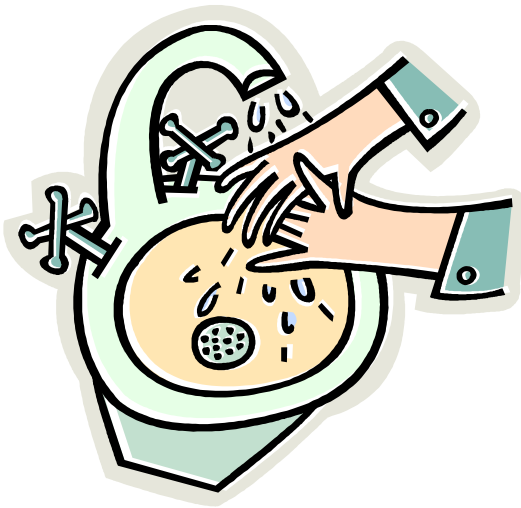


# CHILDREN'S LEARNING CENTER AT PENN COLLEGE



## HEALTH AND SAFETY POLICIES

2020 Revision



CHILDREN'S LEARNING CENTER AT PENN COLLEGE  
HEALTH AND SAFETY POLICIES

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## **PREFACE**

*Caring for Our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs, 3<sup>rd</sup> edition*, published by the American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education, has been officially adopted as the primary reference for health and safety policies by the Children's Learning Center at Penn College. A second related resource, *Managing Infectious Diseases in Child Care and Schools*, American Academy of Pediatrics, is also used as a reference.

The program policies outlined in this document are specific to the current facility and children served. In any cases when these policies do not cover a specific event or situation, reference should be made to *Caring for Our Children* and/or *Managing Infectious Diseases* for guidance.

## **OTHER RELEVANT GUIDELINES**

The Children's Learning Center also attempts to comply with the following guidelines. In cases where these guidelines appear to differ from one another, they should be followed in this order:

1. Certification requirements for Child Day Care Centers, Pennsylvania Office of Child Development and Early Learning (OCDEL). Also known as "licensing regulations," these are the foundation of all our higher accreditations. These regulations may occasionally be subject to revision, announced via memo to certified centers. In such cases, the Center will immediately comply with the revised regulations and these policies will be updated as soon as possible.
2. Pennsylvania requirements for Keystone STARS center, at the STAR 4A level. Included in these requirements is the periodic rating of the Center by an outside assessor using the Environmental Rating Scales (ECERS and ITESR), which include some health and safety guidelines. A minimum score is required for continued STAR 4A rating.
3. Accreditation guidelines of the National Association for the Education of Young Children. These dictate much of the specific language and content in this document. New "Required" criteria must be put into effect immediately. In other cases, these policies should be reviewed as soon as possible and revisions made as necessary.

## **I. Admissions**

### **A. Admissions Policy:**

The Children's Learning Center at Penn College admits children from the ages of 13 months through preschool age, 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. See the current *Fee and Enrollment Policies* (posted on-line at [www.pct.edu/childcare](http://www.pct.edu/childcare)) and the appropriate section of the Staff Handbook for further details.

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 within the guidelines established by the ADA and IDEA. 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. This will also apply to any child whose special needs are documented after initial enrollment.

#### **Dis-enrollment**

We reserve the right to deny care to any child whose behavior, in the opinion of the director, constitutes a threat to the well-being or safety of other children or staff or whose special needs cannot be met with reasonable accommodations. Prior to denial of service, the director and teachers will meet with parents or guardians in an attempt to establish a plan for the child that will allow for continued enrollment. This may involve an alternate schedule or perhaps referral to an outside agency or specialist for screening, assessment, and possible follow-up services. Failure to help develop or follow the established plan may result in termination of services.

The Center also reserves the right to give notice of termination of services in the event of parental failure to follow the policies and procedures described in this handbook or conduct which, in the opinion of the director, is of a harassing or threatening nature toward staff, parents, or children. Failure to pay weekly fees can be a cause for dis-enrollment.

### **B. Enrollment:**

Prior to the child's attendance, a visit with parent and child is required 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/or Group Leader and an opportunity to review the *Family 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 visit 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 or guardian. This is the form required in order to place a child on the wait list. (See [www.pct.edu/childcare](http://www.pct.edu/childcare))
- 2) Child Care Emergency Contact Information - signed by a parent or legal guardian for each child enrolled. These forms will be updated by a parent every 6 months and whenever the information changes. (available from office)
- 3) Child Care Health Assessment Form - signed by the child's physician, physician assistant, or certified registered nurse practitioner (CRNP). (available from office). This form may be submitted up to 30 days after enrollment if 1) a date is given for an upcoming appointment within 30 days AND 2) the parent certifies that there are no special health needs that may require special attention by staff. Alternate formats of this form are acceptable substitutes as long as the required information is included.

- 4) Special Care Plan - completed by a parent and/or health care provider(s) for each child with special needs. (available from office) Parents also may be asked to authorize release of information from providers of special services to help the Center coordinate the child's care.
- 5) Parental Consent for Program Activities - completed by a parent. (available from office)
- 6) Agreement (Fees and Hours) - completed by a parent. (available from office)
- 7) Child Information Form - completed by a parent. (available from office)

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 30 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.

### **C. Daily Record Keeping:**

Families will sign children in and out using a computer located just inside the secure door. There is a paper form that will be required when children are signed in or out by someone who is not yet entered into the Center data base or who has forgotten to bring his/her I.D. card.

In each classroom, three forms will be completed daily:

- 1) Sign-in and Sign-out sheet with message area - Upon daily arrival in his/her classroom, each arriving child will be signed in by teacher in charge, noting the time of arrival and entering any messages needed by the other staff in the room (for example, 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 sheet is used to note the time of departure. Again, the message area may be used by staff to inform others about changes in the next day's schedule or other concerns or messages. (available from office)
- 2) Enrollment/Attendance/M meal Count Record - The Group Leader for each classroom or her designee will complete the Enrollment/Attendance/M 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. If a month ends in the middle of a week, the form should be submitted on the last day of the month and a new one started on the next day. (available from office)
- 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. Documentation of such oral exchanges should be noted on the reverse side of the form. (available from office)

### **D. Confidentiality**

Confidentiality of information about the child and family will be maintained. Enrollment forms and all other information concerning the child and family will be kept in a locked file cabinet accessible only to the parent or guardian; to the Center Director and his/her supervisor; Center staff on a need to know basis; Penn College Health Services (on an as-needed basis); and to licensing or accrediting representatives as required by their regulations. Otherwise, information concerning the child will not be made available to anyone, by any means, without the express written consent of the parent or guardian. See the *Staff Handbook* for further information. See the *Family Handbook* for further information about confidentiality and use of child screening and assessment information.



On-site personnel files for staff will also be kept in a locked file cabinet, accessible only to the staff person; Center Director and Secretary; Director's supervisor; and to representatives of certification and accreditation bodies as required by their regulations. Other personnel files are maintained in accordance with Penn College policies and procedures for employees.

## **II. Supervision**

### **A. Principle:**

The Center will follow the guidelines of Pennsylvania Certification regulations and NAEYC accreditation regarding supervision of children. Specifically:

- a. At least one member of the teaching staff must be able to see and hear all infants and toddlers at all times, either by keeping them in the direct line of sight or by slightly adjusting position. This includes times when the infants and toddlers are sleeping. At times when a teacher is responsible for both sleeping and awake children, she must be aware of and positioned so that she can see and hear the sleeping children as well as those who are awake and playing.
- b. Teaching staff supervise preschool children primarily by sight. Supervision for short intervals (no more than 3 to 5 minutes) by sound is permissible, as long as teachers check frequently on children who are out of sight (for example, those who can use the toilet independently or who are napping). In rare cases, a preschool child may be out of sound and sight for no more than 1 minute (for example, if he or she leaves the playground to go into an adjoining classroom alone to get something).

### **B. Staff-to-Child Ratios**

Staff-to-child ratios followed by this program will always comply with the certification requirements of the Pennsylvania Office of Child Development and Early Learning (OCDEL).

For each group of 10 younger toddlers (13 months to 2 years of age), 12 older toddlers (24 months to 3 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 on duty.

Staff-to-child ratios for swimming, transportation, and children with identified special needs requiring more supervision will comply with the Pennsylvania regulations for certified 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. Encouragement and Supervision of Physical Activity and Outdoor Play**

Teachers/caregivers participate in children's active games at times when they can do so safely.

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

- 1) High-risk play areas (i.e., climbers, slides) 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, tricycles, etc.

## **D. Safe Water Play**

In order to avoid the spread of infectious disease through water play, children will be required to wash hands before joining in water play in the classroom. Children with runny noses, open sores on their hands or arms, or other evidence of contagious disease will not be allowed to play in a shared water table. Children will be supervised at all times during water play to monitor for mouthing of toys or other contamination of the water through sneezing, coughing, etc. If a teacher sees evidence of this type of contamination, the water will be emptied and the water table sanitized before the play can continue. After each group of children has used the water, and at the end of each day, the water table or bin will be emptied and sanitized.

Outdoor water play will be limited to play with sprinklers, water tables, and other toys that do not allow for children to be immersed in the water. No wading pools or swimming pools will be allowed. As with indoor water tables, outdoor water play equipment will also be emptied after each group has used the equipment, sanitized, and left to air dry until the next use.

## **III. Discipline**

### **A. Philosophy of Discipline:**

All children need experiences that nurture emotional security, positive self-concept, and respect for others. Children benefit from safe, nurturing environments with clear and consistent routines. It is essential that families and teachers communicate routinely and develop respectful, reciprocal relationships. Adults support social competence and self-identity by modeling respect for the children, setting realistic and age-appropriate expectations for behavior, using positive techniques, and encouraging positive approaches to interacting with others. Aggressive physical or verbal behavior toward staff or children is unacceptable.

No physical or other harsh, humiliating, or frightening form of punishment by the CLC staff is ever appropriate. This includes shaming, demeaning or abusive language. *If you find that you are reaching your limit with a child, ask a colleague to take over with the child.*

We have adopted Program-Wide Positive Behavior Supports (PBS). Research has indicated that positive behavioral support plans help children develop the social and emotional skills they need to be successful in elementary school. In addition, most of the area elementary schools have School-Wide Expectations and we believe our program will assist children with the transition to Kindergarten.

The plan currently includes:

- Four broad expectations for the behavior of children and adults
- A behavior matrix which explains the expectations for various activities See [Appendix A](#)
- Classroom strategies to teach the expectations
- Intentional acknowledgement of demonstration of the expectations
- Documentation of challenging behaviors
- Action plans for children with chronic challenging behaviors

### **B. Permissible Methods of Discipline:**

Teachers use positive guidance techniques such as encouragement, positive reinforcement, logical or natural consequences, redirection to another activity or to another area of the room, and elimination of potential problems. See [Appendix B](#) for a list of strategies.

