



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PARENT HANDBOOK FOR PRESCHOOL 2020-2021 SCHOOL YEAR



YMCA of Greater Westfield
67 Court Street
Westfield, MA 01085
(413) 568-8631 fax (413) 572-3995
www.westfieldymca.org

Welcome!

We are pleased to have your family join us during the 63rd year of the Westfield YMCA Preschool. This handbook will provide you with information about our program.

LEADERSHIP

**The YMCA of Greater Westfield is proud to offer an experienced staff that is Department of Early Education and Care qualified. Teachers are chosen on the basis of skill and ability, experience and personal warmth. All of our staff has a criminal background check (CORI check), First Aid, CPR, and Child Abuse Prevention training. Above all our teachers have one thing in common—a love for working with children. The nursery school program is licensed by the Massachusetts Department of Early Education and Care. For concerns or info on our program you can contact EEC there address is:
Department of Early Education and Care
95 Liberty Street 3rd floor
Springfield, MA. 01103
413-788-8401**

INCLEMENT WEATHER POLICY

If the Westfield public schools are closed due to stormy weather, preschool will be closed. Radio stations WHYN 560AM and 93.1FM and TV station WWLP channel 22 will announce the closing. If the public schools have a one or two hour delay and cancel AM kindergarten, preschool will be in session at the regular time. If the public schools close at mid-day due to worsening weather, the nursery school will close. An announcement will be made on local radio and TV stations about the closing. Preschool will be in session if the public schools are closed for any reason other than inclement weather, unless notified on local radio and TV stations. If there is school during bad weather, the final decision concerning school attendance must rest with the individual parent.

ABSENCE

When your child is going to be absent from preschool, please call the YMCA reception desk by 8:30AM if possible, and let us know the reason for the absence. This helps us know if a child has a serious illness or if we have an infectious illness that could spread to other children and their families.

INTAKE PROCEDURE FOR CHILDREN IN PRESCHOOL

Child should be 3 years old by September 1st for 3-year-old group.

Child should be 4 years old by September 1st for 4-year-old group.

Child should be 5 years old by September 1st for 5-year-old group.

Exceptions are made for age, if after a visit with the family and child the director and family agree the child will be comfortable in a different age group.

No child under 2.9 years of age will be admitted.

The family and child will be shown the school including classroom, outside play area, gym and swimming pool. Families will be informed about curriculum, snack, free play, outside play, field trips and swimming. They will be given a family handbook and all Department of Early Education and Care required information. They will meet the teachers and be informed of all fees and tuition.

If a child with a disability wishes to enter the program, the Preschool will make every effort to accommodate that child with changes or modifications in participation in school activities, size of group and appropriate staff/child ratio.

If the Preschool feels these modifications will cause an undue burden on the center, the family will be notified in writing within 30 days. Toileting needs will not be considered an undue burden. The determination of undue burden will include:

- 1. Nature and cost of accommodations.**
- 2. Ability to secure funding or services from another source.**
- 3. Financial resources.**
- 4. Number of persons employed by center.**
- 5. The impact of such action on the center.**

FINANCIAL POLICIES

The following financial policies are written to ensure that quality preschool is consistently available. The fee amount has been determined based on the cost of providing quality services including materials, supplies, equipment and a well-qualified, educated staff. Fees from tuition are used exclusively for the operation of the school and the purchase of equipment. Because the school's financial obligations are constant, refunds cannot be made because of absence. Registration is for a full school year and parents will be responsible for giving two weeks notice if they intend to withdraw a child from the program after the school year has begun.

Tuition is due the first of each month. If it is not received by the 10th of the month, a reminder will be sent to you. If payments are two months in arrears, you will be asked to withdraw your child from the program until arrangements are made or the amount due is paid in full. Tuition checks made out to the YMCA, can be paid at the main reception desk of the Y or mailed to 67 Court St. Please write your child's name on the notation line of your check. Checks returned due to insufficient funds will be assessed a \$25.00 service charge by the YMCA and re-deposited only once. Should this happen a second time, payment must be received in cash for that bill and for any other fees for one year. Pre school can be paid for with a credit card.

FEES AND PAYMENT SCHEDULE

A fee of \$25.00 is payable upon registration and not refundable if registration is canceled. Tuition is payable in 9 equal payments by the first of the month, September through May.

- 2.9-3 year-old program - \$1350.00 (\$150.00 per month)
- Tuesday and Thursday 9:00AM-11:30AM 12 children per group
- Tuesday and Thursday 9:00AM-2:30PM 12 children per group
- 2.9 - 3 year-old program - \$2700.00 (\$300.00 a month)
- 3 & 4 year-old program - \$1602.00 (\$178.00 per month) 12 children per group
- Monday, Wednesday, Friday 9:00AM-11:30AM or 12:30-3:00PM
- 3 & 4 year-old program - \$3564.00.00 (\$396.00.00 a month) Combo class
- Monday, Wednesday, Friday 9:00AM- 3:00PM 12 children per group
- 4 and 5 year old program - \$2295.00 (\$255.00 per month)
- Monday through Friday 9:00AM-11:30AM or 12:30-3:00PM 12 children per group
- 4 and 5 year old program - \$5040.00 (\$560.00 per month) Combo class
- Monday through Friday 9:00AM-3:00PM 12 children per group
- 5 year old program (pre-K Room) \$5373.00 (\$597.00 per month)
- Monday through Friday 9:00AM-3:00PM
- Enrichment 5 Sessions- Tuesday and Thursdays 12:30PM-2:30PM \$95.00 per session (without lunch bunch). With lunch bunch \$191.00

Extended Day Care Sign-Up Form

Offered Monday – Friday from 7:00AM–9:00AM & 3:00PM–5:00PM at Hanks House.

