



Health and Safety

Manual

Reviewed by Andrea Chymiy, MD September 2021

Peacock Family Services

305 Madison Avenue N, Suite C

Bainbridge Island, WA 98110

(206) 780-1505

www.peacockfamilyservices.org

Licensed to serve both children 6 weeks through 5 years in our childhood development center, and children grades K-3 in our Nature Nuts program, as well as families and educators through our Partners for Early Learning workshop series.

Emergency telephone numbers:

Fire/Police/Ambulance: 911

Child Protective Services: 1-800-609-8764, 1-800-762-4902

Poison Center: 1-800-222-1222

Animal Control: 1-800-827-7387

Out-of-Area Emergency Contact: Ellie Linen Lowe 207-808-3104

Peacock's Executive Director: Kathy Haskin 206-402-9982

Peacock's Medical Officer: Dr. Andrea Chymiy 206-902-6422

DCYF Licensor: Ed Manglona 253-208-8852

Communicable Disease/Immunization Hotline (Recorded Information): 206-296-4949

Communicable Disease Report Line: 206-296-4774

Washington State Working Connections (financial aid) Parents: 877-980-9220, Providers: 866-218-3244

Peacock Family Services' Health and Safety Policies

As an organization licensed by Washington State's Department of Children, Youth, and Families, Peacock Family Services adheres to the Washington Administrative Code (WAC). These regulations of executive branch agencies are issued by authority of statutes. Like legislation and the Constitution, regulations are a source of primary law in Washington State. The WAC codifies the regulations and arranges them by subject or agency.

Peacock Family Services is committed to providing a safe, clean, and healthy atmosphere for those giving and receiving our services with minimal impact on the environment. This commitment is reflected in the "green" building standards of our facility, the selection of toxin-free materials and supplies, the offering of natural foods to the children, and our diligence about maintaining a hazard-free facility.

The State of Oregon's Environmental Council has pioneered an Eco-Healthy Child Care program through which childcare facilities qualify as "Eco-Healthy" by committing to take 25 steps to reduce children's exposure to toxins and other environmental hazards. Peacock Family Services adheres to these and other best-practice standards.

This health policy is a description of our health and safety practices. This policy was approved by a physician. Staff will be oriented to our health policy by the Management Team. Our policy is accessible to staff and parents and is located in each classroom and at the front registration desk.

Physician's approval:		Andrea Chymiy, MD, MPH	9/13/2021
	Signature	Print Name	Date

Table of Contents

Food Service	7
Food Preparation	
Nutrition	
Tooth Brushing	13
Hand Washing	
Tap Water Temperature	13
Cleaning and Sanitizing	15
Cleaning Schedule	
Storage of Cleaning Supplies	
Napping at the Peacock Center	18
Illnesses at Peacock Programs	19
Necessary Parent or Guardian Consent	
A Child's Medications	
Healthcare Provider Consent	
Medication Storage	
Emergency Supply of Critical Medications	
Medication Administration and Documentation	
Medication Administration Procedure	
Sunscreen Application	
Children with Special Needs	25
Individual Healthcare Plans	
COVID-19 Health and Safety Protocols	27
Responsibilities and Practices	
Program Entry	
Face Masks	28

COVID-19 Illness Policy	29
Notifying Peacock of COVID-19 Events	31
Close Contact	
Symptoms at the Center or Programs	
Suspected or Confirmed COVID-19 Diagnosis	32
Confidentiality	
Our Community Agreement	
COVID-19 Closure Policy	33
Staff Health	36
Immunizations	37
Infant Care	38
Infant Nurse Consultant	
Program and Environment	
Evacuation Cribs	
Infant Safe Sleep/Napping	39
Bottle Storage	
Bottle Preparation	
Infant Bottle Feeding	41
Bottle Cleaning	42
Infant and Toddler Solid Foods	42
Diapering	45
Stand-Up Diapering for Older Children	46
Toilet Learning	47
Use of Potty-Chairs	
Toileting Privacy	
Safety	47
Injuries and Medical Emergencies	49

Travel First Aid Kits	
Procedures for Treating Injuries	50
Blood-borne Pathogen Plan	51
Peacock’s Playground and Outdoor Area Rules	
Animals on Site	52
Pesticide Policy	54
Child Abuse and/or Neglect	55
Disaster Preparedness	56
Planning and Training	
Emergency Supplies	
Community-wide Emergency	57
Emergency Situation Roles and Responsibilities	58
Inclement Weather and/or Power Outage	59
Shelter-in-Place Protocols	60
Site Evacuation Protocols	61
Fire Alarm	62
Incident during Outdoor Programming	63
Missing Child	64
Intruder Alert Procedure	65
Assault on Child or Staff	66
Bomb Threat	67
[K1]Hazardous Materials Incident	68
Earthquake Disaster Readiness	69
Bainbridge Prepares	70
Crisis Response	72



Food Service

We prepare nutritionally balanced meals and snacks on site for all of Peacock's programs. We use fresh, whole, organic foods whenever possible. Menus are posted daily, both in written format and in our electronic system (Tadpoles). We are required to monitor each child's meals and supplement as necessary.

We do not allow outside food or drinks, unless part of a program or a special request approved by management.

Food Preparation

- The kitchen at Peacock's Child Development Center also serves as a satellite kitchen for the Nature Nuts programs.
- Orientation and training in safe food handling is given to all staff. Documentation is posted in the pantry and in staff files. Food Handlers permits are required for all staff and volunteers.
- Staff or children who are ill don't prepare or handle food. Workers may not handle food if they have:
 - diarrhea, vomiting, or jaundice
 - diagnosed infections that can be spread through food such as Salmonella, Shigella, E. coli, or Hepatitis A
 - infected, uncovered wounds
 - continual sneezing, coughing, or runny nose
- Childcare cooks do not change diapers or clean toilets.
- Staff must wash hands with soap and warm running water prior to food preparation and service in a designated hand-washing sink – never in a food preparation sink.
- Ready-to-eat food is never served with a bare hand. Gloves are worn or utensils used for direct contact with food. Gloves must be worn if the food preparation person is wearing fingernail polish or has artificial nails. We highly recommend that food service staff keep fingernails trimmed to a short length for easy cleaning.
- Employees preparing food shall keep their hair out of food by using some method of restraining hair. Restraints include hairnets, hats, barrettes, ponytail holders, and tight braids.

Food Preparation continued...

- Refrigerators and freezers have thermometers which are checked daily and placed in the warmest section (usually the door). Thermometers must stay at or below 41° F in the refrigerator and 10° F in the freezer.
- Microwave ovens may be used to reheat food, though with special care. Food must be rotated or stirred during heating, covered to retain moisture, and held for two minutes prior to serving to allow the temperature to spread evenly throughout the food. Plastic is not used in the microwave. Meat is never thawed or cooked in the microwave.
- Chemicals and cleaning supplies are stored away from food and food preparation areas.
- Cleaning and sanitizing of the kitchen follow the *Cleaning and Sanitizing* section of this policy.
- Equipment is cleaned and sanitized using either:
 - A three compartment sink and an automatic dishwasher capable of reaching 140° F; or
 - The means to appropriately clean and sanitize dishes and utensils through the use of a three compartment sink method where:
 - sink one, with soap and water solution, is used to wash,
 - sink two, with plain water, is used to rinse, and
 - sink three, with a one tsp of bleach to one gallon of water solution, to sanitize.
- Cutting boards are washed, rinsed, and sanitized between each use. Wooden boards are not used.
- The food prep sink is not used for general purposes or post-toilet/post-diapering hand washing.
- Kitchen counters, sinks, and faucets are washed, rinsed, and sanitized before food production.
- Tabletops where children eat are washed, rinsed, and sanitized before and after every meal/snack.
- Frozen food must thaw by one of the following methods:
 - In a refrigerator;
 - Under cool running water, in a pan placed in a sink with the stopper removed; or
 - As part of the continuous cooking process.
- Food is cooked to the correct internal temperature:
 - Fish 145° F
 - Ground Beef 160° F
 - Pork, Beef, Poultry 165° F

Food Preparation continued...

- Hot food is held at 135° F or above until served.
- Food requiring refrigeration is held at 41°F or below.
- A digital thermometer is used to test the temperature of foods as indicated above, and to ensure foods are served to children at a safe temperature.
- Cooling foods is done by one of the following methods:
 - Shallow Pan Method: Place food in shallow containers (metal pans are best) 2” deep or less, on the top shelf of the refrigerator. Leave uncovered and then leave the pan in the refrigerator, stirring occasionally.
 - Size Reduction Method: Cut cooked meat into pieces no more than 4 inches thick. Foods are covered once they have cooled to a temperature of 41° F or below.



- Leftover foods (foods that have been below 41° F or above 135° F and have not been served) are cooled, covered, dated, and stored in the refrigerator or freezer. Leftover food is not allowed to cool on the counter.
- Foods are reheated to at least 165° F in 30 minutes or less.
- We do not use catered foods for center and field programs.
- Food substitutions, due to allergies or special diets and authorized by a licensed health care provider, can be provided within reason by the program. If a child has a food allergy or special menu requirements due to a health condition, the following steps must be taken:
 - The parent provides written directions from the child's health care provider to provide nutritional supplements (such as iron), a medically modified diet (such as a diabetic or an allergy diet). For allergy diets, the parent and child's health care provider must identify the foods the child is allergic to;
 - Admin must post each child's food allergies in locations where food is prepared and served;
 - Admin must notify staff of the allergies and reactions.

Food Preparation continued...

- Staff and the parents will work together to identify an alternative food with comparable nutritive value. The kitchen may require parents to supply food for supplements and special diets. These items must be prepared commercially, and provided in their original containers.
 - Information regarding allergies must be included on the child's health care plan;
- When children are involved in cooking projects safety is assured by:
 - closely supervising children,
 - ensuring all children and staff involved wash hands thoroughly;
 - planning developmentally-appropriate cooking activities (e.g., no sharp knives); and
 - following all food safety guidelines.
- Children are denied access to the kitchen or other cooking areas unless participating in supervised activities.
- Perishable items in sack lunches are refrigerated upon arrival at the center or programs, and transported in a cooler if in the field.
- In addition to being nut-free, we do not serve any of the following:
 - Leftover food that was previously served from outside the center;
 - Home canned, frozen or prepared food unless it is for the person's own children;
 - Donated food from restaurants or caterers that was previously served;
 - Game meat that has not been inspected by the USDA; and
 - Donated meat, fish, poultry or milk that is not from a source inspected for sale.
- Food is safely stored:
 - In the original containers or in clean, labeled and dated containers that are airtight and off the floor;
 - In a manner that prevents contamination from other sources;
 - In an area separate from toxic materials such as cleaning supplies, paint, or pesticides;
 - That is not past the manufacturer's expiration or freshness date;
 - In a refrigerator or freezer if cooling is required;
 - Raw meat, poultry, or fish in the refrigerator, below cooked or ready to eat foods;

Food Preparation continued...

- Foods not requiring refrigeration at least six inches above the floor in a clean, dry, ventilated storeroom or other areas; and
- Dry bulk foods not in their original containers, in containers with tight fitting covers. Containers must be labeled and dated.

Nutrition

- Menus are posted daily, including all meals and snacks served.
- As per WAC, two weeks of menus are posted for visitors and staff to view.
- Food is offered at intervals not less than 2 hours and not more than 3 1/2 hours apart.
- Breakfast or snack is offered to children in morning care whether or not the child ate before arriving at the program. A snack or meal is offered to children arriving after school.
- When our Childcare Center is open over 10 hours; we provide two snacks and two meals daily:
 - Breakfast is served 7:15am – 7:30am
 - Morning Snack is served 9:30am – 9:45am
 - Lunch is served 11:45am – 12pm
 - Afternoon Snack is served 3:15pm – 3:30pm
- When hours of operation are adjusted, i.e. during the COVID pandemic, the timing of food service is adjusted accordingly.
- For Nature Nuts afterschool programs, afternoon snacks are served. For Nature Nuts full-day summer camps, students bring their own packed lunches. Refrigeration is provided if needed.
- Each snack or meal includes a liquid to drink, which is water or one of the required components, such as milk or approved milk substitute.
- Menus include hot and cold food and vary in colors, flavors, and textures.
- Ethnic and cultural foods are incorporated into the menu.

Nutrition continued...



- Menus list specific types of meats, fruits, vegetables, etc.
 - Menus include a variety of fruits, vegetables, and entrée items.
 - Foods served are generally low/moderate in fat, sugar, and salt content. We avoid processed sugars as an ingredient, when possible.
 - Children have free access to drinking water (individual water bottles or single use glasses).
 - Menu modifications are planned and written for children needing special diets.
-
- Menus are followed with necessary substitutions noted on the permanent menu copy.
 - Permanent menu copies are kept on file for at least 4 years.
 - When introducing a new or potentially new food to young children, staff will watch for signs of possible allergic reaction including vomiting or hives. The offending food will be immediately removed from the room, and the parents notified.
 - Children with food allergies and medically-required special diets have diet prescriptions signed by a health care provider on file. Names of children and their specific food allergies are discretely posted in the kitchen, each classroom, and the area where food is eaten by the child.
 - Children with severe and/or life threatening food allergies have a completed individual healthcare plan signed by the parent and health care provider.
 - Diet modifications for food allergies or religious and/or cultural beliefs are accommodated and posted in the kitchen, classrooms, and eating area. All food substitutions are of equal nutrient value and are recorded on the menu or on an attached sheet of paper.
 - Mealtime and snack environments are developmentally appropriate and support children's development of positive eating and nutritional habits. We encourage staff to sit, eat, and have casual conversations with children during mealtimes.
 - Staff provide healthy nutritional role modeling.
 - Families who provide sack lunches are notified in writing of the food requirements, both in regards to allergies and nutrition, for mealtime.
 - We maintain a nut-free facility and field programs. No nuts or items containing nuts or nut products are allowed on campus or at in-the-field programs.

Nutrition continued...

In adhering to WAC from the Department of Children, Youth, and Families, the following requirements are followed. To ensure proper nutrition of children in care, an early learning provider must comply with the nutrition requirements described in this section.

