



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF THE NORTH SHORE
**FAMILY
HANDBOOK**

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Section 1 - Statement of Purpose, Overview 7.04(17)(a)

1-1 Mission Statement

All programs of the YMCA of the North Shore are designed around the organization's mission statement: "Our Y welcomes all. We strengthen community, educate and nurture children and promote healthy living in spirit, mind and body."

1-2 Philosophy

Our curriculum addresses all aspects of child development, offering carefully planned activities to ensure children achieve their full potential in cognitive and physical skill development. We focus on the emotional and social growth of children, stressing the YMCA's core values of caring, honesty, respect and responsibility. We offer a wide range of enrichment activities, including swimming, gymnastics, sports, music and movement as well as health and nutrition curriculum. The YMCA partners with families to ensure all children reach their full potential.

1-3 Goals

To help children develop:

- Self confidence
- Social/Emotional skills
- Interpersonal skills
- Positive values
- Literacy skills
- Cognitive development
- Physical skills
- Sense of community
- Healthy habits

1-4 Objectives

1. To provide opportunities for children to develop an understanding of self and others, to develop social skills in a setting of warmth, respect, positive support and responsiveness.
2. To provide a curriculum that encourages children to grow intellectually by experiencing a wide variety of developmentally appropriate activities and materials while pursuing their own interests in the context of life in the community.

3. To meet the needs of children and their families by offering safe and affordable programs staffed by competent, responsible caregivers that understand and meet the needs of the children.
4. To strengthen the family unit by providing opportunities for families to work and play together, to share values, to improve their economic stability and to broaden their sense of community with other families.

1-5 Ages Categories

Infants	6 weeks to 15 months
Toddlers	15 months to 33 months (2 years and 9 months)
Preschool	33 months (2 years and 9 months) to Kindergarten eligible
School age	Kindergarten to 14 years old

1-6 Non-Discrimination Policy 7.04(17)(g)

The YMCA of the North Shore shall not discriminate in providing service to children and their families on the basis of actual or perceived race, creed, color, religion, alienage or national origin, ancestry, citizenship status, age, disability or handicap, sex, marital status, veteran status, sexual orientation, genetic information, gender identity, pregnancy and pregnancy related conditions or any other characteristic protected by applicable federal, state or local laws. Toilet training status is not an eligibility requirement.

1-7 Licensing Agency 7.04(17)(c)

- Our MA programs are licensed by the Massachusetts Department of Early Education and Care (EEC); 360 Merrimack Street, Building 9, 3rd floor, Lawrence, MA 01843.
Phone: 978-681-9684; Fax: 978-689-7618
- Our NH programs are licensed by the New Hampshire Department of Health and Human Services, Child Care Licensing Unit; 129 Pleasant Street, Concord, NH 03301.
Phone: 603-271-9025

Parents/guardians may contact our licensing agencies for information regarding the program's regulatory compliance history. The program is mandated to uphold all of the Department's regulations pertaining to licensed child care. An authorized representative makes inspection visits before a license to operate is issued. During program operation, the licensor will make scheduled and unscheduled visits to inspect the program for compliance with all regulations. The licensor would also visit if a report of serious deficiencies is made by any person. A copy of the MA regulations may be obtained online at www.mass.gov/eec and NH at [NH child care licensing](http://NHchildcarelicensing.org) or from the program director by request.

1-8 Enrollment Procedures

- See site specific pages for individual program's orientation procedures
- Prior to starting at the center a tour will be scheduled to visit the center and meet with the Director and/or Inclusion Specialist to get to know each other and learn more about your child's individual needs and interests. If needed, our Inclusion Specialists will partner with you to develop a plan to support your child's adjustment and success navigating our setting.
- A transition schedule will then be developed with the center director to help your child become more familiar with the environment and teachers prior to starting at the center.
- Once a child is registered, the parent/guardian will receive an email invitation to the online enrollment form through ePACT. Parents/guardians are required to complete ePACT enrollment information PRIOR to the child's start in the program. This includes emergency information, developmental history and background information, IFSP/IEP information, OT/PT/Speech services, authorization and consent, Individual Health Plan (For allergies and/or medical conditions), fee schedule, permission & release forms, etc.
- Each child enrolled in our Early Learning Centers must also have a physical and immunization record (including lead test) from their health care provider uploaded in ePACT.
- Each child enrolled in our school age program is required to have physical and immunization records kept at school.
- If your child's immunization schedule is modified/delayed due to a medical reason and/or religious belief you must submit documentation from your child's physician/religious leader stating as such.
- Per EEC regulations, all paperwork is valid for ONE YEAR. It must be completed annually to ensure that the best quality care can be given to your child.

1-9 Program Fees

- A \$60 registration fee per child is charged at the time of registration and on an annual basis at the time of re-registration. The fee is not applied toward tuition.
- Late pick up
 - Parents and/or authorized persons must call the YMCA if they will not be able to arrive before the official closing time. Each day a child is picked up late a late fee will be assessed. It is not the YMCA's intention to make money from these fees. The money collected will defray the cost incurred by keeping the program open and paying staff overtime.
 - Within the first 10 minutes after the program officially closes or your scheduled tuition block ends, the fee assessed will be \$15.00.

- An additional fee of \$2.00 per minute will be assessed after the first ten minutes.
- If a parent or authorized person is late more than 3 times the director will schedule a meeting to discuss your needs. If the issue is not resolved and continues it may result in suspension and termination for the YMCA programs.
- Tuition information
 - Please see program specific Tuitions Rates
 - There is a minimum of two (2) days per week
 - The weekly tuition fee remains constant. When you enroll, you are reserving the time, space, staffing and provisions for your child on those scheduled days. Weekly payment amounts are not reduced as a result of holiday closings, inclement weather closures, emergency facility closures, vacations, illnesses or child's attendance.
 - A \$25 late charge will be added to all accounts that are more than 14 days late.
 - Additional fees apply to school age vacation weeks.
 - Tuition is due weekly and will be charged to your Epay (credit card or checking account) on Sunday of the prior week.
 - Families that fall behind on their tuition payments will receive a tuition reminder and statement. After two weeks missed you will receive a letter to discuss your balance. If necessary we can place you on a payment plan to help you pay down your balance while keeping current with your weekly tuition. You will be asked to sign the payment plan agreement and adhere to the agreed upon weekly tuition payment. If payment plans are not followed a Termination of Services Notice will be given. Families will have two weeks to bring their accounts current or will be terminated from the program. The YMCA reserves the right to send accounts into collections for unpaid balances.
 - There will be a \$10 service fee for all returned checks and Epay insufficient funds. The YMCA reserves the right to require payments made by money order.
 - A two week written notice is required when requesting a schedule change or withdrawing your child from the program.
 - **A break in care/service or withdrawal from the program results in un-enrolling your child for the current program year and may impact future enrollment based on the program's availability.**
 - Flexible pricing is available to those who qualify. Contact the Director to apply.

Section 2 - Parents/Guardians

2-1 Parent/Guardian Visits

The YMCA's many years of working with families has proven that a shared experience between children, their families and caregivers at a very young age, builds a foundation for positive relationships and communication in the years to come. Family involvement in child care programs helps build the bond between parents/guardians and child.

Parents/legal guardians are welcome in our programs at any time your child is in attendance and appointments are not required. Please ensure your visit does not disrupt the program/classroom/group. Upon arrival, check in with the office/Site Coordinator to help support a successful visit.

Workshops, parent training, referral networks are offered and family events are also scheduled throughout the year.

2-2 Parent/Guardian Input

Program/Center Directors welcome productive and positive communication with all families so that we can meet the needs of the children. Communications are aligned with our core values; caring, honesty, respect and responsibility. Ideas and suggestions are reviewed and discussed and may be implemented in accordance with EEC regulations. If the program is unable to be implemented, the Director will follow up.

In the unfortunate event that the dialog between families and staff does not align with the Y's core values, we reserve the right to make enrollment decisions based on parent/guardian interactions with staff. If you feel your concerns are not being addressed, please reach out to the Executive Director.

2-3 Parent/Guardian Communication

The YMCA strives to keep families informed of their child's day in our program. Please plan to take a few minutes to speak with your child's educator at drop off and/or pick up. Please schedule a conference for more in depth conversations. To maintain communication, we ask that you please update ePACT and inform us of any contact information changes. We understand communication is only effective if it is two-way. Please see site specific pages for your program's contact information. The YMCA provides effective communication in the following ways:

- Verbal communication
 - At drop off/pick up or by phone
 - Conferences
- Written communication may include
 - Notes
 - Emails
 - Newsletters/Curriculum plans

- Calendars
 - Injury/Incident reports
 - Bulletin boards
 - Assessments
 - Behavior Trend Report
 - Infant and Toddler Daily Sheets include individual naps, diapering, food/bottles and activities
 - Parent surveys
 - Family communication apps (Kaymbu, ClassDojo, Bunk1)
 - English Language Learner's communication plans 7.08(2)
- The YMCA has staff to support families whose primary language is not English.

