

CHILDREN'S LEARNING CENTER AT PENN COLLEGE



HEALTH AND SAFETY POLICIES

August 2007 Revision

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I. Admissions

A. Admissions Policy:

The Children's Learning Center at Penn College admits children from the ages of 18 months through preschool age (Fall and Spring Semesters) or up to 7 years (summer only) without regard to race, color, sex, religion, national origin, or ancestry. Children of Penn College students, staff, and faculty are given preference for enrollment, but other children from the community at large are eligible to enroll if space is available.

When the parent of a child with special needs applies for admission to the program, the Center Director and the parent will meet to review the child's care requirements. The Center does not discriminate on the basis of special needs. The program accepts children with special needs (including serious behavior issues) as long as a safe, supportive environment can be provided for the child. To help the program staff better understand the child's needs, the parent of a child with special needs will be requested to complete a "Special Care Plan" in conjunction with the child's health care provider(s) and/or special education provider(s). If the program is unable to meet the requirements defined by the child's health care provider(s) or by the child's Individual Family Service Plan or Individual Education Plan in a way that is safe for the child and for the other children enrolled, the Director will work with the parent to find a more suitable environment.

B. Enrollment:

Prior to the child's attendance, a conference with parent and child is recommended to acquaint each new family with the environment, staff, and schedule for the Children's Learning Center. During this visit, the parent will have a personal interview with the Director and an opportunity to review the "Parent Handbook" and other written materials maintained at the facility. The Center will recommend that each child spend at least one half hour visiting the program with a parent before remaining in care without a parent. If a conference is impossible to arrange without undue hardship to the parent, the first day visit will be as long as needed to ensure that emergency forms are complete and the child as comfortable as possible.

The following forms will be completed and submitted to the Director prior to the child's first day of attendance (except where indicated below). The information in these forms will remain confidential and will be shared with other caregivers only as required to meet the needs of the child:

- 1) Application for Services - completed by parent. {Sample form in Appendix A}
- 2) Child Care Health Assessment - signed by the child's physician or certified registered nurse practitioner (CRNP). {Sample form in Appendix B}. PA law allows 90 days after enrollment for submission of this form.
- 3) Child Care Emergency Contact Information - signed by a parent for each child enrolled. These forms will be updated by a parent every 6 months and whenever the information changes. {Sample form in Appendix C}
- 4) Special Care Plan - completed by a parent and/or health care provider(s) for each child with special needs who is enrolled. {Sample form in Appendix D} Parents also may be asked to authorize release of information from providers of special services to help the Center coordinate the child's care. {Sample form in Appendix D}
- 5) Parental Consent for Program Activities - completed by a parent. {Sample form in Appendix E}
- 6) Parental Agreement (fees and hours) - completed by a parent. {Sample form in Appendix F}
- 7) Child Information Form - completed by a parent. {Sample form in Appendix F-a}

All incomplete forms will be returned to the parent for completion. Health care referrals will be provided when requested or needed. The parent will be given 90 days to obtain the required health services before the child is excluded from the program. When an outbreak of a vaccine-preventable disease occurs in the facility, the parent may be asked to obtain special immunization. All inadequately immunized children will be excluded from the Center until properly immunized.

Children participating in the Early and Periodic Screening Diagnostic and Treatment Program (EPSDT) receive health services that meet the child health assessment requirements. A copy of the results of an up-to-date EPSDT screening, accompanied by the child's immunization dates that show the child is age-appropriately immunized may be substituted for the Child Care Health Assessment Form in the child's record.

Confidentiality of information about the child and family will be maintained. Enrollment forms and all other information concerning the child and family will be accessible only to the parent; to the Center Director, Vice-President for Academic Affairs, Center staff, and Penn College Nurse (on an as-needed basis); person designated by the state licensing department to review records for licensing, and validators from the National Association for the Education of Young Children (NAEYC) or other licensing or accrediting bodies. Otherwise, information concerning the child will not be made available to anyone, by any means, without the express written consent of the parent.

C. Daily Record Keeping:

In each classroom, three forms will be completed daily:

- 1) Sign-in and Sign-out book with message area - Upon daily arrival at the program site, each arriving child will be signed in by the accompanying adult, who will also make at least visual contact with a program caregiver to ensure that the presence of the child is noted. The sign-in book message area will be used by the parent or accompanying adult to note changes in the daily schedule or contact information, significant events, or other concerns which may affect the child's ability to participate in the day's activities. The same sign-in and sign-out book is used at the end of the child's day to note the time of departure and the adult who picked the child up. Again, the message area may be used by staff for non-confidential reminders or by the pick-up person to inform the Center of changes in the next day's schedule or other concerns or messages. {Sample form in Appendix G}.
- 2) Enrollment/Attendance/Meal Count Record - The Group Leader for each classroom will complete the Enrollment/Attendance/Meal Count Record to log attendance and meals actually served to each child. The E/A/MC Records will be submitted to the Director at the end of each week. (Sample form in Appendix H)
- 3) Monthly Record of Symptoms. On this form, the caregiver will note any signs of illness/injury that could affect the child's ability to participate in the day's activities. The parent will supplement these observations with an oral or written exchange of information with the child's caregiver. {Sample form in Appendix H-a}

II. Supervision

A. Principle:

No child will be left unsupervised while attending the program. Caregivers will directly supervise infant, toddler and preschool children by sight and hearing at all times, even when the children are sleeping. Children will never be left without a caregiver in the same room as the children. School-age children will be permitted to participate in activities outside of the program and to visit friends off premises as approved by their parents and by the caregivers.

B. Staff-to-Child Ratios:

Staff-to-child ratios followed by this program will always comply with the requirements of the Pennsylvania Department of Public Welfare for licensed child care centers.

For each group of 10 toddlers (18 months to 3 years of age), 14 young preschoolers (2.5 to 3.5 years of age), or 18 preschoolers (3 to 5 years of age), there will be a minimum of 2 full-time caregivers. Additional part-time staff will be scheduled as necessary to cover for breaks, staff planning times, and the beginning and/or end of the day, when some full-time staff may not be scheduled.

Staff-to-child ratios for swimming, transportation, and children with identified special needs requiring more supervision will comply with the Pennsylvania regulations for licensed child care centers.

A substitute may be employed or volunteer assigned to assure that the required staff-to-child ratios are maintained at all times. Volunteers will work under direct supervision and not be left alone with a group of children at any time. Substitutes may fill the role of a regular staff person if they meet PA requirements for an Assistant Group Supervisor and have been properly oriented to program policies and to the specific requirements of the children in the group to which they have been assigned.

C. Supervision of Gross Motor (Large Muscle) Play:

Observation of gross motor play in indoor and outdoor spaces will be as follows:

- 1) High-risk play areas (i.e., climbers, slides, and swings) will receive the most staff attention.
- 2) All children using playground or indoor play equipment will be supervised. No children will be permitted to go beyond a caregiver's range of sight and hearing.
- 3) The Group Leader will assign staff to supervise high risk areas such as climbing structures, sandbox, etc.

