



Bellingham Childcare & Learning Center Parent Handbook



Revised September 2014

**Bellingham Childcare & Learning Center
Mission Statement**

“In partnership with the community, the Bellingham Childcare & Learning Center, a non-profit corporation, provides high quality, affordable childcare to families of all income levels, assisting low-income families to become self-sufficient. Our well qualified, nurturing staff offers a developmentally appropriate and safe learning environment for young children.”

IMPORTANT PHONE NUMBERS & EMERGENCY INFORMATION

FIRE / POLICE / AMBULANCE	911
Our Building Address is: 2600 Squalicum Parkway Bellingham, WA 98225	676-0950
Whatcom County Public Health Department / Disease Response & Control	676-6724 715-2588
Immunization	676-4593
Child Care Aware:	1-800-446-1114
DEL Licensor, Gloria Trinidad	714-4124
Child Protective Services: CPS	1-800-794-9402 1-800-562-5624
Poison Control	1-800-222-1222
News Radio Stations: KGMI 790 KAFE 104.3	734-9790
Child Care Health Consultant – Donna Gustin, RN, MN	305-1795

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PHILOSOPHY AND GUIDING PRINCIPLES

Childhood is a time like no other. It's a time for exploring...for creating...for discovering about oneself...for meeting the world...for learning how to learn...for being accepted "just the way I am." It's a time for blossoming and being cherished...a time for being allowed the time to be a child.

PHILOSOPHY

Bellingham Childcare & Learning Center is grounded in the belief that children are competent, curious, resourceful learners. The child's role in the classroom is to construct their knowledge and develop skills through exploration, self-expression, and collaboration with their teacher, parents and peers. We introduce a wide array of creative media and activities through which children represent their ideas and emotions, including spoken and written works, visual arts, drama, music, movement and more.

Through conscious use of space, color, natural light, attractive and appropriate learning materials, and displays of children's work, the environment serves as another teacher and is engaging to all participants.

Our work with children hinges on respectful, collaborative relationships between staff, families and the community. We respect parents as the most significant providers of care and nurturance. The active participation of our parents is an essential element in the life of our school.

WHAT MAKES BCLC SO SPECIAL?

We preserve the experience of childhood

We honor the experience of childhood, recognizing that children need time to be children, in order to progress and grow into healthy adults.

We establish quality in service

We provide high quality childcare, which is affordable and accessible.

We meet children's needs

We recognize the unique spirit of each child, including children with special needs, and nurture their particular talents.

We meet families' needs

We make every effort to respond to the individual needs of families, especially during times of particular challenge or hardship.

We provide a quality work environment

We treat our staff with respect and offer pay and benefits that are at the higher level for this profession.

HOURS OF OPERATION

The Center is open from 6:30 am – 6:00 pm, Monday through Friday. Licensing regulations mandate that children should not be in childcare for more than 10 hours. However, a nine-hour day or less is strongly recommended for infants and toddlers in group settings.

Ten hours in childcare is a very long day, especially for infants and toddlers. In addition, a nine-hour day allows you, the parent, the opportunity to see the same teachers at arrival and departure.

STATEMENT OF PURPOSE

The primary purpose of Bellingham Childcare & Learning Center, a private, non-profit corporation, is to provide affordable childcare to the families of our community so that parents may pursue work, education, or training, to provide parent education, and to include parents in the daily care of their children. Full-day and half-day childcare options are available for children ages 1 month to 5 years from all income levels. Assistance comes from a broad base of community support including the United Way, the City of Bellingham, USDA food program reimbursement, and many group and individual contributors.

ACCREDITATION/LICENSING

Bellingham Childcare & Learning Center is an accredited, state-licensed early learning program for children ages 1 month through 5 years of age.

The National Association for the Education of Young Children (NAEYC) has recognized BCLC as an accredited early learning program since 1999. This accreditation is awarded to exemplary early childhood programs that meet the NAEYC criteria, which includes:

- Qualified staff in early childhood or child development
- An enriched, safe, healthy learning environment which supports all areas of child's growth and development: physical, social-emotional, cognitive, linguistic, and creative
- Respect for the diversity of children and families and inclusion of diversity in all aspects of the programs; and
- A meaningful partnership with families, including family participation in program decision-making and support for their primary role in the lives of their children.

Accreditation criteria can be found on NAEYC's web site at www.naeyc.org/accreditation.

STATEMENT OF NON-DISCRIMINATION

The Bellingham Childcare & Learning Center embraces inclusiveness, diversity, and equal opportunity as core values and does not discriminate in either its enrollment or employment practices on the basis of race, color, disability, age, gender, political beliefs, sexual orientation, religion, national origin, marital or family status. We are committed to making all reasonable accommodations to meet every child's needs. Please call 676-0950 or email karen@bellinghamchildcare.com if you require alternative means for communication or program information or if you need disability-related accommodations to visit us.

RELIGION POLICY

The Bellingham Childcare & Learning Center is a non-denominational childcare center. We realize each child comes to school with individual qualities, cultures and beliefs. We strive to provide an environment that is comfortable for all. BCLC will not tolerate harassment by parents, children, or staff on another person's religious beliefs in any way whatsoever.

PARENT – TEACHER COMMUNICATION

Teachers want to speak with you daily as you arrive and depart the classroom to exchange information about your child's routines and well-being. You will also have the opportunity to meet individually with your child's teacher throughout the year during scheduled family conferences and home visits. Of course we encourage you to make an appointment with your child's teacher whenever you feel it is necessary. As part of our regular programmatic communication, we send home notes and newsletters. Our bulletin boards will provide you with additional information and announcements. We understand how important your child(ren) is to you, and we want to support your expectations regarding their education and growth. When you have questions, concerns, or suggestions, please do not hesitate to let us know. Talk to a teacher, get in touch with the Program Supervisor, visit the office, discuss it with the Director or call us any time.

Below you will find additional methods of communication within our Center:

- **Visitations and Observations.** Parents are always welcome to visit the Center. You may choose to sit back and observe, or you may wish to share a special talent or skill, participate in an activity, or go on a field trip. Parents wishing to participate in their child's classroom should make arrangements with their child's teacher in advance.

Staff members also welcome opportunities to maintain personal contact with parents. We do ask that you be sensitive to the needs of the children and therefore do not engage a staff person in conversation for more than a few minutes during his/her work time. Time can be scheduled for a long talk, a phone call or a meeting at your request.

- **Telephone.** Parents who have concerns about their child's comfort and adjustment are encouraged to call the Center to check up. We keep telephone calls to the classrooms to a minimum, but sometimes a telephone conversation can clear up confusion or reassure a parent about his/her concerns, illness, emergency, etc. Sometimes, a child just needs to talk to their mom or dad to ease their mind (or vice versa).
- **Work Parties.** Work parties are held periodically throughout the year enabling the Center to keep the cost of maintenance low. Parents, staff, and board members work together to do yard work, clean, paint, and repair the Center. All help is greatly appreciated.
- **Family/Staff Evenings.** We have several family/staff evening workshop sessions each year. Dinner and childcare are provided and parents and staff attend breakout sessions together.

- **Program Evaluation.** We want to know how we are doing! A complete program evaluation is done annually in the spring. Staff completes a self-study of the program and families are asked to complete an anonymous questionnaire. Your feedback is essential and will be evaluated by staff to use in planning, developing and improving our programs for the up-coming year.

DIFFICULT FAMILY TIMES

Situations at home can affect a child’s behavior. Parents are requested to advise the Center of any changes such as separation, divorce, death in family (or pet), new siblings, change of residence, etc., so that staff can be sensitive to the child’s special needs during stressful times. We have developed the following guidelines for our relationship with families during those times that hopefully will allow us all to be supportive of our respective roles in raising, caring for and educating our children!

1. The Center needs to be a neutral place. Children, parents and staff need to know it is safe here and no one will be making judgments.
2. Center staff can be resources for parents to learn of appropriate community support and/or information, articles and books that may be of assistance for working through problems.
3. Adults who raise their voices or act in a way that is frightening or threatening will be asked to step outside the Center and away from the children.
4. Parents are asked to not speak of adult issues (custody, support, court orders, visitation frustrations, etc.) within hearing of any children, including their own while at the Center.
5. Parental rights of all parents will be recognized by the Center unless the Center has been given legal documents stating otherwise.
6. Staff will call 9-1-1 if there is evidence that someone is potentially dangerous.
7. Indication that a parent is under the influence of alcohol or other drugs will result in staff asking that another adult be called to pick up that child.
8. Parents are always welcome to spend time with their children in the Center. However, it is not an appropriate place for “visitation” by a non-custodial parent.

Our first priority is the safety and well being of the children in our care. We also truly want to be supportive of all parents, and hope we can be seen as a place where the entire family can feel safe.

RESOURCES AND REFERRALS

BCLC partners with a variety of community agencies including but not limited to medical and oral health, mental health and educational services. We work together with parents/guardians to advocate on children’s behalf and do our best to promote full participation for children with special needs.

We are available to consult with families, and if needed can help families access community support for a wide array of services, including developmental screening services, housing, clothing, food and other important services.

BCLC maintains a self-service Parent Resource File, near the Parent Information Board, to assist parents with a wide range of useful information. The Parent Resource File has information on a variety of topics and has contact information for many support services available in the community. Most of these resources can be adapted to other languages.

OPERATIONAL INFORMATION / FINANCES

FINANCES/FEES

In order for BCLC to provide a high quality environment and an appropriate program for children, we must remain financially viable, while ensuring childcare fee levels are at an affordable level for families. We recognize that rising childcare fees have created difficulties for many families, and we have developed our fee system to maximize all family's access to subsidies. It is imperative all families pay their childcare fees. This ensures BCLC is able to continue providing childcare to all families.

We aim to minimize the costs of administration, in particular the collection of childcare fees, while ensuring families know what is expected of them, and know about the subsidies available to assist with fees. We ask that all families appreciate the importance of these procedures and contribute to the regular payment of fees without creating unnecessary work for staff in collecting outstanding fees.

REGISTRATION

There is an annual registration fee of \$75 per child, \$50.00 for additional children. Registration is due each September for the school year.

CHILDCARE FEES - TUITION

Our fees are considered enrollment fees, NOT attendance fees. Fees MUST be paid whether or not a child is in attendance.

Tuition is established upon enrollment based on the child's age and times attending. If you have more than one child enrolled in the Center, there will be a reduction in tuition. The youngest child will be charged full rate and fees of an older child or additional children will be reduced by 10%.

Tuition rates are determined on a monthly basis so that the tuition amount is the same each month, regardless of the length of the month. The formula for determining tuition for part-time schedules is: The daily rate multiplied by the number of days attended per week, multiplied by 52 weeks per year, divided by 12 months.

A tuition rate based on the tuition assistance sliding scale may be set depending on the availability of spaces in those programs. Reduced fees are established on gross monthly income and family size.

If your income changes, you must notify us and complete an updated income verification form so that your tuition may be adjusted accordingly. Income must be verified every six months if you qualify for tuition assistance.

Fees are due in advance, monthly or semi-monthly per individual agreement with the Center. Families choosing to pay semi-monthly will pay a \$5 carrying charge per month. Checks should be made payable to “Bellingham Childcare & Learning Center” or abbreviated to “BCLC.”

Tuition is due on the 1st of every month. If tuition is not paid on time, the family has 5 business days to become current. Late fees will be assessed at \$10 per week. Payments not received by the 15th of the month will result in the interruption of the child’s attendance until all financial obligations including late fees are up to date. If the account is sent to a collection agency, additional fees may be applied.

BCLC considers parents to be jointly and singularly responsible for tuition payments, regardless of joint custody agreements. Non-payment of fees by one parent can jeopardize the care for the child.

SUPPLY FEE

A \$25.00 SUPPLY fee will be charged upon enrollment and annually each September.

RETURNED CHECKS

A \$25.00 fee will be charged for all checks returned for non-sufficient funds.

LATE PICK UP & ASSOCIATED FEES

The Bellingham Childcare & Learning Center closes at 6:00 pm. BCLC staff members work very hard each and every day and want to feel confident that they can leave at 6:00 pm. Although our staff is dedicated, staff members have families and many have evening commitments; parents who arrive late often interfere with these commitments.

Frequently, parents arrive shortly before 6:00 pm and by the time they find a place to park, gather up all of the child’s belongings, and chat with the teachers and other parents, it is well past 6:00 pm. Parents who have lengthy departure routines should arrive early so that they can manage to get everything accomplished and still leave before 6:00 pm.

THE BCLC LATE PICK-UP POLICY IS AS FOLLOWS:

- \$5.00 late fee charge and \$1.00 for each minute late. That is, if a parent arrives at 6:01 pm, a \$6.00 late fee will be applied (10 minutes late = \$15)
- The BCLC front desk clock will serve as the “official clock.” Please synchronize your watch with this clock.
- Please arrive early (5:45 pm.) so that you and your child have enough time to depart and do not feel rushed or pressured to leave. Arriving early will also give you ample time to chat with your child’s teacher.
- If you do arrive later, please make sure that you depart by 6:00 pm. Arriving before the closing time, but lingering after the closing time still interferes with teachers’ duties and personal commitments.

- A late form, indicating the child’s name and at what time the parent arrived will be completed with the late policy clearly stated. Administrators will send a note to the parent, indicating that payment must be received within two days.
- Should late pick occur more than three times, you will be asked to “show cause” why your child’s enrollment should not be terminated.
- The late policy will be thoroughly explained at enrollment and parents will sign a late policy agreement included with enrollment paperwork indicating that they understand and will adhere to the late policy.

FINANCIAL ASSISTANCE

Parents needing financial assistance should talk with the director about available funding and eligibility requirements. In order to qualify for subsidized care, a family must prove income eligibility.

