Parent Handbook

09.01.2026

Please refrain from using your cell phone while on site, opting to return messages and calls outside of WHE.

Thank you.

Integration Clause and Right to Review

This Parent Handbook contains the policies and practices at West Hill Educare in effect at the time of publication. All previously issued handbooks and any inconsistent policy statements, or memoranda are suspended. West Hill Educare reserves the rights to revise, modify, delete, or add to all policies and procedures stated in this handbook. Any written changes to this handbook will be distributed to parents at least 30 calendar days prior to the effective date.

Statement of Professionalism

At West Hill Educare we are committed to supporting the healthy growth and development of each child. We see it as our responsibility to:

- acknowledge each child as an individual and treat them as such
- maintain a safe, stimulating, developmentally appropriate environment
- work in partnership with parents
- maintain confidentiality for children, families and employees
- continue and further our own knowledge of child development and curriculum
- respect and support the diversity and individuality of each family
- become a resource for parents in the areas of child development and parenting
- respect each family's right to make decisions concerning their child based on their values
- be a model program, setting an example for others to follow

Non-Discrimination Provisions

West Hill Educare does not discriminate against children or parents due to race, color, religion, national origin, ancestry, disability, medical condition, marital status, sex, sexual orientation, or gender expression.

Licensing Information

West Hill Educare is licensed as a Group Family Day Care Home in the state of New York (GFDC #889473.
Copies of child care regulations are available on-site and can be found at
https://ocfs.ny.gov/programs/childcare/regulations/416-GFDC.pdf

Our license limits us to care for the maximum number of children with two adults as follows:

- Four children under 2 years-old, plus eight children over 2 years-old

West Hill Educare is licensed by and accountable to:

Syracuse Regional Office | Division of Child Care Services
NYS Office of Children & Family Services
100 South Salina Street – The Atrium Suite 350
Syracuse, NY 13202
(315) 423-1202

*If you have a concern about the health or safety of our program, you can call the child care complaint line at (**800) 732-5207.***

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Welcome to West Hill Educare!

We appreciate the opportunity to care for your child and support their growth and development.
Please take the time to review this handbook and keep it in a handy spot for future reference.
We look forward to a close and lasting relationship with your family.

Mission

Our mission is to provide early care and education that supports the development of self-help and communication skills in individual children while emphasizing the importance of empathy towards others. We seek to enhance each child's sense of joy and wonder through observation of and interaction with the natural world.

Program History

Originally established in 2007, West Hill Educare was Ithaca's first and only child care program that provides toddler care using the Educaring® Approach. Over time the program grew with its children and when we had a house full of preschoolers, we morphed into a bilingual Montessori program, Montessori Bilingüe. In 2014 we sold our house and the business and it was again operated as West Hill Educare until 2016. In November 2022, we (the original owners) re-opened West Hill Educare across the street and up a block from our original location with the help of a NYS Child Care Desert Grant.

Philosophy of Care - Curriculum

Because of the range of ages of children cared for at WHE, the philosophical approach has always been a blended approach, grounded in the principles of Magda Gerber's *Educaring Approach* and influenced by the hands-on learning frameworks and principles of Dr. Maria Montessori, including a focus on recognizing diversity, practicing peace, developing community, and caring for the natural world. The flexible and well-respected *Creative Curriculum for Early Childhood* is used to weave together components from these and other early childhood pioneers into one contemporary framework which already reflects some of their ideas and methodology.

Primary Caregiver

During their first three years (generally until they are done using diapers), your child will have a primary caregiver, one of us will provide individualized care to your child at times of personal care. Your child's primary caregiver helps to build security and trust for each child and family. They will be your and your child's primary support at times of separation and at the end of the day, helping to ease transitions, supporting you as parents and sharing information about your child's day.

At the time of enrollment, your child is assigned a primary caregiver solely on the basis of which caregiver has an available opening in their schedule. We will try to honor requests for a specific caregiver when possible, however, it may not be possible since more than one opening at any given time is rare. We assure you that all caregivers are highly skilled and qualified to provide primary care.

Throughout the day, all staff present will care for your child. If your child's primary caregiver isn't available for a check-in at the end of the day, please feel free to ask the other one of us how the day was.

Hours of Operation

West Hill Educare is open 8:00 a.m.-4:30 p.m. Monday-Friday, year-round, following the Ithaca City School District calendar, we are also closed for the July 4th holiday and an additional week in August. Our current calendar can be found online at http://westhilleducare.com/p_resources.html

Inclement Weather

West Hill Educare follows the Ithaca City School District's lead when it comes to weather. If ICSD is closed due to inclement weather, we also close. School closures due to weather are posted on the ICSD website. It is often posted on their home page at https://www.ithacacityschools.org/ According to their weather delays and closures policy:

> *If weather conditions pose a potential hazard to students and staff, school officials may dismiss students early, delay the opening of schools, or close schools for the day. If conditions require the closing or delayed opening of schools, decisions are usually made by 6 a.m. When possible, decisions are made the preceding evening.*
>
> *If it is necessary to close schools during the day, announcements will be made by 10:30 a.m. ICSD-sponsored afternoon and evening meetings and activities are canceled if schools close early or are closed for the day.*

Days of Closure
To provide a safe, supportive environment for all, West Hill Educare does not actively celebrate holidays in the classroom. West Hill Educare follows the Ithaca City School District calendar with the exception that we remain open on parent/teacher and Superintendent conference days. When the district holds classes on a planned day of closure to make up snow days, WHE will still close. These days are outlined in their online calendar, but not included in the calendar we share with you.

Care will not be provided, but payment full payment is due for months that include the following holidays when the child is regularly scheduled for care:

- Labor Day
- Indigenous People's Day
- Veteran's Day
- Thanksgiving Recess
- December Winter Recess
- Martin Luther King, Jr. Day
- President's Day/Mid-Winter Recess
- Spring Recess
- Memorial Day
- Junteenth
- In addition, West Hill Educare is closed on July 4th and any additional nationally observed days for the Independence Day holiday and one week in August, prior to the second weekend (This is also noted on our current calendar)

Exact holiday dates can be found on our calendar, available on our website at http://westhilleducare.com/p_resources.html.

Parents/Guardians need to seek back-up alternative care for the days West Hill Educare is closed.