III. Discipline

A. Philosophy of Discipline:

Caregivers will only use positive guidance, redirection, and the setting of clear-cut limits that foster the child's own ability to become self-disciplined. Caregivers will encourage children to be fair, respect property, respect other people and learn to be responsible for their actions. Discipline involves teaching character and self-control. Because people differ in how they approach discipline, parents and caregivers must discuss the goals of discipline and the methods that will best achieve the goals for the child. However, caregivers will not use physical punishment or abusive language as these approaches teach children to respond in kind.

Caregivers will guide children to develop self-control and orderly conduct in relationship to peers and adults. Aggressive physical behavior toward staff or children is unacceptable. Caregivers will intervene immediately when a child becomes physically aggressive to protect all of the children and encourage more acceptable behavior.

To this end, caregivers will show children positive alternatives rather than just telling children "no." Good behavior will be rewarded.

Caregivers will use discipline that is consistent, clear and understandable to the child. Where the child understands words, discipline will be explained to the child before and at the time of any disciplinary action.

B. Permissible Methods of Discipline:

For acts of aggression and fighting (i.e., biting, hitting, etc.):

- 1) Separation of the children involved.

- 2) Immediate comfort for the individual who was injured.
- 3) Care of any injury suffered by the victim involved in the incident.
- 4) Notification of parents of children involved in the incident (without disclosing names).
- 5) Review of the adequacy of caregiver supervision and appropriateness of facility activities, and administrative corrective action if there is a recurrence.

Physical restraint will not be used except as necessary to ensure a child's safety or that of others, and then only for as long as is necessary for control of the situation.

Medicines or drugs that will affect behavior will not be used except as prescribed by a child's health care provider and with specific written instructions from the child's health care provider for the use of the medicine.

Caregivers will utilize redirection and other techniques agreed upon by the Director, staff, and parents for behavior management. If these behavior management techniques are ineffective, "time out" or removal of a child from the environment may be used selectively for children who are disturbing others or at risk of harming themselves. The period of "time out" will be just long enough to enable the child to regain control of himself or herself. Use of "time out" will be adapted to the developmental level and the usefulness of "time out" for the particular child. There will not be a particular time-out chair or area used by all children, although a specific place may be agreed upon for an individual child. During "time out" the child will be visually observed by a caregiver.

Caregivers will monitor the effectiveness of "time out" and seek the input of parents and the help of a mental health consultant when approved behavior management strategies do not seem to be effective.

C. Prohibited Practices (Child Abuse):

- 1) Corporal or any type of physical punishment is not permitted. This includes hitting, spanking, beating, shaking, pinching, or other measures which produce physical pain.
- 2) Withdrawal or the threat of withdrawal of food, rest, or bathroom opportunities is not permitted.
- 3) Abusive, profane or derogatory language, including yelling and belittling, is not permitted.
- 4) Any form of public or private humiliation, including threats of physical punishment is not permitted.
- 5) Any form of emotional abuse, including rejecting, terrorizing, ignoring, isolating, or corrupting a child is not permitted.

All observations or suspicions of child abuse or neglect will be immediately reported to the child protective services agency no matter where the abuse might have occurred. The Director will call Childline (800-932-0313) to report suspected abuse or neglect and then will follow the direction of the child protective agency regarding completion of written reports. If the parent of the child is suspected of abuse, the Director will follow the guidance of the child protective agency regarding notification of the parent.

Accused staff may be suspended or given leave without pay pending investigation of child abuse infractions. Such caregivers may also be removed from the classroom and given a job that does not require interaction with children. Parents of suspected abused children will be notified. Parents of other children in the program may be contacted by the Child Protective Agency as part of their investigation if a caregiver is suspected of abuse. Caregivers found guilty of child abuse will be summarily dismissed or relieved of their duties.

IV. Care of Ill Children

A. Admission and Exclusion:

Exclusion will be based on whether there are adequate facilities and staff available to meet the needs of both the ill child and the other children in the group. Children will be excluded if:

- 1) The child's illness prevents the child from participating in routine activities.
- 2) The illness requires more care than the Center staff are able to provide without compromising the needs of the other children in the group.
- 3) Keeping the child in care poses an increased risk to the child or to other children or adults with whom the child will come in contact as defined in the Exclusion Guidelines outlined briefly in the Parent Handbook and expanded upon in *Managing Infectious Diseases in Child Care and Schools* (Aronson and Shope, eds.)

If the Center staff are uncertain about whether the child's illness poses an increased risk to others, the child will be excluded until a physician or licensed nurse practitioner notifies the program that the child may attend. Children whose illness does not meet any of these conditions listed above do not need to be excluded.

B. Admission and Permitted Attendance:

Specific conditions that do **not** require exclusion are:

- 1) Children who have a type of germ in their bowel movement or urine that can cause disease, but that is not giving any symptoms to the child whose stool or urine contains the germ.
- 2) Children with conjunctivitis (pink eye) who have a clear, watery eye discharge and do not have any fever, eye pain, pus coming from the eye, or eyelid redness.
- 3) Children with a rash, but no fever or change in behavior.
- 4) Children with cytomegalovirus infection, carriers of hepatitis B, and HIV infection.

C. Procedure for Management of Short Term Illness:

The Director or Group Leader will decide whether a child who is ill will be permitted to come for the day or remain in the program. If a child appears mildly ill, but will be staying for the day:

- 1) The child's caregiver will note the condition on the Monthly Symptom Log (Sample form in Appendix H-a)
- 2) The caregiver and the parent will discuss treatment and develop a plan for the child's care. (Specific guidelines for a variety of illnesses are available in the American Public Health Association/American Academy of Pediatrics, *Caring for Our Children*, 1992 and American Red Cross Child Care Course, *Caring for Ill Children*.) The child's health care provider should be contacted if the caregiver has questions or does not understand the instructions provided by the health care provider.
- 3) The caregiver will note any changes in the child's symptoms during the period the child is in care and give a note to the parent when the child leaves the program for the day.

If the child becomes ill during the time the child is in care

- 1) The caregiver will notify (the parent) and complete the symptom record.
- 2) The Director or Group Leader will determine if the child may remain in the program or is too ill to stay.
- 3) The Director or Group Leader will call the parent.
- 4) The child's symptoms will be treated as agreed upon with parent. The treatment will be written on the symptom record. The child will be reassured by the caregiver.
- 5) A copy of the symptom record will be given to the parent so that the parent has the information needed to continue the child's care and, if necessary, to consult the child's health provider for management of the child's illness.
- 6) If the child is too ill to stay in child care, the child will be provided a place to rest until the parent or designated person arrives. The child will be supervised at all times by someone familiar with the child.
- 7) Urgent matters may be referred to the College Nurse for symptomatic care and/or referral.

D. Reporting Requirements:

Some communicable diseases must be reported to public health authorities so that control measures can be used. The Director will obtain an updated list of reportable diseases from the local or state health authorities annually. A copy of this list will be posted in the Center office for reference by staff and parents. Parents and staff will be reminded via their respective handbooks to notify the Director within 24 hours after the child or staff has developed a known or suspected communicable disease or other illness of any type and to inform the Director if any member of their immediate household has a reportable communicable disease. The Director will notify the appropriate health department authority about any suspected or confirmed reportable disease among the children, staff, or family members of the children and staff.

