

PARENT HANDBOOK



**EARLY LEARNING
CENTER**

Revised: Fall 2022

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WELCOME

The Early Learning Center is a full-service child care program that provides high-quality full time early learning opportunities. We serve primarily Lower Columbia College (LCC) students and their children. We do have a limited number of LCC Staff/Faculty slots. We accept children ages 4 weeks through kindergarten entry. The center is conveniently located on the LCC campus adjacent to the 20th Avenue parking lot.

The Early Learning Center (ELC) provides physical, cognitive, social and emotional and language development experiences for children 1 month through Kindergarten entry. The ELC is open to children regardless of race, creed, color, national origin, or ability.

The ELC is a subcontractor for Early Childhood Education and Assistance Program (ECEAP). We have 17 half day slots that allow us to provide additional services to qualifying families.

ENROLLMENT AND ADMISSION

The mission of the LCC Early Learning Center is to provide high quality on-campus child care to support degree seeking students during their educational journey. Because we are participants of the CCAMPIS grant and serving LCC student parents is the primary mission of the ELC, the target for enrollment of the Center will be 75% students (must be certificate or degree seeking) and 25% faculty and staff. Upon graduation, students will transition to community child care, assisted by the ELC Family Navigator. Child care services for graduates may continue through August 31 after graduation if needed.

Enrollment Forms:

All ELC enrollment forms **must be completed** before child attends. These forms include, but are not limited to the following:

1. Registration form, including child's health history (Completed annually) and consent to medical care and treatment
2. Emergency Contact and Authorization Form
3. WaKIDS Introducing Me!
4. Immunizations Report
5. Signed Field Trip permission
6. Permission to Photograph
7. Child Care Services Agreement/Schedule
8. Confidentiality Agreement
9. DSHS Information Release
10. USDA form
11. Early Achiever Consent
12. Screening/Assessment Consent
13. Covid-19 Statement of Understanding
14. Signed Parent Orientation

HOURS OF OPERATION

The Early Learning Center is open Monday through Friday 7:30 a.m. to 5:30 p.m. during Lower Columbia College's academic year, and Monday through Thursday during the summer quarter. The ELC closes for federal holidays, staff in-service days, one Friday a quarter for conferences and winter break in December. Copies of the current calendar, including closure days, are available in the ELC office and online at https://lowercolumbia.edu/childcare/_assets/documents/ELC_Yearly-Calendar.pdf. The ELC **does not** offer drop-in childcare services. Children must attend according to their schedule.

TELEPHONE NUMBERS

Administrative Office, 1720 20 th Ave. Longview, WA	(360) 442-2903
Director, Kari Johnson	(360) 442-2890
Asst. Director, Nicole Logotaeao	(360) 442-2903
ECEAP Family Advocate, Annie Gaddis	(360) 442-2905
Caterpillars - Birth-11 months Room, Sarah Ross	(360) 442-2902
Butterflies - 12-29 months Classroom, Kristina Harris	(360) 442-2901
Fireflies - 12 -29 months Classroom, Cheryl Martinez	(360) 442-2895
Grasshoppers - 36-60 months Classroom, Kristin Hancock	(360) 442-2894
Ladybugs - 30-60 months Classroom, Deanna Anderson	(360) 442-2896
Bumblebees - 36-60 Months Classroom, Michelle Hanberry	(360) 442-2893
Early Childhood Degree Faculty, Josie Zbaeren	(360) 442-2891

THE EARLY LEARNING STAFF

The ELC staff transforms the traditional classroom learning concept into child-centered learning environments that are age and developmentally appropriate for every learner. All Lead Teachers are degreed Early Childhood professionals and believe that positive early education experiences enhance children's innate ability to explore, discover and practice their distinct learning styles. Each staff member brings with them a love for children and a joy for watching children learn, a commitment to understand each child's needs and abilities and a desire to facilitate the learning process.

GOALS OF THE PROGRAM

The ELC provides a comprehensive educational experience for children, parents, and students.

Children: Our educational goal for children is to provide a safe, nurturing, learning environment. We utilize best practices in developing curriculum that will meet the diverse needs of our population. In doing so, we incorporate different learning styles,

multiple intelligences, cultural differences, age-appropriate and individually appropriate focus.

Parents: Our educational goal for parents is to provide relevant parenting information that will support their individual family goals. By providing a quality caring environment for their children, we are also supporting their progress toward parents' own educational goals. We view ourselves as an integral support system for the dual role of parent and student.

Students: Our educational goal for students is to provide a hands-on lab experience. Our classrooms are led by Early Childhood Education Specialists who have designed high quality environments and provide expertise and mentoring. Students gain skills and competence in the areas of classroom management, curriculum development, and implementation strategies designed to ready them for employment in the Early Childhood field.

MISSION STATEMENT

The primary mission of the LCC Early Learning Center is to provide high quality on-campus child care to support degree seeking students during their educational journey.

PROGRAM PHILOSOPHY

The ELC's program is based on the philosophy that children are best served in an environment that stimulates and encourages creative and developmental growth appropriate to each child's individual needs. The ELC provides experiences that enrich and enhance each child's cognitive, language, social, emotional, physical, and creative development.

Within the ELC's daily schedule, each child has opportunities to create, explore the environment, learn problem-solving and personal interaction skills, and learn concepts through first-hand experiences. Children develop a positive self-concept through a balance of self and teacher-directed activities. Opportunities for free play, solitary play as well as group activities are provided.

The ELC staff serves as positive role models and provides care that is supportive, nurturing, warm, and responsive to each child's individual needs. We respect parents as the primary and most important provider of care, nurturing, and teaching. We believe parents and teachers are partners in children's care and education.

SUPERVISION

Teachers directly supervise infants, toddlers and preschoolers both visually and audibly at all times. This includes but is not limited to when children are inside, outside, napping/sleeping or waking.

Teachers scan the environment, position themselves to supervise all areas accessible to children, being aware of what children are doing at all times and being available to promptly assist or redirect a child as necessary.

Teachers regularly count children at every transition and when leaving one area and arriving at another, when crossing the threshold of a door, going outdoors and coming indoors to ensure the safe whereabouts of every child at all times.

Teachers maintain an accurate attendance record, child count on their classroom white board and on their clipboard (which follows the children outdoors) so they can state the number of children in their care at any given time.

WAKids Introducing me!

WaKids Introducing me! is a great way for families to tell us about their family and their child they are enrolling. It gives us a small glimpse into ways we can engage with their child and individualize their learning.

Curriculum

The Early Learning Center uses Creative Curriculum from Teaching Strategies for their lesson plans. It differentiates learning for every child, individualizing instruction by understanding how children's abilities progress and supporting them with unique color-coded progressions that show the typical development of skills from birth through third grade. It helps us effectively scaffold learning experiences to respond to each child's current strengths and needs with embedded guidance and strategies located on curricular resources. Creative Curriculum is aligned with WA Early Learning Guidelines. Teachers are trained and pass an interrater reliability assessment prior to using the curriculum.

