

CREATING LIFELONG LEARNERS

Barkley Early Learning Center

Family Handbook



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WELCOME TO OUR PROGRAM!

Welcome to the Whatcom Family YMCA

We are pleased that you have chosen our early learning center for your child! We are confident that your child will learn, grow, and develop in our environment designed especially for children.

Introduction

Whatcom Family YMCA Child Development Centers are state licensed, non-profit early learning centers for the families of our community. At the Y, strengthening the foundations of community is our cause. Every day we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background can learn, grow, and thrive.

This family guide has been created as a reference to help you through the workings of our center. Please read the contents carefully and keep the handbook for future referral. Your familiarity with the following information will help to enrich your child's experiences at our center. We are always happy to answer any questions that you might have.

Our Mission

The Whatcom Family YMCA is an association of individuals with shared values which enhance the community with programs for the spirit, mind, and body.

Our Areas of Focus

The Y is a cause-driven organization that is for youth development, for healthy living and for social responsibility. That's because a strong community can only be achieved when we invest in our kids, our health, and our neighbors.

Our three areas of focus are:

- Youth Development: Nurturing the potential of every child and teen.
- Healthy Living: Improving the community's health and well-being.
- Social Responsibility: Giving back and providing support to our neighbors.

Our early childhood programs at the Whatcom Family YMCA are committed to a value-based development curriculum. Helping children understand and practice the YMCA's core values (caring, respect, honesty, responsibility) is central in our programs.

Non-Discrimination Policy

Our organization receives funding from the CACFP Food Program through the U.S. Department of Agriculture (USDA). In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

Culture of Inclusion

The Y believes that in a diverse world we are stronger when we are inclusive, when our doors are open to all, and when everyone has the opportunity to learn, grow, and thrive. As our laws and communities continue to change, one thing is constant: the YMCA is, and always will be, a place where individuals and families from all walks of life are welcomed and supported. We demonstrate this through equitable practices and procedures and offering programs and services that continually evolve to meet the changing needs of our community.

ENROLLMENT PROCEDURES

Locations

The Whatcom Family YMCA has three early learning centers to serve Whatcom County. Our Downtown Location (Laurel and Cornwall, behind Trackside) has 6 classrooms (1 infant, 2 toddler, 3 preschool). Our Heart House location (Gladstone Street, near Civic Field) has 2 classrooms (1 toddler, 1 preschool). Our Barkley location (Rimland Drive, in Barkley Village) has 7 classrooms (2 infant, 2 toddler, 3 preschool).

Types of Care

The Barkley YMCA Early Learning Program has full-time and part-time care available for children from infancy through the fifth year, until your child moves on to kindergarten. As your child grows, the Y offers safe and quality after school programs throughout all Bellingham Schools, as well as some Ferndale, Mount Baker, Meridian, and Lynden Schools.

Reserving Care and Waitlists

Because of space availability, we are unable to “hold” a space for you in your child’s classroom if you have an extended period of absence (longer than 1 week of care). If you would like to reserve your child’s spot in a classroom you must pay for that spot regardless of your child’s attendance. If you choose to forgo paying for your child’s spot there will be no guarantee that we will have space for your child to attend when you return. If you have an extenuating circumstance, please see the director. Some short-term exceptions may be granted on a case-by-case basis.

We often enroll new families off a classroom waiting list. If you know that you need care for your child(ren) ahead of time, it’s recommended to call and add yourself to our waiting list in advance. It’s free to add yourself to the waiting list until we can guarantee you a spot in one of our classrooms. Once we’ve made the commitment to you that we will have space, we require the \$75 registration fee and ½ of your child’s first month of care (which will be credited to your account upon starting). If you should choose to not enroll with us those fees are non-refundable.

It’s impossible to tell a family when we’ll be able to confirm if they will have a guaranteed spot in the future. Generally, for the infant program we’re able to predict at least 3 months in advance. The other classrooms vary depending on the number and age of the children presently enrolled. Placement from the waiting list depends not only on how long you’ve been on the list, but also your child’s birthday (how close they are to moving on to the next classroom) and which days you will need care. Children who are already enrolled in our program automatically have a guaranteed spot in the next classroom up as they grow. We also give priority on our waiting list to staff children and siblings of children who are already enrolled in the program.

Monthly Fee Structure (effective January 1, 2025)

Infant

Day	Time	Rate
M – F	Full Day	\$2048
4 Days/Week	3 Full Days	\$1933
3 Days/Week	3 Full Days	\$1425
2 Days/Week	2 Full Days	\$947

Toddler I and Toddler II

Day	Time	Rate
M – F	Full Day	\$1948
4 Days/Week	4 Full Days	\$1755
3 Days/Week	3 Full Days	\$1344
2 Days/Week	2 Full Days	\$895

Preschool (not potty trained)

Day	Time	Rate
M – F	Full Day	\$1948
4 Days/Week	4 Full Days	\$1755
3 Days/Week	3 Full Days	\$1344
2 Days/Week	2 Full Days	\$895

Preschool and Pre-K (potty trained)

Day	Time	Rate
M – F	Full Day	\$1697
4 Days/Week	4 Full Days	\$1557
3 Days/Week	3 Full Days	\$1173
2 Days/Week	2 Full Days	\$813

Registration Fee

There is an annual, non-refundable registration fee of \$75.00. If you have additional children attending, there will be a \$20.00 additional registration fee for each child. If you choose to cancel care and then return at a later date, the registration fee will again be assessed. The registration fee is assessed every February. All program participants using care in February will have the annual registration fee added to their February bill. The registration fee is due even if you plan to cancel care in the near future.

Supply Fee

There is a \$125 per family supply fee that is charged every July, to all current families. This fee will also be charged to any new families that start between June and December of that year.

Childcare Subsidy/WCCC

All of our early learning centers are licensed by Washington State Department of Children, Youth, and Families (DCYF) and accept state subsidies for childcare. Co-pays are due by the 5th of the month that families use care.

Families will need this number to link their DCYF account to the center your child attends. DCYF award letters for the location your child is attending must be received PRIOR to your child's start date. If not received, families will be responsible for the full payment of childcare. The provider number for the Barkley location is 918062.

Financial Assistance

The Y is for everyone. Please contact your center's Director to inquire about financial assistance to help support the cost of care.

Payment Procedures

All monthly tuition is due by the 5th of the current month of care. Methods of accepted payment are Visa, Mastercard, American Express, Discover, personal check, money order, bank draft, or cash (please do not send cash in the mail).

Automatic draft is our preferred payment method. Automatic drafts are taken on the 1st of each month. These payments do not take into account extra fees (added days, late pick-up fees), so please make sure to check your child's account regularly. To schedule automatic drafts please contact Victoria Steiner at (360) 733-8630 ex. 1113 or at vsteiner@whatcomymca.org.

Billing Support

Questions regarding your monthly billing statement and reimbursements, verification of payment and receipts may be directed to the center director. More complex questions may be sent to Victoria Steiner at (360) 733-8630 ex. 1113 or at vsteiner@whatcomymca.org.

Attendance

To maintain consistent and high-quality experience for children, maintaining a regular schedule of attendance is important. As much as possible, please try to inform your child's teacher, director, or program supervisor if you will not be attending on a regularly scheduled day. Credit is not given for absences due to illness or cancellation. Lack of attendance without proper communication for a reserved space may result in termination of care. Due to scheduling purposes, we are not able to provide switching in days of the week for part time children due to illnesses or days that we are closed for holidays.

Notice of Schedule Change

Please inquire with the early learning director if you need to change your child's regular schedule. With space limitations, it's not always possible to accommodate and increase of days your child attends. However, with advanced notice, we will try our best to make accommodations within our licensing regulations. Written notice of schedule changes that involve a billing change must be given in writing at least 2 weeks prior. Your account will be prorated appropriately to show changes to the schedule (either with a charge or a credit).

Vacation Credit

One week of vacation credit is allowed for all families participating in the Early Childhood Programs. This means that if you attend 5 days a week, you will receive 5 days of credit per year, if you attend 3 days a week, you will receive 3 days of credit, etc. These days must be consecutive, and we need a two-week written request for vacation credit, to make a credit to your account. The credit will then appear on the following month's bill. The beginning of the vacation credit year is July 1st.

Notice of Withdrawal

Cancellation of care is effective at the end of the month, provided that two weeks' notification has been given in writing. No credit is given for cancellations.

Family YMCA Membership

All of our childcare rates include a family membership to the YMCA, while the child is enrolled in our program. Membership can be activated at the business desk at our downtown facility. Membership allows your family use of our Downtown facility as well as, reduced rates on youth programming.

Tax Receipts

Program fees are eligible for childcare tax credit. Our federal tax ID # is 91-0482690. You may access your tax ID statement on our online account system, or you may email your child's director for an emailed copy.

Keeping Records Current

All enrollment paperwork is scheduled to be updated at least annually, usually at the start of a new year, to ensure that we have the most current information necessary to properly care for your child. Please contact your director when you have new or changed information for your child's records. If your child visits the doctor and receives an immunization, please ask the doctor for a copy of your immunization records for us to update your file.

Confidentiality

All child files will be kept confidentially stored in our main childcare office. A copy of each child's registration form (including contact and pick-up information) will be kept in a secure binder in each child's classroom (along with any medication forms or special health care plans). Any outdated or unneeded classroom paperwork will be shredded for security. All staff are trained regarding keeping children's information confidential upon hire.

PROGRAM PRACTICES

Holidays and Center Closures

It is our goal to stay open and available for working families and balance the needs of our teachers and their professional development and families. The Y realizes that you need to work/attend school to support your family. Any time we must close the program, we do it after careful consideration to how it will affect children, families, and teachers.

The Barkley YMCA Early Childhood Center closes on the following holidays:

- New Year's Day
- President's Day (for teacher training/in-service)
- 3rd Friday in April (for teacher training/in-service)
- Memorial Day
- Fourth of July and Day After
- Friday prior to Labor Day (for teacher training/in-service)
- Labor Day
- Thanksgiving and the day after (Native American Heritage Day)
- Christmas Eve, Christmas Day and Day after

Sometimes we will close an additional day before/after a major holiday (i.e. the day after Christmas or July 5th).

If an illness leaves the program so short-staffed that it would not be safe to run, we may have to close a classroom, or close a classroom early. When we completely close a classroom for the full day due to staffing/illness and it is a regularly scheduled day for your family, we will offer you a credit onto your childcare account. We do not offer credits for half-days or for closures due to severe weather. Please allow for 1-2 weeks for the credit to show on your account.

Professional Development Half Days

On the second Thursday of January, March, May, June, July, either August or September (depending on where Labor Day falls), October, November, and December, we will close at 12:30 pm. This is a time for our program to engage staff in professional development, meetings, and trainings that are difficult to accomplish after hours. On these Thursdays (announced at the beginning of every year), we will be open from 6:30 am until 12:30 pm. Lunch will be served on those days prior to pick up.

Religious Activities, Holidays, and Special Events

The Whatcom Family YMCA's early learning programs do not intentionally or specifically implement religious activities into their programming. Through cultural awareness education and celebrating and exploring a variety of traditions, we learn about other's beliefs and customs. These beliefs and customs may be associated with the culture's religious beliefs and practices. While learning about others, we do not promote or question the beliefs of others. We do encourage children to have discussions with their parents when they have questions.

Holiday celebrations focus on sharing our home-time plans and the time we get to spend with our families. Please share any family traditions and preferences with program staff. At minimum, we strive to celebrate traditions that reflect our current participants. During winter holidays, we take a look at multiple traditions and celebrations. Celebrations of all kinds will focus on history, traditions, games, and other fun rather than foods.

Inclement Weather Closures

Helping parents meet their employment and education goals is important for our program. We strive to stay open, as long as possible, when severe weather affects our community. However, the safety of our children, families, and staff is also imperative. Inclement Weather includes extreme heat, flooding, and snow/ice.

We use the Bellingham School District as a guide for snow/ice days. Please keep in mind that if the district is delayed/closes early or closes all together, we will open 2 hours late (8:30a) and will close early (4:30p). Please plan on an early pickup on snow days. If we decide to stay open until 6p, we will notify you of this decision, otherwise your children will need to be picked up by 4:30p. The Bellingham School District also has Purple Fridays/Holidays where the schools are closed, we will then use our best judgment to determine snow/ice day hours/closures. If the weather is deemed treacherous, we will close the center for the day as it would be too dangerous to travel for our staff and families. (We do not issue credits for inclement weather closures)

Communication will be made to our parents as soon as possible through email, Bright wheel, and KGMI radio (KGMI/closure.com). If we are trying to open on time when it is a snowy/icy morning, please be patient with staff as they attempt to get to the center as close to our opening time as possible, we have a large majority of our staff coming in from various areas in the county or from Skagit, that may have very different weather than Bellingham.

Power/Water Outage

Toddlers, Preschoolers, and PreK children must be picked up immediately if power is out for longer than 2 hours. At this point we cannot maintain heat/cooling systems, wash hands with water at appropriate temperatures, or potentially feed your child(ren). Infants must be picked up within an hour, mostly due to bottle preparation.

If there is a loss of water, children will need to be picked up if the water cannot be restored within one hour.

We do not issue credits for power outage closures; this is an event that we cannot control.

Extreme Heat

If we encounter extreme heat, we will try to keep activities in the shade whenever possible, play lots of water games, and keep children drinking water. Children may stay indoors or close if temperatures are at unsafe levels:

- If the heat index is at or above 90°F children will stay indoors.
- If an indoor space cannot be kept below 83°F the program will close for the day

Air Quality

YMCA employees monitor air quality regularly when it is of concern. If the Air Quality Index reaches 100-140 outside time is limited to 10-15 minutes. If the Air Quality reaches 140 or higher, activities are moved indoors.

Prohibited Items at our Centers

This list provides examples of prohibited items but is not meant to be inclusive. There are exceptions to this policy which follow the law set forth by RCW codes. Please refer to RCW 9.41.070, RCW 9.41.060, and any other Washington State laws/exceptions when briefly attending to business, picking up, or dropping off a child at all YMCA early learning locations.

- **Controlled Substances:** Illegal drugs, controlled substances, and alcohol are not permitted on property where a Y program is operated or visits.
- **Tobacco:** Tobacco products, inclusive of vaping materials, are not permitted at Y childcare and facilities. Family cooperation is also necessary, to protect our "outdoor classroom" for everyone to enjoy. Thank you for keeping the Y Early Education space and buildings tobacco free.
- **Pets:** Animals are not allowed and are not to be brought to Y programs unless pre-arranged with Director.
- **Weapons and/or explosives:** Children, staff, parents or visitors are not permitted to bring or possess weapons (including firearms and pocket knives) at Y childcare programs. Matches, lighters, and firecrackers are not permitted.

Late Pick-Ups and Fees

If your child is not picked up by closing time, you will be assessed a \$5.00 charge for every 5 minutes that you are late. Charge begins at 6:00 pm.

If a child is not picked-up and there has been no communication from the parents, we will call the emergency numbers listed to find someone to pick-up your child. If an hour goes by and the center does not hear from parents or emergency contacts, we are required to call the police and then CPS.

Leaving Children/Siblings in Unattended Vehicles

Our goal is to keep children as safe as possible. Because we're in a busy part of the city with busy streets, we remind you not to leave children unattended in vehicles while you go inside to pick up a sibling. It's not possible to see your child from the inside of the building and without your supervision there are large safety concerns, no matter what ages your children are.

Parental Rights, Parenting Plans, and Court Orders

The Whatcom Family YMCA supports the right of access to information regarding their child to both legal guardians unless the court alters or abolishes those rights. No-Contact Orders or Court Orders requiring supervised visits only will limit the parent's access to information. Current documentation of court orders must be provided to childcare administration before any parental rights will be modified by this organization.

Parenting plans will be considered an arrangement between parents and will not be policed by YMCA staff. Any problems that arise regarding items outlined in the plan will be seen as a problem between the parents and therefore, a family matter. We will maintain that our role is to

care for the child, not monitor or be involved in disputes or misunderstandings between parents. For example, if a parent comes to pick up a child at a time outside of the time outlined in the parenting plan, we will release to that parent. The rights of both parents, including access, will remain equal for both parents named in a parenting plan.

Financial information will be provided to the parent listed as the “Person Responsible for Payment” on the registration form. Year-end tax information will be available to both parents unless the court alters the rights to that information.

Adults on the Premises

We monitor the adults who are allowed access to the children in our facility. Paid staff, approved volunteers, appropriate state officials and parents are the only adults allowed to spend time in our classrooms. Adults are expected to behave appropriately when in the presence of children. At no time will we allow verbal altercations to occur in the classrooms. We are always happy to discuss parent concerns in the office. When a parent displays chronic disruptive behavior, which affects the integrity of the center, the Director will ask them to leave the center.

DAILY PROCEDURES

Daily Sign-In and Out Procedures

We use our Brightwheel communication program for signing in and out. The easiest way to sign your child in and out at pick up and drop off is by downloading the app and scanning the QR code posted outside of every classroom door. The QR code is also available at the center’s front door. Instructions for how to use your app to sign in and out are also posted at these locations. If you choose not to use the Brightwheel app, there is a tablet located outside of the office and you may also use this to sign in or out.

As per licensing regulations, you must sign your full name and the time on the Sign-In/Sign-Out screen when dropping off and picking up your child. It’s also important to remember that your child will only be released to the parent/guardian or other authorized adult listed on the Registration/Emergency/Consent (REC) Form on file. If the staff member doesn’t recognize the adult picking up your child, photo identification may be checked. While we know it can be inconvenient to show your ID regularly, we appreciate your support of our staff in helping keep your child safe.

For the safety of your child, we will not release your child to anyone who appears to be under the influence of alcohol and/or drugs but will assist in making arrangements for safe transportation home.

Arrival to the Center

Children excel when they have a consistent routine. We suggest, in the best interest of your child, that you arrive at approximately the same time each day. Infants can be dropped off from 6:30am until 10:30a. When a child turns one and transitions into our toddler program, we will ask that you arrive by 9:30 am. In all our classrooms we do ask that you tell us your child’s regular drop off and pick up times for staffing purposes. Please call us if your child will be late or if your child won’t be attending on their regular day (due to illness, etc.). If we have not

received a call and it is an hour and a half past their normally scheduled time, we will assume s/he will not be attending. Staff schedules will be adjusted and there may not be space for your child to attend.

There is a ELC drop off/pick up parking zone on Rimland Dr (in front of the playgrounds). For safety reasons, please do not leave your vehicle running or leave other children alone in your vehicle. Near the front desks is a car storage area for your convenience.

Please plan for time each morning to accompany your child to his/her classroom. There will be a teacher ready to greet you. This is an excellent time to talk to the teacher about how your child is feeling or to give special instructions for the day. Children that are dropped off prior to 8-8:30 am maybe combined with another classroom (Infant and Toddler 1, Toddler 2 and Preschool 1, Preschool 2 and PreK).

