



METROWEST YMCA

Health Care Policies and Emergency Procedures for Regional Education and Day Camps

MetroWest YMCA Mission Statement

The MetroWest YMCA is dedicated to providing programs and services that build healthy spirit, mind, and body for all.

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Section One – Health Care Policies

- A copy of this health care policy is provided to each educator / camp staff member and to families upon request.
- Each educator is trained in, and parent/guardian(s) are oriented to, the health care policy.
- Each educator is trained in the program’s infection control procedures and implementation of policy during staff orientation.
- The health care consultant approves the health care policy.
- The policy ensures that all appropriate actions will be taken to ensure that health requirements of children with disabilities are met.
- General health care procedures include:
 - Posting of telephone numbers for use in emergency including at least one non-coin-operated telephone or working cell phone on the premises of the program with the following numbers posted in clear view: program’s address and telephone number, health care consultant, fire department, police, ambulance, nearest emergency health care facility, Poison Control Center.
 - Using and maintaining first aid equipment.
 - Meeting individual children’s specific health care needs, including identifying children’s allergies and protecting children from exposure to foods, chemicals, or other materials to which they are allergic (An individual plan is developed in consultation with medical personnel).
 - The granting of exceptions in instances where such health practices are against the religious beliefs of the family or are medically contraindicated.

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- The MetroWest YMCA designates a Massachusetts licensed physician, registered nurse, nurse practitioner or physician’s assistant with pediatric or family health training and/or experience, as the program’s health care consultant.
- Our Health Care consultant assists in the development of the program’s health care policy, approves the policy initially and upon renewal of license or at least every other year, and approves any changes in the policy.
- The health care consultant either provides or approves the training for first aid, administration of medication including oral and topical medications, epinephrine auto-injection procedures, signs and symptoms of hypo and hyperglycemia and other health related training for educators / camp staff member and is available for consultation and training as needed, including, but not limited to, answering questions, inspecting injury reports, and inspecting classrooms. For summer camps, the Health Care Consultant also develops and signs written orders, including for prescription medication administration, to be followed by the on-site camp health care supervisor in the administration of his or her health-related duties.
- In addition, the Health Care Consultant visits the Early Learning Centers at least four times a year at the Framingham Branch. During the visit, the consultant observes program practices and reviews and makes recommendations about the program’s practices and written health policies to ensure health promotion and prevention of infection and injury as they relate to the physical, social-emotional, nutritional, and oral health. In addition, at least annually the consultant will provide relevant health information from local health authorities and forward advice when outbreaks of communicable diseases occur. Documentation of the compliance and implementation is available.

- At least twice a year, a registered dietitian or public health nutritionist evaluates the snack menus for the Early Learning Centers for nutritional content; portion sizes; nationally recommended limits on juice, sugar, sodium, and saturated fats; food service operations; special feeding needs to be met by the program; and procedures used for food brought from home.

II Healthy Children and Staff Initiatives

A Healthy Environments

As part of the MetroWest YMCA's commitment to healthy minds, bodies, and spirits of the children, families, and staff of our Association, we promote multiple opportunities to learn about healthy living. Here are some of the steps we've put in place in the Early Learning Centers, School's Out sites and Framingham summer camps:

- Have at least 60 minutes of physical activity per day. Children play outside daily unless the wind chill is at or below 25°, raining, or public health authorities issue an unsafe weather condition alert. Indoor gross motor activities are provided when the children are unable to go outside due to poor weather conditions.
- When outside, children are dressed appropriately for the weather in dry and layered clothing and are given the opportunity to play in either the sun or shade. Parents of young children are asked to apply sunscreen before drop off. Sunscreen with SPF of at least 30 is re-applied to exposed skin when approved in writing by one of the child's parents or guardians when the initial application is no longer effective.
- In the event that Health Care Consultant or Public Health officials recommend insect repellents, families are strongly encouraged to supply and authorize repellents containing DEET (up to 30% DEET) that can be applied no more than once a day.
- Children are not allowed to move around the room while eating or drinking and no child is allowed to have a bottle while resting on a mat or cot. If children do not enter the programs using a cup, they are encouraged to start using one as soon as the educators and families decide the child is developmentally ready.
- Toddlers do not have access to large buckets that contain liquid.
- Educators and camp staff members maintain areas used by educators or children who have allergies or any other special environmental health needs according to the recommendations of health professionals.
- Classroom pets or visiting animals appear to be in good health. Pets or visiting animals have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized (if the animal should be so protected) and that the animal is suitable for contact with children. Educators supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals. Educators make sure that any child who is allergic to a type of animal is not exposed to that animal. Reptiles are not allowed as classroom pets because of the risk for salmonella infection.
- The MetroWest YMCA Safety Committee meets quarterly to promote wellness and safe practices for YMCA staff. The committee members prepare safety information, review activities, procedures, and incident reports to develop recommendations for reducing occupational hazards, work related accidents, and environmental challenges.
- Smoking, alcohol, firearms, and other significant hazards that pose risks to children and adults are strictly prohibited on YMCA property and during YMCA related events. In the event that someone violates this policy, they will be asked to remove the hazard from the premises. Local law enforcement officials will be contacted as needed and appropriate.

- Community resources for wellness, prevention and treatment of mental health challenges, and stress management are available for educators upon request.

B Nutritional Initiatives

Since nutritional well-being is also a priority of the MetroWest YMCA, the following procedures and policies have been developed:

- All food provided by the Early Learning Center and School's Out is prepared, served, and stored in accordance with the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) guidelines.
- Additionally, HEPA (Healthy Eating and Physical Activity) guidelines are followed. Each snack provided contains a fruit or vegetable, and another food group component. Gains are always 100% whole, and water is the only beverage we serve during snack.
- The following types of foods are prohibited at the YMCA: fried foods, sugar sweetened beverages, and foods high in sugar such as chips, soda, juice drinks, chicken fingers, cookies, and candy.
- When food is brought from home, educators work with families to ensure that the USDA's CACFP guidelines are followed. All foods and beverages are labeled with the child's name and the date. Parents are required to pack thermos and/or ice packs in lunch boxes to keep food the appropriate temperature. Extra food is available for children if they are hungry after the food from home is eaten or if their food was not stored properly. The Y **does not** use microwaves to heat food for the children.
- Food from home can only be shared for special events or activities. It must be pre-approved by the Y and be whole fruits or commercially prepared packaged foods in factory sealed containers with ingredient lists. Please note, the Early Learning Centers are nut free.
- The MetroWest YMCA takes steps to ensure food safety in its provision of meals and snacks. Educators discard food with expired dates as well as document compliance and any corrections that they have made according to the recommendations of the health care consultant, dietician, or local public health official that reflect consideration of federal and other applicable food safety standards. All fruits and vegetables are thoroughly washed prior to eating.
- Daily documentation recording the type and quantity of food a child consumes is provided to families with children with special feeding needs.
- Sanitary drinking water is always available to children throughout the day. Children have their own drinking cups or water bottles.
- Liquids (such as hot coffee) and foods that are hotter than 110° are kept out of children's reach.
- If milk is provided, children under 2 years old will only be offered whole milk. Children 2 and over will be offered only low-fat or non-fat milk.
- The Early Learning Centers do not offer children younger than 4 years old the following foods: hot dogs, (whole or sliced into rounds); whole grapes; nuts; popcorn; raw peas and hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole.
- Toddler food is cut into ½ inch squares according to each child's chewing and swallowing capability.
- Menus are sent home each month to families and posted outside of each classroom. In addition, they are kept on file for review by the Nutritional Consultant.
- Meals and snacks are scheduled to be served with a minimum of two hours and maximum of three hours apart.
- Early childhood educators sit and eat with children during snack and meal times to encourage conversation and model appropriate eating habits. When possible, snacks are served family style.

C Protection from Environmental Hazards

1 Poor Air Quality

Sometimes weather conditions result in poor air quality (smog) that can pose significant health risks to children with respiratory problems, such as asthma. Local health authorities or the National Weather Service will issue ozone or smog alerts when the air quality is approaching unhealthy levels. Directors receive email alerts keeping them informed of dangerous air quality so that children with respiratory health problems are not allowed to play outdoors until the air quality improves. A comfortable, indoor place for those children will be provided.

In addition, maintenance work that may impair the air quality of a classroom such as painting and floor refinishing, will take place when the children are not present. Children will not be allowed into the space until the classroom is completely ventilated and the air quality is healthy.

2 Prevention of Exposure to Lead and Asbestos

In order to prevent exposure to lead, asbestos, and other environmental hazards, all MetroWest YMCA program space that serves young children is free from hazardous levels (e.g. lead, asbestos, fiberglass, or other friable material or any material that is in a dangerous condition.)