If you believe you may be eligible for a childcare subsidy, please see the director for more information. We will refer you to the appropriate agency and they will determine your eligibility based on family size, work schedule, and income. (Funding is typically available for low-income single parents.)

DSHS CHILDCARE ASSISTANCE

Those who are receiving a state subsidy must adhere to all the rules established by the Department of Social and Health Services. Parents need to make sure paper work is completed in a timely manner and deadlines cannot be missed. If we provide any child care that was not approved by the subsidy program, the parent(s) will be responsible for paying the full cost of care. You must also make your subsidy caseworker aware of any changes in your work schedule as this will affect your eligibility for childcare.

DSHS assistance will pay for a contracted number of hours or days. It is important that you plan your attendance according to that schedule. Any hours in excess of the contracted time will be billed to the parents.

DSHS will not pay over 5 absences per month. If absenteeism becomes an issue, parents may be asked to take their child out of our program.

In the event of a serious illness or family emergency, consideration will be taken on an individual basis.

If your childcare is being paid through DSHS, childcare authorization must be on file before admission.

ATTENDANCE & ABSENCES

In order for us to maintain consistency and an optimum adult/child ratio, it is necessary for you to reserve time for your child's care in advance. You will be obligated to pay for the time that you reserve for your child. This is non-refundable even if your child is absent from the Center. This enables us to employ caring, consistent staff ensuring quality care for all the children using the Center. No credit will be given for days missed.

Please notify the office before 10:00 am if your child is going to be late or absent. This enables us to plan for our daily program. If your child is absent due to a communicable illness, we need to know so we can inform other families.

Children who have been absent for more than two weeks will be terminated, unless the Director has been notified about the absence.

SCHEDULE CHANGES / EXTRA DAYS / MISSED DAYS / TRADE DAYS

We are full!! We are licensed for a specific number of children per age group each day. You may ask for extra days and "make-up" days (but we probably will have to say no at the time). We will always do our best to accommodate your needs, when possible. Please direct all of your schedule changes and requests to the office as classroom staff may not be aware of the approved changes and therefore may not have an accurate count for each day.

WITHDRAWAL FROM THE PROGRAM

It is important for your child to say good-bye and have a sense of closure when he or she leaves the program. Please let your child and the staff know about your child's last day well in advance so that the transition can be a positive experience for your child, and his or her friends and teachers. Written notification must be provided at least two weeks prior to your child's last day of care. This will not only allow us to admit children on our waiting list in a timely manner, but will also ensure that you do not have to pay for the space. ***You will be charged childcare fees for the two weeks of care whether or not your child is in attendance.***

VACATIONS

Credit for a one-week vacation period equal to your child's regular schedule is allowed each year. For example, if your child attends three days a week, three days of vacation credit is available. Tuition credit will not be given instead of using vacation time. **The Center must be notified in advance and in writing to receive credit.**

HOLIDAYS

Bellingham Childcare & Learning Center will be closed in observance of the following holidays:

New Year's Day	Memorial Day	Veteran's Day
Martin Luther King Day	Independence Day	Thanksgiving Day & Day After
President's Day	Labor Day	Christmas Day

Should a holiday fall on a Saturday, the Center will be closed the Friday before the holiday. Should it fall on a Sunday, the Center will be closed on Monday. No credits are allowed on the days that the Center is closed for a holiday, as these dates are calculated into your monthly fee rate.

Our program includes the celebration of some holidays but there are no religious activities or instruction. Holidays and special days shall be celebrated at a level appropriate for the children's development.

IN-SERVICE / PROFESSIONAL DEVELOPMENT DAYS

As advocates for children, we also see staff learning as crucial to the children's experience and as paramount as the learning that is happening for the children. BCLC commits resources to supporting our own teachers. There are two scheduled days in August or September, prior to the first day of school that the Center is closed in preparation for the school year. Martin Luther King Day, President's Day and Veteran's Day Holidays are also used as Professional Development Days for staff.

CLOSURES DUE TO WEATHER

We want to ensure the safety of the children and staff at BCLC. When snow or hazardous road conditions exist, the Center may close or operate on a reduced schedule. For information, call the Center or check our website at www.bellinghamchildcare.com. The Center will not necessarily close when the Bellingham School District does.

In the event that the weather worsens after the Center has already opened, you will be contacted by the Center to come and pick up your children immediately. For this reason it is particularly important that you keep the Center advised of where you can be reached at all times.

If road conditions keep you from getting your child to the Center on time, please follow the procedure for absences; i.e. call the Center and let us know that your child will not be attending that day or will be late.

REQUIRED FORMS

As required by our license, childcare cannot be provided without the following forms completed, reviewed by program staff, and on file in the Center office.

- ✓ **Identification & Emergency Information**
- ✓ **Child's Health History** - parent's report
- ✓ **Certificate of Immunization Status**
- ✓ **Physician's Report** - the physician's report must be on file no later than thirty days after admission to the Center.
- ✓ **Parent Agreement Form**
- ✓ **Center & Health Policy Agreement Form**
- ✓ **Income Verification Form**
- ✓ **Allergy Statement** (if needed)

If your childcare is being paid through DSHS, a childcare authorization must be on file before admission.

CHANGE OF INFORMATION

Please notify BCLC of any change of address, phone, medical, or other necessary information and be sure emergency contacts are current. Each September families will be required to update all necessary records.

PARENT ACCESS TO CHILD IN CARE

Parents are welcome at any time and may have free access to their child while in care at BCLC. Parents may choose to sit back and observe the classroom, or may wish to share a special talent or skill, participate in an activity, or go on a field trip. Parents wishing to participate in their child's classroom should make arrangements with their child's teacher in advance.

For mothers who are breastfeeding, the infant room provides a comfortable and peaceful area to enjoy that feeding time.

For some children, particularly toddlers, multiple separations from the parent during the day may be extremely stressful. If we find that your visits upset your child or other children, we may ask that you not visit during the day.

PARENTAL RIGHTS / PARENTING PLANS / COURT ORDERS

Bellingham Childcare & Learning Center supports the right of access and information regarding their child to both biological parents unless the court alters or abolishes those rights. Restraining Orders or Court Orders requiring supervised visits only, will limit the parent's access. Current documentation of Court Orders must be provided to administration before any parental rights will be modified by BCLC.

BCLC cannot enforce Parenting Plans, therefore will not keep Parenting Plans on file. Parenting Plans will be considered an arrangement between parents and will not be policed by BCLC 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.

Financial information will be provided to the parent/s listed as "Person Responsible for Payment" on the registration form.

PARKING

Children may not be left unattended in cars. This is Washington State Law! Please carefully supervise your children whenever entering or leaving the Center. Please do not let your child play on the embankment near the roadside. Please do not leave your car running in the parking lot. The fumes travel into the building. For safety reasons, your car should be locked when you are not in it. Drivers should proceed with extreme caution at all times through the parking lot due to the possible presence of children.

ARRIVAL AND DEPARTURE FROM THE CENTER

Upon your child's arrival to the Center, we would ask that you bring your child directly to their classroom or the designated area and make sure that a staff member acknowledges your child's arrival:

- Please check your child's diaper, if applicable, and if necessary, change it in the bathroom before your child enters play. (Diaper changing procedures are posted. Please follow these procedures for the health and safety of all the children).
- Help your child wash his/her hands before joining play.
- Provide the teacher with information regarding your child's night, health or any concerns that may affect your child.
- Sign your child in.

Signing In and Out

Your child's arrival and departure must be recorded in our Sign-in/out book. If you have more than one child, each child needs to be signed in and out on a separate page.

THERE MUST BE A COMPLETE SIGNATURE – FIRST AND LAST NAME FOR BOTH SIGN IN AND SIGN OUT TIMES.

Failure to completely sign in or out will cause the Center to be non-compliant with our State licensing agency. As well as signing your child in and out, please verbally notify your child's teacher that you are dropping off or picking up your child.

Please notify us if a "different" person is picking up your child. Remember, if we have not met the person, we will ask to see their identification. If they are not on your pick up list, they will not be allowed access to the children.

When you come to pick up your child, try to plan a little extra time to ease the transition from school to home. Parents are responsible for picking up daily reports, projects the child may have made during the day, and any other belongings that may need to go home. Please check parent boards in the lobby and outside your child's classroom for posted parent notices.

If you are going to be delayed in picking up your child, please call in advance. We can use this information to ease your child's mind because he/she is expecting you to arrive at a particular time.

Children may leave the Center with authorized adults only. No one else! Please do not send older siblings to the classroom to pick up your child, as they will not be released to them. Authorized adults must be listed on the Identification and Emergency Information form. Authorized persons other than the enrolling parent will be asked to identify themselves with a driver's license or other valid form of identification before a child is released from the Center. If your child may not be released to a parent due to court order, we must have a copy of the order on file.

If the authorized person appears to be impaired and in our judgment not safe to release a child to, the following steps will be taken:

- 1) We will ask the person to have someone else come and pick up the child
- 2) We will ask the person not to remove the child or operate a motor vehicle
- 3) If the person is uncooperative and leaves with the child, the police will be notified.

OUR SMOKE FREE ENVIRONMENT

We are pleased to be able to offer you, your children and our employees a completely smoke free environment. Smoking is not permitted at any time by any person within the Center. Smoking is also not permitted in the parking lot at any time. Your cooperation in helping us provide this smoke free environment is greatly appreciated.

BCLC STAFF

An Early Learning program is only as good as its staff. It can have the very best in facilities and equipment, but come up short if the staff is not dedicated and well trained. **BCLC TAKES SPECIAL PRIDE IN ITS STAFF.** Research shows us that the most important component of quality childcare is the choice of staff. We choose teaching staff who are warm and nurturing, and who can apply their knowledge respectfully toward children and families.

On-going professional development, which keeps us current in the field of early education, is a valued component of BCLC and contributes to the quality and professionalism of our program.

An essential factor contributing to staff quality and teacher retention is our use of a team approach. Teaching teams function much like a family: different members play different roles, but all roles are an essential part of the whole. Once a week, each teaching team meets to share information and plan curriculum. They also meet throughout the week to plan, coordinate and evaluate daily program activities. Our teaching teams are guided by a Program Supervisor who is active in maintaining the quality of our program, mentoring staff members and supporting parent needs and concerns.

BACKGROUND CHECK POLICY

All staff members and volunteers are required to pass through a screening process which includes a criminal history background check and fingerprints submitted to the Department of Early Learning.

SUBSTITUTE STAFF INFORMATION

As in any other workplace, there are times when a regular staff member is out due to personal or family illness or perhaps attendance at a workshop. 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 would like to assure you that we understand the need to keep substituting to a minimum. We are realistic, though, in knowing there will be substitute needs. We plan for that with the goal of making children feel secure and safe with the staff they see every day.

STUDENT OBSERVERS AND INTERNSHIPS

BCLC maintains an ongoing relationship with early childhood education programs at nearby colleges and universities. This relationship is mutually beneficial. Students put the theories they've learned to use in our unique atmosphere. We keep up with current child development studies while fostering relationships with potential teachers. These students are supervised by BCLC staff and are guided by the Teachers. Student observers are never alone with children or in any way responsible for their care.

VOLUNTEERS

Volunteers are welcomed at the Center to work with the children under the supervision of teachers. Volunteers are screened just like any employee and have criminal history checks submitted prior to working in the Center. No volunteer is ever responsible for any group of children nor are they permitted to be unsupervised with any child.

Volunteers are always needed for maintenance and repairs, as well. Parents may volunteer in whatever area they feel qualified.

BOARD OF DIRECTORS

Bellingham Childcare & Learning Center's Board of Directors consists of thirteen individuals, both parents and community members, who are all committed to the financial stability and programmatic capacity of BCLC. The Board members are all volunteers who act as a governing body for the organization. In addition to their invaluable parent perspective, board members are specifically recruited for the business or professional skills that they can contribute to our center. Parents who are interested in applying for a position on the BCLC Board of Directors may forward their resume to the Executive Director.

HEAD START / ECEAP

BCLC partners with Head Start/ECEAP to provide a limited number of spaces for qualifying families to participate in Head Start/ECEAP services on-site at Bellingham Childcare & Learning Center. Benefits include: facilitation for medical, dental, developmental and special needs screenings and services, information on child development, parenting issues, learning activities, health and community resources, possible financial assistance for childcare, and parent involvement opportunities. Families must meet income guidelines to qualify.

COMMUNITY PARTNERSHIPS

Throughout the year, the Center arranges with various individuals and outside agencies to offer services and educational opportunities to the children and staff of BCLC. These partnerships range from a visit from the Fire Department to service learning projects with Western Washington University.

PROGRAM

INFANT CARE

Our Infant program offers a warm, friendly, and nurturing environment. We provide each child the opportunity to do tummy time or floor play. We help our infants to achieve new milestones in their development by providing developmentally appropriate materials. We achieve this happy, secure, and safe environment by: one on one attention, age appropriate games, songs, fingerplays, stories and exploration play. The program is designed to stimulate all areas of growth and development while allowing for the needs of the individual child.

We provide a “Daily Report” at the end of the day to keep you informed of your child’s day. This encourages constant communication between both teachers and parents and allows you to be aware of and share in your child’s daily activities. Each child’s individual needs and routines such as napping and feeding are met. Daily logs are sent home for every child. This allows parents an insight into their child’s day. By design, the Infant Room has a flexible and unstructured schedule. We do our best to accommodate your child’s feeding and sleeping schedule at home.

To help parents and children transition to our center we ask that you schedule time before enrollment to come in and meet with the teachers. This allows you to get to know each other. It also allows your child to get to know their caregiver. This will put both parents and child more at ease when dropping off for the first time. We always have an open door policy and parents are welcome to stop in.