****Parents need to make sure children have clean diapers (infants/toddler) when dropping off for the day or plan for extra time to change your child before dropping them off with their teacher for the day. If your child is a preschool child, parents please plan for extra time to take them potty before leaving them with their teachers. All children and parents must wash their hands when entering the classrooms.**

If you are dropping off medicine, special food/milk, or other "special" items, please ask the classroom teacher where you should place these items. Make sure to leave a few minutes to fill out any medication forms. If you are dropping off extra clothes, mittens, hats, shoes, or coats, you may place those items in your child's cubby. Be sure to label ALL your child's belongings clearly with first and last name. Sometimes items can get misplaced, so please do not bring any valuable items or special family mementoes. Also, except for any special naptime blankets or items for a special event, we ask that all toys/stuffed animals stay at home so we can avoid any unnecessary conflicts between children or meltdowns when a very special stuffed animal goes missing/ gets dirty/wet or has to be put away until nap time.

As you prepare to leave for the day, your child may start to get upset as they anticipate your departure. Sometimes it feels easier to sneak out if your child isn't looking OR to linger and say goodbye for a longer period, but both can be more damaging to the child's routine. Before you leave, give your child a hug and a kiss goodbye, tell them you are going to work/school and when you will be back (after snack, nap, etc.) to pick them up. This is a great time to hand your child off to a nearby teacher for comfort as you wave goodbye. Feel free to ask us for help as sometimes it can be difficult to know when a parent is ready to go. Sneaking out without saying goodbye tends to leave children feeling more worried when they realize you have left, and lingering tends to make the separation more painful. Some of our children never get upset when their parents leave for the day and others get upset every day. Every child has a different way of coping with separation. As difficult as it is to say goodbye, you can leave knowing your child will be safe, comfortable, and enjoying a day of experiences that will contribute to their growth and success.

Going Home

After your child has had a full day of learning, it is important to allow for a patient, smooth transition. Please feel free to take a moment to read any notes from your child's teacher, check

their cubby for clothes to be laundered, or chat with the teacher about your child's day. This is a great time to look at an art project, help your child clean up their activity, or talk to your child about their day. Because pick-up time is busy and there will likely be other children in the classroom, if you need to have a more in-depth conversation about your child's behavior or day that lasts more than a few minutes, it's a good idea to schedule a time to meet. We find that it's best to set aside a time where your child's teacher, one of our program supervisors, and/or director can give you the attention your questions deserve.

Remember to sign out with a full-signature and the time upon departure. If you are going to be delayed in picking up your child, please call and let us know in advance. No one under 16 years of age is allowed to pick up a child unless part of their family and we need a note authorizing that person to pick up. With prior notice, we can attempt to accommodate your needs.

If anyone other than a parent or authorized person is picking up your child, we need written permission in advance. Please remember, and remind anyone picking up your child, to bring photo identification. If a teacher does not recognize a parent or authorized pick-up person, photo identification will be REQUIRED upon pick up. We will not release without it. Again, please be sure that the staff in charge is aware that you will not be picking up your child in charge is aware that you will not be picking up your child.

If your child is in care for over 10 hours per day, please consult with your center's director. There are specific licensing regulations around how long children can be in care.

Rest Period

A healthy sleep schedule is an important part of a child's brain development. Opportunities for rest periods are provided in your child's schedule. Each child is given their own sheet and cot that are laundered weekly. Blankets can be brought in for children 12 months and older, but must be taken home each Friday for be cleaned and brought back in Monday. We will help the children drift off to sleep by rocking, bouncing, or gently rubbing their backs. Because of new sounds in a childcare setting, sometimes children can have trouble adjusting their sleep. Most parents have found success in playing a radio, music, or other noises during their child's sleep before starting care with us.

Because there are various schools of thought on healthy sleep patterns, we will do our best to work with your sleep preferences within our licensing and developmental guidelines. Please refer to "Safe Sleep Practices" in our Policies and Procedures section for information on infant sleep standards.

We often have parents come to us asking to stop their child from napping during the day so that they can sleep longer/earlier at night. While we understand the challenging demands of being a working parent, we are required to offer a rest period to ALL children in our care. With our older children (ages 3-5), we can ask them to rest and if they don't fall asleep, we will allow them to do quiet activities during nap. However, if they fall asleep on their own, we will let them rest. If we are asked to wake an older child, we will do so after 45-60 minutes (depending on age) and their ability to wake up and be part of the classroom. If they cannot stay awake or if they are extremely upset, we may need to extend that time. We will not wake infants and toddlers unless it is interfering with the daily schedule, and it's been an exceedingly long time.

Outside Play

Health experts are unanimous on the importance of fresh air and the negative health consequences of children spending too much time in a closed indoor setting. Furthermore, health experts agree that cool or damp weather is rarely harmful to children and will not necessarily make them sick. If a child is well enough to be at the center, the child is generally considered well enough to go outside. Except in extreme weather, we work hard to make sure the children go outdoors daily. If weather conditions are severe, the Director will make the determination to stay indoors.

Outdoor large motor play is critical to a young child's social, cognitive, and motor development. Our center is equipped with a play yard that allows for children to run, crawl, climb, dig, pedal, throw, and more! If you are a parent of an infant/toddler, please send them with a shoes (or something thicker to protect their feet, like leather booties) so they can stay dry. In all outdoor settings, and with parent approval, we take precautions to prepare for the weather, including infant sunscreen, jackets and hats. As there is sand, woodchips, grass, and sometimes mud and dirt, please make sure to send your child to school in clothing that can get dirty.

Field Trips

Children learn best when they can interact with their surroundings through all five senses. We value the rich exposure that field trips offer to various parts of our community and natural settings. Furthermore, pre-kindergarteners swim and participate in other activities at the Downtown YMCA. You will be notified in advance of all field trips planned for your child's classroom.

Neighborhood Walks

In all our early childhood classrooms, we enjoy getting out on walks around our neighborhood. We enjoy walks to give the children exposure to more fresh air, sunshine, and opportunity to learn about the community they live in. Infants and young toddlers only go on walks in our quad-strollers. Two through five-year-olds walk while holding onto a long rope with handles. One teacher stands in the front of the rope, and one at the end. Children who are new to the walking process will hold the hand of a teacher until they are more familiar with the routine, and until they can hold onto the rope. Safety is our number one concern on these walks and teachers are hyper-aware of their surroundings and keeping the children out of harm's way. Please discuss any safety concerns or questions about neighborhood walks to your center's director.

Transportation

Being in an urban environment allows us to go out and explore the city of Bellingham in a variety of ways. In our Infant and Toddler programs, we often utilize the multi-seat strollers to go on walks around the Barkley Bellingham area. It allows us to get them fresh air when our outside play areas may be in-use by other classrooms. Preschool and Pre-K programs, we often use our walking ropes to go on walks to local businesses, parks, or just a neighborhood walk. The developmental skill of the children enrolled in each program is considered when walking distances are considered. Other times, we may take Preschoolers and Pre-Kindergarteners on local city bus trips.

Any field trips that are taken outside of walking or city bus (YMCA vans and busses) will be communicated to parents on a separate field trip permission form. The permission form included in the registration packet is only for walking and/or city bus trips (as well as swimming, yoga or climbing for ages 3.5-5). At any time that a child uses a YMCA vehicle for a field trip, appropriate car seats will be used as necessary, and all drivers will be screened and run through a YMCA and WA State check for driving infractions. All necessary insurance for transportation and safety equipment will be ensured.

During each offsite activity, teachers will have the health history and contact information of each child in their care, a first aid kit, a cell phone for emergency use, as well as basic supplies to ensure the health and safety of children (extra clothes for bathroom accidents, snacks, and so on). Teachers will take attendance prior to leaving each location, during the walk/drive, and upon arrival to ensure that every child is accounted for. Staff will always maintain or exceed appropriate child to teacher ratios when on any offsite field trip.

Please bring items for their cubby prior to their first day so that drop off can be a calm and stress-free experience. Keep an eye on Brightwheel where your child's teacher will let you know if you are getting low on any of these supplies. The following items are what you will need you to supply for your child's care at the YMCA:

Infant:

- Diapers (cloth or disposable)
- Waterproof "wet sack" for cloth diapers *(if applicable)*
- Diaper Wipes
- 2 Sets of Extra Clothing
- Diaper Cream *(if applicable)*
- Pacifiers *(if applicable)*
- Sleep Sack, if preferred
- Enough pre-made or empty bottles

For a one-day supply

- Nipples and bottle caps for each bottle
- Breast Milk *(if applicable)*
- Formula *(if not choosing center formula)*

Toddler:

- Diapers (cloth or disposable)
- Waterproof "wet sack" for cloth diapers *(if applicable)*
- Diaper Wipes Sets of Extra Clothing
- Diaper Cream *(if applicable)*
- Pacifiers *(if applicable)*
- Blanket or other Napttime Security Item
- Up to 2 premade bottles (Toddler 1 only)

Preschool and Pre-Kinderqarten

- Diapers (if applicable)
- Pull-ups (if applicable)
- Diaper Wipes (if applicable)
- 2 Sets of Extra Clothing (more if potty training)
- Blanket or other Napttime Security Item
- Swimsuit (for Pre-K only)

PLEASE, do not bring other toys to school with your child.

We supply the following

- Baby Food
- Infant Formula
- Breakfast, Lunch, and Afternoon Snack with Milk
- Bibs, Bowls, Spoons and Cups
- Crib Sheets
- Classroom Toys

Personal Belongings

Please clearly mark all items such as clothing, blankets, and bottles with your child's first and last name. Toys from home can be a distraction to classroom learning. Unless it is a designated sharing time, please do not send toys from home with your child. Any items that are lotions, lip balms, cough drops, and so on, need to be handled as medication and need to be given to the teacher. The YMCA cannot be held responsible for lost, stolen, or damaged items. Our lost and found will be located in each classroom. We will attempt to contact the owner of lost and found items that are marked, but as the number of items grow, it is donated to a worthy cause (about every 2 weeks).

Diapers

At YMCA early learning centers parents are asked to supply their child's diapers, but they may choose between cloth or disposable diapers. Cloth diapers may not be used with diaper pins and must have some sort of waterproof cover. We also ask that parents provide a waterproof, zipping "wet sack" to store soiled diapers in. Because of health and safety requirements, we cannot empty the contents of cloth diapers before placing them into the zippered sack. Licensing also requires us to change each part of the cloth diaper, cover and all, at each diaper change.

Clothing Suggestions

When your child is in our care for a full day of playing, eating, sleeping, and hands-on activities, they tend to get their clothes messy. We ask that you send your child with at least two changes of clothes (both tops and bottoms) to keep in their cubby. If your child soils his or her clothing, we will place soiled items in a plastic bag for you to take home and launder. Please remember to bring more spare clothes when you take a set home! As your child begins to eat messier foods, their clothes also tend to get dirtier (even with bibs). Please make sure your child comes to school in clothes that can be easily washed when they get dirty, as well as clothes fit for napping and playing. As we do go outdoors, please send your child with clothing that is appropriate for the day's weather. Finally, please label ALL clothing items clearly, as we do sometimes have duplicates.

FAMILY ENGAGEMENT

Termination Policy/Parent Code of Conduct

To ensure that Y programs are a positive and healthy atmosphere, this Code of Conduct sets forth conditions that parents/guardians are expected to follow and promote:

All parents/guardians must:

- Conduct themselves in a manner that represents the four core values of the Y: caring, honesty, respect, and responsibility.
- Refrain from foul language at all times, while in a Y program location or interacting or engaging with Y staff or participants.
- Not show or exhibit derogatory conduct towards any Y staff, participants, or other parents/guardians.
- Not use or be under the influence of illegal drugs, alcohol, tobacco, or cannabis at a Y location.
- Not take pictures/videos of other participants during a Y program.
- Comply with requests from staff for photo ID.
- Pay childcare fees according to billing schedule.
- Make reasonable accommodations to follow all Covid-19 and illness policies.
- If the parent/guardians cannot or will not uphold these conditions, those parent/guardians could face suspension from programs.

Volunteering/Visitation

Our early childhood programs have an open-door policy. As a parent/guardian, you are more than welcome to drop by and see your child throughout the day, unannounced. We sometimes caution parents in visiting during certain times of the day if the transition is especially busy, if your child has a hard time separating from you, or if it causes a large disruption to the classroom activity. However, we generally enjoy parents to visit our programs throughout the day.

Sometimes grandparents or family friends enjoy visiting our programs too. In the infant classroom, that is generally acceptable. But with our toddler and preschoolers who have "stranger danger" this can create unsafe feelings with the other children in the classroom. We may ask you to limit family member visitation based on the classroom dynamic and how it affects the flow of the day.

For the safety of all children enrolled, parent visits of more than 10-15 minutes on a regular basis will require a "volunteer" clearance. This does not apply to parents who are feeding their infants. All Whatcom Family YMCA volunteers must have a negative TB skin test, a cleared criminal background check, child abuse prevention training, and be determined by management to be a positive role model and an asset to the program. A volunteer must be willing to donate their time to any classroom, not just the classroom their child attends. We also encourage parent volunteering in the following areas:

- Work Parties: Held periodically to accomplish needed projects around the center such as painting, playground maintenance and deep cleaning.
- Parent Meetings: Held when needed for topics dependent on emergent needs at the center.
- Family Evenings: Held periodically to allow the children in our center to showcase their projects and to allow families to meet and have fun together.
- Fundraising: Periodically based on large ticket items needed for the center.

Volunteering cannot be used as parental visitation. YMCA management reserves the right to determine the definition of “volunteering” and “visitation”. The early learning program is not the appropriate setting for non-custodial visitation and is not allowed under any circumstances. If at any time a parent or authorized person to pick up is seen as a disruption to the program, they will be asked to leave and further access to a program may be restricted.

Parent Orientation

A parent orientation is required for all new families. Program policies and procedures will be reviewed at that time. Families will have the opportunity to see the classroom(s), meet the staff, and ask questions about the program at the time of parent orientation. Children are welcome to attend!

Surveillance Permission

All 3 early learning centers at the Whatcom Family YMCA have video surveillance both inside and outside the facility. The surveillance is for safety and monitoring reasons. The surveillance does not connect to the internet and only administrative staff have access to review footage.

Photographs

Children are photographed for two reasons. First, documenting the process of learning with photographs enables children to remember and build upon past experiences. Also, the YMCA may select certain photographs for promotional use. If you do not wish for your child to be photographed for either of these purposes, please let the Program Director know in writing.

Community Programs, Events, and Education

As many families know, it may be difficult to find resources for the many needs that exist within a family. Many times, when we search for a resource, it can take valuable time away from both spending time with your child, and receiving the help that is desired. For this reason, we have created a growing selection of resources to help you learn about a variety of community programs, local events, and education to help in raising a healthy family. Our goal is to share these resources with parents and to be a central location for education and support.

Communication/Brightwheel

We will strive to meet your expectations as teachers and administrators. There are numerous avenues for communication between parents and staff, including the center orientation, newsletters, parent information boards, our messaging app (see below) and so on. Furthermore, we are always available to answer any questions that you may have. However, there may be times when you feel the need for additional communication.

Our early learning programs use a program called Brightwheel to help our classrooms stay better connected with families. We can use the app to upload documents to families, directly communicate with classroom teachers during the day, track attendance, and share photos to help create a positive link from parents to children during the day. We also use this app for families to sign in and out at pick up and drop off. At the time of enrollment, the director or program supervisor will input your child into the program and send you an email invitation to link you to your child’s account. Teachers only have access to this program while they are working in the classroom (not on their personal phones), so please keep this in mind when

communicating after hours. You may choose your level of comfort and permission with sharing photos on the Brighwheel Photo Permission form at the end of this handbook.

If you ever feel confused or frustrated with our methods or something that has happened in the classroom, please know that we are here to help you. The most effective way to solve a problem or clear up confusion is to talk things over. We want you to feel secure in and confident with the quality of care you and your child are receiving. Please talk with your child's teacher or the center's Program Supervisor or Director as soon as possible. We take your concerns to heart!

Donations

Throughout the year we gladly accept donations of toys, books, and other useful items that are new or in good condition. In addition, we keep a "wish list" of larger items needed.

Annual Fundraising Campaign

Once a year, the center focuses on the Annual Community Support Campaign for the Whatcom Family YMCA. This campaign is extremely important to our mission of serving our entire community. 100% of funds raised during this campaign allows us to provide scholarships for families in need of financial assistance to participate in YMCA programs. Please contact the Director if you are interested in participating in this exciting fundraising event.

YMCA TEACHING STAFF

Teachers and Volunteers

The Whatcom Family YMCA hires teachers based on their ability to relate to the perspective of young children. Staff are selected for their personal qualities of warmth, empathy, and ability to relate positively to others as well as experience working with children. We provide training for our staff through daily direction, staff meetings and professional development.

In addition, state licensing requires the following for paid staff:

- Criminal History Background check and fingerprinting
- Child Development and Best Practices (STARS)
- Negative TB test
- Infant/Child CPR and First Aid training
- Blood-borne pathogens training
- Safe Sleep Practices
- Child Abuse Prevention
- Various Health and Safety Trainings
- Orientation to center policies and procedures

The Whatcom Family YMCA values community support in the form of volunteerism. All volunteers will be accompanied by a teacher when with the children. All volunteers must have a cleared criminal background check, TB test, Child Abuse Prevention Training and an orientation to the center. Volunteers are not included in teacher – child ratios.

Substitute Staff

As in many other workplaces, there are times where regular staff members are out due to illness, vacation, appointments, and so on. Unlike many jobs however, the absence of a teacher on any given day can be particularly stressful to the rest of those coming to work – staff,

children and parents alike. We assure you that we understand the need to keep substituting to a minimum. However, we are realistic knowing there will be substitute needs and we do plan for that with the goal of making children feel secure and safe with the staff they see when they walk through the door. Most of our centers hire and retain multiple substitutes who you will see in and out of classrooms. In addition, we occasionally use teachers from another center to cover classroom shifts. Substitutes meet all requirements working in the center as any other employee. If you feel uncomfortable dropping your child off and you are not familiar with the staff member greeting you, please ask his or her name and introduce yourself. No one wants to feel like they're leaving their child with a stranger. And if you are concerned with the staff at drop off, please check in at the office or in one of the other rooms.

Staff Relationships outside of the Y Program

For the safety and protection of your child and our staff, Y employees are not permitted under any circumstances, to provide individual transportation for any child or to bring or take a child home. Y staff and personnel are not allowed to babysit for program participants, spend time outside of the program with our families or contact families by personal phone, email, or internet without the prior written consent of the guardian and the Y. Please do NOT put our staff at risk of losing their position with us by asking them to compromise these policies. If you have a previously established relationship with a staff member, please contact the director to document the relationship.