SCREENINGS

Screening is an early look at a child's development. From birth to 5 years, your child should reach milestones in how he or she plays, learns and communicates, acts and moves. We screen every child within 45 days of enrollment in the ELC, when the child transitions to a new classroom, and every fall. This allows health and developmental concerns to be addressed well before a child enters kindergarten and enables your child to get early intervention services if needed. The Early Learning Center will work with Lower Columbia College interpreting staff to successfully screen children in their home language. The ELC uses the Ages and Stages Questionnaires as our primary screening tool. We use ASQ-3 and ASQ-SE2. Screening is not a substitute for health care from your family physician, dentist or other health care providers. Early childhood screening checks:

- Movement and Physical Development (fine and gross motor skills)
- Language and Communication
- Cognitive Development (learning, thinking, problem-solving)
- Social and Emotional Development

ASSESSMENTS

Early childhood assessment is a process of gathering information about a child, reviewing the information, and then using the information to plan educational activities that are at a level the child can understand and is able to learn from. Assessments and the information gathered during them play a key role in the development, planning and improvement of

the entire Early Learning Center Program. Data collection for assessments starts the day the child enters our program. Assessment is a critical part of a high-quality, early childhood program. When we do an assessment, we observe a child to get information about what he or she knows and what he or she can do. This is done through one-on-one, small group and large group activities. Many observations are done while a child is at play. This method allows teachers to gather an authentic perspective of a child's development, capturing spontaneous conversation and problem solving as well as information across all developmental domains. At times, more structured activities are planned and implemented by the child's Mentor teacher to gather information that is difficult to assess through organic play. Observing and documenting a child's work and performance over the course of a year allows an educator to accumulate a record of the child's growth and development. With this information, educators can begin to plan appropriate curriculum and effective individualized instruction for each child. This assessment record is shared with parents quarterly so they can follow their child's progress at school, understand their child's strengths and challenges, and plan how they can help extend the learning at home.

The LCC Early Learning Center uses Teaching Strategies Gold as a formal assessment and is an approved formal assessment by Early Achievers and the State of Washington. We also collect informal assessment data such as child work and anecdotal notes for child portfolios. Assessment data is collected daily. Assessment & screening information is shared with families quarterly at parent/child conferences. As a result of the information shared, individual goals are developed and updated for each child. If the screening and assessments show any immediate concern, information will be shared with families sooner. Results will be shared with the families in their home language by utilizing the Lower Columbia College interpreting staff.

PARTNERING WITH FAMILIES

Open House- Each fall, we have an open house so families and children can meet their teacher and see the classroom.

Family Nights- The ELC hosts a family night each quarter so children and parents can interact with the ELC staff in a fun, relaxing environment. This is a great way to show your child the importance of school and education and develop a partnership with your child's teacher. Dinner is provided as well as make and take activities for the whole family.

Conferences

The last Friday of each academic quarter, the center is closed so teachers can meet individually with parents to discuss child goals, progress and go over screenings and assessment data. Parents will have the opportunity to share their family's culture, interests, changes in the home and ways they can collaborate with the teacher.

FEES AND PAYMENTS

Early Learning Center Rates:

Childcare fees are based on full and half-day rates and the quarterly total is determined by the number of days per quarter the child is enrolled in the ELC. **Four half-days or 3 full days minimum enrollment is required.**

	Birth – 11 months.	12 months.- 29 mos.	30 months- kinder. entry (and potty trained)
<u>Student/Staff</u>			
Half-Day	\$42.00/day	\$36.00/day	\$32.00/day
Full-Day	\$52.00/day	\$46.00/day	\$42.00/day
<u>Base Rate</u>			
Half-Day	\$47.00/day	\$41.00/day	\$37.00/day
Full-Day	\$57.00/day	\$51.00/day	\$47.00/day
Additional Fees: • Annual Registration fee - \$50.00 per family • Schedule Change fee - each quarter 2 free, additional changes \$75.00			

❖ Financial Assistance

- DSHS Working Connections & Tribal Subsidy payments accepted. Students receiving state-paid or Tribal child care assistance **must** notify the ELC office. A signed and completed Student Release and Payment Agreement Responsibility form is required. DSHS Provider Information forms can be obtained from the ELC office.

Note: Parents' quarterly class and work schedules must be completed and approved before children are enrolled in the ELC. Four half days or 3 full days is required for enrollment. Priority placement is given to parents needing more than four hours per day and five days per week enrollment.

Payments

Childcare fees are calculated quarterly on a per day basis. All payments are due by the **15th** of each month. Payments are made at the LCC cashier's located in the Admissions Building or by calling the cashier 360-442-2210. All fees must be paid in full at the end of each month or child care services will be terminated.

The Early Learning Center (ELC) offers two calendar billing options.

1. LCC academic calendar. This option bills only for days that LCC classes are in session and finals week. Childcare services will not be provided for days outside of the academic calendar.
2. Year-round calendar. This option bills for all days the ELC is open.

When filling out the childcare services agreement, you must choose one of these options. The ELC is unable to bill based on other schedules (school districts, other colleges, vacations, etc.)

Parents are required to complete new schedules prior to the beginning each quarter regardless if a change in schedule occurs. This schedule serves as your childcare services agreement for the quarter and is not considered a change in schedule.

Change of Schedule Fee:

When class and work schedules are revised, all billing forms, classroom working schedules, workers hours are adjusted as well. For this reason, the Early Learning Center will allow one revision per schedule per quarter without charge. **A \$75.00 revision fee will be charged for the second revision and every revision thereafter.** CHANGES IN BILLING WILL NOT TAKE EFFECT UNTIL THE FIRST DAY OF THE FOLLOWING MONTH.

Registration Deposit:

A non-refundable family registration deposit of \$50.00 is required at the time of enrollment and annually thereafter. The registration deposit is due when the child is accepted for enrollment. Parents who attend spring quarter and plan to return to LCC in the fall quarter must pay the registration deposit by July 1, in order to guarantee their children's placement.

Late Pick-up Fees:

The ELC closes every day at 5:30 p.m. Parents neglecting to pick up their children by 5:30 p.m. will be charged **\$1.00 per minute per child until children are picked up. If staff is unable to make contact with persons listed on the pick-up list within 30 minutes, CPS will be contacted to collect the child. If a child is left in care after closing more than 3 times in an academic year, services will be terminated.**

Refund Policy:

If you discontinue care in the middle of the quarter, you will be responsible for paying for the current month as your original schedule states. Changes will be effective beginning the first day of the following month. Refunds will be calculated on the remainder of days for the following months of care.

Childcare fees will not be reduced for absences due to minor illness (cold, flu etc), when child stays home with another caregiver, or for vacation days taken during the quarter.

Rate Evaluation:

Rates for childcare services are evaluated annually. Returning parents are notified in writing 30 days in advance of the rate changes.

CENTER ACCESS

Classroom access is limited:

In the current climate of high concern about school safety, ELC staff is both watchful and sensitive, and access to children is carefully controlled. Evacuation and reunification plans have been developed to ensure your child's safety in the event of an emergency.

Copies of these plans can be found in the Emergency Preparedness Handbook posted just outside the center door and additional copies can be provided upon request.

Persons who do not have official business at the ELC will not have unsupervised access to children. It is the center's policy for staff to question any adult they see in the facility or on the playground who they do not recognize.

Parents have a right to be in the center any time they choose and to visit any part of the center their child uses. Staff will not, however, leave parents alone unsupervised with children other than their own.

Early Learning staff are especially careful about who they let sign out a child. Parents indicate the persons they authorize to pick up their child on the Emergency Contacts and Authorization Form.

Center personnel will ask to see a photo ID before a child is released from the Center's care. If proof cannot be shown that a person is authorized to pick up a child, WE WILL NOT release the child. Staff will contact the parents by phone or call one of the backup people on the authorized list.

A parent or guardian involved in a child custody dispute may want to prevent the other parent from visiting or picking up the child. The person making the request must supply the ELC with a copy of a current court-issued restraining order or parenting plan. The restraining order/parenting plan will be kept on file at the Center, and all personnel will be advised of the order. Staff will call Law Enforcement or Campus Security immediately if there is a problem. If a restraining order or parenting plan is not provided and the parent or guardian is listed on the child's enrollment form, the ELC will have to release the child to their parent/guardian.

THE EARLY LEARNING STAFF WILL NEVER RELEASE A CHILD TO AN UNAUTHORIZED PERSON.

Parents should notify the center when someone other than the regular person will pick up the child. We request that parents give us advance notice when someone else will be picking up the child, even if the person's name appears on the authorized pick-up list. Staff and children will then know who to expect. Parents can make revisions to the Emergency Contacts and Authorization Form in the ELC office during regular operating hours.