The Y does not provide BREAKFAST.

The AM cost is:

2 days- \$22.00 per week

3 days- \$28.00 per week

5 days- \$40.00 per week

The PM cost is: A snack will be provided in the afternoon.

2 days- \$22.00 per week

3 days- \$28.00 per week

5 days- \$40.00 per week

Lunch Bunch \$6.00 per day

If two children from the same family are enrolled simultaneously in the preschool program the fee will be \$50 less per year (\$5 per month) for the second child. This reduction is not available for families with children on financial assistance.

Financial assistance is available through the YMCA Partners with Youth

Westfield YMCA Preschool Statement of Purpose

The Westfield YMCA Preschool provides experiences in which preschool children will learn through play. The children will find security, support and satisfaction with patient and consistent teachers. They will use equipment and furnishings geared to size and materials to encourage creativity. They will have opportunities to share, take turns and respect the rights of others. The children will develop a confident sense of self-worth and a life long love of learning that leads to future academic success.

The goals of the Westfield YMCA Preschool encourage children to:

- 1. Grow in independence**
- 2. Develop self confidence**
- 3. Develop self discipline**
- 4. Increase their ability to listen and follow instructions**
- 5. Learn to relate to other children and adults**
- 6. Learn non-sexist human roles**
- 7. Learn large and small motor skills**
- 8. Learn to understand and control the physical world**
- 9. Learn new words and develop language skills**
- 10. Learn to give and share**
- 11. Develop positive feelings about the world and its people**
- 12. Develop positive feelings about school**

The YMCA Preschool serves all girls and boys between the ages of 2.9 through 5 years in a 2, 3 or 5 half-day, developmentally appropriate preschool program.

GENERAL INFORMATION

The clothing worn to school should permit freedom of movement, be easily washable and practical for vigorous play. All clothing, both indoors and outside wear, should be easily manipulated to encourage children to help themselves when dressing and undressing. Pull over shirts with slacks or jeans are excellent for both boys and girls. Sneakers or rubber-soled shoes should be worn for safety. No flip-flops please or Croc's.

We have a supply of extra clothing for your child in case the need arises. These should be washed and returned promptly.

Each child should bring a bag or back pack to school each day for carrying home special papers and artwork. When swimming begins a bag will be needed for a bathing suit and towel.

If something is lost or forgotten at school, please check the lost and found box in the school hallway.

CHILD GUIDANCE

The Westfield YMCA Preschool believes in accentuating the positive rather than negative behavior of the children in the preschool program. The preschool staff uses child guidance techniques such as setting reasonable and positive expectations, offering choices and providing children an opportunity to verbalize their feelings, which encourage children to develop self-control through understanding. Where appropriate and feasible children will be encouraged to participate in the establishment of rules and policies with experience charts, songs, stories, and dramatic play.

In particular instances time out may be needed in preschool school. If time out and removal from group is required, children are reassured that the action and behavior, not the child, are the reasons and when ready to return to the group, he/she may do so. Time out will be no longer than 5 minutes. Time out will consist of the child sitting apart from the group where the teacher can still supervise him/her. Time out will never be used as a form of belittling or humiliation.

If continued behavior problems persist, if a child may be harmful to himself/herself or others, family consultation with teacher, director, and possible referral action is taken.

At no time does the Westfield YMCA Preschool allow:

1. Spanking or other corporal punishment of children
2. Subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect, or abusive treatment
3. Depriving children of meals or snacks
4. Force feeding children
5. Disciplining a child for soiling, wetting or not using the toilet, or forcing a child to remain in soiled clothing or forcing a child to remain on the toilet, or using any other unusual or excessive practices for toileting.

TERMINATION OF A CHILD FROM PRESCHOOL

The Westfield YMCA Preschool will make every effort to accommodate a child in the program. A child may be terminated from the program if after discussion with the classroom teacher, the director and family a successful solution to a concern cannot be reached. The classroom teacher will observe the child and document concerns for a period of 3 weeks. The director and classroom teacher will meet with the child's family to see if accommodations or solutions can be reached. New accommodations will be tried for 3 weeks and the teacher, director and family will meet again. If the child is to be terminated from the program the Preschool will meet with the family and give them written documentation of reasons for termination.

The Preschool will refer the family to other services or centers.

SUSPENSION OF A CHILD FROM PRESCHOOL SCHOOL

A child may be suspended from preschool if tuition payments are not kept current. Payments are due the first of each month and reminders are sent out after the tenth of each month. The director will work with families who are behind in payments by providing an alternative payment plan, offering financial assistance or scholarship money if the family qualifies. If tuition payments are more than two months behind, families must contact the director and work out a payment plan or the child will be suspended. The child will be able to return when payments resume.

A child may be suspended if an immunization record is not received by the end of the third week of school. The child may return to school when the immunization is received.

When any child is leaving the program for any reason, the teachers and staff will help the child understand why he is leaving in a manner he/she can understand.