CHILD DEVELOPMENT AND CURRICULUM

Program Philosophy

We believe that each child is a unique individual that comes to our program with varied experiences and questions. Our centers provide hands-on opportunities that support and encourage each child to develop:

- A positive self-image
- Independent thinking and decision making skills
- Imagination
- A familiarity with the natural world using all five senses
- Positive social relationships
- An understanding of diversity

Furthermore, our program recognizes that parents are the primary support, example, and teacher for their child. We acknowledge the importance of family and strive to create a partnership with each child's family to encourage their development in a safe, loving, and supportive environment.

Ages and Stages: Infant Classrooms

Infant (Rainbow room Ages 0-12 months & Little Cloud Ages 0-18 months)

Our infants rooms are broke up by ages 0-12 months and 0-18 months. The first year of life is a critical time of exploring and understanding a new world of sights, sounds, feelings, and thoughts. Supportive, responsive, and knowledgeable staff members guide the children through these new explorations while supporting their physical and emotional needs. Each infant follows

their own schedule based on their personal needs and coordinated closely with parents. Rooms will be changed and activities modified to make sure that we are meeting the developmental needs of all infants as they grow and develop. In the mixed age infant room (Little Cloud) the teachers will be constantly monitoring children and their development to make sure that we are adding activities and toys to stimulate growth and development of older infants/young toddlers. The older infants will have access to outside play time as well. Parents are highly encouraged to visit their children throughout the day for feeding or just to play!

Ages and Stages: Toddler Classrooms

Toddler I (Ages 12-20 months)

Transitioning from a developmental stage of being totally dependent on caregivers, our young toddlers are developing an increasing independence and need for social interaction. However, newly independent young toddlers still require lots of comfort and attention to physical needs. Teachers are constantly interacting with the children to encourage gentle and appropriate behavior between peers. Frequent outdoor time, singing, and rotation of new and exciting toys are just some of the ways we adjust the environment to meet the developmental needs of our young toddlers!

Toddler II (Ages 20-30 months)

Older toddlers are learning rapidly, eager to show you their budding independence! They are increasing their need to communicate and beginning to verbalize their needs. Teachers in Toddler 2 set up the classroom to stimulate curiosity, creativity, and the chance for children to engage in activities that continue to set the groundwork for a lifelong love of learning. There are lots of opportunities to practice life skills (like handwashing, clearing plates from the table, and so on), language development and continued social-emotional skills with classmates. Trust and relationship building is still very important at this age as children begin to really express their emotions. Your child may also start their potty-training journey in Toddler II if they are showing signs that they are ready!

Ages and Stages: Preschool Classrooms

Preschool I (Ages 2 ½ to 3 ¼ - approximate, depending on space and development)

Young Preschoolers need an environment that is flexible, multisensory, and encourages joyful exploration and problem solving. Our young preschool classroom begins to encourage the children to engage in brief whole group activities such as group stories, songs, and games in formats such as short circle times. Children in Preschool I are encouraged to use their newly acquired language skills as they practice regulating big emotions and learning to talk through arguments with friends. Early concepts such as shapes and colors are reinforced, as well as introducing activities involving self-help skills, following a classroom routine, large and fine motor skills, and early literacy, and counting experiences. Preschool I have opportunities to explore their community by taking frequent walks throughout the neighborhood. Potty-training will continue to be reinforced (or introduced) in this classroom!

Preschool II (ages 3 ¼ to 4 ¼ - approximate, depending on space and development)

Building upon their language, social, and logical thinking skills, older preschool children are presented with a wealth of opportunities to cultivate their growing sense of independence. Preschool children are exposed to more classroom activities involving arts, music, cooking,

science, pre-literacy, math, and fine motor skills in a play-based format. Large motor skill building highlighted in during outdoor time in the morning and afternoon. Social-emotional development is also highly emphasized, and children are encouraged to make good choices, learning from their mistakes as they mature in their friendships with peers. We require that all children entering preschool are out of diapers and are completely potty trained (with the exception of naptime)

Pre-K (ages 4 to kindergarten)

As our 4- and 5-year-olds begin the move to elementary school, it's important to prepare them for their upcoming school experiences. The pre-kindergarten classroom builds upon each child's previous learning experiences, bringing skills and concepts together into a program that emphasizes a kindergarten readiness curriculum. Using various methods of instruction with lots of play, pre-kindergarten children participate in early literacy activities, as well as early mathematics, science, music and arts, and fine and large motor skill building activities. Each activity involving kindergarten prep is paired with opportunities for building social skills and character values. Children are required to be fully potty trained in our pre-kindergarten classroom. The pre-kindergarten children will swim and do yoga every week (riding the bus to the Downtown YMCA's main facility), and will go on occasional field trips during their classroom experience.

Play is Learning

It is important that you recognize the learning and development that will take place during the time your child spends at the YMCA. When viewing our classrooms, you may ask yourself "Is my child simply playing all day, or are they learning?" First, let us emphasize that a child's play enables children to explore and make sense of the world. We provide opportunities for creative, investigative play. Teachers carefully observe play themes and follow up on these experiences through reflection, question, and replay. Children who learn in this manner develop habits of individual thought and are encouraged to be self-initiated, responsible, creative, and inventive. Finally, we support children as they cooperate and build negotiation skills and supportive friendships.

Consistent Care Policy

High-quality, relationship-based care is essential to children's early brain development, emotional regulation, and learning. One practice for relationship-based care is to offer continuity of care. At all times, when possible, children are assigned a specific classroom where specific teachers are also assigned. Our goal is to allow teachers and children to stay together for as long as possible, creating opportunities for teacher-child, teacher-family, and child-child relationships to develop and strengthen over time. This practice allows for children to develop secure attachments, which are essential to long term learning. In some cases, teachers will even loop and move to the next age group with their growing children. In all cases possible, we work diligently to introduce new teachers to the classroom slowly and regularly, giving children a chance to naturally get to know new faces and develop new relationships at their own pace.

Dual Language Learning

At the Whatcom Family YMCA, we understand that a child's home language support is the foundation for developing English-language skills. To better support children who are dual

language learners in our program, we are committed to making sure our teachers understand and support families and children with this learning. Examples of this support may look like learning and using phrases and words in the child's home language, providing individualized supports for children and families in their home language (including in assessment), learning each child's cultural and linguistic strengths, and using professional development to grow our skills as educators to support dual language learning.

Child Screening and Assessment

Early identification of potential developmental delays is critical to help ensure that children get the resources they need to support positive development. Using a screening tool to review a child's developmental milestones can help to facilitate early identification of developmental delays and help connect families with additional services and/or a formal evaluation. Within 30 days of your starting with our YMCA program or moving up to new classrooms, we will conduct a screening and send home a screening for you to conduct with your child. The screening we use is called "CDC checklist & Ages and Stages Questionnaire" and is widely used in early education programs as well as pediatrician offices. After both the parent and teacher screenings are completed, we will score the screenings and share the results with you. It is infrequent that a child will need special services after a screening has been conducted. However, if there is a suspicion of a developmental delay, we will help guide you in finding developmental services through the SEAS (Single Entry Access System) and your family pediatrician. Screenings will be done and shared with families to the best of our ability, in the child's home language. Our screenings are done every 2 or 3 months depending on their ages and developmental needs.

Curriculum Philosophy

All of the early childhood programs at the YMCA can be described as developmentally appropriate, responsive, and both relationship and play-based. We use Creative Curriculum and Teaching Strategies Gold in all of our classrooms.

Developmentally appropriate practice is an approach to teaching that is grounded in the research of how young children grow and learn. It involves teachers meeting children where they are in their development, individually and as a group, helping them meet attainable and challenging learning goals. Developmentally appropriate practice requires knowledge of child development, what is individually appropriate, and what is culturally important to the child and their family.

A responsive curriculum and environment are a way of planning based on the needs, passions, and interests of children and teachers. It requires careful observation, documentation, creative brainstorming, and flexibility. Once teachers observe an emerging interest or need in the classroom, they brainstorm ways to incorporate that topic or strategy into the classroom, weaving in appropriate learning goals and objectives.

A relationship-based approach is one that intentionally fosters all the relationships between and among children, families, and teachers. In this model, each person has repeated opportunities over time to grow to know each other, develop affection, and deepen understanding of each other. One important element in this responsive caregiving is helping

meet the emotional needs of young children. Staff work hard to understand a child's emotional cues while remaining calm, capable, and comforting.

The Daily Schedule

Each classroom has a daily schedule to meet the needs of the children. Schedules are posted in individual classrooms and can be provided to parents upon request. Schedules vary depending on the classroom, age, and needs of the children.

Children in toddler and preschool classrooms are expected to arrive by 9:30 am. This is to ensure they can participate in planned daily activities and acclimate into the classroom before lunch and naptime. Infants are required to arrive by 10:30a, however if we expect you at a certain time and you arrive early or late, we may not have the correct staffing structure to accommodate you. Please communicate frequently with your child's teacher if you need to change your daily schedule.

Transitions

Transitions Into the Center

Leaving your young child with anyone new is extremely difficult, especially a group of people in a place you are not familiar with. Before starting your child in our classrooms, we highly recommend that you spend some time visiting the classroom with your child. Some children are excited and look forward to their new classroom experience, while others are more apprehensive. It generally takes between 2-5 weeks for a child to become well-adjusted to a new childcare situation. The more that you integrate your child into the classroom before you have to leave them, the easier it will be when you leave them on their first day. However, it's not uncommon for children to have difficulties with separation from parents even after the child has adjusted to their classroom environment.

Finally, before your child's first day you may want to bring in your child's belongings to store in his/her cubby. Bringing in supplies prior to the first day can make the morning less stressful for the whole family. It's also very important that you drop off all enrollment paperwork before starting care so that we can get your account set up and make sure classrooms have your contact information.

Transitions within the Center

Generally, children will transition into a new classroom at a certain time depending on their age and development. Sometimes a child's level of potty-training will need to be factored in when making transition plans. You will be told that your child is scheduled for a move to a new classroom at least a few weeks prior to the start of their transition. This is a great time to schedule a tour and see where your child will be moving on to next! Depending on your child's age, there may be changes in the meal schedule, napping schedule, and daily activities. This information will be provided to you prior to the transition. We also ask for parents to fill out a few "transition forms" so that incoming teachers can learn about your child before they begin.

Transitions usually take between 2-3 weeks, depending on the child and their age. Usually visits to the new classroom start with shorter visits and then extend as they become more comfortable. Occasionally, some children will not do well with going back and forth between the old and new classroom and we will suggest that a transition occurs faster.

If you have questions about when your child will transition to the next classroom, please speak with your child's teacher or the staff in the office.

Transition from the YMCA to a new Facility or Kindergarten

Most of our children and families spend their entire early childhood experience with us, leaving us to enter the private/public schools when they are old enough for kindergarten. Sometimes families need to leave our program to find a better fit in a new early learning environment. Regardless of when a child leaves our program, we are committed to helping them transition into their new environment. We are always willing to write a summary of how your child learns and interacts with peers for their new school, if desired. We utilize "transition reports" when your child enters kindergarten. These reports go to the school your child will be attending to help inform their new teacher about how your child learns and plays.

The YMCA Early Learning Programs participate in Early Achievers, Washington State's quality rating and improvement system (QRIS) administered by the Department of Children, Youth and Families. As an Early Achievers participant, we are demonstrating our commitment to offering high-quality early learning and promoting kindergarten readiness. A quality rating and improvement system (QRIS) is a process for supporting and rewarding child care providers for providing high-quality care. Programs are assigned a rating based on observed quality, staff qualifications, parent surveys, and so on. As a participant, we receive resources to help our program including the coaching, training, scholarships, and the ability to take Working Connections Childcare Subsidies.

BEHAVIOR GUIDANCE AND WORKING WITH EXCEPTIONAL NEEDS

Behavior Guidance in Young Children

Young children are learning how to be in charge of their own behavior and emotions. This is a big learning experience for children, which requires teachers who respond to inappropriate behaviors with insight, sensitivity, consistency, and reflection. Most of our classroom boundaries center around three basic principles: children may not hurt themselves, hurt others, or destroy property. It is essential for children to understand why the behavior is inappropriate and how to modify it (once developmentally appropriate). Furthermore, it's imperative for children to understand that while they may have made a poor decision, it doesn't make them a "bad child".

PREVENTION STRATEGIES

Most classroom behaviors can be prevented with some of these simple strategies listed below:

- Establishing clear, consistent, age-appropriate boundaries
- Considering the age, individual temperament, and developmental level of each child.
- Arranging the classroom to help children understand behavior expectations (i.e. reducing running pathways, encouraging small group play, quiet and loud areas separated, etc.)
- Teachers acting as positive role models for positive behavior and conflict resolution.
- Close observation and supervision of all children

- Specific positive praise when children are making good choices.
- Redirecting children to another activity when having a difficult time working within classroom boundaries
- Establishing a consistent classroom routine and transitions so children can know what to expect on a daily basis.

RESPONDING TO NEGATIVE BEHAVIORS

If a child is not responding to verbal warnings and is still displaying negative behaviors, we often use one of the strategies below:

- Having a short discussion with the child, privately, getting down on their level and using a calm voice
- Redirecting children to a different activity or location to help them be successful
- Helping children verbalize their feelings and frustrations to the teachers and/or peers
- Practicing and role-playing common behavior scenarios
- Working with 1-3 children at a time on solving a problem by asking guiding questions
- Using logical consequences to teach children that each action they display has a reaction (i.e. scrubbing a table when they've colored all over it)
- Loss of privileges, usually closely related to the inappropriate behavior (i.e. having to miss a trip to the pool if a child can't use their walking feet)
- Taking space away in a quiet area to calm down (not a time out)

PROHIBITED

The behaviors listed below are prohibited in our program and may not be used under any circumstances:

- Withholding of food, bathroom privileges, or the use of rest time as a behavior management tool.
- Corporal/physical punishment of any kind
- Shaming, humiliation, or "making an example" out of any child
- Sarcasm
- Abusive or profane language

Behavior Contracts with Families

We believe that parents are our partners in their child's experience, and we want to inform them when their child is having trouble making good choices. Daily communication with families is critical in building rapport. This can be done using daily reports, "That Hurts" Reports, and/or letters and phone calls home. If a child continues to struggle with a behavior or the behavior is extremely unsafe, we often will set up a conference with the parent(s) and discuss options for the future. Options for ongoing behavior challenges may include behavior plans, reward charts to earn special privileges, shadowing, logging behaviors to look for patterns, bringing in a behavior specialist, and so on.

Physical Restraint/Seclusion Policy

Children in our early learning programs will only be physically restrained when they are exhibiting behaviors that are extremely dangerous to themselves or others (e.g. leaving the premises, turning over furniture, persistent throwing, physical behaviors to hurt others, etc.). In all situations, a child will be sat, facing outward, on a teacher's lap while the teacher wraps their arms loosely around them. Our programs will never use and sort of bonds/ties/straps, car seats, highchairs, activity saucers or any heavy weight to restrain a child.

All episodes where restraint is used will be documented and parents will be contacted so that they are aware of the situation and what happened. Any situations where physical restraint is needed often will warrant further meetings with families and possible behavior plans. Infants and young toddlers will not be restrained in our program. If an unsafe situation occurs, children will be picked up and moved to a safer location.

Biting

Periodically, outbreaks of biting can occur in infant and toddler rooms and sometimes even among preschoolers. Unfortunately, this is an unavoidable consequence of children who are in group care. When it happens, it is scary, very frustrating, and very stressful for children, parents, and teachers. However, it is a natural phenomenon and not something to blame on children, parents, or teachers . . . and there are no quick or easy solutions.

Children bite for a variety of reasons: the simple sensory exploration of babies, panic, crowding, seeking to be noticed, or the intense desire for a toy. Repeated biting can become a pattern of learned behavior that is often difficult to extinguish because it does achieve results: the desired toy, excitement, attention, etc.

It is our job to provide a safe setting where no child needs to hurt another to achieve his or her needs. To extinguish biting behavior, we do the following:

- Notification to the parents on the first bite
- Examine the environment to determine what may be the cause of the biting (e.g.: teething, sensory, frustration, etc.)
- Supervise the child to prevent biting situations
- Temporary suspension if determined it may help
- Permanent suspension for cases that have become chronic or extreme

Biting is an unpleasant stage some children go through. It is a common phenomenon that has virtually no lasting developmental significance. A child who bites is not on a path towards being a discipline problem or a bad person. There are several possible explanations for why some children bite, none of which are the fault of a "bad" home, "bad" parents or "bad" teachers.

Expulsion Policy

At the YMCA we believe in working with each individual child and family to promote a positive learning environment and maximize opportunities for children to thrive. When a child exhibits behaviors that are a serious safety concern to themselves or others, and our program is unable to reduce/eliminate the safety concern through reasonable modifications, a child's care may be terminated. Some examples of these behaviors are children frequently attempting to leave the premises, a child that frequently hurts teachers and other students beyond developmentally typical behavior, persistent throwing of dangerous items, and so on.

Prior to expulsion of a child in our program due to behavior, we will provide the following levels of support:

1. We will begin a log that documents child behavior and any relevant details (to look for a pattern): antecedents, date, time, staff involved, details, etc.
2. We will have a parent meeting to discuss home-school partnerships and possible approaches to behaviors.
3. We will review the Expulsion Policy with the parents.
4. We will make changes to the environment, staffing, schedule, and other changes as necessary. We will provide parents with a description of all changes made to help make the child successful in our program.
5. All community resources for childcare providers (e.g. early childhood mental health consultant) will be contacted and accessed as available for guidance.
6. A behavior plan will be developed and modified as needed, to inform everyone involved of steps to take when the behavior occurs.
7. Child observations will be used when appropriate, including videotaping, parent observations, and/or professional observations with feedback. Videotaping will only be shared with classroom staff and parents. Professional observations will only be conducted with parent permission.

If expulsion is necessary, we will refer parents to community resources to help them find a placement that might ensure more success and a smooth transition. In all cases of expulsion, DCYF (childcare licensing) will be contacted and made aware.

Special Needs/Inclusion

Our center is committed to meeting the needs of all children. This includes children with special health care needs such as asthma and allergies, as well as children with emotional or behavior issues or chronic illness and disability. Inclusion of children with special needs enriches the child care experience and all staff, families and children benefit.

1. Confidentiality is assured with all families and staff in our program.
2. All families will be treated with dignity and with respect for their individual needs and/or differences.
3. Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA). Written individual health care plans will be developed collaboratively with the center director, parent/guardian, Health Care Provider, and center health consultant.
4. Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. To accomplish this, we may consult with our public health nurse consultant and other agencies/organizations as needed.
5. All staff will receive general training on working with children with special needs and updated training on specific special needs that are encountered in their classrooms. Teachers, cooks and other staff members will be orientated to any special needs or dietary restrictions by the Director or Program Supervisor.

HEALTHY SNACK AND MEAL PLANS

CACFP Food Program

Whatcom Family YMCA Early Learning Programs participate in the Child and Adult Food Program (CACFP), a reimbursable Federal program that provides healthy meals and snacks. This program plays a vital role in improving the quality of our meals and snacks. The CACFP requires that all enrolled families complete an Enrollment Income Eligibility form at the time of registration and on an annual basis. The information provided to YMCA is confidential. For a child who has a food allergy, a food allergy/ intolerance form must be completed by the child's health care provider. This form provides YMCA with information regarding food that can be safely substituted for an offending food. Substitutes for offending foods must be of equal nutritional value and must meet the required USDA food component.

