



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CREATING LIFELONG LEARNERS

**EARLY CHILDHOOD  
Parent Handbook**



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# PROGRAM PARTICULARS

## Welcome to the YMCA!

We are pleased that you have chosen our child development 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 childcare centers for the families of our community. The benefits of this program are offered to all children, regardless of race, color, creed, national or ethnic origin, disability, gender or religion. At the Whatcom Family YMCA, we celebrate diversity!

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

## Non-Discrimination Policy

It is the policy of the YMCA that no person shall be subjected to discrimination because of race, color, national origin, sex, sexual orientation, age, religion, creed, marital status, disabled or Vietnam Era Veteran status, or the presence of any physical, mental, or sensory handicap.

## 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 Focus

The Y is a course-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:

- **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 and responsibility, is central in our programs.

# Types of Care

The Barkley YMCA Early Childhood Center has full-time and part-time care available for children from infancy through the fifth year. As your child grows, there before and after school care available through the YMCA's downtown location.

## Holidays, Teachers Work Days, and Religious Activity

The Barkley YMCA Early Childhood Center closes on the following days: New Year's Day, 3<sup>rd</sup> Friday of April, Memorial Day, Fourth of July, Fifth of July, Friday before Labor Day, Labor Day, Thanksgiving and the Friday after, Christmas Eve, Christmas Day and the day after. Occasionally we will close an additional day around a major holiday if our attendance will be low and if the holiday falls on a weekend. We close at 12:30p, the 2<sup>nd</sup> Thursday of every month for a teacher in service training. Additionally, we will close 2-4 days per year for teacher in-service and training days. These dates will be determined well in advance.

## 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 a posting on facebook (Whatcom YMCA), email, Brightwheel, 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 Outage

Babies must be picked up immediately if power is out longer than 1 hour. At that point we have no way to feed your baby. we cannot maintain heat/cooling systems, wash hands with water at appropriate temperatures, or potentially feed your child(ren).

Toddlers and Preschool 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).

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

## Attendance

In order to maintain a consistent and high quality experience for children, it is necessary to know when your child will be attending. Please reserve your child's space in advance. Payment is due by the fifth of the month of care and is non-refundable. Credit is not given for absences due to illness or cancellation. Lack of attendance 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.

If your childcare is paid for by DSHS or CPS, you are authorized to miss up to 5 days per month. After 5 days your childcare may be cancelled due to lack of attendance.

## 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 2 week written request for vacation credit, in order 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 1<sup>st</sup>. Vacation credit requests must be submitted 2 weeks in advance of the vacation to receive the credit.

## Reserving Care and Wait Lists

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. 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, which can be found on the Whatcom YMCA's webpage under programs/early learning. 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 cancel care with us after those fees have been paid to hold the spot, they are non-refundable.

## 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.

## 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
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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 in order to encourage their development in a safe, loving, and supportive environment.

## Monthly Fee Structure (effective Jan 1, 2024)

### Infant

Day	Time	Rate
M - F	Full day	\$1,862
4 Days/week	4 Full days	\$1,757
3 Days/week	3 Full days	\$1,295
2 Days/week	2 Full days	\$861

### Toddler I & Toddler II & Non-Potty-Trained Preschool

Day	Time	Rate
M - F	Full day	\$1771
4 Days/week	4 Full days	\$1,595
3 Days/week	3 Full days	\$1,222
2 Days/week	2 Full days	\$814

### Toddler II & Non-Potty-Trained Preschool (Grandfathered for T2 rate prior to Jan 1, 2024)

Day	Time	Rate
M - F	Full day	\$1,692
4 Days/week	4 Full days	\$1,551
3 Days/week	3 Full days	\$1146
2 Days/week	2 Full days	\$781

### Preschool and Pre-K (Fully Potty-Trained)

Day	Time	Rate
M - F	Full day	\$1,543
4 Days/week	4 Full days	\$1,415
3 Days/week	3 Full days	\$1066
2 Days/week	2 Full days	\$739

## Registration Fee

There is an annual, non-refundable registration fee of \$75.00. Registration fees are due when you begin care, and every February 1<sup>st</sup>. If you have additional children attending, there will be a \$20.00 additional registration fee for each child. This additional \$20.00 fee will be due when you begin care, and every February 1<sup>st</sup>. If you choose to cancel care and then return at a later date, the initial registration fee will again be assessed. 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.

## Service Fee

There is a \$125 per family service 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.

## Notice of Schedule Change

Written notice of permanent schedule changes must be given two weeks in advance in order to credit billing.

## 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.

## Termination Policy

Occasionally, a child will experience some difficulty in adapting to the daycare's environment or abiding by the daycare rules of behavior. A conference will be scheduled if your child should experience some difficulty. We will work closely with you to see if the problem can be resolved.

You must give a two weeks' notice when voluntarily withdrawing your child from care. You will be responsible for all final payments through the end of the notice period, whether in attendance or not.

If the rules and policies set forth are not followed, we reserve the right to terminate the daycare contract agreement at any time.

The child care arrangements will be terminated immediately for any of the following reasons (but not limited to):

- \* Failure to comply with the policies set forth in the parent handbook.
- \* Non-payment of childcare or late fees and/or recurring late payment of fees.
- \* Repeated failure to pick up the child at scheduled times.
- \* Inability to meet the child's needs without additional staff.
- \* Blatant disrespect towards the director/program supervisor/childcare staff.

## Volunteering/Visitation

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, and be determined by

management to be a positive role model for children 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 Childhood 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.

## **Parental Rights/Parenting Plans/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.

## **Late Pick-Up/Late 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 and at 12:30p on ½ days.

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

## **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 age your child(ren) are.

## **Daily Sign-In/Sign-Out Procedures**

A sign-in/out notepad is available in the entry way. As per our licensing regulations, you must sign your full name



and the time on the sign-in/out sheet for your child. It is important to remember that your child will only be released to parent/guardian or other authorized adult listed on the Registration/Emergency/Consent form on file. We will check photo ID's for anyone that is not known. Your child will not be released without this.

# POTTY TRAINING PROCEDURES

Learning to use the toilet is an important step in a child's development. Readiness to control bladder and bowel functions is as individual as each child. A child who exhibits initial interest in toilet training at home may not be as ready at the Early Learning Center. This is primarily due to the amount of activity and distractions during the day. Once children begin to express an interest in toilet training at the Early Learning Center, we will work with your child to be successful. Although there is no definite age when readiness occurs, children around 2 years old often begin to show muscle control and have the language and intellectual maturity to understand the toilet concept. Most children achieve bowel control and daytime urine control by 3 to 4 years of age.

## CHILDREN ARE MOST LIKELY READY TO BEGIN TOILET TRAINING WHEN:

- They show a preference for clean diapers and when soiled ask to be changed.
  - They stay dry at least 2 hours at a time during the day or are dry after naps.
  - Their bowel movements become regular and predictable.
  - Facial expressions, posture, or words reveal that your child is about to urinate or have a bowel movement.
  - They can walk to and from the bathroom and help undress.
  - They ask to use the toilet or potty chair or they ask to wear underwear.
- 
1. Toilet Training must begin at home. Children will be toilet trained in accordance with the requests of the family and in a manner that is consistent with the child's readiness, both physical and emotional. The Caregivers and the family will work together when a child is ready and then negotiate a plan that will be consistent and manageable in both settings.
  2. No child is punished, verbally abused, or humiliated for soiling, wetting or not using the toilet.
  3. Children shall be supervised at all times while toileting.
  4. All Caregivers will be willing to assist in the toileting process when necessary.
  5. Children and Staff are required to wash their hands with liquid soap and running water after toileting. Staff will also wash their hands after assisting a child with toileting. Proper handwashing procedures are always required to be used.
  6. Clothing soiled or wet will be bagged and stored apart from other items until the child leaves the center. The parent will be informed of what happened during the day so they know to clean the clothing appropriately.
  7. A change of clothing must be kept for all children at the Early Learning Center in case of an accident. The parent will be informed when the supplies are running low so another change can be brought in. If the child has no spare clothing, the center will provide a set, which is to be cleaned before being returned to the center so another child can wear them.
  8. We request that children be dressed in clothing that is easy for them to pull up and down. (No zippers, overalls, belts)
  9. We request children first transition from diapers to pull-ups (that attach at the sides) and once toileting control is reached they then be placed in underwear. Spare items must be supplied for the Toilet Training process.

# CHILD DEVELOPMENT IN THE CLASSROOM

## 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. In addition, our teachers are required to have S.T.A.R.S. training and experience or education. We provide training for our staff through daily direction, staff meetings and approved trainings.

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

- Criminal History Background check
- Negative TB test
- Infant child CPR and First Aid training
- Blood-borne pathogens training
- Orientation to center policies and procedures
- 30 Basic STARS
- Child Abuse Prevention

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 and an orientation to the center. Volunteers are not included in teacher – child ratios.

## Substitute Staff

As in any other workplace, there are times when a regular staff member is out due to personal or family illness or perhaps on a vacation. Unlike many other 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 we understand the need to keep substituting to a minimum. However, we are realistic in 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. We work with the following possibilities, in order of priority, for filling substitute staffing needs:

- We adjust regularly scheduled staff schedules to cover the absence
- We use a break staff person, who is familiar with the children, to cover the shift
- We call a staff person from one of the other YMCA centers

Substitutes meet all the requirements for working in the center as any other employee and are given direction in maintaining the classroom for the day.

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. None of us want you to leave your child feeling as if you've left him with a stranger. And by all means, if you are concerned with the staff at drop off please check in at the office or in one of the other rooms.

## Consistent Care

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 time, 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.

# Ages and Stages

The Barkley YMCA Child Development Center offers the following classrooms to meet your child's blossoming developmental needs:

## Infant Rooms

### **Little Cloud and Rainbow (ages 1 month to 12 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, which are coordinated closely with parents. Parents are highly encouraged to visit their children throughout the day for feeding or just to play.

## Toddlers

### **Sunshine (ages 12 months through 24 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. Our young toddlers nap just once during the middle of the day which we recognize can be difficult for some of the little ones. Teachers are constantly interacting with the children to encourage gentle and appropriate behavior between peers. Frequent outdoor time, singing, and rotating new and exciting toys are just some of the ways we adjust the environment to meet the developmental needs of our young toddlers.

### **Treehouse (ages 18 months to 2.5 years):**

Our older toddler room begins to encourage the children to engage in group activities. They are introduced to stories, songs and games in formats such as circle time. Older toddlers are encouraged to practice their newly acquired language skills in working together on solving problems. Early concepts such as shapes and colors are introduced, as well as continuing to evolve self-help skills, social skill building, large and fine motor skills, and early literacy and counting experiences. Treehouse is also the room where potty training is emphasized as it is our goal for children to be mostly potty trained and out of diapers before they transition into preschool.

## Preschool

### **Evergreen (ages 2.5 to 4 years):**

Building upon their language, social, and logical thinking skills, 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 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. This classroom is a potty training classroom and childcare rates will remain the same as Treehouse.

### **Meadow (ages 3 to 4 years):**

Building upon their language, social, and logical thinking skills, 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 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. As our preschool program does not have diapering facilities, we require that all children entering preschool are out of diapers and are completely potty trained (with the exception of naptime).

## Glacier (Pre-Kindergarten, ages 4 to 5 years):

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 (including naptime). The pre-kindergarten children will go on an occasional field trip during the winter months, and weekly trips during the summer. We typically ride the city bus to get to our destination. Examples of field trips include swimming at the Downtown YMCA, visits to city parks and tours of local businesses.