Absences, Illness, Vacations

When your child is absent due to illness or vacation during periods when West Hill Educare is open. There is no reduction in fees. There is no reduced fee for children picked up earlier than 4:30 p.m.

When WHE staff are ill, every effort will be made to secure alternate staffing to ensure uninterrupted services. If WHE is unable to find sufficient alternate staff, the program may need to reduce numbers or close temporarily and families will be notified by phone. *There will be no charge to families if WHE must close temporarily due to personal illness if we are not able to find substitute caregiver(s).*

In times of natural disaster and unpredictable illness or pandemic we must follow all mandates of the Tompkins County Health Department and the Office of Children and Family Services. To maintain any current contract, liability for fees during closure will be divided 50:50 between WHE and parents.

** Please note: if your child will not be coming on a regularly scheduled day, please let us know in advance whenever possible. We ask that you let us know by 7:30 a.m. if your child comes for early care and by 8:00 a.m. for children scheduled to arrive at or after 8:30 a.m.*

Payments, Late Payments, and Bounced Check Fees

Payment for child care is due on the 1st of each month for care provided that month. When the 1st falls on a weekend or statutory holiday, fees are due on the Friday before. Payments more than 5 days late will be billed an additional $50. Payment is accepted in the form of cash or checks made out to West Hill Educare. Returned or bounced checks will be assessed a fee of $50 that will be added to your next month's bill.

Leaving West Hill Educare

Our program is designed for 30 months of age through preschool. We hope your child may stay with us until they start school. To terminate our contract, we require one month's written notice. Your registration deposit will be used towards payment of your child's last month of care.

Tuition and Enrollment Policies

Tuition and enrollment policies are updated annually in September. Our enrollment application can be found on our website at http://westhilleducare.com/enrollment.html. We maintain a waiting list and offer enrollment to families with children who are within the age cohort of our current group on a first come, first served basis.

Arrivals and Departures

1. Please be sure your car motor is turned off when parked at West Hill Educare
2. Children must be awake when arriving at West Hill Educare
3. Try to arrive before or after meal or snack times whenever possible so we can best support your child saying good-bye (*By 9:00 or after 9:45, so that we can help your child say good-bye, join circle and eat – or by 11:45 for lunch*.)
4. Upon arrival please be sure to:
   Sign in
   Wash hands
   Check your child's diaper and be sure they're "*good to go*"
   Check in with caregiver
   Say "*good-bye!*"

Picking Up

1. Please arrive on time. Your child's internal clock tells them it is time for you to come. On time pick-ups are necessary to allow the classroom to be cleaned and to relieve staff. Please plan any extended conversations for another time or arrive a little early to hang out and chat with staff or other parents. If you must be late picking up your child, please call us.
2. Pick up by adults other than Parents/Guardians is allowed if such adult has the written approval of Parents/Guardians. Adults allowed to pick up the child must be submitted in writing personally by the Parent and/or Guardian to the Director. Children will not be released to any adult not on this list and photo identification of such adult will be required initially. Over the phone requests made for additions to this list are not acceptable.
3. Children will not be released to any adult, including Parents/Guardians if adult is noticeably under the influence of alcohol or other drugs and unable to conduct themselves in a controlled manner.
4. Please sign your child out before you leave.

Late Pick-up Fees

The pickup time is 4:30pm. Parents/Guardians must arrive early enough to be able to leave by this time. Late fees for will be applied at the rate of $15 per fifteen minutes late. Repeated late pick-up may be considered a reason for termination of contract. If your child becomes ill during the day, pick up within 1 hour is expected.

Alternate Pick-up People – Emergency Support

In the case that WHE learns that a parent or guardian is or will be unavailable to pick up their child at the end of the conclusion of program hours or if the child is not picked up as scheduled, and such child is in need of an alternate plan for pickup for any reason including if a parent or guardian is detained by federal immigration authorities, we will call the people listed on your child's emergency card.

- Please be sure we have current emergency contact information. We will ask you to review and update this information biannually.
  All emergency contact people should be able to arrive at WHE to pick up your child within 1 hour.
  Make sure they are aware that they are on your child's emergency pickup list and that you have plans for car seat needs.
  Please advise any emergency or alternate drivers that if we have not yet met them, we will ask for their ID.
- Pick up by adults other than Parents/Guardians is allowed by written request of Parents/Guardians. Children will not be released to any adult not on the child's *Release of Child* form or for whom we don't receive a specific written request. Over the phone requests made for alternative drivers/pickup people and additions to your child's *Release of Child* form are not acceptable.
- WHE will not contact the Statewide Central Register for Child Abuse and Maltreatment (SCR) unless reasonable efforts have been made to contact all known individuals authorized by the parent or guardian to retrieve the child. Child will remain on the premises at WHE until picked up by an individual authorized by the parent or guardian or by law.

- What to Bring

On your child's first day we request that you bring the following items for your child's personal care:

- Rest mat or blanket
- Inside shoes, slippers or socks
- Extra clothes
- Diapers, diaper cream
- Special dietary/individualized care items; foods, insect spray, sunscreen or lotion
- Any special transitional object, stuffed animal for sleeping or comfort if your child uses one (these objects must be taken home daily and cleaned before returning to WHE)

** Families are only asked to provide diapering wipes, sunscreen or general lotion if child needs specific different items than we offer.*

Clothing

We ask that you bring your child in clothing that can get dirty! While we do not plan to soil your child's clothing with any activity, we recognize that children are learning to control their spoons and their paintbrushes and they spend a lot of time on the floor and ground!

Please check your child's bin daily and be sure it is stocked with two or three weather-appropriate changes of clothing that we may use in case they get wet or excessively dirty. Please label all clothing with your child's name.

Shoes

When children arrive, we ask that they remove their shoes. In the classroom, we all wear inside shoes, slippers or socks.
In regards to footwear for outdoors, please bring shoes that are weather-appropriate and that your child can put on by themselves whenever possible.

Outdoor Weather Wear

At WHE, we are committed to having children play outside each day, weather permitting. We will encourage children to play outside when the temperature is 20 ^{o} F or above (*including factoring in for wind chill*).

Please be sure your child has appropriate clothing to enjoy the out of doors during all seasons.