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) Written documentation of incident.
- 5) Review of the needs of the child, the adequacy of caregiver supervision and appropriateness of facility activities, and administrative corrective action if there is a recurrence.

Challenging behaviors are children's attempts to communicate a message, such as, "I am scared," "I am angry," or "I want to play with you." Multiple strategies must be used to prevent and address these behaviors and to develop children's positive social and emotional regulation and communication skills. In selecting strategies staff collect data and consider the function and possible causes of the behavior.

The Center uses the definition of challenging behavior described in the Teaching Pyramid Observation tool by Lise Fox, Mary Louise Hemmeter, and Patricia Snyder. Challenging behavior is defined as behavior that includes 1) physical aggression, such as hitting, kicking, punching, spitting, throwing objects forcefully, pinching, pushing and biting; 2) climbing on things in the classroom that are not permitted; 3) destroying property, destroying what another child is working on regardless of the other child's response; 4) taking toys away from other children forcefully; 5) running that poses a safety risk for the child or others or elopement from the classroom; 6) tantrum behaviors that might include behaviors such as kicking, screaming, pushing an object or person, stomping feet, or head banging; 7) verbal aggression including yelling, threats, screaming at another person, calling children bad names, and saying bad words; 8) ordering an adult to do something (e.g. "leave me alone"); 9) persistent or prolonged crying that is loud or disruptive or ongoing crying that interferes with the child's engagement in activities; 10) inappropriate use of materials (e.g. jumping off chairs, slamming materials, throwing objects); 11) statements that are noncompliant (e.g. "I'm not going to do that.") or clear and explicit verbal or physical refusal to follow directions; or 12) inappropriate touching, stripping, and other behavior that are hurtful, disruptive, or dangerous to self or others.

When responding to challenging behaviors, teachers should be respectful and calm. They need to ensure the emotional and physical safety of the child and others in the classroom. Challenging behaviors are documented and reported to the director.

Removal of a child from the group is a last resort that is used when the child's behavior is so out of control as to be a threat to his/her own safety or to the well-being of the other children. Sometimes it is easier to remove all the children (except the misbehaving child and an adult) from the room and a teacher can supervise them in the hall, multi-purpose room or Butterfly room. Aggressive physical behavior toward staff or children is unacceptable. Caregivers will intervene immediately when a child becomes physically aggressive to protect all the children and encourage more acceptable behavior. A calming period will be just long enough to enable the child to regain control of himself. There will not be a time-out chair or area used by all children, although a specific place may be agreed upon for an individual child. Teachers should designate a calm-down quiet space which can be used by any child at any time. The child must be supervised by sight and sound.

For children with persistent or serious challenging behaviors, an individualized action plan is designed to support inclusion and success. The action plan is developed in cooperation with families. Referrals to outside agencies for additional support may be part of the action plan.

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.

Medication 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. Childcare staff should refrain from any suggestion of a diagnosis or medication.

### **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 staff of the Children's Learning Center are considered under Pennsylvania law to be mandated reporters and are required to receive training in the Child Abuse law and mandated reporting within 90 days of being hired. Training must be renewed every five years. As a mandated reporter, staff are obligated to report suspected child abuse or neglect directly to ChildLine. An oral report can be made by calling 1-800-932-0313 and must be accompanied by a written CY-47 within 48 hours of submitting the verbal report. Written reports can also be submitted electronically through an online portal [www.compass.sate.pa.us/cwis](http://www.compass.sate.pa.us/cwis). Online submission is the preferred method. Immediately after reporting to ChildLine, staff must notify the Director and campus police.

Staff members who have been accused of child abuse may be suspended or given leave without pay pending investigation of child abuse infractions. The guidance of the Penn College Human Resources department will be sought, in order to assure proper handling in accordance with College policy and procedures. 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.

Staff who report suspicions of child abuse or neglect at the Center are immune from discharge, retaliation, or other disciplinary action for that reason alone, unless it is proven that the report was falsely filed with a malicious intent or unless the individual was found to be involved in acts of child abuse.

#### **D. Suspension and Expulsion:**

We reserve the right to deny enrollment to any child whose behavior, in the opinion of the director, constitutes a threat to the well-being or safety of themselves, other children or staff or whose special needs cannot be met with reasonable accommodations. Our goal is to limit the use of suspension, expulsion and other exclusionary measures by implementing the following procedures and following the guidance procedures outlined above. Prior to denial of service, the director and teachers will meet with parents or guardians to establish an action plan for the child that will allow for continued enrollment. This may involve classroom strategies, at-home strategies, an alternate schedule or perhaps referral to an outside agency or specialist for screening, assessment, and possible follow-up services. Failure to help develop or follow the established plan may result in termination of enrollment.

#### **Steps for Addressing Challenging Behaviors**

1. Written documentation of challenging behavior is shared with the director. If a child's behavior results in injury to another child or staff member, the aggressive child's parents will be notified as soon as possible by phone and written documentation of the incident will be provided to the parent(s) and placed in the child's file.
2. When a child exhibits a challenging behavior on a continual basis that is not resolved through appropriate behavior management strategies, the teacher and director will meet with the family to develop an action plan. The action plan will describe the classroom strategies, family role and a meeting date to review progress. The action plan may also include referrals to outside agencies, alternate attendance schedule or any element that the teachers, director and families deem necessary. The teacher will provide a written copy of the action plan to the family and copies will be kept in the child's file.
3. If the center staff feel that they need further assistance in resolving the challenging behavior, the program may, with parental permission, request the assistance of an outside party. If the center staff believe that the behavior may be a result of a special need, the program may, with parental permission, refer the child for evaluation. If the parental permission is refused and the challenging behavior continues, the continued enrollment of the child will be reconsidered in accordance with the provisions of paragraph 7 below.
4. If the results of an outside evaluation suggest the need for accommodations for special needs, the program will provide these or other appropriate accommodations as long as they are not an undue hardship on the program as outlined in the American with Disabilities Act (ADA)
5. Action plan is implemented and written documentation of behavior is continued.
6. Teachers, director and family meet at designated time to review progress at which point the action plan can be changed.
7. If all the above steps fail to resolve the challenging behavior, the program may ask the family to obtain care for their child at another center. The program will provide the family with 4 weeks' notice, except where such notice

is not reasonable because of safety concerns. The program will try to assist the family in obtaining alternative care. Exclusionary measures are not considered until all other interventions have been exhausted.

8. This policy complies with federal and state civil rights laws. It is communicated to families and staff members by inclusion in the Family Handbook and the Health and Safety Policies.

#### **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 See *Managing Infectious Diseases in Child Care and Schools*. for guidance.  
For example, children with head lice will be excluded from care upon identification of head lice.

We follow the guidelines of the American Academy of Pediatrics for exclusion of ill children. Briefly, we will not care for children who have any of the following symptoms:

- diarrhea;
- vomiting of stomach contents two or more times within twenty-four hours;
- skin rashes with fever or behavior change;
- discharging sores;
- fever (101 degrees Fahrenheit or higher) accompanied by other symptoms of illness;
- contagious diseases such as strep throat until appropriate medical treatment is given;
- children with head lice upon identification;
- fatigue to the point that the child is unable to participate in Center activities.

If 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 the conditions listed above do not need to be excluded.

Children must wait to return to the Center for 24 hours after they have been sent home for illness assuming they are free of symptoms by then or are free of fever for 24 hours without fever reducing medicine or a physician indicates they may return.

##### **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 a fever but no other symptoms or behavior changes;
- 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 (available from office)
- 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 *Caring for Our Children*, 3<sup>rd</sup> edition, and *Managing Infectious Illnesses*.) 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 Director or Group Leader 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 Penn College Health Services 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 or Child Care Health Advocate will obtain an updated list of reportable diseases from the PA Department of Health annually. A copy of this list will be posted in the staff room for reference by staff. 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 Health Department about any suspected or confirmed reportable disease among the children, staff, or family members of the children and staff.

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 C Get Medical Help Immediately](#) Appendix C. Situations that Require Medical Attention Right Away. "In Case of Emergency" reference sheets are posted in each office and classroom, near the telephone.

## **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 and the Child Care Health Advocate 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 family beliefs or medical reasons will be followed. The PA Department of Health form for non-immunized or under-immunized children will be obtained, and a list of any children to whom this applies will be included on the list made available to all staff persons. 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 30 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. (available from office)

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 health appraisals or 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 Center will schedule regular visits by the Keystone STARS Certified Health Consultant, who will assist in the development and periodic review of all written policies relating to health and safety. Penn College Health Services will also provide ongoing consultation to the Children's Learning Center. 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.

One staff person will take the required college course to be designated as the Center Child Care Health Advocate (CCHA). The role of this person is to assist the Director with health and safety procedures and paperwork and to keep staff informed of policy updates or changes in procedures. See Appendix D. Child Care Health Advocate (CCHA) Job Description.

### **C. Health and Safety 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 Penn College Health Services or Employee Relations, voluntary health organizations, PA Health Department, health consultants, drug and alcohol programs, and state and federal organizations such as ECELS, NAEYC, and Zero to Three.

All health education activities and materials for children will be developmentally appropriate. Health and safety activities are planned several times each semester for toddlers and twice a month for the preschool classes. These activities align with the PA Early Learning Standards and the NAEYC accreditation standards.

#### Toddlers:

- Children are provided varied opportunities and materials to help them
- Engage in fundamental practices for good health (e.g., use of tissue to wipe nose, wash hands, attempt to brush teeth, cough into elbow)
- Cooperate with basic safety practices

#### Preschool:

- Children are provided varied opportunities and materials to help them
- Identify and discuss the purposes of medicine
- Identify and discuss common health problems
- Identify and demonstrate common practices for good health (physical, social, emotional and oral health)
- Recognize safe and unsafe practices
- Recognize emergency situations and discuss appropriate responses

Group Leaders 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 Director or 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. They will be asked to enter this on the medication log so that a record can be kept in case of reactions.

### **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. Any staff person who administers medication must first complete specific training on the five right practices of medication administration as provided by the PA Department of Health certified instructors.

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, written instructions must be provided from a physician or other licensed health care provider, including the child's name, the name of the medication, and the proper dosage and times to administer the medication. Parents will provide the medication in the original, child-resistant container. The medication will be labeled with the child's first and last names and specific and legible instructions for administration and storage supplied by the manufacturer.



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 WRITTEN permission of the child's parent.

3) All medications will be kept in a locked cabinet in the classroom or a locked medicine box in the refrigerator. 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. Medications requiring refrigeration will be kept in the Center's refrigerator in the locked medicine box. Emergency medications such as Epipens are kept in a locked container in the backpacks used by each group for field trips and walks around campus.