HEALTH

A medical history and physical examination form completed by the child's physician must be presented upon entrance to school. These medical forms must be kept current. Therefore your child must have a physical once a year on or near the child's birth date. A developmental history will also be required.

Recommended immunizations by age 2 years: 4 doses of DPT, 3 doses of polio, 1 dose of MMR, 4 doses of Hib, 3 doses of hepB, 1 dose of varicella vaccine or physician-certified history of chickenpox disease plus a LEAD screening. Children must have the immunizations listed unless exempted for medical or religious reasons.

Minimum first aid will be administered by the teacher in case of an accident. Further treatment will be referred to the family. If an emergency exists, family and child's physician will be notified. If immediate family members cannot be reached, emergency contact, given on child's history form, will be called. The child will be transported by ambulance to Noble Hospital unless parents request other specific arrangements.

ALLERGIES

Any allergies to foods, chemicals or other materials should be listed in the "Allergies" section of the child's information form. Please include any reactions and treatments of the allergies. This information will be placed on a master list and posted in the director's office, classrooms and snack room. All staff will be informed of children's allergies. Because in past years we have had children enrolled in our program with peanut or peanut butter allergies, we will not serve it for snack.

PARENT INVOLVEMENT

Parents are allowed to make unannounced visits to the YMCA Preschool while their child is present.

Parents are encouraged to provide input in the development of the center programs and policies by filling out a Parent Survey and bringing suggestions to the Preschool teachers and director.

If a parent makes a suggestion for a policy or program change and the Preschool cannot adopt this change, the parent can request a written response.

PARENT CONFERENCES AND REPORTS

The Westfield YMCA Preschool will make the staff available for conferences with parents. It will provide parents with written progress reports at least every 6 months or every 3 months for children with disabilities. Special problems or significant development will be brought to the parent's attention as soon as they arise.

A child's school record will be available to the parent at all times.

MANAGEMENT OF INFECTIOUS DISEASE

- 1. When a child is ill, families are expected to keep him/her at home.**
- 2. If a child becomes ill at school, he/she will be isolated in the director's office and the family will be notified. The director will request that the parent or a family member will come to pick the child up if this child has diarrhea, is vomiting, shows signs of a rash, or is running a fever.**
- 3. Until a family member arrives the child will be made comfortable on a vinyl mat. The director or a qualified teacher will remain with the child.**
- 4. If a child has been evaluated by a physician and is considered to pose no health risk to himself/herself or other children he/she may return to school.**
- 5. If there is a communicable disease at the center, parents will be notified on the parent bulletin board or with a letter.**

Infection Control

- 1. Staff and children will wash their hands with liquid soap and running water using friction. Hands will be dried with disposable paper towels. Staff and children will wash their hands at the following times.**
 - a. Upon arrival**
 - b. Before eating or handling food**
 - c. After toileting**
 - d. After coming in contact with body fluid or discharge.**
 - e. And after handling center animals and equipment**
 - f. After cleaning**
 - g. After assisting children with toileting or nose wiping**
- 2. The equipment, items, or surfaces are washed with soap, water, and disinfectant using the following schedule.**
 - a. After each use:**
 - Mops used for cleaning body fluids**
 - Thermometers**
 - b. At least daily:**
 - Toilets and toilet seats**
 - Sinks and faucets**
 - Drinking fountains**
 - Water table and equipment**
 - Play tables**
 - Mops used for cleaning**
 - Smooth surfaced floors**
 - c. At least monthly:**
 - Washable fabric toys**
 - Dress up clothes**
- 3. All cleaning supplies and disinfectants will be stored in a secure place out of children's reach.**
- 4. Universal Precautions**
 - a. Staff will be provided disposable gloves to be used for the clean up of blood Spills and body fluids**
 - b. The effected area will be disinfected**
 - c. Used gloves will be thrown away in a lined container**
 - d. Staff will wash their hands thoroughly with soap and water after cleaning the area**
 - e. Clothing soiled with vomit, blood, feces or urine will be sealed in a plastic bag and labeled with child's name and returned at the end of the day**
- 5. Staff will be trained on infection control procedures at the beginning of the school year and retrained or reviewed half way through the school year.**

ADMINISTRATION OF MEDICATION

Medication, whether prescription or non-prescription may be administered to a child only with written parental authorization and written order of a physician (for prescription medication this may include the label on the medication). Families will be notified by telephone before a prescription medication is administered. Authorization is valid for one year.

For non-prescription medication, a statement signed by the physician stating the dosage and criteria for its administration must be presented. Family authorization must be a signed statement allowing the center to administer the medication in accordance with the written order of the physician. Families will be notified by telephone before a non-prescription medication is administered. Authorization is valid for one year.

Topical non-prescription medications such as sunscreen, petroleum jelly or other ointments may be administered to a child with written family permission. A written authorization is a signed statement, listing the specific topical non-prescription medication to be administered and the criteria for administration.

No medication will be administered contrary to the directions on the original container unless authorized by a written order of the child's physician.

All medication will be kept labeled in its original container with the child's name, the name of the drug, and the directions for its administration and dosage.

A written record will be kept on all medications, prescription and non-prescription, that are administered to each child. This record will be part of the child's file and will include:

- 1. Child's name**
- 2. Time and date of each administration**
- 3. Dosage**
- 4. Staff member's name who administered the medication**

All medications will be stored under proper conditions for sanitation, preservation, security, and safety. All unused medication will be returned to the family when no longer needed.