Under 20^{o} no outdoor play

20^{o} -40^{o} outdoor play: winter boots, snow pants, jacket, mittens and hat required

40^{o} -60^{o} outdoor play: long pants and a jacket

60^{o} -75^{o} outdoor play: long or short pants, long sleeves if not active outside

75^{o} –100^{o} outdoor play: bring swimsuit/water play clothing

Diapers/Toilet Learning

West Hill Educare encourages the use of cloth diapers for all children using diapers. Parents provide diapers for their child, either cloth or paper for use during the day.

Parents are asked to change their child into a fresh diaper upon arrival as a way for parent/guardian and child to connect and prepare for the transition to saying good-bye. We ask that you bring diapers from home, either cloth or paper for use throughout the day. Please ask for assistance if you are unfamiliar with our diaper changing routine and procedure.

As children begin to have fewer wet diapers and are able to participate in dressing themselves (ie taking off and putting on pants), they are showing us that they may be ready for toilet learning. They will be encouraged to try during routine times, such as going outside to play and getting up from quiet rest and we ask that you continue supporting their toileting upon arrival until they are independent with it.
Children may be asked to continue or return to wearing a pullup/diaper until they are accident free at rest and throughout the day.

Signs of Readiness

- ability to pull pants up/down
- dry 2-3 hours, thru nap or night
- interested, asking

How We Can Help Kids Build Readiness Skills

Provide clothing that your child can put on/off independently:

- Loose pants, shorts, skirts that are easy to get up and down but strong enough to hold on! —elastic waists are great! Try to avoid what we might call "tights" or "leggings" when your child is learning to put on their pants. If it's warm enough—shorts!
- Short shirts—no more onesies
- Put overalls, skirts and dresses aside for awhile as they are just too hard to maneuver when you're learning all that other stuff!

If you'd like to learn more, check out this article, Toilet Learning: Steps to Success from Zero to Three.

Pacifiers

Although pacifiers can offer children a method of independent comfort, we feel that they inhibit verbal communication and favor offering children assorted chew toy options to use when they have a need to bite, chew or pacify themselves. All chew toys that we use are sterilized after use by one child before another child may use them.

Bottles

One of our primary goals for children is to help them develop independence/autonomy and self-help skills. If your child is using a bottle when they begin attending West Hill Educare, we would like to work with you and them to begin using a cup for drinking.

Nap/Quiet Rest Mat

All children are encouraged to have a quiet rest midday, they do not have to sleep. We use cots for rest time and ask that families provide a roll-up rest mat or blanket of their choosing.

As per New York State regulation, children under one year of age are placed on their backs to sleep.

Transitional Objects and Items from Home

We understand that some children like to keep a special object or blanket with them to help them feel secure or to rest. Please limit items to one per day. Please bring "passive toys" that do not light up or make noise. When your child doesn't need their item close at hand, they will be placed in their cubbie.
Please take personal objects home daily.
If the child's object is made of cloth or is a stuffed animal, we ask that they be washed before bringing them into WHE.

About Separation and Attachment

For some parents, leaving your child may be a new experience. Saying good-bye can be the hardest part of a parent or child's day. However, it is important that to be honest and not try to escape without being noticed. You will be noticed! And despite how hard it is in the first days or weeks, it can help to remember that both parents and children benefit from time apart. Children get to explore an environment created for their needs, learn to trust and enjoy other adults, and they also learn that their parents *do* come back.

Separations are so hard for young children because it is connected to attachment – their greatest need. By now they've gotten pretty attached to their home caregiver(s), who have thus far met their needs. Attachment comes with time and experience that builds trust, trust that their needs will be met by this new person, their caregivers at WHE. A great resource for learning more about separation and the role of attachment can be found online at https://neufeldinstitute.org/separation-anxiety-when-saying-good-bye-is-hard/

Each child responds differently to good-byes. Here are some guidelines with separation:

- Make connecting with your child's primary caregiver part of your daily routine. Share something about what has happened at home since last being here. When we're new to each other and don't have shared memories yet, talking about experiences and things we know about your child can help.
- When it is time to go, let your child know that you are leaving, say good-by and really leave. We will help you by being there to support your child's feelings and they will likely recover after not too long. Avoid distracting your child and sneaking away – this can be frightening for your child. Prolonged good-byes are hard on everyone – make it short. Clear good-byes build trust and help your child to learn that you will return.
- Acknowledge your emotions to your child. If you are feeling sad it's ok to say, "I'm sad to leave too." By modeling our own emotions, we help children learn how to deal with theirs. Please feel free to contact us anytime during the day if you are feeling uneasy and want to know how your child is doing.

Daily Schedule

Predictable routines help children feel safe, comfortable, confident and secure. A consistent daily schedule provides routine and gives children a sense of control of their environment and helps them to know what to expect; what's happening now and what comes next. When children have familiar activities and routines, they are able to more deeply engage in learning, demonstrate emerging independence, adjust to change more easily and develop relationships.

8:00-8:30am	Early arrivals, *additional fee, by arrangement only*
8:30 – 9:00 a.m	Arrivals—Playdough, simple drawing, reading books, independent exploration **Please be sure to arrive by 9:00 or after 9:45, so that we can help your child say good-bye, join circle and eat* – or by 11:30 for lunch
9:00 – 9:15	Circle Time
9:15 – 9:45 a.m.	Breakfast
9:45 – 12:00 p.m.	Indoor/Outdoor play, diapers/toileting, later arrivals Structured and unstructured indoor and outdoor physical activities and exploration
12:00-12:30 p.m.	Lunch
12:15 – 1:00 p.m.	Quiet time: playdough, simple drawing, books, Diapering/toileting
1:00 – 3:00 p.m.	Quiet rest Staff planning time Indoor/outdoor play, diapers/toileting as wake
3:00 – 3:30 p.m.	Snack
3:15 – 4:30 p.m.	Indoor/outdoor play, diapers/toileting, pick-ups Structured and unstructured indoor and outdoor physical activities and exploration
4:30 p.m.	Close

At West Hill Educare we emphasize four basic rules for staff, children and parents:

1) be kind

2) be gentle

3) be safe

4) be yourself!