Meals and Snacks

Our center serves breakfast, lunch, and an afternoon snack through the CACFP. A light evening snack is offered for children that stay until 5:30 pm. Meals are served at the following times:

Infant/T1/T2 Breakfast	8:30 am
PS1/PS2/PK Breakfast	8:30 am
Infant/Toddler 1 Lunch	11:30 am

Toddler II/Preschool I Lunch	11:30 am
Preschool II/PreK Lunch	12:00 pm

Infant/T1/T2 Snack	2:30 pm
PS1/PS2/PK Snack	2:45 pm

Evening Snack	5:00 pm
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Weekly menus are posted in the hallway near the kitchen, along with Brightwheel. Menus are planned with USDA and state guidelines in mind.

Sample Menus are as follows:

- Breakfast (either a fruit/veggie, a grain/protein, and milk)
Whole Wheat Pancakes, Strawberries, Milk
- Lunch (a grain, a fruit, a veggie [or two veggies], protein, and milk)
Whole Wheat Macaroni and Cheese, Peas and Carrots, Watermelon, Milk
- Snack (two food groups)
Yogurt, Whole Grain Graham Crackers, Water
- Evening Snack (something light that does not interfere with a family's dinner)
String cheese

While children are encouraged to try the various foods served, they are not required to eat anything they choose not to eat.

Food Allergies and Intolerances

When a child or family requires special accommodations to our daily menu, due to allergies or intolerances, DCYF requires that a child's health care provider sign a "Plan of Care" that outlines the following items:

- What foods the child must avoid
- Symptoms associated with the allergic reaction/intolerance symptoms
- Foods that can be substituted in place of the menu items
- And a specific treatment plan that lists
 - Name of any medication to be administered (e.g. Benadryl, Epi Pen)
 - How to administer the medication
 - Dosage of the medication

Plan of Care documents must be updated at least annually by the child's health care professional.

All classroom staff, including kitchen staff, will have the opportunity to review a child's Plan of Care before serving the child food.

Please talk with your child's teacher or center director about your child's food allergies or intolerances and to obtain a copy of the Plan of Care.

Family, Religious, and/or Cultural Preferences and Meals

At the YMCA, we value a family's choice to make sure their children eat a menu that honors important personal, religious, and/or cultural preferences. We can accommodate families that wish for their children to eat a vegetarian or dairy-free menu. For more stringent dietary restrictions, families are more than welcome to bring their child breakfast, lunch, and afternoon snack each day. If a family has personal, religious, and/or cultural preferences that are different from our menu, DCYF requires a written plan to be put in place, signed by parent and director, that outlines:

- Special feeding needs
- Special diet
- Religious or cultural preferences
- Personal preferences

If a family chooses to provide their child meals from home, all meals must align with the USDA's CACFP meal pattern (Breakfast: Grain/Protein and Fruit/Vegetable, Milk; Lunch: Grain, Protein, Fruit, Vegetable, and Milk; Snack: 2 Food Groups [only 1 can be fruit or veggie]). Please see your center's director for more information.

Infant Meals

Infants are also included in our USDA Meal Planning. Through their first year of life, parents can choose to supply their infant with either iron fortified infant formula or breast milk. Our location supplies Target Up & UP brand Gentle, iron fortified formula (compares to Enfamil Gentlease) or Similac Soy Isomil Iron Fortified Formula (or equivalent) to any families that prefer us to supply and prepare bottles on site.

Parents must bring pre-made bottles each day for their child, when supplying their own iron fortified infant formula. If providing breast milk, families can either bring in frozen, bagged milk OR pre-made bottles with thawed breast milk. If we are making the bottles (either with our center formula or frozen breast milk), we ask that parents bring 3-5 clean, empty bottles each day for feeding. We will send home empty bottles each night to be cleaned and sanitized.

Formula and breastfed babies are asked to bring in a supply of milk (either frozen or fresh) for no more than 1-2 days at a time. This is to maximize classroom space as our refrigerator is small. If you should run low on formula or breast milk, we will let you know verbally or via Brightwheel. You are also always welcome to check your child's supply in our fridge!

All our infants are fed "on demand". We will only feed infants based on their hunger needs and will not over feed or under feed to keep the child "on schedule". However, we do work very hard to accommodate a consistent schedule and to work with parents for a routine similar to their home habits. Sometimes, infant behavior and needs can vary when a child starts in our care. In the first weeks of care, a child's schedule may change quite a bit in response to their new environment. Infant staff work very hard to warm only what the child needs as to not prepare more than your child will eat. After we have heated and served formula or breast milk, we are required by state licensing to use it within one hour. After that hour has passed, we are not allowed to serve it. Unless directed otherwise, we will pour out unused milk after that hour.

Between 5 and 7 months of age, with parent cooperation, we start to feed babies iron fortified cereals, fruit and vegetable purees, and other soft foods such as yogurt, cottage cheese, and hard-boiled eggs that we supply. Most often our infants begin solids with cereal and purees around 6 months of age. When you are comfortable with your child eating solids in our care, please let us know! We have a system to keep track of foods your child is eating so we don't expose them to any new foods before your approval. Our goal is to help your child expand his or her selection of foods while helping you to note any potential allergy symptoms.

Between 8 and 12 months of age, with prior parent approval, infants in our program will be introduced to table foods from our toddler menu as well as still being served iron fortified cereal, yogurt, cottage cheese, beans, or hard-boiled eggs. All foods are prepared and cut to appropriate size and consistency for an infant. We will never serve your infant honey or nut products. Infants are encouraged to feed themselves when we introduce table foods in preparation for our Toddler room. You may even see them playing with a child-safe fork or spoon for practice! We will also introduce a sippy cup at this time, and you are welcome to bring one from home, if desired.

Birthdays and Special Occasions

Your child's birthday is a special day to celebrate! If you would like to send a special birthday, or other holiday treat for the class you may, but it is completely optional. Also, please be aware that all treats must be store bought (this is a licensing requirement). We ask that you refrain from sending peanut and tree nut products, as we have children with life threatening allergies in our classrooms. Please make sure the treat you bring states made in a "nut free facility". Safeway and Haggen's have great mini cupcake options.

HEALTH AND SAFETY

Water Safety

Children in our program are exposed to many forms of sensory play, including water. For the majority of our age groups, water play consists of children engaging in activities with shallow

bins of water at standing height (water tables, etc.). In the summer months, we may bring out a sprinkler into our outdoor playground. We do not use wading pools in our programs for any age group.

At the Preschool age group (usually in the 4-5 age group), we take the children swimming on a regular basis at our facility on State Street. This pool is small (2 ½ feet deep), certified by the state, and chlorinated for health and safety.

When engaging with water in our programs, we take the following precautions:

- All water tables will be emptied, cleaned, and sanitized daily after use.
- Water play will not be permitted in deeper containers (such as 5 gallon buckets) with infants and toddlers.
- Infants and toddlers will be no farther than arms reach when engaging in water play that involves more than an inch or two of water.
- Any water play that involves full body (swimming in the Y pool, sprinklers) will require "swim diapers" for children who are not fully potty trained. Swim diapers must be provided by parents to participate in water play.
- When swimming, our program will provide one extra staff (over the required ratio amount) to ensure child safety. A fully certified lifeguard will also be on duty at all times.
- While we do not teach swimming lessons during Preschool swim times, water safety will be emphasized.

Pacifiers

If your child prefers to use a pacifier when sleeping or for soothing, you may send one (labeled), in a plastic bag. Due to safety precautions, pacifier clips are not allowed.

Infants and toddlers will be limited to using their pacifiers during times that they are sleeping, or if they need to self soothe. As toddlers get older (and more comfortable in our program), we try to limit the amount of time they are using the pacifier to naptime only. Speech and language development can be hindered by frequent pacifier use during the day. As children get older, pacifiers can also spread illness as children often try to take them from one another.

The YMCA will work with families to try and eliminate pacifiers by the time our children move to our preschool classrooms.

Toilet Training

Learning to use the toilet is an important milestone in each child's development. Readiness and every child's ability to control their bladder and bowel functions is very individual to each child. Although there is no definite age as to when a child is "ready", children between the ages of 2-3 years of age usually begin to show the signs, understanding, and muscle control to show they are ready to begin potty training.

Signs of Potty-Training Readiness

- Your child uses 3-4 word sentences.
- Your child tells you when s/he has a wet and dirty diaper (recognizing when s/he is wet).

- Your child tells you when they are wetting their diaper (recognizing the sensations of urinating).
- Your child tells you that s/he needs to use the bathroom (can control self and let others know when they need to use a toilet).
- Your child stays dry for at least 2 hours at a time and is showing the ability that they can hold their urine and bowel movements.
- Your child can pull up and down their own pants with minimal assistance.
- Your child asks to use the toilet and/or wear underwear (a sign of wanting to be independent).
- Your child can follow instructions such as “wipe yourself with toilet paper”, “flush the toilet”, and “wash your hands”.
- Your child shows a willingness to WANT to sit on the toilet both at home and at school.

When a child is ready, potty training should take a short amount of time and should be a positive experience. Sometimes a child is asked to begin potty training when they aren't showing the signs that they are ready, and this is when problems arise. There is no right or wrong age or way to potty train, and it is often dependent on each child. However, there are certain things that can sometimes limit our ability to completely individualize the experience based on our licensing, sanitation, and classroom expectations.

We believe that children are most successful at potty training when they are showing MANY of the signs listed above and when there are not a lot of changes in the child's life. We will assist your child in becoming potty trained when they show these signs both at home AND at school, and when potty training has begun at home. A child may show signs of readiness at home but not at school, or vice-versa. If possible, parents should begin the potty-training process at home first. It's especially helpful if it can begin over a long weekend or vacation from their classroom. Once a child has been relatively successful and accident free at home for at least two weeks (or relatively dry and accident-free in their classroom for two weeks), we will ask that parents send children to school in underwear. Please notify your child's teacher in the morning at drop off if your child is wearing underwear and not a diaper/pull-up.

We will remind and assist your child in the bathroom frequently to use the potty. Please remember that it is nearly impossible for a busy teacher to remember to remind a child (often many children) every half hour and/or help them use the bathroom that often while ALSO caring for others in the class. Potty training in group care is very different than you would do at home! For that reason, your child needs to be able to communicate the need to go potty by his or herself often. There are times in the day that teachers remind and help the kids use the potty, usually at around the same times during their daily schedule, but with 14-20 children in a classroom.

We ask that the following guidelines are followed when children are potty training at school:

1. We request that children be dressed in clothing that is easy for them to pull up and down (no zippers, overalls, belts, or difficult snaps/buttons).
2. 2-3 changes of clothing must be kept in your child's cubby in case of accidents. If the child has no spare clothing, the center will provide a set. Please return clothes as soon as possible so we may reuse them for other children, as we often run out.

3. If possible, please bring an extra set of shoes (since they often get wet during accidents).
4. We do not rinse out or wash soiled clothing (this is a required health code). All soiled clothing will be placed in a plastic bag to be sent home at the end of the day. Please check your child's cubby daily for these bags.
5. Children must wear some type of underwear or training pants if they are not in diapers or pull ups. We are aware of popular potty-training methods that recommend children do not wear underwear until they are fully potty trained, but because of sanitary reasons, we must have children wear some sort of underwear to contain any accidental bowel movements.
6. Please keep a supply of pull-ups available at school until the child is showing naptime dryness for 3 weeks. If a child is showing regular dryness at naptime after that amount of time, we can discontinue pull ups.
7. For those classrooms that swim, we ask that even after your child makes the transition into underwear, that they continue to wear swim diapers for at least 3-4 weeks. Sometimes the warm water can make accidents involving bowel movements more frequent until full bowel control has been reached.

We will follow the following guidelines while your child is learning to use the toilet:

1. No child is ever punished, verbally abused, or humiliated for soiling, wetting, or not using the toilet.
2. While every child will be encouraged, reminded, and persuaded to use the toilet, no child will ever be forced to use the toilet if they are unwilling.
3. Every teacher will be willing to assist in the toileting process when necessary. We will encourage and coach children to practice the skills of wiping, washing, flushing, and changing their clothing as it helps them learn important skills.
4. When assisting children in the toileting process all doors will remain open. We do this to make sure all Youth Protection Protocol is being followed and everyone is safe.
5. We have small toilets in our facility designed just for young children. We ask that parents do not bring any potty chairs/potty seats for us to use as it creates an extra step in sanitizing and is tough for other children who don't have the same opportunity to use them.

We view your child as "potty trained" when they can use the bathroom with minimal reminders during their waking hours, with 2 or fewer accidents a week. Children are free to use pull-ups at naptime for as long as needed without affecting their potty-training status.

Safe Sleep Policy

Providing infants with a safe place to grow and learn is very important. For this reason, the Whatcom Family YMCA has created a policy on safe sleep practices for infants up to 1-year-old. We follow the recommendations of the American Academy of Pediatrics (AAP), as well as the Department of Early Learning's licensing requirements, to provide a safe sleep environment and reduce the risk of sudden infant death syndrome (SIDS). SIDS is the "sudden death of an infant under 1 year of age, which remains unexplained after a thorough investigation". The staff, substitute staff, and volunteers at the Whatcom Family YMCA follow the AAP sleep policy.

Sleep Position:

- Infants will be placed flat on their backs to sleep every time unless there is a physician practitioner or clinician signed sleep position medical waiver up to date on file (for medical reasons). In case of a waiver, a waiver notice will be posted at the infant's crib without identifying medical information. The full waiver will be kept in the infant's file.
- Infants will not be placed on their side for sleep.
- Devices such as wedges or infant positioners will not be used since such devices are not proven to reduce the risk of SIDS.
- Infants who use pacifiers will be offered their pacifier when they are placed to sleep, and it will not be put back in should it fall out once they sleep.
- While infants will always be placed on their backs to sleep, when an infant can easily turn over from back to front and front to back, they can remain in any position they prefer to sleep.

Sleep Environment:

- Our program will use Consumer Product Safety Commission guidelines for safety-approved cribs and firm mattresses. Crib slats will be less than 2 3/8" apart on our cribs.
- Infants will not be placed to sleep on any standard bed, waterbeds, couches, air mattresses or other soft surfaces.
- Only one infant will be placed to sleep in each crib. Siblings, including twins and triplets, will be placed in separate cribs.
- Mattresses will be firm and tightly fitting in cribs. Mattresses will be covered by a fitted sheet and will be free from blankets, loose bedding, toys, and other soft objects (i.e. pillows, quilts, comforters, stuffed toys, etc.)
- Beginning at 7-8 months of age, some infants will be placed to sleep on crib mattresses that are on the floor. This helps prepare them for the sleeping practices in our Toddler programs, as well as avoids waking them when placing them in a deep crib.
- To avoid overheating, the temperature of the room where infants sleep will be checked and will be kept at a level that is comfortable for a lightly clothed adult.
- Sleep clothing such as sleepers, sleep sacks, and wearable blankets may be used as alternatives to blankets. Such clothing must allow for the free motion of the infant's arms.
- Bibs and pacifiers will not be tied around an infant's neck or clipped on to an infant's clothing during sleep.

Supervision:

- When infants are in their cribs or on mattresses, they will be kept within visual and auditory range at all times.
- A staff member will visibly check on the sleeping infants frequently.
- When an infant is awake, they will have supervised "tummy time". This will help babies strengthen their muscles and develop normally.
- Infants will spend limited time in car seats, swings, and bouncer/infant seats when they are awake.

Training:

- All staff, substitute staff, and volunteers who work in the infant program at the Whatcom Family YMCA will be trained on safe sleep policies and practices.
- Safe sleep practices will be reviewed with all staff, substitute staff, and volunteers who work with infants each year.
- Documentation of staff, substitutes, and volunteers that have taken the training will be kept in each individual file.
- All staff and substitutes will be trained in First Aid and CPR for unresponsive infants, as well as what to do when they have a question or need assistance, before they are allowed to care for infants.

When the Policy Applies:

This policy applies to all staff, substitute staff, parents, and volunteers when they place an infant to sleep in the infant classroom at the Whatcom Family YMCA.

Communication Plan for Staff and Parents:

Parents will review this policy when they enroll their child in the Whatcom Family YMCA infant programs and a copy will be provided in the parent handbook. Parents are highly encouraged to follow this same policy when the infant is at home. These policies will be posted in prominent places. Information regarding safe sleep practices, safe sleep environments, reducing the risk of SIDS in childcare, as well as other program health and safety practices will be shared if any changes are made. A copy will also be provided in the staff handbook.

Pet Policy

At the YMCA we believe that pets are important for teaching children skills in empathy, responsibility, and caregiving. Occasionally, we may have classroom pets that range from fish to guinea pigs to rabbits. At times, parents may bring their family pets for a visit on a special day (with proof of proper vaccinations, if applicable).

All pets can be carriers of various bacteria, pests, and/or viruses. Before a pet is introduced into a classroom, a letter will be sent out with information about any possible risks associated with having a pet in the classroom. To limit exposure of any risks, we do the following:

- Children and staff wash their hands after handling pets.
- Cages are cleaned on a weekly basis by full time classroom staff.
- Cages are not cleaned in the kitchen or any food prep/serving areas.
- Current rabies vaccinations are required for any cats or dogs visiting the center.
- Staff are always present when children are handling pets.
- No pets are allowed in the infant room.

Please let us know if your child has any allergies to common pets and we will make accommodations for them.

Injuries

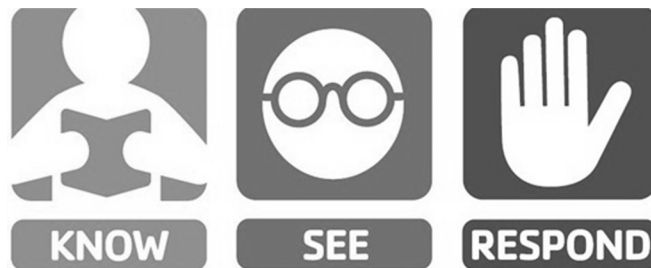
If your child is injured while in our care, staff will do the following:

1. Minor injuries: Apply first aid and complete an "Ouch Report" that will be presented to you at the end of the day.
2. More serious injuries: Apply first aid as necessary, attempt to reach the parent/guardian or others listed on the Emergency Information Form to discuss further action taken. Complete an accident report.
3. If we cannot reach the parent/guardian, or other designated people, and the staff feels the situation warrants it, 911 will be called.

If your child has an injury that requires medical follow up (either with a physician or a dentist), we are required to notify DCYF/CPS. They are the agency that monitors us when children are injured in childcare programs. They will frequently reach out to families after an injury occurs to make sure that the center followed correct protocol in handling your child's injury.