- Meals, snack foods, and beverages provided to children in care must comply with the requirements contained in the most current edition of the USDA Child and Adult Care Food Program (CACFP). Food and beverage substitutions to a scheduled menu must be of equal nutritional value pursuant to the requirements.
- Meals, snack foods, and beverages provided to children in care must comply with the requirements contained in the USDA Crediting Handbook for the CACFP, which describes what food and beverages meet meal pattern requirements.
- An early learning provider must provide children's parents or guardians the dates each particular menu is in effect.
- An early learning provider must only serve water, milk or 100% fruit or vegetable juice.
- If served at a program, an early learning provider must limit the consumption of 100% fruit juice to no more than 4-6 ounces per day for children between one and six years old, and 8-12 ounces per day for children seven through twelve years old.
- An early learning provider must serve a fruit or vegetable as one of the two required components during at least one snack per day.

Tooth Brushing

Tooth brushing is not done during our programs.

Hand Washing

In adhering to WAC from the Department of Children, Youth, and Families, the following requirements are enforced.

- Early learning program staff, including volunteers, and children must comply with the following hand washing procedures or those defined by the United States Centers for Disease Control and Prevention.
- When washing hands, staff and children must:
 - Wet hands with warm water;
 - Apply soap to the hands;

Hand Washing continued...

- Rub hands together to wash for at least 20 seconds;
- Thoroughly rinse hands with water;
- Dry hands with a paper towel, single-use cloth towel, or air hand dryer;
- Turn water faucet off using a paper towel or single use cloth towel; and
- Properly discard paper and single-use cloth towels after each use.
- An early learning provider must wash and sanitize cloth towels after a single use. Soiled and used towels must be inaccessible to children.
- Early learning program staff and volunteers must wash their hands:
 - When arriving at work;
 - After toileting a child;
 - Before and after diapering a child or use a wet wipe in place of hand washing during diapering only, and must wash hands after diapering is complete;
 - After personal toileting;
 - After attending to an ill child;
 - Before and after preparing, serving, or eating food;
 - After handling raw or undercooked meat, poultry, or fish;
 - Before and after giving medication or applying topical ointment, including sunscreen;
 - After handling, feeding, or cleaning up after animals;
 - After handling bodily fluids;
 - After using tobacco or vapor products;
 - After being outdoors or involved in outdoor play;
 - After gardening activities;
 - After handling garbage and garbage receptacles; and
 - As needed or required by the circumstances.

Hand Washing continued...

- Early learning program staff must assist, teach, coach, and ensure children wash their hands:
 - When arriving at the early learning premises;
 - After using the toilet;
 - After diapering;
 - After outdoor play;
 - After gardening activities;
 - Before and after playing with animals;
 - After touching body fluids such as blood or after nose blowing or sneezing;
 - Before and after eating or participating in food activities including table setting; and
 - As needed or required by the circumstances.

Hand sanitizers or hand wipes with alcohol may be used for adults and only children over 24 months of age under the following conditions:

- Traditional hand washing is not readily available such as during a field trip or after wiping a child's nose on the playground;
- Hands are not visibly soiled or dirty;
- An alcohol-based hand sanitizer must contain 60-95% alcohol to be effective; and
- Children should be supervised when using hand sanitizers to avoid potential ingestion or contact with eyes, nose, or mouth.

Tap Water Temperature

Water temperature is kept at 120° or below.

Cleaning and Sanitizing

We use a 3-step method to clean surfaces in our center.

1. **Cleaning:** Surfaces are cleaned with biodegradable, nontoxic cleaning products (Dawn dish soap and water) to remove organic materials (food, saliva, dirt, etc.) and a large portion of germs.
2. **Rinsing:** Surfaces are rinsed with clean water. Further rinsing removes germs and organic matter, along with any excess cleanser. Clear water is sprayed on the surface and wiped with a new paper towel or washcloth.

Cleaning and Sanitizing continued...

3. Sanitizing: Sanitizing kills the vast majority of the remaining germs. We use an eco-friendly non-toxic disinfecting/sanitizing product which is approved by the WA State Department of Health. When this or other products are required, they are used only for their intended purpose in strict accordance with all label instructions. The sanitizer is sprayed on the surface, left for 2 minutes, then wiped with a paper towel or clean rag. For disinfecting, leave sanitizer to dry for over 4 minutes.

To avoid cross-contamination, 2 sets of bottles are used in the classroom: one set for general areas (including tables and toys) and one set for diaper changing/bathrooms.

Bottle sets must be refilled and the date written on each on a daily basis.

Cleaning Schedule

At Peacock, we perform all of our own cleaning and use the following cleaning schedule as it applies to our programs and locations:

- Kitchen counters and sinks are cleaned, rinsed, and sanitized every day before and after preparing food.
- Cooking equipment (blenders, can openers, cutting boards, etc.) is washed, rinsed, and sanitized after each use.
- Tables, high chairs, and counters used for food are cleaned, rinsed, and sanitized before and after each meal or snack, and as needed.
- Dishes and eating utensils are cleaned, rinsed, and sanitized after each use by the 3-sink method or a full wash and dry cycle in the dishwasher.
- After use, baby bottles, bottle caps, and nipples are rinsed and placed in a waterproof container for parents to take home. Bottles are washed at home. Used bottles and dishes are not stored within eight feet of the diapering area or placed in the diapering sink.
- Refrigerators are cleaned, rinsed, and sanitized monthly, or more often as needed.
- Bathroom sinks, counter tops, toilets, and floors are cleaned, rinsed, and sanitized daily and more often as needed. Toilets seats are monitored and kept sanitary throughout the day.
- After each use potty-chairs are emptied immediately into a utility sink, cleaned, rinsed, and sanitized. The utility sink is cleaned, rinsed, and sanitized after each use.
- Diaper changing pads are cleaned, rinsed, and sanitized after each use.
- Door handles are cleaned, rinsed, and sanitized daily, or more often when children or staff members are ill.

Cleaning Schedule continued...

- Solid surface floors are swept, cleaned, and sanitized daily and more often as needed. Sanitizer is not used near a resting child if mopping during naptime.
- Carpets and rugs are vacuumed daily and professionally cleaned every 6 months in all rooms. Vacuuming is not done when children are present in the room.
- Upholstered furniture is vacuumed daily. Cushions and covers are washed every month or as necessary.
- Painted furniture is cleaned, rinsed, and sanitized daily. Painted furniture is kept free of paint chips. Paint is touched up when bare wood is exposed.
- Only washable toys are used. Mouthed toys are placed in a “mouthed toy” container after use by each child. Mouthed toys are then cleaned, rinsed, and sanitized before use by a different child.
- Other toys are washed, rinsed, and sanitized weekly, or more often as necessary, in a full wash and dry cycle in the dishwasher or in the 3-sink method. The 3-sink method involves washing the item in the first sink with water and detergent, rinsing in clear water in the second sink, and rinsing in sanitizer and water in the third sink.
- Cloth toys and dress-up clothes are washed weekly, or more often as necessary, in a fabric-safe bleach solution. Dress-up clothes and cloth toys are laundered and stored during outbreaks of lice or communicable diseases.
- Infant equipment, such as saucers, seats, and swings are cleaned and sanitized or laundered (as appropriate) daily and as needed.
- Water tables are emptied, cleaned, rinsed, and sanitized after each use or more often as needed.
- Cloths used for cleaning or rinsing are laundered using a bleach-water solution after each use. Bibs and burp cloths are laundered when wet or soiled and between uses by different children.
- Sleeping mats, cribs, and other forms of bedding are washed, rinsed, and sanitized weekly, between use by different children, when a child has been ill, or as needed.
- Trash cans have tight-fitting, hands-free lids and are lined with disposable bags. Trashcans are emptied daily. Diaper cans are emptied when full or before if odor is present. Outside surfaces of trashcans are cleaned, rinsed, and sanitized daily. Inside surfaces of trashcans are cleaned, rinsed, and sanitized as needed. Outdoor garbage cans have tightly fitting lids.
- Paper, cardboard, glass, plastic, and aluminum recycle bins are emptied daily or when full. Used batteries and fluorescent light bulbs are securely stored until they can be brought to the transfer station for recycling.

Cleaning Schedule continued...

- Mop heads are cleaned, rinsed, and sanitized in the laundry after each use. The utility sink is cleaned, rinsed, and sanitized after each use or when needed.
- General cleaning of the entire facility and parking lot is done as needed.
- There are no strong odors of cleaning products in our facility.
- Air fresheners and room deodorizers are not used.

Storage of Cleaning Supplies

Our cleaning and sanitizing supplies are stored safely in a secured laundry room. All such chemicals are:

- inaccessible to children;
- in their original container;
- separate from food and food areas;
- in a place which is ventilated to the outside; and
- kept apart from other incompatible chemicals (*e.g., bleach and ammonia create toxic gas when mixed*).

Napping at Peacock

As a WA State licensed childcare facility, we are required to follow their regulations regarding naps. Therefore,



children 5 years of age or younger are given the opportunity to sleep during naptime. Children 29 months of age and younger follow their individual sleep patterns. Peacock's naptime generally starts at noon and continues into the afternoon. Rooms are kept light enough to allow for easy observation of sleeping children. In addition, toddlers are allowed to nap at any time if they feel sufficiently tired to do so. In order to limit distractions during the official naptime hours, pick-ups and drop-offs during this time are discouraged. If a pick up is absolutely needed during that time, parents need to let the staff know so that they may plan accordingly.

Most children under five years old benefit from having a short period in the early afternoon when they relax. Often children don't realize how tired they are until they slow down for a few minutes. Having a scheduled rest time lets them find out what their bodies need.

Napping at Peacock continued...

Sleep is optional during the rest period. If a child benefits from just resting, teachers may allow children to look at books or do a quiet activity like a puzzle on their mat. However, we must give children a half hour to forty-five minutes to try and fall asleep before they get up and do quiet activities while the other children nap. It is not appropriate to make an unsleeping child remain on their mat for more than forty-five minutes. Children are never physically forced to lie on their mats during rest periods.

Sometimes a parent will ask us not to allow their child to sleep during the rest period because they believe the nap is contributing to their child staying up too late at night. If the child falls asleep during the rest period, we are required to meet that individual child's need for rest. Therefore, at this point, we must explain to the parent the licensing regulations requiring that we offer a rest period. We can, however, work closely with the parent and attempt to find a solution that meets both the parent's and the child's needs. For example, the teacher may allow the child to sleep, but wake them before the end of the rest period. It is important to Peacock that we listen to each parent and understand their concerns, while at the same time ensuring that each child's individual and developmental needs are met.

Since Nature Nuts is a program for school-aged children, napping does not occur. However, during the long full-day programs, down-time is scheduled where each child is given the opportunity to rest with quiet activities so that they may recuperate from the active day.

Illnesses at Peacock

Despite our best efforts, illnesses do occur. Staff members screen children for signs of illness when they arrive at the center and throughout the day. When checking a child's temperature, staff use digital thermometers under the arm and/or no-touch thermometers at the forehead.

Keeping a child home when they are sick prevents the spread of germs to other children. Home, under the watchful and loving care of a parent or caregiver, is the best place for a child to rest and recuperate. When a child is sick, we ask families to please call the center by 9:00 a.m. to let us know they will not be attending that day.

If a child becomes ill during the day, we will notify a parent. The child will need to be picked up as soon as possible by the parent or an approved alternate person. While waiting to be picked up, a child may need to be separated from the group in a comfortable area with a teacher present. If sent home, a child can return to school if they are symptom free, unless specified otherwise below.

If your child has any of the following symptoms, please keep them home.

- Chronic cough and/or runny nose: Continual coughing and excessive nasal discharge. Conditions may be contagious and may require treatment from your health care provider.

Illnesses at Peacock continued...

- Sore throat: Sore throat or loss of voice, especially with fever or swollen glands in the neck. A child must be on antibiotics for 24-hours before returning to school if diagnosed with Strep Throat.
- Lice or Scabies: Children may not return to school until they have been treated, and are symptom/nit free.
- Rash: Body rash or open sores, especially associated with a fever.
- Eye infection: Including Conjunctivitis (pink eye), red eyes, swollen eyelids, and/or liquid draining from eye.
- Unusual appearance or behavior, especially combined with any of the other listed symptoms. These may include: abnormally tired or fatigued, pale, lack of appetite, difficult to wake, confused or irritable, complaining of headache or earache, or other pain.
- Fever: A temperature of 100°F or higher, especially if the child has any of the other listed symptoms. Unassisted by medication, the child must be without a fever for 24 hours before returning to school.
- Vomiting: Two or more episodes in the preceding 24 hours. Child may not return to school for 24 hours following the last episode of vomiting.
- Diarrhea: Two or more watery stools in the preceding 24 hours, especially if the child acts or looks ill. Child may not return to school for 24 hours following the last episode of diarrhea.

Parents are asked to keep their child home, and let us know immediately, if their child is exposed to or contracts a contagious disease, including, but not limited to;

Chicken Pox	Head Lice
Measles	Pertussis
Shingles	Salmonella
Fifth Disease	Botulism
Herpes	Lyme disease
Scarlet Fever	West Nile Virus
Bacterial Pneumonia	H1N1
Hepatitis	Tuberculosis
Hand, Foot, and Mouth	COVID-19 or variants (see COVID policies)

For a full list, please visit [cdc.gov/nndss/conditions/notifiable](https://www.cdc.gov/nndss/conditions/notifiable). Children and adults with a reportable disease may not be in attendance at the Center unless approved by the local health authority. Exposure to notifiable diseases are reported to the County Health Department, as well as all other families at the Center.

Illnesses at Peacock continued...

In order to keep track of contagious illnesses (other than the common cold), an Illness Log is kept. Each entry includes the child's name, classroom, and type of illness. We maintain confidentiality of this log by storing it out of general view.

Necessary Parent or Guardian Consent

A parent or legal guardian may provide the sole consent for an over-the-counter medication or products (without the consent of a healthcare provider), if it meets the following criteria and is provided in its unopened original packaging. The medication must have instructions and dosage recommendations for the child's age and weight; and the medication duration, dosage, amount, and frequency specified by parent must be consistent with and not exceed label recommendations. Written consent for medications covers only the course of illness or specific episode (teething, etc.). We cannot administer medication for fever reduction alone, however it can be used to treat other primary symptoms.