Goals for Children

Our goals for children are to support the development of

- a sense of joy and wonder
- a sense of basic trust in the world and in relationships with others
- self-confidence and a positive self-image
- healthy habits and an understanding of the importance of healthy, active living
- each child's ability to be a self-learner and problem-solver
- self-help skills to increase independence and autonomy
- coordination, concentration, and a sense of order
- internal control and motivation
- language, communicative competence, and conflict resolution skills
- an understanding of themselves as members of a peaceful community
- social, emotional, cognitive, and physical skills

Parents also receive support through an invitation to observe children in a high-quality toddler program and to talk with us about their curiosities and concerns as they come up. Our educated and professional staff are happy to discuss individual concerns and answer questions about child development.

Lesson Planning

During the preschool years, young children experience incredible growth. In order to meet on-going changes in children's interests, growth and development, weekly planning is conducted to create and adapt activities to meet children's fine and gross motor, language, cognition, social-emotional, health and other individual needs.

Classroom materials are changed monthly to meet the changing needs, emerging skills and build on interests of children as they grow. The *Creative Curriculum* provides structure to assure all areas of learning and development are addressed. Many resources are used in planning, including curricula fundamentals developed by our philosophical guides (Magda Gerber and Maria Montessori), and the endless resources available online.

Walks

We may take walks around the neighborhood from time to time to take advantage of our quiet location, the 'woods at the end of Cliff Park Road and the nearby "MacDaniels" Park. If we are out, we will never be more than a couple of minutes away. We will leave a note and map on our door, and will carry our cell phone.

Media Policy

Televisions and computers are not available to children at WHE, there is no screen time provided for any age group in our program. On occasion teachers may look up information on their phones and share educational images or videos to children such as animals or animal sounds.

Photographs that staff may make of children while in our care will be used for in-house or extended purposes only, as designated in writing by parents/guardians.

We ask that all parents and staff step outside the children's environment to make phone calls or write texts/emails on cell phones.

Nutrition Program

West Hill Educare is committed to providing nutritious vegetarian meals.
We prepare and serve breakfast, lunch and snack according to the guidelines established by the Child Care Food Program (CACFP).

During meals we encourage children to gain independence in feeding themselves and to learn acceptable table manners appropriate to their developmental level. **Parents of children under 18 months** must provide a written statement noting formula and feeding schedule instructions. **If your child is breastfeeding**, we are happy to accept and feed them breast milk. Breast milk must be labeled with child's full name. **If formula is required**, it must be provided to WHE by the parent. Either the parent or provider can prepare the formula, however, the parent must consent to the Provider's preparation of formula in writing.

We require a physician's signature noting any allergies. We will do our best to make accommodations for food preferences for personal, religious or medical reasons. However, if resultant meal patterns or serving sizes will not meet the child's nutritional needs, a medical statement must be obtained documenting the appropriateness of the variation.

Food prepared by West Hill Educare is:
- Vegetarian
- Whole grain
- Organic, when possible
- Sugar-free
- Low salt
- Low spice
- Peanut-free

Children who are present, but asleep during a meal will have one saved for them until they are ready to eat.

Obesity Prevention

At WHE we adhere to CACFP meal component guidelines and portion requirements for children by age. During meals we discuss the importance of healthy eating to support development and portion control to promote healthy living for children, families and staff.

Good nutrition today means a stronger tomorrow!

Building for the Future with CACFP

This program receives support from the Child and Adult Care Food Program to serve healthy meals to your children.

Meals served here must meet USDA's nutrition standards.

Questions? Concerns?

Participating Agency Contact Information
Child Development Council
609 West Clinton Street
Ithaca, NY 14850
607-273-0259

State Agency Contact Information
State Director, CACFP
NYS Department of Health
Division of Nutrition
150 Broadway, Suite 600
Albany, NY 12204-2719
1-800-942-3858

Learn more about CACFP at USDA's website: https://www.fns.usda.gov/cacfp
USDA is an equal opportunity provider, employer and lender.
United States Department of Agriculture

Parenting Supports

West Hill Educare offers parents on-going support. Daily check-ins at drop-off and pick-up times are times when we can all share stories and information, and we can discuss your child's specific needs and any concerns you may have. This parent handbook is printed out and included in a parent binder that contains developmental information and other resources, including information on child health and nutrition, health insurance, tax credits, child care financial assistance and schedules for immunization and teeth eruption. There are books regarding parenting and child development available in this area as well.

Our Parent Handbook binder is in the cubby room with our parenting library. There are also a few websites listed on the resources page of our website at http://westhilleducare.com/p_resources.html. If you are aware of additional supports you'd like to recommend that we include, please do!

Visiting Policy

Parents are always welcome to visit West Hill Educare.

On occasion we welcome community members and child development students to come and observe by appointment. All visitors who are not parents of children currently enrolled in our program are required to sign in/out and to note the nature of their visit.

Parent Involvement and Volunteering at WHE

Parent participation is an important part of our program. We do not have a formal parent contribution requirement, but parents contribute to our program and curriculum in many ways, depending on their time, skills and interests.

Over time parents have contributed the curriculum that their children experience through

- sharing information about their family via their child's application:
  we learn about goals you have for your child, your child's unique needs
- creating a family page for your child to visit while at WHE
  we learn about your child's home life and can refer to these too for info regarding family members and pets
- daily discussions
  we glean information about your family practices, songs you sing, rituals and holidays you have
- building community with us: sharing food and building memories together at our community gatherings
  gatherings have been at WHE and at locations in the community, coordinated by WHE and by parents
- our annual survey
  we greatly appreciate your feedback!
- pop-up opportunities
  helping haul the garden soil from the driveway to the beds
- Take home work
  if you are interested in book repair, wood projects, sewing projects, something else? let us know!
- **Please note:** *On-going volunteers, even parents, are held to licensing requirements and must go through criminal background checks and clearance before counted in ratio or being here on a regular basis.*

Parent Feedback

Parent feedback is welcome at all times and we hope that you'll feel comfortable talking with us about your concerns.
As a matter of best practice we conduct an anonymous annual survey in November of each year.

Child Assessment

At WHE, we may use the assessment tools described below to help guide curriculum planning and activities, determine readiness, to gain understanding regarding any developmental concerns and to be sure the needs of all children are met. Results of observations and assessments are used to monitor children's progress towards individualized learning goals and make adaptations to curriculum that supports each child's individual learning goals.