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 [Appendix E Medication Consent and Log](#) Medicine administered during the day to a child in our care by a family member should be recorded in the medication log.

6) Parents and/or legal guardians may come to the Center at any time during the day to give a child medication. This does not require written permission from a physician, although parents must sign the medication log so that we know what had been given and whether there may be side effects.

## **VII. Emergency Plan**

### **A. First-Aid Kits:**

First-aid kits are mounted on the wall above the sinks in each classroom and will be resupplied following use to maintain the supply of items listed in [Appendix F](#). First aid supplies will be kept in the classroom backpack and taken outside to the playground area and on trips (walking or vehicular) to and from the facility.

The Group Leader or Assistant Group Leader in each classroom will check the contents of the first aid kits and replace missing or expired items monthly. Any needed purchases to replenish Center supplies should be reported to the Child Care Health Advocate [Appendix D Child Care Health Advocate Job Description](#).

### **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 in the backpacks used by each classroom group. These backpacks are taken along on trips away from the facility and walks around campus.

### **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. First Aid Requirements for Staff**

Each group of children will have at least one adult present at all times who has current certification of pediatric first-aid training, including rescue breathing, management of a blocked airway, and training in any special procedures documented by physicians of specific children enrolled in that group.

#### **F. Injuries or Illness Requiring Medical or Dental Care:**

- 1) The caregiver who is with the child will provide first aid as taught in the Pediatric First Aid course required for all teaching staff. College Health Services may also be called upon in emergencies.
- 2) Any staff member in the classroom will contact the Emergency Medical System by dialing 911 when immediate medical help is required. **Appendix C. Situations that Require Medical Attention Right Away** Any 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 Health Services, or Williamsport Hospital. Emergency transport is provided by whoever responds to the 911 call. Staff members may not provide emergency transportation in their own vehicles.
- 3) A staff member will accompany the child and remain with the child until the parent or alternate emergency contact person assumes responsibility. 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 or other available caregiver will substitute for the missing caregiver in such emergencies.
- 4) Staff in the child's classroom will complete an Incident form as soon after the incident as possible. The form will be signed by the parent when s/he arrives to pick up the child, 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 incident 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.

#### **G. Serious Illness, Hospitalization, and Death:**

Within 24 hours of the occurrence, the Director will notify the Regional Pennsylvania Office of Child Development and Early Learning certification 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 Assistant Vice-President for Academic Affairs and the Penn College Information and Community Relations Office.

### **VIII. Emergency Evacuation Plan and Drills**

#### **A. Evacuation Procedure:**

- 1) Evacuation procedures and Emergency Guidelines for other types of emergencies will be posted in the facility in each classroom and included in the *Staff Handbook* given to each staff member upon hiring. As part of this *Health and Safety Policies* document, they are also posted on the Center website for parents or other interested persons.

{Complete Emergency Evacuation Procedures can be found in Appendix G. Emergency Evacuation Procedures (September 2019 revision).

- 2) Emergency Evacuation Procedures will be reviewed annually at a full staff meeting, and updated if necessary. Minutes of this meeting will provide documentation of this review.
- 3) The acceptable evacuation routes from the Children's Learning Center are listed and described in the Emergency Evacuation Procedures.
- 4) Emergency Evacuation Procedures also include instructions for sheltering inside, in case of threats from outside the center. Appendix G. Emergency Evacuation Procedures (September 2019 revision).
- 5) Monthly drills will be held to practice emergency evacuation procedures. These will be recorded on the Fire Drill Log by the Director and kept on file in the office. One fire drill annually will be observed by the Williamsport Bureau of Fire. At least one drill annually will be held for weather emergencies, sheltering inside, and moving to the off-site shelter.

## **IX. Authorized Caregivers**

### **A. Documentation of Authorized Caregivers:**

Each child's file will contain written authorization by the child's parent or legal guardian of the names, addresses, and telephone numbers of individuals whom parents have designated as emergency contacts, to pick up the child for them, and to receive information about the child's health or development.

### **B. Sign-in/Sign-Out Procedure:**

Caregiving adults who bring the child to, or remove the child from, the facility will sign children in and out using the computer system located just inside the secure door. In cases where adults bringing the child or picking the child up do not have the proper I.D. card to use the computer, they will be asked to fill out the paper sign in/out form and give it to the teacher in their child's room. (One form is sufficient for multiple children.) Center staff should fill out the form as soon as possible if they notice that an adult has failed to do so, estimating as closely as possible the actual time of arrival or departure. These forms should be given to the Secretary by 3:30 p.m. if at all possible, so that she can update the computerized system before she leaves for the day. This precaution is necessary so that the computer accurately reflects the actual number of children in attendance at any time and so that children can be properly signed in the next day.

Staff should record each child's arrival and departure on the Staff Sign-in/Out Sheet. This sheet should be taken with the group any time the group leaves the classroom (Ex. Play yard, lunch room, field trips).

### **C. Policy for Handling an Unauthorized Person Seeking Custody:**

- 1) No child will be released without the presence or permission of the custodial parent.
- 2) Any parent who indicates that there is or may be a problem with custody should be referred to the Director for an explanation of the Center policy. This policy is also explained in the *Family Handbook*.
- 3) Where both parents or guardians are known to the Center or can prove identity, 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 and a notice indicating that this is the case in the emergency book in each room. Otherwise, staff may not deny custody to a known parent or that parent's authorized representative.
- 4) If possible, the custodial parent who signed the Agreement of Service (Fee Agreement) should be contacted to inform her or him of the situation.
- 5) 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 H. Verbal Request for Release of a Child).

6) 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:**

- 1) Each classroom staff person is responsible for visually conducting daily safety checks of the facility for hazards. Playground safety checks are assigned in turn to classroom staff as well. Any staff person may report safety hazards to the Director or to PCT General Services staff if these cannot be immediately corrected by the staff person.
- 2) Monthly written reports of safety inspections and corrections will be carried out by the Group Leader in each classroom (or her designee) and submitted to the Director, who will keep them in the program files. (A sample Classroom Safety Checklist is in Appendix I. Classroom Checklist and Sample Playground Safety Checklist is in Appendix J. Playground Safety Checklist.) The results of the site inspections will be reviewed by the Director to arrange for correction of any hazardous conditions identified.

##### **B. Review of Injury Reports:**

Whenever an injury occurs, one copy of a completed Incident Report form (available from the office) will be filed in the child's individual file and a second copy in the Injury Log. The Injury Log will be reviewed by the Director and/or Child Care Health Advocate at least every three months to identify hazards for corrective action. A summary report will be reviewed at staff meetings quarterly.

#### **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 Center lobby or outside conference room. Strollers may also be left there. All car seats and strollers must be clearly labeled with the child's name, and it should be explained to the parent that these areas are not locked and that storage is offered at the parent's own risk. 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 accompany the child to his/her classroom, ensure that a staff person knows the child is there or is leaving, and sign the child in or 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. If children with special needs are enrolled, the vehicle must be accessible. There will be no smoking in the vehicle.
- 5) With parent permission, children may also be transported on Williamsport City buses or on chartered school buses, which are not required to be equipped with safety restraints,

**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.

## **G. Safety on Walks around Campus**

- 1) Parents give permission on enrollment for escorted walks to all campus buildings and outdoor areas with the exception of private living areas in residence halls.
- 2) Staff-child ratios must be maintained at all times on such outings, with one staff person leading the group and another at the back.
- 3) Notices regarding all trips off campus and on campus should be posted prominently near the classroom door, so that anyone can easily see where the group has gone. Include the number of the cell phone in your emergency backpack.
- 4) The classroom backpack must accompany the group and the classroom cell phone must be charged, turned on, and carried by a staff person who will hear it if it rings.
- 5) Staff should model safe walking practices such as crossing only at pedestrian crosswalks, waiting for the walk signs, and teaching children to stop, look, and listen for vehicles.
- 6) Head counts of children should be taken every time the group enters or leaves a new outdoor area or building.

## **XII. Sanitation and Hygiene**

### **A. Hand washing:**

Signs will be posted at each sink with the times when hand washing is required and the steps to follow.

All staff, volunteers, and children will wash their hands at the times indicated and following the procedures given in Appendix K. Hand washing Guidelines.

Alcohol-based hand sanitizers (60%-90% alcohol) are an acceptable alternative to traditional hand washing with soap and water by children older than 24 months and by adults on hands that are not visibly soiled. Any visible soil must be removed by hand washing or a wet wipe before applying the sanitizer. Alcohol-based hand sanitizer dispensers are not accessible to children younger than 6 years. The use of hand sanitizers requires 1:1 supervision by an adult to dispense and making sure that the chemical is used according to the directions on the product label.

### **B. Diapering:**

Only staff who have been trained in the proper diapering method may diaper children.

Diapering will be done in accordance with the procedures posted by the changing area and given in Appendix L. Diapering Guidelines.

### **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 within the Center, 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.

Children wearing disposable training pants and children who have accidents in underwear are also changed when wet or soiled.

### **D. Routine Oral Hygiene:**

Caregivers shall promote the habit of regular tooth brushing. All children with teeth shall brush or have their teeth brushed at least once daily, after morning snack or lunch. Using a size-appropriate brush supplied by the Center, the caregiver shall either brush the child's teeth or supervise as the child brushes his/her own teeth. The younger the child the more the caregiver needs to be involved. The caregiver shall be able to evaluate each child's motor activity and to teach the child the correct method of tooth brushing when the child is capable of doing this activity. The cavity-causing effect of frequent exposure to food shall be reduced by offering the children rinsing water after snacks when brushing is not possible.

### **E. 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. See [Appendix M](#) for details.

Surfaces will be disinfected or sanitized using a commercial product or (non-toxic) solution of household bleach and tap water made fresh daily by a staff person. The directions for preparing the solutions are posted in the kitchen and on the spray bottles.

Routine cleaning and sanitizing of the facility (floors, walls, bathrooms and sinks, windows) will be carried out by Penn College General Services staff, following the Cleaning and Sanitation Frequency Table [Appendix M](#). 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.

### **F. Pets:**

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



Pets will meet 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) Turtles, snakes, and other reptiles and amphibians are specifically prohibited because of the danger of salmonella.
- 5) In the event of an animal bite or scratch, procedures for first aid and parent notification contained in these policies will be followed.

#### **G. 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 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.

#### **H. 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 or otherwise contaminated by body secretion or excretion will be set aside in a container for soiled toys until they are thoroughly washed by hand with detergent and water, then rinsed, sanitized, and air dried OR washed and dried in the Center dishwasher. This must be done before the toy can be used by another child.

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

## **I. 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 cleanup 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. See Appendix M.