Program and Environment

1. Infants are at least one month of age when enrolled.
2. The infant room is street-shoe-free to reduce infant exposure to dirt, germs, dangerous heavy metals, chemicals, and pesticides. All staff and other adults entering the room wear socks, slippers, inside-only shoes, or shoe covers over their street shoes.
3. We have a room just for infants with a separate and safe play area and nap area for older babies.
4. All infants spend time on the floor – including on their “tummies” – each day. (*Floor time -especially tummy time – encourages brain and muscle development*).
5. Infants spend limited time in restrictive devices such as: swings, bouncers, infant seats or saucers.
6. BCLC supports breastfeeding by providing a quiet area in our infant room for moms who wish to come in and breastfeed.
7. A nurse consultant visits the infant room monthly. The nurse consultant is a Registered Nurse, currently licensed, with training and/or experience in Pediatric Nursing or Public Health.

Sleeping/Napping

1. Each infant is allowed to follow his/her individual sleep pattern. Infant providers look for and respond to cues as to when an infant is sleepy.
2. Infants are visible to providers at all times while asleep. Rooms are kept light enough to allow easy observation of sleeping infants.
3. Sudden Infant Death (S.I.D.S.) risk reduction:
 - Infants are placed to sleep on their backs in a crib. (*Infants sleeping on their stomachs are at a higher risk of death from S.I.D.S. – Sudden Infant Death Syndrome.*)
 - Any alternate sleep position must be specified in writing by the parent/guardian **and** the child's health care provider.
 - Infants do not sleep in car seats, swings or infant seats. Any child who arrives at the center asleep in a car seat, or who falls asleep in a swing or infant seat, is immediately moved to a crib. (*Sleeping in infant seats or swings makes it harder for infants to breathe fully and may lead to head and neck issues.*)
 - Cribs do not contain bumper pads, pillows, soft toys, cushions or thick blankets. If a blanket is used on a sleeping infant, it is: a thin, "receiving"-type blanket, placed no higher than infant's chest, and tucked in at sides and bottom of mattress.
 - Swaddling is not recommended.
 - Bibs will be removed before placing an infant to sleep.
4. Cribs meet current Consumer Products Safety Commission (CPSC) standards.
5. Cribs are separated by Plexiglas barrier.
6. Crib wheels are locked in order to prevent movement in an earthquake.
7. The parent for each child will provide bedding. Crib sheets must fit mattresses snugly, and not cause mattresses to curl up at corners. Bedding will be washed weekly by the center or more often if needed (e.g. soiled.)

Evacuation Cribs

1. Evacuation cribs are available for all infants (max 4 infants per crib).
2. Evacuation cribs have:
 - a. Wheels capable of crossing terrain on evacuation route.
 - b. A reinforced bottom.
3. A clear pathway is kept between evacuation cribs and emergency exits at all times.
4. Nothing is stored below or around evacuation cribs that would block immediate exit of cribs.

INFANT BOTTLE FEEDING

- Infants are fed breast milk or iron-fortified infant formula until they are one year old.
- Written permission from the child's licensed health care provider is required if an infant is to be fed an electrolyte solution (*Pedialyte*) or a special diet formula.
- No medication, cereal, supplements, or sweeteners are added to breast milk or formula without written permission from the child's licensed health care provider.
- Bottles contain formula or breast milk.
- Cups of water, formula or breast milk are introduced around 6 months of age.

Storage

1. All bottles are labeled with infant's **full name and date**.
2. Filled bottles are capped and refrigerated upon arrival or after being mixed, unless being fed to an infant immediately.
3. Refrigerated bottles are kept at or lower than 41° F.
4. Frozen breast milk is stored at 10° F or less and for no longer than 2 weeks. Containers of breast milk are labeled with the child's full name and date. Unused, thawed breast milk is returned to the family at the end of the day.

Bottle Preparation

- We ask families to bring bottles already prepared.
- Frozen breast milk is thawed in the refrigerator or in warm water (water under 120° F) and then warmed as needed before feeding. Thawed breast milk is not refrozen.
- Staff gently mixes (not shake) the milk before feeding to preserve special infection-fighting and nutritional components in human milk.
- Bottles are labeled with infant's full name and date. Bottles are capped and refrigerated if not immediately used. Bottle nipples are covered at all times, except during feeding, to reduce the risk of contamination and exposure.

Bottle Warming

1. Bottles are **not** warmed in a microwave.
2. Bottles are warmed by placing them in warm water (120°F)
3. Bottles are warmed no longer than 5 minutes.
4. Temperature is checked before bottle is fed to infant (wrist method).

Bottle Feeding

1. Infants are fed on demand. Staff watch for and respond appropriately to hunger cues such as:
 - Fussiness/crying
 - opening mouth as if searching for a bottle/breast
 - hands to mouth and turning to caregiver
 - hands clenched
2. The name on each bottle is checked before the bottle is offered to an infant.
3. During bottle feeding infants are held by a caregiver who makes eye contact with the infant and talks to and touches the infant in a nurturing way. Bottles are not propped.
4. **Infants are not allowed to walk around with bottles or sippy cups and are never given a bottle while lying down or in a crib.** (*Lying down with a bottle puts a baby at risk for baby bottle tooth decay, ear infections, and choking.*)
5. Staff watch for and respond appropriately to fullness cues such as:
 - falling asleep
 - decreased sucking
 - arms and hands relaxed
 - pulling or pushing away
6. Unconsumed bottles are dumped into a sink after 1 hour to prevent bacterial growth.

NURSE CONSULTANT

- ◆ Regular nurse consultation is provided for our infant center by a registered nurse currently licensed to practice in Washington state.
- ◆ Our consultant is trained and experienced in the care of young children and will be available to advise us on the monthly operation of our infant care program and child health program. Documentation of visits is available in the office.

INFANT AND TODDLER SOLID FOODS

1. Food is introduced to infants when they are developmentally ready for pureed, semi-solid and solid foods. Food, other than formula or breast milk, is not given to infants younger than 4 months of age, unless there is a written order by a health care provider.
2. No egg whites (*allergy risk*) or honey (*botulism risk*) is given to children less than 12 months of age. (This includes other foods containing these ingredients such as honey graham crackers.)
3. Cups and spoons are encouraged at mealtime around 7 months of age or when child is developmentally ready.
4. Chopped, soft table foods are encouraged after 10 months of age.
5. Children 12 – 23 months are given whole milk, unless the child's parent/guardian **and** health care provider have requested low-fat milk or a non-dairy milk substitute in writing. (*Low-fat diets for children under age 2 may affect brain development.*)
6. When parents provide food from home, it is labeled with the child's name and the date. Perishable foods are stored at or below 41° F.
7. Staff serve commercially packaged baby food from a dish, not from the container. Foods from opened containers are discarded or sent home at the end of the day.
8. Gloves are worn or utensils are used for direct contact with food. (*No bare hand contact with ready-to-eat food is allowed.*)
9. Children eat from plates and utensils. Food is not placed directly on table.
10. Children are not allowed to walk around with food or cups.
11. Teachers sit with infants and young children when eating and engage in positive social interaction.
For allergies or special diets, see the Food Substitute section of this policy under Food and Nutrition.

TODDLER CARE

Our care for toddlers continues to be an extension of home care with activities designed to meet each child's individual development. Diapering and toilet training procedures meet or exceed state requirements for health, safety, and well being of the children. Curriculum and play activities are specifically designed to meet each child's developmental growth and needs.

The toddler rooms are arranged to encourage children to safely play with materials and toys independently as well as with each other. We believe that through example, positive guidance, and an appropriate environment, children will thrive and learn to play cooperatively with their peers.

We provide a "Daily Report" at the end of the day to keep you informed of your child's day. This encourages constant communication between both teachers and parents and allows you to be aware of and share in your child's daily activities. Each child's individual needs and routines such as napping and feeding are met. Daily logs are sent home for every child. This allows parents an insight into their child's day.

PACIFIERS

If your child uses a pacifier, parents are asked to provide a labeled one. Children who use pacifiers will have them on an as-needed basis throughout their day.

Toddlers are discouraged from walking around the classroom with a pacifier during the day for the following reasons:

- it is not healthy for a child to pick up a pacifier off the floor once dropped and put back into their mouth;
- another child may put someone else's pacifier in their mouth;
- it is difficult to understand a child who is trying to talk with one in his/her mouth; and
- their muscles in their mouth and tongue need to learn how to work when they talk without a pacifier in it.

DIAPER CHANGING POLICY

On arrival, our staff will ask parents when their child's diaper was last changed. Staff checks diapers at least every two hours when children are awake, when children awaken, or as needed.

- ◆ Diapers, underwear and clothing are changed in designated areas when wet or soiled.
- ◆ Surfaces used for changing and on which changing materials are placed are never used for other purposes.
- ◆ Containers that hold soiled diapers and diapering materials have a plastic lining and a lid that opens and closes tightly by using a hands-free device.
- ◆ Cloth diapers are sent home in a sealable container provided by the parent. Cloth diapers must have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit.

State law prohibits us from rinsing out soiled diapers.

DIAPERING PROCEDURE

The following diapering procedure is posted and followed at our center:

1. **Wash hands.**
2. Gather necessary materials, i.e., clean diaper, wipes, clean clothing if needed.
3. Put-on disposable gloves.
4. Child is gently placed on the table. Soiled diaper is removed and deposited in plastic lined and covered waste receptacle. **At all times, caregivers have a hand on the child when the child is being changed on an elevated surface.**
5. The child's diaper (peri-anal) area is cleaned from front to back with a clean, damp wipe for each stroke. Wipes and gloves are then deposited in plastic lined and covered waste receptacle.
6. Topical cream/ointment/lotion is applied only when a parent's written request is on file.
7. If parent/guardian has completed a medication authorization for diaper cream/ointment/lotion, put on gloves and apply to area. Remove gloves.
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). Return child to appropriate area.
10. Clean the diaper-changing pad with **soap and water, rinse with water, 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 with a paper towel.
11. **Wash hands.**
12. Record on diapering chart.

STAND- UP DIAPERING PROCEDURE

1. **Wash hands.**
2. Gather necessary supplies (diaper/pull-up/underpants, wipes, cleaner and sanitizer, paper towels, gloves, plastic bag.)
3. Put on disposable gloves.
4. Coach child in pulling down pants and removing diaper/pull-up/underpants (assist as needed.)
5. Put soiled diaper/pull-up/underpants in plastic bag.
6. Coach child in cleaning diaper area from front to back using a clean, damp wipe for each stroke (assist as needed.)
7. Put soiled wipes in plastic bag (or assist child in doing so.)
8. Close and dispose of plastic bag into hands free covered trash can lined with a plastic garbage bag.
9. Apply topical cream/ointment/lotion when a parent has written a request and a medical form is on file.
10. Remove gloves.
11. Wash hands (in sink or with wipe) and coach child in doing the same.
12. Coach child into putting on clean diaper/pull-up/underpants and clothing and washing hands (in bathroom sink).
13. Close and put any bag of soiled clothing or underpants into child's cubby.

1. Use 3 step method on floor where change occurred: **soap and water, rinse with water, and disinfectant** with 1 tablespoon bleach/1quart water. Allow the bleach solution to remain on the surface for at least 2 minutes before drying.
2. Wash hands
3. Record on diaper chart.

TOILET TRAINING

Our policy reflects our general philosophy of respect for each child. We are sensitive to the child's growing sense of autonomy; we encourage the child's active participation in caregiving routines and respect individual styles and pace of learning. On a practical level, toilet learning is encouraged by including the child as much as possible in the process but only to the extent he or she is willing to participate. Even before self-toileting begins, however, the child is included in the caregiving process: by getting their own diaper, helping to dress them self, washing their hands etc. While diapers are being changed, caregivers talk with the children giving them language they will use in the toileting process (your diaper is very wet...we need to get a clean diaper). Self-toileting begins in a non-threatening, no pressure way. It is as simple as asking if the child would like to sit on the potty before the diaper is changed. We respect his or her decision. If a child shows an interest in using the toilet, that too is facilitated by the caregivers. Children in underpants are taken to the bathroom on a regular basis in keeping with the daily routine (as is done for diapering). Training pants are dealt with in a very matter of fact way that is still respectful of the child's feelings. The child is an active participant by getting dry pants and is reminded of where the potty is, or how to ask an adult for help. Many children continue to wear diapers for napping and at night after this process begins. Waiting until the child is repeatedly waking up with dry diapers is a general guideline for discontinuing this procedure. The process of self-toileting is a gradual process, and one that is impacted by developmental issues of autonomy and a continued need for security and nurturance. The greatest tool a parent or teacher has in this process is the child's own strong desire to begin self-toileting.

Informational sheets are available for you during this time. Be sure to talk to the toddler teachers if you are in the process of this most interesting time in the life of a toddler!

***State law prohibits us from rinsing out soiled underwear or diapers.
This means that they are bagged "as is".***

ON CHILDREN BITING

Biting can be a common behavior at any time for toddlers, but the fact that it is common, developmentally appropriate, and self-limiting (usually stopping as suddenly as it starts) doesn't make it any less upsetting to parents, teachers and kids.

Toddlers tend to bite during the period when they are struggling with the issue of self-control. A child may feel helpless and powerless, may resort to biting in a situation too difficult to handle, or when she or he is feeling frustrated and unable to express feelings effectively in any other way. Although we try and stay calm and matter-of-fact about it and preserve the self-esteem and security of both the biter and the bitee, we do actively address the situation. What do we do?

We try and break the cycle of biting (nothing is reinforcing as a successful chomp) by preventative measures. We add extra staffing when necessary. We pay particular attention to transition times and to the environment. We “spot” or “shadow” the child who bites to stop the bite before it happens.

We offer substitute things to chew and bite to attempt to “redirect” the impulse.