Section 3 - Children's Records 7.04(7) - (10)

3-1 Children's Records

The center will maintain a digital record for each child in ePACT, which will include:

1. Child Information form
2. First Aid and Medical Authorization and Consent Form
3. Transportation Plan and Authorized Release Form
4. Field Trip Permission Form
5. Release Forms

3-2 Maintenance of Records

1. All records must be legible, dated and signed by the individual making the entry. All information must be updated yearly.
2. Any conferences, assessments, etc. relating to a child must be written up and filed.
3. Records are retained for a period of at least five years after the child has left the program. If you need a copy of your child's record, please reach out to the Director.

3-3 Confidentiality and Distribution of Records

Information contained in a child's record shall be privileged and confidential. The program will not distribute or release any information to anyone not directly related to implementing the program plan for the child without the written consent of the parent.

1. Parents have access to their child's ePACT account
2. ePACT is an online platform and only accessible with parent/guardian permission. The center is unable to share or edit.

3-4 Charge for Copies

The program will not charge parents for copies of their children's records.

3-5 Amending the Child's Record and Transfer of Records

A child's parent/guardian has access to their child's ePACT and has the right to add information, comments, data, or other relevant materials to the child's record at any time. The parent also has the right to delete or amend any information contained in that record.

3-6 Availability of Information to the Department of Early Education and Care

The YMCA will make available to the Massachusetts Department of Early Education and Care any information required to be kept and maintained under the previous regulations and any other information reasonably related to these requirements. Authorized employees of EEC shall not remove identifying case material from the program's premises, and shall maintain the confidentiality of the individual's record.

3-7 Confidentiality

As noted by the Massachusetts Department of Early Education and Care, information in a child's record is confidential and will not be released without the written consent from the parent/guardian. A parent/guardian may have access to his/her child's files at reasonable times.

*Please note, the Department of Children and Families and/or local law enforcement may require information without parental consent.

The YMCA of the North Shore employees are expected to respect the rights of all children and parents we serve. It is the YMCA policy to keep documentation of all events, situations, and or discussions we have with our consumers. This documentation is confidential and is not to be shared written or orally with anyone.

Section 4 - Child Assessments

4-1 Assessments for Early Learning Centers:

As we work with each child, we want to make sure that we are helping them learn and develop. We gather information on what the child is doing and compare that to research based information on typical developmental steps for children their age. Then, we assess progress and plan our activities for upcoming weeks. We either increase opportunities and enticements to learn and practice these skills or help them reach for new, more challenging goals. We choose to use CORAdvantage HighScope Assessment in the Kaymbu platform to collect our data because it beautifully ties in child progress with curriculum planning. It helps our busy teachers tie planning and assessment together for their classroom and each child.

- Procedure

Teachers are encouraged to record information about each child's activities and interactions on a daily basis. This information is data entered into the Kaymbu system so that the information can be organized by date and correlated to appropriate learning goals established for individual children. Teachers compare the growth they see in the child throughout the year with the developmental continuum goals. This clarifies progress and guides the teacher's plans for next steps. This information is shared with parents in writing, in December and June for preschoolers and toddlers and four times a year for Infants and children with special needs.
- Family involvement

Parents are encouraged to discuss progress with the teacher at any time. Together, parents and teachers can plan goals and coordinate efforts between home and school. Families are also asked to complete an annual ASQ (Ages and Stages Questionnaire) to share in depth developmental information.
- Confidentiality

Only teachers, Inclusion Specialists and administrators who are involved with a child's assessment and curriculum planning have access to his/her assessments and ASQ data and are able to read and discuss plans. Teachers will share the report only with parents/guardians and stored in the Kaymbu platform.

4-2 Assessments for School Age Programs:

As part of our ongoing observations and commitment to supporting each child we have completed your child's assessment. Social and Emotional Learning (SEL) is an integral part of education and human development. SEL is the process through which all children and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions.

- What assessment tool does the YMCA of the North Shore utilize?

The School Age Programs use an assessment tool based on the Five Competency Domains suggested by The Collaborative for Academic, Social, & Emotional Learning (CASEL).
- How do you keep my child's assessment information confidential?

Only staff and administrators who are involved with your child's development and curriculum will read and discuss plans in order to ensure each child is meeting their goals. Staff will share the report with parents/guardians.

- What do the staff do with the information?

Based on the outcome of the assessments we are able to develop our curriculum to meet the needs of the children. The staff plan activities to foster specific social-emotional skills and engage their interests.

Section 5 - Child Guidance 7.05(5-8)

A YMCA child care program is a place where children of all abilities have fun, explore, try new things, and make friends. Our highly trained Inclusion Specialists foster a proactive environment where children can be successful navigating the schedule and peer interactions in the large group setting.

The Inclusion specialist provides the staff with tools, strategies to support children as they participate in activities throughout the day. They provide our families with proactive communication and resource offerings to create partnerships for child success.

Based on their age and development, children are expected to independently manage a large group setting and navigate their day as well as be able to:

- Follow verbal directions
- Follow the schedule
- Transition between activities
- Make choices at lunch & snack
- Change in/out of swimsuit or clothes
- Handle disappointment in competitive games
- Participate/tolerate in non-preferred activities
- Tolerate a variety of sensory input or loud noise
- Are responsible for and take care of their personal belongings

Keeping every child safe, happy and engaged is our primary goal. We seek to help children become confident and independent, to learn how to navigate their peers in social situations and to be part of a large group setting. That work starts with making sure each child feels safe and welcome in our environment and feels good about themselves. We work on self help skills and problem solving skills, including peaceful conflict resolution. As within the framework of a family, children in our program are coached to work out difficulties with peers, and to handle frustrations in socially acceptable ways. Educators set the stage as children begin in the program by explaining that they work to keep everyone safe. Expectations are made clear that we use words to express our feelings and cope with emotions in a safe way by using problem solving skills and sensory support tools provided by the program. It is the role of the caregiver to teach these skills and to act as the facilitator in guiding children to cope with feelings. With the use of the Social Emotional Activities (Second Step Curriculum) and organic “teachable moments”

educators engage children in individual and group lessons that are focused on social interactions and problem solving.

Educators shall define and encourage positive behavior for the children through discussion and demonstration in large and small group settings and with individual children as situations warrant. Educators shall create opportunities for children to practice the desired behaviors, and praise those behaviors whenever they are observed. Children shall be recognized for positive contributions to the group. Behavior which is cooperative and supportive following our YMCA Core Values of Caring, Honesty, Respect, Responsibility and Inclusive shall be praised and pointed out to the group as a whole.

Our program spaces are arranged to encourage active learning and independence. The daily schedule offers both group and independent activities and time to relax. It is kept consistent so the children know what to expect each day. Transitions are announced ahead of time and engagement tools are used to support moving from one activity to another. Children shall be offered activities designed according to their interests and which direct their energies into constructive pro-social endeavors. Educators shall be observant and aware of the direction which children's impulses are taking them and redirect or coach the child's handling of disagreements. When age appropriate, children are included in the development of rules and expectations.

When unsafe or harmful behavior is exhibited by a child, the educator will guide the child away from the group if safety warrants. The educator will help the child calm down and will discuss the incident focusing on how the child felt and how they can better handle those feelings in the future. Educators will model calm behavior and problem solving and shall not argue, threaten, or berate the child for their behavior.

Specific instances of concern will be documented on a Behavior Incident Report and monitored to determine a pattern of behavior. If the child exhibits the behavior three or more times the teachers will communicate concerns with their director who will work with the Inclusion Specialist to observe the program for strategies to support the child. The team will communicate with the caregiver to inform them of the pattern of behavior and the goal of taking the opportunity to work together as a team to develop a plan that will help the child be more successful in the group setting. We will develop an Inclusion Support Plan to begin strategies to support the development of replacement behaviors and coping mechanisms. The plan will celebrate positive behaviors the child exhibits with verbal, tangible or social rewards to encourage the replacement behavior. The goal is to support the child's skill development allowing them to participate in the large group setting to build a strong self esteem and navigate their peers to create meaningful friendships.

In keeping with the Massachusetts Department of Early Education and Care regulations, we strictly prohibit:

- Spanking or other corporal punishment of children
- Subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect, or abusive treatment including any type of physical hitting inflicted in any manner upon the body, shaking, threats, or derogatory remarks;
- Depriving children of outdoor time, meals, or snacks; force feeding children or otherwise making them eat against their will, or in any way using food as a consequence;
- Disciplining a child for soiling, wetting or not using the toilet, or using any other unusual or excessive practices for toileting;
- Confining a child to a swing, high chair, crib, playpen or any other piece of equipment for an extended period of time in lieu of supervision; and
- Use of excessive time-out. Time-out may not exceed one minute for each year of the child's age and must take place within an educator's view. The words "time out" are not used with the children, rather we allow space and calming tools to be accessible for the child to cope with their feelings.
- We will also use re-direction and time in a teacher choice activity such as the quiet area with a book or a sensory activity such as water play, playdough or sand. After the child has relaxed the teacher will engage them in a conversation to work through the conflict.