III Child Injury

A Injury Prevention Plan

- To prevent injuries in the classroom/playground/gymnasium and other program areas, the following plan will be implemented:
 - Daily inspections will be made of the inside/outside areas by the educators / camp staff members prior to the children using the area. Dangers to watch for include: broken toys, sharp objects, trash, health hazards such as animal feces and obstructions around equipment. Educators / camp staff members should correct any dangers. If they are unable to remove or repair the dangerous situation, the Director should be notified immediately, and the children should not be allowed to play near the dangerous equipment or with the dangerous toy. Minor facility and equipment maintenance issues should be brought to the attention of the maintenance staff verbally or by the completion of a maintenance request form depending on the potential safety concern.
 - The Director or designee, using the Playground Maintenance Checklist provided by the EEC, will conduct monthly inspections. Educators will follow the playground policies as outlined in the Educators Handbook.
 - Children's clothing will be checked to ensure that it is free from strings, laces, and jewelry that could be entangled or wedged in playground equipment and present a strangulation hazard.
 - YMCA educators / camp staff members will protect children from cold, heat, and sun injury.
 - Each site will maintain a record of any unusual or serious incidents including, but not limited to behavioral incidents, accidents, property destruction or emergencies that will be reviewed monthly by the Director.
- Equipment that may cause an injury for a child is not allowed in classrooms or other space typically used by children enrolled in the Early Learning Centers, School's Out, or Framingham based camps. In the rare event that the equipment must be present, barriers must be placed around the equipment and educators position themselves between the equipment and the children so that the potential negative impact is minimized. In addition, the amount of time that the children would be in the same area as

the equipment will be as short as possible and the children will be informed of safe practices during the time that they are potentially at risk.

- In the event of a situation that requires rapid response on the part of educators / camp staff members the following steps will be taken:
 - The educator / camp staff member closest to the child who is also certified in first aid/CPR will provide the necessary intervention to ensure the child's well-being.
 - The other educators / camp staff members in the area will call for additional help if needed and monitor the other children in the group. These children will be removed from the situation if required for safety and emotional reasons. If only one educator /camp staff member is present at the time, he or she will call for help before providing the intervention if necessary.
 - Once the situation has stabilized, an accident/incident report will be completed and the appropriate people will be notified, e.g. Parents/Guardians, MetroWest YMCA administration, EEC, Board of Health/DPH.
 - The location of the child's medical information is complete and accessible to educators /camp staff members.
- All liquids, foods, appliances that are or become hot enough to burn as well as toxic substances, poisonous plants, medications, sharp objects, and other hazardous objects are stored in a secure place and out of the reach of children.
- All containers are labeled with contents and expiration date if applicable especially when not in their original containers in order to facilitate contacting the Poison Control Center.
- The MetroWest YMCA will review program's health care policy with educators / camp staff members at least annually.

B Procedure for Reporting of Injuries

- Individual medical problems and injuries are recorded and reported to educators / camp staff members and parents/guardians.
- Parents/guardians are informed immediately of minor injuries to the face or head, bites that have broken the skin and any injury or illness that requires medical attention other than minor first aid.
- Parents/guardians are informed of any injuries through an accident report as soon as possible, but no longer than 24 hours after the incident occurred. The injury form will describe what happened, the injury and the first aid measures taken. A copy of the report signed by the educator and by the parent is retained in the child's file. Y administration, EEC, Board of Health/DPH, and Redwoods Group will be notified of significant injuries.
- Program maintains centralized logs of injuries and other health and safety concerns and periodically monitors the safety record of the program.
 - All program locations have a designated, non-coin-operated telephone available on the premises for the use of the program.
 - Program administrators are responsible for maintaining an injury log includes name of child; date, time, and location of each accident or injury; description of injury and how it occurred; name(s) of witness(es); name(s) of person(s) who administered first aid or medical care, and first aid or medical care required. Injury log is maintained in a central place and in the individual child's file.

C Assessing Injuries to Children in Care

According to the National Safety Council, injuries are the #1 health and safety problem for children in early childhood settings. When a child is injured, educators need to fully assess the child's injury and make sure they are following their first aid procedures. In addition to following proper first aid protocols EEC recommends these additional procedures be followed when a child needs first aid. When an injury occurs, ask the child questions and observe to make sure the child is okay. Monitor the child throughout the day.

Continue to assess the child's injury to make sure what was first observed and treated is still the appropriate course of action.

In the event that any educator or staff member believes that a child's life may be at risk or that there is risk of permanent injury, or has any questions or concerns regarding the severity of the injury, Emergency Medical Services (EMS) must be contacted immediately by calling 911.

1 Procedures in Life Threatening or Urgent Emergency Medical Situation

(Examples include but are not limited to concussion, broken bone, 3rd degree burn, seizure, excessive bleeding, heart/heat or respiratory related.)

- a Administer First Aid and CPR to the child as deemed necessary based on the nature of the emergency.
- b Call emergency medical services right away (911). Educators / camp staff members must also contact the front desk at either the MetroWest YMCA or host school / camp location to direct emergency personnel and to provide back up support if needed.
- c After EMS or emergency medical services have been contacted, call the child's legal guardian.
- d Take child's medical information and emergency consents to doctors' office or emergency room.

2 Procedures That Must Be Followed for All Injuries

After first aid is administered and the child is calm, the educator / camp staff member should survey the scene and gather additional information:

- a What was the child doing?
 - b What equipment was involved?
 - c Was another child involved?
 - d Were any hazards involved?
 - e Were there any witnesses? What did they see?
- a Complete an injury report.
 - b Provide timely, full, and accurate verbal notification to parent/guardian regarding injury.
 - c Educators / camp staff members must share all pertinent information with the administration and any educator / camp staff member taking over care. Sharing the child's status with the parent/guardian at pick up time.

Please note: first aid and CPR can only be provided by someone with current First Aid and CPR training.

3 What Educators / Camp Staff Should Do

- Know how to access Emergency Medical Services (EMS) in the MetroWest YMCA area.
- Assess and respond to emergency situations based on MetroWest YMCA policies and procedures.
- Have easy access to the phone number for each child's guardian and primary health care provider.
- Know and understand specific plans and health care needs of children in their care.
- Develop plans for children with special needs with their family and health care provider.

D Specific Injury Protocols

1 Head Trauma/Concussion – LIFE THREATENING

If someone presents any of the following symptoms of a concussion, EMS must be contacted by calling 911.

- Loss of consciousness
- Problems with both eyes tracking movement (can they follow your finger)

- Blurred vision
- Dizziness or loss of balance
- Nausea or vomiting
- Loss of memory, confusion, or memory problems
- Discharge from ear or nose
- Numbness to limbs
- Severe headache
- Noise or light sensitivity
- Groggy, sluggish, or excessive sleepiness
- Slurred speech

Treatment:

- Rest in quiet, dim lit, and cool area with constant supervision *until EMS arrival*
- Physician note is needed to resume daily activities

2 Heat Stroke – LIFE THREATENING

If someone presents any of the following symptoms of a heat stroke, EMS must be contacted by calling 911.

- Hot, dry skin – not sweating any longer
- Red, flushed face
- Rapid pulse
- Dizziness
- Nausea
- Headache
- May become unconscious
- Temperature well above normal (102 degrees or higher)

Treatment

- Rest in nearest cool location with constant supervision *until EMS arrival*
- Cool rag on head, neck or armpit area
- Loosen and remove any extra clothing

E Plan for Managing Infectious Diseases & Illnesses

To protect the children and adults of our Y and to minimize the spread of infectious diseases, we will not admit and/or we will send home any child that presents any of the following unless we have written documentation from a physician stating that the child has been seen by a health care professional and that the symptom(s) is not contagious and the child may participate in all activities:

- Fever of 101°F or higher
- Heavy or excessive coughing
- Vomiting
- Diarrhea more than three times
- Unable to participate comfortably in the classroom activities
- Any contagious disease

Children exhibiting any of these symptoms will be isolated and their parents/guardians contacted. See Plan for meeting the individual needs of mildly ill children while in care.

We care very much about the children at our programs and thus, we follow this policy consistently to protect their health and safety needs.

Please note that the MetroWest YMCA may implement additional policies and practices based on the guidance and recommendations of local, state, and federal organization to prevent the spread of infectious diseases such as COVID-19. In these situations, the related policies and procedures will be shared with families via email as well as posted on our website: <https://www.metrowestymca.org/covid-19-policies>

1 Returning to school/camp after an illness:

a child may return to the Y without a Physician's note under the following conditions:

- The child has been symptom free for 24 hours, without fever reducing medicines. If a child has left the program with a fever, he/she may not return the next day.
- There are no more instances of vomiting, fever, and/or diarrhea and the child can tolerate a typical diet.
- The child is able to participate in the daily curriculum of the classroom, including outside play.