## **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 after each snack or meal.

### **B. Food Brought from Home:**

The Center participates in the Child Care Food Program and provides a nutritious lunch and a morning and afternoon snack. Parents are to inform the staff prior to enrollment about any food allergies or food restrictions due to religious considerations.

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 only 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 ethical preferences. This must be discussed with the director and a mutually agreed upon plan will be developed. 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. The center has limited refrigerator storage space, so all food brought from home must not require refrigeration.

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:**

Prior to preparing food, sinks will be cleaned and sanitized.

## **D. Refrigeration/Freezing:**

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

## **E. Food Safety:**

Children's meals are prepared by Penn College Dining Services, who are responsible for health and sanitation procedures during preparation. The following food requirements will be maintained both by Dining 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 140° F for hot foods and not more than 40° 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.
- 14) Staff label opened food containers with the date of first usage. Staff discard food with expired "use by" dates or those which have been stored, opened, beyond the recommended limits of the Child Care Food Program. The refrigerator and the snack storage cupboard are emptied weekly of expired or otherwise outdated stored food.
- 15) 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 is 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 (prepare according to manufacturer's directions) 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 Dining 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 Dining 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 Penn College nutritionist and by the PA Department of Education Food and Nutrition department. Monthly menus will be posted in the Center and sent home via e-mail to families. The Center does not serve food containing peanuts or nuts.

Teachers participate annually in workshops that highlight best practices in nutrition following the guidelines of the Child and Adult Care Food Program. Parents are provided with information about healthy eating and physical activity through daily *here's What We Did Today*. Meal-time policies are reviewed at the annual fall family gathering.

#### **H. Feeding Policies:**

- 1) Toddler/twos may not have bottles while on their cots. They may not carry bottles, sippy cups, or regular cups with them while crawling or walking or to eat from propped bottles at any time.
- 2) In consultation with families, caregivers encourage toddlers to hold and drink from an appropriate child-sized cup, to use a child-sized spoon and child-sized fork, and to use their fingers for self-feeding as soon as the child is developmentally ready to do so.
- 3) All children should be seated when eating. Staff should ensure that children do not eat when standing, walking, running, playing, lying down, playing on the computer, or riding in vehicles.
- 4) Children should not be allowed to continue to feed themselves or continue to be assisted with feeding themselves if they begin to fall asleep while eating. Caregivers/teachers should check that no food is left in a child's mouth before laying a child down to sleep.
- 5) Meals should be served during the established times outlined in the CACFP plan. If a family arrives as a meal is ending, the child can be served, as long as the parent sits with them. The meal will not count for CACFP.
- 6) Staff and children should sit at the table and eat the meal or snack together. Family style meal service, with the serving platters, bowls, and pitchers on the table so all present can serve themselves, is the expected pattern, except for occasional young toddlers who are not yet able to sit at the table without throwing or touching others' food. A separate utensil is used for serving.
- 7) The adults should encourage the children to help themselves to all food components offered at the meal by placing a small portion ("no thank you bite") on the plate but children are not forced to eat.
- 8) When eating meals with children, the adult(s) should eat items that meet nutrition standards. The adult(s) should encourage social interaction and conversation, using vocabulary related to the concepts of color, shape, size, quantity, number, temperature of food, and events of the day. Extra assistance and time should be provided for slow eaters. Eating should be an enjoyable experience at the facility.
- 9) Special accommodations should be made for children who cannot have the food that is being served. Children who need limited portion sizes should be taught and monitored.
- 10) Preschool children and staff should be actively involved in serving food and other mealtime activities, such as setting and cleaning the table. Staff should supervise and assist children with appropriate hand washing procedures before and after meals and sanitizing of eating surfaces and utensils to prevent cross contamination.
- 11) Adults should not consume hot liquids above 120°F in child care areas (3). Hot liquids and hot foods should be kept out of the reach of infants, toddlers, and preschoolers. Hot liquids and foods should not be placed on a surface at a child's level, at the edge of a table or counter, or on a tablecloth that could be yanked down. Appliances containing hot liquids, such as coffee pots and crock pots, should be kept out of the reach of children. Electrical cords from any appliance, including coffee pots, should not be allowed to hang within the reach of children. Food preparers should position pot handles toward the back of the stove and use only back burners when possible. Sharp knives are kept out of the reach of children.
- 12) Staff should not offer to children less than four years of age foods that are associated with young children's choking incidents (round, hard, small, thick and sticky, smooth, compressible or dense, or slippery). Examples of these foods are hot dogs and other meat sticks (whole or sliced into rounds), raw carrot rounds, whole grapes, hard candy, nuts, seeds, raw peas, hard pretzels, chips, peanuts, popcorn, rice cakes, marshmallows, spoonful of peanut butter, and chunks of meat larger than can be swallowed whole. Food for infants should be cut into pieces one-quarter inch or smaller, food for toddlers should be cut into pieces one-half inch or smaller to prevent choking. In addition to the food monitoring, children should always be seated when eating to reduce choking hazards. Children should be supervised while eating, to monitor the size of food and that they are eating appropriately (for example, not stuffing their mouths full).
- 13) Caregivers/teachers should not force or bribe children to eat nor use food as a reward or punishment. Having children experience a logical consequence (such as missing snack if they choose not to eat with the group) is not the same as threatening to withhold food. However, if a child is then unable to fully participate in the group due to hunger, some food should be made available.
- 14) The program does not feed cow's milk to infants younger than 12 months. It serves only whole milk to children ages 12 months to 24 months, and 1% milk to children older than 24 months.

## **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. A daily record documenting the type and quantity of food a child consumes will be kept by staff and shared with families.

## **J. Breastfeeding**

Occasionally, a mother will request to breast feed her toddler and we happily accommodate that request. Mothers are welcome to use the outer conference room as a private area to breast feed or use a breast pump. Expressed breast milk must be in a sanitary BPS-free bottle, or if the milk will be fed within 72 hours of collection, in a breast milk bag/bottle system to which a nipple is or can be attached for feeding. The bottle/bag should have a water-resistant label written on with waterproof ink. The label should include the child's full name, date and time the milk was expressed and use-by date based on the Academy of Breastfeeding Medicine Protocol #8. Staff should refer to the latest edition of Caring for our Children for guidance on storage, preparing, warming, and feeding human milk.

## **K. Nutrition Education**

Nutrition education is embedded in daily meals as teachers talk about food and its benefits.

Nutrition activities are planned several times each semester for toddlers and twice a month for the preschool classes.

These activities align with the PA Early Learning Standards and the NAEYC accreditation standards.

Toddlers:

Children are provided varied opportunities and materials to help them

- Identify sources of food

- Value healthy food

- Prepare healthy foods

- Taste and eat healthy foods

Preschool:

Children are provided varied opportunities and materials to help them

- Identify sources of food

- Recognize healthy foods

- Prepare healthy foods

- Taste and eat healthy foods

- Identify specific practices that support body development and function

Families will be provided with nutrition education events/activities/information annually.

## **XIV. Physical Activity Policy**

### **A. Types of and Plans for Physical Activity**

All children have continuous opportunities to develop and practice gross motor and movement skills appropriate for their age. Every day, active play includes moderate to vigorous activities such as rolling, crawling, scooting, running, climbing, dancing, hopping, galloping, skipping and jumping.

Teachers do not use or withhold physical activity for punishment. Children whose behavior is not compatible with safe and appropriate interactions with other children have an opportunity to calm themselves before resuming cooperative play activities by staying near but not within the group of children who are playing.

Children have outdoor play a minimum of 60 minutes per day except in adverse weather conditions that require shorter periods outdoors. This should allow for three and a half hours of classroom activities in keeping with best practices outlined in the Environmental Rating Scale. When weather prevents vigorous outdoor play, these options are available:

- Gross motor play in the Butterfly room or multipurpose room
- Gross motor play in the college gym

- Walks in the building

Structured physical activities and opportunities for physical free play occur daily both indoors and outdoors and align with the PA Early Learning Standards and the NAEYC accreditation standards. Teachers lead 2 or more structured activities or games that promote moderate to vigorous physical activity over the course of the day, indoors or outdoors. Structured activities are scheduled to come before more sedentary (nonmoving) curricular activities because children may be more attentive and learn better after periods of physical activity.

Toddlers:

Each toddler classroom should have gross motor equipment and materials that allow the children to participate in gross motor activities throughout the day as they choose.

Children are provided varied opportunities and materials indoors and outdoors to help them

- Develop control of the body
- Control and coordinate the movement of the body
- Combine and coordinate body movement

Preschool:

Children are provided varied opportunities and materials to help them

- Demonstrate coordination of body movements in active play
- Exhibit balance while moving on the ground or using equipment
- Demonstrate gross-motor manipulative skills

## **B. Equipment and Setting to Support Physical Activity**

Outdoor areas provide protection from the sun with shade. Children use sunscreen and dress for the weather and sun exposure. All children are required to wear helmets when riding tricycles or any riding equipment with pedals.

Outdoor and indoor areas, including surfacing and spacing under and around equipment intended for moderate to strenuous physical activity and all equipment meet standards of the US Consumer Product Safety Commission and ASTM Standards F1487-07ae1. Classroom staff is responsible for visually conducting daily safety checks of the facility for hazards.

## **C. Weather and Clothing for Outdoor Play**

Outdoor play is scheduled every day, in every season, unless the weather is truly inclement. The Children's Learning Center follows the recommendations of the Pennsylvania Office of Child Development, which defines "very bad weather" to mean a wind chill factor or temperature of 20 degrees or less, a heat index of 90 degrees or higher, or an air quality alert recommending young children stay indoors. The Director will advise staff about air quality alerts based on information from [www.airnow.gov](http://www.airnow.gov). During unhealthy air quality days strenuous outdoor activities are avoided or children stay indoors.

In summer, we like to spend as much time outdoors as we can. To minimize exposure to harmful sun, we try to go out soon after morning snack and remain inside between 11 and 3. The Center purchases a generic SPF 30 sunscreen for children and will apply that before we go out in the morning and again in the afternoon. Parents of children who arrive after the group is already outside are expected to apply sunscreen at home or after they get to school. Parents who prefer to use sunscreen other than that provided by the center may supply a bottle clearly labeled with their child's name. Families are also asked to provide a personal water bottle for each child, to ensure that they have continual access to water even when outdoors. Staff in each room will empty and wash the bottles daily. The personal water bottles are sanitized weekly. We stay inside if the heat index is 90 degrees or higher.

Since this is not a high-risk area for insect-borne disease, the Center does not purchase nor routinely apply insect repellent of any kind. Parents who want their child to have insect repellent will be asked to apply this at home, prior to coming to the Center. If insect repellent is advisable for a special field trip away from the Center (for example, a walk in the woods where ticks may be a problem), parents will be so advised and asked to apply the insect repellent.