When Behavioral Concerns Arise

- Staff will document their observations of the child's behavior on the Behavior Incident Form and share that with their director and Inclusion Specialist.
- The Inclusion Specialist will discuss the behavior with the staff and enter the data into the Behavior Trend Report system.
- Inclusion Specialist will then observe the child
 - Note circumstances when behavior occurs
 - Who they are with
 - Time of day
 - Area in which problem occurs
 - Activity they are involved with
- Inclusion Specialist will offer some initial strategies to support the child as data continues to be collected
- If the behavior continues the child may need a more formalized Inclusion Support Plan with strategies for the staff to follow, environmental updates and to learn replacement behaviors.

- The draft plan will be written by the Inclusion Specialist with the Director and Teaching team to review with the family.
- A family meeting will be scheduled with the staff to review the behavior concern, share observations and knowledge of the child at home and at school to gain insight into the child's behavior to finalize the Inclusion Support Plan.
- A two week follow-up meeting will be scheduled to review the plan strategies and how the child is responding.

If the Child is Not Responding to the Plan

If it is determined that the child is not responding to the plan the following will be taken into consideration:

- The child's mental health and safety
- The physical environment
- Group size
- Staff to child ratio/1:1 support needed to navigate the program
- Length of child's schedule in the program
- If time is required to make the necessary accommodations and/or secure outside services, it may be necessary to have the child's care paused until the accommodations are in place.
- If at any point the program director and Inclusion Specialist determines that the child's safety, or that of other children or staff cannot be maintained, the Parent/Guardian will be called immediately to pick up the child. In this event, the director/Inclusion Specialist will submit a report through the Behavior Trend system. A meeting will also be scheduled with the Director and Inclusion Specialist before the child returns to the program to review strategies to support the safety for everyone.
- If staff and or Parents/Guardians feel that existing resources are inadequate to meet the child's needs, accessing additional support services will be explored including, but not limited to any of the following:
 - Public School referral for evaluation
 - Child's Pediatrician
 - Early Intervention referral
 - Mental Health Agency (MSPCC)
 - Department of Early Education and Care for information on other placements
 - DCF to request support for family
 - Family MassHealth Insurance access for 1:1 PCA
- The Inclusion Specialist will support caregivers through the referral process.

Dealing with Unsafe Behaviors

When a child loses control, staff uses what they know about the child's temperament, habits, and the circumstances of the day to help her/him calm and regain control. The educator must always act in the interest of all the children in the program. If a child behaves in a way that places himself or others in harm's way, the educator may remove the child from the dangerous situation. The educator may only use their body to stand in the way/block access to the situation and/or children until the child is calm and can walk away from the situation.

If the behavior threatens or causes injury to the child, another child and/or staff person, Parent/Guardian and program staff must discuss whether this is an appropriate placement for the child. Some indicators that continued attendance in the program may be ill advised are:

- The child's behavior is so intense that it is likely the child will be isolated and ostracized by other children if it continues.
- The child's behavior is causing stress and impacting their mental health.
- There is a serious possibility of harm to the child, other children, or staff and it has become extremely difficult for this child and or other children to learn and grow in the program.
- The child's behavior consumes much of the staffs' time and energy.

Plan for Termination and Suspension 7.4(17)(i) and 7.4(3)(b)

Under the Pyramid Model for supporting Emotional Competence we utilize evidence-based practices to support children. Each program is supported by an Inclusion Specialists to support children, staff and families. Those include:

- High quality environments and teaching practices
- Focus on family engagement, support and collaboration including consistent at home child support methods.
- Referral to diagnostic or therapeutic services in and outside the program. (MSPCC, CFF, Public School)
- Implementation of evidence-based social emotional curriculum and targeted practices
- Use of social emotional screening (observations to identify a pattern of behavior)
- Collection of data for each behavior exhibited (BTR).
- Implementation of data-based individualized interventions (ISP) for children with persistent challenging behavior or social emotional needs based on individual data.

If after the implementation of the Inclusion Support Plan, challenging behaviors persist there may be instances where a child may require a break from

programming or in some cases a more appropriate setting based on their need for a more therapeutic service.

If a break in service is required the Inclusion Specialist/Director will meet with the Parent/Guardian to review the incident and functional behavior assessment data. Upon return an intake meeting will take place where the Inclusion Specialist/Director will review what the return day will look like for the child, including the development of a safety plan, controlled choices and incentive plans. This may also include a modification to an existing Behavior Intervention Plan including home components of the plan.

If after the plan is consistently implemented and it is determined that the following elements impact the child's success, termination from the program may be conducted.

- Environment and program expectations are beyond the child's ability to cope and be successful
- The educator to child ratio is too large for the child to navigate the program independently and engage in activities without adult intervention.
- It is determined that the child needs a 1:1 Aide to be successful in the large group situation
- Child's behavior impacts the safety for self, peers, staff (leaving the program repeatedly, aggression, etc).

The Inclusion Specialist will support the Parent/Guardian by providing community resources (DMH, DDS, Pediatrician, Therapists) to help them find support to meet their child's needs. An exit plan will be discussed to support the child through the transition.

Referring to Community Resources

Parents/Guardians are encouraged to talk to the director or Inclusion Specialists about any concerns they may have about a child in their classroom. Caregivers are provided with information about typical development. The Director or Inclusion Specialists may contact a Parents/Guardians if he/she has concern(s) regarding a child. The Director, educator and Parent/Guardian will arrange a time to meet to discuss the concern and review the data collected. The Parent/Guardian will be provided with a written report summarizing any data and observations related to the concern and will be briefed on staff efforts that have been made to accommodate the child's needs.

If it is determined at the Parent/Guardian and staff meeting that the program does not have the resources to provide the child with the service he/she needs, the Inclusion Specialists and staff shall provide a list of community resources to help the parent/guardian secure services for their child.

The Inclusion Specialist/director will offer assistance to the child's Parent/Guardian in making a referral. Parents/Guardians will be encouraged to call for or request in writing an evaluation for their child from appropriate agencies. The Inclusion Specialist/Director may, if the Parent/Guardian provides written permission, contact an agency to begin the referral process. They may also give permission, in writing, for the center staff and service agency to share information on an ongoing basis. The Inclusion Specialist/Director may write the request letter for the Parent/Guardian to sign.

Follow Up

- The Inclusion Specialist/Director and Parent/Guardian will work cooperatively to monitor progress in the referral and assessment process, monitoring SPED timelines, calling for results when necessary, and making sure appointments are kept.
- If it is determined that the child does not need or is ineligible to receive services, the staff will continue to review the child's progress every three months to determine if another referral is appropriate. A strengths based approach will continue to be used. The team of Parents/Guardians, Inclusion Specialist, Director and staff will establish goals for the child and a plan to attain them.
- A Parent/Guardian has the right to appeal a LEA decision that a child does not need services. A Parent/Guardian also has the right to secure an independent educational evaluation which is done by a qualified professional not employed by the school system. The LEA may pay for some or all of the cost of the Independent Education Evaluation if the family is income eligible.
- If it is determined that the child should receive services, the YMCA Inclusion Specialist will review the IEP/IFSP and develop an Inclusion Support Plan to put program appropriate accommodations in place to help the child reach the stated goals.
- When a child receives services the Parent/Guardian will be encouraged to invite service providers to conferences and other Parent/Guardian/staff meetings so that the service provider can become a part of our team planning next steps for the child. Additionally, YMCA staff will attend meetings if the Parent/Guardian chooses to invite them.
- Written records of referrals, including the initial referral meeting, observations, and contacts with service providers will be maintained in the child's file at the center by the Inclusion Specialist/director.

5-7 Diapering and Toileting 7.11 (12)

Children are changed on a regular basis, at least every two hours and throughout the day as needed. Diapers are changed when children awaken. Children will not remain in soiled or wet diapers. Families supply the program with a labeled bag of at least 10 disposable diapers per day. Children may not wear cloth diapers unless there is a documented medical reason from the health provider on file. For

children who require cloth diapers, the diaper will 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 without rinsing and sent home that day for laundering. The following guidelines are utilized during diapering: Preparation:

- The changing table/surface is not used for any other purpose.
- The changing area has available a covered trash container that opens with a hands free device such as a foot pedal. The trash must be inaccessible to children.
- Changing area is prepared before bringing the child to the area to minimize contamination.
- Changing table paper is put in place and staff ensure that it is large enough to prevent child from coming in contact with the changing surface.
- Wipes, gloves, a clean diaper, diaper cream, plastic bag for soiled clothes and clean clothing is collected. Diapering procedure:
 - Place child on diapering table that is covered with disposable paper. Remove clothing to access diaper. If soiled, place clothes into plastic bag.
 - Educator keeps at least one hand on the child at all times when the changing area is an elevated surface.
 - Remove soiled diaper and place into trash container
 - Use wipes to clean child's bottom from front to back
 - Use a wipe to clean adults gloved hands
 - Use another wipe to clean child's hands
 - Throw soiled wipes into trash container which is covered and lined with a leak-proof disposable liner.
 - Put on clean diaper and redress child
 - Child will not be stood up on changing table to pull up pants
 - Child is brought to sink and hands are washed. If it is unsafe for the child to be brought to the sink, wipe the infant's hands with a wipe.
 - Cleaning up:
 - Wipe diapering surface clean with soapy water solution
 - Any toys played with by child during changing are put aside to be sanitized
 - Diapering surfaces are disinfected with proper solution and allowed to air dry.
 - Adult disposes of gloves and washes their hands

Toileting/Bathroom area will be checked periodically to make sure it is clean, there is not trash on the floor, and that there is an adequate supply of toilet paper, soap and paper towels. Children will be supervised during toileting and provided assistance as needed. Children will be expected to wash hands after toileting.