These acceptable medications or products include:

- Antihistamine
- Non-aspirin fever reducer/pain reliever
- Non-narcotic cough suppressant
- Decongestant
- Ointment, lotion, or chap stick intended specifically to relieve itching or dry skin
- Diaper ointment or non-talc powder intended for use in diaper area
- Sunscreen for children over 6 months of age

For directions for all other medications or products, see Healthcare Provider Consent section of this manual.

A Child's Medications

If a child needs to be given prescribed medicine during the day, whether it is an over-the-counter product, homeopathic remedy, or prescription medication, verbal and written permission and instructions are required from parents or guardians. The medication must be in its original container, unexpired, and clearly labeled with the child's name.

Consent on Peacock's Medication Authorization Form includes all of the following (completed by parent or guardian):

- Child's first and last name
- Name of the medication
- Reason for the medication
- Dosage
- Method of administration
- Frequency (cannot be "as needed"; must specify time at which and/or symptoms for which medication should be given)
- Duration (start and stop dates)
- Special storage requirements
- Any possible side effects (from package insert or pharmacist's written information)
- Any special instructions

Healthcare Provider Consent

The written consent of a health care provider with prescriptive authority is required for prescription medications and all over-the-counter medications that do not meet the above criteria (including vitamins, iron, supplements, oral rehydration solutions, fluoride, herbal remedies, and teething gels and tablets).

Medication may be added to a child's food or liquid only with the written consent of a healthcare provider.

For school-aged children in Nature Nuts, medication can be carried in the child's backpack if approved by the child's healthcare provider.

A licensed healthcare provider's consent is accepted in 1 of 3 ways:

- The provider's name is on the original pharmacist's label (along with the child's name, name of the medication dosage, frequency [cannot be given "as needed"], duration, and expiration date);
- The provider signs a note or prescription that includes the information required on the pharmacist's label;
or
- the provider signs a completed medication authorization form.

Parent or guardian instructions must be consistent with prescription or instructions from healthcare provider.

Medication Storage

Medication is stored in the classroom or in the kitchen refrigerator if refrigeration is needed. Internal (oral) and external (topical) medications should be stored separately. The medication should be:

- Inaccessible to children;
- Separate from staff medication;
- Protected from sources of contamination;
- Away from heat, light, and sources of moisture;
- At temperature specified on the label (i.e., at room temperature or refrigerated):
- Separate from food; and
- In a sanitary and orderly manner.

Rescue medication (e.g., EpiPen® or inhaler) is stored in a labeled cabinet, or teacher backpack if in the field, and is inaccessible to children in the child's classroom. Controlled substances (e.g., ADHD medication) are stored in a locked container accessible to teaching and admin staff only. All medications are counted and tracked with a substance authorization form. Medications no longer currently used are promptly returned to parents/guardians. Staff medication is stored out of reach of children. Staff medication is clearly labeled as such.

Emergency Supply of Critical Medications

For children's critical medications, including those taken at home, we ask for a 3-day supply to be stored on site along with our disaster supplies. Staff are also encouraged to supply the same. Critical medications – to be used only in an emergency when a child has not been picked up by a parent, guardian, or emergency contact – are stored in moisture proof containers in a shed away from the building.

Medication Administration and Documentation

Medication is administered by staff trained in the procedure. Children are not permitted to administer their own medication.

Staff members who administer medication to children are trained in medication procedure and center policy by Program Director and/or parent. A record of the training is kept in staff/student files.

The parent/guardian of each child requiring medication involving special procedures (e.g. nebulizer, inhaler, EpiPen®) trains staff on those procedures. A record of trained staff is maintained on/with the medication authorization form.

Staff giving medication document the time, date, and dosage of the medication given on the child's medication

Medication Administration and Documentation continued...

authorization form. Each staff member signs their initials each time a medication is given and their full signature once at the bottom of the page.

Any observed side effects are documented by staff on the child's medication authorization form and reported to the Program Director and parent/guardian. Notification is documented.

If a medication is not given, a written explanation is provided on authorization form.

Outdated medication authorization forms are promptly removed from medication binder/clipboard and placed in child's file.

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

Medication Administration Procedure

The following procedure is followed each time a medication is administered:

1. Staff must wash their hands before preparing medications.
2. Carefully read all relevant instructions, including labels on medications, noting:
 - child's name,
 - name of the medication,
 - reason for the medication,
 - dosage,
 - method of administration,
 - frequency,
 - duration (start and stop dates),
 - any possible side effects, and
 - any special instructions.
3. Information on the label must be consistent with the individual medication form.
4. Prepare medication on a clean surface away from diapering or toileting areas.
5. Do not add medication to child's bottle/cup or food without health care provider's written consent.
6. For liquid medications, use clean medication spoons, syringes, droppers, or medicine cups with measurements provided by the parent/guardian (not table service spoons).

Medication Administration Procedure continued...

7. For capsules/pills, measure medication into a clean cup.
8. For bulk medication (sunscreen and diaper ointment), wash hands before dispensing and don't touch the container opening to any surface. Medication authorization is required for each child receiving bulk medication.
9. Administer medication.
10. Wash hands after administering medication.
11. Observe the child for side effects of medication and document on the child's medication authorization form, as well as verbally to the parents and admin.

Sunscreen Application

Infants are kept out of the direct sun unless wearing sun protection such as long sleeves, long pants and hats. Children over 6 months of age will have sunscreen applied to exposed skin each time they go outside. To ensure that they have sunscreen throughout the day, parents are asked to apply sunscreen before dropping the child off at a Peacock program. Staff will then reapply sunscreen in the afternoon to ensure coverage throughout the day. Parents are required to give written consent for sunscreen application. Peacock provides sunscreen; you may choose to supply your own.

Children with Special Needs

Peacock Family Services is committed to meeting the needs of all children. This includes children with special health care needs such as asthma and allergies, as well as children with emotional or behavior needs or chronic illness and disability. Inclusion of children with special needs enriches the childcare experience and all staff, families, and children benefit. Our policies for serving children with special needs and their families are described below.

Confidentiality is assured with all families and staff in our program. All families will be treated with dignity and with respect for their individual needs and/or differences.

Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA). Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. To accomplish this, we stay in close communication with the parent/guardian and may consult with Peacock's Medical Officer and other agencies/organizations as needed.

Children with Special Needs continued...

An individual plan of care is developed for each child with a special healthcare need. The plan of care includes information and instructions for:

- daily care
- potential emergency situations
- care during and after a disaster

Completed plans are requested from the child's healthcare provider every 6 months, or more often as needed for changes. Plans are reviewed, initialed, and dated monthly by parent/guardian. The Program Director and Office Manager are responsible for ensuring care plans are kept updated. Children with special needs are not present without a plan on-site.

All staff receive general training on working with children with special needs and updated training on specific special needs that are encountered in their classrooms.

Teachers, chefs, and other staff will be oriented to any special needs or diet restrictions by the Program Director.

Individual Healthcare Plans

In addition to a child with special needs, if a child has a chronic health condition, is taking long-term medications, or has a life-threatening medical condition, we will work with parents to create an Individual Healthcare Plan that will have to be approved by the child's physician.

The following are protocols and procedures that will be put into effect upon a regional outbreak of a contagious disease, in this case the COVID-19 pandemic.

COVID-19 Health and Safety Protocols:

Responsibilities and Practices

Peacock Family Services is committed to maintaining the health and safety of our community during this time of COVID-19. The following are the health and safety measures we are implementing, based on CDC, Washington Department of Health (DOH) and Department of Children, Youth and Families (DCYF) guidelines. We realize that during these changing times, the CDC, DOH, and DCYF release new information regularly. In order to do our best and keep our community safe, our policies may change to reflect current understanding and practices. We appreciate your flexibility and commitment to keeping our community healthy and safe.

Program Entry

Upon arrival each day, families and staff will be asked a series of COVID-19 screening questions from the Washington State Department of Health prior to entering the site, specifically:

1. Do you, your child, or anyone in your household have any of these symptoms that are not caused by another condition?
 - Fever or chills (unassisted by medication)
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - Recent loss of taste and smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
2. Within the past 14 days, have you, your child, or anyone in your household had contact* with anyone that had COVID-19 or COVID-like symptoms?

Contact is being 6 feet (2 meters) or closer for more than 15 minutes with a person, or having direct contact with fluids from a person with COVID-19 (for example, being coughed or sneezed on).
3. Has anyone in your household had a positive COVID test for active virus in the past 10 days?
4. Within the past 14 days, has a public health or medical professional told anyone in your household to self-monitor, self-isolate, or self-quarantine because of concerns about a COVID-19 infection?

Program Entry continued...

Staff, program participants, and visitors complete this daily screening process prior to entering any Peacock program spaces.

Staff will then check each child's temperature using a touchless, digital thermometer. Children who are experiencing one or more symptoms on the checklist, answered yes to any of the questions and/or have a temperature of over 100°F will be directed to return home and to contact a healthcare provider.

Any child who registers a 99°F at any time during the day will have the information entered (child's name, date and time of temperature, and temperature reading) on a daily Temperature Log. A staff member will re-check the child's temperature in one hour to see if anything has changed. The time and reading will be logged and action will be taken, if necessary. We maintain confidentiality of this log by storing it out of general view.

After the child is cleared, a staff member will log the family into the Tadpoles system and escort the child inside. Parents who wish to walk their child(ren) into the center may do so after they complete the temperature check.

Face Masks

All children participating in programs, staff members, and any other person aged 3 years and older who enters a program space must wear a face mask. We ask that family-purchased face coverings be 2 or more-ply/layers. Additionally, face coverings should not have a filtered valve. Families should send 3-4 face coverings to school in their student's bag every day so extras are available if needed. Cloth face coverings need to be laundered daily. If a child forgets their face covering, the program has extra face coverings for them to wear that day.

Face coverings must be worn properly. The CDC recognizes that wearing cloth face coverings may not be possible in every situation or for every person. In some situations, wearing a cloth face covering may exacerbate a physical or mental health condition, lead to a medical emergency, or introduce significant health, safety, or emotional concerns. Adaptations and alternatives can be considered whenever possible to increase the feasibility of wearing a cloth face covering or to reduce the risk of COVID-19 spreading if it is not possible to wear a mask. Contact the Program Director if you need to create an adaptation or alternative for your child.

Physical Distancing

The CDC recommends that physical distancing should be practiced in combination with other everyday preventative measures to reduce the spread of COVID-19, including wearing cloth face coverings, avoiding touching your face with unwashed hands, and frequently washing your hands. All children and staff members actively work to keep a six-foot physical distance between others whenever possible.

COVID-19 Illness Policy

Families and staff play an important role in helping us maintain safe and healthy programs. The most important safety measure is for a child or staff member to stay home if they are sick. Keeping a child home when they or a member of their household are sick prevents the spread of germs to other children and helps your child regain their health.

When a child is ill and needs to be called out sick, we ask families to please **call the center by 9:00 a.m.** to let us know the child will not be attending that day and what symptoms are present.

If a child, staff, or a member of their household is experiencing any COVID-19 symptoms at home, the child or staff member should not come to the center, rather call and relay the information.

We ask that children and staff **stay at home when any one** of the following symptoms is present in the home:

- Cough (not related to seasonal allergies*): A persistent cough. Conditions may be contagious and may require treatment from your health care provider. A child or staff member may return when the cough is not present.
- Runny nose (not related to seasonal allergies*): Persistent nasal discharge. Conditions may be contagious and may require treatment from your health care provider. A child or staff member may return when the discharge is not present.
- Sore throat: Sore throat or loss of voice, especially with fever or swollen glands in the neck. A child or staff member may return when symptoms are gone or they have been on antibiotics for 24-hours, if diagnosed with a condition such as strep throat.
- Lice or Scabies: A child or staff member may not return to school until they have been treated, and are symptom/nit free.
- Rash: Body rash or open sores, especially associated with a fever. Child or staff member may return after the rash has been diagnosed, treated, and clearance to return to the center has been given by a physician. If clearance has been given by a physician to return before it has cleared up, any rash or open sores must be covered for the duration of the staff member or child's time at a Peacock program.
- Eye Infection: Including but not limited to: conjunctivitis (pink eye), red eyes, swollen eyelids, and/or liquid draining from the eye. Child or staff member may return after the eye infection has been diagnosed, treated and clearance to return to the program has been given by a physician.
- Unusual appearance or behavior in the child, especially combined with any of the other listed symptoms. These may include: abnormally tired or fatigued, pale, lack of appetite, difficult to wake, confused or irritable, complaining of headache or earache, or other pain.

COVID-19 Illness Policy continued...

- **Fever:** A temperature of 100°F or higher, especially if the child has any of the other listed symptoms. A child may return to school 72 hours after the fever has broken, without the assistance of medication. Though we encourage full recuperation of staff, members may return from a fever of 100°F with no other symptoms after 24 hours fever free.
- **Vomiting:** Two or more episodes in the preceding 24 hours. Children and staff members may not return to school for 24 hours following the last episode of vomiting.
- **Diarrhea:** Two or more watery stools in the preceding 24 hours, especially if the child acts or looks ill. Children and staff member may not return to school for 24 hours following the last episode of diarrhea.

If a child or staff member suffers from seasonal or ongoing allergies that exhibit similar symptoms to COVID-19 or other types of illnesses, families should make sure their medical form is up to date, with a list of typical symptoms experienced. A note may be required from the staff or child’s doctor detailing these symptoms.

Parents are asked to keep their child home, and let us know immediately, if their child is exposed to or contracts a contagious disease, including, but not limited to the following:

Chicken Pox	Scarlet Fever
Measles	Lyme disease
Shingles	Bacterial Pneumonia
Pertussis	West Nile Virus
Fifth Disease	Hepatitis
Salmonella	H1N1
Herpes	Tuberculosis
Botulism	COVID-19

For a full list, please visit wwwn.cdc.gov/nndss/conditions/notifiable/2020/. Children and adults with a reportable disease may not be in attendance in the program unless approved by the local healthy authority. Exposure to notifiable diseases are reported to the County Healthy Department, as well as all other families in the program.

In order to keep track of contagious illnesses (including the common cold), an Illness Log is kept. Each entry includes the child’s name, classroom, and symptoms of illness. We maintain confidentiality of this log by storing it out of general view.