Know, See, Respond

At the Whatcom Family YMCA, we practice three important habits of Child Abuse Prevention – KNOW, SEE and RESPOND – to create safe spaces where youth can learn, grow and thrive. When we KNOW how abuse happens, SEE the warning signs and RESPOND quickly to prevent it, together we foster a culture of child abuse prevention.



We KNOW when we understand the behaviors of those who harm youth and how to stop them. Staff and volunteers who practice the KNOW habit:

- Understand the potential risks for abuse that children and teens face, and their role in protecting them at their Y.
- Understand how predators operate
- Recognize the importance of proactive engagement when supervising youth, and between youth
- Appreciate the difference they make when they practice the Three Habits in Child Abuse Prevention at their Y
- Encourage others to adopt these prevention habits
- Can explain what Know, See and Respond means when asked by a parent or community member.

We SEE when we can recognize warning signs or behaviors that signal abuse or a risk for abuse. Staff and volunteers who practice the SEE habit:

- Interrupt inappropriate interactions between adults and youth, and between youth
- Respect children and teen's emotional, psychological and physical boundaries – according to YMCA policies – and ensure that others also follow the policies
- Act when something seems wrong and if they observe others not practicing the prevention habits.

We RESPOND when we take action to stop behaviors we recognize as being inappropriate or questionable. Staff and volunteers who practice the RESPOND habit:

- Act when children or others need help
- Interrupt questionable behavior by a staff member, volunteer or youth
- Notify the appropriate people at the Y when they have a concern
- Can make a report to Child Protective Services and/or police when they suspect abuse

If you have any questions about our Child Abuse Prevention practices or Know, See, and Respond, please feel free to contact Lynda Purdie at (360) 733-8630 ex. 1121.

Reporting Policy

All state-licensed childcare programs are mandated by law to report any suspicion of possible child abuse or neglect to the proper authorities. Incidents occurring within the center that require medical attention will be reported as well. Failure to do so can result not only in the loss of the center's license, but also in possible charges filed against the staff, agency, or institution responsible for the center.

Pesticide Use

We do not use pesticides at our center. In the event that pesticides are needed the center will follow RCW 17.21 "The Pesticide Application Act."

Disaster Preparedness

Our Center has developed a disaster preparedness policy that is included in this handbook. Annually, staff and parent/guardian will be oriented to this policy and documentation of orientation will be kept in the childcare office. Our disaster preparedness policy is located in each classroom.

- Procedures for medical, dental, poison, earthquake, fire, or other emergency situations will be posted in each classroom. The director will review the policies with each staff team regularly. The director will be responsible for orienting classroom volunteers, new staff or substitutes to these plans.
- Evacuation plans and routes will be posted in each classroom.
- Fire and earthquake drills will be conducted and documented each month.
- Infants will be evacuated from center in evacuation cribs (four-inch or larger wheels, reinforced bottom and limited to four infants per crib).

- Staff will be familiar with use of the fire extinguisher.
- Center will identify and mitigate earthquake hazards i.e., securing bookshelves and pictures to walls.
- Food, water, medication, and supplies for 72 hours of survival will be available for each child and staff (checked yearly for expiration dates).

Whatcom Family YMCA Health Policy

Agency Name: Whatcom Family YMCA – Barkley Child Development Center

Director: Lori Stacy

Street: 2410 Rimland Drive

City/State/Zip: Bellingham, WA 98226

Telephone: (360) 714-0450

Emergency telephone numbers:

Fire/Police/Ambulance: 911

C.P.S.: 1-800-794-9402

Poison Center: (800) 222-1222

Animal Control: (360) 733-2080

Hospital used for life-threatening emergencies*:

Name of Hospital: St. Joseph's Hospital

Address: 2901 Squalicum Pkwy., Bellingham, WA 98225

Phone: (360) 734-5400

*For non-threatening emergencies, we will defer to parent preference as listed in the child's registration form.

Other important telephone numbers:

DCCEL Health Surveyor: Hazel Philp Phone: (360) 416-7492

DCCEL Licensor: Sheau-Pyng Li Phone: (360) 389-1087

Child Care Health Consultant: Tracy McKenna Phone: (360) 778-6157

Communicable Disease/Immunization Hotline Recorded Information: (360) 778-6100

Communicable Disease Report Line: (360) 778-6150 (after hours, call (360) 715-2588)

INJURY/EMERGENCY PROCEDURES

Minor Emergencies

1. Staff trained in first aid will refer to the "First Aid and Safety" guide located with the first aid supplies. Gloves (Nitrile or latex) will be used if any body fluids are present. (WAC 110-300-0106-11, WAC 110-300-0111-1c and WAC 110-300-0230-2) Staff will refer to the child's emergency form and call parents/guardians, emergency contacts or health care provider as necessary. (WAC 100-300-0475-4)
2. Staff will record the incident on an Incident or Ouch Report form. Illness reported by parents or that become evident while the child is in care will be recorded on the Illness Report Form The form will include the date, time, place and cause of the illness or injury, if known. A copy will be given to the parent/guardian the same day and another copy placed in the child's file. (WAC 110-300-0460-4i)
3. The incident will also be recorded on the Incident Log, which will be located in the office. (WAC 110-300-04654j)
4. Signed "Ouch Reports," will be filed in each child's file located in the office. (WAC 110-300-0460-4i)
5. Incident Logs will be reviewed monthly by the director or program supervisor. The logs will be reviewed for trends. Corrective action will be taken to prevent further injury or illness. All reports, including this log, are considered confidential. (WAC 110-300-04601a)

Serious/Life-Threatening Emergencies

1. If more than one staff person: one staff person will stay with the injured/ill child and send another staff person to call 911. If only one staff person: person will assess for breathing and circulation, administer CPR for two minutes if necessary, and then call 911. (Red Cross, 2016)
2. Staff will provide first aid as needed according to the first aide guide, located with the first aid supplies. Gloves will be worn if any body fluids are present. (WAC 110-300-0111-1c and WAC 110-300-0230-2)
3. A staff person will contact the parent/guardian(s) or the child's alternate emergency contact person. (WAC 110-300-0475-4)
4. A staff person will stay with the injured/ill child, including transport to a hospital if necessary, until a parent, guardian or emergency contact arrives.
5. The incident will be recorded on an injury/incident/illness report form and Incident Log as described in "Minor Emergencies". (WAC 110-300-0465-4i)
6. Serious injuries/illnesses, which require medical attention or a call to 911, poison control, or the health department, will be reported to the licensor immediately (name and phone on first page). A DCYF incident form and written report will be completed and sent to the licensor no later than 24 hours after the incident. A copy will be placed in the child's file. The original will be given to the YMCA's CEO.
(WAC 100-300-0475-2b)

Asthma and Allergic Reactions

An individual written plan of care will be followed in emergency situations. For example:

Asthma:

- An asthma care plan and an individual emergency treatment plan shall be kept on file for any child with asthma.
- The asthma care plan shall be implemented when child exhibits asthma symptoms at child care.
- Parents shall receive a written report on an Illness Report.

Allergies:

- A food allergy care plan shall be filled out and kept on file for children whose registration form or parent report indicates severe food allergies. This form lists food to avoid, a brief description of how the child reacts to the food, appropriate substitute food(s) and must be signed by a Health Care Provider. There should be a space on the form for the Health Care Provider to indicate if the reaction is severe or not. If the reaction is severe, staff should follow an emergency protocol indicated by the provider such as the following:
 - Administer prescribed epinephrine (EpiPen) immediately (provided by the parents)

AND/OR

- Administer other prescribed medication
- Call 911
- Call child's Health Care Provider
- Stay with the child at all times.

MEDICATION MANAGEMENT

Parent/Guardian Consent

1. Medication will only be given with prior written consent of the child's parent/legal guardian. This consent (The Medication Authorization Form), will include the child's name, the name of the medication, reason for the medication, dosage, method of administration, frequency (can NOT be given "as needed"), duration (start and stop dates), special storage requirements and any possible side effects (use package insert or pharmacist's written information). (WAC 110-300-0215-3a-ii)
2. A parent/legal guardian will be the sole consent to medication being given, without the consent of a health care provider, if and only if the medication meets all of the following criteria:
 - The medication is over-the-counter and is one of the following:
 - Antihistamine
 - Non-aspirin fever reducer/pain reliever
The child care agrees to administer certain over-the counter medications. It is the parent's responsibility to ensure that incompatible medications are not given together. More than one medication containing acetaminophen (APAP) will not be given without written authorization from a health care provider.
 - Non-narcotic cough suppressant and decongestants for children 4 years and older
Many over-the-counter medications are not approved for young children. The Food and Drug Administration recommends that cough and cold products not be given to children younger than 4 years. According to the American Academy of Pediatrics, cough suppressants, antihistamines, and decongestants may not be effective in children younger than 6 and can have potentially serious side effects, even when given as directed. Based on this information, over-the-counter cough and cold medications will not be administered to children younger than 2 unless the parent provides written and signed instructions from the health care provider in addition to the completed consent form.
 - Ointments or lotions intended specifically to relieve itching or dry skin
 - Diaper ointments intended for use with "diaper rash"
 - Sunscreen for children over 6 months of age

Medication must be in the original container and labeled with the following information: (WAC 110-300-0215-3)

- The child's first and last name and date of birth
 - The medication has instructions and dosage recommendations for the child's age and weight; *and*
 - The medication is not expired; *and*
 - The medication duration, dosage and amount to be given does not exceed label-specific recommendations for how often or how long to be given. (Must include stop and start dates)
 - Route of administration (oral, topical, etc)
 - List possible side effects
3. For sunscreen and diaper ointment, the written consent may cover an extended time period of up to 1 year. Parents are notified of name of sunscreen used by center, the active ingredients, and the SPF. (WAC 110-300-0215-3a-iv)
 4. For all other medications the written consent may only cover the course of the illness.

Health Care Provider Consent

1. A licensed Health Care Provider's consent, along with parent/legal guardian consent, will be required for prescription medications and all over-the-counter medications that do not meet

the above criteria (including vitamins, hand sanitizer, lip balm, teething aids, supplements and fluoride). (WAC 110-300-0215 and WAC 110-300-0215-3a-iii)

2. A Health Care Provider's written consent must be obtained to add medication to food or liquid. (WAC 110-300-0215-3)
3. A licensed Health Care Provider's consent may be given in 3 different ways:
 - ❑ The provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, frequency (can NOT be given "as needed"), duration and expiration date); *or*
 - ❑ The provider signs a note or prescription that includes the information required on the pharmacist's label; *or*
 - ❑ The provider signs a completed Medication Authorization Form.

Medications for chronic conditions such as: asthma or allergies (WAC 110-300-0215)

For chronic conditions (such as asthma), the parent/legal guardian written consent must be renewed monthly. An individual care plan must be provided that lists symptoms or conditions under which the medication will be given.

Emergency supply of medication for chronic illness

For medications taken at home, we ask for a three-day supply to be kept with our disaster kit in case of an earthquake or other disaster.

Staff Documentation

1. Staff administering medications to children will have completed the DCYF medication administration training course and been oriented to the center's medication policies and procedures can give medications. The record of training will be kept in staff's file. (WAC 110-300-0215-2, WAC 110-300-0106-10)
2. Staff giving medications will document the time, date and dosage of the medication given on the child's Medication Authorization Form and will sign with their initials each time a medication is given. Staff's full signature will be at the bottom of the page. The provider will contact 911 whenever epinephrine or other lifesaving medication has been administered. (WAC 110-300-0186-3b)
3. To give liquid medication, staff use a measuring device designed specifically for oral or liquid medication. (WAC 110-300-0215-3) Measuring devices for individual use are provided by parent and stored with medication in a plastic Ziploc bag. The measuring device will be cleaned with soap and water after each use. (WAC 110-300-0215-3)
4. Staff will report and document any observed side effects on the child's individual medication form. (WAC 110-300-0215)
5. Staff will provide a written explanation why a medication was not given. (WAC 110-300-0215)
6. Outdated Medication Authorization Forms and documentation will be kept in the child's file.
7. Staff will only administer medication when all conditions listed above are met. (WAC 110-300-0215)

Medication authorization and documentation is considered confidential and must be stored out of general view.

Medication Storage

1. **Medication will be stored as follows:** (WAC 110-300-0215-3c)

- Inaccessible to children
 - Separate from staff or household medication
 - Protected from sources of contamination
 - Away from heat, light and sources of moisture
 - At temperature specified on the label (refrigerated if required)
 - So that internal (oral) and external (topical) medications are separated (WAC 110-300-0215-3c-iv)
 - Separate from food
 - Emergency medication is kept in the internal medication box in the classroom and is clearly labeled
 - In a sanitary and orderly manner
2. **Controlled substances (i.e. Ritalin) will be stored in a locked container and stored in the office. Center implements the following system for tracking administration of controlled substances:** (WAC 110-300-0215-3c)
- Lead staff will give child controlled substance.
 - Director will check the amount of controlled substance left daily, making sure it corresponds with amount given.
 - Medications no longer being used will promptly be returned to parents/guardians or discarded. If parent/guardian is not available or does not pick it up within one month of the stop date, the director/program supervisor will get information on proper medication disposal from the FDA at <https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines>. (WAC 110-300-0215-3d)

Medication Administration Procedure

1. Wash hands before preparing medications. (WAC 110-300-0200-4i)
2. Carefully read labels on medications, noting: (WAC 110-300-0215)

Child's name

Medication name

Amount to be given

Time and dates to be given (can NOT be given "as needed") unless given clear criteria for when to give i.e., asthma medication for coughing/wheezing

How long to give

How to give (e.g. by mouth, to diaper area, in ear, etc.)

***Information on the label must be consistent with the individual medication form.

3. Prepare medication on a clean surface away from diapering or toileting areas.
4. Medications are not to be mixed in formula or food unless there is written directions to do so from a health care provider with prescriptive authority. (WAC 110-300-0285-2h)
5. For liquid medications, use measuring devices specifically designed for oral or liquid medication provided by parent/legal guardian. (WAC 110-300-0186-1c)

6. For capsules/pills, medication is measured into a paper cup and dispensed as directed by the Health Care Provider/legal guardian.
7. Wash hands after administering medication.
8. Observe the child for side effects of medications and document on the child's Medication Authorization Form.
9. If bulk medications (diaper ointment and sunscreen) are used they will be administered in the following manner to prevent cross-contamination: Staff members will apply bulk medications using gloves that are changed for each application and promptly wash hands between each child, as to not spread disease.

POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN
YMCA Early Learning Sites are "well child" facilities

Children with any of the following symptoms will not be permitted to remain in care at centers with programs not specifically approved for the care of ill children: (WAC 110-300-0205-5)

1. Fever of at least 101 ° F (or 100.4 ° F for an infant younger than 2 months) under arm (auxiliary) and who also have one or more of the following:
 - diarrhea/vomiting
 - earache
 - headache
 - signs of irritability or confusion
 - sore throat
 - rash
 - fatigue that limits participation in daily activities

No rectal or ear temperatures will be taken. Digital thermometers are recommended due to concerns about mercury exposure if glass thermometers break. (Temperature strips are frequently inaccurate and will not be used). Oral temperatures may be taken for preschool through school age children if single use covers are used over the thermometer.

2. Vomiting on 2 or more occasions within the past 24 hours.
3. Diarrhea: 2 or more watery stools within a 24-hour period, or any bloody stool.
4. Rash: not associated with previously diagnosed heat rash, diaper rash, or allergic reaction (WAC 100-300-0205-5d)
5. Eye discharge or conjunctivitis (pinkeye): need to be out until clear (or a doctor's note stating not pink eye) or until 24 hours of antibiotic treatment with a doctor's note.
6. Sick appearance, not feeling well and/or not able to keep up with program activities. (AAP Managing Infectious Disease)
7. Open or oozing sores, discharging bodily fluids that cannot be adequately covered with a waterproof dressing or mouth sore with drooling. (WAC 110-300-0205-5e)
8. Lice or scabies. For head lice, children and staff may return to childcare after treatment and no nits. For scabies, return after treatment.

Respiratory viruses like COVID-19, influenza (flu), and RSV can cause a range of symptoms, including but not limited to cough, fever, chills, headache, sore throat, runny or stuffy nose, sneezing, chest discomfort, decrease in appetite, vomiting, diarrhea, fatigue (tiredness), muscle or body aches, new loss of taste or smell, weakness, and wheezing. If you are sick or test

positive for a respiratory virus, it is important to take steps to help prevent the spread of the virus to others in your home and community and to reduce your likelihood of getting very sick. Stay home and away from others, get tested if accessible, and get treatment if you are eligible.

If you have respiratory virus symptoms that are not better explained by another cause (such as allergies) and do not test positive for COVID-19, you should isolate away from others. We can and will send children home for 2 or more of the respiratory symptoms. You can return to care when **both** of the following have been true for at least 24 hours:

- Your symptoms are getting better overall, **and**
- You have not had a fever (and are not using fever-reducing medication).

Following an illness or injury, children will be readmitted to the program when they no longer have the above symptoms, no longer have significant discomfort and Public Health exclusion guidelines for child care. If a child is returning after being out with a respiratory illness and they will have a lingering cough or symptom due to the illness, we ask for a doctor's note to have on file explaining this.

You must notify parent/guardian in writing, either by letter or posting notice in a visible location, when their children have been exposed to a communicable disease. Contact your local child care health consultant for fact sheets and sample letters.

Children with the above signs and symptoms will be separated from the group to the best of our ability. Parent/guardian or emergency contact will be notified to pick up child.

*****Staff members will follow the same exclusion criteria as children.**

Depending on the particular illness or injury, staff and children will be readmitted to the program when they no longer pose a disease risk to others and can participate in the program activities. (WAC 110-300-0205-8) Such as:

- They no longer have symptoms
- They have been without a fever for 24 hours and free of Tylenol and ibuprofen
- 24 hours since start of treatment
- If staff in working in kitchen or around food diarrhea free at least 48 hours

COMMUNICABLE DISEASE REPORTING

Licensed childcare facilities are required to report communicable diseases to their local health department (WAC 246-101-415 and WAC 110-300-0205-6). The following is a partial list of the official diseases that should be reported. For a complete list of notifiable diseases refer to www.doh.wa.gov/OS/Policy/246-101prp3.pdf. Even though a disease may not require a report, you are encouraged to consult with the Whatcom County Health Department at 360-778-6100 for information about common childhood illness or disease prevention.