Fresh air and sunshine are vital to children's well-being, even in the winter. Many studies have shown that regular outings in the fresh air actually help to cut down on colds and other respiratory infections, which are spread more easily in closed-in, heated rooms. Children need to be dressed properly, so parents are asked to provide suitable outdoor clothing every day. Children should wear closed toe shoes except on water days, when flip flops or water shoes are allowed. The Center also maintains a supply of extra hats, mittens, jackets, etc., for children who occasionally come to school without proper

clothing. In order to protect children from cold and wind chill, we stay inside if the temperature or wind chill is below 20 degrees F.

## **XV. 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 cots are placed at least two feet away from one another (unless separated by a physical barrier such as a screen or shelf).

Cots or mats will be washed on a weekly basis, or when soiled.

### **C. Bed Linen:**

- 1) Children will have individually assigned spaces for sleeping. Children will not share mats or cots.
- 2) The Center will provide sheets as the bottom covering. These will be laundered weekly, or sooner if soiled. Parents are responsible for providing seasonably appropriate upper 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 provided by the family 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.

### **D. Pacifiers:**

- 1) Toddlers may try to remove a pacifier from another child's mouth, put it in their own mouth, or try to reinsert it in another child's mouth. These behaviors can increase risks for choking and/or transmission of infectious diseases. Limiting their use to sleep time is best.
- 2) Parents must provide written instruction if they request their child use a pacifier. If any changes are to be made it is the parent's responsibility to let the staff or Director know.
- 3) Parents must provide at least two new pacifiers (labeled with child's name using a waterproof label or non-toxic permanent marker) on a regular basis.
- 4) Pacifiers should not be shared.
- 5) Staff should inspect each pacifier for tears or cracks before each use.
- 6) Staff should clean each pacifier with soap and water before each use. They should be cleaned and sanitized at the end of the day.
- 7) Pacifiers with attachment should not be allowed; pacifier should not be clipped, pinned or tied to an infant's clothing and they should not be tied around a child's neck, wrist, or other body part.



- 8) Pacifiers should not be coated in any sweet solution
- 9) Pacifiers should be cleaned and stored open to air; separate from the diaper area, diapering items, or other children's personal items.
- 10) Staff should work with families to wean children from pacifiers. The AAP recommends weaning infants from pacifiers between three and twelve months of age as the suck reflex diminishes. Comfort objects can be substituted for the pacifier (such as blanket, toy, etc.). Pacifier use has been associated with the increased risk of ear infection and oral health issues.

## **XVI. 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. No smoking is allowed in the presence of children, even when activities are occurring off-site.

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.

## **XVII. 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 the Penn College portal, under Policies and Procedures.

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

All paid staff who have regular contact with the children will have a health assessment in accordance with Pennsylvania certification regulations. 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. The form can be obtained from the office or the Department of Human Services website.

All paid staff 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 certification 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 Childline, and FBI fingerprint background checks. Background checks must be obtained at the employee's expense prior to employment and must be no more than 90 days old prior to employment.

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 prior to initial employment. Health assessments must be completed bi-annually, at the employee's expense.
- 2) Staff are expected to adhere to the same policies for exclusion that apply to children. 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 Center kitchen or staff 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. Staff must remain within the facility during breaks unless there is sufficient staff to maintain ratios.

## **D. Professional Development**

- 1) All new staff (paid and volunteer, including substitutes) will be oriented according to the orientation checklist available in the *Staff Handbook*.
- 2) All staff will be required to complete annual training in topics required by Pennsylvania Certification requirements.
- 3) In addition, a minimum of 24 hours per year (30 hours per year for the Director) of ongoing professional development will be required for all paid staff. Time off or paid time will be given for required hours of professional development, in accordance with the guidelines of the Penn College Human Resources department for exempt or non-exempt employees, when this cannot be scheduled during regular work hours.
- 4) 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.

## **E. Performance Appraisal:**

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 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. (Appendix M.

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.

Ventilation and sanitation, rather than sprays, air freshening chemicals, or deodorizers, control odors in inhabited areas of the facility and in custodial closets.

All staff are responsible for protecting children and other adults from safety hazards including such things as electrical shock, burns or scalding, slipping, tripping, or falling. Loose floor coverings or any other potentially unsafe conditions should be reported to the Director and in case of imminent danger, directly to Penn College General Services staff.

## **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 *Family Handbook* given to all parents and guardians 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:

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Policies Approved By and Date

For Staff:

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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, in accordance with Pennsylvania College of Technology guidelines for employees and students, if I am affected by any of these conditions.

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

## APPENDICES

- A. Program Wide Expectations
- B. Guidance Strategies
- C. Get Medical Help immediately
- D. Child Care Health Advocate Job Description
- E. Medication Consent and Log
- F. First Aid Kit Items
- G. Evacuation Procedure
- H. Verbal Request for Release of a Child
- I. Classroom Safety Checklist
- J. Playground Safety Checklist
- K. Hand washing Guidelines
- L. Diapering Guidelines
- M. Cleaning and Sanitation Frequency Table
  - 1. Body Waste Clean-up (attached)

These forms are available in hardcopy at CLC office and /or W Drive

Contents of Child Files (all available in hardcopy at CLC office)

- 1. Child Care Emergency Contact Information
- 2. Child Care Health Assessment Form
- 3. Special Care Plan
- 4. Authorization for Release of Information
- 5. Parental Consent for Program Activities
- 6. Agreement (Fees and Hours)
- 7. Child Information Form

Classroom Forms (all available in hardcopy and/or on W Drive))

- 1. Sign-In and Sign-Out sheet
- 2. Enrollment/Attendance/Meal Count Record
- 3. Monthly Symptom Record

## Appendix A. Program Wide Expectations

Program Routines	We are Caring and Kind.	We are Always Respectful.	We are Team Players	We are Safe.
Meals	Say please and thank you Listen when others talk	Call people by name Remember personal space	Sit where you are asked Clear your dishes	Sit on chair when eating Stay at table Gentle hands and feet
Classroom/Outside	Let others play Gentle hands and feet Use your words	Call people by name Remember personal space Let others learn	Take turns and share Clean up Work together to solve problems	Walk inside (preschool) Use toys safely Follow directions
Circle/large group	Gentle hands and feet Use your words	Call people by name Listen when others talk Remember personal space	Wait your turn	Follow directions
Transitions	Gentle hands and feet Use your words	Call people by name Remember personal space	Follow the directions	Adults open doors Stay with teacher
Walks (inside or outside)	Gentle hands and feet Use your words	Quiet voices inside Remember personal space	Stay together Move carefully	Stay with teacher Listen

Updated January 2020



## ***Appendix B. Guidance Strategies***

The following is a list of suggested guidance strategies for use by all staff.

- Develop caring, reciprocal relationships
- Clear and consistent expectations and rules
- Predictable and comprehensive schedule and routines
- Teach behavioral expectations ( large group, small group and individually)
- Emotional literacy
- Acknowledge positive behaviors (individually and group)
- Pre-correction and reminders
- Plan transition times
- Use visuals
- Monitor the length of wait time and eliminate as much wait time as possible
- Restructure the environment
- Problem solve
- Peer-related social skills
- Active listening
- Re-direction
- Offer choices
- Designate quiet area
- Logical and natural consequences
- Offer time away /calming time
- Ignore undesirable behavior



## ***Appendix C. Situations that Require Medical Attention Right Away***

### **Call 911 Emergency Medical Services (EMS) immediately if:**

- You believe the child's life is at risk or there is a risk of permanent injury.
- The child is acting strangely, much less alert, or much more withdrawn than usual.
- The child has difficulty breathing, is having an asthma exacerbation, or is unable to speak.
- The child's skin or lips look blue, purple, or gray.
- The child has rhythmic jerking of arms and legs and a loss of consciousness (seizure).
- The child is unconscious.
- The child is less and less responsive.
- The child has any of the following after a head injury: decrease in level of alertness, confusion, headache, vomiting, irritability, or difficulty walking.
- The child has increasing or severe pain anywhere.
- The child has a cut or burn that is large, deep, and/ or won't stop bleeding.
- The child is vomiting blood.
- The child has a severe stiff neck, headache, and fever.
- The child is significantly dehydrated: sunken eyes, lethargic, not making tears, not urinating.
- Multiple children affected by injury or serious illness at the same time.
- When in doubt, call EMS.
- After you have called EMS, remember to contact the child's legal guardian.

### **Get medical attention within one hour for:**

- Fever\* in any age child who looks more than mildly ill.
- Fever \* in a child less than two months (eight weeks) of age.
- A quickly spreading purple or red rash.
- A large volume of blood in the stools.
- A cut that may require stitches.
- Any medical condition specifically outlined in a child's care plan requiring parental notification.

***\*Fever is defined as a temperature above 101°F (38.3°C) orally, above 102°F (38.9°C) rectally, or 100°F (37.8°C) or higher taken axillary (armpit) or measured by an equivalent method.***

## ***Appendix D. Child Care Health Advocate (CCHA) Job Description***

The CCHA is a qualified early childhood teacher who has completed the 3-credit course designed by PA ECELS to receive the CCHA certificate. The basic function is to serve as on-site coordinator for health and safety issues, working with both the Director and Child Care Health Consultant (CCHC) to promote health and safety in the ECE program on a daily basis, thereby maximizing the effective use of available resources and prioritizing areas where improvements need to occur.

The CCHA will:

1. Monitor program compliance with health and safety standards and regulations.
2. Ensure that regularly scheduled health and safety facility checks are carried out.
3. Liaison with the CCHC on behalf of the program, families and children.
4. Assure that all children have up-to-date immunizations and well-child exams, in accordance with the requirements for PA certified child care centers.
5. Assist the program in meeting the individualized needs of all children, particularly those with special needs.
6. Represent the program at health and safety trainings, meetings and coalitions.
7. Collect information, compile reports, and detect trends in health and safety activities.
8. Assist in the development of health and safety policies and procedures.
9. Coordinate staff development and training on health and safety topics for children and families, as well as state-required training.
10. Create an environment that promotes safe and healthy practices and engages all staff, children, and families in the process.
11. Perform periodic file record reviews.

The CCHA activities are scheduled outside the regular work hours for the teacher and are reimbursed in accord with an hourly rate established by the Penn College Human Resources department. Except in very occasional special circumstances, these should not exceed 2.5 hours per week.