We provide extra opportunities for sensory exploration. We give children plenty of opportunities to release tension through “tactile” experiences (water play, sand, play dough, etc.)

We work to build children’s verbal communication skills. *Joe, use your words; say, ‘No, that is mine.’* We convey the message, “It’s OK to be angry but biting people is not O.K.” Adults help to verbalize feelings and suggest alternatives.

Because biting is a part of the young child’s normal developmental process, we take a proactive, rather than a reactive, approach. This means that, while we deal with each biting situation as described above, and at pick-up time will notify parents if their child has been bitten, it is not our policy to discuss with any parent personal information regarding a child other than their own. Biting is an emotional topic! If your child was bitten, you may feel angry. If your child is the biter, you may feel anger, disappointment or embarrassment. We encourage you to share your feelings, and we appreciate your suggestions. We hope you will trust that each biting incident will be handled in a developmentally appropriate and professional manner.

Some children become “stuck” for a while in a biting syndrome and it is frustrating for the parents of the victims that we are unable to “fix” the child quickly or terminate care. We try to make every effort to extinguish behavior quickly and balance our commitment to the family of the biting child with that of the other families. Only after we feel we have made every effort to make the program work for the child do we consider asking a family to withdraw the child.

CLOTHING

Please bring your child to school in clothes designed for active indoor and outdoor play. These should be clothes that you and your child are willing to get dirty, and that your child can get in and out of by herself or himself. Clothing that is easy to manage, encourages independence and self-help. Many toilet accidents are preventable if children can unbutton or unbuckle pants and belts without a struggle.

We will go outside each day, so please help your child dress comfortably and appropriately. This includes shoes for running and climbing and a jacket, raincoat and boots for the ever-changing Pacific Northwest weather. Mark your child’s clothing with his/her name, especially outer clothing. It is common for two or more children to have the exact same coat, boots, etc.

Make sure there is a complete change of weather appropriate clothing in your child’s cubby at all times (shirt, pants, underwear and socks) and clearly labeled with your child’s name. Clothing may be brought in a plastic ziplock bag for easy storage. Please check your child’s cubby for soiled clothes at the end of each day and replace any extra clothes that your child has used. BCLC has a limited supply of spare clothing. If your child is sent home in BCLC spares, please launder them and return them the next day so that they may be used for another child.

TODDLER AND PRESCHOOL NAPPING

1. Children 29 months of age or younger follow their individual sleep patterns.
2. Alternate quiet activities are provided for a child who is not napping (while other are doing so).
3. Rooms are kept light enough to allow for easy observation of sleeping children.
4. Mats are spaced a minimum of 30 inches apart. If space doesn't allow for 30" spacing, children are placed head to toe as far apart as possible.
5. Mats are enclosed in washable covers. Children do not sleep on bare uncovered surfaces.

PRESCHOOL

Moving up to preschool is a major transition for your child and you! Expectations for your child's educational experience increase when they enter preschool as their skills are developing rapidly.

The preschool classrooms at BCLC are composed of children 3 years to 5 years of age. In multi-age classrooms children have opportunities to nurture and model skills for younger children, be nurtured and encouraged by older peer models, participate in more complex activities with older peers, and develop at their own pace knowing that there are a variety of developmental expectations in the classroom not just one.

Our preschool classroom environments offer a rich variety of spaces, materials and activities organized to promote children's active exploration and mastery. Although classrooms often appear informal, they are the result of careful planning and structuring to ensure that the needs of each child are met in a supportive and nurturing way. Our teachers encourage curiosity and enthusiasm for learning, promote cooperative social interactions, support individual creativity and diversity and provide opportunities for children to use their growing bodies to develop a sense of autonomy and self worth. Children are provided with tasks and activities that promote language development, learn readiness skills to prepare them for school, learn about their world through creative play, develop their large and fine motor skills, develop thinking and problem solving abilities, and, optimally, develop emotionally and socially.

HOW DOES PLAY PREPARE A CHILD FOR KINDERGARTEN?

Some parents may worry that play does not adequately prepare their child for the rigors of kindergarten. Research shows that when children have abundant experiences that foster exploration and instill a sense of wonder, they develop sophisticated logical thinking skills and a refined ability to problem solve. Our program, while play-based, is intentional, engaging and challenging. Children take part in numerous activities that test and develop concepts involving math, literacy and science. Perhaps more importantly, children are developing their potential socially, physically and cognitively, emotionally giving them the building blocks for advanced learning.

Children from BCLC matriculate to a wide range of elementary schools. The feedback we receive from parents, kindergarten teachers, and administrators, is that BCLC children are confident, curious and tenacious learners who are well prepared for the next stages in their cognitive and social development.

Early in the spring, we provide information to parents on kindergarten. This includes skills kindergarten teachers look for, open houses and registration dates. We have conversations, stories and discussions about kindergarten in the classrooms. If you have any questions about kindergarten readiness, please talk with your child's teacher, program supervisor or director.

FIELD TRIPS & SPECIAL VISITORS

Safety issues involving car seats, ages and sizes of children and length of time in cars have led us to bring people and things of interest to the Center as much as possible.

Our goals for field trips and visitors address the following ideas.

1. To broaden enrolled children's experiences to include special classroom visits with people in our local community. (Some of our past visitors have included police, fire fighters, dental assistants, and veterinarians.
2. To share enrolled families and staff experiences and interests with the group. We have found sharing family's interests is enriching for the children and promotes a feeling of community in the Center.
3. To build a foundation of varied experiences with the world around them is essential for children to be able to understand the meaning of symbols (such as letters and numbers) in future years.

If we decide to go somewhere, however, parents will be notified as far ahead as possible. Parents will be required to sign permission slips prior to each field trip. Children go on both walking field trips from our Center as well as field trips that require us to use the school van, the Head Start school bus, and occasionally the city bus. We believe field trips are valuable experiences for young children. We do our best to provide interesting guests. If you have any suggestions, please let us know

CLOTHING

Please bring your child to school in clothes designed for active indoor and outdoor play. These should be clothes that you and your child are willing to get dirty, and that your child can get in and out of by herself or himself. We encourage children to manage their bathroom and changing needs independently. Clothing that is easy to manage, encourages independence and self-help. Many toilet accidents are preventable if children can unbutton or unbuckle pants and belts without a struggle.

We will go outside each day, so please help your child dress comfortably and appropriately. This includes shoes for running and climbing and a jacket, raincoat and boots for the ever-changing Pacific Northwest weather. Mark your child's clothing with his/her name, especially outer clothing. It is common for two or more children to have the exact same coat, boots, etc.

Make sure there is a complete change of weather appropriate clothing in your child's cubby at all times (shirt, pants, underwear and socks) and clearly labeled with your child's name. Clothing may be brought in a plastic ziplock bag for easy storage. Please check your child's cubby for soiled clothes at the end of each day and replace any extra clothes that your child has used. BCLC has a limited supply of spare clothing. If your child is sent home in BCLC spares, please launder them and return them the next day so that they may be used for another child.

TRANSITION POLICY

Every effort is made to support children as they transition throughout the program, whether within the routine of the day or as a permanent transition into a new classroom.

TRANSITIONING TO A NEW CLASSROOM

As children near the time in which it makes sense to move into the next program, the child's teacher will help them (and their parents) with the transition. The teachers initiate most transitions. Parents are consulted and timeframes are established. When a child is close to transition, his/her classroom teacher arranges for him/her to visit the new classroom. Visits extend to include important times of the day so the child can experience the routines in small doses. Children are always allowed to come back and "visit" or even spend time occasionally to unwind from the faster pace set by those "older" kids. Most are ready to move on and embrace this very real "marker" of growing up!

We believe that each child is an individual and that a transition into the next program is something that takes its cue from many developmental considerations. Be assured that each program is designed with the specific children enrolled in mind so that each child is engaged and challenged in developmentally appropriate ways.

Sometimes, parents may feel anxious to move their child "up" or that the program they left behind was better than the one they are entering because there are more kids, higher teacher-child ratios and perhaps less feeling of being connected to the teachers. Here are some things to keep in mind:

- Higher ratios and group size are possible without a drop in quality because children are developing more self-help and social skills.
- Development is usually uneven. "Regression" is a fairly common occurrence and should not be a cause for concern. Children will race ahead to new experiences and then fall back to familiar places and people for reassurance.
- Children benefit from experiences with a wider age range and interactions with other qualified, caring adults.

POSSIBLE CONSIDERATIONS FOR DELAYING TRANSITION

- To allow child sufficient time to enjoy a healthy attachment to teachers and peers.
- Child is still napping or working on toileting skills
- Child has had significant changes and transitions outside of the school environment and would benefit from consistency.
- Waiting to move to new classroom with a group of peers.
- To enjoy a period of accomplishment at having mastered classroom activities, enjoying a sense of leadership and competence.

ASSESSMENT

In order to support the development and progress of children, BCLC conducts regular, on-going assessments. Assessments are done both formally (developmental checklists, child portfolios) and informally (observations, photographs) in the context of play within the classroom setting. Assessments guide lesson planning and teaching practices. Teachers also use assessments to ensure they are providing learning opportunities for every child that are consistent with program goals.

BCLC has chosen to use Teaching Strategies Gold (TSG) as our ongoing assessment tool. TSG is an authentic, observational assessment system for children birth through kindergarten. It will help us to get to know children well. With this information, we can offer engaging experiences that help children build on their strengths and interests.

We understand that children are complex and that their life experiences often exceed the kinds of measures assessments address. We also know that children behave differently in different situations, and according to their mood and wellbeing. No assessment tool can ever portray the whole child with 100% accuracy. This is why classroom teachers rely first and foremost on their individual relationships with children and families.

Assessments, as with all child records, are confidential and will not be released to anyone outside BCLC without parent or guardian permission. Upon request, parents may view their child's entire ongoing assessment, which is accessed online.

ASSESSMENT TIMELINES

Parents are asked to complete an informal developmental checklist / screening upon enrollment in order to provide teachers developmental input from parents.

In the fall and spring, teachers will provide each parent with a copy of a Development and Learning Report. Parents are encouraged to return a comments and family goals component as a way for parents and teachers to continue working together to support children's continued progress.

During the spring, teachers will work with families to arrange conferences. This is an opportunity to share Portfolios that contain samples of children's work, photos, updated progress reports, anecdotal records and to discuss or consult with one another regarding each child's progress and development.

Daily conversations between parents and teachers at drop-off and pick-up help everyone stay connected. For longer or more private conversations, parents and teachers are encouraged to arrange a time to meet outside the classroom. Teachers are available to meet with parents at any time of the year.

CURRICULUM FRAMEWORK

Developmentally appropriate practices as outlined by the National Association of the Education of Young Children along with anti-bias principles guide our curriculum. The emphasis is on creativity, choice, growing independence, cooperation and friendships. In addition, building relationships between adults (staff, parents, community) for the benefit of families is a critical component.

Let us emphasize that a child's **play** is his/her work. By playing, children are learning all they need to know to begin living successfully in this world. They are learning social values such as how to get along with others and what is acceptable or unacceptable behavior. They are learning, even at this early age, what kinds of things interest them most. Just like adults, they will feel pulled to certain activities such as painting, books, block building, role playing in the housekeeping center, sensory exploration of water, "goop", play dough and other messy materials. Rarely will a child find interest or stimulation in **all** of these areas and/or you may also find changes in areas of interest depending on your child's developmental level. They are also learning how to use their bodies in both large and small ways. All this learning, and more, is happening while your child "plays."

With that knowledge, the Center staff plans a curriculum which is developmentally appropriate. The day is planned to give the children time for individual and group play, loud and quiet times, directed and free choice play.

With the emphasis on allowing each child lots of opportunity to play, the teachers plan activities that will encourage children to extend their play, make choices, experience cooperation, feel successful and also **begin** to become familiar with the more abstract things in our life such as letters and numbers. This grows out of everyday exposure to stories and books, songs, finger-plays, counting games, cooking projects, caring for animals and helping to care for the physical environment.

Our goal is to create an environment where children feel safe, respected and valued. When those crucial emotional needs are met, children are then free to wonder, grow and explore in ways that enable them to discover the joy of learning.

In all work with children, center staff strives to present multi-cultural views and anti-bias practices that recognize and applaud differences but also identify the similarities all people share. We believe that understanding and respect for all people starts very young and as adults, what we model is crucial for growth in this area.

Our preschool curriculum is designed to meet the physical, social, emotional, and intellectual needs of the children in our care at a developmentally appropriate level. In meeting those needs, you will see on the following pages, a variety of activities that support children's growth in the following areas found in the Teaching Strategies GOLD Assessment Tool.

