. Our Center maintains a focus that respects and values the cultures and expressions in our community. Children will see themselves and their family reflected racially, ethnically, and culturally in photographs, stories, songs, and individual contributions at the Center.

Non-Discrimination Statement

Bowdoin College Children’s Center is committed to grouping children with their same aged peers. We believe that by building an inclusive environment where children are first recognized as members of their social group and their peers they will learn to create a community that is rich in diverse abilities, skills, and cultures. We will not exclude or subject any family to discrimination based on race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, political beliefs, cultural heritage, or any other protected status. In addition, toilet learning is not an eligibility requirement for enrollment in any group.
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 State regulations for group care settings and reflects NAEYC accreditation standards.

Administrators and Educators

The Children’s Center’s staff includes the Director, Associate Director, co-lead educators, and educators. The Director and Associate Director collaborate with the co-lead educators and educators as they create curriculum, understand each child’s development, and build partnerships with families and team members.

The Director is the primary connection between the College and the administration of the Center. In this role, the Director manages the fiscal, personnel, and facility management relying on the College departments and offices as resources. The Director is responsible for the overall management of the operations of the Center and the supervision of the educator staff.

The Associate Director oversees the daily management of the rooms, the staffing, and the day-to-day operations of the Center. Both of these administrative staff members collaborate to best serve the children, educators, and families. The administrative team is available to parents each day either in person, by email, or phone to answer questions or respond to requests.

The co-lead educators are mentors for educators in each room. Their work has proven to meet a standard of excellence both in their professional work and in their academic achievement. The co-leads’ philosophy of early care and education as well as their principles of practice are exemplary. Co-lead educators have strong interpersonal skills so that they can successfully mentor and guide educators on their team.

The educators are recent graduates, new to the field, or coming from another program, that demonstrate strong interest to the field, successful completion of academic course work, and an openness to learn from mentors about philosophy and practice. They are trained as educators and hold a strong position in the room working with children, student interns, and substitute educators.

The co-lead educators, educators, and administration work in their own teams to care for the children in their respective rooms, as well as in a Center team to support all of the children in the program. We believe that collaboration and connection across the Center creates a strong community for young children.
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 rooms to observe young children’s development, participate as support to the educator staff, and consider how their course material is demonstrated in practice. Students participating through this course at the Center undergo an hour-long orientation (offered during class time), which includes adherence to the confidentiality guidelines, sensitivity to young children’s experiences at the Children’s Center, suggestions for interacting with young children, and appropriate professional behavior in the room. Many interns are interested in becoming student-employees after this course is completed.

Throughout the year we also welcome students from other courses at Bowdoin who might need to complete a naturalistic observation, read to children, or observe their play. If individual research projects are to be conducted there will be formal written requests to parents for signed and informed permission indicating that the Institutional Review Board approves this research.

Student Employees

During the year we hire Bowdoin students who are interested and have shown promise to work alongside the educator staff in the room. Student employees assist in preparation of snack, cleaning the room between activities, preparing lunch, supporting the educators during nap times, and interacting with the children. All student applications will be initially reviewed with the Office of the Dean of Student Affairs to ensure their “good social standing” in the College community. Additionally, a background check is completed and an hour-long orientation process occurs.

Only students who have worked with us previously and reached a standard of excellence, have completed first aid and CPR training, and have been oriented to the policies and procedures of the Center will be considered as substitute educators. A typical Bowdoin student employee will not be left alone with children to supervise them at any time.

Any Bowdoin student employee at the Center must have a completed criminal history background check and screening through the Department of Health and Human Services as well as the Maine State Bureau of Investigation in order to be on site. The co-leads supervise these student employees in the room while the Associate Director oversees their participation in the program.

Student participants

We are fortunate to have students who come to the Center to speak foreign languages, sing, or share talents and skills with the Center on a regular basis. We may have students come weekly to read, sing, or speak Spanish, French, or Italian to the children. In the past, this experience has been offered in connection to coursework with faculty collaboration and or as volunteer experiences. Volunteers are also vetted through the Office of the Dean of Student Affairs. We will visit student athletes to play basketball on the court, skate on the ice, or watch practices. When we know these students from their work at the Center, it is meaningful, both to the children and the students. The Associate Director organizes their participation and inclusion in the Center.
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 hold full responsibility for their shift however, they may find themselves in the room helping out immediately as a way to get to know the children. While substitutes can care for children, they will not be responsible for the operation of the full room until they have been observed and the administration believes them to be responsible for this level of leadership. At that time, they will understand the evacuation procedures, medication procedures, and have a full understanding of individual children’s care.

Parents are always interested in and happy to get to know the substitutes in the room. We keep photos of the substitutes in our binder and posted under password protection on the website. We also ask substitute teachers, student interns, and student employees to wear a badge that marks their participation in the room. Substitutes may introduce themselves to the parents in the event that an educator isn’t available to do so. Unless instructed to do so, substitutes should only communicate general information to parents about the groups’ day. Educators will always hold responsibility for communicating delicate or sensitive information to the parents.

Hiring/Screening

Because staff members at the Children’s Center are Bowdoin College employees, they are interviewed and hired through the Children’s Center and Human Resources. All of the hiring policies and practices of the College apply to this process as well. In accordance with NAEYC accreditation standards, the Children’s Center requires candidates to have at least a bachelor’s degree in early care and education, a related field, or an equivalence of that education as well as experience with young children. Additionally, efforts are made to hire and maintain staff with cultural and racial characteristics of the families served. We will not exclude or subject any candidate to discrimination based on race, color, religion, sex, sexual orientation, gender identify, national origin, age, disability, political beliefs, cultural
Candidates who meet these criteria may receive an initial interview. Our hiring procedures begin with an initial interview at the Center with the Director. If the candidate returns to continue interviewing for the position, they meet with Human Resources, spend two hours in the classroom observing, interview with the teaching team, interview with other educators in the Center, and finally meet with either the Associate Director and then the Director.

Based on conversations and reflections about the interview with Human Resources, the staff, and the Directors, a recommendation to hire can be made. This is followed by at least two reference checks that are completed by phone and culminate in the online submission of the hiring proposal and subsequent conditional offer of employment to the candidate.

Prior to final hiring, background checks are completed, which include: criminal history record check, a Department of Health and Human Services (DHHS) Child Protective Services report, Maine State Bureau of Investigation (SBI) report, and a motor vehicle record (MVR) check. Additionally, a new hire completes a pre-employment physical at Centers for Orthopedics, documents current immunizations and TB test results, and completes pediatric first aid and CPR training. In following with state licensing regulations, all staff are considered Mandated Reporters and receive training about abuse and neglect procedures in our state. All staff are required to follow through on these procedures throughout their employment at the center. As well, we require staff to complete three on-line trainings: Blood Born Pathogen training, food safety preparation, and Administration of Medication. We also require all staff to earn clearance to drive Bowdoin vehicles for field trips.

As part of the educator’s initial orientation to Bowdoin College, they are invited to complete a three-hour orientation session with Human Resources, a meeting to review Center policies and procedures, and a weeklong orientation with the educator staff in their room.

ENROLLMENT AND RE-ENROLLMENT

Initial Visit and the Waiting List

We welcome families to contact us with their interest in the Center and questions about enrollment. All families are guided to complete an application form available on the website and submit it with a $25 application fee to hold a space on the waiting list. A family may enroll to place an infant on the waiting list up to 8 months in advance of the child’s birth. We open the Center to all interested families on a Saturday in November (this date is posted on the website) in order for them to tour the facility and see the physical site. Throughout the year, we keep the program closed to prospective families who are not immediately in line for a slot in order to minimize the disruption to the children and educators during their day.

The waiting list is carefully managed for both Bowdoin families and community families. All families are kept current on our list serve and receive emails from us intermittently through the year. Families may contact us about their place on the waiting list; however, for community families, positions may vary because of Bowdoin College family enrollment. As a family’s name rises on the waiting list, we offer them a visit to the program that includes a tour of the facility and a meeting with the director.
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. Bowdoin employees are defined as “benefits eligible” employees. All Bowdoin employees who are not benefits eligible are considered community members.

Preference for a slot will be given in this order: to Bowdoin College employee families currently enrolled in the program, Bowdoin College students, employees of Bowdoin College who are enrolling a new sibling and have children who will be enrolled for the next academic year in 5-day slots, new children of Bowdoin College employees enrolling in 5-day slots, siblings and then new children of Bowdoin employees who are enrolling in part-time care, returning community families, siblings of present community families, and then new community families. If a community member’s contract is not renewed, they will have the option to place their name at the top of the Community wait list for the next year.

Enrolling infants:

BCCC enrolls infants as young as three-months old. There are several considerations for this including the risk of fever, the resulting testing due to a fever, and the exposure to illness in group care. We use information from our pediatric health consultant as a guide for determining this age at entry.

Enrollment Contracts and Tuition:

Bowdoin College families may choose to sign 10-month or 12-month contract. In order to take advantage of this benefit they must sign a contract for the correct number of months. In the event that parents withdraw their child for the summer, they will place pay a retainer fee of 25% of their monthly tuition to hold the slot for this period.

Enrollment Deposit

Parents must pay a non-refundable enrollment deposit to secure their child’s place in the program. The Children’s Center retains the original enrollment deposit to be used towards the program. The deposit shall be credited toward tuition obligation for the last month of the Enrollment Period.

However, the deposit may be forfeited upon early withdrawal (prior to the completion of the Enrollment Period), or for unmet financial obligations.
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.
- Parents may submit their sabbatical plans (in February) for the following year.

Sabbatical policy:

Faculty who are on sabbatical may leave the Center for up to one year and return to their slot. In order to engage in this benefit, families must:

- Notify the Center Director by February of the next enrollment year, (This is at least six-months-notice).
- Place a signed sabbatical contract agreeing to its terms in their file. If a parent would like to enroll for the summer program after an academic sabbatical, they may have that opportunity as a slot becomes available.
- Pay 25% of their monthly tuition each month to hold their slot while on sabbatical.
- Return to pay tuition to the Center at the beginning of the next academic calendar year at the latest. If a family has an extended sabbatical (beyond 12 months), they can discuss arrangements with the administrator.
- Each Bowdoin family in the Center is able to use this benefit regardless of their affiliation to the College. (If a spouse is taking sabbatical from a different institution and the other spouse is a Bowdoin staff employee, this would apply to them as well). Community members are not offered this benefit.

Faculty/Staff Meeting Late Care Days:

- Faculty and staff members who need late care because of their attendance at Faculty meetings or department/committee meetings will be offered care until 5:45 Mondays – Thursdays. It is important that parents let us know by the morning of the day that care is needed so that we are able to anticipate our care plans.

New Family welcome and orientation:

If you are new to the Center, you already will have toured the facility with the Director, reviewed the Family Handbook and some of the important policies, signed contracts, and determined billing information. During your child’s first weeks, you and your child may stay in the new room together until you and your child are ready to be separated for longer periods of time. This offers parent and child an opportunity to find a place to explore the room together, and to develop a “goodbye” ritual to use.

When parents feel comfortable in their child’s space and when they share it with their children, everyone begins to see the room as an extension of home life and an experience with their family. When a child has the opportunity to share their room with their family, it can make the experience of separating and spending the day apart more manageable.

During the initial enrollment period, primary educators will provide families with a home visit. This is an opportunity to become more familiar with the routines and expectations of the program, to acquaint yourself with the primary educator, and to have your questions answered about the room. Often the older children enjoy seeing a primary educator at their home so that they can share their things and experiences
Enrollment Materials

The following forms must be completed for your child’s initial enrollment in our program:

- Enrollment Contract
- Personal Information Form
- Emergency Contact Information Card (“Pink Card”)
- Child Health Assessment Form
- Permission to Participate Form

Individual Emergency care plans will be completed for children with known medical or developmental problems that might require special care in an emergency. All of these plans will be accompanied by a doctor’s note prescribing the outline of care.