## Appendix E. Medication Consent and Log

### Medication Administration Packet

Authorization to Give Medicine

**PAGE 1—TO BE COMPLETED BY PARENT/GUARDIAN**

#### CHILD'S INFORMATIONPRESCRIBER'S INFORMATION

Name of Facility/School \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Child (First and Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Name of Medicine \_\_\_\_\_

Reason medicine is needed during school hours \_\_\_\_\_

Dose \_\_\_\_\_ Route \_\_\_\_\_

Time to give medicine \_\_\_\_\_

Additional instructions \_\_\_\_\_

Date to start medicine \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop date \_\_\_\_/\_\_\_\_/\_\_\_\_

Known side effects of medicine \_\_\_\_\_

Plan of management of side effects \_\_\_\_\_

Child allergies \_\_\_\_\_

#### PRESCRIBER'S INFORMATION

Prescribing Health Professional's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

#### PERMISSION TO GIVE MEDICINE

I hereby give permission for the facility/school to administer medicine as prescribed above. **I also give permission for the caregiver/teacher to contact the prescribing health professional about the administration of this medicine. I have administered at least one dose of medicine to my child without adverse effects.**

Parent or Guardian Name (Print) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

# Receiving Medication

PAGE 2—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child \_\_\_\_\_

Name of medicine \_\_\_\_\_

Date medicine was received \_\_\_\_/\_\_\_\_/\_\_\_\_

## Safety Check

- ☐ 1. Child-resistant container.
- ☐ 2. Original prescription or manufacturer's label with the name and strength of the medicine.
- ☐ 3. Name of child on container is correct (first and last names).
- ☐ 4. Current date on prescription/expiration label covers period when medicine is to be given.
- ☐ 5. Name and phone number of licensed health care professional who ordered medicine is on container or on file.
- ☐ 6. Copy of Child Health Record is on file.
- ☐ 7. Instructions are clear for dose, route, and time to give medicine.
- ☐ 8. Instructions are clear for storage (eg, temperature) and medicine has been safely stored.
- ☐ 9. Child has had a previous trial dose.

Y ☐ N ☐ 10. Is this a controlled substance? If yes, special storage and log may be needed.

\_\_\_\_\_  
Name (Print) Caregiver/Teacher

\_\_\_\_\_  
Signature Caregiver/Teacher

Name of child \_\_\_\_\_ Weight of child \_\_\_\_\_

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____
Dosage/amount					
Route					
Staff signature					

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____
Dosage/amount					
Route					
Staff signature					

*Describe error/problem in detail in a Medical Incident Form. Observations can be noted here.*

<b>Date/time</b>	<b>Error/problem/reaction to medication</b>	<b>Action taken</b>	<b>Name of parent/guardian notified and time/date</b>	<b>Caregiver/teacher signature</b>

<b>RETURNED</b> to parent/guardian	Date	Parent/guardian signature	Caregiver/teacher signature
	/ /		

# Preparing to Give Medication

This is a checklist to use at your child care facility/school to make sure that your program is ready to give medication.

## 1. Paperwork

- ☐ Parent authorization to give medications is signed.
- ☐ Health care professional authorization or instructions are on file.
- ☐ Child Health Record is on file.

## 2. Medication checked when received

- ☐ Properly labeled.
- ☐ Proper container.
- ☐ Stored correctly.
- ☐ Instructions are clear.
- ☐ Disposal plan is developed.

## 3. Administering medication

- ☐ Area is clean and quiet.
- ☐ Staff is trained.
- ☐ Hands are washed.
- ☐ The 5 rights are followed—right child, medication, dose, time, and route.
- ☐ Child is observed for side effects.

## 4. Documentation

- ☐ Medication log is completed fully and in ink.

Documents in Appendix AA adopted with permission from the NC Division of Child Development to the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill, American Academy of Pediatrics, Connecticut Department of Public Health, Healthy Child Care Pennsylvania and Healthy Child Care Colorado, 2011.

## **Appendix F. First Aid Kit Items**

**\*\*According to PA Code §3270.75 in the Child Care Regulations Manual the First Aid Kit must contain the following items:**

<b>Required Items In Classroom</b>
<b>Soap</b>
<b>An assortment of adhesive bandages</b>
<b>Sterile gauze pads</b>
<b>Tweezers</b>
<b>Tape</b>
<b>Scissors</b>
<b>Disposable, non-porous gloves</b>

<b>Required Items In Backpack</b>
<b>Soap</b>
<b>An assortment of adhesive bandages</b>
<b>Sterile gauze pads</b>
<b>Tweezers</b>
<b>Tape</b>
<b>Scissors</b>
<b>Disposable, non-porous gloves</b>
<b>Bottle of water*</b> <i>*This is required along with the above items only for excursions from facility (keep in backpack)</i>

## ***Appendix G. Emergency Evacuation Procedures (September 2019 revision)***

### **OVERVIEW**

As part of Pennsylvania College of Technology, the Children's Learning Center is included in the College emergency plan, which can be found in its most current version on the portal under "Emergency Response." In addition to College-wide policies for dealing with a wide range of emergencies, the portal includes prevention tips and directions for signing up for text alerts. All staff and families are encouraged to subscribe to the Penn College text alerts, which are used for weather-related closings as well as other campus emergencies.

The policies given here have been approved by the College Police and Administration. However, staff should be prepared to follow directions from the College Police or Administration even when they may differ, due to the immediate situation. Center staff should refer any questions from news media to College Information Services and any questions regarding safety procedures to the Center Director or her supervisor.

### **EMERGENCY EVACUATION PROCEDURES**

Any time the building alarm system is activated OR the bell or hand-held alarm is rung for a practice fire drill, the following steps should be followed:

1. Children will be directed to gather promptly, but without running, at the designated exit door for the room in which they are located (see floor plan posted in room). Children will not stop to get coats or other belongings or to put shoes on. It will be the staff's responsibility to gather coats, belongings and shoes.
2. The Group Leader or another designated staff person will take the emergency records (back-pack) and the sign-in sheet for that day. The children's bathroom will be checked to make sure no one is inside. All staff who are present in the room with the children will accompany them outside. Each staff person will be responsible for the children who are physically present with her/him at the time.
3. Staff: child ratios will be maintained, and the children will be evacuated to the mall sidewalk west of the LEC building, near the fire hydrant, where attendance will be taken. If the situation requires that children be removed to a site farther from the building, they will be accompanied to the Field House. In the case of an emergency evacuation of the entire campus, the College will provide buses for evacuation of children and staff. College Police will inform Children's Learning Center staff of the pick-up site, which may vary depending on the exact location of each incident.
4. See end of this document for alternate acceptable exit routes in case the Mall entrance is not available.
5. Group Leaders and Assistant Group Leaders will supervise children in their group, take attendance, comfort any children who are upset, provide first aid to any who are hurt. The Director, or the most senior Group Leader in the Director's absence, will check with all class groups to confirm that all children and adults have been accounted for and will then make contact with Penn College Police and/or the Fire Company to determine when the building is safe to re-enter.
6. In case the building is not safe to re-enter after a short time, 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/sign-out sheet to be sure no children or staff have been left behind. Parents who arrive to pick up their children during the evacuation will be asked to sign them out on the sign-in/sign-out sheet, and release will be made only to authorized pick-up people.
7. If the emergency evacuation is expected to continue beyond an hour, 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.

### IN CASE OF FIRE

- ) Anyone who discovers smoke or fire will pull the fire alarm (located in each classroom and in the multipurpose room). Penn College Police will then notify proper authorities. Make sure that someone calls 911.
- 2) Staff will follow the posted Evacuation Procedures. If extra adults from other work areas in the LEC volunteer to help, they should be directed to rooms where younger children or those with special needs requiring assistance are located.
- 3) Staff in each classroom will check the children's bathroom. Penn College Police will check other areas of the building.
- 4) When exiting the facility, the staff should check hallway for safe exit looking for smoke, fire or any other dangers.
- 5) Any staff person may use the fire extinguisher located in the hallway outside the Bears Room, or in the multipurpose room near the back door, where necessary and safe. Remember, however, that supervising the prompt evacuation of children is our primary responsibility.
- 6) The Director, or the most senior Group Leader in her absence, will report the fire to the childcare licensing agency (570-374-2675) within 24 hours.
- 7) 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, as well as one shelter-in-place and one off-site evacuation.
- 8) At least one drill per year will be observed by a representative of the Fire Department.
- 9) All new staff will receive preservice training on the evacuation plan.

### SHELTERING INSIDE DURING WEATHER EMERGENCIES

**Power Failures:** Caregivers will comfort the children, explain the situation simply and calmly, and continue to the extent possible with normal activities. The Director (or any Group Leader in her absence) will discover if the power outage is confined to the facility or inclusive of the neighborhood. Penn College Police or General Services staff will activate the emergency power lighting system. 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. 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 and will ensure that regular sign-out procedures are followed so that children are released only to designated pick-up adults.

**Closing Due to Snow/Storm:** 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. 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. 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 cannot reclaim their children, the children will be cared for at the Center, 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.

**Floods, Tornadoes, or Other Catastrophes:** Anyone who learns about a significant health or safety hazard (flood, tornado, hurricane, earthquake, blizzard, power failure, etc.) will notify or verify this with the College Police by calling ext. 5555. An emergency weather radio will be kept turned on in the reception area, and staff in that area will notify the rest of the Center if they hear an alert. Staff will follow the appropriate Emergency Procedures for the catastrophe, as directed by College Police. In case of a tornado warning, children and staff will remain in the center hallway, away from doors and windows. At least one practice tornado drill will be held annually.

### **SHELTERING INSIDE FOR SAFETY EMERGENCIES**

1. Center staff should always be aware of their surroundings, whether inside or outside the classroom, including while on walks around campus or on field trips farther away. Emergency information, first aid supplies, and the cell phone assigned to each classroom should ALWAYS accompany the group, and the cell phone should be kept charged and turned on whenever the group is away from the Center.
2. If any staff person sees suspicious activity or is notified by College Police or another College official that there is a safety emergency on campus, that person will notify any other Center staff nearby, and the Director, to activate the shelter-in-place procedure.
3. If the children are outside on the Center playground, staff will gather them quickly but safely together (each teacher has a safety whistle that may be helpful for this purpose) and usher them as quickly as possible into their classroom, locking the outside door behind them.
4. Once inside the classroom, staff should turn off the lights. They should remember to comfort the children and attempt to keep them as calm and unstressed as possible. Remember that the children should not overhear adult conversations about safety threats.
5. The group should stay in the classroom until an all-clear message is received from a College official or the Director.
6. If a group of children are away from the Center, the Director or Secretary will call them on their cell phone to notify them of the situation. The adults in charge will identify a nearby safe place for sheltering inside and bring the children there as quickly and safely as possible. They should remain in their shelter until they have made telephone contact with the Director or a College official who indicates that it is safe to return to the Center.