If your child is on medication that needs to be administered during program hours:

***We must receive a completed and signed consent form (the program will supply forms and it is 1 form per medication).**

***Medication must be in a prescription container with correct dosage and your doctor's name on it or the program can not receive or administer the medication.**

***Medication must be given directly from the parent to staff and children can not hold medication with them.**

***When your child/children leave the program the parents or guardians must take the medication with.**

***The program is not allowed to mail back or flush any type of medication down the toilet or sink.**

***Medication that is left will be brought to the School Age Director or Child Care Director and the Westfield Board of Health will be called on how to properly dispose of medication.**

***If your child has a chronic illness a corrective plan of action must be written by the doctor on steps to take for the care of your child/children and parents must train the staff that will be working with the child.**

This includes prescription medication as well as non-prescription medication.

CRITERIA FOR EXCLUDING AN ILL OR INFECTED CHILD FROM SCHOOL:

Chicken Pox Excluded for five days after the onset of the rash or when all lesions have dried and crusted, whichever is later.

Diarrhea Excluded for 24 hours when the child has more than the normal number of stools with increased stool water or decreased form. A stool is not controlled by toilet use.

Fever Excluded until the child has a normal temperature for 24 hours.

Head Lice Excluded for 24 hours after treatment was begun.

Hepatitis A Virus Infection Excluded for 1 week after onset of illness and jaundice (if any) has disappeared or until immune serum globulin has been administered to appropriate children and staff in the he program within 2 weeks of exposure, as directed by the health department.

Impetigo Excluded for 24 hours after treatment has begun.

Measles Excluded for 4 days after the rash appears.

Mouth sores Excluded for a child who cannot control his or her saliva, unless the child's physician or local health department states the child is noninfectious.

Mumps Excluded for 9 days after onset of gland swelling.

Pertussis Excluded until 5 days of appropriate antibiotic therapy has been completed.

Pinworm Infection Excluded for 24 hours after treatment was begun.

Purulent conjunctivitis Excluded (pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep, and eye pain or redness of the eyelids or skin surrounding the eye), for 48 hours after treatment has begun.

Rash Excluded with fever or behavior change, until a physician has determined that the illness is not a communicable disease.

Ringworm Infection Excluded until treatment is begun.

Rubella Excluded for 7 days after the rash appears.

Scabies Excluded until after treatment has been completed.

Strep Throat Excluded for 24 hours after treatment has begun and the child has had normal temperature for 24 hours.

Tuberculosis Excluded until the Child's physician or local health department authority states the child is noninfectious.

Vomiting Excluded if child has vomited twice or more in the previous 24 hours, unless the vomiting is determined to be due to a non-communicable condition and the child is not in danger of dehydration.

Children do not need to be excluded for other minor illness unless they are too sick to participate comfortably in program activities, they need more care than the staffing level allows, or they have unusual lethargy, irritability, persistent crying, difficulty breathing, or other signs of possible severe illness.

Children's Specific Health Care Needs

Parents/Guardians are required to fill out a Developmental History of their child upon entry to Preschool. This history includes questions on language use, social relationships, sleep habits, toileting habits, physical disabilities, allergies, medications needed and serious illness.

Teachers are required to read the history and make pertinent notes on each child in their class.

A list of children's allergies is posted in each classroom and the hall.

Injury Prevention

The director and teachers will monitor the Preschool and playground daily and remove or repair any hazard that may cause injury.

All toxic substances, first aid supplies, medication, sharp objects, matches and hazardous objects must be secured and out of the reach of children.

All injuries will be recorded in a central injury log. This log will be monitored weekly to make sure there are no areas that are hazardous to children.

Parents or guardians will be informed of an injury/illness in preschool to a child on the day of the accident. They will be informed of the manner in which the injury/illness occurred and the first aid given. They will receive a written Injury/Illness report within 48 hours of the injury/illness. The report will be completed and signed by the person who witnessed the injury/illness. A copy of the report will be signed by the parent or guardian and placed in the child's file.

When a child must receive medical attention for an injury/illness, a report will be completed by the Director and submitted to the Department of Early Education and Care within 3 business days. A copy of the First Aids cards of the staff involved and a hospital report if applicable must also be submitted.

PARKING REQUIREMENTS

When bringing your child to school please follow these safety rules.

- 1. Park in rear parking lot with car motor off.**
- 2. Guide your child up and down the stairs.**
- 3. Bring your child into the classroom.**
- 4. Do not allow your child to run in the parking lot.**
- 5. Do not leave children unattended in your car or the parking lot.**
- 6. Be sure a member of the staff is aware of your arrival and departure.**
- 7. Do not park in spaces for the handicapped unless applicable.**

No child will be allowed to go with any person other than his/her parent or guardian without permission from the parent or guardian. If you are carpooling to and from preschool, make sure your child's teacher is aware, in writing. If there is a change in the scheduled transportation of your child, please notify the school in writing.

SEPARATION AND ADJUSTMENT

Each child is a unique individual and therefore, there will be a wide range of separation reactions. While some children, particularly those who have attended a program before, may make an easy adjustment, other children will need a longer period of time to feel comfortable. Your presence at school may be required as a sign of familiarity and reassurance. Hesitation is a natural reaction to new situations but with a healthy beginning; fears, anxieties and regressive behavior (irritability, bed wetting etc.) will soon pass. Patience, understanding and compassion for the child's feelings are important.