Toileting accidents are handled calmly and in a way that does not shame, humiliate, embarrass or punish the child.

Learning independent toileting When a child is developmentally ready to begin to use the toilet, staff will follow the parent's lead. We will work to ensure that we are consistent in our expectations. Families and staff will communicate often, discussing how the child is responding and progressing towards independent toileting. Children will never be pressured or forced to use the toilet. Families will be encouraged to supply the center with at least two changes of clothing during the toilet training process.

Section 6 - Plan for Prevention of Child Abuse and Neglect

7.11(4)

Staff are trained in the YMCA of the North Shore's Child Care Policy and must sign the Employee Code of Conduct, which explains that all employees are mandated reporters.

6-1 Definition

- Child Abuse is the injury to a child for which there is no "reasonable" explanation. Child Abuse includes non-accidental physical injury, sexual molestation and emotional abuse.
- Child Neglect is the failure or inability to provide a child with adequate food, clothing, shelter, medical care, emotional stability, supervision or other essential care.
- Mandated Reporter; all YMCA staff are legally required by the Commonwealth of Massachusetts to report any suspected abuse immediately.

6-2 Reporting Procedures

The safety of children in our care is always our top priority. The procedures below are designed to ensure that all staff have support and assistance filing appropriate, timely and accurate reports to any outside agency.

- Staff involved will inform the Program Director of the concern
- Program Director will inform Executive Director and Executive Director of Education
- Executive Director of Education will inform the CHRO and Executive Director of Risk Management
- The Executive Director of Education, in conjunction with the Executive Director of Risk Management, CHRO and the local Y leadership will

determine what reporting is required and coordinate any reporting necessary.

Note: while we encourage staff to engage the above process for support in dealing with an incident that necessitates filing a 51A, all staff have the right to choose to file on their own behalf if they believe they have encountered an incident that meets the 51A statute. There will never be any punitive action taken towards any staff who file a 51A.

6-3 Policy for Reporting Institutional Abuse or Neglect

In the event the reported incident or suspected abuse involves an employee or volunteer the steps below will occur within 24 business hours.

- Staff involved will inform the Program Director of the concern
- Program Director will inform Executive Director and Executive Director of Education
- Executive Director of Education will inform the CHRO and Director of Risk Management
- The Executive Director of Education, in conjunction with the Director of Risk Management, CHRO and the local Y leadership will determine what reporting is required and coordinate any reporting necessary.
- The Program Director will inform the family of the child involved.
- Staff/volunteers will be suspended until the investigation by the YMCA, EEC and DCF are completed. If it is determined that there is no support for suspension or further disciplinary action, the staff may be reinstated. If disciplinary action is warranted, the suspension may remain.

6-4 Reporting

Both staff and families have the ability to report incidents through the Y's Red Flag Reporting system; redflagreporting.com or 1-877-647-3335, the Y's HR Department, as well as with EEC and DCF.

Section 7 - Plan for Medication Administration 7.11(2)(a-1)

Medication will only be administered under the following guidelines:

7-1 Written Consent

Medication will not be administered to a specified child, prescription or non-prescription, without written consent of both physician AND parent/guardian. Any medications found with children will be confiscated and parents/guardians will

be notified, unless arrangements have been made and documented for an older school age child to carry an epi-pen or inhaler.

7-2 Physician's Consent

The label on a prescription medication container will be accepted as the physician's written order, but a note from the physician is required for all other medications. The label must indicate that the medicine is for the specific child, specify the dosage to be given, the number of times it is to be administered per day, the number of days the medicine is to be taken and it must be dated within the period that the medicine is being administered. Medication will be administered according to the directions on the original container, unless the child's licensed health care practitioner gives alternative written instruction.

7-3 Parental/Guardian Consent

An Authorization for Medication Form will be provided for the parent/guardian to fill out for the specified child. Each form must be completely filled out, signed and dated. No deviations in the dosages will be permitted unless by authorized written order of the child's physician.

7-4 Medication Storage and Administration

Medication is to be handed to a staff member by the parent/guardian upon arrival at the center. Medication must be stored in their original containers and labeled with the child's name, the name of the drug and the directions for its administration and storage. All medications except epi-pens and inhalers are secured out of reach of children and under proper conditions for sanitation, preservation, security (particularly for class D drugs) and safety. In the event that a medication needs to be refrigerated, it will be kept on a shelf designated for medication or in a staff refrigerator when it exists. In any case, it will be made inaccessible to children. Any unused or outdated medication will be returned to the parent when no longer needed. If returning to the parent is not possible or practical the medication will be destroyed at an authorized facility and documented.

If pills need to be split, this will be done by the parent before the medication is transferred to program staff. No more than a thirty day supply of medication will be accepted by program staff.

All medications will be administered by staff members that have successfully completed the EEC on-line training. Any staff administering medication will be observed administering medication annually by the supervisor to ensure he/she is practicing the FIVE RIGHTS: right child, right medication, right dose, right time,

and right method with documentation.

Staff will maintain a written record of the administration of any prescription or non-prescription medicine to each child which will include the time and date of each administration, the dosage, the name of the staff member administering the medication and the name of the child. The completed record will be made part of the child's file. This does not apply to topical non-prescription medications that are not applied to open wounds, rashes, or broken skin. Staff shall not administer the first dose of any medication to a child except under extraordinary circumstances and with parental consent.

For any medication that is not oral or topical a parent meeting will be held before registration to discuss the medical needs of the child and the capability and process of the program to service the needs. All assessments follow the Department of Early Education and YMCA Guidelines for servicing children.

Full-day programs plan to meet children's medicinal needs as ordered by their physician. For non-prescription medications, a physician may give a standing order listing the medication(s), dosage and criteria for administration. The order is valid for one year from the date it was signed. If possible, parental permission will be obtained before non-prescription medication is administered to insure that the child has not just had it at home or that it is otherwise contraindicated. The parent will be notified in writing each time the medication is administered.

7-5 Topical Medication Policy

Written parental/guardian consent with criteria for administration will be accepted for topical medications to be applied to unbroken skin. Parents need to send the medication in the original container; medication will not be administered in a manner contrary to printed product directions without physician's written consent.

If the use of insect repellent has been recommended by the Department of Public Health due to a concern about insect borne illnesses such as EEE or West Nile Virus, then a product containing DEET should be used.

Topical medications, such as petroleum jelly, diaper rash ointments and antibacterial ointments, that are applied to wounds, rashes, or broken skin must be stored in the original container, labeled with the child's name, and used only for that child. A physician's order will be required. Application of medication to wounds, rashes or broken skin will be logged in the medication administration record.

Topical medications such as sunscreen, insect repellent, and other ointments which are not applied to open wounds, rashes, or broken skin may be generally administered to children with written permission from parents/guardians.

7-6 Additional Medication Policies

All medication, except inhalers or epi-pens, will be administered by a staff member. Upon written authorization of a parent and the child's health provider (7.11 (3b)), the child may be permitted to administer his/her own medication.

Documentation of this will be done using an Individual Health Care Plan form.

With written parental consent and authorization of the physician, children who have asthma may carry their own inhalers and use them as needed. The program/center will ensure that all staff are aware of individual children who have asthma and use their own inhalers. Children will tell a staff member when the inhaler is taken so staff may record the administration. In such cases, the center will have a backup supply of the medication.

7-7 Medication Errors and Emergencies

A medication error includes any failure to administer medications as prescribed for a child, including failure to administer the medication within appropriate time frames (defined as plus or minus a half hour from specified time), in the correct dosage, in accordance with accepted practice and to the correct student.

When an error occurs, parents/guardians will be notified immediately. Errors will be documented and kept within the child's file and reported to EEC.

Errors will also be logged in the center's injury log and reviewed by the Health Care Consultant. In the event of an emergency resulting from a medication that threatens the well-being of the child, the medical emergency procedures will be followed.

7-8 Epi-Pen Policy

The care of children whose existing medical condition necessitates the usage of an epi-pen must follow the Commonwealth's Medication and Drug Administration Policy previously stated. An individual Health Care Plan (IHCP) stating specific existing conditions under which to administer the epi-pen (i.e. allergy to bee stings) and signed by parent and physician must be provided to the program before the child can attend.