Ages & Stages Questionnaires – ASQs

The Ages & Stages Questionnaire helps us to define individual learning goals and to identify any potential special needs. The ASQ is the screening tool used by the Tompkins County Health Department and is useful for learning about children's development that has just happened, is currently happening and what to expect to see coming up, within 2-month periods. Depending on the child's results, re-screening may occur in 2 or more months until children are 3 years old.

Anecdotal Notes

Daily observations are recorded about each child. These notes provide ongoing information about each child's development, nutrition, and health.

Work Sampling

Photographs of children at play and of their creative work are taken over time, giving a visual reference for the progression of each child's development.

Information About Your Child's Day and Child Records

You are welcome to contact us at any time to see how your child is doing. We also maintain daily anecdotal records containing information about each child during the day, which we will review with you at the end of the day. Parent/Guardians have the right to unlimited, on demand access to written records about their child, unless access to such records is otherwise restricted by law.

Parent-Teacher Conferences

Parent-teacher conferences occur daily during drop off and pick-up times. It is our preference to collaborate with you regarding your child's care and to integrate your child's home and 'school' environments. It helps us to learn from you about what is happening at home and to know what your questions are – answering them whenever possible! At the end of each day, we hope you will have a few minutes when we can share our observations and insights. If there comes a time when you'd like to have set half hour conference about your child's growth and development, please let us know and we will schedule a separate time.

Discipline Policy

Our discipline policy is grounded in attentive supervision, consistent routine, and clear expectations.
If children are not kind, gentle or safe to themselves or others, we will support a revision in behavior. Logical consequences may ensue, such as not being able to play with a toy with which they are not being safe. Whenever possible we try to anticipate situations of potential conflict – i.e. a child who is in a biting phase or when children are struggling over toy. When there is conflict between children, both children will be assisted with social negotiation and problem solving. If a child is too distraught, they may be removed from the situation and remain with the provider until they are calm enough to negotiate with the other child or until they are able to be re-directed to a new activity. Corporal punishment is prohibited by NYS child care regulations. Any issues of on-going concern will be discussed with a parent/guardian.

Biting

During the toddler years, some children bite other children. We make every effort to assure that this doesn't happen, but it can occur very quickly and may happen to your child. As shocking as it may seem that one child would bite another, it is important to understand that it is not usually done with the intention to hurt. We feel that it is important to look for the impulse that is behind the behavior. Children may bite for any one of the following reasons:

- exploration
- reaction
- lack of words (*right now*)

If we know a child is having a hard time with controlling biting, we will shadow that child to prevent biting and to intervene when possible. We redirect a biting child to chew toys or food that are o.k. to bite. If a child has hurt another child we model compassionate concern and how to care for another person who is hurt. We also help children with language that may express the emotions, desire, or need they were trying to address when they bit the other child.

Grounds for Termination of Child Care Services

The primary goal of West Hill Educare is to provide a nurturing, learning environment for all children in care. The following are situations where WHE may determine that continued placement might be inappropriate. Grounds for termination of childcare services include, but are not limited to, the following:

- Children who are overwhelmed and cannot function in the group size and who may do better in a smaller group.
- Children whose behavior is extreme and disruptive to the program, endangers the child or others, or who requires one-to-one attention or intervention on a continuous long-term basis.
- Families who fail to comply with West Hill Educare's policies as described in the Parent Handbook.
  Examples include continued late pick-ups, late payment or failure to pay fees.
- Parents whose behavior causes disruption, distress or endangerment. An example is verbal or physical abuse, rudeness, lack of timely and/or respectful communication with caregivers, intoxication, threats toward children or adults, or boisterous actions which reflect insensitivity to classroom conditions. Such behavior may result in termination of services as well as formal action with the appropriate authorities. Documentation of any situation determined by the administration to be causing problems may occur, and a conference may be scheduled to discuss the situation and set up a course of action with a timetable for resolution. However, some situations may create the need for immediate action, with or without documentation and conference. West Hill Educare is committed to evaluating each situation and working out an appropriate plan of action to resolve the situation. However, if reasonable attempts fail to improve the situation, a notice of immediate termination of service may occur.

Staff

Jude Rose, Director/Caregiver/Teacher

Jude's career in early childhood education began in a RIE™ child care program 1982.

Nearly 20 years later she was fortunate to study directly with Magda Gerber to become a RIE™ Associate. In addition to caring for children birth-five years old in infant, toddler and preschool community-based child care centers, she operated West Hill Educare & Montessori Bilingüe on Ithaca's west hill from 2007-2014.

Jude has experience training and supervising volunteers who support children in dependency (preventative and foster care) and is certified to teach about child development and adverse childhood experiences as a certified NYS Early Childhood Trainer and Coach. She has been a parent educator and program coordinator with Cornell Cooperative Extension, a Prenatal Educator in a women's health clinic and a Child Development Instructor in community colleges in both California and New York.

Jude earned a B.S. in Family & Welfare Policy and an M.A in Child Development where she examined the portrayal of gender and ethnicity in children's literature. She has studied language development, literacy and second language acquisition and is bilingual in English and Spanish. She is also a certified Montessori Early Childhood Teacher.

Jude is a published photographer, specializing in anti-bias images of children in preschool settings.
Her images have appeared in professional journals and books including "Young Children" and "Montessori Life" and in her self-published book, *Bite a Bagel.*

KC Rose, Assistant/Caregiver/Teacher

KC is an Assistant Teacher and Co-operator of West Hill Educare. She's certified in Pediatric First Aid, AED and CPR. As part of ongoing NYS licensing requirements, she has successfully completed training in a range of Early Childhood Education topics which most recently included Emergent Curriculum and the ACEs trauma assessment tool. KC enjoys the opportunity to learn and grow along with our families at West Hill Educare.

Substitute Caregivers, Interns and Youth Helpers

Substitute Caregivers
From time to time we may need to hire substitute caregivers to cover for permanent staff. To maintain consistency among the adults who care for the children and so that children feel safe and secure, WHE is committed to limiting substitute caregivers to an average of no more than one day per week, or 20% of the days we are open. If the substitute is not familiar to the children, permanent staff will do personal care routines with children. Substitutes are required to have on-going early childhood training.