Child safety is our top priority and any child under the age of 16 is not permitted to be left in a running vehicle in the Early Learning Center parking lot in accordance with **RCW 46.61.685**. Additionally, harmful exhaust fumes can enter the center from any running or idling vehicle. Please refrain from leaving your vehicle idling except when extreme weather temperatures make it necessary.

SIGNING IN AND OUT

You will find an electronic sign in/out at the entrance of the building. You will be registered in Procure and shown how to sign your child in and out. Only the people you have listed on your Emergency Contacts and Authorization Form will be allowed to sign your child in or out. Families are required to sign their child in and out each day. If you are having trouble with the system, you may ask the office for assistance.

TRANSITIONS

Our program pays special attention when transitioning children. There are several types of transitions, listed below, that your child may go through while in our program.

When you enroll your child in the Early Learning Center

- Wait List Application
- Enrollment packet
- Registration forms
- Child Information Sheet
- Parent Handbook
- Program Calendars
- USDA meal information
- Program Orientation
- Go over paperwork with Program Specialist
- Tour Center
- Meet the teacher
- Classroom orientation
- Sign-in/out procedures
- Toileting/diapering policy and space
- Child's personal belonging space
- Daily Parent/Teacher Communication methods
- Class Schedule
- Class Lesson Plan

When teacher combine their class with another group (combining groups)

1. Give a transition warning to the children. Let them know in 5 minutes they will be joining their friends in Teacher _____'s class.
2. Line the children up and count them.
3. Walk the children over to the new classroom.
4. Count the children as you enter the new classroom.
5. Announce to the teacher that your children will be joining their class. Name the children you are combining.
6. Give the children a time to be greeted and a time for them to say hello. Do not combine classrooms if the teachers are too rushed and hurried to properly greet children.
7. Give the clipboard with the attendance and flow sheet to the teacher.
8. Write your children's names on the whiteboard.
9. Children's belongings will remain in the room in which they spend the majority of the day.

Arriving at School

- Child and parent will be greeted by teaching staff
- Parent will sign child in
- Child will hang up coat and wash hands
- Staff will add child's name to white board and mark on meal count
- Staff will ask parent how their day has been and ask to share information

Leaving for the day (going home)

- Staff will make sure child's belongings are gathered and in their cubby
- Staff will greet parent when they enter the classroom
- Parent will sign child out
- Teacher will share information about child's day with parent

When your child moves to the next age group (Age Progression)

- Current teacher meets with future teacher
- Child begins to visit the new classroom for short periods of time. A teacher the child is familiar with will stay with the child whenever possible.
- Age progression form is filled out and documents are collected
 - Class Schedule
 - Menu
 - Class Expectations
 - Lesson Plan
 - Assessment File
 - Goals
 - Medication and authorization form
 - Current teacher meets with parents and goes over age progression form
- Families are able to express any concerns, ask questions. The decision is made as a team with the child as a focus.

When discontinuing services with the Early Learning Center

- The child's belongings will be collected including medication
- Teacher will meet with parent to review assessment file
- Parent will take child portfolio
- If leaving to attend a different child care setting, parent can access our Family Navigator to assist in finding care.
- Childcare Aware 800 number is shared if the family is moving out of the area or will no longer be an LCC student or employee

Moving on to kindergarten

- Kindergarten Transition Assessment will be completed on every child going to kindergarten

- Kindergarten assessment will be shared with kindergarten teacher and families
- Staff will determine where each child will go to kindergarten and collect needed information
- Staff will post kindergarten registration information
- Children will participate in a graduation ceremony
- Steps for exiting program will be followed

TERMINATION OF SERVICES

1. Payment owed under the childcare services agreement contract is not paid within 30 days after such payment is due;
2. The child is picked up after closing without notification more than three times in a quarterly period.
3. Breach of confidentiality

EXPULSION POLICY

Expulsion Policy 110-300-0486

The Early Learning Center will not expel any child from the Early Learning Center.

Classroom teacher will complete a current ASQ-SE2 screening. Classroom teachers will contact parents when a child's behavior is threatening or unsafe to be around other children. Director will be notified.

If concerning behavior continues, the director and teaching staff will meet with the family to come up with a behavior modification plan to try to help the child be successful in the classroom. Director or assistant director will assess the classroom to see if any necessary changes need to be made in the environment that may be triggering the behavior.

Every effort will be made to find a resolution with parent and Early Learning Staff collaboration. The Center will make referrals to a mental health consultant to help the child and family connect with specialized services within their school district for extra support.

MANDATED CHILD ABUSE REPORTING

The Early Learning Center is required by Washington State Law and State Licensing requirements to report immediately to Law Enforcement and Child Protective Services any instance when there is reason to suspect the occurrence of physical, sexual, or emotional child abuse, or child neglect, or exploitation. **The Early Learning Staff will not notify parents, guardians or other Center personnel that a report has been made.**

COMPLAINT PROCESS

The Early Learning Staff acknowledges that parents are the primary and most important caregiver for their child's care, learning and development. In addition, we believe that children are best served when parents and teachers create partnerships that are based on mutual respect and promote communication. However, difficulties and misunderstandings can arise. The Early Learning Center's Complaint Process is designed to assist the parent, the teacher(s) and, if necessary, other LCC staff to come to a joint resolution.

Grievances

A grievance is an oral or written complaint regarding:

- A denial of childcare services,
- Dismissal from Early Learning Center,
- Dissatisfaction with the childcare services,
- Conflict with Early Learning Staff.

Verbal Complaints

If a parent wants to talk with their child's Lead Teacher or with the Center Director because she/he is dissatisfied with the quality of services, a verbal complaint can be filed. Examples include, but are not limited to, the manner of communication by Center staff, or concerns about the Center's policies and procedures.

To file a verbal complaint, the parent contacts the Lead Teacher and/or Center Director and asks for a time when all parties can meet privately to discuss the complaint openly and fully. Every attempt will be made to resolve the complaint in an amicable and respectful manner that is mutually beneficial to all parties.

Chain of Command

Director of Instructional Operations

Program Supervisor

Program Director

Assistant Director

Mentor Teachers

Assistants

PROHIBITED SUBSTANCES

Alcohol and Drugs:

ELC personnel cannot be under the influence of alcohol or drugs, including marijuana while on the job. This means:

- These substances cannot be consumed at work or before coming to work.
- Use of drugs, including marijuana, and excessive use of alcohol can lead to termination of employment.

The Early Learning Center takes this policy very seriously. This policy protects the safety of our children, the integrity of our profession and the continued operation of the ELC.

In the event a drinking situation involving an adult picking up a child occurs, State Licensing regulations provide the following guidelines:

- Ask permission to call their spouse or partner.
- Ask permission to call a backup person on the authorized pick up list, or
- Volunteer to call a cab.

In addition to these steps, and depending on the gravity of the circumstance, ELC personnel may call Campus Security.

If the person leaves with the child and Center personnel fear for the child's safety, Law Enforcement and Child Protective Services (CPS) will be called (WAC 110-300-0475)

LCC's Administrative Policy 635:

Smoking and vaping are inappropriate in a child care setting. It not only can injure the children through second hand smoke, it serves as a poor model for their own future behavior. Neither Center personnel nor parents may smoke or vape inside or outside Center premises, or in a vehicle transporting children at any time. If staff members wish to smoke, they must do so away from children and the building, off the premises. Staff who smoke must do so where children cannot see them. The ELC requires staff or volunteers who smoke to wear a jacket or other covering when smoking. A jacket worn during smoking may not be brought into the Center. Often, persons who smoke have a strong smoking odor which can be offensive and /or trigger allergies or asthma in sensitive people (WAC 110-300-0420).

SCHEDULED ACTIVITIES

Daily Classroom Schedules:

Lead Teachers are responsible for planning the activities provided for infants, toddlers, and preschoolers. The majority of the child's day, learning takes place through play-based activities. Activities are planned in a way to minimize transitions throughout the day. The daily scheduled routines are posted in each classroom and copies are available for parents to take home.