Notifying Peacock of COVID-19 Events

Families and staff members should notify Peacock immediately for any of the following COVID-19 events in their households:

- A child, staff member, or member of their household has been tested for COVID-19 (until negative results).
- Anyone in the child or staff member's household has been diagnosed with COVID-19.
- Anyone in the child or staff member's household has been notified by the DOH or Kitsap Public Health District that they have been a close contact with an individual who has been diagnosed with COVID-19.

The family or staff member will be asked to quarantine at home for 14 days.

If it is determined by the Kitsap Public Health District that exposure occurred at school or programming, Peacock Family Services will work with the Kitsap Public Health District to notify any individual who may have been directly exposed. Additionally, Peacock Family Services will follow DCYF guidelines on temporary closure protocols.

Close Contact

According to the DOH, close contact means someone who has been within 6 feet of a person with a suspected or confirmed COVID-19 diagnosis for more than 15 minutes from 2 days prior to the date symptoms appeared.

Peacock will deem all children or staff members who have been in attendance of a program with a suspected or confirmed COVID-19 diagnosed person to be close contacts. If symptoms are present, any sibling of a suspected or confirmed COVID-19 diagnosed child or staff member is also considered a close contact.

Children or staff members identified as close contacts will be asked to self-quarantine for 14 days and should be tested for COVID-19.

Symptoms at the Center or Program

In the event that a child or staff member exhibits COVID-19 associated symptoms during the school day, we will:

- Relocate the child to a designated quarantine area and supervise the child.
- Notify parents or guardians immediately to pick up their child and consult with a medical professional.
- Notify the Kitsap Public Health District of any confirmed COVID-19 case.
- Disinfect the designated quarantine area.
- Contact families of anyone in close contact with the individual (see section defining close contact).

Suspected or Confirmed COVID-19 Diagnosis

Any student or staff member who experiences COVID-19 like symptoms is considered as a suspected COVID-19 diagnosis per the DOH. Children or staff members with a suspected or confirmed diagnosis of COVID-19 will not be allowed to return to the program until:

- The child or staff member has been symptom free for 72 hours AND it has been 10 days since first exhibiting symptoms.
- OR
- The child or staff member has been symptom free for 72 hours AND has a note from a health care provider that they are not diagnosed with COVID-19.

Confidentiality

The identity of individuals who have suspected or diagnosed COVID-19 is protected confidential health information and will not be disclosed. All members of the community are expected to respect privacy and confidentiality and to not speculate on the identity of, or in any way target, individuals who are suspected of or diagnosed with COVID.

Our Community Agreement

The Peacock Family Services community members are at the heart of our commitment to maintaining the health and safety of our programs during this time of COVID-19. To achieve a unified level of health and safety for everyone involved, each of us has the responsibility to help keep the collective community members healthy and safe.

By making a personal commitment to modify our own behaviors during this pandemic, we share in the responsibility for the wellness of us all. Following these protocols will help mitigate the spread of COVID-19 at Peacock Family Services' programs. However, despite our shared efforts, we all must understand Peacock cannot guarantee an environment free of COVID-19, and the reality is that joining any program may involve some risk of contracting the virus.

By signing this Community Agreement, each of us commits to this pledge of health and safety for our families and staff.

Our Community Agreement includes:

- **Monitor Health:** All community members will actively follow our COVID-19 Health and Safety protocols to ensure health and safety for all.
- **Wear a Mask:** All community members ages 3 years old and older will wear masks during their time at any Peacock facility and during programming. Staff will work with all children to ensure mask breaks are taken throughout the day.

Our Community Agreement continued...

- Practice Physical Distancing & Hand Washing: All community members will maintain appropriate distances when around others, both within and outside of Peacock programming.
- Community members will wash or sanitize their hands regularly during the day to ensure cleanliness.
- Stronger Cleaning Policies: All community members will adhere to a stringent cleaning regimen, especially inside of all program buildings and vehicles.
- Modify Behaviors: All community members will follow the guidelines of the current COVID-19 phase, and any changes that are made moving forward, including limiting interactions with others and limiting unnecessary travel.

All families who wish to participate in programs at Peacock Family Services will join in this agreement. By signing this Community Agreement, your family acknowledges your commitment to adhering to the health and safety protocols set forth in our COVID-19 Health and Safety manual, including any updates throughout the COVID time.

This document is then signed by the family or staff member and dated for the files.

COVID-19 Closure Policy

Even though our staff and enrolled families will do our best to prevent an incident of COVID19 at any of our programs or facilities, Peacock Family Services also needs to be prepared for this possibility. The following includes our actions in the event of an “in-house” COVID19 case, the authorities and their guidelines that we will follow, along with what this means for the organization, our staff, and families.

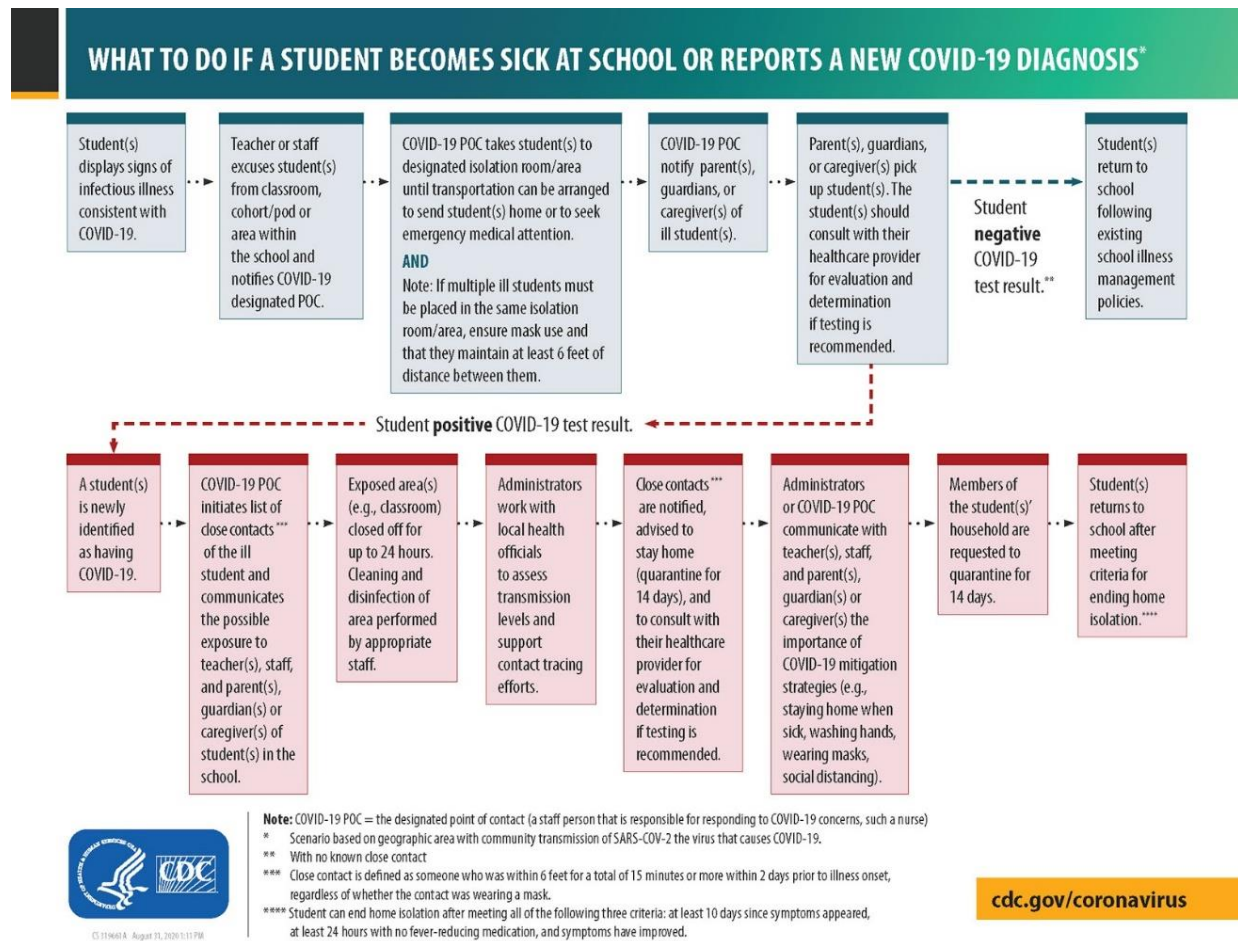
As recommended by the Centers for Disease Control (CDC), Washington Department of Health (DOH), and the Department Children, Youth, and Families (DCYF), Peacock Family Services will close, entirely or in part, in response to the presence of COVID19.

As noted in Peacock’s COVID19 Health and Safety Protocols: Responsibilities and Practices, in the event that a child or staff member exhibits symptoms associated with COVID19 during the school day, we will:

- Relocate the child to a designated quarantine area and supervise the child.
- Notify parents or guardians immediately to pick up their child and consult with a medical professional.
- Notify the Kitsap Public Health District of any confirmed COVID19 case.
- Disinfect the designated quarantine area.
- Contact families of anyone in close contact with the individual.

COVID-19 Closure Policy continued...

In the event of a household member (who has not entered a Peacock facility or program space) receiving a positive COVID diagnosis, all members of that household will need to quarantine, not returning to Peacock programs until after 14 days have passed. Individuals must be symptom free, following Peacock’s Health and Safety Protocols, in order to return to Peacock’s programming. The program may remain open while we monitor closely other members of the classroom, trail groups, and teaching teams.



In accordance with the CDC, if COVID19 is confirmed in a child or staff member at Peacock, we will:

- Close off areas used by the person who is sick.
- Open areas to outside air to increase circulation in the areas.
- Close the facility and/or program, then wait up to 24 hours or as long as possible before we clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.

COVID-19 Closure Policy continued...

- We will then clean and disinfect all areas used by the person who is sick, such as classrooms, bathrooms, and common areas. The CDC assures that if more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary; however, Peacock will continue our enhanced cleaning and disinfection protocols.

The length and extent of the facility and/or program closure will be determined based on multiple factors, including the number of cases and the number and types of exposure that other individuals in the program may have had, as well as the underlying health of the student population being served. A closure could last anywhere from a few days up to a few weeks, depending on the circumstances.

Peacock will close its programs and facility due to the presence of COVID and/or directive from a WA State authority. During a COVID Closure, Peacock Family Services can provide families with the following choices, which we believe are consistent with our established policies. Parents may choose to:

- **Extra Parent Support:** Continue to pay tuition through the closure, receiving online curriculum support from the teaching staff. This choice supports our intention to keep our staff on the payroll throughout the length of the closure, in addition to addressing Peacock's fixed expenses.
- **Hold tight and wait for reopen:** Opt out of the support choice and freeze their tuition until such time as Peacock is able to reopen and the child returns to the program. The amount of the tuition credit will correspond to the length of the closure. Opting out will not affect enrollment or cause parents lose their place in the program.
- **Unenroll:** Leave the program at any time, subject to the 30-day notice policy for the Child Development Center, or the refund policy for Nature Nuts, which would go into effect at the point the parents notify us of their intent to withdraw.

Each of these choices are balancing the need to be reasonable for our families and not take money for a service that was interrupted, while also ensuring that both the organization and its staff will be able to continue serving our community.

Staff Health

Under the federal Occupational Safety and Health Act (OSHA), employers are obligated to provide a workplace free from serious recognized hazards; this is also consistent with Peacock's values. As such, Peacock requires staff to demonstrate that they have received certain vaccinations, have immunity to the relevant diseases, or can demonstrate a valid medical exemption or sincerely held religious belief for not obtaining the vaccination(s).



All staff are required to have written proof of the following:

- immunity to measles;
- an annual flu shot during the autumn season;
- a current Tdap inoculation; and
- a complete COVID vaccine series on the schedule recommended by the CDC.

A completed and signed Certificate of Immunization Status (CIS) is required for all staff files. In accordance with the WAC, other forms/printouts are not accepted in place of the CIS form. Immunization records are reviewed annually by the Peacock Medical Officer.

At Peacock, only medical and religious exemptions are accepted. The official Washington State Department of Health Certificate of Exemption must be provided with the appropriate signatures. During an outbreak of a communicable disease such as COVID, non-vaccinated employees with exemptions, are required to wear double masking (including at least 1 surgical mask), surgical mask + face shield, OR 1 N95 mask at all times while at work. As per the WA Department of Health, a child or staff member may be excluded from school during an outbreak of the disease they have not been fully vaccinated against.

In the case of an employee non-compliance, the employer will grant a grace period of two weeks for employees to initiate the required schedule of vaccinations or exemption verification.

Peacock staff are also required to adhere to Peacock's Bloodborne Pathogens policy and possible exposure to Hepatitis B and other contagions (see appendix A).

Staff members who have a communicable disease are expected to remain at home until no longer contagious. Current Staff members are encouraged to consult with their healthcare provider regarding their susceptibility to vaccine-preventable diseases.

Staff who are pregnant or considering pregnancy are encouraged to inform their healthcare provider that they work with young children. When working in childcare settings, there is a risk of acquiring infections that can harm a fetus

Staff Health continued...

or newborn. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (German Measles or 3-day measles). In addition to the infections listed here, other common infections such as Influenza and Hand Foot and Mouth Disease can be more serious for pregnant women and newborns. Excellent hygiene procedures and environmental health protocol can help reduce those risks.

Immunizations for the Children

To protect everyone involved, children in programs require a completed and signed Certificate of Immunization Status (CIS) on-site. The official CIS form or a copy of both sides of that form is required. Other forms/printouts are not accepted in place of the CIS form. Immunization records are reviewed annually by the Peacock Medical Officer.

As mandated by WAC, the required documentation of immunization status is as follows.

- Staff are required to track each child's immunization status. To be sure that the children have the required immunizations for their age, staff must:
 - See that each child has a completed Certificate of Immunization Status form or Certificate of Exemption submitted or on file before the first day of childcare;
 - Develop a system to audit and update as scheduled the information on the certificate of immunization status forms;
 - Meet any requirement of state board of health WAC; and
- Have available on the premises the Certificate of Immunization Status forms for review by the health specialist, licenser, the department of health, and nurse consultant.
- Staff may accept a child with immunizations are started but not up to date on a "conditional" basis if:
 - The records are difficult to obtain (such as foster children), and there is written proof that the case worker or healthcare provider is in the process of obtaining the child's immunization status prior to the child starting child care; or
 - The required immunizations are started prior to children starting child care; and
 - The immunizations are completed as rapidly as medically possible.
 - You must work with the parent, health care provider, or local health department to obtain an immunization plan with a timeline for completion.
- If a parent or healthcare provider chooses not to immunize a child, the health care provider must sign the Certification of Exemption form.