Age	1 to 12 months	12 to 24 months	18 mo. to 2.5 years	2.5 to 4 years	4 to 5 years
Teacher to Child Ratio	1:4	1:7	1:7	1:10	1:10
Maximum # of Children in Class	8	14	14	20	20

\*When assigning a child to a classroom, development is a factor along with age

## 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 reflections, questions, and additional playtime. 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.

## Child Screening

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 90 days of your child's enrollment into our YMCA program, we will conduct a screening and send home a checklist for you to fill out. The screening we use is designed by the CDC and is a simple developmental checklist that will give you and the teachers a chance to look for red flags. If we have a concern, we'll conduct a screening called "Ages and States Questionnaire." It is widely used in early education programs as well as pediatrician offices. After screenings are completed, we will score them 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 your local school district.

# Classroom Schedules

Each day, your child will follow a daily schedule that includes meals, snacks, group time, teacher directed activities, projects, outdoor play and free choice activities. While there is a focus on a consistent time schedule, we also believe in giving children time to finish work that they have started, for flexibility is the key to cooperative learning. The activities chosen enhance cognitive, social, emotional and physical development. Glance in your child's classroom for a posted schedule. You will find a general flow of the day as well as specific plans for the month or week.

## Arrival to the Center

Children excel when they have a consistent routine. Therefore, in the best interest of the children, it is required that children arrive at the center no later than 9:30 am for toddlers and preschoolers and 10:30 am for infants. After three late drop offs your child may be turned away from care on the 4<sup>th</sup> late drop off. 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.

Note: As you enter our building, please be sure to close the door behind you. Remember to sign your child in at the parent table each day with your full signature.

Please plan for at least 10 minutes each morning to accompany your child to his/her classroom. There will be a teacher ready to greet you! We have a number of teachers that arrive between 8:30-9:00 am therefore your child may need to go to the neighboring classroom until the second staff arrives. Please be sure to let the teachers know how your child's morning has been. The morning teachers will provide all of the other staff with the information about your child. This is an excellent time of day to communicate instructions, as well as observe your child interacting with their peers or the classroom environment.

### Morning reminders:

- Always make sure the front doors close behind you.
- Remember to sign your child in and out each day at the parent table in the hallway.
- Never leave your child alone in a classroom.
- Make sure that the teachers know your child has arrived and that you are leaving for the day.

If you are dropping off medicine, special food/milk or other "special" items, please ask the classroom teacher where you should place these items. 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 of your child's belongings clearly with first and last names. Sometimes items can get misplaced, so please do not bring valuable items or special family mementoes. Also, with exception of special nap time comfort items or items for sharing day, we ask that all toys stay at home so we can avoid any unnecessary arguments between the children.

As you prepare to leave your child for the day, he/she may start to get upset as they anticipate your departure. Sometimes it feels easier to try to sneak out child your child isn't looking or to linger and say goodbye for a longer period of time, but both can be more damaging to a child. Before you leave, give your child a hug and kiss goodbye and tell him/her that you have to go to work/school and that you will be back (after snack, nap, etc.) to pick them up. This is a great time to hand your child over to a nearby classroom teacher for comfort as you wave goodbye. Sneaking out without saying goodbye tends to leave children feeling more worried when they realize that you have left and lingering tends to make the separation drawn out and more painful. Some of our children never get upset

when their parents leave for the day and others will continue to get upset. Every child has a different way of coping with separation. As difficult as it is to say goodbye, you can leave knowing that your child will be safe, comfortable and enjoying a day of experiences that will contribute to their successful growth and development.

## Going Home

After your child has had a full day of learning, it is important to allow for a patient, smooth transition. Each of our classrooms complete a personalized daily report that will give you an overview of your child’s day. Usually you can find your daily report in your child’s pocket in the hallway. These pockets are also used to send home illness, accident and illness reports, art projects and any other written communication. Please check your child’s pocket daily. Be sure to also check your child’s cubby for any clothes that need to be taken home.

Please feel free to take a moment to talk to your child about their day, admire an art project, or clean up an activity in progress. Because there will most likely still be children in the classroom, if you need to have a more in-depth conversation with questions or concerns that require more than five minutes, it’s a good idea to schedule a time during the day where your child’s teacher, our program supervisor or the director can assist outside of caring for the children. This way we can give you and your concerns the full attention they deserve.

Remember to sign-out with your full signature upon departure. If you are going to be delayed in picking up your child, please call and let us know in advance. 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 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. It’s a good idea to always carry photo identification with you as we may not release without it. No one under 16 years of age is allowed to pick up a child. Again, please be sure that the staff in charge is aware that you will not be picking up your child.

**\*Please note a child can be in care for longer than 10 hours a day. If all adults in the household work 10 hour shifts, we need a note from each employer that shows that the adults are working 10 hour days. You are then allowed 15 minutes on each side of the 10 hours for drop off and pick up. The office must approve this and have documentation for licensing. Without proper work documentation licensing will not permit us to have children in care for more than 10 hours a day.**

## Rest Period

A healthy sleep schedule is an important part of child development. Opportunities for rest periods are provided in your child’s daily schedule. Each child has their own cot, sheet and blanket that is laundered weekly. Parents will need to bring a blanket and take it home with them on the last day of care for their child that week. Washing it at home and bringing back the 1<sup>st</sup> day of care the next week. Each child depending on personal preference is rocked, cuddled, patted, or has their back rubbed in order to fall asleep. Because there are various schools of thought on healthy sleep patterns, we will do our best to work with our child’s sleep preferences within our licensing and developmental guidelines. Once a child has fallen asleep we will let them sleep until their body is rested and they wake on their own, or until the scheduled naptime is over. All children lay down to rest their bodies for a 30-minute time period. If at that time the child has not fallen asleep, they are offered quiet activities for the remaining portion of the rest period. We will not wake children up early for parent preference or to induce an earlier bedtime.

## Nap Schedules

Sunshine and Treehouse:	12:00–2:30 pm
Meadow and Glacier:	12:30–3:00 pm

## 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 in the center, the child is generally considered well enough to go outside. Except in extreme weather, children are expected to go outside and play every day. The Director of the center will make the determination whether conditions are acceptable for outside play. In the event that the weather is severe enough to require the children to stay indoors, large motor activities will be provided in the classrooms and windows will be opened to provide fresh air.

Outdoor large motor play is critical to a young child's social and motor development. Our center is equipped with a play yard that allows for children to crawl, climb, dig, run, pedal, throw, and more! Even our youngest toddlers who are not walking are taken outside. As your child is transitioned into the toddler programs, please send them with a pair of shoes that can be used outside so their feet stay dry. In all outdoor settings, and with parent approval, we take precautions to prepare for the weather, including sunscreen, jackets and hats. As there is sand, woodchips, grass and sometimes mud outside, please make sure you send your child to school in clothing and shoes that can get dirty.

## Field Trips

Children learn best when they are able to 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, our preschoolers 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. In order for your child to participate in field trips, we must have a signed permission slip on file.

## Transitions

As children grow, develop and reach certain milestones we begin planning to move them to the next classroom to keep them challenged and curious! Generally, we transition children over a 2-3 day period during the following ages:

Infant to Sunshine:	11-13 months
Sunshine to Treehouse:	22-25 months
Treehouse to Meadow:	2.5-3 years (Rates do not change until fully potty trained)
Meadow to Glacier:	3.5-5 years (Must be fully potty trained)

Teachers consult with the Director and Program Supervisor when they believe a child is ready to transition. After looking at development, as well as age, we discuss the process with parents, as well as the child's new classroom teacher, and begin the transition process.

We highly encourage parents to tour the classroom that their child is transitioning into. This gives parents the opportunity to meet the lead and assistant teachers, learn the schedule of the day, as well as any special procedures for the new classroom. The more a parent knows about the classroom their child is moving into, the more at ease the child will feel.

After a parent tour, children are scheduled times to visit their new classrooms during specific times of the day. These times are usually calmer times with important routines. After the "visit" the child will return to their classroom. As the days progress, visits grow longer and longer as the child adjusts. Some children transition within 1-2 weeks, while others take longer. Generally, the older the child is the faster they will transition. The infant-to-toddler transition is usually the longest.

There are times when a child is not ready to transition during the usual time period listed above. Sometimes this may be because a child is still working on certain toileting skills or is napping at certain times. Other times we may wait to transition a few children together for comfort. Whatever the reason, please feel free to communicate with

your child's teachers and directors in order to learn about your child's transition schedule.

## **Transitioning into the Center**

### **From Home and into the Infant Program**

Most families tour the infant program before their baby is even born, sometimes even up to a year before their child will be starting care. If you and your family would like to schedule a second tour before starting care, we would be happy to provide you with one. There are lots of questions that you may have now that you didn't even think about before the baby was born!

Leaving your young infant with anyone new is extremely difficult, especially a group of people in a place that you're not very familiar with. Before starting your child in our infant program, you are highly encouraged to spend time with your child in our classroom. This time is not only to make your child feel comfortable with new sounds, sights, smells and people, but it's also a very important time for you to become familiar with the people caring for your child. The relationship between parents and teachers is essential and we highly value that connection we make.

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 back to work can make the morning less stressful for the whole family. It's also very important that you drop off all paperwork before starting care so we can get your account set up and get all paperwork into your child's classroom.

### **From Home (or a former school/childcare center) to our Toddler/Preschool Program**

Leaving your young child with anyone new is extremely difficult, especially with a group of people in a place that you're not very familiar with. Before starting your child in one of our classrooms, we highly recommend that you spend some time visiting the classroom with your child. Often times children will have some sort of difficulty transitioning into a new situation. The time your family spends visiting, will allow your child to begin to familiarize their self with our center. It generally takes between 2-4 weeks for a child to become well-adjusted to a new child care situation. The more that you integrate your child into the classroom before you have to leave him/her, the easier it will be when you leave them on their first day. However, it's not uncommon for some children to have difficulties with this separation from parents even after the child has adjusted to the 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 back to work can make the morning less stressful for the whole family. It's also very important that you drop off all paperwork before starting care so we can get your account set up and get all paperwork into your child's classroom.

## **Transitioning within the Center**

### **From the Infant Program to Sunshine**

If your child stays with the Y program through the preschool years, the largest transition they will make will be the transition from the infant room to Sunshine. Between the ages of 11 and 14 months (which is generally when most children transition), children are having trouble separating from their primary caregivers. When you leave them they may be quite upset and cry. Our goal during this time is to make your child, as well as you, feel comfortable with the changes in your child's schedule.

About a month before your child begins to transition, you will receive a toddler transition guide. We ask that you read this guide and familiarize yourself with the upcoming toddler program. Your child will be transitioning into a classroom with more of a classroom schedule as opposed to every child having their own personal schedule. We suggest bringing your child to visit the Toddler classroom multiple times with you before they make their final transition. We prefer to do visits before 11:15 am and after 3:00 pm so that it doesn't disrupt nap time. We also suggest helping your child begin to follow the toddler schedule before transitioning. Below is a rough outline of the Toddler daily schedule for eating and sleeping:

8:30–9:00 am:	Breakfast
11:30–12:00 pm:	Lunch Time
12:15–2:30 pm:	Naptime
2:45–3:15 pm:	Snack Time
5:00 pm:	Crackers will be offered to toddlers who need a light snack

We are unable to give children bottles in the classroom. Licensing prohibits us from letting the children use bottles except for at meal times. We do serve a liquid (sometimes milk, sometimes water) at every meal in a sippy cup. Please see your child's Toddler Teacher if you prefer they use a bottle at meal times.