2 For infectious diseases:

A doctor's note must state that the child is no longer contagious and has been seen by a physician. The child may return to the center if it is 24/48 hours after the first administration of medicine based on the recommendation of the physician.

Procedures for notifying parents when any communicable disease has been introduced into the Program:

- Notices will be posted when there is an outbreak of disease in the program.
- Information will be provided to parents via email and/or paper distribution detailing the symptoms and incubation period of infectious diseases.

Y staff who become ill with contagious diseases are excused from contact with children as quickly as possible.

Educators / camp staff members who are assigned to care for mildly ill children in a separate space or room at least meet EEC qualifications for supervising a child independently and have training in the following areas:

- General practices and procedures for the care and comforting of ill children.
- Recognition and documentation of symptoms of illness.
- Taking children's temperature.

F Specific Health Care Concerns

1 Skin Rashes

- Impetigo (streptococcal infection of skin) is a common and highly contagious skin infection that usually appears as red sores on the face.
- Pus-filled blisters which break and form crusts
- To avoid spreading, wash all contaminated clothing and towels in hot water and bleach
- Child must be isolated until guardian arrival.
- Physician's note required for return.

2 Insect Bites

- Mosquito Bites: If infected, send to Health Care Supervisor or Camp Nurse

- Bee Stings: Monitor any child who is stung and provide appropriate treatment. Be aware of any child with known allergies to bee stings and immediately follow their individual health care plan/allergy action plan including notification of supervisors and parents/guardians if they are stung.
- Ticks: All children and adults should regularly self-check hair, legs, armpits, and groin for ticks. If found, contact Health Care Supervisor or Camp Nurse as soon as possible.

3 Meningococcal Disease

- Do to the severity of meningitis, all families must receive information about Meningococcal Disease and immunization information annually.
- Fact sheets and additional information can be found at these websites:
 - <https://www.mass.gov/service-details/meningococcal-disease>
 - <https://www.cdc.gov/meningococcal/index.html>

IV Plan for Infection Control

All educators / camp staff members must be trained in infection control and bloodborne pathogen procedures as part of their new staff orientation.

A Hand Washing

The MetroWest YMCA recognizes the importance of hand washing as the first line of defense against infectious disease. Unwashed hands are the primary carriers of infections. Educators / camp staff members and children who are developmentally able will be taught proper hand washing procedures and will be randomly monitored. Proper hand washing procedures are posted in the Early Learning Center bathroom and classrooms. To help prevent the spread of infectious diseases the following hand washing procedures must be followed for all educators and children:

- Children and adults' hands should be washed:
 - On arrival for the day.
 - After diapering or using the toilet.
 - Before and after meals and snacks, before preparing or serving food, or after handling any raw food that requires cooking.
 - Before and after administering medications.
 - Before and after playing in water that is shared by two or more people, outdoor play, handling pets and other animals, and any materials such as play dough, sand, dirt, sensory table materials, or surfaces that might be contaminated by contact with animals.
 - When moving from one program area to another such as going from playground to the classroom
- Educators / camp staff also wash hands before and after feeding a child, administering medication and after handling garbage or cleaning.
- Educators / camp staff assist children with hand washing as needed to successfully complete the task.
- Liquid soap and disposable towels will be provided.
- Adults will wash with liquid soap and warm, running water and friction for at least 20 seconds including back of hands, wrists, between fingers under and around jewelry, and under fingernails. They will rinse well and avoid recontamination from faucets by turning off faucets with towel.
- Educators / camp staff member will use disposable gloves and wash their hands after changing diapers and where contamination with blood may occur, assisting with toileting, or cleaning or handling any surface soiled by bodily fluid including mucus, feces, urine, vomit or blood.
- Facilities used for hand washing after diapering or toileting are separate from facilities and areas used for food preparation and food service.

- Educators do not use hand-washing sinks for bathing children or for removing smeared fecal material.
- Alcohol based hand rubs are not recommended for use except in the case of an emergency.

B Communal Water Play

In order to prevent communal water play from spreading infectious disease, the following procedures are in place:

- No child is allowed to drink the water used for play.
- Children with sores on their hands or other parts of their bodies that may come into contact with the water are not allowed to participate in communal water play.
- Fresh potable water is used.
- Water is changed before a new group of children can participate in the activity.
- Water is drained when the activity has been completed.

C Maintenance and Cleaning

To prevent the spread of infection, the following steps will be taken for washing and disinfecting specified equipment, items and surfaces:

- Educators / camp staff will use non-toxic and fragrance free disinfectant spray when cleaning counters, tables and garbage cans including diaper pails. Bleach or an approved EPA disinfectant will be used (¼ cup of bleach to one gallon is sufficient and safe for cleaning surfaces). Disinfectant solutions will be stored according to manufacturer’s instructions and in a secure place out of the reach of children.
- Although all equipment, items and surfaces (including floors and walls) are washed with soap and water and disinfected as needed to maintain a sanitary environment, additional guidelines from the adapted NAEYC Cleaning, Sanitizing, and Disinfecting Frequency Table from July 2018 are also followed:

Areas	Before each Use	After each Use	Daily (End of the Day)	Weekly	Monthly	Comments ⁴
Food Areas						
Food preparation surfaces	Clean, and then Sanitize	Clean, and then Sanitize				Use sanitizers safe for food contact
Eating utensils & dishes		Clean, and then Sanitize				If washing the dishes and utensils by hand, use a sanitizer safe for food contact as the final step in the process; use of an automated dishwasher will sanitize
Tables & highchair trays	Clean, and then Sanitize	Clean, and then Sanitize				
Countertops		Clean	Clean, and then Sanitize			Use a sanitizer safe for food contact
Food preparation appliances		Clean	Clean, and then Sanitize			

Mixed use tables	Clean, and then Sanitize					Before serving food
Refrigerator					Clean	
Toilet & Diapering Areas						
Changing tables		Clean, and then Disinfect				Clean with detergent, rinse, disinfect
Potty chairs		Clean, and then Disinfect				Use of potty chairs is not recommended, but if used should be cleaned and disinfected after each use.
Hand washing sinks & faucets			Clean, and then Disinfect			
Countertops			Clean, and then Disinfect			
Toilets			Clean, and then Disinfect			

Areas	Before each Use	After each Use	Daily (End of the Day)	Weekly	Monthly	Comments⁴
Diaper pails			Clean, and then Disinfect			
Floors			Clean, and then Disinfect			Damp mop with a floor cleaner/disinfectant
Child Care Areas						
Plastic mouthed toys		Clean	Clean, and then Sanitize			
Pacifiers		Clean	Clean, and then Sanitize			Reserve for use by only one child; use dishwasher or boil for one minute
Hats			Clean			Clean after each use if head lice present
Door & cabinet handles			Clean, and then Disinfect			

Floors			Clean			Sweep or vacuum, then damp mop, (consider micro fiber damp mop to pick up most particles)
Carpets ⁵ and Large Area Rugs			Clean		Clean	Daily: Vacuum ⁶ when children are not present; clean with a carpet cleaning method consistent with local health regulations and only when children will not be present until the carpet is dry Monthly: Wash carpets at least monthly in infant areas and at least every three months in other areas, or when soiled
Small Rugs			Clean	Clean		Daily: Shake outdoors or vacuum Weekly: Launder
Machine washable cloth toys				Clean		Launder
Dress-up clothes				Clean		Launder
Play activity centers				Clean		

Areas	Before each Use	After each Use	Daily (End of the Day)	Weekly	Monthly	Comments ⁴
Drinking Fountains			Clean, and then Disinfect			
Computer keyboards ⁷		Clean, and then Sanitize				Use sanitizing wipes, do not use spray
Phone receivers			Clean			
Sleeping Areas						
Bed sheets & pillow cases				Clean		Clean before use by another child
Cribs, cots, & mats				Clean		Clean before use by another child
Blankets					Clean	

Definitions:

- Cleaning: Physically removing all dirt and contamination, oftentimes using soap and water. The friction of cleaning removes most germs and exposes any remaining germs to the effects of a sanitizer or disinfectant used later.
- Sanitizing: Reducing germs on inanimate surfaces to levels considered safe by public health codes or regulations. Sanitizing can be achieved with an unscented, household grade solution of bleach and water.
- Disinfecting: Destroying or inactivating most germs on any inanimate object, but not bacterial spores. Disinfecting can be achieved with an unscented, household grade solution of bleach and water.
- Germs: Microscopic living things (such as bacteria, viruses, parasites and fungi) that causes disease.
- Procedures for clean-up of blood and other potentially infectious body fluids spills:
 - Bloodborne pathogens are diseases that can be found in the blood of infected individuals, including hepatitis B and C and human immunodeficiency virus, or HIV. Because these diseases are found in the blood and bodily fluids on an infected person, contact with contaminated fluids can lead to transmission of the disease. Following Universal Precautions means treating everyone’s blood and other potentially infectious body fluids as if they were infected.
 - Body fluids must be cleaned immediately using a detergent, followed by water rinsing and disinfecting solution.
 - Educators/camp staff must follow these steps:
 - Use a barrier. Barriers include non-latex gloves, gowns, and masks.
 - Clean up.
 - Keep sharp objects separate and dispose in a sharps safety disposal box.
 - Avoid contamination.
 - Launder or dispose of soiled linen separately.
 - Cover wounds.
 - Provide CPR using a barrier.
 - Use whatever protection is needed to keep everyone safe.
 - Educators / camp staff members dispose of contaminated materials and bags of used diapers in a plastic bag with a secure tie that is placed in a closed container.
 - Wash hands
 - Mops must be cleaned and disinfected after being used for cleaning body fluids.
 - Surfaces that may come into contact with body fluids such as changing tables and toilets must be disposable or made of a material that is easily cleaned or sanitized.
- Odors are controlled with ventilation and sanitation rather than sprays, freshening chemicals, or deodorizers.

D Diaper Changing Policies and Procedures

1 Diaper Policies

- Families must provide commercially available disposable diapers or pull-ups unless documentation is provided from the child’s health care provider indicating the medical reason that does not permit their use. If cloth diapers are necessary, an absorbent inner lining must be completely contained within an outer covering made of water-proof material to prevent the escape of feces or urine. Both the diaper and the outer covering are changed as a unit. Cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.

- Diapers are changed when wet or soiled as well as when a child wakes from a nap. They are checked at least every two hours unless a child is sleeping and changed upon waking and immediately when soiling is discovered.
- Diapers and soiled clothing are only changed in the bathrooms or in the designated changing area in the toddler classroom.
- Changing tables can only be used for changing diapers and must not be used for other purposes, including temporary placement of other objects especially food.
- Children are toilet-trained in accordance with the requests of their parents and consistent with the child's physical, emotional, and developmental abilities.

2 Diapering Procedure (posted at changing stations)

1. Make sure all the supplies needed are available including diaper, wipes, changing table paper, gloves, plastic bags and extra clothes, if necessary.
2. Put the child on the changing table covered with paper while being careful not to come in contact with the child's soiled diaper or clothing. Never leave a child on the changing table unattended and keep a hand on the child to prevent falling off the table.
3. Put a disposable glove on each hand and remove the soiled clothes and diaper.
4. Unfasten the diaper, but leave the diaper under the child. Hold the child's feet to raise the child out of the soiled diaper and use disposable wipes to clean the diaper area. Remove stool and urine from front to back and use a fresh wipe each time. Put the wipes into the soiled diaper. Note and report any skin problems such as redness.
5. Remove the soiled diaper. Fold the diaper over and secure it with the tabs. Put it into a covered, lined, self-closing trash container. Do not rinse or handle the contents of the diaper.
6. Check for spills under the child. Remove any large amounts with a wipe, and then fold the disposable paper over on itself from the end under the child's feet so that a clean paper surface is now under the child.
7. Put soiled clothes in a double plastic bag to be taken home. Handle the soiled items as little as possible and do not rinse.
8. Gloves may be removed once the clean diaper is covering the child (not necessarily taped).
9. Finish diapering and dress the child, wash his/her hands in the sink with soap and running water or wipe their hands with a fresh diaper wipe. Assist the child back to the group.
10. Remove the changing table paper from the diapering surface and dispose of in the self-closing trash container that is kept closed and is inaccessible to children. Assist the child back to the group.
11. Clean the diapering surface with soap and water. Wipe dry with disposable towels. Disinfect the surface by spraying it with a bleach solution. Let it air dry. Wash hands thoroughly with soap and running water.

E Procedures for Using and Maintaining First Aid Supplies

- Location of first aid kits: First aid kits are located in each classroom/ program space and clearly marked "FIRST AID." First aid kits are also available for use on field trips to be used by people with first aid certification or Health Care Supervisors for camps. Portable first aid kits used on field trips will include: first aid supplies, children's emergency contacts and telephone numbers, and a working cell phone. The educator / camp staff member in charge will also have a working cell phone available in case of emergencies.
- First aid kits are maintained by the Director/Site Director and are inventoried monthly by educators / camp staff members who utilize a checklist to assure timely replacement of any items.
- All MetroWest YMCA Early Learning and School's Out educators are required to have current certification in approved first aid and pediatric cardiopulmonary resuscitation (CPR) procedures within

six (6) months of employment. Only those with current certification may provide CPR or first aid including the use of first aid equipment. At a minimum at least one educator certified in CPR appropriate to the ages of the children served must be available at all times whenever children are present, including on field trips. A Health Care Supervisor must be present on all camp field trips.

- A trained camp staff member with CPR and First Aid certifications will be present while camp is in operation.
- First aid and CPR training is reviewed and approved by health care consultant to determine that training is appropriate to the program.
- Training in CPR appropriate for the ages served is updated and renewed annually. First aid is updated and renewed as required. Current first aid and CPR training certificates are kept on file.
- Health Care Records are easily accessible for all children and staff
- Medications are stored securely and accessible only to the Health Care Supervisor both while on site as well as on field trips.
- First aid kits for EEC licensed programs must include:
 - Band-Aids
 - Gauze Pads
 - Thermometer
 - Disposable non-latex gloves
 - Scissors
 - Gauze Roller Bandage
 - Instant Cold Pack
 - Bacitracin or other antibiotic ointment
 - Tweezers
 - Adhesive Tape
 - CPR Mouth Guard
- First aid kits for camps following the DPH regulations must meet current ANSI Standards including a minimum of one Class B kit and one or more Class A kit.

V Plans for Managing Illnesses

A Plan for Administering Medication Including Prescription, Non-prescription and Topical Medications

- Parents/guardians fill in an Authorization for Medication form any time his/her child needs to be administered a medication while in care. Health care practitioners must authorize in writing all prescription, oral non-prescription, unanticipated non-prescription medications and topical, non-prescription medication used for treatment purposes. The label on the prescription medicine serves as the physician signature. Educators / camp staff members will record in the form the administering of medication to the child. This record will remain in the classroom / program site during the duration of the need for the medicine. Then the record will be filed in the child's folder in the office. Topical, non-prescription medication used for preventive measures do not require logging by educators / camp staff members or Health Care Practitioner authorization.
- Medication must be provided by the child's parent or guardian. The first dosage must be administered at home by the parent in case of an allergic reaction. All prescription medications must include the original prescription label that details the child's full name, the date that the prescription was filled, the licensed health care provider's name, name and strength of the medication, expiration date, and instructions on how to administer and store it. Over-the-counter medications must be in the original manufacturer's packaging.
- All educators and health care supervisors for camp must participate in an annual training on the administration of medication and recognizing generic medication side effects and adverse interactions among various medications, and potential side effects of specific medications being administered in the program. Medication can only be administered by an educator or camp health care supervisor who has received specific training with a written performance evaluation approved annually by the health care consultant. An educator or health care supervisor with this training must be present at all times when children are in care. The training must include the practice of the five "right" steps to appropriate

medication administration. 1) Verify that the right child receives the 2) right medication 3) in the right dose, 4) at the right time, and 5) by the right method.

- When non-prescription oral medication needs to be administered, every attempt will be made to verbally contact the parent prior to giving it to the child. Non-prescription oral medication (i.e. cough syrup, Tylenol, etc.) must have written permission from a physician that is valid for one year. Written parental consent with dosage, times, days and purpose is also required and will be valid for either one week or one year depending on the situation. Educators / camp staff must administer medications as directed on the container unless authorized in writing by the child's health care practitioner.
- When a child requires medication that requires special procedures, educators must receive specific training with a written performance evaluation indicating that they are competent in following the written special procedures.
- MetroWest YMCA Early Learning Centers and School's Out programs will keep a written record of the administration of any medication that includes the time and date of each administration, the dosage, the name of the educator administering the medication and the name of the child. The YMCA will store all medications under proper conditions for sanitation, preservation, security and safety. All unused medication will be returned to the parent.
- Storage of medication: Medications will be kept out of reach of children in locked containers in the kitchen, camp offices or in cases where immediate access to the medication may be needed (e.g. Epi-pen/fast acting inhaler) the medication may be kept in a fanny pack or backpack that is either worn by an educator / camp staff member or placed on a shelf out of reach of children. Medication requiring refrigeration will be stored in the refrigerator out of reach of children. Leftover medicine/empty containers will be returned to Parents/Guardians for disposal. In the event that medication is not returned to the parents/guardians, the Y will work with the local health department to determine the safest location for disposal and will keep written record of how the medication was disposed. The YMCA does not allow school age children to carry their own inhalers or epi-pens. All program staff are aware of children in their program who have individual health care plans that include medication and where their medication is stored.
- No educator shall administer the first dose of any medication to a child except under extraordinary circumstances and with parental consent.