### **ACCEPTABLE EVACUATION ROUTES FOR THE CHILDREN'S LEARNING CENTER.**

1. The most desirable evacuation route from each room is shown on the maps posted near the telephone in each room. All children and staff should exit through the Multipurpose Room to the exit onto the Mall through the doors closest to the elevator.
2. Teachers and children who are on the playground when an alarm is sounded should walk through their classroom and exit through the Multipurpose Room to the exit onto the Mall.
3. Another acceptable evacuation route, once out of the Children's Learning Center rooms, is to turn right down the LEC hallway (instead of left towards the Mall) and continue down the hallway to the exit south into the Memorial Garden area. Once outside, the group should proceed around the building to the gathering spot near the fire hydrant on the Mall.
4. If conditions do not allow for the safe exit using the usual paths, teachers should use their best judgement and exit the building at the closest exterior door.

## ***Appendix H. Verbal Request for Release of a Child***

# **VERBAL REQUEST FOR RELEASE OF CHILD**

**55 PA CODE CHAPTERS 3270.117(c) and 3280.117(c) and 3290.116(c)**

**THIS FORM MUST BE COMPLETED TO DOCUMENT THE VERBAL REQUEST BY A PARENT FOR THE  
RELEASE OF A CHILD TO A PERSON(S) NOT INDICATED ON THE AGREEMENT**

**(CHAPTERS 3270.123(a) (5), 3270.124(b) (7); 3280.123(a) (5), 3280.124(b) (7); 3290.123(a) (5), 3290.124(b) (7)).**

NAME OF CHILD	DATE	TIME
NAME OF REQUESTING PARENT	TELEPHONE NO. FROM WHICH PARENT IS CALLING	
NAME OF INDIVIDUAL TO WHOM THE CHILD IS TO BE RELEASED		
NAME OF STAFF PERSON TAKING THE CALL		

**CALL THE ENROLLING PARENT BACK TO CONFIRM THE INFORMATION IF POSSIBLE**

CONFIRMING PARENT	DATE
NAME OF STAFF PERSON CONFIRMING INFORMATION	TIME

_____ NAME OF STAFF PERSON RELEASING CHILD	_____ DATE
---	---------------

## Appendix I. Classroom Checklist

Monthly Classroom Checklist for \_\_\_\_\_ Date: \_\_\_\_\_

(name of classroom)

Initials of staff member completing checklist: \_\_\_\_\_

Item	No concerns	Concern (Observation)	Actions taken (note by whom and date)
Fire pulls are covered with child safety covers.			
Electrical outlets (including power strips) are covered. Electrical cords are in good condition and out of children's reach.			
First aid kit is inspected monthly, is readily available to staff and out of reach of children.			
Classroom backpack is stocked with current emergency forms, first aid supplies, tissues, and a charged cell phone.			
Cleaning products and other potentially dangerous items are stored in the original labeled containers inaccessible to children.			
Bleach/water spray bottles are in good repair, are mixed fresh daily, and are kept out of reach of children.			
Emergency exit routes, emergency phone numbers, and emergency procedures are posted near telephone.			
Doorways and exits are free of debris, snow and ice, and equipment to allow unobstructed passages.			
Walls, ceilings, floor, and furnishings are in good repair and free from visible soil.			
Cots are sanitized and sheets washed weekly or sooner if soiled.			
Bathrooms are clean and uncluttered with stored clothing or other items.			
Bathroom cabinet is used for storage of all medicines and other items labeled "Keep out of reach of children" and is kept locked at all times.			

<b>Item</b>	<b>No concerns</b>	<b>Concern (Observation)</b>	<b>Actions taken (note by whom and date)</b>
In general, clutter is at a minimum, in both room (including open shelves) and cubby area.			
All toys are made of non-toxic materials, are in good repair, and have no missing pieces.			
Toys that cannot be washed and sanitized are not used. Toys that are mouthed are set aside where children cannot access them.			
Mouthed toys are washed and sanitized before they are placed into use. ALL toys are washed and sanitized before they are returned to storage.			
Toys or small objects that fit into the choke tube are not available to children under 3. (Preschool cubby area is included in this.)			
Children's art is displayed attractively. Faded, ripped, or outdated artwork and signs are removed.			
Books are in good repair, displayed attractively, and routinely changed.			
Parent bulletin boards and sign-up sheets are neatly arranged. Weekly lesson plans, menus, announcements, and HWWDT hard copies are current.			
Classroom bulletin board has current staff schedule, kitchen duties, daily schedule and cleaning checklist.			
Teacher sign in and out forms, daily health check forms, and attendance and meal count forms are kept in the designated holder and are up to date.			
Playground check to make sure nothing is broken, needs repaired, etc.			

This form should be completed on the first Monday of each month and submitted to the Director.

## Appendix J. Playground Safety Checklist

<b><i>What Needs To Be Done Each Morning</i></b>				
<i>Visual Survey to include: closed gate(s), covered sand, wet equipment, beehives/wasps nests, and hazardous items.</i>				
<i>Remove hazards including: debris, broken or worn play equipment, glass, metal, screws, sharp rocks, sharp sticks, beehives/wasps nests, holes, other injurious material as referred to in <u>Stepping Stones to CFOC 5.194 p. 96</u></i>				
<i>Place non-harmful trash in trash receptacles. Remove harmful debris from play yard completely.</i>				
<i>Dry any wet equipment with towels, turn over items (if possible) to help remove excess water before drying.</i>				
<i>Open standing sandbox, as weather conditions permit. (Windy day maybe not) If too dry add enough water and blend to make less dusty as this is a health hazard.</i>				
<i>Get out toys from storage shed/closet like: lawn mowers, trucks, shovels and buckets, etc.</i>				
<i>Check and see if there is anything specific needed that day. A note left with checklist can suffice as notification.</i>				
<i>Close sheds and lock the outdoor shed if opened, once done.</i>				
<i>In months when we have plants/garden and need to water, bring hose out and hook up. Also if filling up water tables for play that day.</i>				
<b><i>ENTER INITIALS UNDER EACH DAY PLAY YARD WAS USED.</i></b>				
<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
<i>Initial &amp; Date</i>	<i>Initial &amp; Date</i>	<i>Initial &amp; Date</i>	<i>Initial &amp; Date</i>	<i>Initial &amp; Date</i>
<i>Initial &amp; Date</i>	<i>Initial &amp; Date</i>	<i>Initial &amp; Date</i>	<i>Initial &amp; Date</i>	<i>Initial &amp; Date</i>
<i>Initial &amp; Date</i>	<i>Initial &amp; Date</i>	<i>Initial &amp; Date</i>	<i>Initial &amp; Date</i>	<i>Initial &amp; Date</i>
<i>Initial &amp; Date</i>	<i>Initial &amp; Date</i>	<i>Initial &amp; Date</i>	<i>Initial &amp; Date</i>	<i>Initial &amp; Date</i>
<i>Initial &amp; Date</i>	<i>Initial &amp; Date</i>	<i>Initial &amp; Date</i>	<i>Initial &amp; Date</i>	<i>Initial &amp; Date</i>
<b><i>Specific Notes:</i></b>				
<i>Date and Initial on back of form</i>				

*First group out check play yard for that day. Please check the appropriate box with a check mark ✓ in that day's box if used and initial for the day. Add any specific notes to the form as needed, date and initial.*

*\*\*If not using playground in afternoon, as in Early Fridays in summer or weather related. Refer to Center Closing Checklist form for play yard clean-up.*

## ***Appendix K. Hand washing Guidelines***

### **How to Wash Your Hands Properly**

- a. Check to be sure a clean, disposable paper towel is available
- b. Turn on warm water to a comfortable temperature
- c. Moisten hands with water and apply soap (not antibacterial) to hands
- d. Rub hands together vigorously until a soapy lather appears, hands are out of the water stream, and continue for at least twenty seconds. Rub areas between fingers, under nailbeds, under fingernails, and jewelry and back of hands. Acrylic nails should not be worn.
- e. Rinse hands under running water that is a comfortable temperature until they are free of soap and dirt. Leave the water running while drying hands.
- f. Dry hands with clean, disposable paper towel
- g. If taps do not turn off automatically, use towel to turn off faucet and any doors if needed (adult bathroom)
- h. Discard the towel in the appropriate receptacle

**The best way to prevent disease is to wash your hands.**



### **When Should You Wash Your Hands?**

When you first arrive at the center and enter the classroom. And then...

#### **You should always wash your hands BEFORE and AFTER:**

- Preparing food or beverages;
- Eating, handling food, or feeding a child;
- Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered;
- Playing in water (including swimming) that is used by more than one person;
- Diapering

#### **You should always wash your hands AFTER:**

- Using the toilet or helping a child use a toilet;
- Handling bodily fluid (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouths, or from sores;
- Handling animals or cleaning up animal waste;
- Playing in sand, on wooden play sets, and outdoors;
- Cleaning or handling the garbage;
- Applying sunscreen and/or insect repellent.

## ***Appendix L. Diapering Guidelines***

### **Policy**

To minimize the exposure to various germs in the room, proper steps must be followed to assure that this occurs. Staff who have been properly trained on the steps to diapering in a child care facility are the only ones permitted to diaper the children. Staff members and student interns who are not up to date on the *Caring for Our Children* procedure should request training by the Group Leader or Assistant Group Leader in either toddler room and be observed at least one time to see that they are following the procedure.

### **Purpose**

The purpose behind proper diapering is to reduce the risk of transmission of infectious diseases to both oneself and to others. These procedures are used:

1. Staff use only commercially available disposable diapers or pull-ups unless the child has a medical reason that does not permit their use (the health provider documents the medical reason). For children who require cloth diapers, the diaper has an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit.
2. Diapering will be done only in the designated areas—either at the diaper station in the child's own classroom or, in the case of toilet learners, in the classroom toilet room.
3. Diapers are to be checked every two hours when children are awake and upon awakening. They should be changed when soiled within five minutes, unless circumstances clearly make it difficult to do so (for example, if the group is out on a walk).
4. Surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects, and especially not for any object involved with food or feeding. The diaper station surface will be kept clean, waterproof, and free of cracks, tears, and crevices.
5. A partial wall and a three-foot perimeter is maintained to keep the diapering area away from areas of other activities.
6. The staff person will at all times keep a hand on the child while the child is on the diapering station.
7. All creams, lotions, and cleaning items are to be labeled with each child's name and instructions and are stored off the diapering surface out of reach of children, in a locked box or cabinet with the key accessible only to adults.
8. Trash containers containing soiled diapers and wipes are not accessible to the children. Our diaper stations have built in trash receptacles for this purpose only. The trash receptacles are to be opened once the child is on the station prior to changing and should be closed with a bump of the hip rather than with the hand, in order to avoid contaminating the lever. Once the diapering is all done, the lever area as well as the diapering surface itself should be sprayed with the disinfecting solution to insure disinfection.