We will make sure that all emergency information, your child’s immunization forms, and health insurance information are kept updated by asking you to review them in January and August.

Re-enrollment materials

If your child is currently enrolled at the Center, the following forms must be completed at the beginning of each year:

- Enrollment contract
- Personal Information Form (only if your child is changing programs)
- Emergency Contact Information Card
- Updated Child Health Assessment Form or Updated Immunization Form
- Permission to Participate Form

In the event that pertinent information changes such as new cell numbers, new work numbers, new address, and/or new emergency contact information, please let us know.

Emergency Information

The emergency information parents complete on the pink card is filed in the administrative office, in your child’s own room, and in the field trip packet that all educators take with them when they are away from the building. To help you fill out the Emergency Information, we have included guidelines with the enrollment packet.

TUITION AND BILLING

Tuition

Tuition rates are set each year in February for the March re-enrollment period. Tuition is reflective of the exceptional quality of care, enriched curricular opportunities, and high level of professional educators in the program.
Sibling Tuition reduction:

If a second child is enrolled in any of the programs, a 10% rate reduction will be applied to the lower fee. This reduction is available to participating Bowdoin employees only.

Tuition Obligation

Parents agree to pay the Children's Center tuition fees each month during the enrollment period. The tuition payments must be paid via payroll deduction when Bowdoin employees are paid. Payroll deductions will occur on the last day of the month, beginning with the first month-end subsequent to the start date of the Enrollment Period.

If an account becomes overdue by more than 30 days without prior approval of the Children’s Center’s Director, the family’s privilege of attending the Children’s Center could be suspended until the account is brought current. If the account becomes overdue by more than 90 days, the Children’s Center may terminate the contract and pursue collection of any outstanding debts through normal legal channels. Any reasonable collection costs and attorneys’ fees necessary for the collection of any amount not paid when due will be added to that account.

Parents also understand that enrolling their child in the Children’s Center program obligates them for the term of the Enrollment Period. Payment is required for each of the scheduled days in which the Children’s Center is open, whether or not the child is in attendance. Credits are not available for holidays, staff in-service days, snow days, vacation days, or when the child is absent.

Reducing Childcare Services During the Year

Parents understand that they can request in writing to reduce the number of days of childcare established upon enrollment and change their tuition obligation. The Children’s Center reserves the right to grant or deny the request at its sole discretion. For example, the Children’s Center may decide to grant the schedule reduction if it is able to extend a contract with another family (i.e., if another family wants to increase the level of childcare services) for the time requested. However, if the Children’s Center denies the request, parents will maintain the contract and the financial responsibility for the number of days established upon enrollment.

Billing

The Bowdoin College Controller’s Office is responsible for sending out all bills and receiving payment. These bills will be sent to the parent or guardian’s home address.

Non-employee parents/guardians are billed by the Controller’s Office. Charges are due upon receipt of the bill, but no later than the last day of the month for which services are billed. Please send checks for tuition payment directly to the Bursar’s Office.

Dependent Care Reimbursement:

Employees may set up a dependent care reimbursement account by speaking to the Human Resources Department.
Tax Credit

Bowdoin College Children’s Center is a Level 4 on the Maine Roads to Quality rating system that offers parents the ability to claim a tax credit. You can find this number on the website in your password protected folder.

Employee Discount Program:

Program:

The Bowdoin College Children Center strives to provide childcare for a variety of families in the Bowdoin Community. The tuition cost for the Center, while competitive, can be a barrier to some employees. To allow for employees at all salary levels to utilize the Center a discounted rate will be reviewed annually for a limited number of full-time* child openings (or equivalent), based on need and availability of openings.

*Full-time or equivalent of (e.g. a family with one child five days per week or a family with more than one child, each part-time, equivalent to five days per week)

Eligibility:

This program is available to Benefits eligible employees of the College and allows employees at all salary levels to utilize the Center at a discounted rate that will be reviewed annually for a limited number of full-time child openings, based on need and availability of openings. The discount is available for full-time openings. Employees must have a combined adjusted gross income of $77,870 (adjusted annually) or less. The deadline for returning families who want to be consider for eligibility will submit their supporting documents no later than April 30 on an annual basis.

If parents are interested in participating in the Employee Discount Program they will forward requests to be considered, to Human Resources along with prepared tax information any time before April 30 of that enrolling year. These latest federal tax form(s) will show the combined family* adjusted gross income (AGI) and/or parents will provide information regarding any extenuating circumstances that might be considered in the eligibility decision. If parents find they are unable to follow through with their contract after that conversation, they may withdraw their contract from the Center with no penalty by April 30.

*Where there are two parents and they are filing separately both tax returns must be presented

Suspension or Termination

Bowdoin College Children’s Center makes every effort to ensure each child’s and family’s needs are well matched with the philosophy of the program. In rare cases, a family may be asked to leave or reduce their time at the Center. The following examples are reasons a child or family may be suspended or asked to leave the program:

- Non-payment of tuition
- Non-compliance with Health Care Polices
- Inability of program to meet the child’s needs
- Behavior of child threatens safety of other children or staff
- Inappropriate behavior by parents resulting in a lack of partnership.
Terminating a contract

The educators and administration work intensely with the parents if a child has behavior difficulties that are hurtful or disruptive to people or to the program. Parents will be consulted and when appropriate, referrals will be made to further support the child in the room. Every effort will be made to help the program support the child and family. Administrators offer support and perspective to difficult situations by meeting with educators and parents to discuss the concerning behaviors and to make positive plans to address significant challenges.

Administrators will also be available to observe children in order to create plans and collaborate with families. The Center will consider further staff training; work with specialists, or consultation as part of a solution. Families and staff can discuss whether a shorter day may aid the situation temporarily or other such options to avoid terminating the contract. When these accommodations are made the tuition, contract is not renegotiated.

CURRICULUM AND ASSESSMENT

Our Early Care and Education Philosophy

The educators provide children with responsive care and curriculum throughout their day. While this manifests differently in each age group, the tenants of this philosophy include a commitment to deeply respect each child. Through research, we know that children’s experiences of group care impact their relationships so secure primary relationships with educators is paramount. Through these secure and caring relationships trust is built between the young child and the educator. We focus on creating these trusting relationships in order to lead children to deep, rich play unfolding in the social, cognitive and physical worlds.

Educators also recognize the critical partnership with families that offer the basis for a secure relationship with children in the rooms. Based on the information collected in our intake forms, through home visits, and in daily conversations, educators and administrators build a program environment to be responsive to family culture and diversity. It is through these interactions that curriculum planning can be informed, teaching methods can be modified, and young children can be understood. Families are invited to monthly gatherings with the director to speak about topics that interest them and share information about their child rearing practices. Throughout the year, families come together at the Center for small room parent gatherings and in large full Center community suppers to share their food and conversation with others. This supports the development of their child’s curriculum.

The educator’s relationship with the child is paramount in the child’s experience of play. We work to build secure relationships so that each child has the freedom to play unencumbered by the stress of not knowing who is keeping them safe and cared for. As children play, educators create a haven where their play is strongly connected to the natural world, uninterrupted, and full of invitations for movement and discovery. In this way educators look to create and support opportunities that engage and entice children to build on what they know, follow their curiosity, ask questions, and explore further as they play.

Play is curriculum

The Children’s Center is committed to and provides a warm and caring setting, which stimulates young children in the discovery of themselves, others, and the world around them. Of vital importance at the Center is the secure connection between the child and the primary educator in order for them to
discover themselves as problem solvers, communicators, and peers. Children are at risk for learning if there isn’t an attached relationship from which they can build so caregivers make themselves available to young children during routine care. Group care, by definition can be disruptive and distracting so our goal each day is to minimize the impact of group care on children’s learning. We support them as they try out new skills to reach those important milestones across all domains.

We also understand that the young child’s brain is developing to become a fully functioning adult brain. In these early years, young children are not prepared to learn in abstract ways, through lessons, or by direction. Therefore, we offer child-led, experiential based play that is intentionally focused on their curiosity and direction. It is through these experiences when children choose their play throughout the day, that we recognize children’s interests, abilities, and skills and offer them the time and resources they need to develop.

We know, from research, that children must immerse themselves in play in the early years. It is in these opportunities that children recognize the world as an interesting place and offer their bodies and minds the chance to develop. The term “focused attention” refers to a designated activity during which “attention is directed to one task.” In the early years, we see that engagement and child choice encourage children to focus on the activity. Research shows that play is at the core of our early learning curriculum; not instruction-based learning because play can best prepare children for school. It is now when the child’s prefrontal cortex is not yet fully developed so the focus is on the moment and not the long-term goal. Therefore, it is the educator’s responsibility to ensure that play is rich and engaging so that learning occurs in the child’s present experiences.

At BCCC, we believe that children’s experience of learning is their reflection and the opportunities for undisturbed learning is the extension of those activities. We do not place print material on the walls as we believe this is a visual disruption and confusing for them. Educators do this by focusing on play materials that do not dictate play. Room materials will reflect objects that the child needs to imitate their experiences (house areas, baby dolls, tools). Materials will also offer children multiple ways to use the objects. We call these “loose parts.” There are stones, stumps, pillows, blocks, and other natural materials for children to use in their play. These items may support their imitative and creative play. There are also materials in the room that offer the children the opportunity to participate with the educator in work caring for the room: gardening, folding laundry, cooking, sweeping the floors for example.

Our program responds thoughtfully and directly to contemporary concerns about childhood:
- The increasing levels of stress, anxiety, and depression in young children;
- Lack of opportunity for movement; and
- Other learning challenges.

Therefore, we work to create an environment and experiences that counteract the sensory overstimulation that many children younger than five-years old experience. Educator teams take curriculum development very seriously. We study research about children’s learning and play in small and large teams, discuss our understanding of the material on a weekly basis, and synthesize the material and put it into practice as we bring meaningful play experiences to children. We communicate to families on a weekly basis about curriculum activities across developmental domains. While these schedules set out our plans for the week we also know that plans can change with young children.

Behavior Guidance

In the first years of life, children are developing in many ways. Their brains are forming and have natural limits protecting them from too much information that could flood their understanding of the world.
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 reassuring them will offer the support they need to work through a difficult time. In the event that a child needs individual attention and a break from the activity in the room, educators will receive additional support for the short term.

At times children will meet with frustration with another child. These frustrations are expected and honored by the educators. Rather than solve the problem for the child, educators may state what is frustrating or lend a hand in steadying a physical conflict. Using an approach that trusts that children will navigate these difficult moments if offered the educator’s secure-based relationship nearby for support, we are sure that these experiences will be informative and part of their social world.

Including all children

The Children’s Center welcomes all children to our inclusive environment. Our program’s philosophy embraces our work with children with disabilities as well as children who are typically developing. We recognize the parents as the first point of contact when working with a child with a disability. Our work with their child comes from a therapist through the family. In this way, we are partners with the parents in offering skill development, support, and consistent and predictable care. Therapists will work with educators in order to share information but their primary point of contact and focus is the family.

We have skills in working in transdisciplinary relationships with therapists and can support staff that work with children when there are concerns. The Center, in conjunction with the parents’ input and the child’s IEP or IFSP team, will strive to offer specific accommodations, if any are necessary, to support the child’s participation at the Center. This may include making accommodations to daily activities or room furnishings and materials that will enhance the child’s experience at the Center. Through these discussions we can determine how to design a childcare opportunity for an individual child.

Co-lead educators who have the primary relationship with the family will be the contact people for therapists delivering services in the room. The contact will consist of emails from therapists about
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

Children are observers by nature and learn through the role models in their world. Each day at the Children’s Center, young children notice fathers and mothers talking with each other as they enter the building, meet the teachers, and converse about their child’s care. They have the opportunity to see men and women care for them in their program as they communicate about tasks and roles. On-site men and women work to care for the building, the property, and the rooms. There are abundant opportunities to see men and women mowing the lawn, shoveling, cleaning, and fixing things that have broken. Students come to the Center to observe for classes, work, and volunteer in our music and foreign language programs.