B Individual Health Care Plans

Individual Health Care Plans are required for children with chronic medical conditions that have been diagnosed by a licensed health care practitioner. The plan must describe the chronic condition, its symptoms, any medical treatment that may be necessary while the child is in care, the potential side effects of that treatment, and the potential consequences to the child's health if the treatment is not administered. The educator must have successfully completed training, given by the child's health care practitioner or, with his/her written consent, given by the child's parent or the program's health consultant that specifically addresses the child's medical condition, medication and other treatment needs. The Individual Health Care Plan Training form will be placed with the medication to be given and also in the file at all times. The educator may administer routine, scheduled medication or treatment to the child with a chronic medical condition in accordance with written parental consent and licensed health care practitioner authorization.

In addition to the requirements for the routine, scheduled administration of medication or treatment included in the Individual Health Care Plan, any unanticipated administration of medication or unanticipated treatment for a non-life-threatening condition requires that the educator will try to contact the parents prior to administering such unanticipated medication or beginning such unanticipated treatment, or, if the parents cannot be reached in advance, as soon as possible after such medication or

treatment is given. Educators will document all medication or treatment that is administered, whether scheduled or unanticipated, in the child's medication and treatment log.

The written parental consent and the licensed health care practitioner authorization shall be valid for one year, unless withdrawn sooner. Such consent and authorization must be renewed annually for administration of medication and/or treatment to continue.

C Plan for Meeting the Needs of Mildly Ill Children and Educators

Children taken ill during school / camp hours may be isolated outside of the program areas and will be supervised by a person trained in First Aid and knowledgeable of the health policies of the Center.

- Toys and a rest mat will be made available for the mildly ill child and will be disinfected following usage.
- The educator / camp staff member or director will notify parent/guardian(s) about the child's condition.
- Supervising teacher, detailing first aid administered, will keep notes. An accident/incident report form may be utilized for this information.

Y staff who become ill are excused from contact with children as quickly as possible.

D Plan for Meeting Specific Health Care Needs

- At registration and re-registration time, families will be asked to record and give permission for the YMCA to post information about any known specific health care needs for their children including allergies and special diets.
- For each child with special health care needs or food allergies or special nutrition needs, the child's health provider gives the program an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care.
- All allergies and other important medical or nutritional information including individualized care plans will be posted in each classroom and in the area where snack foods are kept while maintaining confidentiality. This specific health care needs list will be consulted prior to serving children food and will be updated as necessary. For sites where children have peanut and nut allergies, classrooms and entire programs may become peanut-free. Special seating arrangements are used when appropriate. The specific health care needs list will be updated as necessary.
- Children will be protected from exposure to chemicals (stored away from the children) and other materials to which they are allergic. An alternative to latex gloves is used when necessary.
- The director will be responsible for making sure that all educators including substitutes receive appropriate training to respond to the specific needs of the children as well as how to handle emergency allergic reactions.

VI Health Records and Physical Examinations

A Child Health Records

- A written health record is maintained for each child as part of the child's individual record.
- Medical records of all children and educators / camp staff members are considered confidential.
- Parents/Guardians are required to provide current health records.
- All children must receive the necessary immunizations as required by the Massachusetts Department of Public Health.
- Children are admitted to the program only if an immunization record has been submitted prior to admission AND a written physician's statement is submitted within 30 days after admission indicating that the child has had a complete physical examination within one year prior to

admission and then annually, or obtains written verification from the child's parent/guardian(s) that they object to such an examination on the ground that it conflicts with their religious beliefs. In the event that a vaccine preventable disease has been introduced into the program, any children who are under-immunized due to a medical conditions or religious beliefs will be notified immediately so that the child can be excluded from the program until the health risk has past.

- Written documentation is included in the child's record when immunization is medically contraindicated or is in conflict with religious beliefs.
- Parents/Guardians need to submit the following child health records:
 - Pertinent health history (such as allergies or chronic conditions).
 - Log of medications administered, injury reports, educator's health observations.
 - Vision, hearing, developmental, and dental screening results and health-related referrals.
 - Results of lead poisoning screening (in accordance with Department of Public Health guidelines).
 - Insurance information.

B Educators / Camp Staff Physical Examination

All educators adhere to the following requirements related to physical exams:

- The program maintains documentation regarding any persons for whom immunizations are not required (any person who provides documentation that an immunization is medically contra-indicated, or any person who states in writing that immunizations are in conflict with their religious beliefs).
- All educators provide appropriate evidence of a pre-employment physical examination within one year prior to employment that certifies he/she is free from communicable disease and indicates any physical limitations in working with young children. All educators renew their physical examination, which is valid for two years from date of examination, every two years for EEC licensed programs and 18 months for DPH camps.
- Each educator / camp staff member provides appropriate evidence of immunity to vaccine preventable diseases such as Measles, Rubella and Varicella or other preventable diseases in accordance with physician assessment and public health department guidelines.
- If, in the program's judgment, an employee's physical condition requires a current physical examination, the employee, upon program request, provides documentation of a current physical examination and indication of any physical limitations in working with children.
- If required by the Department of Public Health in the town where the program is located, all educators receive a TB skin test screening (Mantoux) prior to employment. Each person with positive reactions to the TB skin test gets a medical evaluation and a chest x-ray every two months.

VII Code of Conduct and Child Protection Policies

YMCA employees will report to their supervisor any indication of or warning signs concerning abuse involving a child, inappropriate behavior by an employee/volunteer, AND any instances of employees **violating this Code of Conduct**. YMCA employees who identify suspicious behavior or a violation of policy by a fellow employee must report the event immediately to their supervisor or if not available, the Branch Executive or Manager on duty, or to the Human Resource Department. Also, as it relates to child protection, all YMCA employees fall under the MA guidelines of Mandated Reporting and are mandated by law to report all incidents of suspected abuse or neglect of children under the age of 18.

A Code of Conduct

The MetroWest YMCA has established the following Code of Conduct Policy for all MetroWest YMCA employees.

The MetroWest YMCA reserves the right to take any corrective action it deems appropriate where, in its opinion, an employee fails to adhere to the standard of conduct, or in any other way acts in contradiction of the interests of the MetroWest YMCA or interferes with the relationships between the MetroWest YMCA and its members, its employees, and the general public. Corrective action will generally take the form of progressive discipline (*i.e.*, reprimand/suspension/discharge). However, the seriousness of an employee's conduct, as determined exclusively by the MetroWest YMCA, will determine the severity of any disciplinary action.

1. At all times employees and volunteers are required to adhere to and comply with all written and stated policies of the MetroWest YMCA. This includes the Mission and Character Values of Caring, Honesty, Respect and Responsibility.
2. The MetroWest YMCA does not discriminate or interfere with the lifestyle of its employees, however, it does require that in the performance of their job all employees will abide by the standards of conduct set forth by the YMCA.
3. Employees are required to have regular attendance (*i.e.*, to be at work every day); to be on time for work (*i.e.*, to be at his or her work station, ready to begin work, at the scheduled starting time); to be physically and mentally prepared for the job to be done; to put in a full day's work; to recognize and respond positively to supervision; to learn the job at hand, as well as new jobs; to modify work habits and schedules as required; to respond to the operational needs of the MetroWest YMCA and the needs of its members; and to cooperate with fellow employees and all others with whom work-related interactions occur.
4. Employees and volunteers must appear clean, neat, and appropriately attired including ID badge while on duty.
5. The YMCA reserves the right to review an employee's public My Space/Blog/Facebook, etc. sites. Employees may be subject to termination if the sites are deemed inappropriate and do not meet YMCA values.