Objectives for Development & Learning

Social–Emotional Development

1. Regulates own emotions and behaviors
 - a. Manages feelings
 - b. Follows limits and expectations
 - c. Takes care of own needs appropriately
2. Establishes and sustains positive relationships
 - a. Forms relationships with adults
 - b. Responds to emotional cues
 - c. Interacts with peers
 - d. Makes friends
3. Participates cooperatively and constructively in group situations
 - a. Balances needs and rights of self and others
 - b. Solves social problems

Physical Development

4. Demonstrates traveling skills
5. Demonstrates balancing skills
6. Demonstrates gross-motor manipulative skills
7. Demonstrates fine-motor strength and coordination
 - a. Uses fingers and hands
 - b. Uses writing and drawing tools

Language Development

8. Listens to and understands increasingly complex language
 - a. Comprehends language
 - b. Follows directions
9. Uses language to express thoughts and needs
 - a. Uses an expanding expressive vocabulary
 - b. Speaks clearly
 - c. Uses conventional grammar
 - d. Tells about another time or place
10. Uses appropriate conversational and other communication skills
 - a. Engages in conversations
 - b. Uses social rules of language

Cognitive Development

11. Demonstrates positive approaches to learning
 - a. Attends and engages
 - b. Persists
 - c. Solves problems
 - d. Shows curiosity and motivation
 - e. Shows flexibility and inventiveness in thinking
12. Remembers and connects experiences
 - a. Recognizes and recalls
 - b. Makes connections
13. Uses classification skills
14. Uses symbols and images to represent something not present
 - a. Thinks symbolically
 - b. Engages in socio-dramatic play

Literacy

15. Demonstrates phonological awareness
 - a. Notices and discriminates rhyme
 - b. Notices and discriminates alliteration
 - c. Notices and discriminates smaller and smaller units of sound
16. Demonstrates knowledge of the alphabet
 - a. Identifies and names letters
 - b. Uses letter–sound knowledge
17. Demonstrates knowledge of print and its uses
 - a. Uses and appreciates books
 - b. Uses print concepts
18. Comprehends and responds to books and other texts
 - a. Interacts during read-alouds and book conversations
 - b. Uses emergent reading skills
 - c. Retells stories
19. Demonstrates emergent writing skills
 - a. Writes name
 - b. Writes to convey meaning

Mathematics

20. Uses number concepts and operations
 - a. Counts
 - b. Quantifies
 - c. Connects numerals with their quantities
21. Explores and describes spatial relationships and shapes
 - a. Understands spatial relationships
 - b. Understands shapes
22. Compares and measures
23. Demonstrates knowledge of patterns

Social Studies

29. Demonstrates knowledge about self
30. Shows basic understanding of people and how they live
31. Explores change related to familiar people or places
32. Demonstrates simple geographic knowledge

Science and Technology

24. Uses scientific inquiry skills
25. Demonstrates knowledge of the characteristics of living things
26. Demonstrates knowledge of the physical properties of objects and materials
27. Demonstrates knowledge of Earth's environment
28. Uses tools and other technology to perform tasks

The Arts

33. Explores the visual arts
34. Explores musical concepts and expression
35. Explores dance and movement concepts
36. Explores drama through actions and language

English Language Acquisition

37. Demonstrates progress in listening to and understanding English
38. Demonstrates progress in speaking English

Individualizing: An Essential Element of the Curriculum

The benefits of child-centered, or individualized, planning are easy to see. Children get fully involved in activities, actively explore their environments, feel proud when they can do things for themselves, and enjoy playing and learning with others. Individualizing gives each child the capacity to grow and learn now and in the future.

Teachers engage in an ongoing cycle of individualization: assessment, planning, implementation and ongoing assessment. Teachers use a variety of strategies to get to know and plan for children, build partnerships with parents and assess children's progress.

Individualization is most successful when staff and families build strong partnerships and communicate frequently about a child. By combining the information gained from the two perspectives, families and staff can use the curriculum to plan and implement an individualized education.

How we discover children's interests, abilities & developmental needs:

- ❖ **Preadmission Health History and Ages & Stages**: Parents complete these documents before enrollment. Classroom teachers use both of these documents to get a picture of the child and make some preliminary planning decisions.
- ❖ **CDC Developmental Checklist/Screening**: At enrollment parents are asked to complete a CDC developmental checklist /screening.
- ❖ **Classroom Observation**: From the child's first day in the classroom, teachers are observing children. This continues throughout the child's enrollment with our Center.
- ❖ **Teaching Strategies GOLD**: This is the observational assessment tool that we use. Teaching staff follow the assessment cycle: observation and documentation, analyze documentation, complete progress checkpoints, and plan for the child and class. We complete assessment checkpoints quarterly. These checkpoints allow us to see how children are progressing, and areas that children may need extra support.
- ❖ **Classroom Planning**: Classroom teachers meet together weekly to create lesson plans for the classroom, these lesson plans usually last for 1-2 weeks depending on the content. This is also an opportunity to reflect on the previous lesson plan; what worked, what did they notice about children. This helps to know where to go in the next lesson plan.
- ❖ **Individual Teacher Planning**: Classroom teachers also have individual planning time once per week to focus on individual children and complete their GOLD documentation. Teachers can also use this time to observe within their classroom, work with individual children on specific skills or do parent conferences.

After observing children's interests, abilities and developmental needs, the classroom teachers collect and present the children with materials and experiences that extend and deepen their learning. These materials are organized into the environment through learning centers and will provide children with opportunities to wonder, inquire and investigate while expanding their learning. The children work with open ended materials that enable them to be creative, imaginative and empowered. The children learn language, literacy and numeracy through meaningful play and investigation.

SCREENING AND REFERRALS

Early childhood is a time of rapid growth and development. It may also be the time when special needs or focuses of concern become evident. BCLC works closely with families to support the healthy development of all children. BCLC teachers and staff are prepared to support families with information on assessments gathered from classroom teachers and can link parents to resources for further screenings and assessments if indicated.

BCLC partners with organizations to offer developmental screening services at the Center each year. These services include but are not limited to dental screenings, developmental screenings, hearing and speech and language screenings. We are also able to arrange developmental screenings through the public schools as well as assist families in arranging additional screening services as needed.

CHILDREN WITH SPECIAL NEEDS

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 childcare experience and all staff, families, and children benefit.

1. Confidentiality is assured with all families and staff in our program.
2. All families will be treated with dignity and with respect for their individual needs and/or differences.
3. Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).
4. Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. To accomplish this, we may consult with our public health nurse consultant and other agencies/organizations as needed.
5. An individual plan of care is developed for each child with a special health care need. The plan of care includes information and instructions for
 - daily care
 - potential emergency situations
 - care during and after a disaster

Completed plans are requested from health care provider annually or more often as needed for changes.

6. All staff receive general training on working with children with special needs and updated training on specific special needs that are encountered in their classrooms.
7. Teachers, cooks, and other staff will be oriented to any special needs or diet restrictions by the child's parent/guardian.

MEALTIMES & NUTRITION

Our food program consists of a breakfast, lunch, and two afternoon snacks. Our menu is carefully planned according to USDA standards. The menu is posted on a weekly basis. The program receives reimbursement for our meals, so it is imperative that parents, upon registration, **complete all the appropriate annual food enrollment forms**. Infants are eligible for the food program. The program will provide a selected infant formula and infant cereal/fruit/vegetable. If your child requires special formula or infant food a waiver form will be provided, and the parent must supply this child's daily requirements. The infant staff will work cooperatively with the parents to individualize the infants eating pattern. BCLC will not serve food to an infant that does not follow the Infant food program guidelines recommended by the National Association of American Pediatrics and the USDA. More detailed information will be provided during the registration process. All children enrolled must participate in the food program. Any child present during food service times will be served. Children arriving after mealtimes will not be served. Any child requiring **special dietary considerations** will need to complete a medical statement requiring special meals and discuss with the Director.

All meals at BCLC are served Family Style. During Family Style dining, children learn good eating habits by eating a variety of different foods. Children and adults sit together and enjoy quiet conversations around topics of interest and practice manners. The children will learn mealtime expectations, setting and passing food practice, serving utensils practice, how to pour liquids and work together to clean up.

We do the following to meet the nutritional needs of children in our care and to provide parent(s) with necessary information.

- ◆ All snack/meal menus will be prepared 1 week in advance and posted for all to see. A variety of foods are offered. All food substitutions will be of equal nutrient value and recorded.
- ◆ Meal patterns:
 - Breakfast: 1 serving of fluid milk + cereal or bread + fruit/juice.
 - Noon meal: 1 serving of fluid milk + protein food + a bread or alternate (like rice or tortilla) + 2 servings of a fruit and/or vegetable.
 - Snack pattern is: Each snack includes at least 2 age-appropriate servings of a dairy food or protein food or bread/br. alternate or fruit/veggie/juice.
- ◆ Foods served provide at least 1/3 of a child's dietary need for vitamin "C" (fruit/vegetable/juice) daily and for vitamin "A" (3 times/week).
- ◆ Ethnic and cultural foods are incorporated into the menu.
- ◆ Children have free access to drinking water
- ◆ Menu modifications are planned for children needing special diets.

Mealtimes vary according to age groups so be sure to check your child's classroom schedule.

Parents are invited to join their child(ren) at a mealtime, but please notify the classroom teacher to be sure we have an adequate amount of food.

- **Please do not allow your child to bring food from home, or come to the room eating fast food, candy, or drinks, as other children invariably want some too.**

Parents, please leave your lattes and other beverages in your car.

FOOD SERVICE

1. **Food handler permits** are required for staff who prepare full meals and are encouraged for all staff.
2. **Ill staff or children** do not prepare or handle food.

3. **Cooks** do not change diapers or clean toilets.
4. **Staff 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.
5. **Gloves are worn or utensils are used** for direct contact with food. (No bare hand contact with ready-to-eat food is allowed.)
6. **Refrigerators and freezers** have thermometers placed in the warmest section (usually the door). Thermometers stay at or below 41° F in the refrigerator and 10° F in the freezer.
7. **Microwave ovens**, if used to reheat food, are used with special care. Food is heated to 165° F, stirred during heating, and allowed to cool at least 2 minutes before serving.
8. **Chemicals** and cleaning supplies are stored away from food and food preparation areas.
9. **Cleaning and sanitizing** of the kitchen is done according to the *Cleaning, Sanitizing and Laundering* section of this policy.
10. **Dishwashing** complies with safety practices:
 - Hand dishwashing is done with three sinks or basins (wash, rinse, sanitize).
 - Dishwashers have a high temperature sanitizing rinse (140° F residential or 160° F commercial) or chemical sanitizer.
11. **Cutting boards** are washed, rinsed, and sanitized between each use. No wooden cutting boards are used.
12. **Food prep sink** is not used for general purposed or post-toilet/post-diapering handwashing.
13. **Kitchen counters, sinks, and faucets** are washed, rinsed, and sanitized before food production.
14. **Tabletops** where children eat are washed, rinsed, and sanitized before and after every meal and snack.
15. **Thawing frozen food:** frozen food is thawed in the refrigerator 1-2 days before the food is on the menu or under cold running water. Food may be thawed during the cooking process IF the item weighs less than 3 pounds.
16. **Food is cooked to the correct internal temperature:**

Ground Beef 155° F	Fish 145° F
Pork 145° F	Poultry 165° F
17. **Holding hot food:** hot food is held at 140° F or above until served.
18. **Holding cold food:** food requiring refrigeration is held at 41° F or less.

19. A **digital thermometer** is 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** is done by one of the following methods:
 - Shallow Pan Method: 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).
 - Size Reduction Method: Cut cooked meat into pieces no more than 4 inches thick.Foods are covered once they have cooled to a temperature of 41° F or less.
21. **Leftover foods** (*foods that have been below 41° F or above 140° F and have not been served*) are cooled, covered, dated, and stored in the refrigerator or freezer. Leftover food is refrigerated immediately and is not allowed to cool on the counter.
22. **Reheating foods:** foods are reheated to at least 165° F in 30 minutes or less.
23. When children are involved in cooking projects our center assures safety by:
 - closely supervising children,
 - ensuring all children and staff involved wash hands thoroughly,
 - planning developmentally-appropriate cooking activities,
 - following all food safety guidelines.

FOOD SUBSTITUTES

Any child requiring a special diet due to medical reasons **must** fill out a form regarding food allergies and intolerances. Specific foods to be avoided are listed on this form and a medical doctor must sign it. Our center will work collaboratively with parents to develop a food substitute plan. Unless we have a doctor’s note and a food substitute, your child will be served all of our food components (including milk).

Note: According to the CACFP, some milk substitutions are not considered a credible source of milk. To be credited, milk, or the non-dairy beverage offered, must be nutritionally equivalent to milk and meet the nutritional standards set by the USDA. A statement signed by a medical doctor may be requested for some milk substitutions.

FOOD SAFETY

Kitchen staff cut food into pieces no larger than ¼ inch square for infants and ½ inch square for toddlers according to each child’s chewing and swallowing capabilities. Due to choking hazards, staff does not offer children hot dogs, whole or sliced into rounds; whole grapes; popcorn; raw peas and hard pretzels; spoonfuls of sun butter; or chunks of raw carrots or meat larger than can be swallowed whole. **Liquids and foods hotter than 110 degrees Fahrenheit are kept out of children’s reach.**

PLEASE DO NOT BRING FOOD FROM HOME TO THE CENTER. WE HAVE CHILDREN WITH SEVERE FOOD ALLERGIES.

We do not allow any food coming from home to share among the children. This ensures that all food provided to the children at BCLC meets USDA's CACFP guidelines and protects children with food allergies or special nutritional needs.

The program is sensitive to and values the diversity among our families. We encourage family participation and welcome families sharing a recipe or volunteering to come in and prepare a special treat with the children. Ingredients used in the classroom cooking activities brought from home should meet the requirements of the center's food policy. If the program is supplying the ingredients, ample time should be allowed for the kitchen to purchase the food through our food provider.

CONFIDENTIALITY

The use or disclosure of any information pertaining to an individual child and his/her family shall be restricted to the purposes directly connected with program planning, and the administration of BCLC. Disclosure of a child's records beyond family members, program personnel, and consultants having an obligation of confidentiality shall require written authorization from the parent or guardian. (except in the cases of suspected abuse or neglect).

ANTI-BIAS PRACTICE

We believe that an optimal learning environment is one that values differences in people individually and culturally, and that provides curriculum in a non-sexist, non-racist, and non-stereotyping way. We maintain a steadfast commitment to reflecting diversity in our curriculum materials, activities and actions, an approach known in early education practice as anti-biased curriculum.

We also strive to create a diverse community in our program. We welcome children of non-traditional families, such as children of same sex partners and children with grandparents as teachers. We also welcome children with special needs. It is our view that a diverse community provides a rich and rewarding experience for our children, families and staff.