In these ways the richness of authentic collaboration is modeled for children in each room so that they can build an understanding of roles and interaction styles. We draw on research from Janet Gonzalez-Mena (2007) to inform how we address diversity in our programs for young children. Rather than create event-specific lessons for didactic teaching, we infuse our curriculum with the diversity of cultural values and practices in caring for children. We create an individualized and responsive curriculum that recognizes some cultures’ wish to promote calm, placid styles of interaction and temperament. We offer less stimulating environments than may traditionally be seen in our typical dominant-culture centers.

Our Center also understands that some cultures value activity while others value stillness and so we blend our work to include the active-cultures’ value of exploration and movement for infants in order to develop problem-solving skills with the calm, child-directed approach related to the calm, quiet tones. It is also clear that standard early childhood practice emphasizes the importance of the physical environment and it heavily stocked shelves of materials. In our programs we also include the values of the Japanese and Chinese programs where there isn’t as much of a focus on an abundance of toys, materials, and equipment but rather interaction. Additionally, we model how African American families teach their children to pay more attention to personal cues and emphasize the importance of focusing on people rather than objects.

PROGRAM PHILOSOPHIES

At the Bowdoin College Children’s Center, we understand that there are two interwoven paths that lead to children’s learning through play. One path is the creation of a rich, landscape that fosters a nurturing world where the healthy development of attachment and emotion can thrive. We strive to create a haven where children can trust, predict, and experience security. With this solid emotional foundation, they play and so they learn. We protect their play and learning from the circumstances and obstacles of group care that can be distracting; and thus, minimize the impact of group care on children’s learning.

The other path is the engaging environment where substantive and deep play offers cognitive growth and social development. When young children play, they refine motor skills, explore the physical properties of objects, learn cause and effect, and engage in means-end problem solving. We intentionally offer materials that deserve children’s attention, investigation, and exploration while we protect children’s play from interruption by offering a quiet adult-presence.

Infants

The Bowdoin College Children’s Center Infant Program provides a warm, rich environment where the children who come into our care are able to form deep attachments with a Primary Caregiver. We offer a program model that supports one on one interaction between adult and child. It is in these one on one interactions we believe, that the prime times for learning occur and the children are given the emotional support they need to thrive. We strive to create the conditions for deep, concentrated play, and build our program with the goal of reducing stress for the babies through predictable forms, routines and
relationships.

In a room designed to be calming to the young child’s senses, we plan our day to include focus on individual babies in caregiving relationships, believing that the tasks of daily life for an infant provide a natural time for the child to engage in what directly involves them. Thus, our practice is to focus the child’s engagement with the process rather than just completing the task during: diapering, feeding, dressing, and preparing for nap.

We learn through observation and conversation with the parents, each child’s unique ways of communicating. We model the behavior we wish to teach, understanding that children learn through imitation. Gaining new skills can be frustrating, and so we allow the infants time to problem solve and avoid rushing in to rescue or fix things for them, within reasonable limits for safety and frustration.

The main task of the newborn is to learn to manage their bodies. Plenty of time is given to the babies to be on the floor, with a caregiver nearby, to learn to move and stretch, so important for building self-confidence and physical control. We do not interfere with these natural processes, leaving the babies free to develop at their own pace, trusting that they will move through the stages of growth to walking and climbing at their own speed. Challenging equipment is provided to meet their needs for physical development.

Toys are selected carefully based on their interest to babies, safety, and flexibility of form. We also consider the toys ability to stimulate the child’s imagination but not overwhelm them with sensory experiences. We use natural materials when possible. The colors of the room have been selected for their soothing qualities. We use songs to mark our transitions so that the children learn to anticipate what is coming next.

Access to nature is an integral part of the program, as even young babies respond positively to being outside. Our play yard is created to support exploration in nature. Here they find new physical challenges (e.g. uneven ground, places to climb) and tactile sensory experiences (e.g. sand, grass, trees, bark, mud, water, rocks, snow). We spend time outside daily as weather permits. This integrated approach to caring for the young child, builds upon the latest research in brain development, attachment, and best practices for infant care. We believe in partnering with our families to provide a community devoted to the well-being of the children in our care.

Young Toddlers

Young toddlers are moving in their environments and celebrating their new skills of climbing, walking, running, and standing. In this program, we design their play opportunities to build from those in the infant program so there are beautiful handmade climbing boxes, structures, and ramps to challenge and develop these blossoming skills. As young toddlers meet their physical successes they become adept at carrying and lifting, pushing and pulling objects through space. In these cases, we have weighted and heavy objects to offer resistance and heft to their movements as they build strength, endurance, and interest. Outside play occurs daily for upward of three hours in all kinds of weather. This affords the young child opportunities to experience their world as it changes in weather.

The intentional and deliberate relationships of the young toddler program help them enter a graceful dance with their primary educator adult as they look for proximity, predictable rhythmic routines, and consistent expectations. Our children are offered individual schedules, responsive care, and attention to their needs for dependence in the context of the group. The purposeful and simple environment we create avoids flooding the children with an overabundance of decisions and stimuli. Instead, we rely on the
outside environment for hours of daily play in all weather and the inside space to extend the close and intimate investigations.

Older Toddlers

Children in the older toddler program are engaged in play outside and inside in order to consider problems, solutions, and dilemmas. Our curriculum is based on the belief that through play the young child will discover the world and meet their strengths and challenges. The educators in the older toddler program sculpt the day to include time outside every day, routines for circle, stories, and cooking, as well as time to connect with their primary educator as they experience daily care. Their focus is still on the adults in their lives and we build strong relationships between children and their educators by affording them time, space, and invitations to investigate the natural world.

Preschool

The preschool program is designed to prepare children for the world by offering them opportunities for persistence, determination, problem solving, frustration, discouragement, collaboration, and success. Through play, children meet with these experiences as they delve into the natural world. The preschool educators build a curriculum that is rich in routines so children can anticipate the predictable and consistent sequence to the day. The daily schedule is formed around small and large group moments. Beginning with outside play in small groups and cooking together children find the day to unfold naturally. Gathering in a group before snack to have songs marks the next part of the day and children easily find their way outside on a walk or into deeper play. Materials that support STEM are offered to children daily both inside and outside. Children use the data they collected, use observations to inform their questions, and use and develop models to understand their world. Literacy is embedded in their lives as well and is evident through questions they ask, stories they read, daily puppet shows, and songs and rhymes they learn. Throughout the day the focus on community is evident with collaboration making snack, building with blocks, eating meals, doing chores, and helping each other. Children move to kindergarten easily from the preschool program.

PLAY OUTDOORS

The Children’s Center is nestled in a beautiful wooded area that offers a lovely play yard for all of the children. We use the outdoors each day (in the rain, snow, and chilly weather) and we are careful to dress all of our children for the weather. The many nooks and crannies in this space are wonderful for children and change with the weather, so a rainy day significantly changes the topography of the play yard while snow or ice can make things shift again. We respect the children’s need for play with each other and work to offer them the opportunity to explore the environment and each other as independently as possible.

Barefoot Play Outside

- Children are invited to play outside while bare foot so that they can experience the outdoors most fully.
- Children can choose to remove their shoes to splash in the water, run in the yard, or put them on to play after they have had enjoyed barefoot play.
- If it seems cool or unlikely weather for barefoot play then educators guide children’s choice to keep their shoes on. Educators are responsible for knowing about the weather, how chilly a child can become in the wet cool play yard and understanding how to keep a child comfortable and warm.
- Staff is asked to work to maintain an area that is safe for this type of play. This will include raking
the spaces where children may jump down (by rocks, stumps, or the monkey bars) in order to aerate the soil, cleaning up toys and materials after use, and making sure that the space is maintained to be free of debris.

**During the Summer Months**

While our yard is shaded for the most part, it does get hot and sunny in places. Groups will also go out for walks on campus and engage in water play during summer months. For these reasons, children should have the following in the summer months:

- a sunhat (all children wear a hat at all times when outdoors in the summer)
- light cotton shirt (long sleeve can provide sun protection as well as a light layer of warmth on a breezy day)
- Bathing suit or water clothes (girls bathing suits should be comfortable for play, quick drying water clothes are also suitable)

Families should provide a bottle of sunscreen and a bottle of insect repellent for the Center to use on their child as requested (see policy in Health Guidelines). Based on parent authorization staff will apply both as necessary. When the air quality is considered dangerous for children (high levels of air pollution, smog alerts, etc…), we will stay in our air-conditioned building or limit strenuous play outdoors. However, because we have access to sprinklers and hoses, the warm summer days can be lots of fun.

**In the Rain**

Children find that splashing in puddles, walking in a drenching warm rain, or playing in the mist is a welcome change from the dry weather that we typically are drawn to. However, there is also rain in the late fall and early spring when we need to dress warmly.

**Suggested Rain Clothes**

- Waterproof rain pants and rain jackets – these can be made with rubber or another repellant
- Waterproof boots
- Mittens that are more water repellent than not
- Hats

An extra set of clothes during the spring months is especially welcomed. We will go out in this weather daily so parents should provide a variety of extra clothes to respond to the rapidly changing New England weather. Staff will find extra clothing in the room if needed.

**During the Winter Months**

How children are dressed to go outside impacts their enjoyment, play, and amount of time outdoors. We appreciate the saying “there is no bad weather, just bad clothes.” Temperature and wind chill are two factors that guide us to safely dress the children. The temperature can actually be quite cold and still be conducive to outdoor play, while wind chill could make outdoor play dangerous. Therefore, we plan on dressing children very carefully each day. An educator dresses each child in a one on one situation so that each layer of clothing is assessed, acknowledged, and then assembled correctly.

We use [www.wunderground.com](http://www.wunderground.com) the weather station that posts wind chill temperatures on our
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 – 15 minutes because they are not moving enough to keep warm.

Considering the outdoor temperature when there is no wind chill offers a safe and healthy opportunity for children to be outdoors for a few minutes. Therefore, our policy is that any day when the temperature is ten degrees or higher (with a wind chill factor of 11 degrees or higher), children can be actively playing outdoors dressed in appropriate apparel for an appropriate length of time (up to 30 minutes for under 25 degrees).

The administration places this posting in the reception area daily in order to inform parents of our plans and communicate to educators what is considered safe for outside play that day.

While we understand that parents dress their children as warmly as they can we have a list of suggestions to consider. Our rooms are also stocked with extra warm clothes in case anyone needs more.

**Suggested Winter Clothing List:**

- Full undershirt (preferably wool) or a synthetic blend
- Long underwear pant layer (preferably wool) or a synthetic blend
- Long sleeve shirt: a synthetic, wool blend is warm
- Sweater or another synthetic thick warm top
- Warm pants – lined pants are warm or pants that have a thicker material Warm socks (wool or a synthetic blend)
- Jacket with a hood (for cold weather check to see if it is wind proof)
- Snow pants (overalls keep their torsos warmest)
- Mittens (that go up and over their jackets to the elbows) – 2 pairs
- Hat (that fits snuggly on the head and fits under a hood)

We ask parents to keep an extra-long sleeve shirt and sweater at the Center in case of an accident during the morning and a need for warmer clothes in the afternoon. At the first sign of chilling or shivering, a child will go indoors. Educators are very careful to watch for this and provide support for the children’s warmth.

**Preschool Gardens**

Our preschool class works with Bowdoin organic gardeners and educators to plant a small vegetable garden. This garden provides them with learning opportunities ranging from understanding where food comes from to learning how to care for plants. Children have prepared their harvest from the garden for snack and shared the vegetables with their families.