The telephone number of the responsible local or state health authority to whom to report communicable diseases is posted in the Children's Learning Center office.

Parents of children who may have been exposed to a child with a communicable disease or reportable condition will be informed about the exposure according to the recommendations in *Caring for Our Children* and *Managing Infectious Diseases*.

E. Obtaining Immediate Medical Help:

All caregivers will obtain immediate medical help for the conditions listed in Appendix I.

V. Health Plan

A. Child Health Services:

Immunizations will be required according to the current routine schedule recommended by the U.S. Public Health Service and the American Academy of Pediatrics.

The Director will stay informed about updates of the recommended immunization schedule, by subscribing to the on-line newsletter of ECELS, the Early Childhood Linkage System of the PA chapter of the American Academy of Pediatrics.

State Health Department and Department of Public Welfare regulations regarding attendance of children who are not immunized due to religious or medical reasons will be followed. Non-immunized children will be excluded during outbreaks of vaccine-preventable illness as directed by the state health department.

Routine preventive health services will be required according to the current recommendations of the American Academy of Pediatrics. Documentation of an age-appropriate health assessment should be obtained before, but is required no later than 90 days after the child starts receiving care. Parents are responsible for assuring that their children are kept up-to-date and that a copy of the results of the child's health assessment is given to the program. (Sample form in Appendix J)

A visit to the doctor for a special health assessment or new documentation is not required for admission if documentation of an age-appropriate health assessment is provided. Questions raised about the child's health will be directed to the family or (with parental permission) to the child's health care provider for explanation and implications for participation in the Children's Center. The Director will check health records at least annually to ensure that they are up to date.

Children will not be excluded for failure to be immunized if they have an appointment for immunizations and have their immunizations initiated within one month. Parents who object to immunization on religious or ethical grounds will fill out the form provided by the PA Department of Health and will be informed of the policy regarding exclusion of children during outbreaks of vaccine-preventable illnesses. A maximum of three months after admission will be allowed to obtain required immunizations unless the health of others in the facility is at risk. A child whose immunizations are not kept up to date will be dismissed after three written reminders to parents over a 3 month period.

B. Health Consultation:

The Penn College Student Health Office (College Nurse) will provide ongoing consultation to the Children's Learning Center and will assist in the development and periodic review of all written policies relating to health and safety. The health consultant will provide advice about accommodations required for children with specific health problems, design and review surveillance systems for injury and illness, assist with staff and parent education, and be a source for contacts with the health care community.

C. Health Education:

Health education will be a part of the curriculum for staff, parents, and children. Topic areas for staff and parents may include: nutrition, stress management, exercise, child development, prenatal care, management of chronic disease, substance abuse, safety, first aid, control of infectious disease, AIDS, and other topic areas based on community needs and interests.

Speakers and materials may be obtained from community hospitals, children's hospitals, voluntary health organizations, public health departments, health consultants, drug and alcohol programs, medical and dental societies, health agencies, and local colleges and universities.

All health education activities and materials for children will be developmentally appropriate. Health practices will be integrated into the daily routines and focused on topic areas such as Child Passenger Safety Week, Heart Month, Week of the Young Child and Fire Prevention Week. Topic areas for children include: physical health, oral health, social health, emotional health, medication and substance abuse, safety, first aid, and preventing infectious diseases.

Programs will notify parents if sensitive topic areas are included in the health education plan. Parents must notify the program if they do not want their children to be involved in activities related to a specific topic.

VI. Medication Policy

A. Principle:

This facility will administer medication to children for whom a plan has been made and approved by the staff in charge in each classroom. Because administration of medication poses an extra burden for staff and having medication in the facility is a safety hazard, parents should check with the child's physician to see if a dose schedule can be arranged that does not involve the hours the child is in the facility. The first dose of medication must be given at home to see if the child has any type of reaction. Parents may come to administer medication to their own child during the day.

B. Procedure:

Group Leaders or Assistant Group Leaders will administer medication only if the parent has provided written consent, the medication is available in an appropriately labeled and stored container, and the facility has on file the written instructions of a licensed physician to administer the specific medication.

1) For prescribed medications, parents will provide caregivers with the medication in the original, child-resistant container that is labeled by a pharmacist with the child's name, the name of the medication, the date the prescription was filled, the name of the health care provider who wrote the prescription, the medication's expiration date, and administration, storage and disposal instructions. For over-the-counter medications, parents will provide the medication in a child-resistant container. The medication will be labeled with the child's first and last names, specific, legible instructions for administration and storage supplied by the manufacturer, and the name of the health care provider who recommended the medication for the child.

2) Instructions for the dose, frequency, method to be used, and duration of administration will be provided to the staff in writing (by a signed note or a prescription label).

A physician may state that a certain medication may be given for a recurring problem, emergency situation or for a chronic condition. The instructions should include the child's name, the name of the medication, the dose of the medication, how often the medication may be given, the conditions the medication may be given for, and any precautions to follow. Example: children who wheeze with vigorous exercise may take one dose of asthma medicine before vigorous gross motor play; children who weigh between 25-35 pounds may be given 1 teaspoon of acetaminophen 160 mg/5cc (1 teaspoon) for up to two doses every four hours for fever. Never give medication without the permission of the child's parent.

3) Medications will be kept at the temperature recommended for that type of medication, in a sturdy, child-resistant, closed container that is inaccessible to children and prevents spillage.

4) Medication will not be used beyond the date of expiration on the container or beyond the expiration of the instructions provided by the physician or other person legally permitted to prescribe medication. Instructions which state that the medication may be used whenever needed will be renewed by the physician at least annually.

5) A medication log will be maintained by the facility staff to record the instructions for giving the medication, parent consent, amount, the time of administration, and the person who administered each dose of medication. Spills, reactions, and refusal to take medication will be noted on this log. {Sample form in Appendix J-a}

VII. Emergency Plan

A. First-Aid Kits:

First-aid kits are mounted on the bathroom wall in each classroom and will be resupplied following use to maintain the supply of items listed in Appendix K. A first aid kit will be taken on trips (walking or vehicular) to and from the facility.

The Group Leader in each classroom will check the contents of the first aid kits and replace missing or expired items monthly.

B. Emergency Phone Numbers:

The telephone numbers of the Fire Department, Police Department, Emergency Medical System, and Poison Control will be posted by the phone. Emergency contact information for each child and staff member will be kept readily available. The list of emergency telephone numbers and copies of emergency contact information and authorization for emergency transport will be taken along anytime children leave the facility in the care of facility staff.

C. Lost or Missing Children:

If it is determined that a child is missing or lost, the staff member in charge of the group at the time will immediately notify the Penn College Police Department (or the local police if child is lost or missing off campus), the program director, the parents, and other authorities as required by state regulation. If on a field trip, the management of the facility will also be notified to assist in the search for the child.

D. Child Abuse: See Discipline.

E. Injuries or Illness Requiring Medical or Dental Care:

1) The caregiver who is with the child will provide first aid as taught in the American Red Cross units on Infant and Child First Aid and Caring for Ill Children. The College Nurse may also be called upon in emergencies.