Teaching staff counter potential bias and discrimination by treating all children with equal respect and consideration. Teachers initiate activities and discussions that build positive self-identity and teach the valuing of differences. Teachers intervene when children tease or reject others, providing models and visual images of adult roles, differing abilities, and ethnic or cultural backgrounds that counter stereotypical limitations, and avoiding stereotypes in language references.

USE OF PHOTOGRAPHS OR VIDEOTAPE

We respect the privacy of our children, families and teachers. We strive to ensure that our work is created in an environment that is safe and respected by all those who view and learn from its use, and that it is utilized only for its intended purpose.

Within our curriculum program philosophy, we regularly take photographs of the children as part of documenting their learning. We also take photographs or record using other media such as written, digital or, audio of the children participating in activities, which we incorporate into our center environments and for online portfolios.

BCLC does not allow photos to be taken of children by parents or students without permission. On occasion, there are events and field trips where other families and visitors are taking pictures. It is our expectation that any pictures taken of children, their families or BCLC staff would be kept for your personal use and not posted on any social media website (i.e. Facebook, Twitter, etc) without the written consent of the parent, guardian or employee. Parents are notified prior to any use of photographs for publicity purposes.

DISCIPLINE AND GUIDANCE

Based on the nurturing relationships between teacher and child, discipline at BCLC is considered an opportunity for growth in the sometimes complex business of getting along with others. In order to minimize conflict, much effort is taken to provide appropriate activities, to create an inviting environment, and to meet the individual needs of children. Still, conflicts are a natural occurrence as children try to relate to one another in a group setting.

From a positive perspective, much can be learned from these conflict situations: *seeking and giving comfort, searching for and generating creative solutions, identifying emotions and finding appropriate responses to them, collaborating with peers, developing self-control*. Above all, we strive to create an environment where children are safe and know they will be cared for and listened to, not just by their teachers, but by one another as well.

Many techniques are used for assisting children through conflict resolution. Although the style (pace, wordiness) is different depending on the age of the child and severity of the situation, all efforts seek to guide children as problem solvers. Children are all competent individuals and bring their own feelings, actions and ideas to conflict situations. Teachers respect and build on these attributes through their language, interaction and example. The intent of these discipline techniques is to encourage the growth of moral autonomy. That is, the ability of an individual to make decisions based on their own knowledge of 'right and wrong,' derived from an intrinsic motivation to do so, rather than from a desire to reap rewards or avoid punishment.

THE FOLLOWING ARE DISCIPLINE TECHNIQUES USED REGULARLY AT BCLC:

- *Limit Setting* - In order for children to build trusting relationships and feel confident to explore, they must clearly know what is expected of them. Classroom and playground rules are therefore few, basic, clear and concise. Expectations of each child expands the overall abilities of each child develops.

- *Consistency* - So children know what to expect and are enabled to anticipate, predict and change their own behavior accordingly, limits and expectations are consistent. In addition, conflict situations are handled in the same way by all teachers.
- *Tone* – “You are safe, the situation is under control and we can work it out.” This is the message a child must receive from any intervening adult. A firm, kind, serious tone with a relaxed demeanor reinforces this message.
- *Modeling* - Adult actions speak clearly to children. It is imperative that we set an example of caring, compassionate individuals who are able to express their own needs and feelings clearly and calmly, and, willingly respond to the needs of others. “I feel angry when you hit me: Let’s sit down so you can tell me with your words what is bothering you.”
- *Passive Intervention* - Children are given the opportunity to work through their own problems. If a situation does not escalate to destructive or aggressive behavior, a teacher may simply choose to observe the children who are seeking a solution. The teacher’s presence can serve as a gentle reminder to use words instead of actions. Teachers trust the children to ‘figure it out’ but are available to help if needed. When additional intervention is necessary to facilitate the resolution process, it is as non-intrusive as possible.
- *Physical Intervention* - Children will be physically stopped when hurting each other. The focus will then turn to resolving the conflict at hand.
- *Identifying/Interpreting* – “You both want the truck.” A simple statement can clarify the problem, diffuse tension and help problem-solving begin. Children also need help in considering the emotions or needs of others especially when upset themselves. For example, “See his tears, it really hurt him when you kicked him.”
- *Validating Feelings* - Constructive thinking is virtually impossible when one is overcome by an emotion such as anger, sadness, fear or frustration. It is imperative to identify and acknowledge the emotion before any other ‘learning’ can occur. “I will not allow you to hit him, but, tell us why you are so angry.” It is essential that all children involved in a conflict be honestly listened to. Children are not told to say “I’m sorry,” but rather, to actively comfort or offer help to the child they hurt or upset. Adults may say “I am sorry you got hurt” and at some point, children will spontaneously do the same.
- *Generating Options/Solutions* - “Can you think of a way to use the truck together? Is there a road for it to drive on?” “John is crying from that push you gave him; ask him if he would like you to brush him off.” “Everyone wants a turn, how can we make it fair?” The teacher places a different toy near two infants who are tugging on one doll. From a list of specific choices to the general question “Well, what should we do about it?,” children are given tools to settle conflicts (negotiate, make retribution, collaborate...).
- *Redirection* - A request to stop a negative behavior is accompanied by a suggestion for an appropriate behavior with which to replace it...“You may not throw the sand; if you want to throw something here is a ball and a bucket to throw it into.”

- *Natural consequences* – “You dumped your milk on the floor; please get the sponge to clean it up.” “You threw sand after we asked you not to. Now you need to leave the sandbox and find a different area to play.” “When you crawl under that table it is hard to sit up. Would you like some help getting out?” These are just a few examples of the natural consequences that teachers point out and reinforce as they occur. Children see the results of their own behavior and begin to modify it accordingly.

ABOUT ‘TIME OUT’:

Although it is a popular discipline method, time out is not considered a viable option at BCLC. While it may interrupt a negative behavior, it does not help children acquire the skills to deal with the situation should it arise again. Young children (under age eight) are generally not yet capable of the reflective thought necessary to make time out a learning situation. If a child needs time to calm down, teachers facilitate this in a non punitive manner helping children find ways to calm themselves. Under no circumstances will staff use any type of corporal punishment, psychological abuse, threats or derogatory remarks when guiding a child’s behavior. The withholding of food, or any suggestion of withholding food, even as a positive reinforcement strategy, will not be implemented.

BEHAVIOR PLANS

1. If our normal procedures for responding to challenging behavior (see above) does not bring about a positive response, and continuous classroom disruption is occurring, a parent/teacher conference will be scheduled to problem-solve together.
2. On-going communication will be established to share progress.
3. If there is no significant improvement within a month, a referral to a professional for consultation and/or assessment of special needs may be suggested. BCLC staff will assist parents in finding professional services that are appropriate.
4. If after professional consultation the child is found to have special needs, the Center will work with the professional, parent(s) and child to achieve a successful experience.

If the above options are not successful, then removal of the child may be necessary in the best interest of the individual child and the program as a whole. Any advance payment of fees would be refunded in this situation.

TERMINATION OF CHILDCARE

BCLC is here to serve and protect all of our children and to provide a safe environment. The staff will make every effort to work with families to develop and implement a plan of action for all children to continue safely at the Center. BCLC reserves the right to discontinue childcare if we decide that the Center, child, or family is not benefiting from the arrangement.

An example of termination would include situations where parents do not adhere to center policies such as delinquent payments; failure to pick child up on time; failure to provide or update medical or emergency contact information; disruptive or threatening behavior, etc.

Although we pride ourselves on serving a diverse population of children and families, with a wide variety of needs, we cannot maintain enrollment for a child or family who requires more

time and attention than we are reasonably able to give. For example, we cannot provide care for a child who needs more individual attention than our classroom ratios provide. Although some children may require extra time and attention on occasion, we cannot continue to provide care for a child who cannot consistently function within the routine of the classroom, and within the stated ratio. Some examples include a child who needs a constant one-on-one, displays chronic aggressive behavior (beyond what is typical), cannot manage transitions or the daily routine, cannot function or behave appropriately in a social setting, etc.

We understand that as a parent you are concerned with the welfare of your child, but as a Center, we need to be concerned with the welfare of all children enrolled in our program. Be assured, however, that it is in no way our goal to exclude children and families from our program. On the contrary, it is our goal to work with families in providing the best possible care for their children. There are many times when a parent may decide another child's behavior is inappropriate and warrants dismissal. Please note there are some things such as biting, hitting, and swearing, although unacceptable, are developmental and manageable within our setting.

If it appears that our program does not suit the needs of a family, we will consult with the parents to determine if childcare should be discontinued. The Center will give a minimum of two week notice of termination unless the safety and welfare of parents, children, staff and/or the integrity of the Center is in immediate jeopardy.

When a parent displays chronic disruptive behavior which affects the integrity of the Center, the Director will ask them to leave the Center. It will be up to the discretion of the Director to determine the length of the suspension, from a few hours to termination.

We reserve the right to immediately dismiss a child from this Center for the following reasons:

1. Parent/guardian or child displays physical and/or verbal abuse toward staff members, other children or property.
2. Parent/guardian or child jeopardizes the health or safety of other children.
3. Parent/guardian is non-cooperative with staff, operating policies, and admission agreement or becomes delinquent in payment of fees.

HEALTH & SAFETY

ILLNESS POLICY

When children are brought into a group setting, the spread of illness is a common occurrence. Proper precautions to avoid the spread of disease, along with the immunization requirements and annual health evaluations, are necessary to protect the health of the children and the staff in the Center. The Bellingham Childcare & Learning Center can care for well children only. Children will not be admitted to BCLC if their presence will endanger the health of others. The children will be screened by the staff daily upon their arrival at the Center. Please provide the teachers with accurate information about your child's health so they can make the best decision for the welfare of your child as well as the other children in the program. We realize that our illness policies may be difficult for working parents, however, these policies protect us all, including your child. Parents should have a back-up system of childcare for mildly ill children. Remember that we play outside every day. If your child is too sick to go outside, your child is too sick to be at the Center.

POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

Children with any of the following symptoms are not permitted to remain in care:

1. **Fever** of at least 100°F as read under arm (axillary temp.) **accompanied by** one or more of the following:
 - diarrhea or vomiting
 - earache
 - headache
 - signs or irritability or confusion
 - sore throat
 - rash
 - fatigue that limits participation in daily activities

No rectal or ear temperatures are taken. Digital thermometers are used.

2. **Vomiting:** 2 or more occasions within the past 24 hours.
3. **Diarrhea:** 3 or more watery stools within the past 24 hours or any bloody stool.
4. **Rash,** especially with fever or itching.
5. **Eye discharge or conjunctivitis (pinkeye)** until clear or 24 hours of antibiotic treatment.
6. **Sick appearance, not feeling well, and/or not able to participate comfortably in daily routine and activities.**
7. **Open or oozing sores,** unless properly covered **and** 24 hours has passed since starting antibiotic treatment, if antibiotic treatment is necessary.
8. **Lice or scabies:**
 - Head lice: until no nits are present.
 - Scabies: until after treatment is begun.
9. **If the illness results in a greater need for care than the childcare staff can provide without compromising the health and safety of the other children.**

READMITTANCE

Following exclusion, children are readmitted to the program when they no longer have any of the above symptoms and/or Public Health exclusion guidelines for childcare are met. **Following exclusion for vomiting or diarrhea, children must be symptom free for 24 hours in order to return to care.**

For most illnesses, if a child becomes ill while at the center, the parent will be immediately notified to take their child home. Sometimes we will give you a call to notify you of a low-grade temperature or an incident of vomiting or diarrhea. If we determine your child is too ill to stay, parents are expected to pick up within one hour. Your child will be cared for in the office if necessary until you arrive.

Please notify the center as soon as possible if your child has a communicable illness. We notify parents and guardians when their children may have been exposed to a communicable disease or condition (other than the common cold) and provide them with information about that disease or condition. Individual child confidentiality is maintained.

In order to keep track of contagious illnesses (other than the common cold), an Illness Log is kept. Each entry includes the child's name, classroom, and type of illness. This is located in the office.

Staff members follow the same exclusion criteria as children.

COMMUNICABLE DISEASE MANAGEMENT

Communicable diseases can spread quickly in childcare settings. Because some of these diseases can be very serious in children, licensed childcare providers in Washington are required to notify Public Health when they learn that a child has been diagnosed with one of the communicable diseases listed below.

We will call our Local Health Department at (360) 676-6724 (after hours 360-715-2588) when a child or staff member has one of the following illnesses:

Animal Bites	Bacterial Meningitis	Campylobacteriosis
Cryptosporidiosis	Cyclosporiasis	Diphtheria
E. Coli 0157-H7	Food or Waterborne illness	Giardiasis
HIB	Hepatitis	Infant Botulism
Listeriosis	Measles	Meningococcal infections
Mumps	Pertussis	Polio
Rubella	Salmonellosis	Shigellosis
Tetanus	Tuberulosis	Viral Encephalitis

More information about communicable diseases can be found at

<http://www.whatcomcounty.us/health/commdis/index.jsp> We also contact our local health department whenever we have questions or concerns about other illnesses. We will notify parents of any communicable disease outbreaks in our center.

The State of Washington requires us to notify you if there is a communicable disease in our program. Please let us know immediately if your child is diagnosed with chicken pox, pink eye, strep throat, ringworm, etc. We make it a practice to provide you with hand-out information on each disease. We also seek advice through our health department and your health care provider. Again, we work hard to prevent the spread of these illnesses.