Interns
Interns from local colleges have been a part of our caregiving team over time. We will be sure to let all parents know, if we are lucky to have someone join us this year.

Youth Helpers
WHE aspires to support the career development of youth! Not only do we hope one may be inspired to care for young children as their career, but they're a whole lot of fun for all of us to have around.

** All staff must receive 15 hours of study relevant for working with children within the first 6 months of employment and complete 30 hours of continuing education every two years after that.*

Health and Safety Practices and Guidelines

West Hill Educare is a well care program. Before leaving your child for the day, be sure to talk with us about your child's health and how they have been since we've seen you last. It's important to provide information pertaining to your child's health and well-being at the beginning of the day so that we have the information necessary to provide individualized care for your child. If a child is unable to participate in the program or otherwise "not themselves," it may be that illness is on the way.

Young children get sick often. Toddlers are very tactile and curious by nature, and when they start spending time with other children, they are exposed to many different immune building illnesses. They explore all aspects of their environment, with touch, sight, sound, and taste. The child care environment is known to spread illness – it is not uncommon for young children to experience 8 illnesses during their first year in care. In this section we outline WHE health practices and when your child *is able, may not* OR *will need medical or health department approval* to participate.

If you are unsure or questioning whether your child should attend child care, they should probably stay home. *If your child is ill, it is in everyone's best interest to keep them home where they can get the 1:1 more flexible care they need and other children and adults are not exposed to illness. It can be hard to deal with the number of illnesses preschoolers get, and having a plan for illness is critical. When symptoms arise, developing a plan at the beginning of the day can be easier than figuring out how to pivot in the middle of the day.*

If your child needs to be picked up during the day we ask that you respond to texts/calls within 15 minutes and are able to come to pick up your child within an hour*. If we do not hear from you within 15 minutes, we will reach out to one of your child's emergency contacts. Please let us know who your preferred contact is if this is an unreasonable timeline given any particular day/time period for the #1 person on your list (probably a parent).*

We thank all families and staff in advance for committing to engaging in healthy practices to minimize the spread of disease, for the children, families and staff at WHE by following these guidelines for themselves and children in our care.

PLEASE NOTE: *Health and safety guidelines may change according to regulatory and health department guidance.*

Parking Lot and Car Seat Policy

It is the policy of West Hill Educare that regardless of age, competency, state of awareness, or otherwise, children are not to be left unattended in cars or in the parking area. In addition, children are not to be left unattended in any area of the premises. New York law requires young children to be transported in an approved car seat.

West Hill Educare does not have any car seats to loan out to families. Please be sure you remember to leave seats if needed. Staff members must contact local authorities if it is observed that a child is being transported without the appropriate restraint system.

Please be sure that your vehicle's motor is turned off when it is parked and unattended at West Hill Educare.

Smoking Policy

There is no smoking allowed on the premises of West Hill Educare.

Health Care and Personal Information

NYS child care regulations require each child must submit a medical report dated within one year from the child's starting date at West Hill Educare. This medical report must include immunizations and testify that the child is able to attend child care. We can admit children who are not yet immunized but in process and we are given specific appointment dates for required immunizations in accordance with the requirements of New York Public Health Law. Children must remain current with immunization requirements. Any child who is missing one or more of the required immunizations may be admitted if a physician licensed to practice medicine in New York furnishes us with a signed, completed medical exemption form, issued by the NY State Department of Health annually.

Verification of lead screening is requested. *All personal information is kept confidential.*

Allergies/Anaphylaxis Policy
Initial paperwork asks you to let us know of any known allergies for your child and regular updates are important. While we are not certified to administer medications, we can keep and administer asthma nebulizers/inhalers onsite. In case of emergency we are trained to administer EpiPens provided by the Office of Children and Family Services. The Quivi-*q* epi-pens are administered according to the child's weight category (0.1 mg – 16.5-33 lbs; .15 mg – 33-66 lbs; 0.3 mg – over 66 lbs/adult). If a child has an allergic reaction during care, we may use the EpiPen and call 911. In cases of emergency, parents will be called after emergency services.
Please help us remain current by updating us when you are aware of your child crossing into a new weight category and regarding any changes in your child's known allergies and their symptoms/care

Standard Precautions

Handwashing, Cleaning, Sanitizing, Universal Precautions
Reducing infection begins with handwashing. *Lots of it.*

We ask that

- children *and parents* wash their hands upon arrival, prior to diapering/toileting and classroom entry
- children wash their hands throughout day:
  when coming inside from outdoor play,
  after diapering/toileting,
  before eating

Staff are asked to

- keep hands clean: soap and water are preferred; hand sanitizer containing at least 60% alcohol may be used *if soap and water are not available*. Hands should also be washed before and after using gloves
- consider wearing a well-fitted face mask when around people with respiratory symptoms
- use disposable, non-latex gloves when cleaning and disinfecting surfaces contaminated with blood, stool, vomit, or other body fluids, for diaper changes and when touching skin rashes, wounds, blood, vomit, or other body fluids
- wash and disinfect dishes and mouthed materials and surfaces daily
- clean and sanitize diapering surfaces after each use.

Help Your Child Learn to Blow Their Nose!
Blowing in and out – either through the mouth or the nose – is a learned behavior. Children generally learn to blow their nose between2-4 years of age. That's a pretty long spread!

Learn tips and tricks and watch a video to help your child with this essential skill!