**SAFETY**

**Parking and Traffic**

Parking is available next door to the Center and in front of the Center for a short drop-off exclusively. When cars are parked in these areas, even for short periods of time, they must not idle but be turned off. Exceptions to this can be made when extreme cold temperatures are present. There is a fair amount of traffic that travels down South Street because of parking available in both the lot by Maine Street and the lot by Coffin Street. Parents pay close attention to their children as they leave the building and until they are in their cars. We believe that the street and the cars are too close for young children to be
free from a parent’s handhold, a practice that we model with the children whenever they leave the building.

**Front Door Policy**

The Center’s front door is locked 24 hours a day. Parents have a numerical code to access the Center during our operating hours of 7:45 – 5:30. The door code is given to new families by the administration. For the continued safety of everyone at the Center we ask parents to keep the code to themselves and to have others ring the doorbell when retrieving their children.

We also ask parents to maintain our Center rule that only adults open the door. This helps keep children inside until an adult is with them in order to maintain safety.

**Arrival and Departure Safety**

When arriving and departing each day please be sure that you bring your child into the room and register with an educator that you have arrived. While daily greetings are part of the morning routine, it can be busy and parents can drop a child and leave. To ensure that we know your child is there, please make sure to register that with one of us.

Because of the potential for confusion at departure time, it is also important to note that you are responsible for your child once you arrive for pick-up and say good-bye to us. When you let us know you are leaving, we will mark your child as departed from the program and consider your child your responsibility. Until that point we will remain aware of your child’s safety with us. It is imperative that the educator in the room or on the play yard is aware of your arrival and departure with your child. We keep careful count of the children so we are aware of where they are at all times.

**Authorization for Pick-up**

At the time of enrollment, parents provide the names and telephone numbers of people authorized to pick up your child. If you would like to add or delete a name please notify the Center of any changes in this authorization. If someone other than authorized people indicated on the Child Emergency Form are to pick up your child, please give us the name and contact information for this person. We will release children to authorized persons only. If we do not recognize them, we may ask for identification before allowing them to leave with your child. If necessary, copies of legal documents must be provided to the office before any staff member can actively prevent non-custodial parents from picking up their child.

**Car Seat Policy:**

As of January 1, 2003, Maine State law requires all children up to age 8 and 80 pounds to use an approved child safety seat. All children riding with us on a field trip must use a CRS that fits the child’s height and weight and fits the vehicle. If a child is using a booster seat without a back, the child will need to be placed in a Bowdoin van where there is a head/neck rest.

**Car Safety**

For safety reasons, we want to remind you that no child under 12 years of age should be left in a car unattended. We understand that this can be inconvenient, but because cars are parked on the street or in a lot there isn’t direct supervision.
First Aid

All first aid kits are checked and replenished on a regular basis. These first aid kits include: gloves, Band-Aids, ice packs, alcohol wipes, gauze pads, roller bandages, tape, scissors, pins, tweezers, wash cloth, pen and paper, eye patch, and eye wash. There are first aid kits available in each room.

In each room, there is a backpack that educators carry on any field or walking trip, fire drill, and outside on the yard (including walks to the Quad, Farley Field House, the Farmer’s Market, or even down the street).

Each backpack contains:
- Copies of the Emergency Information cards,
- First aid supplies: gloves, band aids, alcohol wipes, gauze pads, roller bandages, tape, scissors, pins, tweezers, wash cloth, pen and paper, eye patch, and eye wash.

Whenever children are outside of the building the attendance sheet travels with the group so that there is clarity about how many children are present that day. A cell phone is taken and turned on during any walks or trips outside the Building. If the program has a cordless phone, this is taken to the yard whenever staff and children are outside.

Incident/Accident Reports

When an accident occurs where the child receives any type of first aid, including iced chew toy, the educators will complete an injury report. This report will be offered to the parents at the end of the day to sign or will be offered to the person picking up the child to be returned the next morning. All accident reports are filed in the administrative office. When an accident report is written, the co-lead educators try to call or email the parents to inform them of the injury prior to pick-up.

Emergency Plans

In accordance with the Department of Health and Human Services, the Children’s Center communicates their emergency plans, presented in this Handbook, with parents. Parents may also request a meeting with the director to discuss emergency protocol at any time.

We are well prepared for a variety of emergencies that could occur in our setting. Children’s Center administration develops emergency plans with members of Bowdoin Security Office, town officials, safety experts and staff of the Center. If it was necessary to evacuate, relocate, lock down and/or emergency close the Center in an emergency all staff and children will evacuate to the nearest and safest exit and walk to the drop off parking lot next to the building. When indoors, the primary exit is the front door of the classroom and the secondary exit is the backdoor to the play yard. When outdoors, everyone exits through the play yard gate in the infant yard to the parking lot. We practice this evacuation procedure during our monthly fire drills. When an evacuation occurs and we cannot re-enter the Center, relocation is necessary. All children and staff will relocate to Thorne Dining Hall where there will be a smaller dining room available for our own use.

Under a different scenario it may be safest for us to stay at the Center and use our designated safe space. There may be emergencies that require us to stay in and keep others out, this is called a lockdown. The basement of the Children’s Center has been identified as the safe space for us to go to in the event of
such a scenario. Word of a lockdown would come through our phone system from the Security Office and all of the Center doors will automatically lock. Staff are prepared to bring all necessary supplies to the basement with the children and the administration would use a cell phone to communicate with the Security Office and Police. If the emergency simply requires us to simply stay indoors (i.e. air quality) we would stay in our classrooms and shut all windows and doors. Lock out drills occur once a year.

Under any of these scenarios; evacuation, relocation or lockdown, Bowdoin College employees will be made aware through the Emergency Broadcast System used by Security. Center administrators would contact the community families as soon as possible and within an hour of the incident. Each group will be carrying their emergency backpack with them which holds emergency contact information for each child. For all such emergencies, all Children’s Center staff are well trained. All staff have adult and pediatric first aid/CPR certifications. There is also protocol for what to bring in the case of evacuation, relocation and lockdown. All rooms have an emergency backpack with needed supplies. In rooms where there is a child with disabilities who needs medication or other support requirements staff will be prepared with supplies specific for that child, based on an emergency plan made at the beginning of the year.

After an emergency occurs and parents have been contacted, parents will be re-united with their children as soon as safety is established. This will take place either at the Center or Thorne Hall unless there is a different place of relocation. Sometimes the time after an emergency or crisis can be just as critical as the actual event. The Children’s Center has many resources to aid in processing emergency or traumatic situations. We have a mental health consultant on staff (contracted) who would be called in to assist, the College has an EAP (Employee Assistance Program) to support staff dealing with trauma and we are prepared to contact outside agencies such as the Center for Grieving Children to provide extra resources should they be needed.

Weather-Related Emergency Closings

At times the center needs to close for weather related emergency reasons the Vice President for Finance & Assistant Treasurer at the College is responsible for making decisions about weather emergency closings. S/He notifies the director of the Center who communicates this to the parents. The Head of Security is responsible for making decisions about closing for other types of emergencies, at times this decision-making will include input from the director of the Children’s Center. When the Center closes, communication with parents will take place immediately in order to notify them of the need to pick their child up. Both emails and phone calls will be used during this process of communication and the administration is responsible for these communications.

HEALTH PRACTICES

The Center’s wellness policy is designed for parents and educators to partner in keeping children healthy. As young children grow and build up their immune systems, they are susceptible to germs and illness. The educators practice hand washing throughout the day, glove for diaper/toileting changes, and glove when preparing foods. Educators wash their hands after wiping noses and ask children to do the same. By conscientiously washing hands, providing a barrier to germs, and washing young children’s hands, they understand that they are doing everything they can reasonably do to keep children and themselves healthy.

The Center also keeps children and staff healthy by protecting them from environmental hazards by monitoring air quality and pollution warnings through the weather channel and by maintaining an asbestos and lead-free environment according to the public health requirements.
As part of this healthy environment, parents and children are asked to wash their hands when they enter the room in the morning and throughout the day as a way of controlling what is introduced to the environment.

**Educators’ Responsibilities:**

Educators strive to follow these guidelines so that they may prevent the spread of infectious diseases. Educators and children who are developmentally able to learn personal hygiene are taught hand-washing procedures. Hand washing is required of all educators, Bowdoin students, parents, and children to reduce the risk of transmission of infectious diseases to themselves and to others. Educators assist children with hand washing as needed to successfully complete the task. Adults and children follow proper hand-washing procedures:

- Use liquid soap and warm running water;
- Rub hands vigorously for at least 10 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails;
- Rinse well;
- Dry hands with a paper towel or a single-use towel and avoid touching the faucet with freshly washed hands (e.g. using a paper towel to turn off water).

Educators, children, and parents will wash their hands with liquid soap and running water, using friction, at least at the following times:

- Upon arriving at the Center
- Before eating and handling food
- After toileting or diapering (use of wet wipes is acceptable for infants)
- After coming into contact with body fluids and discharges
- After cleaning
- When moving from one group to another (e.g., visiting) that involves contact with infants and toddler/twos.

Hands shall be dried with individual or disposable towels.

Educators also wash their hands:

- Before and after feeding a child
- Before and after administering medication
- After assisting a child with toileting
- After handling garbage or cleaning

When handling blood or body fluids that might contain blood, wearing gloves is required. Wearing gloves acts as a supplemental barrier against germs, not a substitute for hand washing.

Note: The use of alcohol-based hand rubs in lieu of hand washing is not recommended for early education and child care settings because the alcohol is not good for young children’s hands.

Educators do not use hand-washing sinks for bathing children or for removing smeared fecal material.

The following equipment, items or surfaces shall be washed with the Center’s disinfectant (made daily in the proportion of 1 tablespoon bleach per quart of water) or with laundry detergent for cloth items using the following schedule:

- After each use: diapering surfaces, eating surfaces, toys mouthed by infants and toddlers, bibs,
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 regulations, the American Academy of Pediatrics guidelines, NAEYC standards, and our own health consultant’s recommendations. The following guidelines offer parents a sense of how the Center manages illness.

What the Center can do

The Center administration will be the focal point for all communication and information sharing about illness and the resultant care. All educators are asked to speak to the administration prior to placing a call to the family of an ill child. All families are asked to speak to the administration with questions or concerns about their child’s illness or potential exclusion. Educators are encouraged to direct parents’ questions to the administration as well. By keeping the administration as the central point of communication, we believe that we can create better policies, have more informed discussions, and provide better care for children.

The administration will always address individual situations with care and thoughtful discussion with families. The administration and educators are committed both to partnering with parents to care for their child and to supporting their work responsibilities. Parents are welcome to arrive at the Center any time of day with their child. This may be so that a child who is recovering from an illness and is well enough to participate for half a day can arrive after nap. If a child needs to arrive during rest time, parents and educators will discuss how best to plan for this transition.

When a child becomes ill at the Center and needs to go home, parents (or emergency contacts) will come for their child within an hour after receiving a phone call.

What educators do

The administration and educators understand that children’s illnesses can upset a fragile work schedule so they pay close attention to the balance between keeping children at the Center to care for them while they are mildly ill and managing infection and contamination to other children. Educators will always notify parents when their child is not acting as they typically do or when they have a symptom that may indicate they are ill. Educators will not exclude children from the Center unless their behavior and symptoms require it. Educators may take a mildly ill child to a quiet area, keeping them within sight and hearing range. In the event that children must be removed from the room immediately or kept from other children, they will have an educator with them until they are released to their parent.
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 excluded from the program, the educators will offer the best course of action to the parents supporting the child as well as the health and safety of other children. This will be covered in the following section.

Considerations

Often policies in research refer to “children not being able to participate in the program” as a signal of illness or a need for exclusion. The Center’s definition of this phrase, which does not stand on its own as a reason to be excluded from the program, will include: sleeping or lethargy that cannot be easily accommodated for or a child who is complaining of aches or pains and is not acting as they usually act including overly-emotional, disinterested, not hungry, or uncomfortable, in addition to other symptoms listed below.