The following list identifies by way of examples, but not limited to, a number of **typical** types of conduct for which the more severe penalties of suspension or discharge may be imposed by the MetroWest YMCA following the first offense:

- Falsification of employment application, personnel record, payroll record, or other record.
- Obtaining employment through the use of false statements.
- Violation of the MetroWest YMCA's policies prohibiting unauthorized disclosure of confidential and proprietary information.
- Recruiting YMCA participants to another competitive business or activity.
- Theft, wrongful appropriation, and other forms of dishonesty, including, but not limited to, the unauthorized use of the MetroWest YMCA's time, material, equipment, or property.
- Any conduct that is deemed to be physically, emotionally, verbally or sexually abusive.
- Discrimination against or harassment of a co-worker, supervisor or participant/member because of race, creed, religion, mental or physical disability, national origin, color, ancestry, gender, gender identity, age, marital status, citizenship, veteran's status, genetic information, sexual orientation, or other protected class.
- Inappropriate language, jokes, or sarcasm and/or use of threatening, intimidating, coercive, harassing, abusive, or vulgar language, sharing intimate details of one's personal life or engaging in any actual or threatened inappropriate conduct in the presence of or directed toward any MetroWest YMCA member,

child, parent, employee, or others with whom work-related interactions occur, regardless of where or when the use of such language or conduct occurs.

- Defaming a YMCA representative or a fellow employee.
- Insubordination in any form.
- Violation of safety and security procedures.
- Carrying, use of or threatening to use any weapon while on duty or on the premises.
- Using, possessing, or being under the influence of alcohol, marijuana, or illegal drugs during working hours, or on YMCA property or program sites.
- Smoking or use of tobacco on Y property or in the presence of children or parents during working hours.
- Fighting, horseplay, practical jokes, or other disorderly conduct which either does, or has the potential to, result in property damage or injury to a MetroWest YMCA employee or others.
- Sleeping on the job or otherwise neglecting job duties.
- Engaging in any other conduct which in the MetroWest YMCA's sole discretion has a detrimental effect on the MetroWest YMCA or its members.

Revised 02/21/2012

B Preventing Child Abuse and Neglect Strategies

These preventive strategies are designed to protect the children in YMCA programs and to protect YMCA staff and volunteers from being wrongly accused of incidences of child abuse.

- The YMCA has in place a comprehensive pre-employment screening procedure to screen out staff not suited for working with children.
- The YMCA will take any allegation or suspicion of child abuse seriously and will respond accordingly.
- Educators understand the legal obligation to report suspected abuse.
- Policies, procedures and training are available relating to discipline, supervision, staff/participant interaction, staff and volunteer Code of Conduct, etc.
- Staff understands what practices may be considered abusive and the difference between what may be considered appropriate and inappropriate touch.
- Defensive strategies have been identified for avoiding unfounded allegations in our yearly abuse prevention training for staff.
- Educators communicate frequently with Parents/Guardians regarding day-to-day activities and encourage Parents/Guardians to report or question any behavior or event their child may share that appears out of the ordinary.
- Parents/Guardians know that they can visit unannounced any program their child participates in, and are encouraged to do so.
- Staff tries to identify stressed Parents/Guardians and offer support and referrals for help.
- Staff has learned how to discuss sensitive issues with children such as toileting, sleeping and questions about sex.
- Staff protect themselves and the YMCA by agreeing not to be alone with YMCA youth or program participants outside of YMCA programs or facilities (i.e. baby-sit, take children on trips, have them in their homes when others are not present, etc.).

C Mandated Reporting

In order to ensure the well-being of the children in our care, our educators / camp staff members have a continuing duty under state law to report incidents of possible neglect or abuse, including physical, sexual, and psychological abuse, to the Department of Children and Families and our licensing authority of either the Department of Early Education and Care or the local Board of Health/Department of Public Health, and to cooperate in any investigation of such possible neglect or abuse. (Massachusetts General Laws Chapter

119, Section 51A). We do not have discretion in this matter, but must make such referrals whenever we have reasonable cause to believe that a child might have been harmed by anyone, including non-family members, and we may be subject to criminal penalties if we fail to report such possible harm. Moreover, in grievous cases, we may refer the matter directly to the police or consult with the District Attorney as well.

As a licensed provider of early childhood education and School's Out programs, we are mandated by Massachusetts State Law to report all incidents of suspected child abuse or neglect to the Department of Children and Families. If a case of child abuse is suspected by an educator or in the care of an educator, the following procedures have been put in place.

D Child Protection Policy

The increasing incidence of reported child abuse has become a critical national concern. This is a special concern of the MetroWest YMCA because of our organization's role as an advocate for children and our responsibility for enhancing the personal growth and development of both children and adults in all MetroWest YMCA programs.

It is important to the YMCA that ALL employees, not just those who work directly with children, are aware of the expectations and approved conduct for employees and volunteers who interact with youth. It is likely that they will encounter children and/or youth programs throughout their role at the YMCA, and as a YMCA employee or volunteer they are a crucial component of creating an abuse-free zone at the YMCA. All staff and volunteers must be aware of the following requirements regarding conduct with children:

- 1 Reference checks on all prospective employees and program volunteers will be conducted, documented and filed prior to employment. A program volunteer is any person who is put in place to work at the MetroWest YMCA to assist in any activity on a regular basis, including coaches.
- 2 All employees and program volunteers must have an annual background check (CORI – Criminal Offense Record Inquiry). Employment or continued employment and/or volunteer services will be determined based on the information obtained in the CORI reports. *(Please note there are additional SORI, DCF, and fingerprinting requirements for employees working in EEC licensed programs. See Background Record Check policy in the Education Staff Manual for more details.)*
- 3 In order to protect MetroWest YMCA employees, volunteers and program participants, at no time, may a staff person or volunteer be alone with a single child where others cannot observe them. When supervising children, employees and volunteers should space themselves in a way that other staff or volunteers can see them.
- 4 Within all licensed YMCA programs or other YMCA organized programs where participants are under the age of eleven (11), employees shall never leave a child unsupervised. Children must always be within sight and sound of an employee. Employees will utilize face counts attendance and the "rule of three" (*where an employee is one of the three*) during all transitions. During YMCA programs, all children must be supervised at all times in order to prevent sexual contact and aggression.
 - a The "rule of three" specifies that there should always be at least three people present – i.e., one employee and two or more children, or two employees and one child, **NOT three or more children unsupervised.**
- 5 All employees and program volunteers will complete a child abuse prevention training as required by the MetroWest YMCA within the approved time period.
- 6 Parental permission must be given to take photos of YMCA participants. Employees are not permitted to use personal cell phones to photograph YMCA participants without YMCA approval. Employees and volunteers cannot use photographs taken at YMCA programs and/or of YMCA participants for purposes other than those directly related to the program or to the YMCA.

- 7 Employees and volunteers may not have private outside contact with children they meet in YMCA programs or at the YMCA and should never be alone with children they meet at the YMCA. Employees and volunteers whose children have relationships with other children who participate in YMCA programs should never arrange one on one contacts nor put themselves in a position that causes them to be alone with those children. This includes babysitting, sleepovers, inviting children to your home and any contact via electronic means. Employees and volunteers are expected to notify the YMCA if a pre-existing relationship with a child or family exists.
- 8 Employees are not allowed to contact any YMCA member or program participant under the age of eighteen (18) for non-related YMCA communication. This includes, but is not limited to, contacts via email, instant messaging, text messaging, cellular/regular phone, social networking pages or other communication vehicles. Employees will not share their personal contact information with any children participating in YMCA programs.
Any and all contact made by the YMCA or on behalf of the YMCA shall be ONLY via approved YMCA issued communication accounts, such as, but not limited to, phone/cell phone, YMCA email account, YMCA approved/sanctioned social networking page or web site.
- 9 Restroom supervision for all licensed YMCA programs or other YMCA organized programs where participants are under the age of eleven (11): When multiple children are in the bathroom or locker room, YMCA employees will be standing in the doorway so they can have at least auditory supervision of the children. This policy allows privacy for the children and protection for the employee (not being alone with a child). The same bathroom supervision standards apply to off-site locations as well.
 - a While assisting younger children, doors to the facility must remain open.
 - b No child, regardless of age, should ever enter a bathroom alone on a field trip.
- 10 Employees will respect children’s rights to not be touched in ways that make them feel uncomfortable, and their right to say “no”. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
- 11 Employees are not allowed to transport children in their own vehicles except for emergencies. Should an emergency occur and personal transportation is necessary, a second person is required to ride along. In such instances, employees must notify and get approval of a management level director before providing transportation.
- 12 Employees and volunteers will not give gifts (even small gifts), ask kids to keep secrets, or show favoritism to certain children. All will abide by the YMCA’s approved physical and verbal guidelines set forth for interactions with youth as outlined in state guidelines and YMCA trainings (regarding sitting on laps, frontal hugs, secrets, tickling, etc.).
- 13 In a licensed program, under no circumstances should employees release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA). Drop-off and pick-up procedures must always be followed. If there is any doubt regarding the identity of the person picking up, ID will be required. For all other programs, employees are expected to follow all department specific procedures for child pick-up.
- 14 Employees may not date program participants under the age of 18 years of age.
- 15 Employees should never abuse children, including:

Physical abuse:	strike, shake, slap
Verbal abuse:	humiliate, degrade, threaten
Sexual abuse:	inappropriate touch, exploitation, verbal exchange
Mental abuse:	shaming, withholding love, cruelty
Neglect:	withholding/forcing food, water, basic care, etc.
- 16 Employees must use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism.
 - a Employees will have age appropriate expectations and set up guidelines and environments that minimize the need for discipline.