PREVENTING INFECTIONS WHEN CONTACTING BODY FLUIDS:

1. We work very hard to keep our staff and children healthy. Still, even healthy people can develop illnesses which can be spread easily in a group care setting. To help reduce the risk of illness we provide training for all of our staff on the transmission and prevention of diseases, including illnesses associated with body fluids.
2. All blood and body fluids will be considered to be capable of causing illness.
3. Body fluids include blood, urine, stools (feces), drool (saliva), vomit, drainage from sores/rashes (pus), etc. There are many diseases that can be spread through direct contact with body fluids. To protect children and staff the guidelines below are followed when anyone is at risk for being or has been in contact with body fluids:
 - Surfaces that may come in contact with potentially infectious body fluids must be disposable or made of a material that can be sanitized.
 - Disposable gloves and other appropriate barriers and techniques must be used in presence any openings in skin or mucous membranes with potentially infectious body fluids. For example, if you care for a bloody nose or cut, or clean a spill of blood.
 - If a staff or a child has a sore or a cut, it should be kept covered. The covering may be a bandage, clothing, glove, or anything that prevents direct contact with the sore. Coverings can help protect others from germs that may be in the sore or body fluids. Coverings can also help protect the sore from further infection when they are clean and dry. Always replace bandages when they get wet, as germs can grow under a wet covering.
 - Whenever a child or staff comes into contact with any body fluids the area will be washed immediately with soap and warm water and dried with paper towels.
 - All surfaces in contact with body fluids will be cleaned immediately and the area will be disinfected with a proper disinfecting agent (e.g. 2 ½ TBSP bleach to a gallon of water).
 - If a rug is soiled, staff will clean rugs and carpeting by blotting and spot cleaning with a bleach water solution.
 - Cleaning material used to wipe up body fluids will be put in a plastic bag (secured with a tie) and placed in a covered waste container. Any brushes, brooms, dustpans, mops, etc. used to clean-up body fluids will be soaked in a disinfecting solution, and rinsed thoroughly.
 - Cloth items or mops, after soaking, are washed with hot water---in a washing machine. All items are hung off the floor or ground to dry. Equipment used for cleaning is stored safely out of children's reach.
 - Children's clothes soiled with body fluids will be put into a plastic bag and sent home with the child's parent. A change of clothing will be available for children in care.
 - All clothing soiled with body fluids will be changed. Soiled items will be placed in a plastic bag and stored safely out of reach of children until they are laundered (or put in the garbage if they are to be thrown away.) Staff working with infants or toddlers are advised to have a fresh change of clothes at the center
 - Hands are always washed after handling soiled laundry or equipment.

NOTE – A full copy of the “Bloodborne Pathogens Exposure Control Plan” is available upon request.

FIRST AID

At least one staff person with current training in Cardio-Pulmonary Resuscitation (CPR) and First Aid is present with each group or classroom **at all times**. Training includes: instruction, demonstration of skills, and test or assessment. Documentation of staff training is kept in personnel files.

The Director is responsible for assuring our first aid kit(s) are fully stocked at all times. Our complete first aid kit is located in the staff lounge. Smaller kits are located in each of the classrooms. Clean disposable gloves are kept in our first aid kits for staff to use when handling any injuries involving blood/bodily fluids.

Our first aid kits do **not** contain medications, medicated wipes, or medical treatments/equipment which would require written permission from a parent/guardian or special training to administer.

A fully stocked first aid kit is taken on all field trips and is kept in each vehicle used to transport children. These travel first aid kits also contain:

- Liquid soap and paper towels
- Water
- Chemical ice (non-toxic) for injuries
- Cell phone
- Copies of completed consent for emergency treatment & emergency contact forms

All first aid kits are checked and restocked monthly or sooner if necessary.

MINOR ACCIDENT/ ILLNESS MANAGEMENT

No matter how minor, BCLC keeps a record of all accidents and injuries. All staff members are trained and certified in child CPR and First Aid. Our staff will treat all minor incidents. The incident will be reported to the parent by a written note in the form of an “Ouch Report” at the end of the day.

If, in a staff member’s judgment, an injury may be serious or in question, the parent will be contacted for consultation or information.

If a parent cannot be reached, we will contact the person(s) designated by the parent. **PLEASE NOTE:** In an extreme emergency, 911 or St. Joseph Hospital will be called first, and then we will contact the parent.

Please make sure your business and emergency numbers are up to date in our files. If you change your daily schedule, please leave us a number where you can be reached that day.

PROCEDURES FOR INJURIES AND MEDICAL EMERGENCIES

1. Child is assessed and appropriate supplies are obtained.
2. If further information is needed, staff trained in first aid will refer to the First Aid Guide located in every first aid kit.
3. First aid is administered. Non-porous gloves (nitrile, vinyl or latex) are used if blood is present. If injury/medical emergency is life-threatening, one staff person stays with the

injured/ill child and administers appropriate first aid, while another staff person calls 911. If only one staff member is present, person assesses for breathing and circulation, administers CPR for one minute if necessary, and then calls 911.

4. Staff calls parent/guardian or designated emergency contact if necessary. For major injuries/medical emergencies, a staff person stays with the injured/ill child until a parent/guardian or emergency contact arrives, including during transport to a hospital.
5. Staff records the injury/medical emergency on an 'accident/incident report' form.

The report includes:

- a. Date, time, place and cause of the injury/medical emergency (if known)
 - b. Treatment provided
 - c. Names of staff providing treatment, and
 - d. Persons contacted.
6. The child care licenser is called immediately for serious injuries/incidents which require medical attention.
 7. An injury is also recorded on the injury log. The entry will include the child's name, staff involved, and a brief description of the incident. We maintain confidentiality of this log.

INJURY PREVENTION

1. Proper supervision is maintained at all times, both indoors and outdoors. Staff position themselves to observe the entire play area.
2. Staff will review their rooms and outdoor play areas daily for safety hazards and remove any broken/damaged equipment.
3. The playground is inspected daily for broken equipment, environmental hazards, garbage, animal contamination, and required depth of cushion material under and around equipment. It is free from entrapments, entanglements, and protrusions.
4. Toys are age appropriate, safe, and in good repair. Broken toys are discarded.
5. Rooms with children under 3 years old are free of push pins, thumbtacks, and staples.
6. Cords from window blinds/treatments are inaccessible to children.
7. Staff does not step over gates or other barriers while carrying infants or children.
8. Children will wear helmets when using riding equipment.
9. Recalled items will be removed from the site immediately. (**We routinely get updates on recalled items and other safety hazards on the Consumer Products Safety Commission website. www.cpsc.gov**)
10. Hazards are reported immediately to the Director. The Director will insure that they are removed, made inaccessible or repaired immediately to prevent injury.
11. The injury log is monitored monthly by the Director to identify accident trends and implement a plan of correction.

MEDICATION MANAGEMENT

Parents need to administer ALL medicine to their children at home, whenever possible. Many medications can be administered twice a day, which means it can be taken at home rather than at the Center. Always check with your doctor to see if this is possible for your child's medical condition.

If medicine must be administered at the Center, the following policy applies.

MEDICATION POLICY

- Medication is accepted only in its **original container**, labeled with **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), and
 - any special instructions.

Medical Authorization forms expire after the last dose has been given, based on prescription or after six months in the case of ongoing need.

NON-PRESCRIPTION MEDICATIONS

1. A parent/legal guardian may provide the sole consent for a medication, (without the consent of a health care provider), **if and only if** the medication meets all of the following criteria:
 - a. The medication is over-the-counter and is one of the following:
 - ◆ Antihistamines
 - ◆ 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; **and**
 - b. The medication has instructions and dosage recommendations for the child's age and weight; *and*
 - c. The medication duration, dosage, amount, and frequency specified on consent do not exceed label recommendations.
2. Written consent for medications covers only the course of illness or specific episode (of teething, etc.)
3. Written consent for sunscreen is valid up to 6 months.

4. Written consent for diaper ointment is valid up to 6 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.

MEDICATION STORAGE

We keep:

- ◆ internal medications separate from external medications
- ◆ all medications at the proper temperature (refrigerated or non-refrigerated)
- ◆ all medications inaccessible to children

Internal medications are stored in the medicine cabinet or refrigerator located in the office.

External medications are stored in the individual classrooms.

Rescue medication (e.g., EpiPen or inhaler) is stored in the medicine cabinet.

Controlled substances (e.g., ADHD medication) are stored in a locked container in the medicine cabinet. Controlled substances are counted and tracked with a controlled substance form.

Medications no longer being used or expired are returned to parents/guardians.

Staff medication is stored in the staff room, out of reach of children. Staff medication is clearly labeled as such.

Staff Administration and Documentation

1. Medication is administered by the child's teacher or administration.
2. Staff members who administer medication to children are trained in medication procedure and center policy by a nurse consultant. 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/with the medication authorization form.
4. Staff giving medication 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.
6. If a medication is not given, a written explanation is provided on authorization form.
7. Outdated medication authorization forms are placed in child's file.

8. All information related to medication authorization and documentation is considered confidential and is stored out of general view.

HEALTH RECORDS

Each child's health record will contain:

- ◆ health, developmental, nutrition, and dental histories
- ◆ date of last physical exam
- ◆ physician's report
- ◆ name and phone number of health care provider and dentist
- ◆ allergy information and food intolerances
- ◆ individualized care plan for child with special health care needs (medical, physical, developmental or behavioral)
- ◆ list of current medications
- ◆ current immunization records (CIS form)
- ◆ consent for emergency care
- ◆ preferred hospital
- ◆ any assistive devices used (e.g., glasses, hearing aids, braces)

The above information will be updated annually or sooner for any changes.

IMMUNIZATIONS

To protect all children and staff, each child in our center has a completed and signed Certificate of Immunization Status (CIS) on site.

Children are required to have immunizations as determined and published by the Washington State's Department of Health.

Current immunization information and schedules are available at

<http://www.doh.wa.gov/communityandenvironment/schools/immunization/vaccinerequirments>

Children may attend childcare without an immunization if the parent/guardian completes a current Certificate of Exemption (COE) form. This includes children who are behind in their immunizations.

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

Children who are not immunized may not be accepted for care during an outbreak of a vaccine-preventable disease. This is for the protection of the unimmunized child and to reduce the spread of the disease. This determination will be made by Public Health's Communicable Disease and Epidemiology division.

STAFF HEALTH

The health of our employees is very important to us. If a childcare provider is not feeling well, it is more difficult for them to interact positively with your child. Mental health is as important as physical health. To help staff remain relaxed, we allow a 15-minute break for every 4 hours they are on duty. All staff is given at least a 1/2-hour lunch break.

To assure persons taking care of your child are healthy we:

- ◆ REQUIRE all our childcare staff to be tested for tuberculosis prior to being employed, unless their health care provider advises them otherwise.
- ◆ REQUIRE all staff with a communicable disease to remain at home until no longer contagious.
- ◆ REQUIRE annual training for HIV and Blood Bourne Pathogens.
- ◆ REQUIRE infant/child CPR and first Aid Certifications.

Staff are held to the same exclusionary policy as the children.

CLEANING, SANITIZING, AND LAUNDERING

Cleaning, rinsing, and sanitizing are required on most surfaces in childcare facilities, including tables, counters, toys, diaper changing areas, etc. This 3-step method helps maintain a more sanitary childcare environment and healthier children and staff.

1. **Cleaning** removes a large portion of germs, along with organic materials – food, saliva, dirt, etc. – which decrease the effectiveness of sanitizers. We clean with soap and water.
2. **Rinsing** further removes the above, along with any excess detergent/soap. We rinse with clean water.
3. **Sanitizing** kills the vast majority of remaining germs. We sanitize with a bleach solution.

Bleach solutions are prepared daily by staff and used as outlined below for 8.25% Bleach

Solution for disinfecting /sanitizing in classrooms:	Amount of Bleach	Amount of Water	Contact Time
General areas and tables	1/4 teaspoon -----	1 pint (2 cups) -----	2 minutes
	1-2 teaspoons	1 gallon	
Diapering areas and bathrooms	1 teaspoon -----	1 pint (2 cups) -----	2 minutes
	2 ½ Tablespoons	1 gallon	
Solution for disinfecting /sanitizing in kitchen:	Amount of Bleach	Amount of Water	Contact Time
Kitchen and dishes/utensils	1/4 teaspoon -----	1 pint (2 cups) -----	2 minutes
	1-2 teaspoons	1 gallon	

General cleaning of the entire facility is done as needed.
There are no strong odors of cleaning products in our facility.
Air fresheners and room deodorizers are not used.

Storage

Our cleaning and sanitizing supplies are stored in a safe manner.
All such chemicals are:

1. Inaccessible to children,
2. In their original container,
3. Separate from food and food areas (not above food areas),
4. In a place which is ventilated to the outside,
5. Kept apart from other incompatible chemicals
6. In a secured cabinet, to avoid a potential chemical spill in an earthquake.

ROUTINE CLEANING & SANITATION

Toys, sleeping mats and other inanimate objects also can spread diseases and parasites (head lice, scabies, etc.). To reduce these risks we follow a regular cleaning and disinfecting schedule. Staff is instructed to add cleaning and sanitizing of toys to their daily cleaning schedule.

Our cleaning schedules are posted in each classroom.

High chairs, cribs, swings, and infant seats are cleaned and disinfected daily, or after use by each child.

Toilet seats, toilet handles, and toilet bowls are cleaned and sanitized daily or immediately if visibly soiled.

Hand-washing sinks, faucets and surrounding counters are cleaned and sanitized daily and when soiled.

DISINFECTING TOYS

Toys are disinfected daily, when obviously dirty, when placed in a child's mouth or otherwise contaminated. These toys must be disinfected before another child can use them.

1. Wash with soap and water.
2. Rinse with plain water
3. Dip in disinfectant solution made up of 2 teaspoons bleach & 1 gallon of water.
4. Allow to air dry OR
5. Run toys (that are dishwasher safe) through full wash and dry cycles of dishwasher.
6. Wash cloth toys in the washing machine and air or machine dry.