Immunizations for the Children continued...

- Peacock Family Services accepts exemptions based on a medical condition or religious beliefs for any required immunizations. However, Peacock Family Services does not accept personal/philosophical exemptions for any required immunizations.
- The Certificate of Immunization Status forms for children who are currently enrolled must be accessible and maintained on the premises in a confidential manner.

Current immunization information and schedules are available at the WA State Department of Children, Youth, and Families website.

Infant Care

Infant Nurse Consultant

When infants are in our care, Peacock Family Services is mandated to have a written agreement with our Nurse Consultant, who is a Registered Nurse, currently licensed, with training and/or experience in Pediatric Nursing or Public. Our health consultant conducts monthly on-site visits, and is available for phone consultations as needed. Written notes of the consultant's visits are kept in the office.

Program and Environment



Infants are at least six weeks of age when enrolled.

The infant room is street-shoe free to reduce infant exposure to dirt, germs, dangerous heavy metals, chemicals, and pesticides. All staff and other adults entering the room wear socks, slippers, inside-only shoes, or shoe covers over their street shoes.

The infant room has areas where all infants can be safely placed on the floor at any given time. Floor covering is cleaned, rinsed, and sanitized daily, between use by different children and when soiled with bodily fluids.

All infants spend time on the floor - including on their tummies - each day.

Infants do not spend more than 20 minutes per day in swings, infant seats, or saucers. Saucers are only used with infants who are developmentally ready. Saucers are adjusted so that infant's feet are in contact with the bottom surface of the equipment at all times.

Evacuation Cribs

Evacuation cribs are available for all infants (max. 4 infants per crib). Evacuation cribs have 4" or larger wheels capable of crossing terrain on evacuation route and a reinforced bottom.

Evacuation Cribs continued...

A clear pathway is kept between evacuation cribs and emergency exits at all times. Nothing is stored below or around evacuation cribs that would block immediate exit of cribs.

Infant Safe Sleep/Napping

Each infant is allowed to follow his/her individual sleep pattern. Infant providers will look for and respond to cues as to when an infant is sleepy. Infants are visible to providers at all times while asleep. Rooms are kept light enough to allow easy observation of sleeping infants.

Infants will not sleep in car seats, swings, or similar equipment not designed for sleep. Any child who arrives at the center asleep in a car seat, or who falls asleep in a swing or infant seat will immediately be moved to a crib.

Each infant will be provided with a single-level crib with a mattress that is snug-fitting, waterproof and easily cleaned and sanitized.

“Safe-sleep” recommendations from the American Academy of Pediatrics will be followed. This includes:

- Back to sleep for every sleep: Infants are always placed on their backs in a crib.
- Use a firm sleep surface (i.e. mattress in a safety-approved crib) covered by a fitted sheet with no other bedding or soft objects to reduce the risk of SIDS and suffocation. Mattresses should be firm and should maintain their shape even when the fitted sheet designated for that model is used, such that there are no gaps between the mattress and the wall of the crib.
- Infants will be placed in a crib that conforms to the safety standards of the Consumer Product Safety Commission (CPSC), including those for slat spacing less than 2-3/8 inches, snugly fitting and firm mattresses, with no drop sides.
- Soft objects and loose bedding will be kept away from the infant’s sleep area to reduce the risk of SIDS, suffocation, entrapment, and strangulation. Infant sleep clothing, such as a wearable blanket, is preferable to blankets and other coverings to keep the infant warm while reducing the chance of head covering or entrapment that could result from blanket use.

Alternate sleep positions must be defined in writing by the parent/guardian and the child’s healthcare provider.

To allow walking room between cribs and reduce the spread of germs:

- Cribs will be placed a minimum of thirty inches apart.
- Cribs may be end to end if you provide a barrier. If you use barriers, staff must be able to observe and have immediate access to each child. Barriers must be moisture resistant and an easily cleanable surface on the side or end adjacent to another crib.

Infant Safe Sleep/Napping continued...

- Cribs will not be located next to windows unless windows are constructed of safety glass. Nothing is stored above cribs unless securely attached to wall. Crib wheels are locked in order to prevent movement in an earthquake.

Effective December 28, 2012, each crib in use in licensed childcare must meet U.S. Consumer Product Safety Commission (CPSC) requirements for full size cribs as defined in 16 Code of Federal Regulations (C.F.R.) 1219, or cribs that are not full size as defined in 16 C.F.R. 1220. The licensee must keep in the licensed space a log documenting that each crib in use meets the requirements of this section.

Bottle Storage

Label all bottles with the infant's full name and the date the bottle was filled to be sure the correct formula or breast milk is given to each infant.

Store frozen breast milk at 10 degrees Fahrenheit or less. Thaw breast milk in the refrigerator, under warm running water or in a pan of warm water. Keep frozen breast milk in the center for no more than two weeks. A refrigerator is accessible for staff to store bottles and unserved, leftover infant food. The contents of any bottle not fully consumed within one hour are disposed of. Do not put bottles that have been used back into the refrigerator. Any unused bottle contents are thrown away or returned to the family within twelve hours of preparing or arriving at the center. Infant formula will not be served past the expiration date on the manufacturers container.

Bottle nipples will be covered when not in use to reduce risk of cross contamination and exposure.

Bottle Preparation

Peacock prepares bottles on site at the bottle preparation area, in accordance with WAC. Parents may bring filled bottles from home, labeled with the infant's name, for daily use (see WAC).

To prepare bottles we must:

- Prepare and fill bottles by washing hands prior to bottle preparation;
- Use a sink that is only for bottle preparation, other food preparation, or other approved source of water. Water from a handwashing sink may not be used for bottle preparation;
- Do not heat a bottle in a microwave or allow bottles to warm at room temperature for more than an hour, to limit bacterial growth; and Bottles must be warmed under running warm water or placed in a container of water that is not warmer than 120 degrees Fahrenheit.

The bottle preparation area, including the sink, must:

- Be located at least eight feet from the outermost edge of diaper changing areas; or

Bottle Preparation continued...

- Have a barrier to prevent cross-contamination that is placed between the sink used for food or bottle preparation and the diaper changing table, counter, or sink. If a barrier is used, it must be:
 - Solid (without cracks or breaks);
 - Sealed;
 - Moisture-resistant; and
 - At least twenty-four inches in height from the counter surface.

If the infant room does not have a sink that is dedicated to bottle and food preparation, you must provide a clean source of water for preparing bottles, such as getting water from the kitchen and keeping it in a container with an airtight cover that:

- Is located at least eight feet from the outermost edge of diaper changing tables or counters and sinks used for diaper changing; or
- Has a barrier that meets the requirements in WAC to prevent cross-contamination that is placed between the containers used for food or bottle preparation and the diaper changing table.

Infant Bottle Feeding

Peacock must have and follow written policies on providing, preparing, and storing breast milk or infant formula and food.

Peacock supports the needs of a breastfeeding mother and infant by:

- Providing an area for mothers to breastfeed their infants; and
- Providing educational materials and resources to support breastfeeding mothers.

Infants are fed on cue. Staff recognize and respond appropriately to hunger cues such as:

- opening mouth as if searching for a bottle/breast
- hands to mouth and turning toward caregiver
- hands clenched and/or fussiness/crying

Only breast milk or infant formula are served to an infant less than 4 months old, unless the child's health care provider offers a written order stating otherwise. Bottles are labeled with the time feeding begins. The name on each bottle is checked before the bottle is offered to an infant.

Bottle Feeding continued...

When bottle feeding:

- Test the temperature of bottle contents before feeding to avoid scalding or burning the child's mouth;
- Hold infants and, when developmentally appropriate, toddlers to make eye contact and talk to them;
- Stop feeding the infant or toddler when they show signs of fullness.
- Do not allow infants or toddlers to be propped with bottles or given a bottle or cup when lying down.

Unconsumed bottles are disposed of into a sink after one hour to prevent bacterial growth. The Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) both consider breast milk to be “food” and not a “body fluid”, so universal precautions are not necessary and breast milk may be safely stored in the same refrigerator as other foods. However, in the event that an infant has been fed another child’s bottle of breastmilk, this shall be treated as an accidental exposure to body fluid, as per Peacock’s Blood-borne Pathogens policy. The childcare provider will inform the parents of the child who was given the wrong bottle and suggest that they notify the child’s health care provider of the exposure. The childcare provider will also inform the mother whose milk was accidentally fed to the wrong infant and ask if she would be willing to share any information about her health status with the family of the exposed infant. The Childcare Licensors will also be informed of the occurrence and an incident report will be completed.

Bottle Cleaning

Used bottles and dishes are not stored within eight feet of the diapering area or placed in the diapering sink.

Families are asked to provide a sufficient number of bottles to meet the daily needs of the infant.

After use, bottles, bottle caps, and nipples are rinsed and placed in a waterproof container for parents to take home. Bottles are washed at home.

Infant and Toddler Solid Foods

Age-appropriate solid foods will be introduced no sooner than four months of age, based on an infant's ability to sit with support, hold their head steady, close their lips over a spoon, and show signs of hunger and being full, unless identified in a written food plan pursuant to WAC or written medical approval.

The texture of the food will be increased from strained, to mashed, to soft table foods as a child's development and skills progress, between six and twelve months of age. Soft foods offered to older infants should be cut into pieces one-quarter inch or smaller to prevent choking.

Infant and Toddler Solid Foods continued...

Peacock staff will work with the infant's parent to develop a plan for the infant's feedings that is acceptable to the parent and incorporates the following WAC guidelines:

Developmental Stage/Age of Infant	Type of Feeding
Under 4 months of age	Serve only formula or breast milk unless you have a written order from the child's health care provider.
<p>When baby can: (At about 4-6 months of age)</p> <p>Sit with support</p> <p>Hold head steady</p> <p>Close lips over the spoon</p> <p>Keep food in mouth and swallow it.</p>	<p>Serve only formula or breast milk unless you have a written order from the child's health care provider.</p> <p>Begin iron fortified baby cereal and plain pureed fruits and vegetables upon consultation with parents.</p>
<p>When baby can: (At about 6-8 months)</p> <p>Sit without support</p> <p>Begin to chew</p> <p>Sip from a cup with help</p> <p>Grasp and hold onto things</p>	<p>Serve only formula or breast milk unless you have a written order from the child's health care provider.</p> <p>Start small amounts of juice, or water in a cup.</p> <p>Let baby begin to feed self.</p> <p>Start semisolid foods such as cottage cheese, mashed tofu, mashed soft vegetables, or fruits.</p>
<p>When baby can: (At about 8-10 months)</p> <p>Take a bite of food</p> <p>Pick up finger foods and get them into the mouth</p> <p>Begin to hold a cup while sipping from it</p>	<p>Serve only formula or breast milk unless you have a written order from the child's health care provider.</p> <p>Small pieces of cheese, tofu, poultry, fish, or ground meat.</p> <p>Small pieces of soft cooked vegetables, peeled soft fruits.</p> <p>Toasted bread squares, unsalted crackers, or pieces of soft tortilla.</p> <p>Cooked plain rice or noodles.</p> <p>Only formula, breast milk, juice, or water in the cup.</p>

<p>When a baby can: (10-12 months)</p> <p>Finger Feed</p> <p>Chew and swallow soft, mashed, and chopped foods</p> <p>Start to hold and use a spoon</p> <p>Drink from a cup</p>	<p>Serve only formula or breast milk unless you have a written order from the child's health care provider.</p> <p>Begin offering small sized, cooked foods.</p> <p>Variety of whole grain cereals, bread and crackers, tortillas.</p> <p>Cooked soft meats, mashed legumes (lentils, pinto beans, kidney beans, etc.), cooked egg yolks, soft casseroles.</p>
<p>When a baby can eat a variety of foods from all food groups without signs of an allergic reaction</p>	<p>Fruit pieces and cooked vegetables.</p> <p>Yogurt, cheese slices.</p> <p>Offer small amounts of formula, breast milk, or water in the cup during meals.</p>

Older infants or toddlers will be allowed to self-feed soft foods from developmentally appropriate eating equipment.

Infants or toddlers who can sit up on their own will be placed in high chairs or at an appropriate child-size table and chairs when feeding solid foods or liquids from a cup, and will have an early learning provider sit with and observe each child eating.

If high chairs are used, each high chair must:

- Have a base that is wider than the seat;
- Have a safety device, used each time a child is seated, that prevents the child from climbing or sliding down the chair;
- Be free of cracks and tears; and
- Have a washable surface.

Infants or toddlers will not be left for more than fifteen minutes in high chairs waiting for meal or snack time, and will be removed as soon as possible once they finish eating.

Infants or toddlers will be prevented from sharing the same dish or utensil.

Uneaten food from the serving container will not be served after the intended meal.

No egg whites or nuts (*allergy risk*) or honey (*botulism risk*) is given to children less than 12 months of age. This includes other foods containing these ingredients such as honey graham crackers.

Infant and Toddler Solid Foods continued...

The use of cups and spoons at mealtimes is encouraged by 9 months of age.

Before food is prepared, preparation surfaces are cleaned, rinsed, and sanitized.

Staff wash hands in the hand washing sink before preparing food. The food preparation sink is not used for hand washing or general cleaning.

Staff wear gloves or use utensils for direct contact with food. No bare hand contact with ready to eat food is allowed.

Gloves used for food preparation are kept in food preparation area.

Children eat from plates or mats with utensils. Food is not placed directly on table.

Children are not allowed to walk around with food or cups while they are eating.

Teachers sit with infants and young children when eating and engage in positive social interaction.

For allergies or special diets, see the NUTRITION section of this policy.

Diapering

We use diapers supplied by the individual families.

Children are **never** left unattended on the diaper-changing table. Safety belts are not used on the diaper changing table because they are neither washable nor safe. The diaper changing table is used only for diapering. Toys, pacifiers, papers, dishes, blankets, etc., are not placed on diapering surface. Diaper changing pads are replaced when they become torn/ripped. No tape is present on diaper changing pad.