- b Physical restraint (supportively holding a child in the least restrictive way) is used only in pre-determined situations (necessary to protect the child or other children from imminent danger. All incidents must be immediately reported to your supervisor, parent notified (always maintaining confidentiality) and documented.
- 17 Employees should report any concerns about a child's physical condition, noting any fever, bumps, bruises, burns, etc. to a management level director. Questions or comments will be addressed to the parent or child in an open-ended, non-threatening way. Any questionable marks or responses will be documented and reported to a management level director.
- 18 Employees shall respond to children or families with respect and consideration and treat all children or families equally regardless of race, creed, religion, mental or physical disability, national origin, color, ancestry, gender, gender identity, age, marital status, citizenship, veteran's status, genetic information, sexual orientation, or ability to pay. Care will be given to respect children's special needs.
- 19 Employees are expected to serve as positive role models for youth by exhibiting professionalism in all interactions, portray an attitude of respect, loyalty, patience, courtesy, tact, maturity and always maintain the confidentiality of children and families.
- 20 Employees are required to read and sign all policies related to preventing, recognizing, responding, and documenting and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.
- 21 Employees and volunteers must be free of physical and psychological conditions that might adversely affect children's physical or mental health. If in doubt, an expert should be consulted.
- 22 The MetroWest YMCA has an open door policy, which encourages parents to drop by and observe at any time the program their child is participating in.
- Revised 02/21/2012

Appropriate Physical Contact by YMCA staff

Appropriate physical contact:

- Side hugs
- Shoulder-to-shoulder or "temple" hugs
- Pats on the shoulder or back
- Handshakes
- High-fives
- Verbal praise
- Pats on the head when culturally appropriate
- Touching hands, shoulders, and arms
- Arms around shoulders
- Holding hands with young children in escorting situations
- Special accommodations for individual children that have been preapproved by the child's parent/guardian and supervisor. Documentation and training may be required.

Inappropriate physical contact:

- Full-frontal hugs
- Kisses
- Showing affection in isolated areas
- Lap sitting for children in kindergarten or older
- Wrestling
- Piggyback rides
- Tickling
- Allowing a youth to cling to an employee's or volunteer's leg except for children under 3
- Any type of massage given by or to a youth

- Any form of affection that is unwanted by the youth or the staff
- Compliments relating to physique or body development
- Touching bottom, chest, or genital areas unless changing a diaper

E MetroWest YMCA Procedures for Reporting Suspected Child Abuse

The MetroWest YMCA advocates a positive guidance and discipline policy with an emphasis on positive reinforcement, redirection, prevention, and the development of self-discipline. At no time will the following disciplinary techniques be tolerated: physical punishment, striking, biting, kicking, squeezing, shaming, withholding food or restroom privileges, confining children in small locked rooms or verbal or emotional abuse. Affectionate touch and the warm feelings it brings is an important factor in helping a child grow into a loving and peaceful adult. However, YMCA staff and volunteers need to be sensitive to each person's need for personal space (i.e., not everyone wants to be hugged). The YMCA encourages appropriate touch; however at the same time it prohibits inappropriate touch or other means of sexually exploiting children.

In the event that there is an accusation of child abuse, the YMCA will take prompt and immediate action as follows:

1. At the first report or possible (probable) cause to believe that child abuse has occurred, the employed staff person it has been reported to will notify the Center Director, who will then review the incident with the YMCA President, or his/her designee. However, if the program director is not immediately available, the staff person should report to the senior staff member. This review by the supervisor cannot in any way deter the reporting of child abuse by the mandated reporter. Most states mandate each teacher or child care provider to report information they have learned in their professional role regarding suspected child abuse. Staff who report suspicions of child abuse/neglect where they work are immune from discharge, retaliation, or other disciplinary action for that reason alone, unless it is proven that the report was intended to do harm. In most states, mandated reporters are granted immunity from prosecution.
2. The YMCA will make a report in accordance with relevant state or local child abuse reporting requirements and will cooperate to the extent of the law with any legal authority involved. The person receiving the initial report will be responsible for confirming the facts reported and the condition of the child on the day of the first report.
3. After the information is secured and documented, the President or his/her designee will then determine if the Department of Children and Families (DCF) needs to be notified. If so, he/she will call DCF at (508) 872-8122 (8:00am to 4:00pm) or (800) 792-5200 (after business hours) and file a 51A report. Within 48 hours a written 51A will be filed with the Department of Children and Families. If any of the individuals involved are enrolled in a licensed program, the appropriate licensing agency will be notified immediately that a 51A was filed.
4. In the event the reported incident(s) clearly involve a program volunteer or employed staff, the President or designee will use his/her discretion to either suspend the volunteer or staff person from the YMCA or give them administrative tasks away from children if available and appropriate.
5. If appropriate, the parents or legal guardian of the child(ren) involved in the alleged incident will be promptly notified in accordance with the directions of the relevant state or local agency.
6. Whether the incident or alleged offense takes place on or off YMCA premises, it will be considered job related because of the youth-involved nature of the YMCA.
7. Reinstatement of the program volunteer or employed staff person will occur only after all allegations have been cleared by DCF to the satisfaction of the persons named in #1 above and EEC or BOH, if relevant. At the time of reinstatement, the staff person will receive back pay.
8. All YMCA staff and volunteers must be sensitive to the need for confidentiality in the handling of this information, and therefore, should only discuss the incident with the people directly involved.

Section Two – Emergency Information

Health Care Consultant: Jeffrey Zaref, MD

Reliant Medical, Framingham, 761 Worcester Road (Rt. 9), Framingham, MA 01701

Tel: (508) 872-1260; Fax: (508) 879-7913

Fire Department: 911; (508) 620-4951

Police and/or Ambulance Rescue: 911; (508) 872-1212

Poison Control Center: 1-800-222-1222

Department of Children and Families/Child Abuse and Neglect: (508) 424-0100

Health Department: Ashland (508) 881-0102; Framingham (508) 532-5470;

Hopkinton (508) 497-9725

Emergency Health Care Facility: MetroWest Medical Center 508-879-7111

Information for Emergency Personnel Site Specific Information:

Framingham locations

MetroWest YMCA, Framingham Branch

280 Old Connecticut Path, Framingham

Use front entrance or entrance near pool

(508) 879-4420

MetroWest YMCA, Early Learning Center

282 Old Connecticut Path, Framingham

Entrance located behind Framingham Branch

near back fields

(508) 626-8271 x251

MetroWest YMCA, Clearbrook Family Swim Club

120 Parker Road, Framingham

(508) 405-0350

Ashland School's Out Site

Ashland Middle School

87 W. Union Street, Ashland

Program phone: (774) 279-1942

School phone: (508) 881-0167

(use door to "little gym" door closest to fields)

Natick School's Out Site

East School

90 Oak Street, Natick

Program phone: (774) 708-9439

Hopkinton Locations

Family Outdoor Center

45 East Street, Hopkinton

Program phone: (508) 435-9345

Marathon Elementary School

129 Hayden Rowe Street

Program phone: (774) 279-4367

School phone: (508) 497-9875

School phone: (508) 497-9824

Elmwood Elementary School

14 Elm Street

Program phone: (774) 410-3970

School phone: (508) 497-9860

Hopkins Elementary School

104 Hayden Rowe Street

Program phone: (774) 410-3962

Designated Staff for Emergencies:

Heidi Kaufman, Executive Director of Education, (508) 879-4420 x266

Program Director-on-Call: 508-879-4420 x0

Emergency Response Plan

CODE RED BUILDING EVACUATION

- Fire Alarm is a Code Red requiring immediate evacuation
- Code Red announced without fire alarm requires immediate evacuation
- Evacuation of facility via predetermined routes

CODE BLUE MEDICAL EMERGENCY

- **Code Blue #1 – Life Threatening** Medical emergencies requiring 911/EMS response
 - Examples include: loss of consciousness, Concussions, Broken Bones, 3rd degree Burns, Seizures, Excessive Bleeding, Heart/Heat or Respiratory related.
- **Code Blue #2 – Non Life Threatening** general medical emergencies

CODE YELLOW EXTERNAL

A very serious or dangerous situation outside the building that requires all programs to stop what they are doing and to come into the building until the all clear is given.