The following communicable diseases will be reported to the Public Health Communicable Disease Hotline at (360) 778-6150 (after hours (360) 715-2588) giving the caller's name, the name of the child care program, address and telephone number:

- AIDS (Acquired Immune Deficiency Syndrome)
 - Animal bites
 - Bacterial Meningitis
 - Campylobacteriosis (Campy)
 - Cryptosporidiosis
 - Cyclosporiasis
 - Diphtheria
 - Enterohemorrhagic E. Coli, such as E. Coli O157:H7
 - Food or waterborne illness
 - Giardiasis
 - Haemophilus Influenza Type B (HIB)
 - Hepatitis A (acute infection)
 - Hepatitis B (acute and chronic infection)
 - Hepatitis C (acute and chronic infection)
 - Human Immunodeficiency Virus (HIV) infection
 - Influenza (if more than 10% of children and staff are out ill)
 - Listeriosis
 - Measles
 - Meningococcal infections
 - Mumps
 - Pertussis (Whooping cough)
 - Polio
 - Rubella
 - Salmonellosis including Typhoid
 - Shigellosis
 - Tetanus
 - Tuberculosis (TB)
 - Viral Encephalitis
 - Yersinjos
-

IMMUNIZATIONS

To protect all children in our care and our staff, and to meet state health requirements, we only accept children fully immunized for their age. We keep on file the Certificate of Immunization Status (CIS) to show the Department of Health and the Division of Child Care and Early Learning (DCCEL) that we are in compliance with licensing standards. (WAC 110-300-0210-8; WAC 110-300-0210-2a,4) The CIS form will be returned to parent/guardian when the child leaves the program.

Immunization records will be reviewed and updated quarterly by the director/program supervisor. Current immunization information is available at <http://www.doh.wa.gov/YouandYourFamily/Immunizations/Children.aspx>

Children need to be immunized for the following:

DaPT (Diphtheria, Tetanus, Pertussis)

IPV (Polio)

MMR (Measles, Mumps, Rubella)

Hepatitis B

HIB (Hemophilus Influenza Type B)

Varicella (Chicken Pox)

PCV (Pneumococcal)

Children may attend child care without an immunization:

- When the parent signs the back of the CIS form stating they have personal, religious or philosophical reasons for not obtaining the immunization(s) (WAC 246-105-050)

OR

- The health care provider signs that the child is medically exempted. (WAC 246-105-050)

Children who are not immunized will not be accepted for care during an outbreak for diseases which can be prevented by immunization. This is for the un-immunized child's protection and to reduce the spread of the disease. Examples are a measles or mumps outbreak.

Staff members are encouraged to consult with their health care provider regarding their susceptibility to immunization preventable diseases.

A current list of exempted children is maintained at all times.

FIRST AID

When children are in our care, staff with current training in Cardio-Pulmonary Resuscitation (CPR) and First Aid are with each group or classroom. Documentation of staff training is kept in personnel files. (WAC 110-300-0106-11, WAC 110-300-0230-1)

Our First Aid kits are inaccessible to children and located in each classroom. (WAC 110-300-0230-2)

Our First Aid Kits contain:

- ◆ First Aid Guide
- ◆ Sterile gauze pads
- ◆ Small scissors
- ◆ Adhesive tape
- ◆ Ice/cold packs
- ◆ Variety of sizes of adhesive bandages
- ◆ Band-Aids (different sizes)
- ◆ Roller bandages
- ◆ Large triangular bandage
- ◆ Gloves (Nitrile or latex, non-powdered)
- ◆ Elastic Wrapping
- ◆ Tweezers for surface splinters
- ◆ Sanitized digital thermometer
- ◆ CPR mouth barrier
- ◆ Hand sanitizer
- ◆ Tissue/hand wipes

A fully stocked First Aid Kit will be taken on all walks/field trips and playground trips and will be kept in each vehicle used to transport children. These travel first aid kits will also contain:

- ◆ Liquid Soap-paper towels
- ◆ Hand Sanitizer
- ◆ Emergency Medication for those prescribed (Epi-pens/inhalers/etc)
- ◆ Cell phone

All first aid kits will be checked by the director/program supervisor/lead teacher and restocked quarterly, or sooner if necessary. The expiration date for Syrup of Ipecac will also be checked at this time. (WAC 110-300-0230-21)

HEALTH RECORDS

Each child's health records will contain:

- Identifying information about child, including date of birth (WAC 110-300-0460-2a)
- Health, developmental, nutrition and dental histories (WAC 110-300-0460-4b)
- Date of last physical exam (WAC 110-300-0460-4f)
- Health care provider and dentist name and phone number (WAC 110-300-0460-4e)
- Allergies (WAC 110-300-0186-a)
- Individualized care plans for special needs or considerations (medical, physical or behavioral) (WAC 110-300-0460-4b)
- List of current medications (WAC 110-300-0210-2a)
- Current immunization records (CIS form)(WAC 110-300-0210-2a)
- Consents for emergency care (WAC 110-300-0460-4g)
- Preferred hospital for emergency care (WAC 110-300-0460-4e)

The above information will be collected by the director/program supervisor before entry into the program.

Teachers and/or cooks and bus drivers will be oriented to any special needs or diet restrictions before the child first enters the program and updated annually. (WAC 110-300-0460-1) Plans for children with special needs will be documented and staff will be oriented to the individual special needs plan. Child records will be kept for a minimum of 3 years. (WAC 110-300-0465-1)

HANDWASHING

Staff will wash hands: (WAC 110-300-0200-4)

- (a) Upon arrival at the site and when leaving at the end of the day.
- (b) Before and after handling foods, cooking activities, eating or serving food.
- (c) After toileting self, children or diaper changing (3 step hand washing for diaper changing).
- (d) After handling or coming in contact with body fluids such as mucus, blood, saliva or urine.
- (e) Before and after giving medication.
- (f) After cleaning or taking out the garbage
- (g) After handling, feeding, or cleaning up after animals
- (h) After use of tobacco or vaping products
- (i) After being outdoors

After attending to an ill child:

- (j) After smoking.
- (k) After being outdoors.
- (l) After feeding, cleaning or touching pets/animals.

Children will be assisted or supervised in hand washing: (WAC 100-300-0200-1)

- (a) Upon arrival at the site and when leaving at the end of the day.
- (b) Before and after meals or cooking activities (in separate sink from the food prep sink).
- (c) After toileting or diapering.
- (d) After handling or coming in contact with body fluids such as mucus, blood, saliva or urine.
- (e) After outdoors play.

- (f) After touching animals.
- (g) Before and after water table play.

Hand washing procedures are posted at each sink and include the following: (WAC 110-300-0200-1)

1. Soap, warm water (between 85° and 120° F) and individual towels will be available for staff and children at all sinks, at all times.
2. Turn on water and adjust temperature.
3. Wet hands and apply a liberal amount of soap.
4. Rub hands in a wringing motion from wrists to fingertips for a period of not less than 20 seconds.
5. Rinse hands thoroughly.
6. Dry hands, using an individual paper towel.
7. Use hand-drying towel to turn off water faucet(s).

CLEANING, DISINFECTING AND LAUNDERING

The Childcare center is maintained in a clean and sanitary manner that helps protect the children from illness. Surfaces in the center are designed and maintained to be easily cleanable. (WAC 110-300-0198-2 and WAC 110-300-0240-2)

Cleaning supplies are stored in the original containers, inaccessible to children and separate from food and food area. Our cleaning supplies are stored in the staff bathroom or laundry area, ventilated to the outside. (WAC 110-300-0260-1)

Safety Data Sheets (SDS) are kept for all chemicals in a binder in the office. (WAC 110-300-240-2f-iii)

Cleaning will consist of washing surfaces with soap and water and rinsing with clean water.

Disinfecting/Sanitizing will consist of using a bleach/water solution as follows:

Disinfecting Solutions

For use on diaper change tables, hand washing sinks, bathrooms (including toilet bowls, toilet seats, training rings, soap dispensers, potty chairs), door and cabinet handles, etc.

Using bleach with a concentration of:

Water	2.75 %	5.25-6.25 %	7.5-8.25 %
1 Gallon	¾ Cup	1/3 Cup	1/4 Cup
1 Quart	3 Tablespoons	4 teaspoons	1 tablespoon

Sanitizing Solutions

For use on eating utensils, food use contact surfaces, mixed use tables, high chair trays, crib frames and mattresses, toys, pacifiers, floors, sleep mats, etc.

Using bleach with a concentration of:

Water	2.75 %	5.25-6.25 %	7.5-8.25 %
1 Gallon	1 Tablespoon	2 teaspoons	1 teaspoon
1 Quart	1 teaspoon	½ teaspoon	¼ teaspoon

All such chemicals are: inaccessible to children, in original containers, separate from food and food areas, kept apart from incompatible chemicals and in a secured cabinet.

-Bleach solutions are made up daily using correct measuring tools. Bleach solutions are made in the kitchen.

All such chemicals are: **** Inaccessible to children, in their original container, separate from food and food areas, in place ventilated outside, kept apart from incompatible chemicals, kept in a secured cabinet, bleach allowed to stay on surface 2 minutes, bleach solution made up daily, bleach prepared in kitchen. (WAC 110-300-0260-1)

Cleaning Schedule: (This center's minimum schedule for general cleaning)

1. Tables used for food serving will be cleaned with soap and water, rinsed, then disinfected with bleach solution before and after each meal or snack. (WAC 110-300-0241-1a)
2. Food Prep Area will be cleaned daily and more often if necessary. Sinks, counters and floors will be cleaned and disinfected daily. Refrigerator will be cleaned and disinfected monthly or more often as needed. Freezers will be defrosted as needed and free of ice buildup. (WAC 110-300-198)
3. Furniture, rugs and carpeting in all areas will be vacuumed daily. This includes carpeting that may be on walls or other surfaces than the floor. Carpets will be cleaned every three months and cleaned individually as needed in between. (WAC 110-300-0241-1h)
4. Cribs will be washed, rinsed and sanitized weekly, before use by a different child, after a child has been ill and as needed. (WAC 110-300-0241-1h)
5. Highchairs will be washed, rinsed and sanitized after each use. (WAC 110-300-0241-1a)
6. Hard floors will be swept and mopped (with cleaning detergent) daily and disinfected (with above bleach solution) daily. (WAC 110-300-0241-10)
7. Utility Mops will be washed rinsed and sanitized then air dried in an area with ventilation to the outside and inaccessible to children. (WAC 110-300-0260-3)
8. Potty-chairs will be immediately emptied into toilet, washed and disinfected in a designated sink or utility sink separate from classrooms. The sink must then be cleaned and disinfected. (WAC 110-300-0200;5b)
9. Toilet seats will be cleaned and disinfected throughout the day and as needed. (WAC 110-300-0200-5b,6)
10. Mouthed toys, including machine washable toys and cloth books, will be washed, rinsed and disinfected in between use by different children. A system for ongoing rotation of mouth toys will be implemented in infant and young toddler rooms (i.e. a labeled "mouthed toy" bin). Only washable toys will be used. (WAC 110-300-0241-1g)
11. Toys (that are not mouthed toys) will be washed, rinsed, disinfected and air-dried weekly *or* toys that are dishwasher safe can be run through a full wash and dry cycle. (WAC 110-300-0241-1g and WAC 110-300-0150-1b)
12. Cloth toys and dress up toys will be laundered monthly or more often, as needed, for young children. If they cannot be washed in the washing machine, they will be hand washed in warm soapy water, rinsed and dipped into a solution of 1 tablespoon of bleach per gallon of water for 1 minute and allowed to air dry. (WAC 110-300-0241-1g and WAC 110-300-0150-1b)
13. Bedding (e.g. mat covers and blankets) will be washed weekly, or more frequently as needed, at a temperature of at least 140° F, or with disinfectant in the rinse cycle. Mats will be cleaned and disinfected weekly or between uses by different children. Mats will be stored so those surfaces do not touch. (WAC 110-300-0241-4 and WAC 110-300-0265-9)
14. Children's items including bedding, coats, etc.. will be stored separately. (WAC 110-300-0140-5b and CFC05.5.0.2)

15. Childcare Laundry will be washed as needed at a temperature of at least 140 degrees or with added disinfecting agent such as bleach. (WAC 110-300-0241-4 and WAC 110-300-0265-9)
16. Water tables will be emptied and sanitized after each use or more often as needed. Children will wash hands before and after play and be closely supervised. (WAC 110-300-0175-6, WAC 300A-5050-3 and WAC 110-300-0345-5c-ii)
17. General Cleaning of the entire center will be done as needed. Wastebaskets with disposable liners will be available to children and staff and will be emptied when full. Step-cans will be used to prevent recontamination of hands when disposing of used towels, etc. There should be no strong odors of cleaning products. Room deodorizers are not used due to the risk of allergic reaction. Door handles and faucets are cleaned at least daily and more often when children/staff are ill. (WAC 110-300-0241-8)
18. Vacuuming and mopping of the center will not occur while children are present (carpet sweepers are ok to use). (WAC 110-300-0241-14)

INFANT CARE

Program

1. There will be monthly nurse consultation visits in the infant room. The nurse consultant must be a Registered Nurse, currently licensed, with training and/or experience in Pediatric Nursing.
2. Infants will be at least one month of age when enrolled.
3. The infant room has areas where all infants can be safely placed on the floor at any given time. Mats are recommended because they are easy to clean and disinfect when soiled. Blankets may be placed on the floor if they are used only for that purpose and are changed when soiled with vomit or other body fluids.
4. Infants will not be in swings, infant seats or saucers more than 20 minutes per day. Saucers are adjusted so that infant's feet will be in contact with the bottom surface of the equipment at all times.

Napping Practices for Infants and Toddlers

Children 29 months of age or younger will follow their individual sleep pattern. Alternative,

quiet activities will be provided for the child who is not napping. (WAC 110-300-0291-1g)

1. Cribs will meet the following safety requirements: (WAC 110-300-0290-1)
 - Approved by CPAC or ASTM International Safety Standards for use by infants and toddlers. (WAC 110-300-0290-3a)
 - Documentation, compliance certificate, and/or crib sticker must be available on site stating that the equipment meets 16 CFP 1219 and 1220 (WAC 110-300-0290-3a)
 - Sturdy and in good repair (no sharp edges, points, unsealed rough surfaces, splinters, peeling paint, cracks, missing/broken parts). (WAC 110-300-0290-3e)
 - Mattresses are firm, snug fitting, intact and waterproof. (WAC 110-300-0290-3d)
2. Infants will sleep on their backs. (Infants sleeping on their stomachs are at a higher risk of death from Sudden Infant Death Syndrome, S.I.D.S.) (WAC 110-300-0291-c)
3. Crib sheets will fit the mattress snugly and securely in all corners and sides. (WAC 110-300-0290-3d)
4. Cribs will not contain bumper pads, pillows, soft toys, fleece, cushions or blankets. No blankets to cover or drape over the sleeping equipment. (WAC 110-300-0291-1h.i)
5. Infants will not sleep in car seats, swings and infant seats. An alternate sleep position must be specified in writing by the parent/guardian and the child's health care provider. Children who arrive at the center, asleep in car seats, will be immediately transferred to their crib. (Sleeping in infant seats or swings makes it harder for infants to breathe fully and may inhibit gross motor development.) (WAC 110-300-0290-5)
6. Cribs will be spaced at least 30 inches apart or separated by Plexiglas barrier. (WAC 110-300-0290-3g)
7. Light levels will be high enough so children can be easily observed when sleeping.
8. Cribs will not be located directly under windows unless windows are constructed of safety glass or have an applied polymer safety coating.

Evacuation Cribs

Will have:

- Four inch or larger wheels
- A reinforced bottom
- A maximum of four infants per crib

INFANT BOTTLE FEEDING

Bottle/Food Preparation Area

1. Before preparing bottles or food, staff will wash their hands in the hand washing sink. The food preparation sink and area will not be used for hand washing or general cleaning. (WAC 110-300-0280-3b)
2. A minimum of eight feet will be maintained between the food preparation area and the diapering area. If this is not possible, a moisture-proof, transparent 24-inch barrier of ¼ inch Plexiglas or safety glass will be installed.
3. Centers with only one sink in the infant room must obtain a clean source of water for preparing bottles (i.e., water from the kitchen kept in an airtight container).
4. Contents of any bottle not fully consumed within an hour are thrown away. Bottles that have been used do not go back in the refrigerator. (WAC 110-300-0280-3i)

5. Preparation surfaces will be cleaned, rinsed and disinfected before preparing formula or food. (WAC 110-300-0280-3b)
6. Microwave ovens will not be used to heat formula, breast milk or baby food. (WAC 110-300-0280-3g and WAC 110-300-0281-6)
7. Bottle warmers are used to heat bottles, which heats with steam and has an automatic turnoff, or heat bottles by holding the bottle under running tap water until the fluid is no longer cold. All unused formula and non-frozen breast milk will be returned to the parent when they pick up their child at the end of each day. (WAC 110-300-0280-3h)
8. Bottles will be warmed no longer than 5 minutes. Temperature is checked on wrist before feeding.
9. Bottles are provided by parents that are glass with a protective sleeve, stainless steel or plastic numbered 1,2,4, or 5. (WAC 110-300-0280-3d,e)

Bottle Labeling and Cleaning

1. Hands will be washed at the hand-washing sink before handling bottles.
2. All bottles will be labeled with the child's full name, date prepared and time feeding begins (discard within one hour if not consumed). (WAC 110-300-0280-1a and WAC 110-300-0281-1b)
3. If bottles are to be re-used, our center will wash, rinse and sanitize bottles or place them in a dishwasher with a sanitizing cycle. Used bottles can not be cleaned in a food sink. Place them in a tub to be cleaned in the kitchen.
4. Nipples needing to be re-used will be washed, rinsed and boiled for 1 minute then allowed to air dry. (WAC 110-300-0280-3i)
5. All bottle nipples should be covered at all times (to reduce the risk of contamination and exposure). (WAC 110-300-0280-3a)

Refrigeration

1. Filled bottles will be capped and refrigerated immediately upon arrival at the center or after mixing, unless being fed to an infant immediately.
2. Bottles that babies have drunk from will not be placed back in the refrigerator or re-warmed. (Bacteria from baby's mouth are introduced into milk and begin to multiply once bottles are taken from the refrigerator and warmed.) (WAC 110-300-0280-3i)
3. Bottles will be stored in the coldest part of the refrigerator, not in the refrigerator door. (WAC 110-300-0280-1a and WAC 110-300-0281-2)
4. A thermometer will be kept in the warmest part of the refrigerator (usually the door) and will be between 35° and 41° F at all times. It is recommended that the refrigerator be adjusted between 35° and 40° to allow for a slight rise when opening and closing the door. (WAC 110-300-0280-1a and WAC 110-300-0281-2)
5. Frozen breast milk will be stored at 0 degrees F or less and for no longer than 30 days. (WAC 110-300-0281-1d)

Feeding Practice

1. Infants will be fed on demand, by a caregiver who holds and makes eye contact with the infant during feeding and talks to and touches the infant in a nurturing way.
2. Bottles will be mixed or prepared, as needed and capped if not immediately used.
3. Bottles and food will be discarded after 1 hour of being out of the refrigerator, to prevent bacterial growth. Unconsumed portions will be thrown away. (WAC 110-300-0280-3i)

4. Infants will be held when fed with a bottle. Bottles will not be propped. Infants will not be allowed to walk around with food, bottles or cups. (WAC 110-300-0285-2d-iv)
5. Infants will not be given a bottle while lying down or in bed. (Lying down with a bottle puts a baby at risk for baby bottle tooth decay, ear infections and choking.) (WAC 110-300-0285-2d-iv)
6. Staff will watch for and respond appropriately to cues such as:
 - Hunger Cues - fussiness/crying, opening mouth as if searching for a bottle/breast, hands to mouth and turning to caregiver, hands clenched
 - Fullness Cues - falling asleep, decreased sucking, arms and hands relaxed, pulling or pushing away.
7. Cup drinking of water, formula or breast milk will be introduced by 6 months of age.
8. Infants and young children will be closely supervised when eating.