Quiet Time / Rest Time:

Rest and quiet times vary by age group and usually begin after lunch. We want naptime to be a pleasant experience. It works best for your child to arrive at least 30 minutes before scheduled rest time. Children who are under 5 years old and in care more than 5 hours must be given a rest time.

Teachers monitor all children during rest periods following safe infant sleep practices for children ages 4 weeks -12 months. Teachers actively supervise children being within in visual and auditory range during the entire duration of the rest period. Sufficient lighting is maintained during rest periods so teachers can observe skin-color and breathing patterns of all children while sleeping.

If your child does not fall asleep within 30-45 minutes they will be allowed to participate in quiet activities. Quiet activities are provided for children who choose not to rest or are scheduled to be picked up during rest time. Please consult with the Lead Teacher if your child has any fear issues that may interfere with the resting time.

Cribs, crib sheets & sleep sacks are provided for infants in our care. Nap mats & sheets are provided for children 12 months & older. If you would like to provide a blanket and/or comfort item, please take them home with you on the last day of care to launder.

Cribs and mats are placed 36" apart to cut down the spread of germs. Mats & cribs are not shared between children. Mats are cleaned & sanitized at the end of each week. Mattresses, sheets & blankets that are the property of the ELC will be laundered weekly.

Gross Motor/Outdoor Play:

All children in our center go outside to play in the morning and in the afternoon. We provide many play spaces for your child to utilize. Please remember to bring a coat with your child daily. You may also want to leave a pair of rubber boots and gloves in your child's cubby for colder weather days. We also ask that you put sunscreen on your child during the sunny months before bringing them to childcare. We will apply sunscreen in the afternoon with written permission.

MEALS AND SNACKS

The ELC prepares and serves breakfast, lunch, and two afternoon snacks. We follow the USDA guidelines as well as the Washington State Licensing Code (WAC 110-300-0180). Our meals and snacks provide healthy, fresh foods with variety. We also provide milk and water at each meal. Monthly menus are located on the classroom parent boards.

We use meal times as part of your child's learning experience. We want all meal times to be positive. Some of the things your child is working and learning during meal times are:

- Social skills-sharing, conversations, being next to others, manners, self-help skills
- Cognition and General Knowledge-identifying food, food groups
- Health and Safety-nutrition, healthy bodies
- Motor development- Hand-eye coordination, use of utensils, pouring milk

Use the following links to learn more about the USDA food program and dietary guidelines choosemyplate.gov.

Parents of children 1 month through 11 months can provide parent preference of baby bottles and breast milk, if used. Formula and baby food will be provided. For older

infants, Food preferences and menus will be provided. Parents always have the option to bring infants food from home.

Children and classroom teachers are seated together at the table during meal times. Meal times are part of the ELC's life-experiences curriculum. It is the Center's goal to make mealtimes pleasant, where happy talk is exchanged, spills are no big deal, and table manners are used. Children are encouraged to try all food choices. Children are not bribed or rewarded for eating. Food is served on individual plates. Children are given an opportunity to serve themselves.

Children wash their hands before sitting at the table and when lunch immediately after meal is completed.

Special Diets:

Written documentation from a Health Care Provider is required if a child is unable to tolerate certain foods due to allergies or food intolerances.

The ELC requires an Individual Health Plan be completed by the parent and child's physician(s) before the child attends care. Every reasonable accommodation will be made to meet special dietary needs. Parents may be asked to provide adaptive eating utensils and/or foods that are prescribed by the child's physician. Special accommodations will be made to track children's daily food consumption if they have special dietary needs. Information will be shared with family at pick up.

Dietary restrictions and food allergy warnings are posted in the ELC kitchen and child's classroom.

Parent provided foods; special requests and diets are assessed on a case by case basis. Additional paperwork or documentation may be required.

No homemade food items will be shared with the classroom children. NO exceptions will be made to this policy. If you are bringing a "treat" for your child's class, it must be store bought and come to the center in the original container/packaging. This includes cut fruit and vegetables.

Meal Schedule:

Breakfast, lunch and afternoon snacks are provided and included in the childcare rates. Meal and snack times vary per classroom. Please ask your child's teacher for meal service time for your child's classroom.

Meal	Begins	Ends
Breakfast	8:30 a.m.	9:00 a.m.
Lunch	11:00 a.m.	12:00 p.m.
Afternoon Snack	2:30 p.m.	3:00 p.m.
Late Afternoon Snack	5:00 p.m.	5:30 p.m.

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

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

To file a program discrimination complaint, a Complainant should complete [Form AD-3027, USDA Program Discrimination Complaint Form](#)(link is external), from any USDA office, by calling 866-632-9992 or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **Mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **Fax:**833-256-1665 or 202-690-7442; or
3. **Email:** [USDA Program Intake](#)(link is external)

TOOTH BRUSHING

We will brush teeth once during the scheduled school day. The typical time will be after breakfast. Teachers will model teeth brushing through video and puppet and encourage children to follow the teacher’s lead. Parents of children over the age of 2 years old will need to sign a medication form to allow children to use toothpaste.

RELIGIOUS ACTIVITIES & HOLIDAY CELEBRATIONS

The ELC believes children need an environment that exposes them to other cultures and traditions in order to be more accepting of each other and their uniqueness.

The classroom teachers neither include nor exclude grace before meals, religious stories or songs. The classroom teachers acknowledge the rights of children who choose to pray before meals. Please consult with the Lead Teacher before sending religious stories or songs to be shared in the classroom.

Holidays, traditions, celebrations and social activities are an important part of every child, family and staff's life. We recognize that our families and staff come from diverse backgrounds. We have different beliefs, traditions and values. All celebrations during the year will be developmentally appropriate. Parents will be notified in advance of the celebratory plans that include their children and will have an opportunity to share their concerns / suggestions with the Early Learning staff. Alternative options that focus on the child's well being will be explored for parents who choose not to allow their children to participate in a group holiday celebration.

FISH POLICY

We have the following Fish and Fish tanks on the premises: Beta, Goldfish

Fish Tanks are secured from falling and located: on the counter. (In accordance with WAC 110-300-0225, the fish tank(s) will not be located in corridors, entrance ways, or where children eat, sleep or play. Nor in infant and toddler areas)

Children who have allergies to fish will be accommodated by not being exposed to the fish.

FIELD TRIPS

Permission:

The ELC requires parents to sign permission slips allowing their children to leave the Center. Field trips may include walks around the LCC campus, trips to the Longview Public Library, School Garden and Vandercook park.

Parents are notified in advance of field trips so that children may arrive appropriately dressed. Drop off and pick up times can be altered, if necessary. We invite parents to express any concerns they may have about their children going on a particular outing.

Some outings may be "spontaneous," due to nice weather or attending a special story time at the city library. Spontaneous outing information will be posted on the secured classroom entry door detailing location and time returning. Every effort will be made to see that the group leaves and returns at convenient times so parents can drop off or pick up their children as scheduled.

Appropriate care and activities are provided for children who choose not to go, or who do not have their parent's permission to leave the Center.

Safety:

Safeguards the Early Learning Center follows to ensure every child's safety when away from the Center include:

- ❖ First Aid kits
- ❖ Children's emergency medical and general information
- ❖ Phone access (cell phone, change for pay phone)
- ❖ Notifying office staff where the group is going and when they plan to return
- ❖ Teachers signing the children out when they leave, and signing in when they return

Transportation:

Field trips are planned within walking or strolling distance of the childcare center. The ELC does not provide motorized transportation.

BEHAVIOR MANAGEMENT THROUGH POSITIVE GUIDANCE**Philosophy:**

The goal of positive guidance is often described as "helping young children gain inner self-control so they become aware of what is acceptable behavior." As adults, then, we need to guide young children so they are able to attain this inner self-control.