Your transitioning infant will have more experiences with new materials (including new foods, art supplies, sensory materials, and outdoor equipment). While engaging in these new experiences, you may notice that your new toddler is coming home with dirtier clothes. We make every attempt to make sure your child is clean and well cared for during the day. However, in an effort to help our one year olds learn skills such as using silverware, digging outdoors in the wood chips, painting, etc., a certain amount of self-discovery is necessary. Please make sure your child has a supply of appropriate extra clothing that we can change them into once our activities have ended. It's also important to remember to send your child in clothes that can be easily washed and played in.

Finally, the toddler room can seem like a very busy place compared to the quiet infant environment. The classroom teachers often have their day filled with lots of busy one year olds who need the guidance and assurance of their primary caregivers. Please feel free to chat with the staff about your child's day, but if you need to have a more in depth conversation that requires more than 5 minutes; it is a good idea to schedule a time during the day where that teacher can assist you outside of caring for the children. Make sure to schedule a Sunshine tour with the Director before your child's first birthday, write down any questions you have in advance, and read your transition guide that you will receive before your child's transition. All these steps will help you and your child feel most comfortable with your new surroundings.

## **From Sunshine to Treehouse**

Most of our older one-year-olds are excited to move into the next room over. At two, children are ready to start exercising their new independence skills. They're making friends and engaging in cooperative play. Our Treehouse room structures activities around these newly forming relationships and skills. There is a high emphasis placed on using newly learned words and sentences when frustrated, sad, and upset. Treehouse is also the classroom where we strive to work with children and families to potty train!

Most of the changes in the transition between Sunshine and Treehouse are in the types of toys and activities your child will participate in. Treehouse will also take periodic walks around the neighborhood as a small group. The children love taking walks and safety is always of utmost importance.

## **Transitioning from Treehouse to Meadow**

Children in Treehouse are generally excited about moving on to a new "big kid" classroom. Preschoolers are exposed to a new wide variety of activities that our Toddler children haven't gotten to experience yet.

Because there is a slight schedule change about a month before your child officially "transitions", you will receive a transition guide. Please take time to read this guide and familiarize yourself with the changes that

will happen in your child's day. You are welcome to take time and visit the preschool classroom with your child at your convenience (we prefer visits before 11:00 am and after 3:00 pm, as to not disrupt nap time).

Below is a rough schedule of the day for our Preschool program. While activities and their times may vary, meal and nap times remain generally the same:

8:30–9:00am:	Breakfast
12:00–12:30pm:	Lunch Time
12:30–3:00pm:	Naptime
3:00–3:30pm:	Snack Time
5:00pm:	Crackers will be offered to toddlers who need a light snack

Please note that the meal times are slightly different than in our toddler programs and that nap time is delayed by 30 minutes.

Because our Meadow classroom does not have a diapering facility, all transitioning children from Treehouse to Meadow are required to be fully, or very close to fully, potty trained. This means that s/he is wearing underwear (not pull ups) for the majority of their school day. The transition into Meadow cannot happen until potty training is at this point, even if your child is already three years old. We completely understand that your child may still have accidents from time to time; we will work with you to help them perfect their new potty training skills.

Because we walk over a variety of surfaces, it's our policy that you send your child to school with tennis shoes, hiking boots, or sandals that strap onto the feet both in front and on the back. Please refrain from sending your child to school in flip flops, dress shoes, clogs or other opened back shoes, etc.

Our discipline and guidance policies generally stay consistent in your child's transition from Toddler to Preschool. However, we do introduce our leveled behavior reports if your child displays a challenging behavior or a poor choice. These reports are introduced to help allow for the child to take more responsibility for their actions, for better communication between parents and teachers, and for better tracking of your child's progress through difficult behaviors and classroom scenarios. One behavior that we cannot tolerate in our preschool program is defiantly running away from the group while outside of the classroom, whether it be at the swimming pool or out in the community. Because of the nature of our programs, children must be able to consistently stay with the group for their own safety (with gentle reminders and supervision).

## **From Meadow to Glacier**

Moving into our Pre-Kindergarten/Glacier classroom is usually an exciting last step for the transitioning preschooler. They will also be exposed to a "kindergarten readiness" program that enhances their skills in areas such as beginning literacy and math. The class doesn't necessarily know they're "preparing for kindergarten", but our teachers work hard to create a curriculum that is building those skills during their active day of play.

Because of their more developed listening skills and independence, our pre-kindergarteners have the opportunity to go on field trips. Whenever we go on a fieldtrip we use the city bus. For example, we often journey to the pumpkin patch in October via YMCA vans.

## **From Pre-Kindergarten to the YMCA Before and After School Programs**

When your child "graduates" from our early childhood program and moves onto kindergarten, there are options through the YMCA for safe care before and after your child's school day. Most of Bellingham and Ferndale schools have a location (usually onsite at your child's school) where your child will meet a YMCA caregiver/counselor before and/or afterschool for games, activities and snacks. You can choose to sign up for before school, afterschool or both, on a part time or full time basis. There are also programs for children when

there are no school days, early release days, snow days and winter/spring/summer vacations. All programs are for grades Kindergarten through 5<sup>th</sup>/6<sup>th</sup> grades and are licensed (with exception of some extra unlicensed programs over school vacations).

There are important changes to note when registering for the before and after school programs. Enrollment in these programs happens twice per year and **is not ongoing** as it is in the early childhood programs. Families must register for the care they need for the beginning of the school year and again for summer. All registration and space is on a first come, first serve basis.

With the unique locations of care in the school age programs, along with the integration of children ages 5 through 12 years, it becomes increasingly important that the children follow the set behavior expectations. While still developmentally appropriate, these expectations rise when your child transitions out from the early childhood program into the school age program. The most important expectation is that your child must stay within the defined program area and cannot leave without permission or run away from the YMCA staff. This is a huge safety concern and care may be terminated if the issue is ongoing.

Another frequent difficulty for transitioning kindergarteners is using the bathroom. New situations can sometimes cause stress in children and lead to accidents both at school and at our afterschool locations. It's a good idea to always send your child to school with an extra set of clothes in their backpack. Because of our licensing and staffing arrangements we cannot assist a child who has had an accident. Children must be able to change their clothes without assistance from the YMCA staff member. If there are issues with accidents or your child does not have an extra set of clothes, we will call you to assist in the situation. If your child has frequent bathroom accidents before kindergarten, please call our school age department before registering to discuss your family's options.

It's important to talk to your child about the changes that they'll see in the school age program: Being in a group with same age peers, along with older children; how to talk to the teacher/counselor if there's a problem that they need help with; staying with the group at all times; and using words instead of more physical options when in a conflict with a peer. At the end of a full day of kindergarten your child will most likely be quite tired. It's important to prepare for these changes before they have the added stress of being tired and hungry after a long day of school.

# POLICIES AND PROCEDURES

## Meals and Snacks

Our center serves breakfast lunch and an afternoon snack through the USDA Childcare Food program. Meals are served at the following times:

Breakfast	8:30 - 9:00
Toddler lunch	11:30 - 12:00
Preschool lunch	12:00 - 12:30
Snack	2:30 - 3:30

Weekly menus are posted in our entry way. Menus are planned in accordance to USDA and state guidelines as well as the "Dietary Guidelines for Healthy Americans." Sample menus are as follows:

### Breakfast:

Pancakes  
Strawberries  
Milk

### Lunch:

Macaroni and Cheese  
Peas  
Watermelon Milk

### Snack:

Yogurt  
Graham  
Cracker  
s  
Water

## Toddler Meals

Young toddlers have now moved from the baby food stage and are now feeding themselves. This can be a messy process! All food has been prepared so that it is safe for young toddlers (in size, texture, and type of food). Because we have multiple children eating at one time, we cannot spoon feed toddlers at mealtime. We will serve your one year old whole milk from a sippy cup at mealtime. We provide bowls, plates, spoons and forks for children to feed themselves and to become familiar with using those tools at meals. We often use bibs for children at meals however the bibs do not always cover the areas that the toddlers get the food! Bringing extra clothes for those messy mealtimes is very important. Most of our toddlers sit at the table in child-sized wooden chairs.

After children turn 2 and transition into Treehouse, mealtimes become more of a chance for children to practice their self-help and social skills. Children are asked to politely ask for more food as needed and clear their places after eating. At this time our 2-year-olds are switched from whole milk to 1% milk.

## Infant Feeding

For infants, toddlers, preschoolers and pre-kindergarteners, our center serves breakfast, lunch and an afternoon snack through the USDA Childcare Food Program. In our infant program, we offer foods to infants only after their parents have tried them at home first.

Through their first year of life, parents can choose to supply their infant with either iron fortified infant formula or breast milk, we will be supplying Target Up & UP brand Gentle, iron fortified formula 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 breast milk or iron fortified infant formula. If we are making the bottles, we ask that parents bring 3-5 extra 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 Seesaw and on your child's daily report. You are also always welcome to check your child's supply in our fridge!

All of 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 4 and 8 months of age, with parent cooperation, we start to feed babies iron fortified cereals and other soft foods such as yogurt, cottage cheese, and hard boiled eggs that we supply. Most often our infants begin solids with rice cereal or oatmeal and then move onto vegetables and fruits. 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 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.

## **A Message on Meal Substitutions**

We provide nutritious meals and snacks starting at age 6-8 months. We will gladly make the following substitutions to our meals:

- Meatless entrée's
- Substitutions for food allergies, with a doctor's note.
- It is not feasible for our program to make other substitutions due to personal tastes, preferences, vegan diets or gluten free diets.\*
- Parents are responsible for providing milk substitutions (must be accompanied by a doctor's note).

\*Children with vegan or gluten free diets are encouraged to bring meals from home. All meals brought from home need to have 1 grain, 1 fruit, 1 vegetable and milk/milk alternative.

## **Milk at Mealtimes**

In order to participate in the USDA Food Program, we are required to serve milk at breakfast and lunch. As per the USDA, all of our one-year-olds are served whole milk and two-year-olds are served 1% or non-fat cow's milk. Our milk is mostly purchased from Costco.

Parents will often come to us with a desire to substitute their child's milk for another alternative. You may substitute your child's milk with any lactose free milk (i.e. Lactaid), organic milk, or breast milk without a doctor's note. Please be sure to replace your child's milk frequently. You can also substitute cow's milk with two brands of approved soy milk: 8<sup>th</sup> Continent Soymilk (original or vanilla) or Pacific Ultra Soy (plain or vanilla). All other soy brands and any other forms of milk (rice, coconut, goat, etc.) are required to get a note from your doctor. Please see the director for an appropriate form for your child's doctor to fill out. We are unable to serve almond milk because of our center's nut-free policy.