If after the first days of school your child still needs your presence, we encourage you to gradually separate by staying for a short time at the beginning of each session and returning before the session is over.

We believe that a positive initial separation experience will help your child's adjustment to new situations that arise through life. Many children faced with separation due to school may have anxiety and doubts but with careful attention this can become a happy and rewarding experience and the foundation for a child's feelings about school in future years.

BEGINNING THE DAY

When children are brought to school, take them into their classroom each day. Do not leave until you are sure that your child's teacher knows of your arrival. Try to be calm and secure when you bring your child to school. This will help your child feel comfortable about beginning his/her day.

There may also come a time at some point in the year when a child will say, "I don't want to go to preschool." While it may be the result of an incident at school, it often is a means of testing parents. Sometimes the thought of facing the "howling mob" that morning may seem overwhelming or Barney on TV may seem more appealing. In most cases unless there is genuine anxiety, the best way to handle such a situation is by calmly continuing to help the child get ready for school. Be sure to let the teacher or preschool director know if this difficulty arises. Helpful suggestions are available.

Please do not allow children to bring toys from home to school. At school the toys and equipment belong to everyone and it is soon learned that each child has a right to a toy until it is given up within a reasonable length of time. It is often hard to prevent something from getting broken or lost. Sharing a book or record or something for the nature table is encouraged. A security toy or blanket will sometimes be a comfort to a child during the first days of school. After the first several sessions, we will encourage the child to keep this important article in his/her cubby.

Guns and other violent toys are not allowed in school. We are concerned over the increase of violence in the lives of young children in American society. Gunplay is discouraged.

ENDING THE DAY

Please be prompt when picking up your child. If it is not possible to be on time, call the preschool school office and let us know when we can expect you. Children sometimes become afraid that they have been forgotten if they are not called for at their usual time

When you pick up your child, show him/her that you are really glad to see them. Two or three hours are a long time for your child to be away from you. They have missed you and want to know that you have missed them too.

Perhaps instead of "What did you do today?" you could ask "Did you have a good time today?" or "Tell me something you liked doing today." Often children begin to express themselves when they feel that they are not under pressure to "tell everything."

SHARING TIME WITH YOUR CHILD

Talk with your child and listen when they talk to you. This encourages speech and language development. When you listen you can find out what they think and how they feel.

Read to your child. Visiting the library and borrowing books is a wonderful way to spend an afternoon.

Take trips outside your neighborhood and talk to your child about what you see.

Give your child a few simple chores to do at home. This helps a child develop a sense of responsibility and importance.

Bedtime can be a comforting and relaxing time when you read a quiet story and chat about what has happened during the day.

PARENT INVOLVEMENT

Parents are allowed to make unannounced visits to the YMCA Preschool while their child is present.

Parents are encouraged to provide input in the development of the center programs and policies by filling out a Parent Survey and bringing suggestions to the Preschool teachers and director.

If a parent makes a suggestion for a policy or program change and the Preschool cannot adopt this change, the parent can request a written response.

PARENT CONFERENCES AND REPORTS

The Westfield YMCA Preschool will make the staff available for conferences with parents. It will provide parents with written progress reports at least every 6 months or every 3 months for children with disabilities. Special problems or significant development will be brought to the parent's attention as soon as they arise.

A child's school record will be available to the parent at all times.

Volunteers and Student Interns

Volunteers including student teachers or interns will be chosen for their ability to meet the needs of children and will be provided appropriate orientation, training, supervision, and staff development.

Each volunteer, student teacher, or intern who has unmonitored contact with children will have a background that is free of conduct that bears adversely on his or her ability to provide for the safety and well being of the children. For each staff volunteer, student teacher or intern the licensee will have evidence of compliance with 102CMR 7 CORI and have conducted and documented two reference checks.

In the event the volunteer is a parent who has a child enrolled in the program and the parent is not included in the required staff/child ratio then 102CMR 7 CORI is not applicable.

The licensee will describe in writing any arrangements with any school or professional training program, including a description of student responsibilities and supervision of students by the school or training program and the Westfield YMCA Preschool.

We currently have interns from Westfield State University, Bay Path College, and Holyoke Community College.

FIELD TRIPS AND SPECIAL VISITORS

During the school year the children will take field trips to places such as the library, fire station, pumpkin patch,. Our special visitors may include a police officer, mail carrier, farm animals, pets and parents with special talents or hobbies. There will be special occasions such as birthdays and holidays. If you wish to have a special birthday celebration at school or if you would like to provide a holiday treat, please discuss this in advance with your child's teacher.

FAMILY PARTICIPATION

We encourage family participation. Families have enjoyed sharing their musical talents, including piano, guitar and singing. Some families have shared their creative abilities in art and cooking projects. Others have brought pets to school. Speak with the director or your child's teacher. We welcome your ideas and appreciate your help. Our school program enhances your teaching at home. Teachers and families can work together to help children live up to their best capabilities and develop their individual personalities.

Families are encouraged to take part in the following:

Individual conferences with the director and teachers. During the year families are encouraged to discuss with the teacher or director, concerns they may be having at home, just as the staff may ask to speak with them about any concerns at school. It is helpful if families notify us of any major changes, such as a death, move, divorce or hospitalization. We also want to know about your child's positive reactions to school. Family/Teacher Conferences are scheduled once a year or can be arranged upon request. Progress reports are provided twice a year.