2) Any staff member in the classroom will contact the Emergency Medical System by dialing 9-911 when immediate medical help is required. {See Appendix I for conditions requiring immediate medical help} The staff member will contact a parent or, if the parent cannot be reached, the alternate emergency contact person. The emergency facility used by the program is Penn College Student Health Services, or Williamsport Hospital. Emergency transport is provided by whoever responds to the 911 call.

3) A staff member will accompany the child and remain with the child until the parent or alternate emergency contact person assumes responsibility for the child. The staff member will take the child's emergency information form with her. Staff-to-child ratios will be maintained at all times for the children remaining in the facility. The Director will substitute for the missing caregiver in such emergencies.

4) Staff in the child's classroom will complete an Incident form (Appendix L) as soon after the incident as possible. The form will be signed by the parent, then copies distributed to the parent, the child's record at the facility, and the facility's Injury Log. It is the program's policy to complete a written accident form even for minor injuries which may leave any mark on a child's body, which have caused the child pain or distress even without marks, or any incident for which first aid has been administered.

5). Dental Emergencies:

Take the child to the College Health Services Office or call 911. If emergency dental care is required, a staff member will accompany the child and remain with the child until the parent assumes responsibility for the child.

F. Serious Illness, Hospitalization, and Death:

Within 24 hours of the occurrence, the Director will notify the Regional Pennsylvania Department of Welfare Day Care licensing office (570-374-2675) of a serious illness, in or out-patient hospitalization, or death of a child or staff member that occurs during or is related to participation in the Children's Learning Center. The Director will plan and carry out communication with the other staff, parents, children, and the community as appropriate, in consultation with the Vice-President for Academic Affairs and the Penn College Information and Community Relations Office.

VIII. Evacuation Plan and Drills

A. Evacuation Procedure:

- 1) Staff-to-child ratios will be maintained, and the children will be evacuated to the center playground. If the situation requires that children be removed to a site farther from the building, they will be accompanied to the College gym.
- 2) The Director will check that each staff member knows a specific assignment as listed below:

Group Leaders and Assistant Group Leaders: Supervise children in their group, take attendance, comfort any children who are upset, provide first aid to any who are hurt. Director or any one regular staff person in her absence: Make contact with Penn College Police to determine when the building is safe to re-enter.
- 3) The staff in charge in each classroom will carry attendance and emergency contact information from the facility to the new site and compare attendance at the new site to the morning's attendance sign-in sheet to be sure no children or staff has been left behind.
- 4) If reentry into the building is not possible, children will be evacuated to the College gym. Penn College Police will be notified so that they can direct public announcements of such evacuation.
- 5) Parents or alternate emergency contacts will be notified by telephone to come for their children. Sign-out procedures must be followed carefully to ensure that children leave with authorized persons. Staff will remain with the children in numbers sufficient to maintain required staff/child ratios.
- 6) Penn College procedures for evacuation away from campus will be followed if such a precaution becomes necessary. These are outlined in the Penn College crisis manual, available on-line at F:/Public/Docs.
- 7) Evacuation procedures will be posted in the facility at in each classroom. {Sample Evacuation Procedure and Sample Evacuation Drill Log in Appendix M}

B. Fire:

- 1) Anyone who discovers smoke or fire will pull the fire alarm located in each classroom. Penn College police will notify proper authorities.
- 2) Staff will follow the posted Evacuation Procedures. Extra adults from other work areas in the Campus Center should be directed to rooms where children with special needs are located.
- 3) Adults in each classroom will check the children's bathroom. Penn College Police will check other areas of the building.
- 4) Any staff person will use the fire extinguisher located in the hallway just outside the Children's Learning Center rooms, where necessary and safe.
- 5) The Director will report the fire to the child care licensing agency within 24 hours.
- 6) Fire drills will be held monthly in accordance with the instructions of the local fire authority. The timing of the drills will be varied to include early morning, mealtimes, and nap times.
- 7) At least one drill per year will be observed by a representative of the Fire Department.
- 8) All new staff will receive preservice training on the evacuation plan.

C. Power Failures:

- 1) Caregivers will comfort the children, explain the situation, and urge them to remain calm.
- 2) The Director will discover if the power outage is confined to the facility or inclusive of the neighborhood.
- 3) Penn College Police or General Services staff will activate the emergency power lighting system.
- 4) Unless the power failure is accompanied by an emergency situation requiring evacuation (e.g., fire, flood, etc.), children will be kept inside. Should evacuation be necessary, staff will follow above emergency procedures and be careful of nearby downed power lines.
- 5) In the event of a lengthy power failure, Children's Learning Center staff will follow the recommendations of College Police and General Services staff regarding the advisability of remaining in the building for the rest of the day. If they advise closing the facility, parents or alternate emergency contacts will be notified. Staff will remain with the children in numbers sufficient to maintain required staff/child ratios.

D. Closing Due to Snow/Storm:

- 1) The Children's Learning Center will follow the Penn College closing procedures, opening half an hour earlier than the rest of the College in case of delayed opening.
- 2) Should snow or storm require the facility to close during operating hours, parents will be notified by telephone and/or radio and television broadcast on those stations used by the College.
- 3) Should parents be prevented by weather conditions from reaching the facility to recover their child, the center staff on duty will care for the children (maintaining proper staff-to-child ratios) until such time as the parents can safely reclaim their children. If parents or emergency contact person can not reclaim their children, the children will be cared for at the Center or at another location (only if parent agrees when contacted by telephone) where they can be provided food, warmth and a place to rest. If the children are to remain at the center, the staff in charge will be responsible for finding food and necessary supplies for the children.

E. Floods, Tornadoes, or Other Catastrophes:

- 1) Anyone who learns about a significant health or safety hazard (flood, tornado, hurricane, earthquake, blizzard, power failure, etc.) will notify the College Police by calling ext. 4760. An emergency weather radio will be kept turned on in the Toddler classroom, and staff in that room will notify the rest of the Center if they hear an alert.
- 2) Staff will follow the appropriate Emergency Procedures for the catastrophe, as directed by College Police.
- 3) In case of a tornado warning, children and staff will remain in the center hallway, away from doors and windows.

IX. Authorized Caregivers

A. Documentation of Authorized Caregivers:

The Director will maintain in the files, written authorization by the child's parent or legal guardian of the names, addresses, and telephone numbers of individuals whom parents have approved to care for the child, to pick up the child for them, and to take the child out of the facility on trips.

B. Sign-in/Sign-Out Procedure:

Care-giving adults who bring the child to, or remove the child from, the facility (parents and staff) will sign children in and out of the facility, on the Sign In form in the child's classroom (Appendix G). In cases where the adult bringing the child or picking the child up fail to sign the form, center staff should fill it out as soon as they notice the discrepancy, writing the name of the adult and their own initials and estimating as closely as possible the actual time of arrival or departure. This precaution is necessary so that the sign in sheet accurately reflects the actual number of children in attendance at any time.