Some reasons for misbehavior:

Children often act out because:

1. they are acting their age,
2. they are having difficulty in their lives (hungry or tired, unhappy, tension at home, change of routine, etc),
3. too much is asked of them for their age and / or development,
4. They are uncertain what is expected of them.

Early Learning Center Positive Guidance Policy:

1. All language and actions directed to children must be of a positive nature. Many behavioral problems may be avoided by providing physical contact or comfort; holding, touching, quiet conversation, acknowledging each child's presence.
2. There will be no corporal punishment of children. No spanking, pulling arms, hitting, kicking, biting, jerking, shaking, or slapping or any other means of inflicting physical pain, because this does not coincide with our positive guidance philosophy. Staff members or parent participants will not use any form of punishment, physical or verbal, which may result in lasting damage to the children's positive feelings about themselves.
3. Children will be guided according to each child's individual needs in agreement with the Lead Teacher. This will depend upon the age, developmental level, and personality of the child involved.
4. During toilet learning, we understand that children have toilet accidents and we emphasize that each child's dignity and sense of self-worth will be preserved and that the successes will be praised and the failures given minimum amount of attention.

5. In keeping with our philosophy concerning maintaining an environment which provides for the safety and well-being of each child, the children will be guided toward attaining self-control when children:

- hurt themselves or others,
- misuse and are destructive of materials,
- are verbally abusive or use profanity.

In the event a child's misbehavior cannot be corrected using the Center's positive guidance strategies, we will contact the parent immediately to work out a solution. Every effort will be made to resolve the problem with parent and lead teacher and/or director collaboration and/or outside help if necessary.

Expulsion Policy - See Termination of Services p. 12

WELLNESS MONITORING AND ILL CHILD EXCLUSION

One of the goals for the ELC is a high health standard. Upon arrival at the ELC, children's appearances are observed for wellness and are monitored throughout the day. The Lead Teacher will document any noticeable signs of illness on the Health Monitor form. Symptoms that might indicate the need for exclusion, but not limited to, are:

● Fever over 100.4°	● Eye Discharge or pink eye
● Vomiting	● Too tired or sick to participate in Center activities
● Diarrhea – 2 or more watery stools	● Lice or nits
● Draining rash/ Unexplained rashes	● Communicable diseases
● Hacking deep cough	● Severe congestion

Keeping an ill child home not only protects other children at the ELC, but also shortens the period of illness and greatly reduces the possibility of the child getting a secondary infection during this period of lower resistance.

NOTE: In addition, when a child has a condition that may not be contagious but interferes with the Center's scheduled activities and routines, and / or requires a great deal of individualized time and attention, the child will be excluded from group care.

Ill children cannot be accepted at the ELC. If the child exhibits any of the above symptoms, we insist the parent keep the child home until symptoms disappear for at least 24 hours or until we receive written permission from a Health Care Professional stating that the child's condition is not contagious. However, if a physician's permission to return conflicts with the Center's Nurse Consultant recommendations, we reserve the right to err on the side of caution in order to maintain high health standards at the Center.

Notification:

If a child becomes ill at the Center, the parent will be contacted immediately and the child will be separated from other children and cared for in either Room 117 or 102, depending on availability, until the parent arrives to take the child home.

If the parent cannot be reached, the designated responsible party will be called. If neither can be reached, and symptoms persist, the child's physician will be called and his/her directions followed.

In case of emergency, the parent will be contacted immediately; if the parent cannot be located, the child's doctor will be contacted, appropriate First Aid will be applied (in accordance with the directions of our First Aid – CPR – AED Emergency Care & Basic Life Support Training Manual, and / or child's physician), and, if necessary, the child will be transported to the hospital by ambulance. All parents are required to sign an Emergency Treatment Authorization form when they enroll their children. This form allows the hospital to treat the child when the parent cannot be located.

If a child contracts a contagious or communicable disease, including but not limited to, flu, chicken pox, conjunctivitis, mumps, measles, viral infections, lice or is exposed to one, **the parent is to inform us immediately.** We will post a notice to alert other parents of their children's exposure so they can take proper action to protect their children.

The Center will report incidents of communicable disease to the Cowlitz County Health Department.

Documentation:

Signs of illnesses, or a teacher's concern for a child's wellness, will be documented on the Health Monitor / Ill Child Exclusion form. The classroom Lead Teacher or Center Staff person will review the child's symptoms and steps taken to comfort the child with the parent. Center Staff person and parent are required to sign the Health Monitor form.

Lead Teachers in each classroom will complete an Accident, Illness and Injury Report and will document pertinent information on the Accident, Illness and Medication Master Log.

PREVENTION**Immunizations:**

The ELC requires proof of current immunizations before children are allowed to attend childcare. Pertinent information regarding children's health history is required and kept in the ELC office. A child's record of immunizations must be included in this information.

The only children who can be admitted into the secured classroom without proof of up-to-date immunizations are those whose parents supply signed statements that:

- ❖ They oppose immunizations on religious, philosophical, or personal grounds.
- ❖ The immunizations are not medically safe or necessary for their child. The child's physician must describe the medical reason and sign a statement advising against immunizations.
- ❖ Child has laboratory evidence of immunity to measles/mumps/rubella.
- ❖ Parents provide documentation from the child's physician that they are in the process of getting all the required immunizations.

NOTE: Children who are not immunized for medical, personal, or religious reasons will be excluded from childcare if there is an outbreak of a vaccine-preventable disease that they have not been immunized against. Parents will be notified immediately and the child will be separated from other children and cared for in room 108 until the parent can pick up the child.

Washington State Department of Health Required Immunization schedules are displayed in the ELC office and on the information bulletin board near the secured classroom entry door. A take-home copy is available upon request.

Health Check-Ups:

The Early Learning Center encourages parents to make every effort to schedule regular health and dental check-ups for their children. Health check-ups should occur by age, every few months for infants, less often for older children. Health Care Professionals can help in the early identification of developmental delays and illness.

Convenient and affordable health care options in the Longview community are:

- ❖ Cowlitz County Health Dept. 1952 9th Ave. Longview, WA (360) 414-5599
- ❖ Family Health Center Medical Clinic 1057 12th Ave. Longview, WA (360) 636-3892
- ❖ Contact PeaceHealth Medical Group 1615 Delaware Longview, WA (360) 414-2000 for more options.

Hand Washing:

Germs are on things we touch and then get on our hands. Hands provide germs with a warm, moist place to grow. Unwashed hands can spread germs to everything touched, including eyes, nose and mouth.

The ELC requires frequent hand washing by staff and children and believes it to be the single best protection centers have against the spread of germs. The most important times staff and children wash their hands:

- ❖ After using the toilet.
- ❖ Before handling or eating food.
- ❖ After covering a cough or sneeze or blowing the nose.
- ❖ After contact with a sick child.

- ❖ After playing outside.
- ❖ After handling an animal.

A staff member is available to see that children wash their hands properly (at least 20 seconds), and to assist children who need help. In addition to hand washing, the children are shown how to cough, sneeze and blow their noses correctly:

- ❖ Keep a tissue handy. Staff members assisting the child are required to wear disposable gloves.
- ❖ Turn your head away from others and toward the floor before coughing, sneezing, or blowing the nose.
- ❖ If a sneeze or cough happens before the above measure can be taken, children are directed to cover their mouths with their hands, then wash their hands immediately.
- ❖ Throw away used tissues. Tissues are not reused or shared.
- ❖ Wash hands afterwards to reduce the spread of germs.

Cleaning and Sanitizing:

The Early Learning teaching staff maintains sanitary conditions by disinfecting surfaces and equipment daily in the Center. Bleach solution formulas are used for disinfecting. Child Care Licensing requirements are strictly followed when cleaning and disinfecting large environmental surfaces, toys, dishes, bottles and nipples, etc.

Families are asked to take blankets and personal items home on Friday to be washed and return them on Monday. Staff wash children sheets weekly or more often if needed.