In the event of an emergency the designated staff will first administer the epi-pen and then dial 911 to transport the child to the nearest medical facility. If a second staff is present, that staff will dial 911 while the pen is being administered. Even if the child appears out of danger, they must be transported by ambulance to the nearest medical facility for evaluation.

Parents/guardians will be called after the 911 call has been made and told where to meet their child. An incident report must be completed for the parent's signature. A copy will be made for the parents and one copy will be placed in the child's permanent record. Administration of the epi-pen will be included in both the incident log and the medication administration log.

A new epi-pen must be provided before the child may return to the program.

Section 8 - Management of Infectious Diseases 7.11 (9) (a-c)

The safety of our children, families and staff is always our number one priority. This document is subject to change based on the latest public health data as well as guidance from the Center for Disease Control, The Department of Public Health, the local Board of Health and the Department of Early Education and Care (EEC). Please speak to your Director if you have any questions or concerns.

8-1 Handwashing

Hand washing is the first line of defense against infectious disease. Staff and children are required to wash hands. Numerous studies have shown that hand washing reduces the risk of transmission of infectious diseases. Children who are developmentally able to learn are taught hand washing procedures. Staff assist children with hand washing as needed to successfully complete the task. Children's hand washing is periodically monitored.

Hand washing is expected:

- Before eating and handling food
- Before and after feeding a child
- Before and after diapering and toileting or assisting with toileting
- After handling bodily secretions; see Bloodborne Pathogens procedures
- After handling garbage or cleaning
- Before and after giving medicine
- After handling animals or their equipment
- Before and after sensory play
- After handling raw foods

Non-latex disposable gloves are available for staff performing these duties and are used in addition to hand washing not a substitution.

Facilities used for hand washing after diapering or toileting will be separate from facilities and areas used for food preparation or food service or will be sanitized between those uses.

Hand washing steps:

1. Must use running warm water which drains out; not a container or a sink with stopper
2. Use liquid soap
3. Use friction, rubbing hands together for at least 20 seconds removes germs
4. Dry hands with disposable towels located next to the sink
5. Turn off faucet using a paper towel

Hand washing steps are posted near every sink in the center.

Staff are trained that the use of hand sanitizer in lieu of hand washing is not recommended. If these products are used as a temporary measure, a sufficient amount must be used to keep the hands wet for 15 seconds. Since alcohol based hand rubs are toxic and flammable they must be stored and used according to the manufacturer's instructions.

8-2 Bloodborne Pathogens Exposure Plan

Disposable, non-latex gloves are to be worn by staff for the handling of bodily secretions. Used gloves are to be disposed of in lined and covered containers only. Contaminated areas are to be immediately disinfected. Contaminated clothing is to be sealed in two plastic bags, labeled with the child's name and returned to the family at the end of the day. Wash hands thoroughly when finished. When spills of bodily fluid occur, staff clean them immediately with soap and water and disinfect nonporous surfaces. Staff are trained on bloodborne pathogens during First Aid course.

8-3 Sanitizing and Disinfecting

Staff shall ensure all equipment is properly sanitized or disinfected to prevent the spread of infection. The goal of safe cleaning is effective germ control using the safest amount of cleaning, sanitizing or disinfecting product. The Director is responsible for providing a regular cleaning schedule.

The sanitizing and disinfecting solutions used in a child care environment must be either a bleach solution prepared by the program daily or a commercially prepared disinfectant that has been registered as a sanitizing solution by the Environmental Protection Agency (EPA).

All bleach and water dilutions must be freshly mixed every 24 hours.

The recommended **sanitizing** dilution for 8.25% bleach is:

2 teaspoons bleach to 1 gallon cool water

1 teaspoon bleach to ½ gallon cool water

½ teaspoon bleach to 1 quart cool water

¼ teaspoon bleach to 1 pint cool water

The recommended **disinfecting** dilution for 8.25% bleach is:

½ cup bleach to 1 gallon cool water

¼ cup bleach to ½ gallon cool water

2 Tablespoons bleach to 1 quart cool water

1 Tablespoon bleach to 16 ounces of cool water.

Disinfectants and cleaning supplies shall be stored in a secure place out of the children's reach and separately from food items. All sanitizing and disinfecting solutions must be labeled properly to identify the contents.

Clean items, equipment and surfaces first by removing food crumbs and other debris by scrubbing, washing and wiping allowing the sanitizing or disinfecting product to come in contact with the surface. It is recommended that bleach solutions be applied with a disposable cloth or paper towel and discarded after each use. When applying bleach solutions surfaces should be visibly wet and surfaces allowed to air dry. Please refer to the manufacturer's directions for sanitizing or disinfecting with other products.

Sanitizing, after cleaning, is the proper treatment for most equipment and surfaces in child care programs. Sanitizing surfaces destroys enough germs to reduce the risk of becoming ill from contact with those surfaces.

Disinfecting, after cleaning, is the proper treatment for surfaces or equipment where safe contact requires a more powerful response to germs. Disinfecting is the proper treatment for equipment and surfaces that are involved with toileting and Special Precautions, including exposure to blood or vomit.

The following items are cleaned and sanitized daily, before and after each use:

- All surfaces used for eating

The following items, equipment and surfaces must be cleaned and sanitized after each use:

- Bibs (when used for only one child)
- Thermometers
- Toys mouthed by infants and toddlers
- Bottles, eating & drinking utensils and dishes, and preparation utensils

- Mops, cloths, or other cleaning equipment when not used for cleaning body fluids

The following items, equipment and surfaces must be cleaned and disinfected after each use:

- Toilet chairs which have first been emptied into a toilet
- Sink and faucets used for hand washing after the sink is used for rinsing a toilet training chair
- Diapering surfaces
- Mops, cloths, or other cleaning equipment used for cleaning body fluids (using Standard Precautions)

The following items, equipment and surfaces must be cleaned and sanitized at least daily:

- Sinks and sink faucets (except when used following toileting activities)
- Drinking fountains
- Play tables
- Pacifiers, labeled and reserved for individual use
- Smooth surfaced, non-porous floors (Programs operating four or fewer hours per day may wash floors on a weekly basis provided there are no infants or toddlers in the program. All spills or accidents must be cleaned up immediately.)

The following items, equipment and surfaces must be cleaned and disinfected at least daily:

- Toilets and toilet seats
- Containers, including lids, used to hold soiled diapers
- Sinks and sink faucets used after toileting activities
- Water tables and water play equipment

The following items, equipment and surfaces must be cleaned and sanitized at least weekly and before use by another child:

- Cribs, cots, mats and other approved sleeping equipment

8-4 Sick Child Policy

YMCA Child Care considers three concerns with its sick child policy; the child's well being, family's needs and the well being of the children and staff in the program. If an illness prevents a child from participating comfortably in activities or creates a greater need for care than the staff can provide without compromising the health and safety of other children or if a child's condition is suspected to be contagious then the child will not be able to attend the program. The following guidelines will assist the parents in determining whether or not to keep their child home.

When a child can't attend the program.

There are illnesses for which children need to be excluded from the program due to the health risk they pose for other children and staff. If the child has had a contagious illness, they may return to child care after being evaluated by a physician and considered to pose no serious health risk to themselves or others. Written documentation from the child's health care provider may be required to return to the program. The time after beginning treatment and returning will vary depending on a specific disease and treatment and should be discussed with the Director or Site Coordinator. A child will be excluded from coming to the program when a child is too ill to participate in their usual activities, has any of the following illness or symptoms of infectious disease.

Symptoms

- Skin rash
- Fever of 100.4 degrees or higher
- Vomiting/Diarrhea
- Excessive nasal discharge
- Persistent cough

Contagious illness

- Conjunctivitis
- Measles, mumps, rubella
- Chicken pox
- Pinworms
- Hepatitis
- Head lice or nits
- Respiratory illnesses with symptoms including COVID 19, Flu, RSV, etc.

The program will notify families should their child be exposed to a contagious illness in accordance with the Division of Communicable Disease Control, Department of Public Health and EEC.

When a child becomes ill at the program they are made comfortable in a location supervised by a familiar caregiver and away from others to reduce their exposure to communicable diseases. The parent/guardian is called and told of the symptoms

of illness and will be asked to pick up the child. The child must remain home the following day and be symptom free for 24 hours without fever reducing medication before returning.

When the child is ready to return to the program (mildly ill and not contagious)

- Parents will bring in all prescription and nonprescription medications needed during the program with a completed medication authorization form signed by a parent/guardian and the child's healthcare provider. Medications will only be administered in accordance with the medication and drug administration policy.
- Parents will assist staff members in planning the child's day by discussing his/her needs
- The parent will plan to allow for a flexible schedule the first day back as the child may need a shorter day
- Parents are asked to contact the program frequently to check in on the child's well being
- Parents are asked to talk to the child about their limitations to limit disappointment
- School Age children who are absent from school because of an illness, may not attend the after school program

8-5 List of Reportable Diseases

The diseases listed below shall be reported to the Board of Health in the community where the case is diagnosed by telephone or in writing within 24 hours. In addition, all epidemics/pandemics, as defined by the Board of Health, of any disease, including those which do not appear in this list of reportable diseases, shall be reported to the local Board of Health. Any case of an unusual illness thought to have public health implications will be reported. The local board's responsibility upon receipt of a report is to set forth Massachusetts regulations 105 CMR 300.110 and 300.160.