# Healthy Eating and Physical Activity Standards (HEPA)

In response to a call by First Lady Michelle Obama and the Partnership for a Healthier America, the Y has expanded its longtime commitment to supporting healthy living by adopting a set of Healthy Eating and Physical Activity (HEPA) standards. Based, in part, on years of research and with key partners, the HEPA standards will build a healthier future for our nation's children by creating environments rich in opportunities for healthy eating and physical activities. Some of the practices we are working hard to implement in our early childhood programs are:

- Having water accessible to children at all times.
- Providing only water and unflavored low-fat or nonfat milk for children ages 2 and older.
- Providing fruits and vegetables at every meal and snack
- Eliminating fried and par-fried foods from our menus.
- Eliminating foods that contain trans-fats.
- Offering whole-grains as much as possible (whole grain breads, pasta, brown rice, oatmeal)
- Provide foods that don't list sugar in the first three ingredients, or that contain 8 grams of sugar or more.
- Using staff as role models for healthy eating behavior at all times.
- Promoting and supporting exclusive breast-feeding (when possible) for six months, and the continuation of breast-feeding in conjunction with complementary foods for 1 year or more.
- Provide children, when environmentally possible, with moderate to vigorous physical activity for 60 minutes every day. Staff will role model physical activity by participating in the activities with children.
- Provide opportunities for infants to explore their indoor and outdoor environments with adult supervision, with lots of opportunity for "tummy time".
- Eliminate screen time in our early childhood programs, except for rare, special occasions for children 3 and older

## Food Allergies

The Barkley YMCA recognizes that allergies are a growing concern among parents, caregivers, and health care providers. The Barkley YMCA does not exclude a child from care on the basis of any allergy. We will work with the parents on an individual basis and within the constraints of our facility, program requirements, and licensing regulations. A written individualized care plan will be implemented in cooperation with the parents and the child's physician. Parents are encouraged to meet with the child's teachers, the Director, and Program Supervisor on a regular basis to discuss the child's special needs and/or restrictions.

## Allergy Procedure

Upon enrollment, the parent shall notify the administration of their child's allergy in writing on the child's registration form.

A severe allergy defined as life threatening by a physician will require an EMERGENCY HEALTH CARE PLAN. This plan must be completed by the child's physician and must be accompanied by any required medication.

A mild food allergy will require a note from a physician outlining the food restriction and the appropriate substitute. **Parents may be required to supply substitute foods.**

# Birthday 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.

## Items to Bring to School

Dropping your child off each morning can be a busy time! It's much easier to have all your child's supplies in their cubby prior to their first day so that drop off can be a calm and stress-free experience. The following items are what you will need you to supply for your child's care at the YMCA:

- Diapers (Either cloth or disposable, see "Diapering" section on page 27)\*
- Diaper Wipes\*
- Waterproof, Zipping "Wet Sack" for Cloth Diapers (if applicable)
- 2 Sets of Extra Clothes (See "Clothing Suggestions" on page 27)
- Pacifiers (if applicable)
- Blanket or Security Item for Naptime
- Diaper Cream (if applicable)\*
- Swimming Suit (For Summer Months, Will be Kept and Laundered at School)
- Mittens, Hat, Scarf, Gloves (For Winter Months)

\* When you bring in a supply of these items, we will inform you when your supply is low.

## We supply the following:

- Breakfast, Lunch and Afternoon Snack
- Iron Fortified Gentle Ease Formula (for infants only)
- Cow's Milk (Whole and 1%/Non-fat)
- Bowls/Spoons
- Cups
- Sheets
- Toys

## Personal Belongings

Please clearly mark all items such as clothing, lunch boxes, and backpacks with your child's 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. Please do not send money, wheeled shoes, video games, or any other valuable items. The YMCA cannot be held responsible for lost, stolen, or damaged items. We will attempt to contact the owner of lost and found items that are marked, but as the amount of items grows, it will be displayed in the hallway. It will stay in the hallway for one week, and then is donated to a worthy cause.

## Diapers

At the Barkley YMCA 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 need to use a clean waterproof cover with every change. 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.

# Clothing Suggestions

When your child is in our care for a full day of play, eating, sleeping, and hands-on classrooms 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 all 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 experiment and participate in more art and science projects, their clothes also tend to get dirtier (even with aprons). 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.

# Pet Policy

At the YMCA we believe that assortments of pets are important for teaching children skills in caring and responsibility. We are likely to have fish, turtles hamsters, gerbils, guinea pigs, and rabbits. At times parents may also bring their family pets to the center for a visit. All animals are carriers of various bacteria and viruses. To limit exposure to any of these we do the following:

- Children and staff wash hands after handling pets.
- Cages are cleaned on a weekly basis by lead room staff.
- Cages are not cleaned in the kitchen.
- Current rabies vaccinations are required for all dogs and cats visiting the center.
- Staff are always present when children are handling pets.
- No pets are allowed in the infant room.
- We will notify parents at least a week in advance of any new or visiting pet.

Please let us know if your child has an allergy to any pets at the center and we will make accommodations for them.

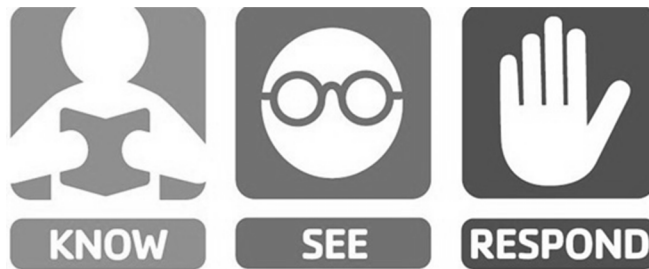
# Injuries

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

1. Minor injuries: Apply first aid and complete an accident report.
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.

# Child Abuse Prevention: Know, See, and 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. 1106.

# Health Policies

The Downtown, Barkley, and Heart House YMCA Centers are “well child” facilities. Children will not be admitted to the Center when they are ill. You are the best judge of your child’s health, and we trust that you will not bring a sick child to the Center. However, if in the opinion of the teaching staff your child is sick, we will call you to come pick up your child. If we are unable to reach you, we will call the emergency contact person on your registration form. In addition, if your child was sent home due to illness, **he/she cannot return to childcare until he/she is free from symptoms for 24 hours.**

**While our Health Care Policy goes into detail about when a child should be kept at home, here are some general guidelines:**

- If you have given your child Tylenol before coming to the center.
- If your child is irritable, continuously crying or requires more attention than we are able to provide.
- If your child had runny diarrhea or vomited at home or on the way to the Center. Please note: A child will be sent home if he/she vomits while at the center. If a child has vomited/had diarrhea on two or more occasions within 24 hours, he/she will be expected to miss the following day of care.
- If your child is unable to participate in planned activities.
- If you are called to come and pick up a sick child, you have 1 hour to pick them up unless other arrangements are made with the office.

We know that it is difficult for you to miss work to stay home with your child. However, bringing a sick child to the center assures that other children will become sick, as well as teaching staff. Keeping sick children home is a win-win situation for all involved.

Please see our Health Care Policy for more information.

# DISASTER PREPAREDNESS

Our Center has developed a disaster preparedness policy. (WAC 110-300-0166-1 and WAC 110-300-0470-1) Annually, staff and parent/guardian will be oriented to this policy and documentation of orientation will be kept in the childcare office. (WAC 110-300-0470-1f) 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. (WAC 110-300-0505-2b)
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). (WAC 110-300-0470-3)
8. Disaster and earthquake preparation and prevention training will be documented

# COVID-19/Pandemic Parent Guidance

(only applies while in a pandemic and adjustments can and will be made as needed)

We are currently following the WA Department of Health guidelines for schools and childcare. We will change and adapt based on their recommendations.

## Water Safety

When providing indoor and outdoor water play activities, precautions will be taken to make sure we are providing a safe environment. Children will be closely supervised when engaging in water play activities. If water tables are being used by individuals or groups of children the water will be changed between usage. Water will be drained when water play activities are done.

## 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."

## 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.

## Dual Language Learning

Dual language learners refer to youth whose primary language is not English. The YMCA welcomes all children and their families. The director and the staff will work to learn key phrases and simple conversational words to make communication easier with children and families we serve. Appropriate learning opportunities will be made available in a safe and caring environment.

# Restraint/Seclusion

Restraint or seclusion will not be used as routine school safety measures; that is, they should not be implemented except in situations where a child's behavior poses imminent danger of serious physical harm to self or others and not as a routine strategy implemented to address instructional problems or inappropriate behavior (e.g., disrespect, noncompliance, insubordination, out of seat), as a means of coercion or retaliation, or as a convenience.

**If physical restraint is used, staff must:**

- (a) Report the use of physical restraint**
- (b) Assess any incident of physical restraint to determine if the decision to use physical restraint and its application were appropriate;
- (c) Document the incident in the child's file, including the date, time, early learning program staff involved, duration, and what happened before, during, and after the child was restrained;
- (d) Develop a written plan with input from the child's primary care or mental health provider, and the parents or guardians, to address underlying issues and reduce need for further physical restraint

## Behavior Guidance in Young Children

When a child has had a challenging day behaviorally, we believe it's important to communicate these challenges with parents. If the child had one or two mild incidents, communication will often be verbal. If behavior requires more teacher guidance, we'll often document the behavior in writing for you at the end of the day.

For toddlers and young preschoolers who have a rough day, we'll often send home a "That Hurt's Report". It communicates to parents what the child did, how it affected others in the classroom, and what steps were taken to help the child resolve the situation.

For older preschoolers and pre-kindergarteners, we use a three-step method to inform parents, as well as the child, about the level of their behavior. These notifications will allow you to understand the situation: What happened, which guidance technique we used, and a plan for future occurrences. If a child receives a "Good Day", it's generally a first time incident that is easily remedied. If a child receives a "Needs Work", it is a more serious problem that either warrants a higher level or has been reoccurring. A "Uh-Oh" notification is the most serious and will most likely be followed up with a parent meeting to discuss the situation and how to improve it. A behavior that seriously affects the safety of your child, another child, or the teachers will result in an automatic "Uh-Oh" notification, and your child may be sent home for the day.

The director may send a child home anytime s/he exhibits a behavior, which is harmful to him/herself or others. A parent may be contacted at any time the child exhibits uncontrollable behavior that cannot be modified by the staff. The parent may be asked to take the child home immediately and the time may vary from a few hours to a permanent termination.

## Chronic Disruptive Behavior

The staff will make every effort to work with parents or children having difficulties at the center. Children displaying chronic disruptive behavior, which has been determined to be detrimental to the physical or emotional wellbeing of another child, may require the following actions:

**Consultation:** The teaching staff, program supervisor, and Director will meet with the parents for a discussion of the issues. A plan of action and a time frame for its review will be agreed upon in writing.

**Expulsion:** Asking a child to leave our program based on negative behaviors is the last resort and will only be

considered after multiple efforts of problem-solving and/or extremely unsafe behavior. Unless there is a situation that is extremely unsafe for the child, or other children/staff in the program, we strive to work with parents on a variety of solutions and modifications for keeping that child in their classroom, maximizing their continuity of care and stability. If we feel that a child's behavior is not responding after multiple behavioral intervention strategies are tried, or if the behavior is an immediate or severe safety concern, we will work with families to find a program that best meets the needs of the child. Sometimes there are programs that are more suitable for certain children than for others, and it's important for us to respect and recognize each child's individual needs. Our ultimate goal is for each child to be successful in our program so they can build their self-confidence!