Cleaning rags are washed daily in hot water with detergent and bleach. Campus Services custodial team cleans and disinfects classroom and bathroom floors daily, and carpets, and walls quarterly, or more frequently, if needed.

Personal Care Items:

Children are discouraged from sharing hats, combs, hairbrushes, or hair ornaments.

MEDICATION MANAGEMENT

Medication is accepted only in its **original container**, labeled with the child's **name**.

Medication is **not** accepted if it is **expired**.

Medication is given **only** with prior **written** consent of a child's parent/legal guardian.

This consent on the medication authorization form includes **all of the following**

(completed by parent/guardian):

- Child's name
- Name of the medication
- Reason for the medication
- Dosage
- Method of administration
- Frequency (**cannot** be given "as needed"; consent must specify time at which and/or symptoms for which medication should be given)
- Duration (start and stop dates)
- Special storage requirements

- Any possible side effects (from package insert or pharmacist's written information)
- Any special instructions

Parent /Guardian Consent

A parent/legal guardian may provide the sole consent for a medication, (without the consent of a healthcare provider), **if and only if** the medication meets all of the following criteria:

1. The medication is over-the-counter and is one of the following:
 - Antihistamine
 - Non-aspirin fever reducer/pain reliever
 - Non-narcotic cough suppressant
 - Decongestant
 - Ointment or lotion intended specifically to relieve itching or dry skin
 - Diaper ointment or non-talc powder intended for use in diaper area
 - Sunscreen for children over 6 months of age
 - Tooth paste
2. The medication has instructions and dosage recommendations for the child's age and weight; and
3. The medication duration, dosage, amount, and frequency specified on consent do not exceed label recommendations.
4. Written consent for medications covers only the course of illness or specific episode (of teething, etc.).
5. Written consent for sunscreen and toothpaste is valid for up to 12 months.
6. Written consent for diaper ointment is valid for up to 12 months.

Please note: As with all medications, label directions must be followed. Most diaper ointment labels indicate that rashes that are not resolved, or reoccur, within 5-7 days should be evaluated by a health care provider

Health Care Provider Consent

1. The written consent of a health care provider with prescriptive authority is required for prescription medications and all over-the-counter medications that do not meet the above criteria (including vitamins, iron supplements, oral rehydration solutions, fluoride, herbal remedies, and teething gels and tablets).
2. Medication is added to a child's food or liquid only with the **written consent of the health care provider**.
3. A licensed health care provider's consent is accepted in one of 3 ways:
 - The provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, frequency [cannot 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.

Parent/guardian instructions are required to be consistent with any prescription or instructions from a health care provider.

Medication Storage

1. Medication is stored in a locked box in the cabinet above the sink or above the changing table.

It is:

- Inaccessible to children
- Separate from staff medication
- Protected from sources of contamination
- Away from heat, light, and sources of moisture
- At temperature specified on the label (i.e., at room temperature or refrigerated)
- So that internal (oral) and external (topical) medications are separated
- Separate from food
- In a sanitary and orderly manner

2. Rescue medications (e.g., EpiPen® or inhaler) are stored in a locked box in the cabinet above the sink or above the changing table. Rescue medications are placed in a waist pack and carried by Lead staff when the child is outside, on a field trip or away from their primary classroom.

3. Controlled substances (e.g., ADHD medication) are stored in a locked container in the cabinet above the sink or above the changing table. Controlled substances are counted and tracked with a controlled substance form.

4. Medications no longer being used are promptly returned to parents/guardians, discarded in trash inaccessible to children, or in accordance with current hazardous waste recommendations. (Medications are not disposed of in the sink or toilet.)

5. Staff medication is stored in room 117 (teacher's office), out of reach of children. Staff medication is clearly labeled as such.

Emergency supply of critical medications

For children's critical medications, including those taken at home, we ask for a 3-day supply to be stored on site along with our disaster supplies. Staff is also encouraged to supply the same. Critical medications – to be used only in an emergency when a child has not been picked up by a parent, guardian, or emergency contact – are stored in a locked box in the cabinet above the sink or above the changing table. Medication is kept current (not expired).

Staff Administration and Documentation

1. Medication is administered by lead teaching staff.

2. Staff members who administer medication to children are trained in medication procedure and center policy by Kari Johnson. A record of the training is kept in staff files.
3. The parent/guardian of each child requiring medication involving special procedures (e.g., nebulizer, inhaler, EpiPen®) trains staff on those procedures. A record of trained staff is maintained on file with the medication authorization form and a trained staff member will be onsite whenever the child is present.
4. Staff giving medication must document the time, date, and dosage of the medication given on the child's medication authorization form. Each staff member signs her/his initials each time a medication is given and her/his full signature once at the bottom of the page.
5. Any observed side effects are documented by staff on the child's medication authorization form and reported to parent/guardian. Notification is documented.
6. If medication is not given, a written explanation is provided on the authorization form.
7. Outdated medication authorization forms are promptly removed from the medication binder/clipboard and placed in the child's file.
8. All information related to medication authorization and documentation is considered confidential and is stored out of general view.

MEDICAL EMERGENCIES

Life Threatening Emergencies

A serious medical emergency exists for anyone having the following conditions:

- ❖ Difficulty breathing
- ❖ Shock due to excessive bleeding, severe pain, insulin reaction
- ❖ Unconsciousness

The appropriate steps we follow are:

1. Call Medical Emergency (phone 8-911)
2. Call Campus Security to assist in directing First Responders (2911)
3. Get AED from hall across from Head Start Kitchen ROOM 113
4. Give appropriate First Aid as needed according to the Emergency **Care Basic Life Support** manual.
5. Notify parents immediately.
6. Center staff person or designated person from the Registrar's office will locate parents on campus.
7. If a parent cannot be located, ELC Director, Program Specialist or Lead Teacher will accompany the child in the emergency vehicle. Child's signed parental permission for emergency treatment and the child's health records will be transported with the child.

8. Notify the Department of Health and Social Services Child Care Licensor.
9. Send a copy of Injury/Incident Report to the Child Care Licensor.

Minor Emergencies

Staff trained in First Aid will take appropriate steps and refer to the Emergency **Care Basic Life Support** manual as needed. Staff person will record the incident noting date, time, place, where and how injury occurred.

All incidents are reported to parent(s) and require a parent's signature. Parents will receive the original incident report and a copy will be kept in the child's classroom file.

Documentation

The Lead Teacher will complete an Injury/Incident Report which includes: child's name, date and time and location of incident, nature and circumstance of emergency, what First Aid or other treatment was administered, notification of parent or authorized person, and names of witnesses. Parent, Lead Teacher and or ELC Director will sign and date a report.

Serious injury / hospitalization will be reported to the Department of Children, Youth, and Families Child Care Licensing Specialist (360) 501-2645.

Emergency information on each child is filed under the child's last name in the ELC office. Each child's information includes the parents' names and how to locate them, name of an alternative adult for decision making in acute situations, the name, address, and telephone number of the child's physician, and any unusual conditions pertaining to the child: diabetes, epilepsy, allergies, asthma, etc. Parents **must** sign the Consent for Emergency Treatment form.

All health, safety and emergency information is kept strictly confidential. Only administrative staff, mentor teachers and child care licensing staff are authorized to view this information. Parents may request copies of any health and safety information regarding their child at any time. Copies of illness monitoring forms and incident reports are sent home at the time of the incident.

Emergency Facility

St. John Medical Center PeaceHealth, located at 1615 Delaware Street, Longview, is the Longview/Kelso emergency treatment center. Main switchboard number is (360) 414-2000 and the Emergency Treatment number is (360) 636-4818.

Health & Safety Policies and Procedures

The ELC's Health & Safety Procedures and Disaster Preparedness Plan are posted in the ELC Room 117 and on the bulletin board by the secured classroom entrance. In addition, each classroom has copies of the Center's safety and disaster procedures. These manuals explain in depth the safety measures the ELC has in place in the event of an emergency. Copies are available in the ELC office for parents to check-out and review.