Contents of Bottle

1. Infants will be fed breast milk or iron-fortified infant formula until they are one year of age.
2. Written permission from the child's licensed health care provider will be required if an infant is to be fed Pedialyte or a special diet formula.
3. No medication will be added to breast milk or formula.
4. No honey, or products made with honey, will be given to infants less than 12 months of age, because of the risk of botulism.(CDC)
5. Bottles will only contain formula or breast milk. One hundred percent juice will not be served to infants through 11 months of age.

Formula

1. Powdered formula in cans will be dated when opened and stored in a cool, dark place. Unused portions will be discarded or sent home 1 month after opening.
2. Formula will be mixed as directed on the can. The water will be from the food preparation sink or bottled water. Water from the hand washing sink may NOT be used for bottle preparation.

Breast milk

1. Frozen breast milk will be stored at 10 degrees F or less and for no longer than 30 days. The container will be labeled with the child's full name and date. (WAC 110-300-0281-1d)
2. Frozen breast milk will be thawed in the refrigerator or in warm water (under 120 degrees) and then warmed as needed before feeding. Thawed breast milk will not be refrozen. (WAC 110-300-0281-3,5)
3. Unused thawed breast milk will be returned to the family at the end of the day. Breast milk will not be reheated after it has been warmed up.

INFANT AND TODDLER SOLID FOODS

1. When parents provide food from home, it will be labeled with the child's name and the date. Perishable foods will be stored below 45° F.
2. Food will be introduced to infants when they are developmentally ready for pureed, semi-solid and solid foods. Food, other than formula or breast milk, will not be given to infants younger than 4 months of age, unless there is a written order by a health care provider.
3. No egg whites (*allergy risk*) or honey (*botulism risk*) will be given to children less than 12 months of age (this includes other foods containing these ingredients such as honey grahams).

4. Children 12-23 months will be given whole milk, unless the child's parent/guardian and health care provider has requested low-fat milk or a non-dairy milk substitute in writing (low fat diets for children under age 2 may affect brain development).
5. Chopped soft table foods are encouraged after 10 months of age when developmentally ready.
6. Cups and spoons are encouraged by 9 months of age or when developmentally ready.
7. For allergies or special diets, see the Nutrition section of this policy.
8. Staff will serve commercially packaged baby food from a dish, not from the container. Foods from opened containers will be discarded or sent home at the end of the day.
9. Children will eat from plates and utensils. Food will not be placed on table tray.

DIAPERING

The child will not be left unattended on the diaper-changing table. Safety belts will not be used (They are neither washable nor safe).

The diaper changing table will only be used for diapering (toys, pacifiers, papers, dishes, etc., will not be placed on diapering surface).

The diaper changing surface will remain impervious to moisture and intact (no tears, rips, duct tape). It will have a 3.5 inch protective barrier, and a hand's free lined garbage can. (WAC 110-300-0221-2b, WAC 110-300-0221-2b, and WAC 110-300-0221-4)

The following diapering procedure will be posted (Department of Health poster) and followed at our center (WAC 110-300-0221-1d and WAC 110-300-0505-1e)

1. Wash Hands (WAC 110-300-0200-4c)
 2. Gather necessary materials.
 3. Place child gently on table or have them stand in bathroom(preschool) and remove diaper. Child is not left unattended.
 4. Dispose of diaper in container with cover (foot pedal type preferred).
 5. Clean the child's diaper area from front to back, using a clean, damp wipe for each stroke.
 6. Apply topical cream/ointment/lotion when written consent is on file.
 7. Wash Hands or remove gloves if worn. A wet wipe or damp paper towel may be used for this handwashing only. (WAC 110-300-0221-4, WAC 110-300-0221-4c and CFCO 3.2.14)
 8. Put on clean diaper and protective pants (if cloth diaper used). Dress child.
 9. Wash child's hands with soap and running water or with a wet wipe for young infants. (WAC 110-300-0221-5c)
 10. Place child in a safe place.
 11. Wash and rinse the diaper-changing pad with soap and water, if soiled, and disinfect with 1-Tablespoon bleach/1 quart water. Allow the bleach solution to remain on the surface for at least 2 minutes before drying.
 12. Wash Hands. (WAC 110-300-0200-4c)
- If gloves are used, all of the above steps must still take place.

CONTACT OR EXPOSURE TO BODY FLUIDS

Even healthy people can spread infection through direct contact with body fluids. Body fluids include blood, urine, stool (feces), drool (saliva), vomit, drainage from sores/rashes (pus), etc. Gloves will always be used when blood is present. When anyone has been in contact with body fluids, or is at risk for being in contact with body fluids, the following precautions will be taken:

1. Any open cuts or sores on children or staff will be kept covered.
2. Whenever a child or staff comes into contact with any body fluids, the area (hands, etc.) will be washed immediately with soap and warm water and dried with paper towels.
3. All surfaces in contact with body fluids will be cleaned immediately with soap, water and disinfected with an agent such as bleach in the concentration used for disinfecting body fluids (1/4 cup bleach per gallon of water or 1 Tablespoon/quart).
4. Latex or neoprene vinyl gloves and cleaning material used to wipe up body fluids will be put in a plastic bag, closed with a tie, and placed in a covered waste container. Any brushes, brooms, dustpans, mops, etc. used to clean-up body fluids will be washed in detergent, rinsed and soaked in a disinfecting solution for at least 2 minutes and air dried. Washable items, such as mop heads can then be washed with hot water and soap in the washing machine. All items will be hung off the floor or ground to dry. Equipment used for cleaning will be stored safely out of children's reach in an area ventilated to the outside.
5. Children's clothes soiled with body fluids will be put into a closed plastic bag and sent home with the child's parent. A change of clothing will be available for children in care, as well as staff.
6. Hands will always be washed after handling soiled laundry or equipment or any other potential exposures to body fluids.

BLOOD CONTACT OR EXPOSURE

Methods of Control

Universal Precautions is an infection control approach that protects individuals from exposure to bloodborne pathogens. This strategy presumes all blood and other potentially infectious materials (OPIM) are infectious for HIV, hepatitis B virus, hepatitis C virus, and other bloodborne pathogens, regardless of the perceived status of the source individual. All employees are expected to use Universal Precautions when exposure to OPIM is anticipated. In addition, we use the following methods to control employee exposure:

Personal protective equipment (PPE)

PPE will be supplied at no cost to the employee ([WAC 296-823-15005](#)). Appropriate PPE must be used by employees when performing duties that might lead to exposure to blood or other potentially infectious materials. There will be an adequate supply of single-use, non-porous, non-latex gloves ([WAC 296-823-15010](#)), plastic disposable bags, and mouthpieces for resuscitation (CPR) ([WAC 296-823-15025](#)).

When a staff person or child comes into contact with blood (e.g. staff provides first aid for a child who is bleeding) or is exposed to blood (e.g. blood from one person enters the cut or mucous membrane of another person), the staff person will inform the director immediately.

When staff report blood contact or exposure, we follow current guidelines set by Washington Industrial Safety and Health Act (WISHA).

FOOD SERVICE

1. Food handler permits will be required for staff that prepare full meals and are encouraged for all staff. ([WAC 110-300-0106-13](#))
2. Orientation and training in safe food handling will be given to all staff. Documentation will be posted in the kitchen area and/or in staff files.

3. Ill staff or children will not prepare or handle food. (WAC 110-300-0195-1)
4. Child care cooks will not change diapers nor clean toilets.
5. Staff will wash hands with soap and warm running water prior to food preparation and service in a designated hand-washing sink – never in a food preparation sink. (WAC 110-300-0197-1)
6. Refrigerators and freezers will have thermometers placed in the warmest section (usually the door). Thermometers will stay between the range of 30° F and 41° F in the refrigerator and 10° F or less in the freezer. (WAC 110-300-0197-3 and WAC 110-300-0197-3b)
7. Microwave ovens, if used to heat food, require special care. Food must be heated to 165 degrees, stirred during heating and allowed to cool at least 2 minutes before serving. Due to the additional staff time required, use of the microwave ovens is not recommended. (WAC 110-300-0195-1)
8. Chemicals and cleaning supplies will be stored away from food and food preparation areas. (WAC 110-300-0260-1)
9. Cleaning and disinfecting of the kitchen will be according to the Cleaning, Disinfecting and Laundering section of this policy. Refrigerators are cleaned and sanitized monthly. (WAC 110-300-0241-1e)
10. Dishwashing will comply with safety practices:
 - ◆ Hand dishwashing will use two sinks or wash basins (wash, rinse).
 - ◆ Dishwashers will have a high temperature sanitizing rinse (140° F residential or 160° F commercial) or chemical disinfectant.
11. Cutting boards will be washed, rinsed and sanitized between each use. No wooden cutting boards. (WAC 110300-0198-1)
12. Food prep sink will not be used for general purposes or post toilet/diapering hand washing.
13. Kitchen counter, sinks & faucets will be washed, rinsed and sanitized before food production. (WAC 110-300-0198-1 and WAC 110-300-0241-1d)
14. Tabletops where children eat will be washed, rinsed and sanitized before and after every meal and snack. (WAC 110-300-0198-1)
15. Thawing frozen food: frozen food will be thawed in the refrigerator 1-2 days before the food is on the menu, or under cold running water. The food may be thawed during the cooking process IF the item weighs less than 3 pounds. If cooking frozen foods, plan for the extra time needed to cook the food to the proper temperature. Microwave ovens cannot be used for cooking meats, but may be used to cook vegetables. (WAC 110-300-0197-8 and WAC 110-00-0195-1)
16. Food will be cooked to the correct internal temperature: (WAC 110-300-0195-1)

Ground Beef 155° F	Fish 145° F
Pork 145° F	Poultry 165° F
17. Holding hot food: hot food will be held at a temperature of 135° F or above until served. (WAC 110-300-0195-1)
18. Holding cold food: food requiring refrigeration will be held at a temperature of 41° or less. (WAC 110-300-0197-3a,b)

19. A metal stem thermometer will be used to test the temperature of foods as indicated above and to ensure foods are served to children at a safe temperature.
20. Cooling foods will be done by the following methods: (WAC 110-300-0197-3a,b)
 - ◆ Place food in shallow containers (metal pans are best) 2" deep or less, on the top shelf of the refrigerator. Leave uncovered and then either put the pan into the refrigerator immediately or into an ice bath or freezer (stirring occasionally).
 - ◆ Cool to 41° F within 6 hours or less. Cool to 70° F within 2 hours and 41° F within 4 additional hours. Record temperatures every hour. (WAC 110-300-0195-1)
 - ◆ Cover foods once they have cooled to a temperature of 41° F or less. (WAC 110-300-0195-1)
21. Leftover foods (foods that have been held lower than 41° F or above 145° F and have not been served) will be cooled, covered, dated and stored in the refrigerator or freezer. Leftover food must be refrigerated immediately and not be allowed to cool on counter. Leftovers prepared more than 48 hours ago must be discarded. (WAC 110-300-0197-7a)
22. Reheating foods: foods to be reheated will be heated to at least 165° F in 60 minutes or less. (WAC 110-300-0195-1)
23. Food substitutions due to allergies or special diets and authorized by a licensed health care provider will be provided within reason by the center.
24. When children are involved in cooking projects our center will assure food safety.
25. Perishable items in sack lunches will be kept cold, either by refrigeration or ice packs in lunch container

NUTRITION

1. Menus will be posted at least one week in advance. Menus will include dated and include portion sizes.
2. Food shall be offered at intervals not less than 2 hours and not more than 3 ½ hours apart.
3. If your site is open 9 hours or less, you must provide two snacks and one meal or one snack and two meals. If your site is open over 9 hours, you must provide two snacks and two meals or three snacks and one meal.

The following meals and snacks are served by the center for children who are eating finger foods:

<u>Time</u>	<u>Meal/Snack</u>
8:30am	Breakfast
11:30am-12:00pm	Lunch
2:30pm- 3:00 pm	Afternoon Snack

4. Each snack or meal must include a liquid to drink. This drink could be water or one of the required components such as: milk or 100% fruit juice.
5. The menus will include hot and cold food and vary in colors, flavors and textures.
6. Ethnic and cultural foods will be incorporated into the menu.
7. Menus will list specific types of meats, fruits, vegetables, juices, etc.
8. Menus will include a variety of fruits, vegetables and entrée items.
9. Foods served will generally be moderate in fat, sugar and salt content.
10. Children will have free access to drinking water (individual disposable cups or single use glasses only).
11. Menu modifications will be planned and written for children needing special diets.

12. Menus will be followed. Necessary substitutions will be noted on the permanent menu copy.
13. Permanent menu copies will be kept on file for at least six months (USDA requires food menus to be kept for 3 years plus the current year).
14. Children with food allergies and medically required special diets will have diet prescriptions signed by a health care provider on file. Names of children and their specific food allergies will be posted in the kitchen, the child's classroom and any other room the child may occupy.
15. Children with severe &/or life threatening food allergies will have a completed emergency plan signed by the parent and health care provider.
16. Diet modifications for food allergies, religious &/or cultural beliefs are accommodated and posted in the kitchen and classroom and eating area. All food substitutions will be of equal nutrient value and recorded on the menu or on an attached sheet of paper.
17. Mealtime and snack environments will be developmentally appropriate and will support children's development of positive eating and nutritional habits. We encourage staff to sit, eat and have casual conversations with children during mealtimes.
18. Coffee, tea and other hot beverages will not be consumed by staff while children are in their care, in order to prevent scalding injuries.
19. Staff will not consume pop and other non-nutritional beverages while children are in their care, in order to provide healthy nutritional role modeling.
20. Families who provide sack lunches will be notified in writing of the food requirements for mealtime.

INJURY PREVENTION

1. The childcare site will be inspected at least quarterly for safety hazards by director. Staff will review their rooms daily and remove any broken or damaged equipment. (WAC 110-300-0165-1,2,3,4,5)
2. The playground will be inspected daily for broken equipment, environmental hazards, garbage, animal contamination, etc. and required depth of cushion material under and around equipment by Lead Staff. (WAC 110-300-0145-1)
3. Toys will be age appropriate, safe, in good repair and not broken. Mirrors will be shatterproof. (WAC 110-300-0150-1d)
4. Hazards will be reported immediately to the director. The assigned person will insure that they are removed, made inaccessible or repaired immediately to prevent injury. (WAC 110-300-0135-2c)
5. The accident and injury log will be monitored by the director/ program supervisor monthly to identify accident trends and implement a plan of correction. (WAC 110-300-0465-4I)

PHYSICAL ACTIVITY

All children birth to age five should engage in daily physical activity that promotes fitness for health and movement skills. Current research shows that regular physical activity of infants and young children is an important component of early brain development and learning.

Adults are outdoors with the children in continuous visual and auditory range. A variety of age appropriate activities and play equipment for climbing, pulling, pushing, riding, and balancing activities are available. (WAC 110-300-0145-4)

DISASTER PREPAREDNESS

Our Center has developed a disaster preparedness policy. Annually, staff and parent/guardian will be oriented to this policy and documentation of orientation will be kept in the childcare office. Our disaster preparedness policy is located in each classroom.

1. Procedures for medical, dental, poison, earthquake, fire or other emergency situations will be posted in each classroom. The director will review the policies with each staff team regularly. The director will be responsible for orienting classroom volunteers, new staff or substitutes to these plans.
2. Evacuation plans and routes will be posted in each classroom.
3. Fire and earthquake drills will be conducted and documented each month.
4. Infants will be evacuated from center in evacuation cribs (four-inch or larger wheels, reinforced bottom and limited to four infants per crib).
5. Staff will be familiar with use of the fire extinguisher.
6. Center will identify and mitigate earthquake hazards i.e. securing bookshelves and pictures to walls.
7. Food, water, medication and supplies for 72 hours of survival will be available for each child and staff (checked yearly for expiration dates). Emergency supplies are stored in the shed located on the playground.
8. Disaster and earthquake preparation and prevention training will be documented.

STAFF HEALTH

1. Staff and volunteers must document a tuberculin skin test (Mantoux method) within the past year, unless not recommended by a licensed health care provider.
2. Staff members who have had a positive tuberculin skin test in the past will always have a positive skin test, despite having undergone treatment. These employees do not need documentation of a skin test. Instead, by the first day of employment, documentation must be on record that the employee has had a negative (normal) chest x-ray and or completion of treatment.
3. Staff members do not need to be retested for tuberculosis unless they have an exposure. If a staff member converts from a negative test to a positive test during employment, medical follow up will be required and a letter from the health care provider must be on record that indicates the employee has been treated or is undergoing treatment.
4. Our center will comply with all recommendations from the local health jurisdiction (TB is a reportable disease).
5. Staff who have a communicable disease are expected to remain at home until the period of communicability has passed. Staff will also follow the same procedures listed under "Exclusion of Ill Children" in this policy. Staff with cuts on their hands should not handle food.
6. Staff who are pregnant or considering pregnancy should inform their health care provider that they work with young children. When working in child care settings there is a risk of acquiring infections which can harm a fetus. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (German measles or 3-day measles).
7. Recommendations of immunizations for child care providers will be available to staff.

CHILD ABUSE AND NEGLECT

1. Suspected or witnessed child abuse or neglect will be immediately reported to Child Protective Services (CPS). Phone # for C.P.S. is 1-800-794-9402. (WAC 110-300-0475)
2. Signs of child abuse or neglect will be recorded in the classroom communication notebook which is located in each classroom. (CFOC 3.4.4.1)
3. Training in preventing child abuse and neglect will be provided to all staff and documentation kept in staff files. (WAC 110-300-0106-4)
4. Licensor will be notified of any report made.

SPECIAL NEEDS/INCLUSION

Our center is committed to meeting the needs of all children. This includes children with special health care needs such as asthma and allergies, as well as children with emotional or behavior issues or chronic illness and disability. Inclusion of children with special needs enriches the child care experience and all staff, families and children benefit.

1. Confidentiality is assured with all families and staff in our program. (WAC 110-300-0085 and WAC 110-300-0460-1a)
2. All families will be treated with dignity and with respect for their individual needs and/or differences.
3. Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).
4. Written individual health care plans will be developed collaboratively with the center director, parent/guardian, Health Care Provider and center health consultant. (Your local Public Health consultant can be of assistance). (WAC 110-300-0300-2a and WAC 110-300-0190)
5. Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. To accomplish this, we may consult with our public health nurse consultant and other agencies/organizations as needed.
6. All staff will receive general training on working with children with special needs and updated training on specific special needs that are encountered in their classrooms. (WAC 110-300-0300-1d)
7. Teachers, cooks, and other staff members will be orientated to any special needs or dietary restrictions by the Director or Program Supervisor.