## Specific Guidance Techniques for Infants

1. **Redirection:** Generally, infants do not have the cognitive ability to understand what they are doing is "wrong". Because of their shorter attention span paired with their new curiosity in the world, it's easy to distract interest in an inappropriate activity with a better choice. After a new activity or item is introduced, infants often forget about the inappropriate activity they were just doing.
2. **Removal from the Situation:** If redirection isn't helping in an unsafe situation, we will often move the infant away from the problem. Older infant will usually try to move towards the area again and again. We will maintain a consistency with each child and repeatedly move them to a safe place in the classroom, away from any inappropriate scenarios.
3. **Gentle Reminder:** As an infant gets older they begin to understand their caregiver's tones and emotions in facial expressions and voice. If an infant has been moved and redirected from a problematic situation, we will often accompany those strategies with a serious facial expression and a gentle, but firm, reminder. For example, we may use the child's name and say, "That's not safe" or "I don't like that."

## Specific Guidance Techniques for Toddlers

1. **Logical Consequences:** Most one and two year olds are developing an understanding that their actions have consequences, both positive and not so positive. Letting children at this age experience what happens naturally when they make a poor choice is usually the most effective way for them to learn the boundaries of their environment. Our first option is to always explore the logical consequences as a guidance technique, so that the child associates their behavior with the consequence that follows. Of course, this cannot always happen, mostly for safety reasons. We cannot allow a child to fall if they're climbing on furniture, for example. Classroom teachers will often give a consequence that is directly related to the behavior. For example, if a child is not following directions in the pool area they may lose their swimming privileges.
2. **Redirection:** Sometimes children get overwhelmed and/or distracted by their surroundings and need help making a different choice. Redirecting a child to a different location or activity can separate them from the inappropriate behaviors and give them a fresh start in another area.
3. **Positive Modeling:** Toddlers listen to every word we say, often repeating our phrases and imitating our actions. This is why it's so important to tell and show young children what we'd like them to be doing as opposed to what we don't want them to do. For example, telling a child "Don't throw that ball" can sometimes backfire. A toddler will usually hear the phrase "Throw the ball" and often completely disregard the "don't" portion. A better phrase to say is, "Let's roll the ball on the floor!" Being a good role model, both in speech and in actions, is a positive way to resolve behavior issues.
4. **Choices:** When a child is having difficulty following directions, or would like to assert their newly forming independence, we give the child the ability to make a good choice independently by providing them with two simple, acceptable choices. Giving them two appropriate activities, actions, or items to choose from allows the child to feel more in control and make their own decisions.
5. **Removal from Situation or Group:** If other methods are not working in an unsafe situation, we will move the child away from the situation to a safe, quiet place in the classroom. This allows a child to "cool off" for 1-2



minutes until they are able to stay calm and make good choices. After that time we will follow up on the situation with a discussion and reminders about good choices.

# Specific Guidance Techniques for Preschoolers and Pre-Kindergarteners

1. **Logical Consequences:** Most preschoolers and pre-kindergarteners have a growing understanding that their actions have consequences, both positive and not so positive. Letting children at this age experience what happens naturally when they make a poor choice is usually the most effective way for them to learn the boundaries of their environment. Our first option is to always explore the logical consequences as a guidance technique, so that the child associates their behavior with the consequence that follows. Of course, this cannot always happen, mostly for safety reasons. We cannot allow a child to fall if they're climbing on furniture, for example. Classroom teachers will often give a consequence that is directly related to the behavior. For example, if a child is not following directions in the pool area they may lose their swimming privileges.
2. **Redirection:** Sometimes children get overwhelmed and/or distracted by their surroundings and need help making a different choice. Redirecting a child to a different location or activity can separate them from the inappropriate behaviors and give them a fresh start in another area.
3. **Verbal Reasoning:** When a teacher is trying to direct a child to stay within the classroom boundaries they tell the child what they would like them to do rather than what they want them to stop doing. Using positive language helps to keep the emphasis off the negative behavior(s).
4. **Problem Solving:** Our ultimate goal for the children is to problem solve independently through conflicts (especially with peers). The classroom teachers guide the children, as facilitators, through disagreements, conflicts and classroom issues using words and problem solving skills rather than more physical behaviors.
5. **Choices:** When a child is having difficulty following directions, we give the child the ability to make an appropriate choice independently by providing them with a couple of different options for them to choose from. Giving them two or three appropriate activities, actions, or items to choose from allows the child to feel more in control and assert their independence.
6. **Removal from Situation or Group:** If other methods are not working in an unsafe situation, we will move the child away from the situation to a safe, quiet place in the classroom. This allows a child to "cool off" for 3-5 minutes until they are able to stay calm and make good choices. After that time we will follow up on the situation with a discussion and reminders about good choices.

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 roles 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
- 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. helping clean 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 if a child can't use their walking feet during outing and stay home with parent for the day of the outing)
- 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 circumstance:

- 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

# 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 pretty 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
- After 3 bites in the same day for older toddlers and preschoolers, the biters parents will be notified that their child may need to be picked up immediately; this is at the discretion of the teachers and office staff. This is for the safety of the other children.
- Temporary suspension if determined it may help

Biting is a horrifying 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 a number of possible explanations for why some children bite; none of which are the fault of a “bad” home, “bad” parents or “bad” teachers.

# 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.

# Adults on the Premises

We monitor the adults who are allowed access to the children in our facility. Paid staff, approved volunteers 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 or Program Supervisor will ask them to leave the Center.

# 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 Director know in writing.

# Difficult Family Times

Sometimes families go through painful times. It is important to have clear guidelines about how these difficulties will be handled in the center. Hopefully, this will allow us all to be effective in our respective roles in raising, caring for and educating children and families.

1. The center is a neutral place. Teachers, parents, and children need to know they are in a safe and non-judgmental space.
2. All parental rights will be recognized by the center unless a No-Contact Order is produced.
3. Parents are always welcome to spend time with their children at the center. However, this is not an appropriate place for "visitation" by a non-custodial parent.
4. Indication that a parent is under the influence of alcohol or other drugs will result in a staff asking that another, capable adult be called to pick up the child.
5. Adults who raise their voices or act in a way that is frightening or threatening to a teacher or child will be asked to remove themselves from the center.

Our primary priority is the safety and well-being of the children in our care. We also hope to be supportive of all parents and strive to create a space where the entire family can feel safe, encouraged, and engaged in the learning process.

# Communication

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, Seesaw, email, and parent information boards. 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.

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, 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. All donations need to be approved by the Program Supervisor or Director upon arrival at the center. In addition we keep a "wish list" of larger items needed.

# Annual Fundraising Campaign

In March the center participates in on the Annual Community Support Campaign for the Whatcom Family YMCA. Money 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.

# OTHER PROGRAM POLICIES

Located in the reception area of our program you can find information about other policies including liability insurance, inspection reports, health policies and disaster preparedness policies. Please reach out to the director if you have any questions about these items.

# REGISTRATION PAPERWORK

## Registration

As required by our license, childcare cannot be provided without the following forms completed, reviewed by the director, and on file in the center office:

- Registration/Emergency Consent form
- Two emergency contacts not living in the same household
- Certificate of Immunization status or Signed Exemption Form
- Field trip Permission slip
- Registration Form

In addition, the center requires the following paperwork:

- Child information form
- Parent agreement/Financial contract
- All About Me Form
- CACFP Enrollment Form

This handbook is the beginning of a supportive and positive relationship between your family and the Whatcom Family YMCA. We are pleased that you have invited us to into your child's educational adventure! In closing, we would like to leave you with the following thought:

## When you come into our school please remember:

**It is a child's world!**

**These activities**

**are:**

**THEIR WORK**

**THEIR IDEAS**

**THEIR FUN**

**Sometimes a child's idea of**

**decoration, beauty and good housekeeping**

**does not coincide with adults.**

**A child's imagination is great!**

**Children can do wonderful things-**

**Paint the wind**

**dance like a leaf**

**and**

**find the joy and happiness in performing simple tasks.**

**These are the abilities that adults may have lost along the way.**

**Enter and return for a brief visit to the wonderful world of young children.**

**Enjoy their enthusiasm for living and learning!"**

**-Author unknown**



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# PARENT AGREEMENT FORM/ FINANCIAL CONTRACT

For the safety and protection of the children in care, I understand the following guidelines.

1. I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. The YMCA will take disciplinary action if a violation is discovered.
2. I understand that I am not to leave my child at the YMCA unless a YMCA staff member is there to receive and supervise my child.
3. I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed with the YMCA or other arrangements must be made by calling the YMCA office to inform them of a change.
4. I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position to make this judgment call.
5. I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

In order to enroll my child in the Whatcom Family YMCA early childhood program, I further agree to the following:

1. To follow all YMCA policies and procedures as outlined in the Parent Handbook and registration materials including, but not limited to:
  - a. Completion of all registration forms, registration fees, and payment of the first month's fees before my child's first day.
  - b. Signing my child in and out each day with my full signature and the phone number I can be reached at that day.
  - c. Bringing a spare set of clothing for my child each day.
  - d. Keeping my child home if he/she is running a temperature, has vomited in the last 24 hours, had 3 or more diarrheas, or shows signs of a communicable disease as outlined in the YMCA Health Care Policy.
2. To provide all diapers and diaper wipes.

## **Whatcom Family YMCA Barkley Child Development Center**

2415 Rimland Drive, Bellingham, WA 98226  
360 714 0450 [www.whatcomymca.org](http://www.whatcomymca.org)

3. To never allow my child to come into the center without an authorized adult and to only authorize adults 16 years of age or older to pick up my child.
4. To leave information for the center staff of where another or I authorized person can be reached in case of an emergency whenever my child attends the center.
5. To pay my child care expenses by the 5<sup>th</sup> of each month as outlined in the payment policy. I understand that failure to do so may result in losing my child's space in the center.
6. To pay my full month fee regardless of absences due to short-term illness, vacation, or mid-month cancellation. Vacations and absences due to illness or unforeseen circumstances do not result in a credit.
7. To give two weeks notice in writing before withdrawal from the program with an understanding that cancellations are only accepted for the end of the month. No credit will be given for cancellations.
8. That I understand that if my childcare is paid through the Department of Social and Health Services, I am responsible for all policies and fees described in the Parent Handbook, and I am required to pay the assigned co-pay regardless of receiving a monthly bill.
9. That I will talk to the Center Director, Program Supervisor, or a teacher if I have any concerns or questions regarding practices and/or policies of the center.
10. That there is an annual, non-refundable registration fee of \$50.00. (\$20.00 for each additional child enrolled.) If you cancel childcare and re-enroll at a later date or transfer to another YMCA Early Childhood location, another registration fee will be required.
11. That if my child is picked up after the center's closing time, I will be charged \$5.00 for every 5 minutes late, per child.

I have read and understand this agreement and the Whatcom Family YMCA Parent Handbook including the Health Care Plan and Disaster Plan, Pet Policy, and Pesticide Policy. I agree to abide by these policies. Furthermore, I understand that I am liable for all early childhood program fees stated in this agreement, whether or not I receive a monthly bill.

I have been orientated to the program by a program director, program supervisor or staff member and have been explained:

1. The center's policies and procedures.
2. The center's philosophy, program and facilities.
3. How the child's progress/issues relating to the child's care are communicated to families.
4. How parents are encouraged to spend time in the classrooms participating in center activities.

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Parent/Responsible Party Signature

---

Date





## WHATCOM FAMILY YMCA

### Registration/Emergency/Consent Form

All minors participating in YMCA programs are required to have this filed annually.