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

1. Wash Hands.
2. Gather necessary materials. If using bulk diaper ointment, put a dab of ointment on paper towel.
3. Put on disposable gloves.
4. Place child gently on table and remove diaper. *Do not leave child unattended.*
5. Disposable diapers are placed into a covered, plastic-lined, hands-free covered container.
6. Cloth diapers are individually bagged and placed, without rinsing, into a secure area before being given to the parents for washing at home.
7. Clean the child's diaper (peri-anal) area from front to back, using a clean, damp wipe for each stroke.
8. Remove gloves and wash hands. Please note: A wet wipe or damp paper towel may be used for this handwashing only. *Do not leave child unattended.*

Diapering continued...

9. If parent/guardian has completed a medication authorization for diaper cream/ointment/lotion, put on gloves and apply to area. Remove gloves.
10. Put on clean diaper (and protective cover, if using a cloth diaper). Dress child.
11. Wash child's hands with soap and running water (or with a wet wipe for young infants).
12. Place child in a safe place.
13. Clean diaper changing pad with detergent and water, rinse, and then sanitize with an eco-friendly product (following the steps outlined on the label).
14. Wash hands, even if gloves are used.

Stand-Up Diapering for Older Children

Stand-up diapering is an option for appropriate situations and children. Stand-up diaper changing takes place in the bathroom. Stand-up diaper changing procedure posted in the bathroom is as follows:

1. Wash hands.
2. Gather necessary supplies (diaper/pull-up/underpants, wipes, cleaner and sanitizer, paper towels, gloves, plastic bag).
3. Put on disposable gloves, if desired.
4. Coach child pulling down pants and removing diaper/pull-up/underpants (and assist as needed).
5. Put soiled diaper/pull-up/underpants in plastic bag (or assist child in doing so), or if a disposable diaper or pull-up is used put them into the trash can.
6. Coach child in cleaning diaper area front to back using a clean, damp wipe for each stroke (and assist as needed).
7. Put soiled wipes in trash can (or assist child in doing so).
8. Dispose of gloves.
9. Wash hands (in sink or with wipe) and coach child in doing the same.
10. If a signed medication authorization indicates, apply topical cream/ointment/lotion using disposable gloves then remove gloves.
11. Coach child in putting on clean diaper/pull-up/underpants and clothing and washing hands (in bathroom/handwashing sink).

Stand-up Diapering for Older Children continued...

12. Close and put any bag of soiled clothing or underpants into child's cubby.
13. Use 3-step method on floor where change has occurred.
14. Wash hands (in bathroom/handwashing sink).

Toilet Learning

We believe toilet learning is a skill that children approach at their own pace, when their bodies are ready, and when the child is interested. This often occurs at 2 or 2 ½ years of age. When a child is showing signs of being ready for toilet learning, parents and a child's teacher will collaborate to establish a toilet learning plan that works for both home and school settings.

We never pressure, coax, bribe, humiliate, scold, or punish a child for not using the toilet or having an accident. We are responsive in our approach to toilet learning, following the child's lead and honoring their dignity by recognizing and acknowledging a child's successes and building upon them.

Use of Potty-Chairs

Potty-chairs must be located in the toilet room or similar area that meets the requirements of WAC designed for toileting.

- On a floor that is moisture resistant and washable;
- Immediately emptied into a utility sink, separate from classrooms, hand washing sink, and sanitized after each use. The sink must also be cleaned and sanitized after cleaning potty-chairs.

Toileting Privacy

Toileting privacy is available for children of opposite genders who are six years of age and older, or when a younger child demonstrates a need for privacy.

Safety

We stress carefulness and safety at Peacock Family Services. The children are within visual and auditory range and supervised closely at all times. The playground is inspected daily by lead teachers and daily by the Program Director and Site Manager for broken equipment, environmental hazards, garbage, animal contamination, and required depth of cushion material under and around equipment. Areas are free from entrapments, entanglements, and protrusions. Materials, furniture, and equipment are checked daily by lead teachers and monthly by the Program Director and Site Manager to be sure they are in safe, working order. Lead teachers inspect their rooms daily and request repair or removal of broken or damaged equipment.

Safety continued...

All staff are alert to safety hazards and report them immediately to the Program Director or Site Manager who ensures that they are removed, made inaccessible, or repaired immediately to prevent injury. Hazards include, but are not limited to:

- Security issues (unsecured doors, inadequate supervision, etc.)
- General safety hazards (broken toys & equipment, standing water, choking hazards, sharp objects, etc.)
- Strangulation hazards
- Trip/fall hazards (rugs, cords, etc.)
- Poisoning hazards (plants, chemicals, etc.)
- Burn hazards (hot coffee in child-accessible areas, unanchored or too-hot crock pots, etc.)
- Falling hazards in the event of earthquake

Medications are stored in a cabinet, refrigerator, or mobile backpack, out of children's reach. Cleaning supplies are kept in their original containers in a ventilated room inaccessible to children. Other harmful substances and objects are kept out of children's reach. Classrooms are free of pushpins and thumbtacks.

Staff never step over gates or other barriers.

Staff never climb stairs while carrying an infant or child.

The water heater is tested annually by a representative of the city. Tap water temperature is kept between 85 and 120 degrees Fahrenheit to avoid burns. Coffee, tea, and other hot beverages, consumed by staff while children are in their care, are kept in covered containers in safe places out of the children's reach.

Our potable water is tested for lead and copper in accordance to Washington State regulations. We use only cold water for drinking, cooking, and making baby formula, and we run the water for 5-10 seconds or until it feels noticeably colder. We do not use imported, old, or handmade pottery to cook, store, or serve food or drinks.

We encourage the wiping of shoes on a rough mat before entering our facility, and we have people remove their shoes, or use shoe covers, before entering classrooms and play spaces.

Fire extinguishers are located throughout the facility. Fire drills are conducted monthly. Disaster drills are conducted quarterly.

We maintain air quality by not allowing cars and other vehicles to idle near the facility. We do not use scented candles or air fresheners. We do not use aerosol sprays. We do not permit smoking on site. We avoid conditions

Safety continued...

that lead to excess moisture, which contributes to the growth of mold and mildew. We use only low-VOC latex paints and do not paint when children are present or will be present before the paint could dry.

Play equipment is age and developmentally appropriate. We maintain recommended ground cover under climbing equipment to reduce the risk of severe injury. We do not use pressure treated wood. We use non-toxic art supplies approved by Early Achievers and WAC.

The Program Director monitors the Injury Log on an on-going basis to identify accident trends and implement a plan of correction. The Program Director and Site Manager review updates on recalled items and other safety hazards on the Consumer Products Safety Commission website: www.cpsc.gov.

Injuries and Medical Emergencies

In addition to being vigilant about safety, we are prepared for accidents and emergencies. All staff are current in their training in CPR and First Aid. Each classroom is equipped with a first aid kit kept in a secure location inaccessible to children. Each first aid kit contains all of the following:

- First aid guide
- Thermometers
- Sterile gauze pads (different sizes)
- Small scissors
- Adhesive tape
- Band-Aids (different sizes)
- Roller bandages (gauze)
- Large triangular bandage
- Gloves (nitrile or vinyl)
- Tweezers for surface splinters
- Syrup of Ipecac (unexpired)
- CPR mouth barrier

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

Travel First Aid Kits

A fully stocked first aid kit is taken on all field trips and playground trips and is kept in each vehicle used to transport children. In addition to the above list, these travel first aid kits also contain:

- Water, liquid soap and paper towels
- Chemical ice (non-toxic) for injuries
- Cell phones and/or walkie-talkies
- Copies of completed consent for emergency treatment in the child's Health Information & Emergency contact in the Child Care Registration form

Travel First Aid Kits continued...

All first aid kits are checked by the Program Director or Site Manager and are restocked when supplies have been used.

Procedures for Treating Injuries

In the event of an injury, the following procedures will be followed:

1. Child is assessed and appropriate supplies are obtained.
2. First aid is administered. Non-porous, non-latex gloves are used if blood or other body fluids are present. If injury/medical emergency is life-threatening, one staff person stays with the injured/ill child and administers appropriate first aid, while another staff person calls 911. If only one staff member is present, person assesses for breathing and circulation, administers CPR for one minute if necessary, and then calls 911.
3. Staff call parent/guardian or designated emergency contact if there is a head injury and/or other serious injuries. For major injuries/medical emergencies, a staff person stays with the injured/ill child until a parent/guardian or emergency contact arrives, including during transport to a hospital.
4. Staff record the injury/medical emergency on an Injury Report Form. The report includes:
 - date, time, place, and cause of the injury/medical emergency;
 - treatment provided;
 - name(s) of staff witnesses and those providing treatment;
 - persons contacted;
 - other needed notes providing context of the situation that lead to the incident.
5. A copy of the completed form is given to the parent/guardian the same day and a copy is placed in the child's file. For major injuries/medical emergencies, parent/guardian signs for receipt of the report, and a copy is sent to the licensor no later than the day after the incident.
6. An injury is also recorded by the Site Manager on the Injury Log. The entry will include the child's name, staff involved, and a brief description of incident. We maintain confidentiality of this log by keeping it stored online in secured documents.
7. The childcare licensor is called immediately for serious injuries/incidents which require medical attention.
8. If a parent or other visitor is injured on-site, or there is damage to property, a member of the Management Team documents the incident, as well as addresses any concerns. All work related accidents are reported to Worker's Compensation Insurance pursuant to the laws of Washington State.

Blood-borne Pathogen Plan

Even healthy people can spread infection through direct contact with body fluids. Peacock's Blood-borne Pathogens Policy is outlined in Appendix A. New staff are given this training upon orientation. Staff renew this training during the spring of each year.

Peacock's Playground and Outdoor Area Rules

On the Peacock playground or community play area:

- Never put a child where they cannot get to by themselves. Children may drop from the rings without assistance.
- Children will face the ladder as they climb up using both hands.
- Only 5 children max are allowed in the tower at one time. Toys are not allowed in the tower.
- Children should slide down on their bottom with feet first on the slide. All other children should be out of the way of the slide landing.
- Children can pick up rocks no larger than their hand and must place them down gently.
- Throwing of sand, wood chips, or rocks is not allowed at any time.
- A teacher must be within arm's reach of kids on the monkey bars in order for that area to be open. Staff must be especially attentive, and need to be ready to support children in getting down from the monkey bars if needed.
- Children will help to put items away before leaving the playground.
- Only teachers will be able to turn on the water hose.
 - If children's clothes become very wet from a water activity, teachers will ensure that they change into dry clothes as soon as possible.
- The concrete wall may not be used for climbing.
- Children should stay off of the picket fence (except the designated climbing zone) to prevent injury.
- A clear drop zone of 6 feet must be maintained for any climbing area above 6 inches.
- The flexible fence must be used to give children boundaries for car/bike play.
- The maximum number of children for both the preschool playground and bike area is 19 students each. The maximum for the toddler playground is 6 children.
- When Nature Nuts uses local parks and the Hyla Campus, kids are within visual and auditory range at all times.

Animals on Site

Having animals in a classroom is a learning opportunity. Children are taught how to handle the pet and are closely supervised while doing so. Children and staff are taught about safety and hygiene when handling pets.

Unfamiliar pets and other animals should be avoided when children and staff are offsite. Handling of familiar wild animals should relate to the curriculum, and be highly supervised by the staff present, with guidelines that limit the potential for harm to the children and the animal.

Animals at or visiting our center or programs are carefully chosen in regards to care, temperament, health risks, and appropriateness for young children. Animals with a history of biting or other aggressive behaviors must not be on the licensed premises and must be avoided during off-property programming.

In accordance with WAC, when animals are on the licensed premises, we must:

- Notify the parents in writing that animals will be on the premises, along with any potential health risks associated with the animals, including how to address any allergy concerns;
- Have a signed document from each parent stating they understand the potential health risks;
- Not hang pet containers or cages in corridors, entryways, or over where children eat, sleep, and play;
- Post hand washing signs in areas where pets are housed;
- Have containers or cages that prevent debris from spilling out of the container or cage;
- Assign responsible staff to ensure pet containers, cages, and litter boxes are cleaned and disinfected at least weekly and more often if needed;
- Not allow animals in food preparation areas. If the sink is used for cleaning food or utensils, it cannot be used to clean pet supplies;
- Not allow animals in rooms that typically are used by infants or toddlers;
- Keep on file proof of current rabies vaccinations for all dogs and cats;
- Meet local requirements in counties with immunization, vaccination, and licensing requirements for animals; and
- Organize children into small groups for supervised activity when handling pets.

The organization must develop policies and procedures for management of pets to include:

- How the needs of children who have allergies to pets will be accommodated;
- How pet containers, cages, and litter boxes will be cleaned and sanitized and who will do it;
- How pets will receive food and water, and be kept clean, in addition to who will address the task;

Animals on Site continued...

- Curricula for teaching children and staff about safety and hygiene when handling pets; and
- Pets (excluding aquatic animals) showing signs of illness must be removed from the facility until they have been seen, treated, and given approval to return to the center by a veterinarian. Written proof of veterinary visits must be maintained on file.

Reptiles and amphibians must be in an aquarium or other totally self-contained area except during educational activities involving the reptile. Children five years of age or less must not physically handle reptiles and amphibians.

Children must wash their hands before and after handling animals.

Our procedures for managing pets living at Peacock Family Services facilities is as follows:

Cleaning pet containers is done by qualified and trained adults, with the following steps:

1. Wash hands and place animal in temporary container.
2. Put on nonporous gloves.
3. Place soiled litter in a plastic bag and tie it shut. Take bag outside to the dumpster.
4. Wash cage in utility sink with a small amount of soap that won't harm animals.
5. Rinse the cage in clear water.
6. Disinfect the cage with a disinfectant that won't harm animals.
7. Dispose of gloves.
8. Allow cage to dry before filling with clean litter.
9. Return animal to cage, then wash hands.
10. Clean, rinse and sanitize temporary container.
11. Clean, rinse and sanitize utility sink.
12. Wash hands.

When feeding pets, a qualified and trained adult will:

1. Supervise children if they wish to help feed.
2. Instruct the children to wash their hands.
3. Pour old water in utility sink. Wash, rinse and sanitize water bottle. Fill with fresh water.
4. Give more food as necessary.

Animals on Site continued...