There will be times when extra hands are needed at school, especially with projects during holidays. Families always have fun helping and are usually amazed at how much the children are capable of doing.

Field Trips will be scheduled during the year and families are often asked to help chaperone. Suggestions for field trips are always welcome.

Our swim program needs family participation to run smoothly. Helping the children in the locker room and acting as a spotter while the children are in the pool are important jobs. A schedule will be sent home with each family assigned to one class in rotation. Each family will be asked to help once every 5 or 6 weeks. A Family/Child swim time takes place during the last

class for each group at the end of the school year. We will schedule a meeting to explain our swim program before classes begin.

Families are welcome to visit school at any time. Never judge your child's behavior by what happens on that particular day.

FAMILY EVENTS

Throughout the year we will be offering events for families – holiday celebrations, family swim and picnics. It is our desire to support the entire family and to offer activities that you can enjoy together.

SNACKS

Snacks will provide one item each from two basic food groups.

**Example: Water-and a fruit or vegetable
Ritz Cracker from the bread group**

Children will receive an adequate amount and variety of food. They will be allowed to eat at a reasonable and leisurely pace. No child will be denied snack for any reason other than a written medical direction. Children will not be forced or coerced to eat against their will, but will be encouraged to eat at snack time. Snacks representing a particular ethnic group of a child enrolled in the program will be offered regularly.

TOILETING

No child will be punished, verbally abused or humiliated for soiling, wetting or not using the toilet. Children will be supervised while using the bathroom, either by their teacher, an aid or the director. They will wash their hands with soap and running water after toileting. Individual towels will be used to dry hands.

****CLASSROOM TEACHERS OR TEACHER AIDES ARE NOT ALLOWED TO WIPE A CHILD AFTER USING THE BATHROOM.****

Clothing soiled by feces, urine, vomit or blood will be bagged in plastic, stored apart from other items and returned to families.

A change of clothing will be available for each child. Center-owned clothing will be available for changing as well as clothing brought from home. Center borrowed clothing must be laundered after use and returned to the school within 5 days.

HAND WASHING

Children will wash their hands with liquid soap and running water and dry their hands with a paper towel.

Upon arrival

Before snacks, meals, or handling food

After toileting or nose wiping

Handling center animals

Children will be supervised during hand washing. Immediately following hand washing, children will return to their table for snack.

Staff will wash their hands with liquid soap and running water for at least 10 seconds and dry them with a disposable towel. Avoid recontamination from faucets by turning off faucets with towel:

Upon arrival

Before preparing or serving food

After assisting children with toileting or nose wiping

After handling pets or animals

After contact with any potentially infectious materials, including bodily fluids.

PREVENTION OF ABUSE AND NEGLECT

According to Massachusetts General Laws Chapter 119, all administrators of child care centers, licensed family child care providers, and their employees (teachers, aides and assistants) are mandated reporters. As such, they are required to report suspected abuse or neglect to the Massachusetts Department of Social Services (DSS). The child care program administrator or designee is also required by the Massachusetts Department of Early Education and Care regulations to notify the Department of Early Education and Care immediately after filing a 51A report or learning that a 51A report has been filed alleging abuse or neglect of a child while in the care of the day care center.

The state does not require that the reporter have proof that abuse or neglect has occurred before reporting. The law specifies reporting of suspected incidents and includes the phrase "reasonable cause to believe." Reasonable cause means that, after examining all the facts in a particular situation, most people with similar training and experience would also suspect abuse. If you are unsure about what to do, call DSS and speak to a trained social worker about your concerns.

A mandated reporter must file a report if he or she has reasonable cause to believe that:

A child is suffering from physical or emotional injury resulting from abuse, including sexual abuse

A child is suffering from neglect, including malnutrition

A child is physically dependent upon an addictive drug at birth

When there is suspicion of child abuse, the staff person will immediately inform his/her supervisor, who in turn will contact the Executive Director of the YMCA or a designee. The YMCA staff person receiving the initial report is responsible for confirming the facts reported and the condition of the child. This will be done immediately, on the same day the report is received. The responsible staff person will make a decision as to how the child's parent or guardian will be notified of the report. The report will be discussed with the parent or guardian. Incidents must be reported as soon as they are noticed, since waiting for proof may involve grave risk to the child.

In the event a reported child abuse incident involves an employed YMCA staff person or program volunteer, the YMCA Executive Director should without exception, suspend the person from all activities involving the supervision of children. Reassignment to administrative functions may be appropriate. Reinstatement of a staff person or program volunteer will occur only after all allegations have been cleared to the satisfaction of the YMCA Director and the investigating agency.

The Westfield YMCA Preschool will cooperate in all investigations of abuse and neglect, including identifying parents of children currently or previously enrolled in the program; providing consent for disclosure to the Department of Early Education and Care of information from, and allowing the Department to disclose information to, any person and/or agency the Department may specify as necessary to the investigation of allegations and protection of children.

The Youth Development Director must notify the Department of Early Care and Education in the case of a death or serious injury/illness that requires hospitalization or emergency medical treatment while child is in the program.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Sudden Infant Death Syndrome:

Definition

Sudden infant death syndrome (SIDS) is the unexpected, sudden death of a child under age 1 in which an autopsy does not show an explainable cause of death.