CHILD											
First Name			Middle Initial		Last Name			Birthdate		Gender	
Home Address					Apt		City		State		Zip
Primary Email Address											
PARENT/GUARDIAN'S INFORMATION											
Parent/Guardian's Name					Home Phone			Cell Phone			
Parent/Guardian's Email Address					Parent/Guardian's Place of Work			Work Phone			
Parent/Guardian may pick up child?			YES				NO				
PARENT/GUARDIAN'S INFORMATION											
Parent/Guardian's Name					Home Phone			Cell Phone			
Parent/Guardian's Email Address					Parent/Guardian's Place of Work			Work Phone			
Parent/Guardian may pick up child?			YES				NO				
MEDICAL INFORMATION											
Child's Physician			Physician Phone			Child's Dentist			Dentist Phone		
Child's Physician Address					Child's Dentist Address						
Immunizations Current		Date of Last Physical Exam			Date of child's last dental exam:						
Allergies: (food, drugs, insect, other)											
Records on file at					List all possible allergies			List all possible reactions			
List any other health conditions											
HEALTH INSURANCE INFORMATION											
Name of Insurance					Policy #						
Person Carrying Insurance											
AUTHORIZATION FOR PICK-UP (Child Care Programs) AND/OR EMERGENCY CONTACT											
Only the following people will be allowed to pick up your child and/or will be contacted in case of an emergency if parent cannot be reached. Please list 2 additional emergency contacts in addition to parents.											
Name					Name						
Home Phone					Home Phone						
Work/Cell Phone					Work/Cell Phone						
Address					Address						
City/Zip					City/Zip						

Relationship to Child	Relationship to Child
-----------------------	-----------------------

## PLEASE READ

### Child's Health

I hereby certify that my child \_\_\_\_\_ is in normal health and capable of safe participation in the program in which he or she is enrolling.

I further give my permission for my child \_\_\_\_\_ to be given emergency medical treatment by a qualified Whatcom Family YMCA staff until parents can be reached and be present and/or emergency care arrives for treatment. In case of emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. In the event that I cannot be contacted, I further consent to the medical, surgical and hospital care to be performed for my child by a licensed physician or hospital when deemed immediately necessary by the physician to safeguard my child's health. It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parents, child's physician and/or other adults acting on the parent's behalf.

### Photograph Permission

The applicant(s) hereby gives permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA Programs.

### Program Refund Policy\*

The Annual Program Member fee is non-refundable and non-transferable. Refunds will not be granted once a program session begins. We will gladly provide a pro-rated YMCA credit to a person's account after a program begins (valid for one year from issue date). There will be a \$5.00 administrative fee for all refunds/credits. \*See child care & camp parent handbooks for specific policies for these specific programs.

### Concussion Information

Anyone who is suspected of sustaining a concussion or head injury in a practice or a game shall be removed from competition at that time and may not return to play until the participant is evaluated by a licensed health care provider trained in the evaluation and management of concussions and received written clearance to return from that health care provider. You should also inform your child's coach/teacher if you think that your child may have a concussion. Remember that it is better to miss one practice/game than to miss the whole session. WHEN IN DOUBT, THE PARTICIPANTS SITS OUT. For more information go to <http://www.ede.gov/concussion/HeadsUP/youth.html>.

Print Name:

Signature:

Date:

## LIABILITY WAIVER

In consideration of being permitted to utilize the facilities, services and programs of the Whatcom Family YMCA ("YMCA") for any purpose including, but not limited to, observation or use of facilities and equipment and participation in any program affiliated with the YMCA without respect to location. I, on behalf of myself and any children, dependent or personal representatives, hereby:

1. Acknowledge that I have (a) read this release and waiver of liability; (b) had the opportunity to inspect the YMCA's facilities and equipment or will immediately upon entering or participating will inspect and carefully consider such premises, facilities or program; (c) accept the facilities, equipment and program as being safe and reasonably suited for the purposes intended and (d) voluntarily sign this release and waiver of liability.
2. Release the YMCA, its directors, officers, employees, agents and volunteers (collectively "YMCA Releases") from all liability to me for any loss or damage to property or injury or death to person, whether caused by the ordinary negligence of the YMCA Releases or any other person, and while I am in, upon or about any YMCA branch or any facilities or equipment therein or participating in any program or service affiliated with the YMCA.
3. Agree not to sue the YMCA Releases for any loss, liability, damage, injury or death described above and I agree to indemnify and hold harmless the YMCA Releases and each of them from any loss, damage or cost they may incur due to my presence in, upon or about any YMCA branch or any facilities or equipment therein or my participation in any program or service affiliated with the YMCA whether caused by the ordinary negligence of the YMCA Releases or by any other person. I assume full responsibility for the risk of such loss, liability, damage, injury or death.

I intend for this release and waiver of liability to be as broad and inclusive as is permitted by the laws of the state of Washington if any portion hereof is held invalid, I agree that the balance shall continue in full force and effect.

Signature	Date
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**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## PERMISSION SLIP

As a participant in the Early Childhood Program, my child \_\_\_\_\_  
has permission to participate in all scheduled activities. These activities include, but  
are not limited to, walks, swimming at the Downtown YMCA, and other fieldtrips to  
areas in the community. Transportation will be provided on YMCA vans or on City  
Bus. The YMCA cannot be held responsible for any injury occurring while  
participating in any of the Early Childhood Program Outings.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## INFANT PERMISSION SLIP

As a participant in the Early Childhood Program, my child \_\_\_\_\_  
has permission to participate in all scheduled buggy walks. These buggy walks  
include, but are not limited to, the posted routes in the classroom. The YMCA  
cannot be held responsible for any injury occurring while participating in any of the  
Early Childhood Program Outings.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Reviewed by:	Date:
Signed COE on File? <input type="checkbox"/> Yes <input type="checkbox"/> No	


# Certificate of Immunization Status (CIS)

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):

I give permission to my child’s school/child care to add immunization information into the Immunization Information System to help the school maintain my child’s record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
<div>X</div> <div>Parent/Guardian Signature</div>		<div>X</div> <div>Parent/Guardian Signature Required if Starting in Conditional Status</div>	
<div>Date</div>		<div>Date</div>	

▲ Required for School • Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry						
•▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
•▲ DT or Td (Tetanus, Diphtheria)						
•▲ Hepatitis B						
• Hib ( <i>Haemophilus influenzae type b</i> )						
•▲ IPV (Polio) (any combination of IPV/OPV)						
•▲ OPV (Polio)						
•▲ MMR (Measles, Mumps, Rubella)						
• PCV/PPSV (Pneumococcal)						
•▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:  
☐ A verified history of varicella (chickenpox) disease.  
☐ Laboratory evidence of immunity (titer) to disease(s) marked below.

☐ Diphtheria    ☐ Hepatitis A    ☐ Hepatitis B  
☐ Hib            ☐ Measles        ☐ Mumps  
☐ Rubella        ☐ Tetanus        ☐ Varicella  
☐ Polio (all 3 serotypes must show immunity)

►

Licensed Health Care Provider Signature Date

►

Printed Name

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
---------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

### To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: [waiisrecords@doh.wa.gov](mailto:waiisrecords@doh.wa.gov) or 1-866-397-0337.

### To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
  - ☐ If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
  - ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

### Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

### Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

### Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		



If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

**DOH 348-013 June 2021**

## Certificate of Exemption—Personal/Religious

For School, Child Care, and Preschool Immunization Requirements

**Child's Last Name:**

**First Name:**

**Middle Initial:**

**Birthdate (MM/DD/YYYY):**

**NOTICE:** A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted child/student may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine-preventable diseases still exist, and can spread quickly in school and child care settings. Immunization is one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

## Personal/Philosophical or Religious Exemption

I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. (Select an exemption type and the vaccinations you wish to exempt your child from):

### PERSONAL/PHILOSOPHICAL EXEMPTION\*

- |                                     |                                                     |                                  |                                                 |
|-------------------------------------|-----------------------------------------------------|----------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B                | <input type="checkbox"/> Hib     | <input type="checkbox"/> Pneumococcal           |
| <input type="checkbox"/> Polio      | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |

*\*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law*

### RELIGIOUS EXEMPTION

- |                                     |                                                     |                                  |                                                 |
|-------------------------------------|-----------------------------------------------------|----------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B                | <input type="checkbox"/> Hib     | <input type="checkbox"/> Pneumococcal           |
| <input type="checkbox"/> Polio      | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> Measles    | <input type="checkbox"/> Mumps                      | <input type="checkbox"/> Rubella |                                                 |

## Parent/Guardian Declaration

One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

## Health Care Practitioner Declaration

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State.

X

Licensed Health Care Practitioner Name (print)

Licensed Health Care Practitioner Signature

Date

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA

Washington License # \_\_\_\_\_

## RELIGIOUS MEMBERSHIP EXEMPTION

Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

## Parent/Guardian Declaration

I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## Certificate of Exemption— Medical

For School, Child Care, and Preschool Immunization Requirements

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (MM/DD/YYYY):</b>
<p><b>NOTICE:</b> This form may be used to exempt a child from the requirement of vaccination when a health care practitioner has determined specific vaccination is not advisable for the child for medical reasons. This form must be completed by a health care practitioner and signed by the parent/guardian. An exempted child/student may be excluded from school or child care during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings.</p>			

## Medical Exemption

A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in their judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine (RCW 28A.210.090). Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practices (ACIP) recommendations via the Centers for Disease Control and Prevention publication, "Guide to Vaccine Contraindications and Precautions," or the manufacturer's package insert. The ACIP guide can be found at: [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html).

*Please indicate which vaccination the **medical** exemption is referring to by disease. If the patient is not exempt from certain vaccinations, mark "not exempt."*

## Health Care Practitioner Declaration

I declare that vaccination for the disease(s) checked above is/are not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP or PA licensed in Washington State, and the information provided on this form is complete and correct.

X

Licensed Health Care Practitioner Name (print)

Licensed Health Care Practitioner Signature

Date

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA

Washington License # \_\_\_\_\_

## Parent/Guardian Declaration

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

# Child and Adult Care Food Program ENROLLMENT/INCOME-ELIGIBILITY APPLICATION

PART 1 – CHILDREN'S INFORMATION—Required for all children in care.						
Child's Name	Birthdate	Age	Circle Normal Days/ Print Normal Hours of Care	Circle Meals and Snacks Normally Received		
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack

## INCOME ELIGIBILITY

Please check the boxes that apply to help determine the other parts of this form to complete:

- ☐ A family member in our household receives benefits from Basic Food, TANF, or FDIPIR. (Please complete Part 2 and 5.)
- ☐ One or more of the children in Part 1 is a foster child. (Please complete Part 3 and 5.)
- ☐ My child(ren) may qualify for Free/Reduced-Price meals based on household income. (Please complete Part 4 and 5.) My
- ☐ child(ren) will not qualify for Free/Reduced-Price meals. (Please complete Part 5 only.)

PART 2 – HOUSEHOLD MEMBER RECEIVING BASIC FOOD/TANF/FDIPIR—	
Any household member receiving benefits can establish eligibility for all children in the household.	Case Number or Identification Number

PART 3 – FOSTER CHILDREN—List the names of any children listed in Part 1 who are foster children.	