- Amebiasis
- Anaplasmosis
- Anthrax
- Arbovirus infection; including but not limited to, infection caused by chikungunya virus, dengue, eastern equine encephalitis virus, Jamestown Canyon virus, West Nile virus, Yellow Fever virus, Zika virus
- Babesiosis
- Botulism

- Brucellosis
- Campylobacteriosis
- Cholera
- Creutzfeldt-Jakob or Variant Creutzfeldt-Jakob disease
- Cyclosporiasis
- Diphtheria
- Ehrlichiosis
- Encephalitis, any cause
- Foodborne illness due to toxins including mushroom toxins, ciguatera toxins, scombrototoxin, tetrodotoxin, paralytic shellfish toxin, and amnesic shellfish toxin, staphylococcus enterotoxin and others
- Giardiasis
- Glander
- Group A Streptococcus, invasive infection
- Group B Streptococcus, invasion infection in children aged less than one years
- Haemophilus influenzae, invasion infection
- Hansen's disease (leprosy)
- Hantavirus infection
- Hemolytic uremic syndrome (HUS)
- Hepatitis A, B, C, D, E
- Hepatitis syndrome, acute
- Influenza
- Legionellosis
- Listeriosis
- Lymphocytic choriomeningitis virus infection
- Lyme disease
- Malaria
- Measles
- Melioidosis
- Meningitis, bacterial, community-acquired
- Meningitis, viral (aseptic) or other infectious (non-bacterial)
- Meningococcal disease, invasive infection (with N.meningitidis)
- Mumps

- Norovirus infection
- Pertussis
- Plague
- Poliomyelitis
- Powassan
- Pox virus infection in humans: including variola (smallpox), monkeypox, vaccinia and other orthopox or parapox viruses
- Psittacosis
- Q fever
- Rabies in humans
- Respiratory infection thought to be due to any novel coronavirus; including but not limited to severe acute respiratory syndrome (SARS), COVID and Middle East respiratory syndrome (MERS)
- Reye syndrome
- Rickettsialpox
- Rocky Mountain Spotted Fever
- Rubella
- Salmonellosis
- Shigellosis
- Shiga toxin-producing organisms isolated from humans, including enterohemorrhagic E. coli (EHEC)
- Streptococcus pneumoniae, invasive infection in individuals aged less than 18 years
- Tetanus
- Toxic shock syndrome
- Trichinosis
- Tularemia
- Typhoid fever
- Typhus
- Varicella (chickenpox)
- Vibrosis (non-Cholera)
- Viral hemorrhagic fevers, including but not limited to infection cause by Ebola virus, Marburg virus and other filoviruses, arenaviruses, bunyaviruses, flaviviruses

- Yersiniosis

8-6 Insect Repellants

If the use of insect repellants has been recommended by the Department of Public Health the following guideline will be used:

- Parents/guardians will add permission for programs to administer insect repellants into ePACT
- Parents/guardians provide the insect repellant labeled with their child's name
- Staff will apply the product following the directions on the label
- Products with DEET should not be used with children under 2 months old
- DPH recommends children older than 2 months can use products with up to 30% DEET.

Section 9 - SIDS Reduction Practices 7.11(13)(e)

In accordance with EEC, the center follows strict guidelines around sleeping materials, location and supervision to reduce the risk of Sudden Infant Death Syndrome.

These Include:

- Napping in individual cribs
- Cribs are never shared by 2 infants unless they attend opposite days and at that point bedding is changed
- Parents provide a crib sheet for their child and launder it at least weekly or as needed
- When Infant arrive asleep in car seats they are moved to their crib
- If Infants fall asleep in a swing or bouncy seat they are moved to their crib
- Cribs have a firm, properly fitting mattress with clean sheets and do not contain a potential for head entrapment
- Crib design meets the Federal Safety Standards
- All staff are trained in Reducing the Risk of SIDS in Child Care and follow all safe sleeping methods; ie Back sleeping
- Children are under direct visual supervision at all times
Blankets are not allowed to be used for children under 12 months. Please speak to your child's teacher to discuss your preference.
Comforters, bumper pads, stuffed animals, pillows, etc. are not allowed in cribs.
- Wedges or positioners are never used unless for health reasons and under direct written order from the Health Care Provider.

Section 10 - Transportation

10-1 Transportation Safety (7.13)(1)

- All vehicles used to transport children must meet state and federal registrations and inspections. The drivers of the vehicles must be appropriately licensed to drive those vehicles.
- All YMCA vehicles used to transport children have federally approved safety seats and/or seat belts. Each child is in their own safety seat or belt. Two or more children are never in the same belt. In a sudden stop or crash, having two children buckled together can result in serious injuries. Children under the age of eight years old and/or 57" must be in an age appropriate car seat when transported in vans.
- The number of children transported will never exceed the number of seats in the vehicle. Neither children nor adults are transported in the cargo area of the vehicle.
- Children under 12 years old will not ride in the front seat if the vehicle is equipped with air bags.
- Vehicles that are used daily are checked daily. The driver conducts a check to ensure that the vehicle is working well and there is nothing in the vehicle that could harm the children.
- Drivers stay alert to changes in the vehicle while driving. Unusual odors, sounds or vibrations can be warning signals for breakdown.
- Children are never left unaccompanied in a vehicle. No child will be released to persons not designed by the parent in writing. If there is not an authorized person at home, the child will not be released but return to the center.
- Sharp, heavy or potentially dangerous objects will be securely restrained. They can become deadly projectiles in a sudden stop or accident.
- Young children are loaded and unloaded only when pulled up to the curb, side of the road, or in a driveway.
- Children must remain seated when the vehicle is in operation and will not put their arms or head out to the vehicle windows.
- All program vehicles are equipped with first aid kits, emergency equipment including a seat belt cutter and emergency information for each child riding in the vehicle.
- Drivers will be informed of any information that may assist them in transporting a child including but not limited to any medical or behavioral issues.
- Children will not be regularly transported for periods longer than 45 minutes one way. This limit may be relaxed for field trips if appropriate for the age and activity level of the group.

- Monitors are responsible for supervising children during loading, transporting and unloading and must communicate with parents/guardians and the Director in a proactive manner.
- The Monitor must have a cell phone or other means of making emergency calls available on the vehicle during transport.
- The program will notify EEC immediately of any accident involving the transportation of children when transportation is provided or contracted by the YMCA of the North Shore.

10-2 Vehicle Breakdown

Should a vehicle fail to operate or the driver of the vehicle deems the vehicle unsafe to transport children while away from the program site:

- Safe and reliable alternative transportation will be arranged immediately.
- YMCA employees will ensure the safety of all children while awaiting alternative transportation.
- The vehicle driver or staff member will use their best judgment and training received as to when to evacuate a vehicle in a breakdown situation
- Children will be quickly and safely moved to a secure location away from the vehicle.

10-3 Transportation Oversight Plan; for programs with EEC transportation funding

- Safety Training
 - Upon hire, all educators will complete "Look Before You Lock" EEC online training. Hired or contracted drivers and monitors will also complete "Safe Transportation; The Driver's Role". The Program Administrator/Director will track this on the staff's PQR.
- Registering Drivers/Monitors in PQ Registry
 - Upon hire or contract drivers and monitors are required to register in the PQR. The Program Administrator/Director will review the PQR monthly to ensure all current employees are active.
- Supervision of Drivers and Monitors
 - Program Administrator supervises all staff
 - All drivers and monitors hired or contracted by the YMCA will have complete BRC with fingerprinting as required by EEC and the YMCA.
 - All drivers and monitors will follow the YMCA driver expectations
 - All staff will be disciplined following the YMCA's procedures as outlined in the YMCA Employee Handbook. Complaints against drivers or monitors will

be reviewed by the Program Administrator and referred to the Executive Director or CHRO if needed.