When a child is ill, there are many factors that are considered as we make accommodations in the program to support children who do not feel well. Ratios are a factor when a child might need a lap to sit on or a person to pay close attention to them while they do not feel well. When we can, support staff will be added to the room to help make accommodations for the child. This is more of a consideration in the preschool room where there is less individualized care than the infant room.

Preschool children may appear more likely to benefit from going home when they don’t feel well because the group size is large, their independence in the group is relied on, and one-on-one care is not typical. For this reason, a child may arrive home and “look fine” without the added stress of the room and the group.

The decision-making that occurs with the Center is a process that does not have a perfect answer so there needs to be leeway as these discussions about children’s wellness occur. These conversations can be difficult to navigate without clear communication so we will work diligently with parents to create trusting relationships.

Examples of Exclusion due to illness:

The American Academy of Pediatrics recommends medical attention within an hour when children have been exposed to a vaccine-preventable disease and they are under-immunized, making them susceptible to this disease.

There are several considerations when assessing a child for illness. The American Academy of Pediatrics recommends that we get children medical attention within an hour when they have:

- Elevated temperatures (over 100.4 degrees, auxiliary) and look more than mildly ill. They may be lethargic, may complain of aches and pains, or may be unable to participate comfortably in the program.
- When a child vomits (differentiated from spitting up) they need to leave the Center as soon as a parent/adult can get them in order to avoid infecting other children.
- If a child has an unexplained or spreading rash or a rash with crusty or weeping lesions
- Signs of respiratory illness: remarkable coughing, wheezing, difficulty breathing, or more than moderate amounts of mucus present.
• 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 notification to others, educators will alert room parents through e-mail and phone calls. When an outbreak of an illness has occurred at the Center, all parents will receive an email outlining the symptoms of the illness, the room it is in, and the recommendations for participation in the Center.

By sharing information about the illness, parents will know symptoms, incubation periods, and the extent of contamination. Educators are always conscious of alerting families so that pregnant mothers receive this information quickly as well. While we work to maintain confidentiality around a child’s illness, it may be very difficult to control this information because of the size of the program and rooms. We ask that parents sensitively manage confidential information about children at the Center because of the nature of this intimate environment.

Anesthesia Policy:

When a child has a procedure/surgery and was under anesthesia, parents will keep the child home for the remainder of the day of surgery and the day after surgery.

Antibiotics:

Antibiotics may be used for many reasons and 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 child may return to the Center if they are acting more like themselves: actively participating in their day, able to sustain activity for extended periods of time, comfortable in their recovery, and any one of these criteria occurs:

(When children are out of the program for five days or more, we request a doctor's note stating "good health" upon their return)

• When a child only has a low-grade fever and no other symptoms, they will not be excluded from the program. A child with a fever after receiving immunizations or while teething will not be excluded from the program.
• 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.
• Wheezing, coughing and difficulty breathing have been addressed by a pediatrician or are no longer present.
• The child is fever-free for 24 hours without medication and no other symptoms are present.
• Diarrhea has ceased for the past 24 hours, and solid food is eaten so that stools are appearing more normal.
• Discharge from the eyes or ears has either been assessed, and/or treated by a pediatrician or is no longer an issue. Bacterial conjunctivitis will be treated with antibiotics for 24 hours before returning.
• Head lice have been treated with a medicated shampoo and a complete nit removal has taken place. Nit removal must be completed daily for two weeks once the child has returned to the Center. Children will be excluded until nits found on them while at the Center are removed and their hair is checked again.
• An ear infection is diagnosed and is treated with antibiotics as well as pain relievers so that the child is recovering and feeling more comfortable.
• They are acting more like themselves: actively participating in their day, able to sustain activity for extended periods of time, comfortable in their recovery.

Medication Release Information:

If children require any medication (including sunscreen and bug repellent) while at the Center, please sign an “Authorization to Dispense Medication Form.” According to State Regulations, educators will dispense medication according to the instructions on the prescription. For this reason, medication must come in the original container and prescription bottles must have the child’s first and last name, prescription date, expiration date, physician’s name, original prescription label that details the name and strength of medication as well as directions on administering and storing, dosage amount, and times the medication is to be given.

Educators and administration should be informed of any medications a child may be on no matter what they are. Parents need not explain more about the medication or the side effects as this is between the pediatrician and the family; however, it is critical that educators are aware of the child’s status when they arrive at the Center.

Non-prescription drugs must be accompanied with written permission from the child’s physician and must include the above information. A standing order from a licensed health care provider may guide the use of over-the-counter medications with children in the program when the order details the specific circumstances and provides specific instructions for individual dosing of the medication.

Medication is considered seriously in the Center and for this reason must be handed to one of your child’s regular educators who will store it in a locked box, either in the refrigerator or cupboard. Parents must be very careful to keep all medicines out of the reach of children by giving them to the educators daily. If special medical procedures are necessary, written guidance from the prescribing health care provider is required and a treatment plan as identified by the pediatrician is also required. This may be the case for some allergies that require medications, EpiPens, and nebulizers. In cases where medications are stored at the Center over the course of the year, parents are responsible for being sure that there are always up to date, non-expired medications available. We require 2 active, usable epi pens for children who have an allergy plan that requires such medication. If a special medical or dental procedure is required for a
child there will always be a trained adult available to conduct such special procedure.

Parents can come to the Center to medicate their child in the event that forms haven’t been completed. Parents and the administration can discuss particular plans for using a pain reliever during the day at the Center.

Insect Repellent Policy:

At Bowdoin College Children’s Center, we are fortunate to have cool, dry conditions most of the time on our play yard. However, in the humidity of the summer weather and in a typical environment there are insects that may cause reactions or bring disease to the children. This policy addresses both of these instances.

Public Health Authority:

When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease:

- Only repellents containing DEET are used
- Are applied only on children over 2 months of age and
- Will be applied no more than once a day and only with written parental permission.

Protection from Allergic Reactions to Insect Bites:

Bowdoin College Children’s Center will seek both parental permission and a health professional's recommendation before using repellents in the absence of a public health official's recommendation. Alternatives to DEET are acceptable when:

- Written approval is provided by an individual's child physician or
- A public health authority recommends the use of an alternative insect repellent registered with the Environmental Protection Agency

Documentation from the public health authority will be filed in the administrative files while the approval by the child's physician would be maintained in your child's file.

Daily Nutrition

Infants are fed food from home for their first year. Educators and parents partner to ensure that the food offered to infants meets their nutritional needs. Often these conversations take place at the home visit, when reviewing questions about first foods, or in a discussion about a child’s changing food needs. Parents also have access to Center resources for guidance: nutritional consultant, books on feeding infants, and conversations with Center staff.

In the older rooms, children are fed two snacks from the Center each morning and afternoon. Each classroom has established their timing in their daily schedules. Classroom schedules reflect that young children eat in two-hour intervals.

The snack menus are built on “small meals” philosophy where children are fed nutrition dense food a few times a day in order to keep them feeling nourished. Whole milk is provided to children 12 – 24 months and reduced fat cow’s milk to older children. In the event that a child drinks other milk, the Center provides that milk as well. The snacks are created on a seasonal rotation so that the same snacks will be offered for several weeks and then they will be revised. Each team of educators is responsible for working
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**

- Breastfeeding is supported in the infant room as we welcome mothers to bring their milk to the Center in ready to feed labeled sanitary containers (bottles for immediate feeding that day) or labeled and dated freezer bags for storage.

- We will store breast milk in the refrigerator for no longer than 48 hours for bottles or 24 hours for breast milk that was previously frozen. We will also store breast milk in our freezer in labeled and dated freezer bags for up to 2 weeks at 0 degrees.

- Each educator has received training to handle bodily fluids through our Blood Borne Pathogen and Biohazard training.

- Staff will warm breast milk in warm water (not to exceed 120 degrees Fahrenheit for 5 minutes) without shaking it unnecessarily and offering it to the child immediately. After eating the remaining contents of the bottle will be disposed of if the bottle has been unrefrigerated for an hour.

- No food is heated in a microwave oven.

- Staff and nursing mothers may feed infants in rocking chairs in the room throughout the day.

- We encourage nursing mothers to come to the Center to nurse when they can and welcome their phone calls to plan for nursing times

**Bottle-feeding infants**

- Parents are welcome to bring their child’s formula to the Center. Parents are requested to bring formula in factory-sealed containers so that educators can follow the manufacturer’s directions for preparation. We ask parents to bring in several bottles to keep at the Center so that preparation is easy. Staff is able to prepare and offer formula throughout the day according to the child’s individual schedule.

- Children younger than 12 months will not be offered cow’s milk.

**Solid Food:**

- Parents are welcome to bring in food that they prepare for their infants and we will serve it to them throughout the day. We ask that parents of children younger than 6 months provide us with written instruction from your health care provider indicating that solid food should be offered. We also request that parents offer their child new foods at home five days prior to them having the educators feed it to the infant. This way any allergies or concerns about reactions will have been addressed.

- Typically, when parents pack the food in lunch boxes with ice packs, the food stays cool and fresh. We are able to make warm cereals and add warm formula and breast milk to foods as requested.
• 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 Preparation

All food that is prepared for snack must be done using the kitchen sink, not the classroom sinks. At no time should the classroom sinks be used for food preparation without spraying them with the bleach solution to sanitize them.

All educators use gloves to prepare and serve food to children. These gloves can be the same ones as you currently have in the classroom for diapering. In order to keep a clean and safe environment for children we use gloves at all times when working with food: snack, lunch, and preparation of food.

Steps to safely preparing food:
• Wash hands prior to putting on gloves
• Put gloves on once all of the items for food prep are present.
• Put on gloves when preparing snack: cutting, peeling, serving food but not while you gather the food from the refrigerator.
• All food kept in the refrigerator is dated and is discarded when the food expires.

Snacks are prepared by the educators or with the children as a cooking project daily. Families offer children food packed at home for lunch at the Center. We prepare their lunches by presenting them on plates with forks/spoons and offer pitchers with milk or water. Each family can determine what the best lunch for their child is, however there are some guidelines that we ask families to follow as they consider their child’s lunch.

Allergies

Nut-restricted environment

We proactively restrict the potential for specific allergic reactions in the center environment hoping
to minimize the hassles for families of children with allergies. Tree nuts, peanuts, and nut products are the most serious and prevalent allergen at our Center. Foods with nuts are not allowed at the center.

We recognize that this policy is an inconvenience for parents and children but ask for your help since for exposure to nuts poses a serious health risk for some children. In some cases, the allergy is so severe that simply smelling nut products can lead to a dangerous reaction. We also encounter other allergies (e.g. dairy, soy, shellfish) and room staff will always work with the families of children concerned to create as safe an environment as possible.

We cannot guarantee that the center is a nut-free environment. Educators will inform parents if they see food from home that includes visible nuts or they already know the product contains nuts products. Removal of the food will occur. We depend on your assistance in monitoring foods from home. We have not excluded the many commercial products that include a warning about trace elements of nuts and the possibility of contact with nut-contaminated machinery. If there is a known allergy in the room, individual rooms may ask families to adhere to additional safety practices as needed.

**The Children’s Center Policy on serving food:**

Bowdoin College Children’s Center will ensure that children less than 4 years are not served any foods that are not recommended for children under the age of 4 years. We will do this by asking that all children in the program do not have access to chokable food when they are here. A list provided by the USDA of examples of chokable food is provided on our website and upon enrollment. In the event that food is in children’s lunch boxes from the USDA list, we will not serve this food to them but will find a substitute from our kitchen. We will always let you if there is a way to change the shape of the food in order to make it safer and served here.

You can help reduce the risks of choking on some foods by changing their shape, size, or texture, and by serving certain foods in small, manageable bites. Offer 2- to 4-year-olds the same variety of foods as the rest of the children in your care, but prepared in forms that are easy for them to chew and swallow. Use these simple tips to make these foods safe options for 2- to 4-year-old children.