Your child is able to participate at West Hill Educare if they are:

- Alert and active and can participate meaningfully in child care activities (*children must be awake when dropped off*)
- When staff can provide appropriate care without compromising the health and safety of other children

Signs/Symptoms for When Children Should Stay or Go Home

Sign/Symptom	Symptom definition and additional criteria for when the child should stay home
Abdominal pain/stomachache	**Definition:** Pain experienced anywhere between the chest and groin; pain may be continuous or may come and go. **May attend child care unless the child has one of the following:** • Pain is severe enough that child has difficulty participating in routine activities • Pain starts after an injury • Bloody or black stools • Diarrhea (see Diarrhea) • Vomiting (see Vomiting) • No urine for 8 hours (dry diaper or no urination) • Fever (see "Fever" for return guidance)
Cough and cold symptoms	**Definition:** May include runny/stuffy nose, sore throat, sneezing, congestion, body aches, and/or cough, typically lasting up to 7–10 days. **May attend child care unless the child has one of the following:** • Fever (see "Fever" for return guidance) • Difficulty with or rapid rate of breathing (see "Difficult or noisy breathing") • Cough is severe or child cannot catch breath after coughing • For a cough suspected to be associated with asthma: coughing that cannot be controlled by the medications that the child care or school has been instructed to use • Uncontrollable nasal **mucous** and are not able to blow their nose. *A challenging area for 2-4 year-olds and their parents and caregivers.* A runny nose usually starts with clear mucous that becomes whitish or green-ish as the cold dries up and the child gets better, making clear mucous most contagious
Diarrhea	**Definition:** Stools that are more frequent (typically at least two more than normal) or less formed than usual *for that child* AND not associated with a change in diet. Note that young infants may normally have frequent, somewhat watery stools, particularly if breastfed. **May attend* child care unless the child has one of the following:** • Stool not contained in the diaper or toilet (when toilet-trained) • Stool looks like it contains blood or mucus, or appears like sticky black tar • Yellow skin/eyes (jaundice) • Diarrhea that occurs during an outbreak, and exclusion is recommended by the local health department ***Note:*** • *If the child has been diagnosed with a specific infection (such as Shigella, Salmonella/typhoid, Shiga toxin-producing E. Coli, norovirus, etc.), follow the advice of the local health department, or the guidance of the child's health care professional.*

Difficult or noisy breathing 	**Definition:** Wheezing (high-pitched sounds) that can be heard when a child breathes in or out, chest retractions (see below) OR extra effort is required to breathe. **May attend school or child care unless the child has one of the following:** • Wheezing that is new for the child or cannot be controlled by medications we have been instructed to use for known conditions (i.e., asthma plan) • Skin or lips seem purple, blue, or grey, depending on skin tone. • Fever (see "Fever" for return guidance) • Behavior changes • Very rapid breathing or increased effort to breathe, such as chest retractions (space between ribs sinks with each breath), belly breathing (belly goes up and down with breathing) • Breathing problem that causes child to have pursed lips, difficulty speaking, or difficulty feeding *Seek medical attention for new symptoms such as wheezing or breathing difficulties, even if mild.*
Earache 	**Definition:** Pain (dull, sharp, or burning sensation) experienced inside the ear. **May attend child care unless the child has one of the following:** • Fever (see "Fever" for return guidance) • Behavior changes • Pain prevents participation in routine activities
Eye irritation, pink eye, or drainage 	**Definition:** Red or pink appearance to the white part of the eyeball. Child's eye may also be itchy, have crusted/matted eyelashes, more watering than normal, or yellow/white drainage. **May attend school or child care unless the child has one of the following:** • Problems seeing (vision changes) • An injury to the eye involving forceful impact to or penetration of the eye • Pain or discomfort the child cannot tolerate ***Note:*** *Pink eye (i.e., conjunctivitis) is inflammation of a layer that covers much of the eyeball. It is most often caused by a virus, and children with viral pink eye typically get better after 5-6 days without antibiotics. Staying home from child care* ***until 24-hrs after first medication****. Frequent hand washing should be encouraged. Eye irritation can also result from allergies or chemical exposures (e.g., air pollution, smoke, or swimming in chlorinated pool water).*

Fever 	**Definition:** An oral (under the tongue), temporal (forehead), rectal, or axillary (underarm) temperature above 100.4°F (38°C). Axillary (underarm) measurements should be used only if other options are not available. Follow instructions for the specific thermometer, including directions for use, cleaning and covers (if applicable). If temperature is close to 100.4°F, repeat to confirm result. **It is ONLY recommended to take a child's temperature if the child seems ill, feels hot, or has other symptoms or signs of illness.** Checking the temperature of a child or group of children to allow entry (also known as screening) is NOT recommended in child care settings. **Return when:** • Child has been fever-free for 24 hours – without using fever reducing medications, e.g., Tylenol®, Advil®, Motrin® (acetaminophen or ibuprofen); AND • Other symptoms are improving and child can participate comfortably in routine activities.
Headache, stiff or painful neck 	**Definition:** Pain experienced in any part of the head ranging from sharp to dull; may occur along with other symptoms. **May attend child care unless the child has one of the following:** • **Concussion symptoms:** Pain occurs after a fall or other injury to the head and is severe or associated with vomiting, vision changes, behavior change, or confusion. • **Possible infection:** Stiff neck, headache and fever can be symptoms of meningitis a potentially serious infection. Meningitis can also cause sensitivity to light, vomiting, and/or confusion. A stiff neck is most concerning if the child can't look at their belly button (putting chin to chest) due to pain or the BACK of the neck is painful (not soreness in the sides) along with the other symptoms above. **Get immediate medical attention for either of the above conditions**.
Rash or itching 	**Definition:** An area of the skin that has changes in color or texture and may look inflamed or irritated. The skin may be darker than or lighter than normal or red or purple. It may be, warm, scaly, bumpy, dry, itchy, swollen, or painful. It may also crack or blister. **May attend school or child care unless the child has one of the following:** • Oozing, open wound or infection that cannot be covered and is in an area that might come in contact with others. • Skin that looks bruised without a known injury or in an unusual location. • Rapidly spreading dark red or purple rash (may indicate a rare but severe bacterial infection; usually accompanied by fever). • Tender, red area of skin, rapidly increasing in size or tenderness. • Associated symptoms of a serious allergic reaction (rash with throat closing, abdominal pain, vomiting, or wheezing). • Fever (see Fever for return guidance) • There is concern for a disease like chickenpox or measles. If this is the case, the child should see a healthcare provider and the local health department should be contacted. ***Note:*** *For diagnosed conditions, follow the advice of the healthcare provider. In general, for conditions such as lice, impetigo, ringworm, scabies, and pinworms, no waiting period is typically necessary after starting treatment and the child may return after the appropriate treatment is started.*