- Intruder or suspicious behavior outside the building.
- Hazardous Materials Incidents
- Severe Weather (Thunder and Lightning Storms, Tornados, Hurricanes, Earthquakes)
- Civil Disturbance (Members Fighting)

CODE YELLOW INTERNAL

A very serious or dangerous situation inside the building that requires all programs inside the building to take the attendance of their children and stay where they are until the all clear is given.

- Missing or Abducted Child
- Intruder or suspicious behavior inside the building.
- Hazardous Materials Incident
- Civil Disturbance (Members Fighting)
- Bomb Threat

CODE GREEN ALL CLEAR & RESUME NORMAL ACTIVITIES

Additional site specific details are available in the MetroWest YMCA, Emergency Response Plans for each location.

I Plans for Meeting Potential Emergencies

For all emergencies, the Director will work with the MetroWest YMCA Senior Leadership team including the President/CEO, Chief Operating Officer, Executive Director of Education, and Branch Executive Directors to determine the best response to the situation. If the Director is not available, the Site Director or educator in charge will follow the directions of the Senior Leadership staff member. Staff must handle all emergency situations in an appropriate manner and be able to communicate basic emergency information to emergency personnel.

A Early Emergency Awareness Plan

Since all emergencies cannot be prevented, the MetroWest YMCA has taken these steps to become aware of urgent situations to prevent them from becoming disasters:

Fire extinguishers, fire alarms, smoke detectors, and carbon monoxide detectors are installed in each classroom and throughout program buildings to provide early warning to potential emergencies. Fire extinguishers and alarms are serviced annually. Fire alarms, smoke detectors, and carbon monoxide detectors are tested monthly. A written log of all testing, routine maintenance and servicing (including battery changes) are maintained.

B Missing Children

- Throughout the program day, educators / camp staff members regularly monitor the attendance to ensure that all children are present and the sign-in/sign-out form is accurate. Counts of the children will be taken during transition times such as arrival and departure and when children move from one room to another. All educators / camp staff members must be aware of the total number of children in their care at all times.
- As soon as an educator / camp staff member realizes that a child is missing, all other staff at the site must be contacted immediately via walkie-talkie, direct communication, or by phone. Information concerning the child including the child's name, age, last place the child was seen, what the child was wearing, and other relevant information will be shared.
- All staff will be on alert for the missing child, checking the premises thoroughly and asking other children and adults if they know of the missing child's whereabouts.
- If the missing child is not found within 10 minutes, the Director, Site Director or lead teacher will call the child's parent/guardian to confirm that the child was not picked up without a Y staff member's knowledge.
- If the missing child is not found after 20 minutes or the child's parent/guardian cannot be reached, the police will be called.

C Plan for Evacuation of Program in Emergency

- Evacuation instructions are posted at each exit.
- Children will walk escorted by their educators / camp staff members to the nearest exit.
- Using daily attendance records, educators/ camp staff check attendance to make sure all children are evacuated safely. Roll is called following evacuation to check for location of all children. Director/Site Director or educator in charge leaves the building last, after having checked all rooms in the program for any stragglers. Each classroom will bring the emergency contact information, first aid kit, and attendance records during an evacuation. For the toddler classroom, extra diapers and wipes will be kept with the first aid materials so that they can be easily accessible in the case of a long term evacuation.

Evacuation/Fire drills take place at least monthly for all EEC licensed programs and each session for summer camps. The Director/Site Director is responsible for assuring that evacuation/fire drills are held at different times of the program day, using different exits, and are practiced with all groups of children. Specific procedures for each site will be provided and explained by the Director to all staff. The Director documents date, time and effectiveness of each drill and maintains documentation of the above-mentioned drills.

D Evacuation in the Event of a Security Threat or Natural Disaster Including Bomb Threat and Fire

In the event of a security threat or natural disaster, the MetroWest YMCA will contact the appropriate local authority to help determine the appropriate response. Based on the information provided, the Director or other administrator will determine whether shelter in place or evacuation will take place. If alternative shelter is required in Hopkinton, program staff and children will relocate into another building on the property. For the Framingham based programs, the MetroWest YMCA will work with local authorities to determine the best evacuation location based on the specific details of the situation. Children will walk to a safe and secure environment when possible. If transportation is required, children will be transported using MetroWest YMCA vehicles or school buses.

- Parents/Guardians will be contacted with details as soon as possible and given updates as appropriate.
- When possible, a cell phone, diapers, wipes, and appropriate food will be collected.

E Utility Failure Including Loss of Power, Heat or Hot Water

In the event of a utility failure, the Director will work with the Building and Grounds staff at the Branch or at the host location to determine the appropriate response. The response will include consideration of multiple factors such as the time of day, the weather, program location, severity of the failure, and approximate time for the utility to resume. When possible, short-term accommodations will be made so that the program can continue operating while maintaining the health and safety of the children and staff until the utility has been restored.

F Unrecognized Person Procedures

In case that an unrecognized person is seen in at the Y, the following procedure will be followed. An unrecognized visitor is any person not wearing a YMCA staff tee shirt, name tag or with a Y staff member.

1. If any staff member observes an unrecognized person (who appears non-threatening and unarmed) entering licensed programming space such as Early Learning Center classroom, camp program space, or School's Out site, they must approach the person and ask if they need assistance and inform them that you are going to escort them to the front desk or other designated location; contact the site supervisor or front office if appropriate.
2. If an unrecognized person appears threatening or armed DO NOT APPROACH. Get children to safe area and contact site supervisor and office via radio if appropriate using the words "Code Yellow, external/internal – intruder," include the location.
 - a. Once a supervisor is alerted, they will take the necessary action:
 - i. The supervisor will proceed to the last location the person was seen.
 - ii. The supervisor will be in contact with other staff members when approaching the unrecognized person.
 - iii. If the unrecognized person needs to be escorted off the property with additional assistance (police, county sheriff), a staff member who is not with the unrecognized person will contact the necessary authorities.

- b. The supervisor will speak to the unrecognized person to determine the identity of the person and why they are in the program space.
 - i. To determine if the person is to be in the program space, the supervisor will check the person's driver license and confirm their reason for being at the program. If it is determined that the person would be approved to be in the program space, the supervisor will inform others to lower the warning.
 - ii. If the supervisor decides the threat level of the unrecognized entrant is high, then the staff at the office will be alerted and will proceed to call the proper authorities. While authorities are on route, the supervisor will do what they can to keep the authorized person at the location.
- c. If the unrecognized person is confirmed but cannot be located, the supervisor will use the radio to inform program staff where they should bring the children. Staff are encouraged to use various routes as to not alert the unrecognized visitor as to your location. Staff must complete a name to face attendance and confirm that all staff, volunteers, and children are present.
- d. After an incident has occurred, the staff will review any unrecognized entrant and adjust procedures to ensure protection of children, staff, and volunteers.

II Health Emergencies and Illness

A Emergency Procedures During Standard Programming

LIFE THREATNING:

- Method of Transportation: Emergency vehicle. A Y staff member will ride with "victim." Child's records will be taken with the responsible person.
- Notification of Parents/Guardians: In cases of emergency or illness the teacher or the Director/Site Director will notify the parent/guardian.

NON-LIFE THREATNING:

- If the situation is not life threatening and Parents/Guardians are accessible, Parents/Guardians will transport the child.
- If Parents/Guardians cannot be contacted, other authorized adults will be contacted.

B Emergency Procedures for Field Trips

- Written contingency plans will be brought on all field trips: (natural disasters, lost camper/swimmer, injuries and illnesses)
- Once an emergency is assessed, 911 is dialed and the victim is transported in the emergency vehicle to the nearest hospital or the hospital requested by the child's Parents/Guardians on the Authorization and Consent Form. An educator / camp staff member rides with the child, taking along the child's records.
- Educators notify Parents/Guardians. If Parents/Guardians cannot be contacted, back up numbers listed on enrollment paperwork will be contacted.
- The Director is notified. If the Director/Site Director cannot be reached, another professional staff person should be notified.

- Adult chaperones, educators and drivers will transport remaining children back to the Center. Additional help may be summoned from the MetroWest YMCA if needed in accompanying the group back from the trip.

The program will immediately report to EEC, DPH, and local Board of Health any injury to, or illness of, any child which occurs during the hours while the child is enrolled in care and which requires hospitalization or emergency medical treatment.