- Cut soft food into thin slices of small pieces – no larger than one half inch (½”). Cut soft, round foods, like hot dogs or string cheese, into short strips rather than round pieces.
- Remove all bones from fish, chicken, and meat before cooking.
- Grind up meat, chicken, and other tough foods.
- Remove seeds and hard pits from fruit.
- Encourage children to eat slowly and to chew completely before swallowing. Teach children to eat one bite at a time, and chew and swallow food before talking or laughing.
- Cook foods, such as carrots and celery, until slightly soft. Then, cut into sticks.
- Cut grapes, cherries, berries, or melon balls in half lengthwise, and then cut into smaller pieces.
- Mash or puree food until it is soft.
- Sit with children and always actively supervise them while they are eating.

**CARE ROUTINES**

**Diapering**
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 well as awakening from a nap. Diapers are changed in a sanitary manner. The child is changed on a changing table and encouraged to participate in the activity: holding the clean diaper or clean wipe, helping take off pants, naming body parts and/or happily chatting). Parents are asked to provide diapers and wipes. Please remember to replenish supplies regularly.

**Toilet Learning**

All children are welcome in the program whether they are diapered, learning to toilet, or have learned to toilet. During the toddler and preschool years, it is common to find children in a variety of stages of toilet learning.

The staff works with parents to plan a toilet learning plan as the parents perceive their child’s readiness. The staff may meet with parents to initially make a collaborative plan that integrates parent goals, children’s skills, and staff knowledge. These plans may include:

- Parent introduction to toileting at home over a period of time (this is individual as some children may take to the idea quickly and others may be more methodical).
- Identification of toilet use for bowel movements as well as urination at home with repeated interest by child.
- Regular and consistent encouragement for the use of the toilet by parent on weekends, evenings, mornings, as well as the program’s support for the child at intervals during the day.
- Initial support of using the toilet with the parent when the child arrives and departs from the program in order to “imprint” on this space, the secure and safe feelings they have with the parent at this time.
- Staff will work with the family to use pull-ups*, underwear, or diapers as needed to support the child’s ability to toilet in the program.

**Additional Important Thoughts:**

- Pull-ups must be with Velcro tabs as they can be put on and taken off most easily for group care. Please bring in pull-ups that are the most user friendly so that the toileting process is the least stressful for your child.
- The child must be consistently able to use the toilet/potty for bowel movements for two weeks prior to wearing underwear at the Center.
- It is important for staff to regularly communicate with parents about how each day “went” in the bathroom. This may be in the form of a note home, a phone call, or a quick check in at the end of the day. Be careful to communicate clearly about your thoughts or concerns in person as email or writing can often be difficult to understand.

While toileting at home can be successful quickly and easily it is understood that the classroom environment with shared bathrooms, different adults, and lots of activity can be distracting, uncomfortable, and the last step in completing the toileting process. Staff can be sure to understand the parents’ hope for an easy and expedient learning experience yet offer reasonable responses to the child’s pace at the program.
When it appears that parents and staff are not communicating clearly about the toileting plan setting an additional meeting (with administration if helpful) will further support the process. Children will not be excluded from the program for any reason in this process.

**Tooth brushing**

The children are offered the opportunity to brush their teeth at lunchtime each day. We have toothbrushes to offer them. Their toothbrushes are kept individually separate and are replaced every 3 months. In the infant room, we wipe their gums with a wet washcloth until they have teeth to brush.

If a parent chooses not to have their children’s teeth brushed, they may indicate that on the release form.

**Napping**

Children are offered the opportunity to nap daily according to their needs. In the infant and young toddler groups, children are offered naps on individual schedules so that their days are organized according to their needs. During their second year, they typically move to one nap a day after lunch.

This move toward a group nap experience is important for them, as they are able to rest and prepare themselves for the afternoon. The older toddler and preschool children are offered a quiet time on their mat in a darkened room. A child can choose not to sleep by simply staying awake. If a child is awaking after one hour of quiet rest on their mat they are invited to engage in another activity.

We will help children prepare for rest by reading stories, singing songs, and rubbing their backs. Often this is all the support a child needs to fall asleep unless they determine that they would rather stay awake. We have flexible schedules that will accommodate different sleep needs. When parents ask to have their sleeping-child woken at a certain time, we will transition them from their nap to a lap, from a dark room to lighter room, and from a quieter room to music so that they wake slowly and on their own. Staffing ratios remain the same during nap as when children are awaking. Children will always be cared for by staff that can hear, see, and respond to their needs. Infants will always have a staff person in the nap room with them.

Each child will have a crib or nap mat. Infants will have sheets provided but parents are encouraged to bring a sleep sack for sleeping. Infants will be placed on their backs to go to sleep until they are able to roll over on their own. Their cribs will not have quilted bumpers, stuffed animals, etc.… Parents may provide a transition object if they choose to (small stuffed animal, special blanket, or a book from home). When an infant arrives to the program and is asleep in device that is not specifically designed for sleep (car seat, stroller, etc.), the infant will be transferred to a crib or mat.

Children in the younger toddler, older toddler, and preschool rooms will be provided nap bags for sheets, blankets, and transition objects. Parents are asked to bring these bags home each week and wash the items for the next week.

**GUIDELINES TO BEST PRACTICES AROUND CHILDREN’S DEVELOPMENT**

**Home Visits**
Each summer, families who are new or returning to the Center are offered a home visit with their primary educator. This is a time for the family to get to know the educator, who will bond with their child, write conference reports, and be the connection between home and the Center. At the home visit, educators will spend time with the child in order to build the basis for a strong relationship. In the event that the child is very young, this time will be used to connect with the families. This can be a time for questions and answers as parents learn about the room. In this conversation, the educator begins to learn about the child in the context of the family.

Child Records

All child/family records are confidential and kept in secure cabinets. All Center staff, interns and volunteers sign a confidentiality policy form. Only fulltime Center staff members have access to children’s records on an educational or administrative need to know basis. Parents/guardians can review records of their own child in the Center office upon their request. Under no circumstances are records left out unattended.

Each child will have a file that includes:

- Emergency contact and release form – updated annually in September
- Permissions and informed consents
- Contracts for enrollment
- Current information about health insurance coverage
- Physical examination (updated and kept current within 6 weeks of enrollment and then annually)
- Dental, hearing, and eye exam records when offered by the family
- Developmental history forms
- Up to date immunization records and supporting documentation for cases in which a child is under-immunized
- Copies of referrals and reports from referrals
- Injury reports
- Transportation
- Medication consent forms
- Medical condition action plans
- Copies of reports and assessments of the child
- Copies of custody agreements when provided by the family
- Any other relevant information regarding the child

Parents have the right to add any information or comments to their child’s record. Parents also have the right to amend or delete any information in the child’s record. Parents are entitled to access their child’s record at reasonable times on request.

Current Health Records are kept for each child. Parents are responsible for keeping health services current. The administration will help families complete these files by reminding them on an annual basis to update all health information in order for their child to attend the program.

Transition Plans and Orientation

The Children’s Center practices a continuity of care model. This model supports the growth of the child in the Center with their primary educators over the period of years rather than months. These deep
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, younger toddlers move to the older toddler program, and infants move to the younger toddler program. Our new infants begin at the “beginning” of the year with their group.

The transition from older toddlers to preschool recognizes important aspects of children’s relational development. The children in the older toddler room will spend time with their new primary educator in their current room, outside in the play yard, and at a home visit. Children in preschool are grouped together in groups of six children with their primary. This relationship builds the bonding and attachment as they transition into their activities of the day as well as share meals and snacks together. During the summer, we invite returning pre-school families to meet with the older toddler families in a “welcome to PS” conversation in order to answer questions and offer reassurance.

Parents are offered opportunities to visit the room at their convenience, see how the children experience the program, and understand how their child might experience the day. This is a foundational experience in strengthening this new relationship.

With infants, our focus is on the primary relationships developing not only between the educators and the infants but also between the educators and the parents. During July, there is an initial meeting with all of the new families to meet each other and offer answers to questions. Over the next weeks, parents and infants will have a home visit and make a plan to spend time in the infant room acclimating themselves to group care, the nap room, and the educators during the first weeks of the year.

As new families experience the first weeks of the program, we offer extensive guidance and suggestions about how to help the infants manage the stress of attaching to a new set of adults. From our work with these very young children we understand that under the age of 5 months, infants are much more able to attach to new adults as they have not begun discerning who they recognize as secure attachments. After this point, infants will need to bond and attach to the educators through their secure attachments. Educators make themselves available for these relationships with families and their infants through the summer months to prepare for full time care in September.

In the event that a child is leaving our inclusive community for a special education program, therapeutic staff, IEP meetings, and parents/educator meetings will occur.

**Sibling Visiting**

The Children’s Center recognizes the importance of family bonds and strives to strengthen sibling relationships while children are here at the center. We have several families with two children at the Center and staff are intentional about providing time for children to visit siblings. Visiting a sibling in the middle of one’s day can provide a reminder of the family unit, a feeling of safety and belonging and a welcome break from peer interactions. Often siblings will see each other passing on a walk or across the play yard or they may share a primary educator over the years. Educators will also work together to build in more intentional visiting times where deeper interactions can occur between siblings. These visits may feed curriculum plans and learning opportunities across mixed ages. Parents are encouraged to talk with their primary educator about how sibling relationships can be strengthened while at the center.
Transition to Kindergarten

We collaborate with families as their child transitions from the group to kindergarten. The children who are leaving for kindergarten in Brunswick visit the Coffin School with their peers to see the room and meet the teachers. Families are offered the opportunity to have their child walk to the Coffin School and visit the kindergarten classroom there with the Center educators.

Parents’ whose children are enrolling in other schools will visit them on their own. The Center administration has a binder in the office with community schools as resources for families. The administration can provide information regarding local schools and programs to families as they request help in finding the next place for their children.

Assessment

Bowdoin College Children’s Center believes and practices care for children and families that is built on these tenants. All children are creating their own developmental path during these first early years of life. Children and families deserve an opportunity to spend time in each stage of development, examining the challenges, the changes, and the concerns. Often our work with families has shown us that over time there is success and celebration when a child is allowed to determine their path of development. We are also aware that there are times when support from developmental specialists may be needed. Our role in this process is to facilitate the family’s understanding of who their child is in light of our professional observations. For this reason, we look for a solid partnership with families from the time they enter the Center.

Observations and Note-keeping:

Initially we use a child information form at the beginning of each enrollment year. Parent insights and information are reviewed at the Home Visit in an intimate setting so that parents feel comfortable providing educators with important and pertinent information in this initial conversation. The questions in the child information form focuses on family care practices, information about health history and routines, as well as prior care experiences, family culture, primary language use, and parents’ goals for their young children.

In our day-to-day work with children in the room we observe children’s play, investigations, and interactions with others. These notes are taken in a systematic way as children engage in curriculum and relational activities throughout the year. These observations are used to inform our curriculum development, skill support, and individual accommodations. Educators also use the anecdotal observations as the basis for the semi-annual conference reports.

Developmental Checklists and Documentation:

Developmental checklists and documentation of children’s individual growth are two pieces of information that we work from to substantiate the conference reports we write each year. These conference reports are based on developmental checklists as a first step in drawing up formal notes on a child’s development. These checklists help us formulate our thoughts and observations according to typical developmental pathways, while offering specific developmental information regarding individual children. We observe children in their play throughout the day to gather information about their individual development.

Documentation as Evidence of Learning
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 learning and plan future curriculum. During these meetings, they consider which areas of development or which children will be the focus of observation and documentation for the coming week. Co-lead Educators also work on their own for two hours a week to manage the documentation and collection of materials for each of their primary children.