Alternative Names

Crib death; SIDS

Causes, incidence, and risk factors

SIDS rates have dropped dramatically since 1992, when parents were first told to put babies to sleep on their backs or sides to reduce the likelihood of SIDS. Unfortunately, SIDS remains a significant cause of death in infants under one year old. Thousands of babies die of SIDS in the United States each year.

The cause of SIDS is unknown, although there are several theories. Many doctors and researchers now believe that SIDS is not a single condition that is always caused by the same medical problems, but infant death caused by several different factors.

These factors may include problems with sleep arousal or an inability to sense a build-up of carbon dioxide in the blood. Almost all SIDS deaths occur without any warning or symptoms when the infant is thought to be sleeping.

SIDS is most likely to occur between 2 and 4 months of age, and 90% occur by 6 months of age. It occurs more often in winter months, with the peak in January. There is also a greater rate of SIDS among Native and African Americans.

The following have been linked to an increased risk of SIDS:

- Babies who sleep on their stomachs
- Babies who are around cigarette smoke while in the womb or after being born
- Babies who sleep in the same bed as their parents
- Babies who have soft bedding in the crib
- Multiple birth babies (being a twin, triplet, etc.)

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- Premature babies
- Babies who have a brother or sister who had SIDS
- Mothers who smoke or use illegal drugs
- Teen mothers
- Short time period between pregnancies
- Late or no prenatal care
- Situations of poverty

SIDS affects boys more often than girls. While studies show that babies with the above risk factors are more likely to be affected, the impact or importance of each factor is not well-defined or understood.

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Prevention

Revised American Academy of Pediatrics' (AAP) guidelines, released in October 2005, recommend the following:

Always put a baby to sleep on its back. (This includes naps.) DO NOT put a baby to sleep on its stomach. Side sleeping is unstable and should also be avoided. Allowing the baby to roll around on its tummy while awake can prevent a flat spot (due to sleeping in one position) from forming on the back of the head.

Only put babies to sleep in a crib. NEVER allow the baby to sleep in bed with other children or adults, and do NOT put them to sleep on surfaces other than cribs, like a sofa.

Let babies sleep in the same room (NOT the same bed) as parents. If possible, babies cribs should be placed in the parents' bedroom to allow for night-time feeding.

Avoid soft bedding materials. Babies should be placed on a firm, tight-fitting crib mattress with no comforter. Use a light sheet to cover the baby. Do not use pillows, comforters, or quilts.

Make sure the room temperature is not too hot. The room temperature should be comfortable for a lightly-clothed adult. A baby should not be hot to the touch.

Offer the baby a pacifier when going to sleep. Pacifiers at naptime and bedtime can reduce the risk of SIDS. Doctors think that a pacifier might allow the airway to open more, or prevent the baby from falling into a deep sleep. A baby that wakes up more easily may automatically move out of a dangerous position. If the baby is

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breastfeeding, it is best to wait until 1 month before offering a pacifier, so that it doesn't interfere with breastfeeding. Do not force a baby to use a pacifier.

Do not use breathing monitors or products marketed as ways to reduce SIDS. In the past, home apnea (breathing) monitors were recommended for families with a history of the condition. But research found that they had no effect, and the use of home monitors has largely stopped.

Other recommendations from SIDS experts:

- Keep your baby in a smoke-free environment.
- Breastfeed your baby, if possible -- breastfeeding reduces some upper respiratory infections that may influence the development of SIDS.
- NEVER give honey to a child less than 1 year old -- honey in very young children may cause infant botulism, which may be associated with SIDS.

Until the nature of the disease is fully understood, complete prevention will not be a reality.

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CONTINGENCY PLAN FOR EMERGENCY SITUATIONS

The YMCA of Greater Westfield has a Fire Evacuation Policy that is approved by the Westfield Fire Department. (See next page)

Following is additional information to number 6 on the next page. If children, teachers and parent helpers are in the pool or Girls Locker Room and an emergency prevents them from going to the General Purpose Room, they will leave the building through the emergency exit located at the top of the stairs next to the Cole Pool. The children, teachers, and parent helpers will walk across the driveway to City Hall for shelter until parents can be notified.

In case of loss of power, heat, or water in the mansion, the main building of the YMCA has a generator that will supply power. If we are forced to leave the mansion because of an emergency, the children and staff will go to the General Purpose Room of the YMCA until parents are notified. There is a power fail telephone in the main building. Because preschool is a half-day program, the time parents arrive to pick up their children will not be more than 2.5 hours.

If an emergency situation forces us to leave the main YMCA building during a regular session, we will walk to City Hall Located on 57 Court St and Evacuation procedures are posted in every room in the Preschool. They are practiced once a month at different times of the day.

Active Intruder Emergency Plan for Pre-Schools/ School Age Program's

An active intruder emergency involves one or more persons, using a firearm, engaging in a random or systematic shooting spree. The vast majority of shootings in this country are over in a matter of minutes, involve persons known to one another, and are confined to a particular area.

Traditional response to this type of incident has been to shelter in place and wait for the police to arrive.

Consideration should be given to these fenced areas being gated and easily opened by staff to exit. Whether in an Active Shooter Emergency or Fire, the ability to move large numbers of staff and children away from the premise should be paramount. Once away from the building, the issue becomes one of keeping the children together and moving them to a safe haven. This location should be planned out and drilled into the children in much the same way we evacuate for fire drills.