- If transportation is contracted, driver/monitor concerns will be reported to the contracted transportation company.
 - The YMCA will ensure the complaint is resolved before the driver returns to drive the bus.
- Notice of change to Program's transportation services
 - The Program Administrator/Director will notify EEC of any changes in either the contracted bus company or transportation supervisor.
- Maintaining documentation
 - Program Administrator/Director will ensure drivers and monitors review and sign the Transportation Plan and Driver Expectations annually
- Policies and procedures for notifying parents/guardians
 - Parents are required to notify the program by 12:00 pm if their child is not attending the program.
 - If a child does not arrive at the program at the end of the school day, staff will check with the school office to make sure the child attended school that day. If the child was in school, staff will call the Program Administrator/Director. Within 30 minutes, they will call the parent to find out if the child will be attending the program. The Program Administrator/Director will inform the staff how to proceed.
- Policy and procedure for conducting post trip checks
 - If transportation is contracted, the driver/monitor will sign the log verifying that the vehicle was inspected.
 - If transportation is provided by the program, the Program Administrator/Director will check the logs to ensure that they have been signed. Random checks will be done to ensure the vehicles are being inspected.
- Policy and procedure for maintaining passenger logs
 - Each driver will receive a roster of children expected to be at their pick up location. The roster will list the children who are absent and phone numbers to reach the Program Administrator and site phones.
 - The Program Administrator will ensure all logs are accurate. The site coordinator will ensure all absent children have been listed on the logs.
- Each van and bus will have a binder that contains emergency information for all children enrolled in the program, emergency contacts, allergy lists, persons allowed to receive the children that are driven home, back up contact information in the event no one is at the bus stop for the child. The Program Administrator will ensure each binder contains accurate information.
- A Supportive Case Manager will ensure that each supportive child's family has

an emergency transportation back up plan. Driver will also have the emergency contacts in the binder

- Weather Contingency Plan
 - For those children receiving transportation services, transportation will not be provided if school is canceled
 - If school has an early release do to inclement weather, children will not be transported to the YMCA

Section 11 - Field Trip Procedures 7.11(6)

11-1 Planning and Arrival

- Written permission slip must be completed and signed by a parent or guardian. Verbal permission will not be accepted in lieu of a written permission slip.
 - Parent/guardian authorization for ongoing scheduled trips is valid for one year unless withdrawn in writing
- Staff will ensure it is an appropriate venue for the group
- Before departure staff will call ahead to confirm
- Staff will bring payment or ensure method of payment
- Staff will conduct a safety inspection of the area upon arrival
- Staff will wear current year YMCA shirt
- Staff will be assigned a group of children they will be responsible for during the trip. Children should be in pairs/buddies
- Staff will bring the following
 - Emergency information for each child
 - Medications
 - 1st aid kit
 - Attendance lists
- Information including the phone number, destination of the trip, expected arrival and departure times and a list of children on the trip will be left at the program.

11-2 During the Trip

- When possible, one staff should follow the planned transportation (bus/van)

in his/her own vehicle or YMCA vehicle in case of an emergency.

- When visiting an area, staff will conduct safety checks prior to children's involvement
- Each child must carry on their person the name, address and telephone number of the program while they are off the premises in the care of the program
- Name to face attendance should be done at the following times
 - Before leaving the program
 - On the bus/van prior to departure
 - Throughout the day
 - When moving from one area of the venue to another and at each transition
 - On the bus/van prior to departing the field trip
 - Upon return to the program
- In the event of a missing child, the staff will inform the person in charge and Missing Child Procedures will be followed
- During the bus/van ride, staff will supervise and engage with the children. Staff may not use cell phones or other personal electronic devices.
- Staff should sit in the aisle seat to ensure availability in the event of an emergency. One staff will be assigned to the last seat of the bus and one staff in the first seat. The staff in the front will be the first to exit the vehicle and take attendance as the children exit the bus. The staff in the rear will be the last to exit the vehicle and look for children and items left on the bus
- In the event of a medical emergency, the child is taken to the closest hospital and the parent/guardian and/or emergency back up person is notified. Emergency procedures will be followed. The child's emergency information will accompany them. Should injury to a child occur on a field trip and require medical attention, a copy of the injury report should be attached to the signed permission slip and returned to the Director.
- A staff person will carry a 1st aid kit. The kit will include a cell phone, children's emergency information as well as all EEC required 1st aid contents.
- Children may not enter bathrooms alone at any time. Staff must be at the doorway of the bathroom for school age groups and must supervise younger children by sight and sound. If a child needs personal assistance, staff may never be alone with a child.
- Staff must lead/ be in front of the group at all times. If there is a second staff with the group, he/she would follow at the end of the line.
- In the event of a vehicle breakdown, staff will call the administrator and follow breakdown/emergency procedures

11-3 Staff Training

- All staff will be trained on field trip and transportation safety upon hire and annually
- Field trip and transportation safety will also be reviewed before vacation weeks and field trips

11-4 Aquatic Field Trips (Non-Open Water/Pool, Splash Park)

11-4a Planning, in addition to field trip procedures

- Staff must call the venue to ensure life jackets are allowed
- A YMCA of the North Shore Certified Lifeguard must be present (1 for every 25 children) and not in ratio
- Swimming areas in close proximity to heavy traffic are prohibited unless fenced
- Director/Site Coordinator (or designee) must be present at all aquatic field trips and not included in ratio Arrival
- Staff will conduct safety checks of the area prior to setting up to look for unsafe items such as trash, glass, medical waste, etc.
- Staff will select an area to set up away from the general public if possible
- Mark off area with cones and ensure the children do not leave that site without a staff
- All staff will be assigned a specific tasks in relation to swimming area

11-4b Swimmers

- All participants will be swim tested prior to the trip by a lifeguard
 - Swimmers will wear green bands
 - Non-swimmers or participants choosing not to be swim tested will wear properly fitted, Coast Guard approved life jacket level I, II or III
- Non-swimmers may be in water up to their armpit without a life jacket

11-5 Aquatic Field Trips with open water beaches, ponds

- The YMCA of the North Shore follows Christian's Law

Section 12 - Emergency Preparedness 7.11(7)

12-1 Emergency Evacuation

Emergency evacuation plans will be posted at all exits. In the event of fire, explosion, or other similar emergency, saving lives is the first priority. When there is an emergency which requires evacuation the following steps are taken.

- The staff closest to the alarm will sound the alarm to notify everyone in the building
- Staff will lead the children out of the building using the exit routes posted.
- Name to face attendance will be conducted with the daily attendance sheet to ensure all children are accounted for when leaving the building and upon arrival at the evacuation destination/meeting location.
- Infants and non-mobile toddlers will be placed in evacuation cribs or carried by staff to the evacuation destination.
- Staff will bring first aid kits, cell phone or walkie-talkie, attendance lists, medications and emergency information with them.
- The Director or designee will check the program for stragglers and ensure everyone is safely out of the building.
- The Director or designee will call the fire department after leaving the building. The director will inform the Director of Operations or Executive Director.
- Families will be called if the situation is unsafe to return to the building letting families know of the program's location. Emergency contact information is located in the first aid kits or administrative binder and are also located on the main server of the Y.
- A note will be left on the program door if safe to do so.
- Emergency relocation site is listed on the Site Specific Emergency Information page and Parent Handbook.
- Staff are trained on emergency procedures upon hire and on an annual basis.

12-2 Evacuation Drills

Evacuation drills are to be held every month and will be practiced using both the main exit and alternative exit. They will be conducted at various times of the day.

Each drill will be documented in a log with time, date and effectiveness of drill, route used and the number of children participating.

12-3 Emergency or Disaster

In the event of an emergency or disaster that does not warrant immediate evacuation of the site, the Director will contact the Director of Operations (DO) and/or Executive Director (ED). A Director will contact authorities by cell phone to determine whether to evacuate or shelter in place. Evacuations will follow the above "Emergency Evacuation" procedures.

12-4 Shelter in Place

Directors, Director of Operations and/or Executive Directors at each local Y will determine a safe location within the program space for an emergency requiring sheltering in place. The designated location, preferably in the lower level or interior of the building, will be free from windows or other hazards including shelving or fixtures that could cause injury if shifted suddenly.

The site specific shelter in place location is included on the "Site Specific Emergency Information" page and the Parent Handbook.

- If advised by authorities to shelter in place the staff and children will remain on site in the designated location
- Staff will lead children to the designated shelter in place location. Name to face attendance will be conducted with the daily attendance sheet to ensure all children are accounted for when leaving the program space and upon arrival at the designated location.
- Infants and non-mobile toddlers will be placed in evacuation cribs or carried by staff to the destination.
- Staff will bring first aid kits, cell phone, attendance lists, medications and emergency information with them.
- The Director or designee will check the program for stragglers and ensure everyone is safely in the designated location.
- Families will be called to notify them of the situation if safe to do so.
- Families will be called to pick up and informed of the program's location within the building when it is safe to do so.
- At any time if evacuation is necessary the "Emergency Evacuation" procedures will be followed and families will be notified.

12-5 Flood

Directors will monitor weather announcements. When notification is received from the Civil Defense or other emergency center or weather announcements that certain roads, bridges or rivers constitute a danger or hazardous condition, it shall be the responsibility of a Director or designee to notify the families in the event of imminent or actual flood disaster.

12-6 Severe weather including; tornado, hurricane, earthquake

Directors will monitor weather announcements and advise staff to follow "shelter in place" procedures until the storm passes. At any time if it is determined to be safer to leave the building, the Emergency Evacuation procedures will be followed.

12-7 Loss of Water

In the event of loss of water, potable water will be brought in, or if necessary, the program will be closed and families notified.