PART 4 – TOTAL HOUSEHOLD GROSS INCOME FROM LAST MONTH—Not required if you have reported a case number in Part 2.															
List names (First and Last) of everyone in your household, including foster children	Tell us how much and how often. If no income, write "0". Use net income if self-employed.														
	Earnings from Work Before Deductions	Weekly	Every 2 Weeks	2X Monthly	Monthly	Welfare, Alimony, Child Support	Weekly	Every 2 Weeks	2X Monthly	Monthly	Retirement, Pensions, Social Security, Other	Weekly	Every 2 Weeks	2X Monthly	Monthly
1.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 5 – SIGNATURE AND CERTIFICATION—REQUIRED	
<p>The adult household member who fills out the application must sign below. If Part 4 is completed, the adult signing the form must also list the last four digits of his/her Social Security Number (SSN) or check the box if no SSN. <i>See Privacy Act Statement on the back of this page.</i></p> <p>If you have listed a case number in Part 2 or are applying on behalf of a foster child, or have checked the box that your child(ren) will not qualify for Free/Reduced- Price meals, the last four digits of the SSN is not needed.</p> <p>"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."</p>	
<p>Signature of Adult</p> <p>X_____</p>	<p>Today's Date</p> <p>_____</p> <p>Print Name of Adult Signing</p> <p>_____</p> <p>Social Security Number (SSN) (last four digits)</p> <p>XXX-XX-_____ <input type="checkbox"/> Check if no SSN</p>
<p>Address</p> <p>_____</p>	<p>City/State/Zip Code</p> <p>_____</p> <p>Daytime Phone</p> <p>_____ <input type="checkbox"/></p>

**PART 6 – CHILDREN’S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for receiving meals during care.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Multi-Racial  
☐ Native Hawaiian or Pacific Islander ☐ White ☐

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Basic Food, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We **MAY** share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

**MAIL\*:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue SW  
Washington, D.C. 20250-9410

**FAX:** 202-690-7442  
**EMAIL:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

**\*Only use this address if you are filing a complaint of discrimination.**

This institution is an equal opportunity provider.

**DO NOT FILL OUT – CENTER USE ONLY**

☐ Child(ren) are categorically free based on Basic Food/TANF/FDPIR.

☐ Foster child(ren) have been identified on this form and qualify for the free category.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

~~Child(ren) on this form who are not categorically eligible qualify as follows:~~

Check one: ☐ Free  
☐ Reduced-Price  
☐ Above-Scale

☐ Total Income: \$ \_\_\_\_\_  
Annual Monthly Twice Per Month  
Every Two Weeks Weekly

X  
Signature of Institution’s Representative

☐ Today’s Date ☐  
☐

**NOT VALID WITHOUT SIGNATURE AND DATE.**

**EIEA Effective Date:** If the institution is using the parent/guardian signature date as the effective date, the form must have been signed by the institution representative within the same month the parent signed the form or the immediately following month. If the institution representative does not evaluate and sign the EIEA within these guidelines, the institution representative’s signature date must be used as the effective date.



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## All About Me BARKLEY CHILD DEVELOPMENT CENTER

Please answer all questions which are applicable to your child's age group!

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

Date of Birth: \_\_\_\_\_

Child's Nickname: \_\_\_\_\_

### Life at Home:

Parent's Name (or Guardian): \_\_\_\_\_

Parent's Name (or Guardian): \_\_\_\_\_

### Parents are (please circle):

Married & living together    Separated    Divorced    Unmarried living together  
Single    Child does not live with parents

### Child lives with (please circle):

Mother and Father    Mother Only    Father Only    Mother and Mother  
Father and Father    Mother and Stepfather    Father and Stepmother Both  
Parents (Joint Custody)    Grandparent (s)

Child lives with another guardian (please specify: \_\_\_\_\_)

Are there any custody/visiting arrangements that would be helpful for us to know? (Please note, we cannot enforce parenting plans unless there is a current "No Contact Order" on file)

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### Whatcom Family YMCA Barkley Child Development Center

2415 Rimland Drive, Bellingham, WA 98226  
360 714 0450 [www.whatcomymca.org](http://www.whatcomymca.org)



**Brothers and Sisters:**

(Name)	(Age)	(Lives with child?)
--------	-------	---------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does the child have any pets? \_\_\_\_\_

If so, what kind and names? \_\_\_\_\_

Recent major family changes? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Language(s) spoken at home? \_\_\_\_\_

**Past Care:**

Who has cared for your child other than his/her parents/guardians: \_\_\_\_\_

Has your child had previous experience in group care? \_\_\_\_\_

Was the experience enjoyable for you and your child? If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Eating Habits:**

Does your child have any special dietary concerns/preferences? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child eat unassisted? \_\_\_\_\_ Does s/he enjoy eating? \_\_\_\_\_

What time does your child normally eat?

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Snack: \_\_\_\_\_

Dinner: \_\_\_\_\_

Food Likes? \_\_\_\_\_

Food Dislikes? \_\_\_\_\_

### **Sleeping:**

What time does your child normally go to bed at night? \_\_\_\_\_ Awaken? \_\_\_\_\_

What does s/he take to bed with him/her (blanket, pacifier, etc)? \_\_\_\_\_

What is his/her mood upon awakening? \_\_\_\_\_

Does s/he take naps? \_\_\_\_\_ Naptimes: \_\_\_\_\_

Does your child have trouble falling asleep? \_\_\_\_\_

### **Social Relationships and Personality:**

How does your child get along with other children? \_\_\_\_\_

Other adults? \_\_\_\_\_

What age children does your child prefer to play with? \_\_\_\_\_

Does s/he enjoy playing alone? \_\_\_\_\_

How does s/he relate to strangers? \_\_\_\_\_

What makes him/her upset? \_\_\_\_\_

How does s/he show feelings? \_\_\_\_\_

Is your child afraid of anything? \_\_\_\_\_

What methods do you use when your child behaves in a way you don't approve of? \_\_\_\_\_

How does your child usually react? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

What would you like your child's teachers to know about your child that has not been listed above?



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FOR SOCIAL RESPONSIBILITY

## EARLY ACHIEVERS: PARENT/GUARDIAN CONSENT FOR ON-SITE EVALUATION

Dear Families,

As you know, the Barkley YMCA Early Childhood Program is participating in an exciting new program called **Early Achievers**. We need your help to make this effort a success! Please read below for more information on how you can help us continue to provide high-quality care that helps children learn and grow.

**Early Achievers** is a voluntary program that:

- Provides families with information about the quality of care on a level 1 through 5 rating system.
- Offers child care program resources like coaching and trainings so they can support children's learning and development.

### **ON-SITE EVALUATION:**

Child care programs that participate in Early Achievers receive **on-site evaluation** visits from the **University of Washington (UW)**. The purpose of the evaluation visits is to observe and gather information about the program in order to create an **Early Achievers Rating**.

The Downtown YMCA Early Childhood Program has invited the UW evaluation team to visit random selections of its classrooms as part of the Early Achievers rating process. Your child's classroom may be chosen and observed to help the rating team measure the quality of care provided at the Downtown YMCA Early Childhood Program.

This process includes collecting information that will be used to create a program rating and can be used in the next phase of early achievers to improve the quality of care provided for your child, like:

- Observing the child care environment to learn about the materials, activities and experiences available to support children.
- Observe interactions between teachers and children.
- Audiotaping teachers' language to understand the amount and type of language your child's teacher uses.
- Observing children engaging in the classroom to understand how the environment stimulates children's learning.
- Interviewing teachers and directors about how they use their practice to support their young children.
- Interviewing interested families about how the facility staff partner with families to support their children's learning and development.
- Reviewing program files and documentation to learn how program policies and procedures support quality practice.
- Reviewing child files to see how the program supports each child's learning and development.

### **Whatcom Family YMCA**

1256 N. State Street, Bellingham, WA 98225  
360 733 8630 [www.whatcomymca.org](http://www.whatcomymca.org)

**Please note:**

- Your child's care and education will not be interrupted or altered during this process.
- One Early Achievers rating will be assigned for each participating child care program.
- Information about your facility's participation will be posted on the Department of Early Learning and Child Care Aware of Washington websites.
- Any information that is made publically available as part of Early Achievers will never include information about your specific child.
- **No identifiable information about individual children will be collected.**

**Please let us know if your child's files can be included during the evaluation visit.**

☐ **I allow my child's files to be reviewed as part of the facility evaluation as outlined above.**

☐ **I would like my child's files to be excluded during this process**

• Reason (optional): \_\_\_\_\_

**Child Name:** \_\_\_\_\_

**Parent/Guardian Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Optional:** The UW Evaluation Team would like to hear what you think about how your child care program works with children and families. If you are interested in participating in an interview with the UW team, please indicate below:

☐ Yes, I am interested and willing to be contacted by UW for an interview

(Note: not all families who check yes will be contacted)

☐ Please contact me by phone

Phone Number: \_\_\_\_\_

Best time to call: \_\_\_\_\_

☐ Please contact me by email so I can access a link to an online survey

Email address: \_\_\_\_\_



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## Early Childhood Registration Form BARKLEY CHILD DEVELOPMENT CENTER

Start Date: \_\_\_\_\_

Please fill out one form per child

Amount Due: \_\_\_\_\_

Child's Last Name			First Name		
Age	DOB	Sex	Home Phone		
Billing Address			Email		
Apt. #	City		Zip		
Mother/Guardian's Name			Reside with the child		
	Home Phone		Work Phone		
	Occupation		Place of Business		
Father/Guardian's Name			Reside with the child		
	Home Phone		Work Phone		
	Occupation		Place of Business		
Person Responsible for Payment					
Signature of Responsible Party					

AGE

INFANT

TODDLER

PRESCHOOL

☐☐☐

SCHEDULE

5 DAYS

3 DAYS

2 DAYS

☐☐☐

Please indicate drop off and pick up times:

	MONDAY	Drop Off	Pick Up
	TUESDAY	Drop Off	Pick Up
	WEDNESDAY	Drop Off	Pick Up
	THURSDAY	Drop Off	Pick Up
	FRIDAY	Drop Off	Pick Up
	I give the Whatcom Family YMCA permission to use photographs of my child for display and program purposes. Please initial.		

**Whatcom Family YMCA Barkley Child Development Center**

2415 Rimland Drive, Bellingham, WA 98226  
360 714 0450 www.whatcomymca.org



FOR YOUTH DEVELOPMENT®  
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FOR SOCIAL RESPONSIBILITY

# Membership Enrollment Form WHATCOM FAMILY YMCA

MEMBER ID NUMBER

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## HOME BRANCH

☐ BELLINGHAM

☐ FERNDALE

☐ LYNDEN

## BILLING PARTY

FIRST NAME	MI	LAST NAME	M / F / O	BIRTH DATE (MM/DD/YYYY) / /
MAILING ADDRESS		PRIMARY EMAIL		PRIMARY PHONE NO.
CITY, STATE, ZIP		ALTERNATE EMAIL		ALTERNATE PHONE NO.
EMERGENCY CONTACT NAME		RELATIONSHIP TO BILLING PARTY		EMERGENCY CONTACT PHONE NO.