INFANTS AND TODDLERS

The ELC infant/toddler policies are scrutinized in order to comply with State-licensing criteria and to meet NAEYC's early care and learning standards. In addition, policies are reviewed when research based practices are validated by recognized and leading authorities in the field of Early Childhood Education.

Safe Sleeping Policy

The ELC Staff completes an annual safe sleep training through the Department of Children, Youth, and Families. We follow the following policy in accordance with the WAC.

The following rules are researched and developed by the American Academy of Pediatrics:

- Infants under 12 months of age shall be placed on their backs on a firm tight-fitting mattress for sleep in a crib.
- Waterbeds, sofas, soft mattresses, are prohibited as infant sleeping surfaces.
- All pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products shall be removed from the crib.
- Infants will not be exposed to smoke of any type.
- Infants will have their own cribs, or the bedding will be changed if used by another child.
- The infant's head shall remain uncovered during sleep.
- Unless the child has a note from a physician specifying otherwise, infants shall be placed in a back lying position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS). An alternative sleep position may require an individual health plan.
- When infants can easily turn over from the back to the front position, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer to sleep.
- Infants that arrive asleep or fall asleep in equipment not specifically designed for sleeping, infants will be removed and placed in their designated crib.

In addition to these procedures, the Early Learning Center requires up-to-date immunizations and regularly scheduled well baby check-ups.

For information regarding SIDS and additional infant safe sleeping habits, visit the National Resource Center for Health and Safety in Child Care website:

<http://nrc.uchsc.edu/Spinoff/SIDS.html>

Diapering

The Early Learning staff use diaper changing as a time for relaxed, one-on-one interaction with children. Children are handled gently as the caregiver cleans and diapers them. The child is talked to constantly in gentle, soothing tones. Each child receives lots of eye contact and smiles.

Children's diapers are checked every hour or sooner if needed. Every effort is made to keep children clean, dry and healthy. If children sleep longer than one hour, their diaper will be changed immediately upon waking.

The diaper changing area is strictly monitored for cleanliness. Each classroom's diaper changing area is laid out so that the teachers can immediately seal all soiled items in moisture proof, hands free covered containers. Caregivers wash their hands thoroughly before and after each diaper change. Because of infant care separation requirements, the diaper changing areas and sinks are located in the same room where infant care is given. This best practice is observed for toddlers as well.

During the diapering process, caregivers attend to the comfort and safety needs of the child. For the child's comfort a moisture proof pad covers the hard changing surface. For safety purposes, the changing areas have a railing around the pad to keep the pad from slipping out of position. The caregiver remains with the child until the diapering process is completed.

The changing surfaces are cleaned after each use by spraying the surface with soapy water then wiping with a disposable towel followed by spraying the surface with water and wiping with a disposable towel. The changing surface is then sanitized by spraying the surface with a bleach solution. The solution is allowed to sit on the changing surfaces for two minutes, and then surfaces are wiped dry. Each classroom's bleach solutions are labeled and changed daily.

Covered containers in the infant and toddlers classrooms for disposable soiled items, such as baby wipes, disposable diapers, plastic gloves, paper towels, etc., are located next to the diaper changing area.

Diaper changing procedures are posted in the infant and toddlers classrooms and Center staff follows the steps as described. Diaper changes are charted, as well as all the children's routine during the day; sleep schedule and feeding times. The staff believes this is important information for parents to help them know more about their child and their day.

Diapering Supplies

The ELC does not use a diaper service and requires parents to provide their children's diapering supplies.

Parents supply diapers, pull-ups, plastic pants, diaper ointments, and baby wipes. Diaper ointments qualify as nonprescription medications. These medications will be administered only when the Nonprescription Medication Parent Authorization Form is completed and signed.

If an allergy to disposable diapers is indicated, the parent is required to provide reusable diapers. Reusable diapers are individually bagged and placed without rinsing into a separate, cleanable, covered container equipped with a waterproof liner and returned to the parent for laundering.

Soiled clothing and soiled diapers are kept in separate containers.

Toilet Learning

Toilet learning is indicated when the child demonstrates readiness. Lead Teachers consult with parents to develop strategies that are helpful at home and the Center. Toilet learning is a patient affair.

Toilet training starts long before children actually go to the bathroom in the toilet or potty chair for the first time. Every hour the teachers or caregivers ask the children if anyone needs to go to the bathroom. The children's responses are honored. If a child says, "NO," then no is the accepted answer. The children are allowed to examine the toilet to see how it works. Children are allowed to practice sitting on the toilet to see how it feels and relieve any fears they might have. All bathroom fixtures in the Early Learning Center are child-sized. Each bathroom is equipped with a half-door and is well lighted.

Children are praised when they have a successful "event," and are not criticized if nothing happens. Staff does not insist the child sit longer. Teachers help wipe children after they use the toilet and then disinfect the toilet seat. Children and assisting teachers wash their hands with warm water and soap after using the toilet.

To assist children during the transition from diapers to regular underwear, we require parents to provide plastic pants, pull-ups or training pants. It is also important for children to wear clothes they can pull up and down by themselves. This gives them a feeling of autonomy and encourages independence, while making it physically possible for them to successfully use the toilet.

Accidents do happen! Although the Center has extra clothing on hand for children who wet or soil their clothes, we require parents to provide extra clothing for their children. We find children are more comfortable in their own clothes and are able to recover from the toileting accident better if they wear familiar clothing.

Feeding

The ELC Lead Teachers consult with parents regarding their infants feeding schedules. Babies generally let us know when they are hungry and when they are full. We believe that it is better to follow babies' cues for starting and ending feeding than to put them on a strict schedule. The Lead Teacher maintains a daily journal and records each baby's eating, sleeping, and playing times. We will record the type and amount of the food consumed. Their moods, areas of interest and supply needs are also monitored. Copies of the daily journal are given to parents at pick up.

Mothers who wish to continue to breastfeed their babies at the ELC are encouraged to do so. The Center's staff cooperates with each mother as much as possible so the child's eating and sleeping schedules coincide with work and/or class schedules. A comfortable and private space is available for nursing mothers when they come to feed their babies.

When feeding infants, Center personnel hold infants to prevent choking. **Bottles are never propped.** While babies enjoy close contact and like to see the holder's eyes and face, close contact also establishes nonverbal communication between infant and care provider.

To prevent tooth decay, a bottle is not given to a reclining child unless the bottle contains only water. We offer juice only from a cup, and take the bottle from the child when the child finishes eating.

We place infants who can sit in high chairs or at an appropriate-sized table and chairs for feeding. Chairs are sturdy and low enough that children's feet can touch the floor. Staff always sit facing the child during the feeding.

As older infants and toddlers become more independent in feeding, we continue making eating a positive time for interaction and development. The children in the Early Learning Center are provided nutritious foods and age-appropriate meal times. It is at this stage that self-help skills are introduced during meals.

Feeding time is a social and learning experience. Older infants and toddlers are encouraged to touch and explore eating utensils and food and to experiment with eating. We know that manners and tidiness will come later!

Starting Solid Foods

For most babies, breast milk or formula is the best source of nutrients throughout the first year of life. However, at four or five months of age, most babies are learning to munch and are becoming interested in semi-solid foods. Lead Teachers will ask parents what foods they are starting at home so they can follow that feeding plan at the Center.

We encourage parents to discuss any eating or feeding concerns with the Lead Teacher. The Center staff welcomes the opportunity to support every child's nutritional and developmental needs.