**Developmental Narrative Assessment:**

Based on the various assessments collected during the year, our educators write “developmental” narratives or conference reports regarding each child’s overall development on two (younger toddler, older toddler, and preschool) or four (infant program) occasions during the year. Using these portfolios, developmental checklists, and other assessments as supporting documentation, educators meet with parents at their Conference Meetings.

**Conferences:**

Parents/guardians and educators meet (quarterly for infants and semi-annually for older children) to discuss the children’s development and experiences at the Children’s Center. This is a time for parents to share their observations and experiences at home with their child while the educator offers a perspective from time in the room. Educators reference the daily notes or journals, portfolios, meetings with parents, and documentation to inform these written reports. Parents receive a written document of the educator’s observations and thoughts whether or not they choose to have a meeting. Parents are also welcome to confer with educators during the year informally or whenever they believe a meeting would be helpful.

**Diagnostic Testing:**

Based on their ongoing informal assessments, Bowdoin College Children’s Center educators, in
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 kinesthetic experimentation to science investigations through discussions of the whole child’s development.

We know that research and experience show that learning and development varies greatly during the early years of life among individual children. For this reason, our work reflects a strong developmental foundation as we focus on the intimate knowledge we have of each child in our care.

Maintaining Confidentiality

Bowdoin College is a small community where trust and strong relationships are the foundation of the social network. The Children’s Center is a part of this community and strives to build trusting relationships between families and staff. To be in compliance with federal and state regulations and to respect the privacy of everyone, confidentiality of information is of primary importance at our center.
The status of children and families is discussed in an appropriately private space only by Center staff or therapists who are working with or have a legitimate educational need to discuss a concern about a child or family. For the safety of the child, educators and administration may need limited information regarding a child’s medical condition (ex: allergy information) and so it is provided as needed to personnel working directly with children.

Personal information regarding children and families is only shared as needed or requested by the family/staff, keeping in mind the privacy of each individual. When information is collected, it cannot be released to other agencies or individuals without written permission from the parent/guardian.

Confidentiality and Research and Educator Training

Center Parents/Guardians sign a release for educational documentation or photos, of children’s work by Center staff and the use of photographs by Bowdoin and its media. When prior permission is not given, the Children’s Center will seek verbal approval when possible.

All research projects involving direct collection of data from children/families require prior parent written informed consent, and, as needed, oral consent from the child. Bowdoin students/interns will use an alias (rather than the child’s first name) and a date of birth when writing for college assignments and course research. All College research projects need to be reviewed and approved by the Bowdoin College Research Oversight Committee.

COMMUNICATION

Website: www.bowdoin.edu/childrens-center

The Children’s Center website offers everyone information about the Center policies and procedures, calendar, programs, rooms, and educators. Parents are welcome to use the website and handbook as resources to answer questions.

Open Door Policy

The administration and the educators have an “open door policy” for parents to use with email, phone calls, or in-person conversation. When it may be that an immediate conversation is not possible, we aim to meet within 24 hours of a request in order to hear parents’ thoughts. Typically, parents and educators meet outside of the classroom in order to have a focused and confidential conversation.

Newsletters from the Director

Each week the Director writes a note to the families about the program, offering logistical information, updates on happenings in the Center, and a transparent explanation of the programming.

Newsletters from the Educators

Each team of educators chooses their method of regular, clear communication with parents. The younger classes offer daily sheets and updates on their room’s curriculum and interests as well as their observations and responses to children’s play. These daily notes primarily focus on supporting and sustaining an intimate partnership with parents. The older toddler and preschool programs offer curriculum posted on the website each week, daily notes home, and weekly emails offering an overview of the week to come.
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 parent/teacher relationship. For this reason, we ask that conversations about conflict, miscommunications, etc. are not discussed within the classroom. We encourage parents to approach their primary educator, outside of the classroom either during drop off or in a scheduled meeting to address any concerns or problems. However, parents should be aware that the director of the program is a part of each teaching team and can be approached at any time. Regardless of who the concern is brought to first, the teaching team, parents and administration will be involved in the solution.

Several strategies may be implemented to solve such differences and resume partnership. Most of the time a meeting between parents and caregivers, sometimes with administration present is all that is needed to work through differences and resume partnership. In some cases, a result of this meeting may be that there is an action plan that will go into place and a follow up meeting will be schedule. It may be decided with the parents’ permission, to seek support from the Center’s mental health consultant. In some extreme cases, when partnership can’t be resumed, the parents may be assigned to another primary educator in the room.

The Center Open House

On the Friday afternoon of Professional Development week, we invite all families to attend the Center’s Open House and visit each room and welcome each other to the new year. In October, we invite families to join us for an Open House and see the work the children are engaged in outside using science, technology, engineering, and math. This is an opportunity to spend time observing children’s play, referencing our print and photo documentation, and speaking with educators. In April, the Center hosts a “Creative Expressions” open house for families. The focus of this open house is to experience the artistic experiences in the programs.

Parent Representatives

The parent representatives will lead in each room by communicating with the families about upcoming events and organizing gatherings. Educators or administrators may invite parent representatives to do this work. For example, they may plan potlucks, art shows, barbeques, and room gatherings.

Annual Evaluation and Feedback from Families
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 informed through email of the community events notices that come to the Center. The Center’s website will offer a calendar maintained by the Center that highlights community events and activities. In this way, parents who may not bring their children to the Center will have access to this information as well.

DAY-TO-DAY EXPERIENCES

The Children's Center offers care to the children of Bowdoin College faculty, staff, students, and alumni, as well as the greater community. We look forward to a long and rich partnership with the parents of these young children.

Center Hours of Operation

The Children’s Center is open from 7:45 AM to 5:30 PM during weekdays all year. The Center offers care to 44 children, every day, aged three months to five years old, in its four programs.

Families who are enrolled in the Center are always welcome to visit any area of the facility any time of the day’s operating hours.

The Children’s Center is a non-smoking area. Smoking is not permitted anywhere on the Bowdoin College campus, including the Center’s outside play spaces and parking lots, as well as other areas visible from the Children’s Center.

Arrival and Departure
Daily transitions into and out of the room can be difficult for some children and parents. This is a time when families are settling their child in for the day and want to share information with their educator as well as spend a bit of time with their child. Our Center’s culture is to encourage families to either write on/read their child’s daily sheet (infant/young/older toddler room) to share communication about the initial important information about their day or through preschool daily notes. In each room educators welcome the family/parent, speak with the parent, and briefly share information about their day. We recognize that this is a time that should be for welcoming/rejoining and so we offer them an opportunity to engage as they choose.

Morning Drop-Off

Parents arrive at the Center when it best suits their family’s schedule. There is no deadline for dropping a child off; however, if parents are at the Center after 9:00 they will need to spend time readying their child to join the group as they find them. In the infant room, this will be simply bringing the child to the primary. In the young and older toddler programs children will need to have had snack, if snack time has passed; be ready for a nap if it is midday; or join the group as they are emotionally ready for the transition. If a child is entering the room and is struggling with this transition-time the parent will be responsible for supporting the child through this transition and waiting for an educator to bring the child to the group. If children struggle to make the transition after the 9:00 start to the day (when we have time for these longer and emotional transitions) and parents choose to bring their child in later than 9:00, we will expect parents to navigate this transition with their child until the child is calm.

In preschool, in addition to the above recommendations, parents may need to find their child’s class if they are taking a walk or going on a local field trip. For this reason, we make plans with the educators to know their contact information when they leave the building so that we can be in touch with them to arrange for drop off wherever they are.

For your child’s safety, we require that parents or an authorized adult accompany their child into the center at arrival and departure time. Educators must be made aware of a child’s arrival and departure.

Late Pick-up/Departure Policy

Because families like to spend a few minutes checking in with educators at the end of the day and having time with their child, we ask that all families arrive at the Center no later than 5:20 PM to ensure that they can be ready to depart by 5:30 PM in the event they want to chat with the educator.

We understand that occasionally there are emergency situations that prevent parents from reaching the Center before 5:30. When such situations occur, we ask parents to call the Center as soon as possible to let us know they are going to be late picking up their child. Notifying their child’s educators allows them to better prepare for a delayed arrival and smoothly transition your child through the end of the day.

Field Trips

The Children’s Center is fortunate to have the entire Bowdoin campus as well as the Brunswick community and beyond at our fingertips. We find ourselves on walks and excursions at Bowdoin during the week with our preschool children as they are ready. We may travel to the quad to run around or to the Field House to play inside in the winter. During the spring and summer months, we walk to the Farmer’s Market in the town.

The Children’s Center uses insured and properly maintained vans from the College for more
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 transportation. Parents will secure their child’s individual car seat in to the designated van. Educators wear seatbelts, carry valid driver’s licenses and bring all necessary first aid, cell phones, and emergency contact information. Radios are silent and educators pull over to speak on cell phones when necessary for the safety of the trip. Parents sign Maine Licensing Field Trip Permission forms for all of our local trips and additional forms for our van trips. Parents are invited to join us on these trips.

**Birthdays**

Birthdays are celebrated in the preschool rooms with us. We prepare a birthday snack made specifically for that occasion and invite parents to participate in making the snack with us. This experience builds a ritual for the children in the room to expect and look forward to and becomes part of our room culture. Birthday snacks will occur when it is convenient for the parents’ schedule. Parents are welcome to bring in a small collection of photos of their child’s first years or favorite people. This will be our way of celebrating the child’s special day together.

**Holidays and Celebrations**

The Children’s Center recognizes and values the diversity of culture, heritage, and ethnicity present in our community and sees holidays as a part of our society's rich cultural life. Learning about holidays at the Center can broaden children's awareness of their own and others’ cultural experiences. Learning about how different families celebrate holidays relates directly to the similarities and differences among people. As a general rule, we do not plan celebrations around religious holidays and we do not plan traditional celebrations of holidays such as Thanksgiving, Halloween, or Valentine’s Day. We may informally discuss the concepts behind some holidays (e.g. thankfulness, love & caring for others). We welcome our families to participate our programs by offering the rituals, songs, or stories that reflect their heritage. This may occur on a holiday, in a season, or as a moment to share when families could prepare traditional holiday food, share music or a dance with the programs, or read a story about the holiday.

When we recognize a more formal celebration, we consider developmental appropriateness, the influence of media and the dominant cultures values, and how we understand the celebration in our community. Celebrations at BCCC avoid the "outer trappings" and commercial aspects of traditional holidays and focus on activities that bring the children together and provide opportunities for inner involvement, child-centered learning, or just plain fun! For example, around Halloween children do not wear costumes to school, as this is often overwhelming for a group of young children. However, classes might carve pumpkins, make pumpkin muffins, read autumn stories, and in preschool have an “autumn walk” on the Quad.

The Parent Reps from each program help us join together for different celebrations through the year: open house gatherings to Center community meals. In this way, we will learn about each other; offer children a model of inclusion, respect, and generosity; and create our own culture filled with positive values. Educators welcome parents’ daily contributions when they share moments that are built in to the day-to-day exchanges.

If you have any specific requests or concerns, please do not hesitate to speak with the teachers
and/or the director.

Foreign Language Resources

The Center’s mission guides us to be inclusive and supportive for families to maintain their language traditions because language is an integral element of family culture and identity. We are committed to the family’s goals regarding maintaining the home language as well as learning English, and recognizing best practices so all families are able to participate in our Center.

During the initial enrollment, educators will identify the family’s goals and values about primary and secondary language use. We will also offer a translator for meetings or translation of important written materials when parents have a primary language other than English.

Because Bowdoin College has strong language departments, the Center will use those students and faculty as resources for providing translation to families and their children in the Center. Educators are also encouraged to use materials (books, songs, tapes) to support a diverse curriculum. We consider ASL as a language for children who use this as their primary language.

Photography

During the year, the room educators will photograph children for documentation purposes. At no time will photos of children be posted on the website, on Facebook, or be used for any purpose other than to share with families. In the event that families take photos of their child at the Center, we ask that they make sure no other child is in the photo. This protects the privacy of the other children if the parent shares the photos. Parents are asked to refrain from sharing photos on the Internet of their child if they are photographed with their classmates.