5. Wash everyone's hands.
6. Clean, rinse, and sanitize utility sink.
7. Wash hands again.

Pesticide Policy

Peacock does not use toxic techniques either inside or outside the facility to prevent and control pests (insects, weeds, and rodents). If a serious threat is found and pesticide application is the only viable option, parents are notified in advance and a licensed professional applies an effective and least toxic product at a time when children will not be exposed to the application area for at least 24 hours.

All applications of pesticides are performed by an individual that is licensed as a commercial supervisor or commercial operator under the direct supervision of a certified supervisor. The only exception is that an emergency application to eliminate an immediate threat to human health may be made by an uncertified person when it is not practical to have the area treated by a licensed person.

Peacock maintains records of pesticide application for 5 years, including:

- name(s) & certification number(s) of the certified commercial supervisor and operator;
- the kind and amount of pesticide used;
- the name of the active ingredient in the pesticide;
- the date and place of application;
- the pest for which the area was treated.

Child Abuse and/or Neglect

Childcare providers are state mandated reporters of child abuse and neglect; we immediately report suspected or witnessed child abuse or neglect to Child Protective Services (CPS). The phone number for CPS is 1-800-609-8764.

Training on identifying and reporting child abuse and neglect is provided upon hire, and annually thereafter, to all staff. Documentation is kept in staff files.

If there is an incident of concern, the staff will take the following steps:

1. Report suspected abuse to a member of Peacock Management, Child Protective Services, and the licensor
2. Program Director and involved staff will write down the following information on an incident report:
 - Date and time of calls to Child Protective Services and Department of Children, Youth, and Families
 - Child's name
 - Child's age/birthdate
 - Address
 - Name and address of parent or guardian and other children in the home (if known)
 - Any statements made by the child during casual classroom conversation or in an internal interview
 - The nature and extent of the injury or injuries, neglect, and/or physical abuse
 - Any evidence of previous incidences of abuse or neglect including nature and extent
 - Any other information which may be helpful in establishing the cause of the child's injury or injuries, neglect, or death, and the identity of the perpetrator or perpetrators

Incident reports are stored in the office log and in the child's file.

Disaster Preparedness

Planning and Training

Peacock Family Services has developed a disaster preparedness plan/policy. Our plan includes responses to the different disasters our site is vulnerable to, as well as procedures for on- and off-site evacuation and shelter-in-place. Building evacuation routes are posted in each classroom. This manual, including our disaster preparedness plans, is located in each classroom and in the office.

Staff are trained in our disaster policy upon hire and annually. Parents/guardians are oriented to these plans upon enrollment and through our Parent Handbook.

Emergency Supplies

Peacock's Center and programs have a supply of food and water for children and staff for at least 72 hours, in case parents/guardians are unable to pick up children due to emergency situations.

At the center, parents/guardians are responsible for supplying an emergency kit for their children. For the Nature Nuts program, staff maintain the amount of food needed for emergencies. Expiration dates of food, water, and supplies are checked once a year and supplies are rotated accordingly. For the Center, emergency kit supplies obtained from the families are stored in the locked materials bins on the far end of the parking lot. Essential medications and medical supplies are also kept on hand for individuals needing them, and checked every six months.

Staff are trained in the use of fire extinguishers annually by a member of the local fire department. All staff are trained in utility control (how to turn off HVAC air system, electric, and water), and how to gain access to the building if the electricity and keypad are out of service.

Fire drills are conducted and documented each month. Disaster drills are conducted quarterly. Drills, preparations, and trainings are documented.

A KNOXBOX is present outside of the entrance to the building for emergency service providers (fire, medical, police) with keys to the entry and contact information for the Executive Director and Board President.

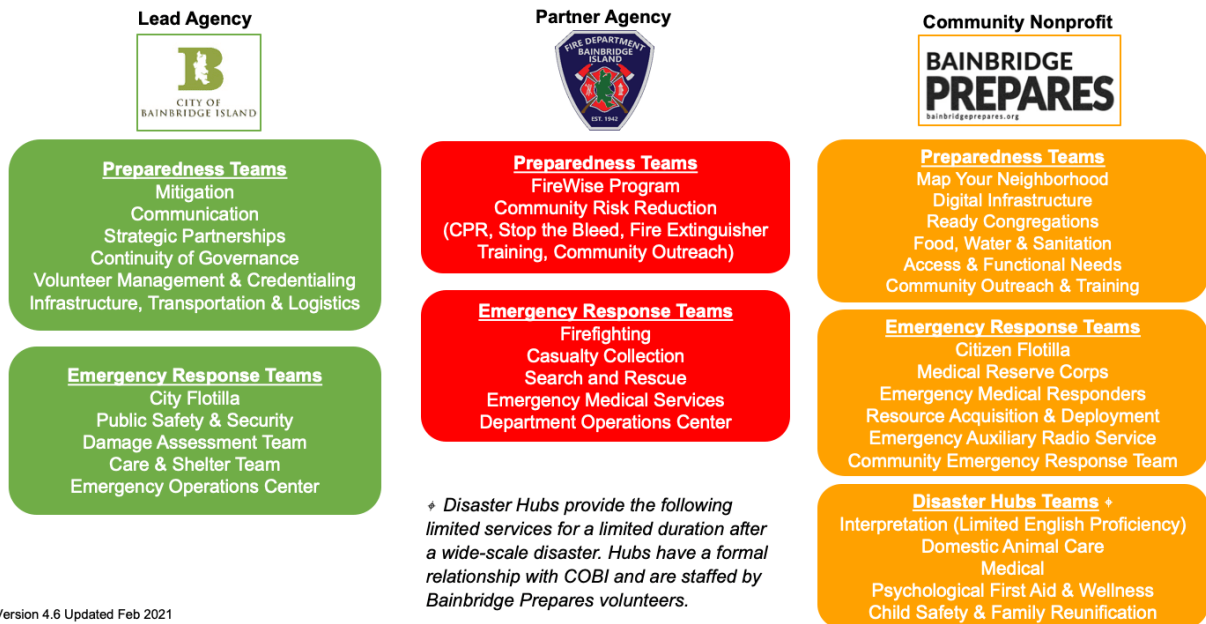
Community-wide Emergency

Peacock is part of Bainbridge Prepares, a collaborative blend of individuals, organizations, and local government. Bainbridge Prepares is actively making our island community more resilient through mutual aid among residents. Our shared goal is to become the most resilient town in Washington state.

In the event of a disaster like an earthquake, our brave first responders will be overwhelmed and our neighborhoods will be on their own. That’s when community is vital—neighbors helping neighbors—with everyone sharing the common goal of taking care of each other.

Peacock is part of the Bainbridge Prepares Child Safety and Family Reunification Team. For more information regarding steps to take during an emergency, see upcoming disaster readiness section.

Emergency Management Strategic Planning Organizational Chart



Version 4.6 Updated Feb 2021

Emergency Situations Roles and Responsibilities

Important to note: If there is a serious concern at any of the community's schools, a COBI NIXLE text alert will be sent out to those on the service, including Peacock Management, with a warning of the situation.

In all emergency health and safety situations staff must adhere to their roles and responsibilities.

Staff present should divide their roles and responsibilities between them so that:

- one or more persons can address the situation; and
- remaining staff have their attention on the children present while remaining with teacher/child ratios.

Management should support the staff who are in the situation, while setting up an Incident Command location with communications as follows:

1. The Program Director will notify parents of the situation and steps taken.
2. The Program Director or designee will report incident to the licensor and Child Protective Services (if needed).
3. All involved staff will complete a written incident report at the earliest opportunity; incident reports are stored in the office. Note: These reports may become legal documents. Confidentiality of these reports must be strictly observed.
4. The Executive Director will notify the Board of Trustees and insurance company (if needed).
5. Only the Executive Director will communicate with the press and community partners concerning the incident.

Inclement Weather and/or Power Outage

Peacock may be closed in the event of inclement weather, disaster, or power outage. If we lose power, Peacock will close until power is restored. If power is lost during hours of operations, an alert will be sent to all primary contacts via text and email instructing parents to make arrangements to pick up their child as soon as possible. Parents working off island will need to make arrangements with an emergency contact for support if they will be longer than one hour to pick up their child.

The safety of our families and staff is of great concern to us. In snowy and icy weather, Peacock Family Services will not open, so that all families may stay safely at home. Peacock generally follows the Bainbridge Island School District assessment for school closures. If the school district is not in session, we rely upon the City, Fire, and Police Departments in regards to road safety; and the National Weather Service and EPA Air Now network for tracking storms, wind, and air quality assessments. Additionally, if high winds become a concern or snow begins to accumulate during the day, staff will send an alert text and email through the Tadpoles system to parents for immediate pick up. Our families' and our staff's safety is our top priority; therefore, we will err on the side of extreme caution in regards to inclement weather. If we cannot reach the parents, we will call the emergency contacts on file.

If children are present when the closure is needed, the following steps will be taken:

1. Director or designee will try to identify the problem and activate alternate lighting system; flashlights and batteries are located: in the office, in each classroom, and at the reception desk.
2. Call 911 if concerned about a fire or safety hazard.
3. Program Directors will contact the Executive Director, and if unavailable, the Board President to alert them of the situation and status of their groups.
4. Contact all parents through the Tadpoles alert system and phone calls, requiring immediate pick-ups.
5. Contact Puget Sound Energy to report the outage.
6. Unplug all electrical equipment; turn off everything except lights to exit pathways. Do not unplug the refrigerator or freezer.
7. Necessary staff will remain on property until last child is picked up.
8. Chef and/or Management staff will:
 - Chef will secure the food items in the kitchen and pantry, preparing for potential extended outage
 - Management will display signage explaining to visitors the nature of the situation

Shelter-in-Place Protocol

Shelter-In-Place should be conducted when an unsafe situation calls for staff to gather all individuals present to the nearest indoor location. Staff present will assume Emergency Situation Roles and Responsibilities. In addition to supporting the staff, the Management staff will initiate Incident Command Communications and Protocols (see page 58).

- If at either campus, utilize the indoor classroom spaces with the least amount of views from the outside, i.e. the downstairs at the center, or the back area of Hyla's room 10.
 - If off site, access a public building if possible, otherwise the nearest safe refuge that will accommodate the group size.
1. As they gather all children inside, staff will quickly check the halls and restrooms closest to their classrooms to ensure that all children are gathered into the rooms.
 2. Lock all doors, close and lock all windows, cover all windows and doors, and turn off lights.
 3. Keep children away from windows and doors; position children in a safe place against walls or on the floor; create a buffer with furniture if need be.
 4. Staff will maintain (as best they can) a calm atmosphere in the room, keeping alert to emotional needs of the children.
 - Gather in a story circle, play music for a "dance party", pull out games for a distraction for toddlers and preschoolers.
 - Gather infants into one or two wheeled cribs, along with items to help keep them quiet, such as bottles, pacifiers, and small, quiet toys.
 5. Teachers will keep all children in the indoor spaces until an all clear signal has been given.
 6. If needed, the Program Director or designee will immediately call 911 and stay on the phone until help arrives. Await further instructions from emergency response personnel. Staff will be informed when it is safe to move about and release children from the classrooms. Children should not be released to parents until an "All Clear" has been called.
 7. Upon arrival, the local police, in conjunction with the Management staff will assume controlling responsibility and may evacuate the building per police standard operating procedures.
 8. When "All Clear" is heard, the Program Director will apprise the staff of the situation and counsel staff and parents where needed. When the threat has been eliminated, normal activities should be resumed as soon as possible as instructed by Management.
 9. Management will continue the needed communications.

Site Evacuation Protocol

There may be times - such as fire, air quality, or earthquakes - in which the health and safety of all will dictate evacuating a building. In addition, if an event that may have compromised the building takes place, staff will begin by making a quick assessment of the situation in the rooms and of any injuries to the children or adults.

1. All staff will divide their Emergency Roles and Responsibilities accordingly, as Management sets up Incident Command Communications and Protocols (see page 58).
2. The Program Director or designee will evaluate the evacuation route to be sure that it appears clear of obstructions, then give instructions to evacuate.
3. Staff will bring with them the Classroom Emergency Backpack which contain: children's emergency and medical information and supplies.
4. If possible and time allows, have children take jackets and shoes.
5. Staff will track the following:
 - Number of children in care, staff, volunteers, and visitors
 - Knowledge of anyone remaining in the building
 - Floor plan and internal systems information
6. Staff should assemble children to evacuate the building (with one teacher leading the children and one teacher following behind). Infants will be put into rolling evacuation cribs. Young toddlers will be evacuated by evacuation crib or toddler stroller if available or by being carried.
7. Once assembled in a safe area, staff will take attendance. If safe to do so, search the building for anyone missing.
8. If evacuation is due to a gas leak or other incident that requires individuals be located further away from the building, have teachers move children to the pre-designated area or no less than one block from the program area; the pre-designated location is City Hall or the Bainbridge Prepares Hub if established.
9. The Executive Director will evaluate the situation with the help of responding agencies (fire, police, etc.) to determine if it is safe to enter the building. If not, determine if it is necessary to move to the alternate site location, or to stay put until it is safe re-enter the building.
10. Once at the alternate site location, take attendance again. Teachers must remain with their group of children until all of the children are picked up by parents or emergency contacts.
11. Management will continue the needed communications.

Fire Alarm

If the fire alarm goes off, or if smoke or fire is seen, the following steps should be taken immediately:

1. Activate fire alarm, if not sounding, then blow a whistle.
2. All staff will divide their Emergency Situation Roles and Responsibilities accordingly (see page 58).
3. Initiate Site Evacuation (see page 61).
4. Staff will evacuate children and visitors; dropping and crawling if needed to avoid smoke. Staff will close doors behind them.
5. Call 911 from outside the building.
6. Take attendance; if safe to do so, search the building for anyone missing.
7. Management or a staff member will check area of concern and use fire extinguisher if safe to do so.
8. If Management is not on site, call management or senior staff.
9. Management staff will set up an Incident Command Communications and Protocols (see page 58).
10. Have the following items ready for police and fire personnel:
 - a. Number of children in care, staff, volunteers, and visitors
 - b. Knowledge of anyone remaining in the building
 - c. Floor plan and internal systems information

Incident during Outdoor Programming

An incident in the field may range from a need for simple first aide, to a serious medical need, or sudden onset of inclement weather. If an emergency situation occurs during time in the field with children, it is vital that staff quickly designate their Emergency Roles and Responsibilities (see page 58) while establishing communications with Peacock Management and Emergency Services as soon as possible.