C. Policy for Handling an Unauthorized Person Seeking Custody:

- 1) The staff in charge in each classroom will contact the custodial parent named on the Application for Child Care Services. Determination of custody may be made **ONLY** by a legal document such as a temporary or permanent custody order, which shall be on file in the child's file. Otherwise, staff may not deny custody to a known parent or that parent's authorized representative.
- 2) Telephone authorization to release a child will be accepted in emergencies, and will be documented in writing using the Verbal Request for Release of a Child (Appendix N).
- 3) No child will be released without the presence or permission of the custodial parent.
- 4) The staff in charge in each classroom will notify the College Police if an unauthorized person seeks custody of the child.

D. Policy for Handling an Intoxicated Parent:

(Also covers drug addiction/abusive parent/any authorized adult who cannot take the child safely from the facility.)

- 1) The child will not be released.
- 2) The staff in charge will notify the Penn College Police by calling ext. 4760. Explain that this is an emergency and that Police presence is necessary to prevent possible harm to a child.
- 3) After the threatening adult has been removed from the facility, the staff in charge will contact the other parent or the emergency contact person to make arrangements for the child's transport to a place of safety. If no one is available to care for the child, the staff in charge will contact Lycoming County Child Protective Services (326-7895) for guidance.

X. Safety Surveillance

A. Hazard Identification and Correction:

Each classroom staff is responsible for conducting daily safety checks of the facility for hazards. Playground safety checks are assigned in turn to classroom staff as well. The results of the site inspections will be reviewed by the Director to arrange for correction of any hazardous conditions identified. Written reports of the inspections and corrections will be kept in the program files. {A sample site inspection checklist is in Appendix O}

B. Review of Injury Reports:

Whenever an injury occurs, a copy of a completed incident Report form will be filed in the Injury Log. The Injury Log will be reviewed by the Director at least every three months to identify hazards for corrective action.

XI. Transportation and Field Trips

A. Daily Transport to and from the Program:

All daily transportation is provided by parents or others designated by parents. The program will offer educational materials and will encourage the use of age-appropriate seat restraints (car seats and/or seat belts). Car seats that belong to individual children may be stored between arrival and departure in the child's classroom or the Multipurpose Room, as agreed upon by parent and Group Leader. When transportation is arranged by the parents using buses or vans from another agency (such as Head Start or the school district), an adult from the agency providing the transportation must sign the child in and out.

B. Requirements for any vehicle used in conjunction with program-sponsored field trips, outings, or emergency transportation of children:

- 1) The vehicle will be licensed according to state law.
- 2) The vehicle will be equipped with a first-aid kit and emergency information for all children being transported.
- 3) The vehicle will be air conditioned when the ambient temperature exceeds 75 degrees F and heated when temperatures drop below 50 F.
- 4) Children will be secured in age-appropriate safety restraints. There will be no smoking in the vehicle.
- 5) Children may also be transported on Williamsport City buses or on chartered school buses, which are not required to be equipped with safety restraints, with parent permission.

C. Driver Requirements for Any Adult Transporting Children for the Program:

The policy of the program is that no adult other than chartered buses, the child's parent, or the parent's authorized representative may transport children.

D. Seat Restraint Requirements:

Children will be secured in age-appropriate safety restraints as required by state law (see above).

E. Route Planning and Trip Safety:

- 1) The Director or Group Leader in charge of the field trip will map out all routes in advance and provide this information to drivers, parents, and accompanying caregivers.
- 2) Parents will sign an informed consent form for trips for each child before each trip off campus.
- 3) Children will be kept entertained through books, toys, songs, or conversation while traveling, if awake.
- 4) All trip participants will be identified with a label that gives the program's name and phone number.
- 5) Younger children will be kept together through use of a travel rope.

- 6) Groups will be escorted by a designated adult at the front and back of the lines.
- 7) Staff will explain rules of the road, and provide a positive example by obeying these rules; children will be asked to point out and identify traffic warning signs.
- 8) A first-aid kit, emergency contact information and emergency transport authorization for the children in the group will be taken on all trips.
- 9) No child will be transported for more than an hour, one-way.
- 10) The Group Leader will be responsible for assuring all children are accounted for before the vehicle leaves the facility and the trip location.

F. Staff-to-child Ratios for Transportation:

- 1) The same staff-to-child ratios required at the facility will be maintained during transportation. The driver will not be counted as staff in the ratio for children less than six years of age.
- 2) Children will never be left alone in vehicles.

XII. Sanitation and Hygiene

A. Hand washing:

- 1) Signs will be posted at each sink with the times when hand washing is required and the steps to follow.
- 2) All staff, volunteers, and children will wash their hands at the following times:
 - a) upon arrival for the day and upon coming inside from the playground or other outside area
 - b) before eating or handling food
 - c) before feeding a child
 - d) after diapering and toileting
 - e) after handling bodily fluids (mucus, blood, vomit) and after wiping noses, mouths, and sores
 - f) after cleaning
 - g) before and after giving medication
 - h) after handling pets or other animals
- 3) All staff, volunteers, and children will wash hands as follows:
 - a) wet hands with warm water
 - b) apply liquid soap available at each sink
 - c) lather hands front to back and between the fingers rubbing vigorously (for at least ten seconds), and under the nails

d) rinse hands with fingers pointed down

e) dry hands with paper towel or an approved hand drying device. Use a towel to turn off the faucet and (if inside a toilet room with a closed door) open the door. Discard the towel in an appropriate receptacle.

B. Diapering:

- 1) Only staff who have been trained in the proper diapering method may diaper children.
- 2) Diapering will be done only in the designated diapering area (either the bathroom or diapering table). Food handling will not be permitted in diapering areas.
- 3) Surfaces will be kept clean, waterproof, and free of cracks, tears, and crevices.
- 4) All creams, lotions, and cleaning items are to be labeled with each child's name and instructions and stored off the diapering surface and out of reach of children.
- 5) All staff and volunteers will follow the following diapering procedures:
 - a) collect all supplies, but keep everything off the diapering surface except the items you will completely use up during the diapering process
 - b) place nonporous paper or disposable cover on diapering surface
 - c) if a child must use a skin preparation in the diaper area, place the amount of the preparation required on the disposable paper and put the medication container away
 - d) put on disposable gloves now so that you will be able to keep one hand on the child at all times
 - e) avoiding any contact with the child's soiled clothing except with your hands, place child on the diapering surface (never leaving the child unattended)
 - f) remove child's clothes and open the soiled diaper (removing the diaper and any waterproof covering as a single unit)
 - g) clean child's bottom with a moist disposable wipe, front to back, only once per wipe (repeating with fresh wipes where necessary); discard soiled wipes into a plastic lined foot pedal operated can, into the soiled diaper, or into a plastic bag
 - h) put the soiled diaper in the proper receptacle:
 - (1) fold disposable diaper inward, reseal with tapes, and place the taped disposable diaper in a plastic lined, foot pedal operated can
 - (2) place unrinsed cloth diapers in a securely tied plastic bag, and then into a larger, labeled plastic bag to go home with the child
 - i) apply any skin preparation required
 - j) remove and discard gloves in a plastic lined, covered can
 - k) put on the clean diaper
 - l) wash the child's hands
 - m) remove disposable covering from diapering surface and place in a plastic lined, covered can

- n) remove any visible soil from the diapering surface with soap and water, then disinfect the surface with a bleach solution made fresh daily (1 tablespoon of bleach mixed in 1 quart of water)
- o) wash hands thoroughly as directed in A above

C. Toileting:

Toilets will be kept visibly clean and will be cleaned and sanitized daily. Children less than 6 years of age and older children who require assistance will use the child-size toilets in each classroom. Children 6 and over may be permitted to use the adult bathrooms located outside the Children's Learning Center office, with parental permission.