12-8 Loss of Electricity

In the event of electrical power loss, the program will remain in operation up to half the normal operating day if the following conditions can be met:

1. Generator lighting is available during non-daylight hours
2. Room temperature does not drop below 65 degrees Fahrenheit

Note: All sites must have a non-electrical phone, cell phone will suit this purpose. Families will be notified to pick up their children if the program needs to close.

12-9 Missing Child Procedures

The YMCA of the North Shore is responsible for the supervision of all program participants. Staff are trained on how to supervise students and program areas to ensure the safe whereabouts of each child at all times.

Training includes:

- Maintaining accurate attendance sheets by using name to face attendance and headcounts throughout the day, at each transition and upon arrival and pick up.
- Proper staff positioning for effective supervision
- Ensuring safe transitions

When a Child is Unaccounted for:

- The staff will inform the site-coordinator (SA) or Director (ELC) of the missing child's name and last known location.
- Children will be called to the designated meeting location and will remain there until the missing child is found. Staff will engage the students in activities.
- Site coordinator/Director will take attendance, verifying the child was not picked up.
- The Site Coordinator will notify the school staff of off site programs and ask for an announcement to be made. At Y facilities, staff will notify the local Y team.
- Staff including YMCA staff at main site locations and school staff at off site locations will be assigned to search the facility and/or last known location or most likely whereabouts.
- Staff responsible will report to their Director/Supervisor who will follow the reporting structure of notifications.
- Where appropriate local Y leadership staff (Executive Director, Director of Operations, Center Director and other Y Directors) will go to the program to support the staff and ensure the safety of the children.
- Based on the circumstances of the incident, 911 will be notified for assistance to locate the child
- Full cooperation with authorities will be expected from all staff members.
- The family will be contacted as soon as possible based on the situation.

After the Child is Located:

- Each staff will document their own account of the events in writing.
- Director will inform the Ops Director, Executive Director and Executive Director of Education
- The Executive Director and/or designee will work with the Executive Director of Education and Executive Director of Risk Management to notify the appropriate Departments including the Department of Children and Families (DCF) to file a 51A for neglect of a child and the Department of Early Education and Care (EEC).

Additional Information:

- Staff will be trained on these procedures during new hire orientation and

- Encourage those who can run to exit
- If you disarm the intruder
 - Do not pick up the weapon, place a container over it or place it in a container
 - If you can keep intruder subdued do so
- If you are now able to escape
 - Exit with hands out in front of you fingers open
 - Do not take backpacks, personal items with you, leave them.
 - If you have weapon in a container hold container out in front of you (police are trained to recognize this)

12-11 ALICE

Alert; When safe to do so

Lockdown/Barricade; Don't be a target, barricade and prepare to counter

Inform; Keep notifying those around you of what you see and hear

Counter; If confronted be prepared to yell, throw things or make contact

Escape; ALWAYS FIRST, IF/WHEN YOU CAN GET OUT

Section 13 - First Aid Procedures 7.04 (7)

Contents of First Aid Kits 7.11 (5)

- Adhesive tape
- Band-aids
- CPR mouth guards
- Gauze pads
- Gauze roller bandage
- Instant cold packs
- Disposable non-latex gloves
- Thermometer
- Scissors
- Tweezers

First aid kits are stored out of the reach of children. Directors are responsible to purchase first aid items and review its contents monthly to ensure all supplies are available.

All staff are trained in Infant/child CPR, first aid (within 6 months of employment), common childhood illnesses and the YMCA of the North Shore's emergency procedures.

Upon enrollment, parent/guardian must sign a consent form, located in ePACT, allowing staff to administer first aid to their child while in YMCA care and allow staff to call for emergency transportation to a nearby hospital.

- Staff will assess the situation; who is hurt? Is the scene safe?
- Staff will assess the injury
 - If the injury requires emergency medical treatment, see Section 14
 - Loss of consciousness, seizure, not breathing, obstructed airway, loss of pulse, severe bleeding, broken bone, severe burns, eye or head injury, severe pain or swelling, etc.
 - If the injury does not require emergency medical treatment a trained staff person will proceed with 1st aid as needed; cleaning, applying ice, covering wounds, etc.
- An injury report form will be completed, see 14-1

Section 14 - Medical Emergency Procedures 7.11 (7)

In the event of an emergency, the staff will immediately begin First Aid as trained, and another staff will call 911 and will then contact the parents/guardian. When there is time and if practical, the child's parents are notified before a child is taken for treatment. Every effort will be made to send a familiar staff person with the child. Emergency forms and medical authorization forms will be taken to the local hospital with the child.

If a parent/guardian cannot be reached, an emergency contact person listed in the child's records will be contacted. The location of the emergency facility/hospital is included in the Site Specific Emergency Information page.

14-1 Injury Report Form

The attending staff will complete an EEC Injury Report Form on the day it occurs. Directors will complete the YMCA's electronic incident report. After the parent/guardian has reviewed and signed the form a copy is uploaded to the child's ePACT and given to the parent/guardian upon request. The incident is recorded in the program's log. Incident logs are monitored on a monthly basis by a Director to check for procedural compliance and for safety recommendations. The logs are also used for consultation with the Health Care Consultant.

14-2 Procedures for Informing EEC 7.04(15)

The YMCA of the North Shore will notify the Department of Early Education and Care immediately by phone of any serious injury that occurred within the program and that required medical treatment, emergency care, death, hospitalization, reportable disease, change in location due to an emergency, the filing of a 51A of a staff or a medication error involving a child enrolled in our program. Written notice will follow within 48 hours.

The Director will inform EEC within 24 hours of a response to the program by the fire department or law enforcement due to any reason other than a false alarm or the arrest of an educator.

Section 15 - Snacks and Meals

All our programs are "nut sensitive". Please refer to the "site specific" pages for details about your program.

All snacks and meals (where applicable) meet USDA health standards. Snack/Dinner menus will be posted on parent information boards. More information can be found at choosemyplate.gov

Our programs will follow parental or a physician's instructions, as noted on the Individual Health Care Plan, for feeding children with special diets. Please speak to the Director to discuss snack/meal options at your center.

Any parent/guardian who may have questions or concerns about their child's nutritional needs can speak the Director for ideas and resources that may Include:

- Planning healthy family meals
- Meeting the needs for over/underweight children
- Support and ideas for dealing with mealtime problems

15 - 1 Healthy Lunch Ideas, List of nutritious food 7.12(15)(d)

Providing children with a healthy lunch that is not the same everyday can be a difficult task. Parents frequently look to prepared snacks, juices, etc. to help them with this time consuming task. We suggest including something from each food group such as the following items in your child's snack or lunch:

Recommended Healthy Food Choices for Children's Lunches and Snacks

Sandwich	Beverage	Fruit/Veggie	Treats
Cheese	Water	Orange Slices	Crackers
Chicken	Milk	Apple	Yogurt
Jam/Jelly	100% Fruit Juice	Celery Sticks (for children over 4)	Rice Cakes
Lean Cold Cuts		Grapes (cut in half for children under 4)	Pudding
Tuna Fish		Peach	Jell-O
Bagel/Cream Cheese		Carrot Sticks	Fruit Snack

***Glass bottles or containers will not be allowed at the program for safety reasons.**

15-2 Portions and Serving Size

The following are suggested portion sizes by age. However, your child's stage of growth and development, age, appetite, and activity will all play a part in deciding on what portion sizes are right for your child. In general, portions should be "child-sized" until adolescence.

Food Group	Servings per Day	Portion Size for Ages 1-3	Portion Size for Ages 4-6	Portion Size for Ages 7-10
Fruits	2-3 servings	¼ cup cooked, frozen, or canned ½ piece fresh ¼ cup 100% juice	¼ cup cooked, frozen, or canned ½ piece fresh ⅓ cup 100% juice	⅓ cup cooked, frozen, or canned 1 piece fresh ½ cup 100% juice

Vegetables	2-3 servings	¼ cup cooked	¼ cup cooked ½ cup salad	½ cup cooked 1 cup salad
Grains	6-11 servings	½ slice bread ¼ cup cooked cereal, rice or pasta ⅓ cup dry cereal 2-3 crackers	½ slice bread ⅓ cup cooked cereal, rice or pasta ½ cup dry cereal 3-4 crackers	1 slice bread ½ cup cooked cereal, rice or pasta ¾-1 cup dry cereal 4-5 crackers
Meats and Other Proteins	2 servings	1 ounce meat, fish, chicken, or tofu ¼ cup cooked beans ½ egg	1 ounce meat, fish, chicken, or tofu ⅓ cup cooked beans 1 egg	2-3 ounce meat, fish, chicken, or tofu ½ cup cooked beans 1-2 eggs
Dairy	2-3 servings	½ cup milk ½ ounce cheese ⅓ cup yogurt	½ cup milk 1 ounce cheese ½ cup yogurt	1 cup milk 1 ounce cheese ¾-1 cup yogurt