Sore throat and/or mouth sores 	**Definition:** Sore throat includes pain or irritation of the throat often resulting from a viral or bacterial infection (e.g., cold, flu, strep throat). May feel worse when swallowing. Mouth sores include white patches on the tongue, gums and/or inner cheeks (oral thrush/yeast infection); white/red spots in the mouth, blisters on lips or inside mouth; or painful ulcers inside cheeks or on gums (canker sores). **May attend school or child care unless the child has one of the following:** • Inability to swallow • Fever (see "Fever" for return guidance) • Breathing difficulties • Excessive drooling or muffled voice ***Note:*** Most children with sore throat have viral infections. Children younger than 3 years of age usually do not have strep throat. *If a child is diagnosed with strep throat, they should receive antibiotics for at least 12 hours before returning.*
Vomiting 	**Definition:** Forceful expelling of stomach contents out of the mouth 2 times or more in 24 hours. ***Note:*** Not all vomiting is due to an infection and other causes (e.g., spit-up in a healthy infant with reflux, motion sickness, overeating) should be considered. **May attend school or child care unless the child has one of the following:** • Vomiting has occurred 2 or more times in 24 hours. • Fever (see "Fever" for return guidance). • Concern for a serious allergic reaction, such as hives appearing with vomiting • Vomit appears green or bloody • Child has not urinated in the past 8 hours (i.e., has dry diapers, or ask parent/guardian/older children). • Recent head injury. • Looks or acts very ill. **Return when**: • Vomiting child is able to hold down food or liquids for 24-hours.

**Information for this policy is adapted from https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Schools/SymptomGuidance.aspx*

… about COVID-19

If your child has close contact with someone who had COVID-19 we ask that you test your child for COVID-19 prior to returning to WHE, even if they are asymptomatic. If the test is negative, a follow up test from 5-9 days past the last known contact, unless symptoms develop in which case test then.

Barring known exposure, it is highly recommended that children with symptoms of COVID-19 are tested for COVID-19 when we know of current or recent cases in our school or general community. Unfortunately, it's impossible to distinguish COVID-19 from the flu, RSV and other common winter illnesses without testing for it.

If your child tests positive for COVID-19, they *must remain out of child care for 5 days and may return on day 6 if symptoms are improving, they have been fever free for more than 24-hours and they are able to fully participate. Please note: the day of the positive test is considered day 0.Upon their return, we would like the confirmation of a negative test, or ask that children over 2 years of age wear a mask while indoors. This all applies to parents/other caregivers who have also tested positive.*

Signs/Symptoms Requiring Emergency Care

Emergency Medical Services (911) will be called immediately if:
The child's life seems to be at risk, or there is a risk of permanent injury, multiple children are affected by injury or serious symptoms at the same time, or the child: • is acting strangely, becomes less and less responsive (unusually sleepy), or is unconscious. • has difficulty breathing or is unable to speak. • has blue, purple or gray skin or lips. • has throat-closing, tongue swelling, or significant trouble breathing (severe allergic reaction/anaphylaxis). • has rhythmic jerking of arms and legs and loss of consciousness (seizure), unless otherwise directed by a current seizure action plan for a child with known prior seizures. • has a stiff neck, headache, and fever (see Table 2 for more information). • has any of the following symptoms after a head injury: confusion, decreased level of alertness, headache, vomiting, irritability, or difficulty walking. • has increasing or severe pain anywhere. • has a cut or burn that is large or deep or will not stop bleeding. • is vomiting blood.
After calling 911, we will call the child's parent/guardian

** Information in this section adapted from https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Schools/SymptomGuidance.aspx#*

Medication Guidelines

WHE staff are not authorized to administer prescription medications.

Over the counter topical creams can be applied with parental consent.

In case of emergency, we are allowed to administer epinephrine using an auto-injector device (epi-pen).
OCFS provides epinephrine auto-injectors for us to keep one on site.

As always, please remember we are partnering with you to help get your child well and that we need to be kept appraised of any medication given outside of WHE in case the child has a reaction to the medication while in our care, even if there is not a dose required during the day.

Mandated Reporting Requirements

Under New York State law child care providers are mandated reporters. This means that if we have reasonable cause to suspect child abuse, maltreatment or neglect we are required by law to contact child protective services and report what we have seen or heard.

We are also required to provide reporting information to you, in the case that you have concerns you would like to discuss or report.

If you suspect a child has been harmed or is at risk, call **(800) 342-3720**.

Emergency and Safety Information

Our staff is keenly aware of the importance of a well-supervised and safe environment. When minor accidents happen (scrapes, cuts, etc.) the staff will provide the necessary first aid. An accident report will be put in your parent pocket and in your child's file. In the event of a more serious accident, we will contact you immediately and perform all other necessary actions**.**

Our facility is protected by smoke detectors, carbon monoxide detectors and a working fire extinguisher. All staff are trained to use the fire extinguisher. Our license requires that we practice monthly evacuation drills and biannual shelter in place drills. We will notify you in advance when shelter in place drills are planned.

If there are injuries requiring medical attention, we will make every effort to contact you. If emergency medical attention is required children may be transported by ambulance to:

Cayuga Medical Center
Trumansburg Rd.
Ithaca, NY 14850
(607) 274-4411

In case of a disaster, we will care for the children on site whenever possible until parents arrive.
If it is unsafe to remain at the facility, we will evacuate to:

FIRST LOCATION
307 Richard Place (directly across the street, Dorothy's house – around the back in the basement)
Ithaca, NY 14850
(607) 279-7670

SECOND LOCATION
206 Richard Place (down the street near the cul-de-sac, white and black house, same side of the road – room above garage)
Ithaca, NY 14850
(607) 277-2932

If we evacuate the building, we will leave a sign on the door, noting the emergency location where we can be found.
We will also carry our cell phone (831-465-4518).

In addition, we will leave a message with the American Red Cross (607-273-1900) as to our location.

Radiation Emergencies

Should there ever be a nuclear explosion in Oswego we will:

1. Get inside and get to the basement.
2. Take off clothes carefully and put them in a plastic bag away from pets and humans.
3. Wipe off any skin that was exposed outside.
4. Wait for instruction from police or local officials that it's safe to leave the building – local authorities will provide info on TV, radio, and on social media – it is not clear whether there would be alerts on phones.
5. Parents will also be sheltering in place and should NOT pick up their children until they have been instructed by local authorities. The safest place is inside for everyone.

https://www.cdc.gov/nceh/radiation/emergencies/getinside.htm