Potties will not be permitted because of the risk of spread of infectious diarrhea.

Staff in each classroom will assure that toilet paper and holders, paper towels, and soap dispensers are available within easy reach of all users.

All staff will monitor toileting areas on an ongoing basis to ensure that proper hand washing and cleaning procedures are followed.

If toilets or bathrooms need to be cleaned during the day, classroom staff will call Penn College General Services staff at ext. 3001 to request a custodian's assistance.

D. Facility Cleaning Routines:

The facility will be maintained in a clean and sanitary condition. When a spill occurs, the area will be made inaccessible to children and College General Services staff will be notified about the need for clean-up. When surfaces are soiled by body fluids or other potentially infectious material, they will be disinfected after they are cleaned with soap and water to remove all organic material.

Surfaces will be disinfected using a (non-toxic) solution of 1/4 cup of household bleach to one gallon of tap water (or 1 tablespoon of household bleach to 1 quart of water) made fresh daily by a staff person designated by the Group Leader in each classroom. To disinfect, the surface will be sprayed until glossy and allowed to air dry.

Routine cleaning and sanitizing of the facility (floors, walls, bathrooms and sinks, windows) will be carried out by College General Services staff, following the guidelines from NAEYC accreditation standards. (Appendix P). Classroom staff is responsible for regular washing and sanitizing of toys, dress-up clothes, pillows, and other educational and play items used by children. Facility cleaning requiring potentially hazardous chemicals will be scheduled to minimize exposure of the children.

E. Pets:

The Group Leader in each classroom will be responsible for checking that the appropriate care instructions for pets are followed.

Pets will meet with the following guidelines:

- 1) Allowable pets include fish, guinea pigs, gerbils, domestic rabbits, hamsters, or mice. Other animals may be invited for visits, generally of no more than one day. The Group Leader will ensure that they are healthy, have received required vaccinations, and can be with children without danger to the children or the animal. Animals may not be kept in rooms used by children with allergies to those animals.
- 2) Pets will be kept clean and in clean areas. Children will not be allowed to mouth pets, or put their hands in their mouths after touching the pet.

3) All pets will be enclosed in cages or separated by some other means from the children except when children are handling them under adult supervision. Children, caregivers, and staff will follow proper hand washing procedures after handling animals.

4) In the event of an animal bite or scratch, procedures for first aid and parent notification contained in these policies will be followed.

F. Plants:

The Group Leader in each room will be responsible for checking that all plants receive the appropriate care and meet the following guidelines:

1) A list of poisonous plants, their appearance, location, and commonly-produced reactions is available from local poison control centers. These plants will not be permitted in the facility environment.

2) Allowable plants include those that are non-toxic, do not generate a lot of pollen, and do not drop small flowers or leaves.

3) Plants will be regularly dusted. Children will not be allowed to put plants in their mouths.

4) Children, caregivers, and staff will follow proper hand washing procedures after handling plants.

5) In the event of contact with a poisonous plant, the regional poison control center will be consulted for instructions and emergency procedures will be followed.

G. Toys:

The Group Leader in each room will be responsible for checking that all toys receive the appropriate care and meet the following guidelines:

1) Objects with removable parts or toys that have a diameter of less than 1 1/4 inch or small enough to fit completely in a child's mouth, latex balloons, plastic bags, and Styrofoam objects will not be accessible to children under 4 years of age.

2) All toys that are mouthed during the course of the day will be set aside when the child is finished with the toy in a container for soiled toys until they can be thoroughly washed with soap and water, disinfected, and stored in clean cabinets. Soiled toys may be washed and disinfected by hand or by washing in the dishwasher.

3) Toys that develop sharp edges, have breakable glass, have screws that have unthreaded, or that present risks of injury from common use will be repaired or discarded.

H. Exposure to Blood and Other Potentially Infected Body Fluids:

Staff will follow the universal precautions recommended by the Centers for Disease Control and Prevention in handling any fluid that might contain blood or genital secretions. Universal precautions include treating all blood and fluids that may contain blood or blood products as potentially infectious. Caregivers will use all available means such as nonporous (e.g. vinyl or latex) gloves, good hand washing, and having the child (if possible) put pressure on a cut until the first aid provider can put on gloves to reduce exposure to blood. Nonporous gloves will be worn during clean up of blood spills or other body fluids and hand washing will be done after the gloves are discarded.

The Director is responsible for scheduling staff training regarding Bloodborne Pathogens Exposure and assuring all staff members are trained in ways to protect themselves and College policy.

College policy requires that staff do as little handling of blood or other body fluids as possible. General Services staff, who are trained and equipped with proper sanitation methods, should be called for clean-up of surfaces as soon as possible.

XIII. Food Handling and Feeding Policy

A. Drinking Water:

Drinking water will be accessible to children who can serve themselves and offered between meals to all children, while indoors and outdoors. Water will be dispensed by individually labeled personal water bottle or cups, in drinking fountains, or by single-use paper cups. Dispensers will be approved by the state or local health department. Drinking water will be offered to children who are over 2 years of age after each snack or meal.

B. Food Brought From Home:

The Center participates in the Child Care Food Program and provides a nutritious breakfast, lunch, and snack.

The Director will inform parents of the food service plan of the facility and suggest ways to coordinate with this plan. The Center will provide appropriate menu substitutions when medically necessary and requested in writing by the child's health care professional. Parents may opt to provide substitutions in case of religious or other preferences. Monthly menus will be provided to each family and will also be posted prominently in the facility. If parents opt to provide substitutions, they will be required to label the food with the child's name and date and to store it in the Center refrigerator until meal-time.

The facility will supplement a child's home-provided meal if the nutritional content appears to be inadequate. Parents will be informed by staff if food brought from home is being supplemented on a regular basis. Caregivers will check for food allergies before providing any supplemental food.

Leftover food will be discarded and not returned to the parent in the child's lunch box.

C. Sinks Used for Food Preparation:

Hand washing sink(s) will be separate from food-preparation sink(s).

D. Refrigeration/Freezing:

Refrigerators will be maintained at a temperature below 40n F, and freezers will be maintained below 0 F.

E. Food Safety:

Children's meals are prepared by College Food Services, who are responsible for health and sanitation procedures during preparation. The following food requirements will be maintained both by Food Services and by Children's Learning Center staff who serve meals and do cooking activities with children:

- 1) No one with signs of illness (including vomiting, diarrhea, open infectious skin sores) or who is known to be infected with bacteria or viruses that can be carried in food, will be responsible for food-handling.
- 2) Caregivers will wash hands carefully before handling food.
- 3) Dry milk and milk products may be reconstituted in the facility for cooking purposes only, provided they are prepared, refrigerated, and stored in a sanitary manner, labeled with a date of preparation, and used or discarded within 24 hours of the date of preparation.