1. Before leaving for a field trip or outdoor program, staff will ensure that management has the following information:
 - a. List of children, staff, and volunteers present.
 - b. If vehicles are used, a list of children and staff by assigned vehicle
 - c. Map of intended route and timing, including estimated time of their return
 - d. Numbers to the phones staff are carrying
2. Staff will bring emergency backpacks.
3. If an emergency situation occurs in the field, staff present will divide their Emergency Roles and Responsibilities accordingly, as Management sets up Incident Command Communications and Protocols (see page 58).
4. Staff will assure that the group is in a safe location, while attending to any medical needs if there are injuries or complaints of pain.
5. Call 911 if emergency medical treatment or police are required.
6. Contact Management and provide update and actions being taken.
7. Management should consider deploying personnel to the scene for support and possible transportation.

Missing Child

If a child is found to be missing from a group, consult with all staff to ascertain if any of the following has happened:

- the child was already picked up by a parent,
 - the child has wandered off,
 - the child was inadvertently left behind, or
 - the child was taken.
1. Begin continual sweeps of the building or site.
 2. If the location of the child is still not known, call 911 immediately; provide the following information:
 - a. Child's name and age
 - b. Peacock's address, or off-site location of the incident
 - c. Physical and clothing description of the child, including any distinguishing marks such as visible scars or birthmarks. Send a photo if available.
 - d. Medical status, if appropriate
 - e. Time and location child was last seen
 - f. Person with whom the child was last seen, their direction of travel, and vehicle information if applicable.
 3. All staff will divide their Emergency Roles and Responsibilities accordingly, as Management sets up Incident Command Communications and Protocols (see page 58).
 4. Have child's information, including picture, available for the police upon their arrival
 5. Program Director will notify parents of missing child and attempt confirmation that child is with family; if not - inform parents of situation and steps taken
 6. The Program Director or designee will report incident to licensor and Child Protective Services
 7. Management will continue the needed communications until child is found.

Intruder Alert Procedure

From time to time, schools and childcare centers have been faced with the threat of unauthorized individuals entering the facility. An intruder is defined as any visitor who, through act or word, poses a perceived threat to the safety and welfare of children and employees.

Important to note: If there is a serious concern at any of the community's schools, a COBI NIXLE text alert will be sent out to those on the service, including Peacock Management, with a warning of the situation.

1. Shelter-In-Place should be conducted when an unsafe situation calls for staff to gather all present to the nearest indoor location. Staff present will assume Emergency Situation Roles and Responsibilities. In addition to supporting the staff, the Management staff will initiate Incident Command Communications and Protocols (see page 58).
2. If the intruder is already inside the building, a hand signal (which has been predetermined and is known by all staff) shall be made to the first staff member seen. That staff member will pass on the hand signal to others throughout the building and will call 911.
3. If the suspected intruder is not yet in the building, an announcement will be made to alert the staff of potential danger. The announcement will be **"It's time for a dance party downstairs everyone."**
4. If children are outside when a high alert is called, teachers will quickly direct and move children back into the facility for lockdown.

With staff focused on the children, a member of Management will assess the intruder situation and response needed.

1. If a person(s) comes into the facility, assess the situation. If you are uneasy or suspicious of the person(s) immediately have someone call 911.
2. If a weapon is present, DO NOT CONFRONT – subtly signal to another staff member for them to call 911 immediately.
3. If no weapon is suspected:
 - a. Approach the individual in a non-confrontational manner with the assistance of another staff member
 - b. Introduce yourself and the person with you to the individual in a non-confrontational way. Ask the individual who they are and how you can be of assistance.
 - c. If the individual has business in the building, guide them to the front desk. Do not let them into the building without confirmation of purpose or reason.
 - d. If the person does not have business in the building, do not let them in.
 - e. If the individual refuses to leave, do not confront them. Signal the other staff member to call 911.

Assault on Child or Staff

Assault is defined as an act, criminal or tortious, that threatens physical and/or mental harm to a person, whether or not actual harm is done. Whether an assault takes place while in the field or on-site, it is vital that staff quickly designate their Emergency Roles and Responsibilities (see page 58) while establishing communications with Peacock Management and Emergency Services as soon as possible.

1. Call 911 if any medical treatment is needed or if police are required (if in doubt – go ahead and call).
2. The Management staff will initiate Incident Command Communications and Protocols (see page 58).
3. With staff focused on the children, a member of Management will assess the intruder situation and response needed, enacting the Intruder Alert Procedures (see page 65).
4. The Center and field programs will follow Shelter-in-Place Protocols (see page 60).
5. A staff member will stay with the victim.
6. The victim's family will be notified by Program Director when safe to do so.
7. If medical treatment was required, the Program Director will call Child Protective Services and the licensor.
8. Management will continue the needed communications.

Bomb Threat

A Bomb Threat is a specific form of assault designed to cause physiological, as well as potential physical harm. Whether the threat arrives as a message or phone call, staff present will divide their Emergency Roles and Responsibilities accordingly, as Management sets up Incident Command Communications and Protocols (see page 58).

During the Bomb Threat Call:

- Do not hang up the phone! Keep the conversation going and attempt to get the following information:
 - Where is the bomb?
 - What time will it go off?
 - What kind of bomb is it?
 - Who are you?
 - Why is this going to happen?
- Listen for:
 - Voice of male or female
 - Speech impediment or accent
 - What kind of background noise is there?
 - Cell phone or land-line
- Note the date and time of the call.

Immediately After the Call

1. Call 911.
2. Notify the Executive Director.
3. Follow the Site Evacuation Protocols (see page 61).
4. Have floor plan ready for police/fire personnel.
5. Have teachers and staff glance around their area for suspicious items (do not approach suspicious items).

Hazardous Materials Incident

There are six categories of hazardous materials (HAZMAT) including: Flammable Liquids, Toxic Materials, Corrosives either Acids or Alkalis, Oxidizing Agents, Aerosols, and Compressed Gases. Additionally, there are other materials (biological, chemical, radiological, and/or physical) which should be avoided due to their ability to cause harm to humans, animals, or the environment.

1. If a hazardous material is found, call 911 immediately. A highly suspicious package should be treated as hazardous until proven otherwise.
2. Staff present will divide their Emergency Roles and Responsibilities accordingly, as Management sets up Incident Command Communications and Protocols (see page 58).
3. Create the appropriate safe situation for the children and staff:
 - External threat dictates a Shelter-in-Place Protocol (see page 60)
 - Internal threat dictates a Site Evacuation Protocol (see page 61)
4. Have the following items ready for police and fire personnel:
 - Location and description (liquid, gas) of hazard, if known
 - Number of children in care, staff, volunteers, and visitors
 - Floor plan and internal systems information
5. In the event a person comes into direct contact with a hazardous material, follow safety precautions posted on-site or listed on the container. Call the hospital emergency room for additional instructions if needed. Contact poison control center for common household product poisonings.
6. The Program Director will notify parents if their child is involved.

Earthquake Disaster Readiness

In the event of ground movement, the following procedures will be carried out:

- Staff drop, cover and hold. Direct all children to drop, cover, and remain that way until the earthquake stops. Stay away from potential hazards such as windows, bookcases, and filing cabinets. Hold onto the item you are using as a cover, if it moves, move with it. Keep talking to children until it is safe to move.
 - If no items are available for cover, crouch by a load-bearing wall, cover your head with your arms.
 - If outside drop, cover and hold, keeping away from potential hazards such as glass, bricks, and power lines. If you are outside near a building and there is no safer location, take cover in a doorway to protect yourself and children.

When the earthquake stops the following procedures will be carried out:

1. Staff present will divide their Emergency Roles and Responsibilities accordingly, as Management sets up Incident Command Communications and Protocols (see page 58).
2. Staff will check themselves and children for any injuries, and assess ability to evacuate current building.
3. Check evacuation routes for damage and safe passage. Initiate the Site Evacuation Protocols (see page 61).
4. Staff render physical and emotional first aid to those who need it.
5. The Program Director will take attendance outside to account for all children and adults.
6. If determined to be necessary, call 911.
7. Each Program Director will notify the Executive Director of the situation and their group's status.
8. Check utilities for disruption/damage (gas, water, sewer).
9. The Program Director will evaluate the situation with the help of responding agencies (fire, police, etc) to determine if it is safe to enter the building.
10. Management staff will monitor the radio, internet, and NIXLE sources of information in the community.
11. Staff will determine status of emergency supplies and equipment.
12. Call Peacock's out-of-area contact with information on the center's status (injuries, evacuation, children remaining in care, children who have been picked up)
13. If it is decided to evacuate to an alternate location, post a notice indicating your new location, date and time you left; follow Site Evacuation procedure (see page 61).
14. If communication is not possible through Tadpoles or phone, staff will report center status information to KNKX radio station for announcement over the air for parents to hear.

Earthquake Disaster Readiness continued...

15. If parents cannot be contacted, the child's emergency contacts will be called for possible pick up.
16. If needed, use Peacock's Out-of-Area Emergency Contact to communicate with parents and Board.
17. If the situation persists past the first 48 hours, the staff will follow the Bainbridge Prepares Protocols, transferring all remaining children to the Family Reunification Center, leaving notes indicating their change of location.
18. Following an earthquake or other major disaster, a post-damage assessment must be done by the fire department or other qualified agent before the building and grounds may be used again for programming.

Bainbridge Prepares

Peacock Family Services is part of Bainbridge Prepares' Child Safety and Family Reunification Team. It is the mission of this group to assist Island residents and organizations to plan for 24/7 care for unaccompanied minor children before, during, and after an emergency or disaster. Their goal is for all Island youth-serving organizations to be involved in this effort, as well as parents and guardians as they complete school documents and develop family reunification plans.

To ensure the safety of our children, Bainbridge Prepares is working towards the development of a Family Reunification Center on the campus of Bainbridge High School (thank you BISD!) that would be utilized in the event of an Island emergency or disaster.

In the case of an emergency or disaster, Bainbridge Prepares has a plan in place to care for our community's children until such time as family reunification can take place.

- **Event + 24 hours:** Parents should pick up their children, using the appropriate emergency policies in place at Peacock's childcare center or Nature Nuts activity sites.
- **Event+ 25-48 hours:** If possible, staff will remain on-site to care for any child that has not yet been picked up by their parent/guardian or emergency contacts.
- **Event +48 hours and beyond:** Peacock staff will bring all unaccompanied minors to the Bainbridge High School where a Family Reunification Center will be established to ensure the safety of children. As this Family Reunification Center will be staffed with background checked professionals and volunteers, Peacock staff may at this point transfer the remaining children to the Reunification Center Staff.



FAMILY REUNIFICATION EMERGENCY PLAN

So that all organizations know your child is safe, please:

Parents/Guardians: ensure the 10 adults listed on your school's Emergency Release form are within walking distance to your child's school

If earthquake occurs...

Parents/Guardians: sign your child out with staff before leaving
Students age 18+: sign the emergency student release form before leaving campus

During school hours:

Event + 24 Hours	Event + 25-48 Hours
Pick up your children at school	Pick up your friends' and neighbors' children from the closest school

During extracurricular hours:

Event + 24 Hours	Event + 25-48 Hours
Pick up your children at their field/program/center	Pick up your friends' and neighbors' children from the nearest field/program/center. Individual organizations will provide information about where to collect children at this stage.

Event + 49 Hours
Children relocated to the Family Reunification Center: #200 Building at Bainbridge High School



Crisis Response

For the purpose of this policy, a crisis is a sudden, generally unanticipated, event that profoundly and negatively affects a significant segment of the organization's population, and often involves serious injury or death. The psychological and emotional impact will be moderate to severe. Outside assistance will most likely be needed.

When a tragedy strikes, teachers and staff are torn between the need to deal with children's reactions at the same time they are coping with their own needs. With some advanced planning, this process can be much smoother than when tragedy strikes those who are unprepared.

Information

- All staff involved will complete a written incident report at the earliest opportunity; incident reports are stored in the office log. Note: These reports may become legal documents. Confidentiality of these reports must be strictly observed.
- In the event of a crisis, the Program Directors will determine whether or not to maintain normal schedules or to set aside the normal schedule for an all out effort to deal with the crisis.
- Identify high-risk children, staff, and parents likely to be most affected by the news (e.g. children of the teacher who is deceased/injured or parents whose children are in the same class as the deceased).
- Provide teachers with the facts about the tragedy and instructions on how to share the information with the children in their care, as well as suggestions for assisting children with age-appropriate coping strategies.
- Facilitate a staff meeting and, if possible, a parent meeting to provide information related to the crisis. The following are some suggestions:

Assist with children's processing of information about the crisis

- Provide counselors to work with children/staff individually or in groups.
- Provide support and counseling for parents.
- Provide helpful, factual information to staff and parents.
- Have an individual assist with answering phones, providing information, and handling non-media inquiries.
- Maintain a record of offers of assistance and ensure that proper personnel respond.

Communication

- Send a Constant Contact email to parents explaining the situation. Include specific facts and details on how the organization is handling the situation. Some parents will need to be contacted by phone, particularly if their child's reaction to the crisis is severe.

Crisis Response continued...

- Only the Executive Director may communicate with the press and community partners concerning the incident. The Executive Director will also communicate the situation to the Board and insurance company.
- After providing information as requested by police, hospital, or other agencies, the Executive Director and Board of Trustees will prepare a formal statement for initial announcement, including minimal details, noting additional information will be forthcoming. Also prepared will be statements for telephone and media inquiries.
- The Program Director will report incident to licensor, and Child Protective Services if necessary.

Going Forward

- Children and staff should be given permission to feel a range of emotions. Typically, individuals go through a sequence of emotional reactions following a crisis: high anxiety, denial, anger, remorse, grief, and reconciliation. The tempo and duration of this sequence may differ greatly from one individual to another.
- Reach out for grief counseling through Bainbridge Youth Services and the Psychology Guild.
- When appropriate, contact the friends/family of the deceased to get information regarding funeral arrangements and pass on information to Peacock staff and parents who may wish to attend.
- Have designated locations, away from the children and classrooms, for conversation with media, family, friends, and staff, as needed.