Nutritional Needs

Developmental Stage/Age of Infant	Type of Feeding
<u>(a) Under 4 months of age</u>	We serve only formula or breast milk unless the parent provides a written order from the child's health care provider.
<u>(b) When baby can: (at about 4-6 months):</u> • Sit with support • Hold head steady • Close lips over the spoon • Keep food in mouth and swallow it	• We serve only formula or breast milk unless the parent provides a written order from the child's health care provider. • Begin iron fortified baby cereal and plain pureed fruits and vegetables upon consultation with parents.
<u>(c) When baby can: (at about 6-8 months)</u> • Sit without support • Begin to chew • Sip from a cup with help • Grasp and hold onto things	• We serve only formula or breast milk unless the parent provides a written order from the child's health care provider. • Start small amounts of juice or water in a cup. • Let the baby begin to feed itself.

	Start semi-solid foods such as cottage cheese, mashed soft vegetables or fruits.
<u>(d) When baby can: (at 8-10 months)</u> - Take a bite of food - Pick up finger foods and get them into the mouth. - Begin to hold a cup while sipping from it.	- We serve only formula or breast milk unless the parent provides a written order from the child's health care provider. - Small pieces of cheese, chicken, turkey, fish or ground meat. - Small pieces of soft cooked vegetables, peeled fruits. - Toasted bread squares, unsalted crackers or pieces of soft tortilla. - Cooked plain rice or noodles. - Only formula, breast milk, juice or water in the cup.
<u>(e) When baby can: (10-12 months)</u> - Finger feed - Chew and swallow soft, mashed and chopped foods - Start to hold and use a spoon - Drink from a cup	- We serve only formula or breast milk unless the parent provides a written order from the child's health care provider. - Begin offering small sized, cooked foods. - Variety of whole grain cereals, bread and crackers, tortillas. - Cooked soft meats, mashed legumes, cooked egg yolks, soft casseroles.
<u>(f) When a baby can eat a variety of foods from all food groups without signs of allergic reaction.</u>	- Fruit pieces and cooked vegetables, yogurt, cheese slices. - We will offer small amounts of formula, breast milk or water in the cup during meals.

Safe Bottle Preparation

Center staff practices these steps when preparing infant bottles:

- Hands are washed before bottles are prepared and filled.
- A food preparation sink, not the hand washing sink, is used when preparing bottles.
- Bottles are not heated in a microwave or allowed to warm at room temperature for more than an hour.
- Bottles are warmed under running water or placed in a container of water that is not warmer than 120 degrees Fahrenheit.
- Bottles are labeled with the child's first and last name, date and time the bottle was prepared.
- Staff check the label on the bottle three times prior to feeding an infant to assure the proper bottle is being given to the child.

Bottles and nipples are cleaned and sanitized by washing in the Center's commercial dishwasher/sanitizer.

Infant Formula and Food Storage

To store bottles, formula or infant food, the ELC staff:

- Labels all bottles with the infant's full name and the date the bottle was filled to be sure the correct formula or breast milk is given to each infant.
- Stores bottles and unserved, leftover infant food in classroom refrigerator.
- Discards the contents of any bottle not fully consumed within one hour after the bottle was prepared. Bottles that have been used are not put back in the refrigerator.
- Throws away or returns to the parent any unused bottle contents within twelve hours of preparing or arriving at the Center.
- Will not serve infant formula past the expiration date on the manufacturer's container.
- Keeps bottle nipples covered when not in use to reduce risk of cross contamination and exposure.

Parents are responsible for supplying their infant's food. When bringing powdered or liquid formula to the Center we require the cans to be unopened.

Breast Milk Storage

If a nursing mother sends breast milk for her baby, the ELC requires it to be labeled with the child's name and the date it was expressed, and refrigerated.

Breast milk may be kept frozen in the ELC if it is:

- For no more than two weeks
- Stored at 10 degrees Fahrenheit or less
- Thawed in the refrigerator, under warm running water or in a pan of warm water
- Unconsumed breast milk will be discarded after one hour from the time it was prepared.

If more than one container of frozen breast milk is stored for a child we use the oldest one first.

EARLY ACHIEVERS

The ELC is participating in Early Achievers, Washington's quality rating and improvement system (QRIS) administered by the Department of Children, Youth, and Families. As an Early Achievers participant, we are demonstrating our commitment to offering high- quality child care and promoting school readiness.

You might be wondering – what is a QRIS? A QRIS is a process for supporting and rewarding child care providers for providing high-quality care. More than 25 states have a statewide QRIS and Washington began implementing our system in July 2012. Similar to a hotel rating, participating child care facilities are assigned a rating based on observed

quality. The Early Achievers quality standards look at what we know is good for children and will help them get ready for school – things like our activities and curriculum, how we work with families, and how we interact with children. As a participant, we will get resources to help our program including coaching, training, and scholarships.

ECEAP

The Early Childhood Education and Assistance Program (ECEAP) is Washington's pre-kindergarten program serving three and four year olds and their families. ECEAP provides children in Washington with preschool education, health services, intensive family support, and parent involvement and training. ECEAP addresses the needs of the whole child to ensure that gains are sustained.

The ELC is partnering with LCC-ECEAP to provide ECEAP services by our teachers within our program. Because of this partnership, we are able to provide additional services to qualifying families within our center.

BITING POLICY

We want to ensure that every child is safe while in our care. Our Center provides an environment that encourages and promotes cooperative interaction, respect for others, and non-aggressive problem solving between the children. Biting is a normal stage of development for young children who are teething and are still developing their language skills. It is usually a temporary condition that is most common between thirteen and twenty-four months of age. This means that is a particular concern for the staff in the Butterfly and Firefly classrooms. For safety and health concerns, we take biting seriously. When it happens, it is very scary, frustrating, and stressful for children, parents and teachers. It is also not something to blame on children, parents, or teachers, and there are no quick and easy solutions to it. Children bite for a variety of reasons: simple sensory exploration, panic, crowding, seeking to be noticed, or intense desire for a toy. Repeated biting becomes a pattern of learned behavior that is often hard to extinguish because it does achieve results: the desired toy, excitement, attention. Knowing that the effect of their biting will hurt another person is not yet a part of a child of this ages' mindset, so the "cause-effect" relationship is not internalized. Our teachers plan activities and supervise carefully in order for biting not to happen. There are times, however, when everyone cannot be within immediate reach to prevent a bite.

Center Action Plan:

- The biter is immediately removed from the situation. The bitten child is consoled and the bitten area washed with soap and water. If necessary, ice is applied to reduce any swelling or bruising.
- The biter is redirected to another area of the classroom. A staff member talks with the child and stays with him or her until he or she becomes involved in a new activity.
- A written incident report is given to the parents of the bitten child when they are picked up that day. The name of the biting child is not released because it serves no useful purpose and can make an already difficult situation more difficult.
- When a child bites, staff will work closely with the family to help meet the child's needs.

- We look intensively at the context of each biting incident for patterns, in an effort to prevent further biting behavior.
- We work with each biting child on resolving conflict or frustration in an appropriate manner. While the biting child is learning self-regulation skills, it may be necessary for a staff member to “shadow” the child and provide one-on-one guidance.
- We try to adapt to the environment and work with parents to reduce any child stress.
- We make special efforts to protect potential victims.

PESTICIDE POLICY

The ELC’s pesticide policy is designed to:

1. Protect the health of children,
2. Meet the requirements of RCW 17.21.415,
3. Follow The Compliance Guide for the Use of Pesticides published by the Washington State Department of Agriculture.

Keeping the ELC safe and healthy for children, staff and visitors includes the way we handle pests and weeds. We are dedicated to using the least amount of chemicals, and in most cases, rely on non-chemical controls such as good classroom housekeeping and the acceptance of weeds in lawns in our program in order to provide the healthiest environment possible for our children.

If we must spray, we typically spray during the winter, spring or summer breaks when children are absent. If something needs more immediate attention, we may schedule treatment for a weekend, allowing at least 48 hours before students return to the building. Notice is posted at the entry during this time. It is highly unlikely that we would ever spray less than 48 hours before students are in the Center.