- 4) Home-canned food, food from dented, rusted, bulging, or leaking cans, or food from cans without labels will not be used.
- 5) Fruits and vegetables will be washed thoroughly with water before use.
- 6) Frozen foods will be defrosted in the refrigerator, under cold running water, as part of the cooking process, or by using the defrost setting of a microwave oven, and never by leaving them at room temperature or in standing water, as in a pan or a bowl.
- 7) Meat, fish, poultry, milk, and egg products will be refrigerated until immediately before use.
- 8) Food will be served promptly after preparation or cooking and maintained at not less than 140n F for hot foods and not more than 40n F for cold foods.
- 9) Hot foods will be steamed for no longer than 30 minutes before covering and refrigerating.
- 10) Food returned from individual plates and family-style serving bowls will be discarded.
- 11) All food except fruits and vegetables stored in the refrigerator will be covered, wrapped, or protected from contamination.
- 12) Cooked or ready-to-eat foods will be stored above raw foods in the refrigerator.
- 13) Refrigerators and freezers will be kept clean, sanitary, and maintained according to national guidelines {See pp. 31-6, "Healthy Young Children, NAEYC, 1991."}
- 14) Unrefrigerated foods will be stored at least 6 inches above the floor in clean, dry, well-ventilated storerooms or other approved areas. Storage will facilitate easy cleaning.
- 15) Containers will be of a type that protects food from rodents and insects.
- 16) Dry, bulk foods (cereals) which are not in their original, unopened containers will be stored off the floor in clean metal, glass, or food-grade plastic containers with tight-fitting covers. These containers will be labeled and dated.
- 17) Garbage will be placed in containers inaccessible to children and will be removed from the kitchen daily. Containers will be labeled and covered with tight-fitting lids between deposits.
- 18) When cleaning agents cannot be stored separately and will be stored in the same room with food, these supplies will be clearly labeled and maintained in a storage cabinet, inaccessible to children, that are not used for food storage.
- 19) Medications requiring refrigeration will be stored as specified in VI. Medication Policy.
- 20) Cutting boards will be made of nonporous material and will be scrubbed with hot water and detergent and sanitized with bleach/water solution made of 1 tablespoon of household bleach to one quart of water between use for different foods. Boards with crevices and cuts will not be used.
- 21) If a dishwasher is not used, the following procedure for hand dish washing will be followed:
 - a) use a three compartment sink or three basins for the separate tasks of washing, rinsing, and sanitizing;
 - b) wash dishes in hot, soapy water (120n F) and rinse thoroughly;

c) dip dishes for one minute in at least 50-100 parts per million of bleach in water (2.5 ounces of bleach in 10 gallons of water) maintained at a temperature of at least 75n F;

d) rinse dishes thoroughly; and

e) sun or air dry dishes, and do not use dishtowels.

22) All food contact areas will be kept clean.

F. Food Purchasing/Ordering:

College Food Services is responsible for assuring that all purchased food meets the following requirements:

1) Suppliers of food and beverage meet local, state, and federal codes.

2) Purchased meats and poultry have been inspected and passed by federal or state inspectors.

3) All milk products are pasteurized.

G. Menu Planning and Portion Control:

The Director and College Food Services are responsible for menu planning and portions. Menu plans and food service routines will follow the guidelines of the Child and Adult Care Food Program, and all components of the meal plan are reviewed by the PA Department of Education Food and Nutrition department. Monthly menus will be posted in the Center and sent home to families.

H. Preschool Feeding:

Children will eat only when seated to decrease the possibility of choking. Round, firm foods which may cause choking are a concern for children under the age of 4. Caregivers will cut such foods (such as hot dogs or whole grapes) in half for younger children. Adults will be close at hand and monitoring children whenever they are eating. Liquids and foods hotter than 110 degrees F. will be kept out of children's reach. Children under the age of 2 will be served whole milk. Other children will be served 2% low-fat milk.

I. Feeding of Children with Special Needs:

Children with special needs related to their ability to eat or a nutritional need will have an individual management plan that includes a written description of each child's feeding history, including prohibited foods, as supplied by the parent or child's health care provider on admission to the program. Information about special feeding requirements will be posted in each room's emergency book and in the room or rooms where the child is served his/her meals.

XIV. Sleeping

A. Area for Sleeping/Napping:

Children will nap or rest in their own classroom. Quiet play which does not interfere with the rest or sleep of children napping is permitted in the same room, for those children who do not nap.

B. Handling of Sleeping Equipment:

The Group Leader will check that each cot, sleeping bag, bed, mat, or pad is labeled with the name of the one child who uses it. (A number system is also acceptable if a clear, easily read chart is posted near the mats and cots, showing which number is assigned to which child.)

The Group Leader will check that mats are placed at least two feet away from one another (unless separated by a physical barrier such as a screen or shelf).

C. Bed Linen:

- 1) Children will have individually assigned spaces for sleeping. Children will not share mats or cots.
- 2) Parents are responsible for providing seasonably appropriate bedding, such as small blankets and pillows or sleeping bags, for their own child. This bedding will be marked with the child's name and stored in a plastic bag marked with the child's name. Children will not share bedding or pillows.
- 3) Bedding will be sent home for laundering each weekend.
- 4) In cases where a parent has failed to provide appropriate bedding, Center owned bedding may be used temporarily. In this case, the Group Leader must assign the bedding to one child, label and store it accordingly, and launder it properly before assigning it to another child.

XV. Smoking, Prohibited Substances, and Guns

The indoor and outdoor environment, and vehicles used by the program are designated as non-smoking areas. The use of tobacco in any form, alcohol, or illegal drugs is prohibited on the facility premises. Signs to this effect are posted around the facility.

Possession of illegal substances or unauthorized potentially toxic substances is prohibited.

All Children's Learning Center providers and staff will maintain sobriety while on duty. Caregivers, staff, or other adults who are inebriated, intoxicated, or otherwise under the effects of mind-altering or polluting substances will be required to leave the premises immediately.

No guns or other lethal weapons will be allowed in the Center.

XVI. Staff Policies

(The following requirements apply for staff who have any contact with the children or with anything with which the children come into contact. These policies supplement any other personnel policies.)

A. Pre-employment Requirements:

Employees of Children's Learning Center at Penn College are employees of the College. Hiring, benefits, and all employment actions are taken through the College Human Resources office, following College policy. A copy of the Penn College Personnel Policies, detailing the duties and privileges of employment, is available to all employees on-line at F:/Public/Docs or by request to the Penn College Human Resources office.

The following requirements apply specifically to Children's Learning Center employees in addition to the requirements for all College employees:

All paid staff that has regular contact with the children will have a health assessment within three months prior to employment or not later than one month after employment. {Sample form in Appendix Q} The staff health assessment will be signed by a physician or CRNP and include those items specified on the form from the Pennsylvania Department of Public Welfare. Volunteers who work with children for more than 10 hours per week will also be required to obtain a health assessment. This will be at the employee or volunteer's own expense.