## HOUSEHOLD MEMBER INFORMATION (IF JOINING)

FIRST NAME	MI	LAST NAME	M / F / O	BIRTH DATE (MM/DD/YYYY)
1.				/ /
2.				/ /
3.				/ /
4.				/ /
5.				/ /

## PLEASE ADD THE FOLLOWING SERVICES TO MY MEMBERSHIP

<input type="checkbox"/> TOWEL SERVICE	NAME	<input type="checkbox"/> LOCKER SERVICE #1	<input type="checkbox"/> LOCKER SERVICE #2
<input type="checkbox"/> TOWEL SERVICE	NAME	LOCKER #1	LOCKER #2
<input type="checkbox"/> TOWEL SERVICE	NAME	COMBO #1	COMBO #2

I would like to make a donation to the YMCA Annual Campaign to help those who cannot afford YMCA Programs or Memberships. I authorize the YMCA to add the following amount to my monthly bank draft to support financial assistance. ☐ ANNUAL CAMPAIGN ☐ \$25 ☐ \$15 ☐ \$10 ☐ OTHER\_\_\_\_\_

## EMPLOYER (S)

FIRST ADULT	SECOND ADULT
-------------	--------------

## MONTHLY BILLING

DRAFT DATE <input type="checkbox"/> 1 <sup>st</sup> OF EACH MONTH <input type="checkbox"/> 15 <sup>th</sup> OF EACH MONTH	MEMBERSHIP TYPE:	STAFF ONLY: FA/EXPIRES
------------------------------------------------------------------------------------------------------------------------------	------------------	---------------------------

## PAYMENT OPTION (SELECT ONE)

<input type="checkbox"/> Automatic Transfer System: Checking or Savings Account	<input type="checkbox"/> Automatic Transfer System: Debit or Credit Card
---------------------------------------------------------------------------------	--------------------------------------------------------------------------

## MY SIGNATURE, BELOW, CERTIFIES I HAVE READ AND UNDERSTAND THE FOLLOWING:

I authorize an Automatic Transfer System (ATS) membership payment each month from the specified checking/savings account or debit/credit card, on or after the date specified. Returned debit/credit card charges may be assessed a \$5 fee by the YMCA. The Y makes two attempts to collect the funds from your account.

I understand changes (includes membership cancellation) to my membership account must be done in person two (2) weeks before my next draft date in order to take effect on my next draft date. They may be done at any of our Welcome Desks. I also understand the amount charged may change (with a 30-day notification) as a result of dues increase or membership type change. I am responsible for notifying the YMCA if my address changes.

I understand that YMCA membership is non-refundable and non-transferable.

SIGNATURE OF RESPONSIBLE PARTY	DATE	STAFF INITIALS
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PLEASE COMPLETE BOTH SIDES OF THIS FORM TO ENSURE ENROLLMENT IS COMPLETE

The YMCA, as a not-for-profit organization, receives funding from the United Way and other foundations that require statistical information on our membership. The following information is optional, confidential & collect only for this purpose.

RACE	HOW DID YOU HEAR ABOUT JOINING THE YMCA?	PRIMARY LANGUAGE
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Active Member Update	<input type="checkbox"/> English
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Billboard	<input type="checkbox"/> Spanish
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Drove By	<input type="checkbox"/> Russian
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Former Member	<input type="checkbox"/> Other -please write below:
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Friend/Family	
<input type="checkbox"/> Multiracial	<input type="checkbox"/> Medical Referral	
<input type="checkbox"/> Native American	<input type="checkbox"/> Movie Theater Ad	
<input type="checkbox"/> Other	<input type="checkbox"/> Newsletter <input type="checkbox"/> Other	
	<input type="checkbox"/> Newspaper	
	<input type="checkbox"/> Pandora Radio Ad	
	<input type="checkbox"/> ParentMap Magazine	
	<input type="checkbox"/> Place of Employment	
	<input type="checkbox"/> Postcard	
	<input type="checkbox"/> Social Media	
	<input type="checkbox"/> Web Search Engine	
	<input type="checkbox"/> Website	

WHAT ARE YOUR **ADULT** AREAS OF INTEREST?

<input type="checkbox"/> Adult Dance	<input type="checkbox"/> Cycling	<input type="checkbox"/> Healthy Lifestyles Programs	<input type="checkbox"/> Small Group Exercise Classes
<input type="checkbox"/> Adult Swim Lessons	<input type="checkbox"/> Diabetes Prevention	<input type="checkbox"/> Low Impact	<input type="checkbox"/> Social Activities
<input type="checkbox"/> Adult Team Sports	<input type="checkbox"/> Family Activities	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Strength
<input type="checkbox"/> Cardio	<input type="checkbox"/> Exercise & Thrive	<input type="checkbox"/> Mind-Body/Yoga	<input type="checkbox"/> Volunteer Opportunities
<input type="checkbox"/> Cardio Strength	<input type="checkbox"/> Flexibility, Balance & Core	<input type="checkbox"/> Personal Training	<input type="checkbox"/> Water Exercise

WHAT ARE YOUR **YOUTH** AREAS OF INTEREST?

<input type="checkbox"/> Academic Enrichment	<input type="checkbox"/> Child Care	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Youth Fitness
<input type="checkbox"/> ACT! Actively Changing Together	<input type="checkbox"/> Climbing Wall	<input type="checkbox"/> Leadership	<input type="checkbox"/> Youth Martial Arts
<input type="checkbox"/> Adaptive Activities	<input type="checkbox"/> Competitive Activities	<input type="checkbox"/> Volunteer Opportunities	<input type="checkbox"/> Youth Sports
<input type="checkbox"/> Camp	<input type="checkbox"/> Games & Activities	<input type="checkbox"/> Youth Dance	<input type="checkbox"/> Youth Swim Lessons

ARE YOU INTERESTED IN VOLUNTEERING AT THE YMCA?

<input type="checkbox"/> Aerobics/Group Exercise	<input type="checkbox"/> Coaching	<input type="checkbox"/> Senior Programs	<input type="checkbox"/> Summer Camp
<input type="checkbox"/> Aquatics	<input type="checkbox"/> Family Recreation	<input type="checkbox"/> Social Activities	<input type="checkbox"/> Teen Activities
<input type="checkbox"/> Board Member	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Spinning	<input type="checkbox"/> Volunteerism
<input type="checkbox"/> Child Care	<input type="checkbox"/> Parent-Child Programs	<input type="checkbox"/> Sports	<input type="checkbox"/> Other
<input type="checkbox"/> Climbing Wall	<input type="checkbox"/> Resident Camp	<input type="checkbox"/> Strength Training	

ACTIVITY LEVEL	WOULD YOU LIKE TO VOLUNTEER TO HELP WITH THE YMCA ANNUAL CAMPAIGN?
<input type="checkbox"/> Already Active	<input type="checkbox"/> Yes - area of interest _____
<input type="checkbox"/> Previously Active	<input type="checkbox"/> Yes - please contact me: _____
<input type="checkbox"/> First Time Exerciser	<input type="checkbox"/> No

CONDITIONS OF MEMBERSHIP

**Member Health:** The applicant represents that he/she is in physically sound condition and understand participation in aerobics and other exercise weight training, recreational sports and use of pools, saunas, steam rooms and fitness equipment carry a potential risk of injuries or illness. The applicant understands the Whatcom Family YMCA assumes no responsibility for any such injury or illness.

**Member Conduct and Right to Use the Facility:** Applicant agrees to abide by all policies and procedures of the Whatcom Family YMCA and its branches and understands failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership.

**Criminal History:** The applicant acknowledges it is the policy of the Whatcom Family YMCA to deny membership to any individual registered as a sex offender.

**Property Loss:** The applicant understands the Whatcom Family YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities for participating in YMCA programs.

**Photograph Permission:** The applicant hereby grants permission for the YMCA to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA programs.

**Insurance:** The applicant understands the Whatcom Family YMCA does not provide any accident or health insurance for its members of participants and further understands it is the applicant's responsibility to provide such coverage.

**Membership Billing:** Any discrepancies to membership billing must be brought to the YMCA's attention within 90 days. The YMCA is not liable for any discrepancies to membership billing issues past 90 days.

RELEASE OF WAIVER & LIABILITY

I am aware that participation in YMCA programs and use of the YMCA facilities may involve certain hazards associated with equipment, physical exertion, games, sports and other programs/activities offered by the YMCA. In consideration of, and as part payment or, the right to use YMCA facilities and participate in YMCA programs, I will hold harmless the YMCA ("YMCA" includes its employees, volunteers, directors, officers and agents) for damages of any type, including permanent physical injuries or death, arising out of the ordinary negligence of the participation in YMCA programs. I fully understand and agree I am waiving all claims I may have against the YMCA arising out of the ordinary negligent acts by the YMCA, and I agree I will not bring a lawsuit against the YMCA arising out of its ordinary negligence. If any portion of the Release is held invalid, I agree the remainder shall continue to be enforceable.

SIGNATURE OF RESPONSIBLE PARTY	DATE	UNIT ID NO.
SIGNATURE OF ADDITIONAL ADULT APPLICANT	DATE	





# Whatcom Family YMCA Health Policy

Agency Name: Whatcom Family YMCA – Barkley Child Development Center

Director: Lori Stacy

Street: 2415 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 110-300-0465-4j)
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 110-300-0460-4a)

### **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 licenser 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**

**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)** until clear or until 24 hours of antibiotic treatment.
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.

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.

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
- Note from health care provider to return to care

## 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](http://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:**

- |                                                                     |                                                                                         |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> AIDS (Acquired Immune Deficiency Syndrome) | <input type="checkbox"/> Human Immunodeficiency Virus (HIV) infection                   |
| <input type="checkbox"/> Animal bites                               | <input type="checkbox"/> Influenza (if more than 10% of children and staff are out ill) |

- |                                                                             |                                                          |
|-----------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Bacterial Meningitis                               | <input type="checkbox"/> Listeriosis                     |
| <input type="checkbox"/> Campylobacteriosis (Campy)                         | <input type="checkbox"/> Measles                         |
| <input type="checkbox"/> Cryptosporidiosis                                  | <input type="checkbox"/> Meningococcal infections        |
| <input type="checkbox"/> Cyclosporiasis                                     | <input type="checkbox"/> Mumps                           |
| <input type="checkbox"/> Diphtheria                                         | <input type="checkbox"/> Pertussis (Whooping cough)      |
| <input type="checkbox"/> Enterohemorrhagic E. Coli, such as E. Coli O157:H7 | <input type="checkbox"/> Polio                           |
| <input type="checkbox"/> Food or waterborne illness                         | <input type="checkbox"/> Rubella                         |
| <input type="checkbox"/> Giardiasis                                         | <input type="checkbox"/> Salmonellosis including Typhoid |
| <input type="checkbox"/> Haemophilus Influenza Type B (HIB)                 | <input type="checkbox"/> Shigellosis                     |
| <input type="checkbox"/> Hepatitis A (acute infection)                      | <input type="checkbox"/> Tetanus                         |
| <input type="checkbox"/> Hepatitis B (acute and chronic infection)          | <input type="checkbox"/> Tuberculosis (TB)               |
| <input type="checkbox"/> Hepatitis C (acute and chronic infection)          | <input type="checkbox"/> Viral Encephalitis              |
|                                                                             | <input type="checkbox"/> Yersiniosis                     |

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

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 | ♦ Cell phone |
|----------------------------|------------------|---------------------------------------------|--------------|

(Epi-  
pens/inhalers/etc)

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:

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	1/3 cup + 1 Tablespoon	3 Tablespoons	2 Tablespoons
1 Quart	1 ½ Tablespoons	2 ¼ teaspoons	1 ½ teaspoons

**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 CFC5.5.0.2)
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 graham's).

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 CFC 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 110-300-0465-4f)

## **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 preschool classrooms. During a health emergency or pandemic, tooth brushing may be different based on recommendations from the health department or other government agencies.

Toothbrushing is done once per day in the preschool classroom and a dental activity is done once per day in the toddler classroom. (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".