DISINFECTING SURFACES – THE 3 STEP PROCESS

Surfaces such as tables, counters and other activity surfaces are disinfected daily and as needed throughout the day. Door and cabinet handles, soap dispensers & towel dispensers are cleaned and sanitized daily.

1. Surfaces must be first sprayed with a mixture of soap and water.
2. Wipe the table clean.
3. Spray the table with a disinfectant solution of bleach and water.
4. Allow the disinfectant to sit for 2 minutes.
5. Bleach used for disinfecting surfaces must be kept out of children's reach.

CARPETS, FLOORS & RUGS

1. Floors are swept after each meal and as needed for tracked sand, play dough, etc.
2. Carpets are vacuumed nightly by custodial staff.
3. Floors are washed and disinfected nightly by custodial staff.
4. Carpets are cleaned every three months.
5. Small rugs are shaken outdoors or vacuumed daily.

**A list of current cleaning products used by the janitorial crew and what they are used for is available upon request.

LAUNDERING

1. The bedding on the cribs and cots are washed weekly, more often if soiled. After every sheet change, the cots or crib mattresses are disinfected.
2. Dress-up clothing is washed weekly or as needed.
3. Small indoor rugs are washed weekly.

PESTICIDES

If pesticides are necessary, we will refer to the “Model Pesticide Policy for Child Care Providers.” A full copy is available upon request at the front desk. Notification of any pesticide use will be posted on the front door at least 48 hours in advance of the application.

HAND WASHING

Hand washing is the single best way to reduce or stop the spread of bacteria (germs) that cause a child to be ill, e.g. diarrhea. Our staff wash their hands and teach and/or help children (if help is needed) to wash their hands:

All **staff** wash hands with soap and water:

- a) Upon arrival at the child care center
- b) Before and after handling foods, cooking activities, eating or serving food
- c) After toileting self, children and 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 attending to an ill child
- g) After smoking
- h) After being outdoors
- i) After feeding, cleaning, or touching pets/animals
- j) After giving first aid
- k) After handling garbage or cleaning

Children are assisted or supervised in handwashing:

- a) Upon arrival at the child care center
- b) Before and after meals, snacks or cooking activities
- c) After toileting or diapering
- d) After handling or coming in contact with body fluids such as mucus, blood, saliva or urine
- e) After outdoor play.
- f) After touching animals
- g) Before and after water table play

HOW HAND WASHING IS DONE AT OUR CENTER:

1. Soap, warm water and individual towels are available for staff and children.
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 towel.
7. Use hand drying towel to turn off water faucet(s).

Handwashing procedures are posted at each sink used for handwashing.

TOOTH BRUSHING

Toothbrushing 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 produces by bacteria. Toothbrushing in the classroom improved the child's oral health, teacher the child basic hygiene and health promotion, and helps establish a lifelong prevention habit.

Toothbrushing is done in our preschool classrooms.

Toothbrushing is supervised to ensure:

- A routine which enhances learning
- Proper toothpaste usage
- Good toothbrushing technique
- Toothbrushes are not shared and are handled properly
- Children do not walk with toothbrushes in their mouths.

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 toothbrushing at our center:

Toothbrushing at a Table

- Teacher(s) assisting with toothbrushing 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).

WATER SAFETY

When using the water tables, precautions are taken to ensure that communal water play does not spread infectious disease.

- No child drinks the water.
- Children with sores on their hands are not allowed to participate in communal water play.
- When the activity is completed with each group of children, the water is drained.
- The water is changed before a new group of children comes to participate in the water play activity.
- Children are closely supervised when engaging in water play.

PETS

The Center does not keep pets on the premises with the exception of fish. Occasionally, a staff member or child will be allowed to bring a family pet to share.

Pets can, however, be carriers of illness and disease. It is for this reason that we do the following:

1. Children are supervised closely when they play with pets to assure the safety of both the children and animals and to teach proper behavior.
2. Children are not allowed to assist with pet cleaning and maintenance to protect them from contamination. Hands are thoroughly washed afterwards.
3. Aquarium water and waste is disposed of properly and under no circumstances allowed to be near hand washing or food preparation sinks.
4. Children and staff thoroughly wash their hands after handling or feeding animals.
5. Parents/guardians are notified in writing when pets are on the premises.
6. Pets or visiting animals appear to be in good health and have documentation from a veterinarian to show that they are fully immunized and suitable for contact with children.
7. Children with an allergic response to animals are accommodated.

DISASTER PLAN

Below is a summary of our Disaster plan. There is a complete Crisis/Disaster Response Handbook available for you to review in the office. Our staff has been trained on the complete handbook, and will be re-trained annually. Please know that we will do everything we can to protect your child in the event of a crisis or disaster.

Vital Disaster Plan Information:

- ◆ All incidents are reported and stored in our Incident Log
- ◆ All appropriate contacts will be notified when necessary, including law enforcement, CPS, our Licensor, etc.
- ◆ Complete evacuation plans are posted in each classroom.
- ◆ In the case of an emergency, the staff will care for your child until you or your designee is able to reach them. Should we need to relocate to an off-site location, notes will be posted on the outside of our facility.
- ◆ Monthly fire drills and earthquake drills are conducted and recorded.

FIRE DRILLS

BCLC is equipped with a fire alarm system for emergencies. We practice evacuating the building monthly and the results are timed and recorded per regulations.

EMERGENCY POLICY

In the event of a life-threatening emergency to a child in our care, we will take the following actions:

- ◆ One staff member will stay with the child and, if necessary, provide first aid according to the recommendations of the American Red Cross or American Academy of Pediatrics.
- ◆ The child's teacher or designated staff will contact the Emergency Medical System (911) and will...
 - ◆ describe the situation
 - ◆ state the physical location of the emergency
 - ◆ give phone number, and stay on the line until told to hang-up.
- ◆ The Director will contact the parent or, if the parent can not be reached, the child's alternate emergency contact person.

Emergency transportation for any necessary medical care will be determined by the emergency response team and/or parent. A staff member will go with and remain with the child until the parent(s) arrive.

The Director will complete an incident/illness report form as soon after the incident as possible.

The incident report form will be signed by the parent. Copies will be given to the parent and kept on file at the center. These reports will be kept in the child's file and in the incident/illness log.

These reports will be reviewed, at least semi-annually by the Health Nurse.

EMERGENCY PHONE NUMBERS FOR FIRE, POLICE AND HOSPITAL WILL BE POSTED NEXT TO THE PHONES IN ALL THE CLASSROOMS AND AT THE FRONT DESK

CHILD ABUSE POLICY

The reality of child abuse and neglect is terribly sad and uncomfortable for all of us. At the Center, we operate under the belief that parents want to be the best parents possible and no one truly wants to hurt their children. The child abuse policy exists, however to try to help children and their families who may be having problems in this area. A call to Child Protective Services from the Center will never be made lightly, but always with the best interests of a child at heart.

All state-licensed childcare programs, by law, are mandated to report any suspicion of possible child abuse or neglect to the proper authorities. 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. If a child has sustained any physical injury at home (bruises, cuts, burns, etc.), parents are asked to bring this to the Teacher or Director's attention. Likewise, teachers are also required by Washington State Law to report any incidence of physical or emotional injury or neglect that appears to have been inflicted by persons responsible for the care of a child.

REPORTING CHILD ABUSE

Generally, our staff procedure is as follows:

- Any staff person with a concern must tell the Director who is then, by law, obligated to call Child Protective Services (CPS) with the information.
- Any staff that has a concern and does not feel the Director is handling it adequately has an obligation, by law, to make a call to CPS personally.
- The Director and/or staff person will document all calls and any subsequent action Child Protective Services takes.
- It is never the responsibility of Center staff to judge whether to call, but rather up to CPS to decide whether or not to respond.
- Should CPS respond and visit the Center to interview a child, a staff member will always be present during the interview.
- Center staff must cooperate with CPS during an investigation.
- Parents will be notified of the report accordingly at Child Protective Services discretion and involved accordingly at that time.
- If, at any time, someone becomes suspicious of a staff member who might be abusive, a report needs to be made to the Director immediately. The Director must follow the same procedure, notifying Child Protective Services that a concern or a complaint involving an employee has been made. Any employee in question will be placed on leave pending the outcome of the investigation. Cooperation with Child Protective Services is mandatory.
- **CPS INTAKE: 1-866-829-2153**

If your child has sustained any physical injury at home (bruises, cuts, burns, etc.) parents are asked to please bring this to the teacher's or Director's attention. Likewise, teachers are also required by Washington State Law to report any incidence of physical or emotional injury or neglect that appears to have been inflicted by persons responsible for the care of a child. The law states that those required to report must do so: **those who knowingly fail to make a report or cause a report to be made shall be guilty of a misdemeanor.**

CHILD PROTECTIVE REPORTING LAWS

As professional school personnel, the Center staff and the director fall under this mandatory requirement.

We are required to report suspicions to the intake unit of Division of Child and Family Services when it appears that there is reasonable cause to believe that a child has been "non-accidentally physically or mentally injured, negligently treated or maltreated, or sexually abused by the person who is responsible for the child's welfare."

The law states that any person who in good faith makes a report or gives testimony in regard to possible non-accidental injury or neglect is immune to possible civil or criminal suit. Since each case is unique, the action that could be taken by Division of Child and Family Services will vary according to their caseworker's interpretation of the situation. Actions taken by Division of Children & Family Services might include:

- recording the information,
- observing the child,

- simply talking with the parent/guardian,
- having a law enforcement officer verify an injury,
- taking a child into protective custody and/or
- having a child checked by a doctor.

In the event that DCFS is contacted regarding a child’s physical or emotional condition, they make the decision on how to proceed with the information. The intake unit will also make the decision on whether to inform the parents.

The reality of child abuse and neglect is terribly sad and uncomfortable for all of us. At the Center, we operate under the belief that all parents want to be the best parents possible and that no one truly wants to hurt their children. The policy exists, however, to try to help children and their families who may be having problems in this area. A call to Child Protective Services from the Center will never be made lightly, but always with the best interests of a child at heart.

Please feel free to talk with the Director or teacher about this law and our responsibility under it. We appreciate the open communication we have with each parent and we want that to continue.

ADDITIONAL INFORMATION

BABYSITTING POLICY

As a courtesy to the parents of our registered children, Bellingham Childcare & Learning Center has permitted its employees to be hired by parents for off-site babysitting. Please be advised that BCLC is not liable for the acts or omissions of such employees as such services are outside the scope of the employee’s employment with BCLC. Upon hiring an employee, please note these individuals operate in their own capacity with no control, direction, or supervision by BCLC. As a result, BCLC is not responsible for the employee’s negligent or criminal actions and the parents must acknowledge that they waive all liability claims against BCLC for the actions of the employees.

BIRTHDAYS

Birthdays are very special events in a young child’s life. Our goal is not to duplicate the family celebration but to provide an activity or celebration that is unique to our Center which makes the child feel special, highlighting and celebrating his birthday. Teachers always try to balance children’s exuberance and energy, without creating an overwhelming situation in the classroom. **Therefore, we ask that you please honor our request for no birthday party “goodies” in classrooms. The following are not allowed: party favors, party hats or balloons.**

Due to licensing regulations and children’s allergies, we do not allow any food to be brought in to the Center.

CELL PHONES

Communication is key between parents and teachers. Therefore, in order to assure thorough communication at BCLC, we have created a no cell phone policy within the center. If you are on a call at the time of drop-off or pick-up, please terminate your call before entering the center.

CONTRIBUTIONS AND MEMORIALS

We accept contributions, stocks, and memorials. These gifts can be earmarked for projects or scholarships. We are grateful for the ongoing support of community members.

DONATIONS

We gladly accept donations of toys, books, and other useful items that are new or in good condition. We will pass them on to families in need if we do not use them in our center. We keep a “Wish List” posted in the lobby. BCLC is a 501(c)3 organization. Gifts are deductible to the full extent provided by IRS guidelines. Our tax ID number is 91-1523127.

FUNDRAISING

Bellingham Childcare & Learning Center cannot sustain its high quality of care through tuition alone. A strong fundraising program ensures that teacher salaries are maintained at competitive wages and professional development opportunities are offered to retain our high-quality staff. Additionally, the gifts to BCLC provide materials and equipment to offer a rich and varied landscape for children’s indoor and outdoor experience.

TOYS FROM HOME

Please leave personal toys at home or in the car rather than bringing them into the Center. Our toy policy is one soft toy for naptime use only. When personal items are brought to school, they frequently get lost or broken. They can also cause disagreements and hurt feelings, and distract children from the wealth of materials and experiences available to them at school.

Here are some suggestions for how to say “no” to your child in a positive way, when your child wants to bring toys to BCLC:

- “BCLC has lots of school toys. This is a home toy.”
- “I will keep this toy safe for you, at home or in the car, until you leave BCLC.”

Occasionally, children may want to bring a special book, a photo, a great find from nature, or some other “treasure.” We honor that delight and enthusiasm in children, and it is fine if your child brings a book or a natural object or some other “big excitement.”

Play guns, weapons and other toys that encourage aggressive play are **never** welcome in our classrooms. We are trying to build cooperation and concern for one another in our school.

TRANSLATION SERVICES

Most agencies in Whatcom County can assist families with translation services. BCLC has access to a pool of individuals with a wide-range of backgrounds. When a family needing translation services enrolls at BCLC, we look for volunteers from the community to assist us. Translation services assist with the orientation process as well as in training teachers to better support the child and the family.

UNITED WAY

If you participate in your company’s United Way campaign, you can choose to designate BCLC for your contribution by writing BCLC Bellingham Childcare & Learning Center on your donation form. United Way donations contribute to BCLC’s Tuition Assistance program, which enables low-income families to attend our program.

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