All staff (volunteer and paid) will provide two written references from persons who are not family members who can vouch that the prospective staff member is reliable and able to work well with children. Pennsylvania Child Care licensing standards will be used to determine which volunteers are subject to this requirement.

All paid childcare staff are subject to Pennsylvania laws requiring State Police and Childline background checks. Background checks must be obtained at the employee's expense prior to employment and must be no more than one year old at the time of application.

All staff (volunteer and paid) are informed via these policies of health risks related to working in child care. The major occupational health hazards in child care are infectious diseases, stress, noise, injuries from back strain and biting, skin injury from frequent hand washing, and environmental exposures to art materials, indoor cleaning and disinfecting materials. A list of potentially hazardous materials present in the facility and Material Safety Data Sheets are available from Penn College General Services. This information will be reviewed and updated by General Services staff annually.

B. Ongoing Health Requirements:

- 1) TB screening by the Mantoux method is required every two years. Health assessments must be completed annually, at the employee's expense.
- 2) On a daily basis, the administrator of the facility shall visually and verbally assess the staff and volunteers for signs of ill health. Staff and volunteers may have their work limited or modified and be required by the Director to have a health assessment if the health status of the staff member, as it affects the ability of the person to continue to do the work required, is uncertain. Staff and volunteers will have a release from a health care provider to return to work for the following:
 - a) a condition that may significantly affect their ability to do their job (e.g., pregnancy, specific injuries, infectious diseases)
 - b) after a serious or prolonged illness
 - c) when promotion or reassignment to another role could be affected by health

- d) before return from a job-related injury
 - e) if there are liability issues (e.g. back injury, heart attack, stress or mental illness)
- 3) Staff illness will be reported to the Director as soon as the condition is known during the day. Staff will be excluded for illness in accordance with the exclusion guidelines listed in the Staff Handbook. Staff who are infected with the human immunodeficiency virus or who are Hepatitis B carriers may care for children provided they do not have open lesions or conditions that allow contact with their blood and that they can competently perform their duties.
- 4) All staff (volunteer and paid) will supply and annually update or verify the following information in writing:
- a) emergency contacts (next of kin)
 - b) name, address, birth date, training, experience and educational background
- 5) Staff may opt to eat the same meals served to children or bring their own food. If food or beverages are eaten with the children at mealtimes, it should be nutritious food which sets a good example. Any other food brought to the program by staff will be stored in the Multipurpose Room and eaten only during break periods when the staff are away from the children.

C. Breaks:

Staff are normally scheduled for unpaid breaks of 15 minutes to an hour if their work day is five hours or more. Breaks may be taken only if the required staff-child ratio can be met. (They are normally scheduled, therefore, for nap time.) Special break schedules may be established by the Director if program quality can be maintained.

D. Training

All new staff (paid and volunteer, including substitutes) will be oriented to the following:

- 1) The goals and philosophy of the program.
- 2) The written policies of the program with special emphasis on:
 - a) the planned program of activities of the program
 - b) acceptable methods of discipline
 - c) occupational health hazards such as back injuries, stress, infectious diseases, issues for pregnant workers, and environmental hazards
 - d) hand washing, diapering or underclothing changing, and surface sanitation techniques
 - e) food preparation and handling
 - f) teaching health promotion to children and parents
 - g) recognizing symptoms of illness
 - h) child abuse detection, prevention, and reporting
 - i) Bloodborne pathogen exposure control plan
- 3) The children and their developmental needs.
- 4) Any special needs of individual children.
- 5) As soon as it can be scheduled after employment and every three years thereafter, each staff member will successfully complete training in the equivalent of the units on Infant and Child First-Aid.

At least one staff member who is currently certified to provide Infant/Child CPR will be on the premises or accompanying the children at all times when children with special needs are in care and whenever children are swimming or wading.

A minimum of 24 hours per year of ongoing training will be required for all paid and volunteer staff (not counting First Aid or CPR).

Staff will not be expected to take responsibility for any aspect of care for which they have not been oriented or trained. They have the responsibility to report any such occurrence to the Director should it arise.

F. Performance Evaluation:

Staff are required to comply with the policies and procedures of the program. A review of a written self-evaluation and job performance will be conducted annually by the Director, in accordance with Penn College procedures. When a staff member does not meet the minimum competency, the staff member will be subject to the disciplinary procedures outlined in the College personnel policies and assistance will be provided to help the staff meet the requirements, for a reasonable period of time as specified in the disciplinary action. Competency will be measured by compliance with the policies and procedures contained in the following program documents:

- 1) These health policies
- 2) Penn College Personnel Policies and Procedures
- 3) Children's Learning Center at Penn College Staff Handbook and Curriculum

XVII. Design and Maintenance of the Physical Plant and Its Contents

The Children's Learning Center facility will meet or exceed federal, state, and local guidelines for physical plant contents and maintenance.

Cleaning of the facility will be performed according to guidelines written and monitored by Penn College General Services.

All potentially toxic materials such as pesticides, toxic cleaning materials, aerosol cans and poisons will be used according to manufacturer's instructions and under the supervision of General Services staff who have been trained in their proper use. These materials are to be stored in custodial supply areas outside the Center area, where they are inaccessible to children.

In no instance will these materials be used so that children are exposed to hazard. Examples include no spraying of pesticides while children are present or onto surfaces touched by children and using caution when painting to minimize the children's exposure to paint fumes.

XVIII. Review and Revision of Policies, Plans, and Procedures

The Director will make policies, plans, and procedures available to parents, caregivers, staff and consultants on an annual basis, and whenever the policies are changed. Copies of standing policies will always be available for parental or staff perusal during the facility's hours of operation and on-line, on the Center website. A summary of the policies will be included in the parent manual given to all parents upon enrollment. When new regular staff members are assigned to work in the facility, they will sign that they have read, understood and agree to abide by the content of the policies.

For Administrators and Consultants:

Policies Approved By and Date

For Staff:

Policies Reviewed, Understood, and Agreed to By and Date

For Staff:

I understand there are health risks related to working in child care. These include infectious diseases, stress, noise, injuries from back strain and biting, skin injury from frequent hand washing, and environmental exposures to art materials, indoor cleaning and disinfecting materials. I have been informed of these risks in detail and agree to follow established guidelines to reduce my exposure to these hazards. I agree to obtain medical treatment when necessary if I am affected by any of these conditions.

Occupational Risks Reviewed, Understood, and Agreed to By and Date

References:

American Public Health Association and American Academy of Pediatrics. *Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. Second Edition, American Public Health Association, Washington, D.C. and the American Academy of Pediatrics, Elk Grove Village, 2002.

American Red Cross. *American Red Cross Child Care Course*. American Red Cross. Washington, D.C., 1990.

National Association for the Education of Young Children. *Healthy Young Children* Ed. Abby Shapiro Kendrick, Roxanne Kaufmann, Katherine Messinger. National Association for the Education of Young Children. Washington, D.C., 1991.

APPENDICES

Appendices are available as hard copy in the Center office, or in *Caring for Our Children*.