### Diapering Procedure for a Diaper Station

The following steps are as stated in *Caring for Our Children* and are to be used as the standard on how The Children's Learning Center diapers children.

1. Get organized. Collect all supplies before gathering child.
  - a. Non-absorbent paper liner. Enough to cover a changing area of shoulders to beyond feet.
  - b. Unused diaper, clean clothes if needed.
  - c. Several wipes or wet paper towels for cleaning the child's genitalia and buttocks removed from the container. Make sure to have enough to clean without retouching wipe container.
  - d. A plastic bag for any soiled clothing
  - e. Disposable gloves if you plan to use them (put on gloves before handling soiled diaper or clothes)
  - f. A thick application of diaper cream, when appropriate, removed from the tube and placed on a disposable material such as facial or toilet tissue.
2. Bring child to diaper station
  - a. Always keep a hand on the child
  - b. If child's feet cannot be kept out of diaper or from contact with soiled skin during the changing process, remove the child's shoes and socks.
  - c. For non-hands free trash receptacles open the diaper receptacle before changing child
3. Clean the child's diaper area
  - a. Place the child on the diaper changing surface and unfasten the diaper, but leave the soiled diaper under the child
  - b. Lift the child's legs as needed to use disposable wipes to clean the skin on the child's genitalia and buttocks and prevent recontamination from a soiled diaper. Remove stool and urine from front to back and use a fresh wipe each time you swipe. Put soiled wipes on soiled diaper until all done cleaning.
4. Remove the soiled diaper and clothing without contaminating any surface not already in contact with stool or urine.
  - a. Fold the soiled surface of the diaper inward
  - b. Put soiled diaper in the diaper receptacle
  - c. Put soiled clothes in plastic bag.
  - d. Check for spills under the child. If there are any, use the corner of the paper to fold the paper that extends under the child's feet over the soiled area so a fresh, unsoiled paper surface is now under the child's buttocks;
  - e. If gloves were used, remove using the proper technique and toss into diaper receptacle
  - f. Wipe adult's hands with a wipe and then child's hand with another disposing each into the diaper receptacle
5. Put on a clean diaper and dress the child.
  - a. Slide a fresh diaper under the child
  - b. Use a facial or toilet tissue or wear clean disposable glove to apply any necessary diaper creams, discarding the tissue or glove in diaper receptacle.
  - c. Note any skin problems such as redness or soreness, skin cracks, or bleeding
  - d. Fasten the diaper
6. Wash the child's hands and return child to supervised area
  - a. Assist with hand washing following approved hand washing procedure.

7. Clean and disinfect the diaper changing surface.
  - a. Dispose of the paper liner
  - b. If clothing was soiled by urine or feces, do not rinse or handle. Instead, securely tie bag and send home that day.
  - c. Remove any visible soil from changing surface with wet paper towel and soapy solution
  - d. Wet entire changing surface with a disinfectant. Follow manufacturer's instructions.
  - e. Put away the disinfectant.
8. Perform hand washing according to proper procedure and record the diaper change on child's daily log. Record any significance as in skin irritation or loose stool, etc.

### **Diapering Procedure for a Toilet Learner**

The following steps should be followed for children that are in the process of learning how to potty but are not yet in underwear.

1. Get organized. Collect all supplies before gathering child.
  - a. Unused diaper in case other is slightly soiled, clean clothes if needed.
  - b. Three Wipes (1 for child hands, 1 for your hands, and 1 for cleaning child's genitalia if needed).
  - c. Disposable gloves (put on gloves before handling soiled diaper or clothes)
  - d. Non-absorbent liner piece for any unsoiled diaper to rest on while child toilets
2. Bring child to the bathroom
  - a. Assist child with pulling pants down.
3. Clean the child's diaper area
  - a. Stand the child in front of the toilet, pull pants down and unfasten the diaper.
  - b. If diaper is slightly soiled toss into diaper receptacle and take a wipe and wipe child's genitalia. If diaper is clean, place on clean paper
  - c. Remove gloves using the proper technique and toss into diaper receptacle
  - d. Wipe adults and child's hands then toss into diaper receptacle.
4. Helping child be successful at toileting
  - a. Help get child situated on toilet or help stand (for boys who stand) in front of toilet
  - b. Encourage them to squeeze, sing, whatever needed to make it an enjoyable experience while watching child on toilet.
  - c. If a mishap occurs and urine should spill onto clothes, gather gloves, put soiled clothes in plastic bag, and place to side away from child. Toss glove in bathroom receptacle marked diapers, wipes and gloves only.
  - d. Encourage child to proper wiping technique for wetness, replace a glove on your hand and wipe if a bowel movement. Toss in bathroom receptacle marked wipes and gloves only.
5. Replace clean diaper or put on a fresh, unused diaper.
  - a. Fasten the diaper and pull up child's pants
6. Wash child's hands and return child to supervised area
  - a. Assist with hand washing following approved hand washing procedure.
7. Perform adult hand washing according to proper procedure and record the diaper change on child's daily log. Record any significance as in skin irritation or loose stool, etc.

## Appendix M. Cleaning, Sanitizing and Disinfecting Frequency Table

Areas highlighted in gray are done by General Services. Others are done by Center staff.

Areas	Before Each Use	After Each Use	Daily (End of the Day)	Weekly	Monthly	Comments
<b>Food Areas</b>						
Food preparation surfaces	Clean and then sanitize	Clean and then sanitize				Use a sanitizer safe for food contact
Eating utensils & dishes		Clean and then sanitize				If washing the dishes and utensils by hand, use a sanitizer safe for food contact as the final step in the process; use of an automated dishwasher will sanitize
Tables & highchair trays	Clean and then sanitize	Clean and then sanitize				
Countertops		Clean	Clean and then sanitize			Use a sanitizer safe for food contact
Food preparation appliances		Clean	Clean and then sanitize			
Mixed use table	Clean and then sanitize					Before serving food
Refrigerator					Clean	
<b>Toilet &amp; Diapering Areas</b>						
Changing table		Clean and then Disinfect				Clean with detergent, rinse, disinfect
Hand washing sinks & faucets		Sanitize after group	Clean and then Disinfect			
Countertops			Clean and then Disinfect			
Toilets			Clean and then Disinfect			

Areas	Before Each Use	After Each Use	Daily (End of the Day)	Weekly	Monthly	Comments
Diaper pails			Clean and then Disinfect			
Floors			Clean and then Disinfect			Damp mop with a floor cleaner/disinfectant
<b>Child Care Areas</b>						
Plastic mouthed toys		Clean	Clean and then Sanitize			
Pacifiers		Clean	Clean and then Sanitize			Reserve for use by only one child; use dishwasher or clean and sanitize
Hats			Clean			Clean after each use if head lice present
Door & cabinet handles			Clean and then Disinfect			
Floors			Clean			Sweep or vacuum, then damp mop
Carpets			Clean		Clean	<u>Daily:</u> vacuum when children are not present; clean with a carpet cleaning method consistent with local health regulations and only when children will not be present ( until the carpet is dry) <u>Monthly:</u> wash carpets at least every three months when soiled
Small Rugs			Clean	Clean		<u>Daily:</u> Shake outdoors or vacuum <u>Weekly:</u> Launder
Machine washable cloth toys				Clean		Launder
Dress-up clothes				Clean		Launder
Play activity centers				Clean		

Areas	Before Each Use	After Each Use	Daily (End of the Day)	Weekly	Monthly	Comments
Drinking Fountains			Clean and then Disinfect			
Computer keyboards			Clean and then sanitize			Use sanitizing wipes, do not use spray
Phone receivers			Clean			
<b>Sleeping Areas</b>						
Bed sheets				Clean		Clean before use by another child
Cots				Clean		Clean weekly or before use by another child
Blankets				Clean		

<b>Definitions</b>	
<b>Cleaning</b>	Physically removing all dirt and contamination, often times using soap and water.
<b>Sanitizing</b>	Reducing germs on inanimate surfaces to level considered safe by public health codes or regulations. Can be achieved with a solution of chlorine bleach and water.
<b>Disinfecting</b>	Destroying or inactivating most germs on any inanimate object but not bacterial spores
<b>Detergent</b>	A cleaning agent that helps dissolve and remove dirt and grease from fabrics and surfaces. Soap can be considered a type of detergent. Can be achieved with a solution of chlorine bleach and water.
<b>Dwell Times</b>	The duration a surface must remain wet with a sanitizer/disinfectant to work effectively. See application bottles for this information.
<b>Germs</b>	Microscopic living things (such as bacteria, viruses, parasites and fungi) that cause disease.

Based on Cleaning, Sanitizing and Disinfecting Frequency Table, Revised October 2016, National Association for the Education of Young Children.

## BODY WASTE CLEAN-UP

1. Put on latex or non-latex medical gloves. (If a lot of liquid use goggles, but if there is that much you should call General Services.)
2. Ensure that red Biohazard bags are on hand, according to what you think you will need.
3. **Small urine or blood spill:**  
**For tile,** wet a disposable towel or mop with soap and water and wipe the area well. For urine and fecal matter dispose of the towel like a diaper. For blood dispose of the towel in the Biohazard bag (being careful not to get the product on yourself). Disinfect using the designated solution.  
  
**For carpet stain removal,** remove visible soil with a disposable towel moistened with soap and water. Use disposable towels and clear water to get the soap out of the carpet. For blood, place the item used to absorb the soap and water in the Biohazard bags. For urine or fecal matter, dispose of like a diaper. Disinfect by spraying with bleach solution.
4. **Vomit or large spills on carpet:**  
Call General Services Ext. 3002, for help with clean-up. If they are not available, use the same procedures as for number 3 above. Remove solids with disposable towels before cleaning with soap and water. Once the area has been cleaned, disinfect with the bleach solution. Let it sit according to manufacturer's directions then wipe up or pat out of the carpet. Dispose of the towel in a Biohazard bag (being careful not to get the product on yourself).
5. Following the appropriate procedure, remove your gloves, placing them in the appropriate type of bag, being sure to only touch the top edge of the bag to hold it open.
6. Wash your hands under warm running water using soap. You should lather the soap and rub hands together for 1-2 minutes before rinsing and drying your hands. When turning off the faucet use a paper towel.
7. Secure the Biohazard bag and dispose of it in the designated trash container in the staff room. Never dispose of a red Biohazard bag in the regular trash.
8. At the first available sink after disposing of the Biohazard bag, rewash your hands using the instructions for hand washing.

## ATTENTION: DO NOT TOUCH ANY BODY FLUID SPILLS OR PRODUCT WITH BARE HANDS.

For complete information on Bloodborne Pathogens policies and procedures, see the Bloodborne Pathogens Exposure Control Policy and Plan found on the Center's Workgroup Drive.