An additional area of address would be rooms with no egress or babies/ toddlers. Staff should be trained to deal with the situation individually in each room and instructed on doing much more than locking the door. Items in the room should be utilized and prepared for barricading doors and windows to provide as much safety as possible.

Examples of this may include large cabinets being equipped with lockable wheels to move in front of doors and windows. Doors equipped with interior bolts for securing the door at the top and bottom can also provide an additional layer of security. Prepositioning of items in a room will enhance the ability to barricade should it become necessary.

Rooms will be mapped out to select the most secure position away from doors and windows in which to move children should a threat present itself. Staff should prepare themselves for active counter measures in these rooms and be able to act quickly should a breach occur into

the room. This may mean moving the children to the most secure location in the room and then positioning themselves by the entry.

A staff member yelling "Stranger Danger" would be the indication to the children to begin to do this while attempting to get away. This is a simple and easy to understand concept for young children and is a proactive technique should an actual confrontation with an Active Shooter take place.

Staff will be trained in swarming techniques and counter measures in a separate ALICE class apart from the children.

- Information is a two-way street, if you have information share it with the police dispatch or the office
- 1) **Counter-** This is the use of simple, proactive techniques should you be confronted by the Active Shooter.
 - Anything can be a distraction device
 - Throws things at the shooters head to disrupt their aim
 - Give children the command to act (disruption tactics) or move
 - Create as much noise as possible
 - Attack in a group (swarm) if possible
 - Grab the shooters limbs and head and take them to the ground and hold them there
 - Fight dirty-bite, kick, scratch, gouge eyes, etc.
 - Run around the room and create chaos
 - If you have control of the shooter call 911 and tell the police where you are and listen to their commands when officers arrive on scene.
 - Commit to your actions, this is the last resort.
 - 2) **Evacuate-** Remove yourself and the children from the danger zone as quickly as possible.
 - Decide if you can safely evacuate
 - Assist children in moving to secure rally points away from the building
 - Run in a zigzag pattern as fast as you can if alone
 - Do not stop running until you are far away from the area
 - Bring something to throw with you in case you would encounter the Active Shooter
 - Consider the distance to the ground if you go out a window. 3 floors up is considered the survivable drop zone.
 - Break out windows and attempt to quickly clear glass from the frame
 - Consider using belts, clothing or other items as an improvised rope to shorten the distance you would fall
 - Hang by your hands from the window ledge to shorten your drop
 - Attempt to drop into shrubs, mulch or grass to lessen the chance of injury
 - Do not attempt to drive from the area
 - Once at the rally point move children to most secure position possible and account for all the children in your care

Research and Experimentation, Unusual Treatment

The Westfield YMCA Preschool will conduct no research, experimentation or unusual treatment involving children without the written, informed consent of parents or guardian. No physical harm will come to the children. When observations are allowed by students parents will be given written notice. There will be no interaction between the children and observers. There will be no identification of individual children.

Unauthorized Activities

The Westfield YMCA Preschool will not authorize any activities not related to the direct care of the child without written consent of the parent or guardian.

REFERRAL POLICY

The Westfield YMCA Preschool will refer families to appropriate social, mental health and medical services for their child should the center staff feel that such additional services would benefit the child.

When a teacher has a concern either social or medical about a child...

- 1. The staff person will inform the director of their concern.**
- 2. The staff person and director or another qualified teacher in the center will observe the child and record behaviors for at least six and one half day sessions before making a referral.**
- 3. The staff person and director will meet with the family with documented concerns and observations and any efforts the center may have made to accommodate the child's needs.**
- 4. The director will give to the family a current list of referral services including contact person for chapter 766 and early intervention programs and will assist the family in making a referral. The school will have written family consent before the referral is made.**
- 5. The family will be informed of the right to appeal under Chapter 766.**
- 6. The school will follow up the referral with family permission. If it is determined that the child does not need services at the time, observations and documentation will continue and be reviewed every three months.**
- 7. The nursery school director will keep a written record of any referrals, including the family conference and results.**

REFERRAL RESOURCE

Ft. Meadow Early Childhood Center at 35 White St., Westfield will provide assessments on the following: educational, psychological, speech/language, social/emotional, motor development, visual screening, hearing test, physical therapy assessment and occupational therapy. Ft. Meadow provides brief screenings on the first Friday of each month. If a child is not a Westfield resident, the nursery school will contact the school department in the child's home town to help the family find services.

Westfield Community Partnerships for Children's Outreach Worker is also available for observation and documentation of children plus referral help for families. The Outreach Worker will also conduct Family Education Programs.

If a child needs dental services the preschool will help the family contact Dental Resources of Western Mass. at 1-800-342-8747.

RESOLUTION OF COMPLAINT OR PROBLEM POLICY

WESTFIELD YMCA NURSERY SCHOOL

If at any time a parent has a complaint or problem, he or she should talk to the child's teacher. If the teacher cannot help, the teacher will refer the parent to the Youth Development Director.

If, after this, the complaint is still not taken care of, the parent will be Referred to the Executive Director of the YMCA. The Massachusetts Department of Early Education and Care is the licensing authority and Maybe contacted when necessary.

**MASSACHUSETTS DEPARTMENT OF EARLY EDUCATION AND CARE
(Licensing Authority)**

ANDREA ALLARD, EXECUTIVE DIRECTOR

MICHELLE ANAMISIS, YOUTH DEVELOPMENT DIRECTOR

CHILD'S TEACHER