Visitors to the Children’s Center are not permitted to take photographs that include children’s faces, except with parent permission.

The Children’s Center has been fortunate to have contracts with a professional photographer to take photos that families purchase. She typically takes time each spring to photograph the children. While this is not necessarily part of the program, parents and the photographer manage this transaction on site.

WHEN THE CENTER CLOSES

Professional Days and Holiday Closings

We do close for certain holidays, professional development days, and emergency weather closings. All of the holiday and professional development closing information is found on our website. We follow the College’s academic schedule and stay open for many of the major holidays; however, we close for three days at Thanksgiving and often the days between Christmas and New Year’s.

The educator staff has two professional days and one professional development week each year. Please refer to our calendar on the website to see these dates. The professional development week occurs during the third week in August (or there about).

Emergency Closings due to Weather
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 mean that a parent may need to interrupt their day in order to pick up their child.

In the event that a family is unreachable and has not arrived at the designated closing time, the emergency contact for that family will be notified. It will be critical that this person is prepared to arrive at the Center and transport the child to another location so that the Center can close and educators can travel safely home. Please make sure that your emergency contact is current, that they have the necessary equipment to transport your child, and that they are able to contact you in the event that the Center calls them.

If the Center is closed for the day due to weather, we will announce the closing on the weather line on the phone and send an email message to families. The College typically alerts everybody of the weather emergencies by 7:00AM. We will respond immediately with information for parents.

**Sources of Information for Weather Emergencies**

The quickest and most direct source of information is the Weather Information line: 725-3700 ext. 6 or the College Weather Alerts Line: 725-3700. Additional information is available at [http://www.bowdoin.edu/treasurer/weather-emergencies/index.shtml](http://www.bowdoin.edu/treasurer/weather-emergencies/index.shtml).

**Closing Thoughts**

If you have a question or a concern please feel free to approach any member of your child’s educator team. Staff members understand children’s development, their individual needs, and how to address particular stages of development. In cases where talking directly to the child’s educator is impractical, uncomfortable or unsuccessful, you are invited to bring your concerns to the Director, an invitation that is good any time, for any issue. The Director is charged with maintaining an organizational climate that fosters trust, collaboration, and inclusion.

We look forward to our time together!
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 curtesy 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 collect information and to stop and attend to the child, their parent, and the importance of this conversation at the beginning of the day.

• Confidentiality will be maintained for staff and children. The daily health check sheets will be stored in the office files.

• Staff and children are required to stay home if they show symptoms.

Practices:

• Parents will wear masks upon arrival and departures, greet the staff person at the gate/door, and report their child’s temperature that was taken at home that morning during the daily health screening.

• Parents in the younger child programs will have a completed daily note with them (from a packet provided by us) to offer the staff person.

• The staff person greeting you will walk to you and your child without a mask, don a mask when the child is watching her, and then record the information needed for the daily check in. At pick up staff will have masks on as well.

BCCC has developed new arrival and departure practices

Guidelines:

• There will be signs posted at all our entrances indicating that no one may enter if they have symptoms of respiratory illness. Parents or guardians who are self-quarantining should not drop off or pick up the child.

• Hand hygiene sanitizers will be available at the gates.

• BCCC will limit the number of adults in the building by having parents drop off and pick up outside of the Center. We will stagger arrival and drop-off times in order to limit contact between parents as much as possible.

• BCCC staff will greet parents and children at their assigned entrance and complete the screening protocol.

• BCCC staff will complete the attendance and daily note recording process in the room.

• BCCC staff will be present at the assigned entrance when children are expected to be picked up. Staff will remain with the child until their parent arrives for them.

Practices:

• Parents will hand a bag to their primary with the child’s lunch box, extra things as needed, and a “wet bag” with closure for the day’s soiled clothing.
• 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:
  o No child under the age of 2 should be wearing a cloth face covering
  o Children in child care may wear cloth face coverings while attending the program when feasible.
  o 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.
  o 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, and food preparation in order to stop the spread of COVID-19. Additional signs will be posted at all entrances announcing expectations for each person’s health as they approach the Center.
• Staff are adhering to Bowdoin-wide policies set forth around maintaining a healthy lifestyle during this time (mask wearing, quarantining for the length of duration recommended by the State after out of state travel.)

Practices:
• All staff will have multiple cotton face masks and gloves in order to cover their faces when it is most essential and feasible: at drop-off and pick-up with parents, when toileting or diapering children. Additionally, staff will wear face masks when cuddling, hugging, or lap-reading when feasible and when staff believe mask wearing to be appropriate.
• Children will continue to sing through their handwashing rituals with their primary caregivers for the 20 seconds required. All children will have time at the sink so that this remains an upbeat, playful time. (Watch for the water hogs in infant/YT rooms).
• Staff will use hand sanitizer when outside when unable to get to warm soapy water inside and handwashing is necessary.

BCCC will attend to the recommendations for social distancing

Guidelines:
• Staff will ensure that each program includes the same group of children each day and that the same staff remain with that group. The Children’s Center will have support staff dedicated to one pair of programs (at either end of the building) to support their care for children and cleaning practices while not mingling.
• 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 Farmer’s Market will be cancelled this summer. There will be no gatherings with parents, no student employees or volunteers, and no visitors at the Center.
• Sleeping:
  o Nap bedding will be arranged in head-to-toe positioning to six feet apart when possible.
  o Cribs/infant mats will have plexiglass barriers to keep them isolated from others
• Meals:
  o Seating at meals will reflect distance between children at the tables.
  o Infants will be lap fed and will move to a small table as they are ready.

Practices:
• Children will be lap fed, helped with their lunches, fed as necessary at the table, offered food from their lunch boxes and sat with at lunch.
• Staff will continue to snuggle, cuddle, and hold children throughout the day with masks when feasible.
• Children’s backs will be rubbed at nap time as songs are sung in their nap space.
• Nursing mothers will be offered space to nurse at the Center when they need to care for their child. This scheduling will be organized with the primary through phone calls during the day. There will be a rocking chair in the “shed” for nursing in nice weather, outside in the play yard, and in cooler weather we will have rocking chairs in the hall. These chairs will have clean sheets to drape over them (designated for each mother), hand sanitizer available, and your child will be brought to you at the rocking chair and greeted back to the primary at the end of the mother’s care.

BCCC will manage individuals’ items
Guidelines:
• Staff will keep each child’s belongings separated in individually closed bags in their cubbies, extra clothing storage, and napping storage. Each child’s items must fit in the closed bag to ensure a healthy environment.
• Parents must provide bags with closures so that children’s soiled clothing maybe stored safely to be brought home.
• Staff will minimize the supplies that are high-touch materials as possible and clean and disinfect them between use.
• Children will wash their hands prior to and after eating.
• Staff will wash their hands prior to preparing food, prior to assisting a child with food, and will use hand sanitizer between helping children. When using gloves is appropriate, staff will have those available for their use.
• Children will have their snack prepared and served by staff who have not diapered children that day.
• Children will not assist with cooking or food prep.
• Meals will be served individually to them before it arrives at the table. Children’s lunches will be set out for them and covered as children arrive to lunch. All utensils will not be shared and will be sanitized between use.
• All staff will have received proper training on the above practices.

Practices:
• Children may bring a favorite stuffed toy for nap (that can easily fit in their nap bag), a blanket and a small pillow. In the older programs (OT and PS) they will bring sheets for their mats.
• Children’s lunch boxes will be placed in their cubby space as identified by you for their primary. Food kept in the lunch boxes should be easy to serve with the least amount of need for help during the meals. We refer to this as picnic-style.
• We ask parents to wipe down or wash lunchboxes regularly.
• 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 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 germs. The bleach solution we use will be primarily for rinsing toys before they are dried for extended periods of time (at least 10 minutes until dry).

• There will be trash bins available for all the wipes, gloves, tissues, and paper towels.

• BCCC staff will clean toys that children use during the day with warm soapy water and then a disinfectant solution. Attention will be paid to highly used toys and toys that are mouthed. All toys will be washed frequently and rotated through the day so that there is a selection of toys at all times for children.

• All soft goods including linens, towels, blankets and smocks will be laundered in hot soapy water and dry completely at the warmest temperature allowed. All plush and soft toys will be chosen that can withstand the high heat of a washer and drier. These things will be stored in closed cabinets.

• Dirty laundry will be in closed laundry bins and children will not assist with laundry chores.

• Nap mats will be stored separate from the other nap mats and disinfected weekly.

• The play yard equipment and toys will be washed and disinfected after play periods during the day.

• The Children’s Center ventilation systems will be assessed prior to reopening and the summer practices will include circulating outdoor air throughout the Center as much as possible. Our windows and doors will be open to increase air flow and fans will be placed in the halls behind gated doorways to support cross-ventilation in rooms.

• All the Center’s water systems will be assessed prior to reopening in order to minimize the risk of disease associated with water after a prolonged lack of use.

**Practices:**

• Staff will observe children at play and monitor the use of the toys, the types of toys children are gravitating to, and the length of time that a basket of toys is available.

• Staff will maintain a focus on allowing children to discover, play without interruption, and choose toys freely so that the spirit of their investigations are not stopped.

**BCCC will monitor illness and communication**

**Revised Health Guidelines:**

• Children with elevated temperatures over 100.4 degrees axillary will be sent home for 72 hours. They may return after the 72 hours and their temperature has returned to normal without fever reducing medication like Advil, Tylenol, etc. regardless of the cause of the fever.

• Diarrhea has ceased for the past 72 hours and solid food is eaten so that stools are appearing more normal.

• Vomiting has ceased for 72 hours and appetite has returned. Pediatricians are helpful in diagnosing and managing exclusion for other GI illnesses.

• Children may not arrive at the Children's Center having taken any pain killers or fever reducing medication like Advil or Tylenol. If a child is teething, they must arrive at the Center with no pain medication, have no fever, and may receive pain medication if in distress.
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 the Enrollment/Attendance/Symptom record developed by the American Academy of Pediatrics to chart this information.

• The Center’s administration will be responsible for responding to COVID-19 concerns. Staff will use our current communication system for self-reporting symptoms. Parents must call or email the office with information about their child’s absence or to share information about their health.

• The Center’s administrative team will check State and local health department notices daily about the spread of COVID-19 in the Cumberland county area.

• In the event that we are designated a significant mitigation community, we will follow Bowdoin College’s direction on remaining open.

• In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, we may consider closing for a few days for cleaning and disinfecting.

Practices:

Our health guidelines have offered us a strong foundation for managing health issues and the well-being of our staff and children.

In the event that a staff member or child becomes sick with COVID-19

Guidelines:

• During the summer months, we will immediately remove the child from the Center and use #4 South St in the event a child exhibits COVID-like symptoms during the Center’s operating hours. Children will always be with a staff person until the parent/guardian comes for them.

• In the event that staff or children are ill we will notify local health officials, Bowdoin College administration, and families immediately of any possible case of COVID-19 while maintaining confidentiality.

• Areas where the sick person or child may have been will be closed and will not reopen until they have been cleaned. We are asked to wait 24 hours before cleaning or disinfecting to reduce the risk to the individuals cleaning the space.

• All children and staff in that group will follow the Center health guidelines for exposure to an ill person suspected to have COVID (stay home, self-monitor for symptoms, and check in with a physician if symptoms develop). They will not return until they have met the CDC criteria to discontinue home isolation.

• Staff will use their sick time and work with HR if they need support when they are ill.

Practices:

• BCCC will continue to communicate with parents about health and illness as usual and will use the systems that have been used effectively for the past years.

• Including information about staff health will be related in the same fashion as children’s health and any outreach to a community monitoring organization at Bowdoin, in Brunswick, or in the State will be shared immediately.