PET HEALTH

Pets in our center will be carefully chosen in regards to care, temperament, health risks and appropriateness for young children. We will not have birds of the parrot family that may carry psittacosis, a respiratory illness. We will not have reptiles and amphibians that typically carry salmonella, bacteria that can cause serious diarrhea disease in humans, with more severe illness and complication in children. (Please refer to center's Pet Policy.) (WAC 110-300-0225-4a)

1. Parents will be notified in writing when pets are on the premises. (WAC 110-300-0225-2a)
2. Animals will be properly cared for (clean water, food, clean cages, and immunized).
3. Animals, their cages and any other equipment will not be allowed in food prep area. (WAC 110-300-0225-4e,g)
4. Children will be closely supervised when handling pets. (WAC 110-300-0345-5c-i)
5. Children with allergy response to animals will be accommodated. (WAC 110-300-0225-3)
6. Children and adults will wash hands after handling or feeding animals. (WAC 110-300-0200-4j,5f)
7. Children will not clean cages. (WAC 110-300-0225-5e)

8. Staff will clean and disinfect cages and equipment in the utility sink. The utility sink will be cleaned and disinfected after use. Debris and waste will be discarded in a plastic bag, tied and placed in the garbage. (WAC 110-300-0225-4g)
9. Staff will thoroughly wash hands. (WAC 110-300-0220-4j)

No Smoking, Tobacco, Cannabis, Illegal Drug Use

Smoking/vaping, tobacco, cannabis and illegal drug use are prohibited in indoor and outdoor licensed space at all times. (WAC 110-300-0420-2) (WAC 110-300-0420) "No smoking or vaping" sign are posted at all entrances. (WAC 110-300-0420-2f)

Drinking Water

This child care center obtains drinking water from a public water system. Water is tested every six years for lead and copper through a certified water testing laboratory. (WAC 110-300-0235-2)

Drinking water is available to the children throughout the day. (WAC 110-300-0236-1a) The childcare will notify licensing if water service is disrupted for more than 1 hour. (WAC 110-300-0235-4)

Tooth Brushing

Tooth brushing decreases the colonization of bacteria on teeth by disrupting the formation of plaque. The use of fluoridated toothpaste strengthens tooth enamel making the enamel more resistant to the acid produced by bacteria. Tooth brushing in the classroom improves the child's oral health, teaches the child basic hygiene and health promotion, and helps establish a lifelong prevention habit. Tooth brushing is done in our classrooms . During a health emergency or pandemic, tooth brushing may be different based on recommendations from the health department or other government agencies.

Tooth brushing is done for those children whose parents signed the form for tooth brushing and bring a new toothbrush each day in the toddler/preschool classroom and a dental activity is done once per day in the toddler/preschool classrooms. (WAC 110-300-0180-2)

Children are taught about oral health. (CFOC 3.1.5.3) Toothbrushing will be done in a safe, sanitary, and educational manner. (WAC 110-300-0180-2) It will be supervised to ensure:

- the establishment of a routine which enhances learning
- proper tooth brushing technique
- that toothbrushes are not shared and that they are handled properly
- that excess toothpaste is spit out

Toothpaste is:

- provided by the childcare center and children will use a pea sized amount. Parents will be informed of the toothpaste that is provided.

Toothbrushes:

- Each child has his/her own toothbrush with his/her name clearly marked on the handle with marker. No sharing or borrowing is allowed.
- Small toothbrushes with soft, rounded nylon bristles that are short and even are used.

- Toothbrushes are replaced every 3 months or sooner if the bristles become splayed or the toothbrush is contaminated.

We use the following procedure for tooth brushing at our center:

Tooth brushing at a Table

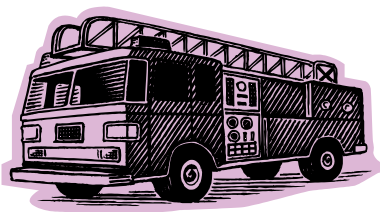
- Teacher(s) assisting with tooth brushing wash hands
- Children are given a small paper cup with a pea sized dot of toothpaste on the lip of the cup.
- Brushing continues for at least one minute. (Exposure to fluoridated toothpaste is beneficial even with unsatisfactory brushing technique)
- The child hands the toothbrush to the teacher, who rinses and replaces it in the drying rack.
- Child throws the paper cup away.
- Table is cleaned with the 3-step process (clean, rinse, sanitize).

Pesticide Use

We do not use pesticides at our center. In the event that pesticides are needed the center will follow RCW 17.21 "The Pesticide Application Act".

***Barkley Child Development
Center***

EMERGENCY/DISASTER RESPONSE PLAN HANDBOOK



Center Address
2410 Rimland Drive
Bellingham, WA 98226

Phone Number
(360)714-0450

This policy was last reviewed and updated on 2/14/2025



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



EMERGENCY PHONE NUMBERS



Police	911
Fire/Medics	911
St. Joseph's Hospital	(360) 734-5400
Suicide and Crisis Lifeline	988
Poison Control Center	(800) 222-1222
Puget Sound Energy (Electricity)	(888) 225-5773
Cascade Natural Gas	(888) 522-1130
Non-Emergency 911	(360) 676-6911
KGMI 790 AM Radio Station	(360) 676-5464
Childcare Licensor <i>Sheau-Pyng Li</i>	(360) 389-1078
Child Protective Services <i>Business Hours 8:00 am-4:30 pm</i>	(800) 794-9402
Child Protective Services <i>After Hours</i>	(800) 562-5624
Whatcom County Health Department	(360) 676-6762
Director Phone <i>Lori Stacy</i>	(360) 714-0450
Program Supervisor Phone <i>Kate and Jamie</i>	(360) 714-0450
Alternative Site Location #1 <i>Sterling Building</i>	(360) 392-9160
Alternative Site Location #2 <i>Barkley Hagen</i>	(360) 676-5300



BOMB THREAT



DURING THE CALL:

† Do not hang up the phone. Attempt to keep the conversation going and gather the following information:

- Where is the bomb?
- What time will it go off?
- What kind of bomb is it?
- Who are you?
- Why is this going to happen?

† Listen for:

- Voice of male or female
- Speech impediment or accent
- What kind of background noise there is
- Cell phone or land line

† Note the time of the call.

IMMEDIATELY AFTER THE CALL:

† Notify the Center Director.

† Call 911.

† Do not move any suspicious items!

† Initiate the "Building Evacuation Plan".

† Director will follow "After Incident Protocol".



In the event of ground movement the following procedures should be carried out:

- ‡ Staff “drop, cover and hold”. Direct all children to “drop, cover, and hold” and remain that way until the earth stops moving – stay away from windows, bookcases, and filing cabinets. Hold onto the item you are using as a cover, if it moves, move with it. Keep talking to children until it is safe to move.
- ‡ If no items are available for cover, crouch by a load-bearing wall and cover your head with your arms.
- ‡ If outside, “drop, cover and hold”, keeping away from glass, bricks, and power lines. If you are outside near a building and there is no safer location, take cover in a doorway to protect yourself and the children.

WHEN THE EARTHQUAKE STOPS, THE FOLLOWING PROCEDURES SHOULD BE CARRIED OUT:

- ‡ Teachers and staff check themselves and children for any injuries.
- ‡ Check evacuation routes for damage.
- ‡ Evacuate children and staff using the “Building Evacuation Plan”.
- ‡ Staff will render first aid to those who need it.
- ‡ Have a team of individuals inspect the exterior of the building and report damages to the director.
- ‡ Determine if it is safe for a rescue team to go into the building to locate anyone injured or missing.
- ‡ Listen to KGMI 790 AM for information on the surrounding area.
- ‡ Determine the status of emergency supplies and equipment.
- ‡ Call the out-of-state emergency contact with information on the center’s status (injuries, evacuation, children remaining in care, children who have been picked up, etc.).
- ‡ Have the teams of individuals assess the interior of the building and determine if it is safe to move back into the building or if it’s best to evacuate to the Alternative Evacuation Site.

‡ If it is decided to evacuate to an alternative site, post a notice indicating your new location, date, and time you left. Follow "Site Evacuation Plan".

‡ Director will follow "After Incident Protocol".



If smoke or fire is seen:

‡ Activate fire alarm, if not sounding.

‡ Evacuate children using "Building Evacuation Play".

‡ Have the following items available for the fire department upon arrival:

- Number of children, staff, volunteers, and visitors.
- Knowledge of anyone remaining in the building.

‡ Director will follow "After Incident Protocol".



If a gas odor is detected:

‡ Do NOT activate the fire alarm or any other electrical equipment.

‡ Notify the center director.

‡ Evacuate children using "Building Evacuation Plan" keeping with additional instructions below:

- Close doors behind you.
- Leave one window open.

‡ Call 911 and Cascade Natural Gas from outside the facility after evacuation.

‡ Have the following items available for the police and fire personnel upon arrival:

- Location of leak, if known.
- Number of children, staff, volunteers, and visitors.
- Knowledge of anyone remaining in the building.

‡ Director will follow “After Incident Protocol”.

INTRUDER ALERT PROCEDURE

An intruder is defined as any visitor who, through act or deed, poses a perceived threat to the safety and welfare of children and employees.

‡ If a person(s) comes into the facility, the Center Director (or next person in charge) should assess the situation. If Director (or next person in charge) is uneasy or suspicious of the person, immediately have someone call 911.

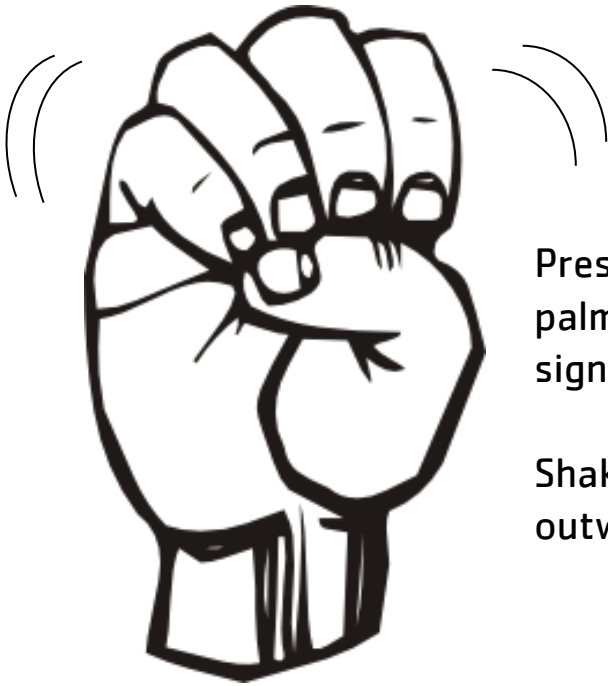
‡ If a weapon is present, DO NOT CONFRONT – give the pre-determined (see below) hand signal to another staff member for them to call 911 immediately.

‡ If no weapon is suspected, confront the intruder in the following manner:

- Approach the individual in a non-confrontational manner with the assistance of another staff member.
- Introduce yourself and the person with you to the individual in a non-confrontational way.
- Ask the individual who they are and how you can be of assistance to them.
- Inform the individual of the policy that all visitors have to be cleared by the Center Director and items such as background checks need to be obtained. Try to escort them to the office for assistance.
- If the individual refuses, do not confront him/her. Give the other staff member the pre-designated hand signal (see below) to call 911.

‡ If the intruder is deemed to be a safety risk to children and staff, the pre-designated hand signal, blowing of whistles, or air horn from, with one staff calling 911, so that every staff is alert to the situation. Once signals are out teachers are responsible for locking down their classrooms, which includes moving all children into designated safe zones, barring doors, shutting all curtains, making sure outside doors cannot be opened from outside. Once these safety procedures have been met then proceed to the safe zone with the children. (Note one teacher from each age group will remain with the kids, while the other teachers prepare the rooms for lockdown.)

‡ Director will follow “After Incident Protocol”.



PRE-DETERMINED HAND SIGNAL
"Emergency!"

Press fingers and thumb into palm of hand (the letter "E" in sign language).

Shake back and forth (facing outwards).

† Call 911 immediately; provide the following information:

- Child's name and age
- Address
- Physical and clothing description of the children including any distinguishing marks such as visible scars or birthmarks.
- Physical and clothing description of the suspect
- Medical status, if necessary
- Time and location the child was last seen
- Vehicle information and direction of travel

† Notify Director immediately.

† Follow "Emergency Lockdown Procedure".

† Have child's information including picture, if possible, available for police upon arrival.

† Director will notify parents of missing child; inform parents of situation and steps taken.

† Director will follow "After Incident Protocol".



- ‡ Director (or next person in charge) will try to locate the problem. Flashlights are stored in the “To-Go” bags in each individual classroom.
- ‡ Director will call Puget Sound Energy.
- ‡ Using information from Puget Sound Energy, Director will determine if the power outage will be prolonged or temporary.
- ‡ If Director determines that power outage will be prolonged; Director will instruct staff to call parents and send children home for the day.
- ‡ Director will follow “After Incident Protocol” .

EMERGENCY LOCKDOWN PROCEDURE

To be used in the following situations: A suspicious person is spotted outdoors, a person with a weapon is spotted outside the center, shots are fired outside the center, the police department alerts the center of a dangerous person in the area, there is another threat to the safety of staff and children outside the center.

- ‡ Director (or next person in charge), will alert the center that a lockdown has been instituted by telling staff loudly and calling the classrooms, “This is a lockdown emergency, repeat, this is an inside or outside lockdown emergency”.
- ‡ If children are outside when a “lockdown emergency” is called, or shots are heard/fired, teachers will quickly direct and move children back into the facility and into the nearest classroom.
- ‡ Staff should quickly check the hall and restrooms closest to their classrooms to get all children into the room.
- ‡ Lock all doors, close/lock all windows, cover all windows and doors (when possible), and turn off all lights.

‡ Keep children away from windows and doors; position children in a safe place, for preschool/pre-k this is the bathroom, for toddlers it is behind changing tables, and for infants this is safe spaces away from the windows and is behind changing tables or the hallway.

‡ Staff will maintain (as best they can) a calm atmosphere in the room, keeping alert to the emotional needs of the children (read stories, sing quietly, etc).

‡ Teachers will keep all children in the classroom until the all clear signal has been given.

‡ Director (or next person in charge) will immediately call 911 and stay on the phone until help arrives. Await further instructions from emergency personnel. You will be informed when it is safe to move about and release children from your rooms. Children will not be released to parents until an "all clear" has been called.

‡ Upon arrival, the local police, in conjunction with the Director will assume controlling responsibility and may evacuate the building as per police standard operating procedures.

‡ When "all clear" is given, the Director will apprise the staff of the situation and counsel the children. When the threat has been eliminated, normal activities should be resumed as soon as possible as instructed by the Director.

‡ Director will follow "After Incident Protocol".

BUILDING EVACUATION

‡ Make a quick assessment of the situation inside the classroom and any injuries to children or adults.

‡ Director (or next person in charge) evaluates the outside environment and the evacuation route to be sure that it appears clear of hazards and obstructions.

‡ Director (or next person in charge) gives instructions to evacuate.

‡ If possible, and if time allows, have children take jackets, coats, and shoes.

‡ Staff should take the following items:

- "To-Go" Bag (which includes children's contact information, medical supplies, food and disaster supplies for up to 3 days)
- Classroom Attendance/Child Count Sheets
- Classroom Sign-In Sheets
- Cell Phone (if possible)

- Classroom Pets (if possible)

† Children will be evacuated out of the classroom on foot in the following manner:

- **INFANTS:** Place 4 infants in each evacuation crib and roll each crib out of the safest exit.
- **TODDLERS: All available adults (cook, break staff, etc) should go to the toddler room to assist.** Young toddlers hold the hand of each available adult. Oldest toddlers (over 2 years) should join preschoolers.
- **PRESCHOOLERS:** Have children line up, one teacher leading the children, and one teacher following behind.

† Take attendance; if safe to do so, search the building for anyone missing.

† Move children to the pre-designated area or no less than one block from the childcare center. The pre-designated location is: Sterling Building located at 2219 Rimland Drive, we will gather in their main lobby area at the West end of the building.

† Have children sit down, if possible.

† Take attendance again.

† Director (or next person in charge) will evaluate the situation with the help of responding agencies (fire, police, etc.) and determine if it is safe to enter the building. If not, determine if it is necessary to move to the alternate site location (follow site evacuation plan), or to stay put until it's safe to re-enter the building.

† Director will notify parents immediately if evacuation looks to be long term or if children are moved to the alternate site location.

† Director will follow "After Incident Protocol".

SITE EVACUATION

† Director (or next person in charge) will determine which alternative site location is the safest location to relocate to. The two alternative site locations are:

1.) Barkley Haggen
2920 Woburn
(360) 676-5300

2.) Barkley Corporation
2219 Rimland Drive #200
(360) 392-9160

‡ If it's determined that staff and children will be moved to the alternate site location distant from the child care center, assign children to stay with their classroom teacher(s).

‡ Staff should bring the following items to the alternative site:

- "To-Go" Bag (which includes children's contact information, medical supplies, food and disaster supplies for up to 3 days)
- Classroom Attendance/Child Count Sheets
- Classroom Sign-In Sheets
- Cell Phone (if possible)
- Classroom Pets (if possible)

‡ Take attendance before leaving.

‡ Children will be evacuated out of the classroom on foot in the following manner:

- **INFANTS:** Place 4 infants in each evacuation crib and roll each crib out of the safest exit.
- **TODDLERS: All available adults (cook, break staff, etc) should go to the toddler room to assist.** Young toddlers hold the hand of each available adult or placed into wagons located in toddler classroom. Oldest toddlers (over 2 years) should join preschoolers.
- **PRESCHOOLERS:** Have children line up, one teacher leading the children, and one teacher following behind.

‡ Once at the alternative site location, take attendance again. Teachers must remain with their group of children until the children are picked up by their parents or emergency contacts.

‡ Director (or next person in charge) will continue to coordinate pick up of children.

‡ Director will follow "After Incident Protocol".

EMERGENCY DURATION

YMCA employees will remain with children during the emergency until all children can be reunited with their parent/guardian no matter the duration. Parents/Guardians will be continually contacted until necessary arrangements can be made including but not limited to alternative adults authorized by the parent/guardian to pick up. There are always a minimum of 2 staff on site at all times to prevent staff from being alone. A management staff is also onsite from 730a-600p.

EMERGENCY/DISASTER AFTER INCIDENT PROTOCOL

- ‡ Director will report any evacuation or alternative site location to parents, if applicable.
- ‡ Director will report incident to licensor and if applicable, child protective services.
- ‡ Director will complete a written incident report at the earliest opportunity. Incident reports are stored in the childcare office.