HOLWAY CHILD STUDY CENTER'S
THE BARN

HEALTH CARE POLICY
And
EMERGENCY INFORMATION

Revised Edition 2018
Holway Child Study Center’s- The Barn
Health Care Policy

Our Address:
Holway Child Study Center (The Barn)
20 Berkeley Place
Newton, MA 02466
(617) 243-2287/89

EMERGENCY CONTACT NUMBERS:

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus Security</td>
<td>2279</td>
</tr>
<tr>
<td>Newton Police</td>
<td>9-617/552-7240</td>
</tr>
<tr>
<td>Fire</td>
<td>9-911</td>
</tr>
<tr>
<td>Ambulance</td>
<td>9-911</td>
</tr>
<tr>
<td>Poison Control Center</td>
<td>9-1-800-222-1222</td>
</tr>
<tr>
<td>Environmental Services</td>
<td>2325 day time / Evening : 6pm and on</td>
</tr>
<tr>
<td>Plant Operations</td>
<td>2220</td>
</tr>
</tbody>
</table>

HEALTH CARE CONSULTANT:

<table>
<thead>
<tr>
<th>Doctor</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alan Wong, MD</td>
<td>206-947-9928</td>
</tr>
<tr>
<td>Mariko Wong, MD</td>
<td>206-390-8115</td>
</tr>
</tbody>
</table>

HOSPITAL USED FOR EMERGENCY:
Newton-Wellesley Hospital
2000 Washington St.
Newton, MA 02462
Main #            | 9-617/243-6000                |
Emergency Room:   | 9-617/243-6193                |

DESIGNATED ADULT OUTSIDE OF THE CENTER:
Campus Security  | 2279                          |

FIRST AID KITS:
There is a First Aid Kit located in both the first and second floor kitchen areas.
EMERGENCY PROCEDURES

Onsite Emergency Procedures

**Minor Injuries:** A staff member who is trained in First Aid will evaluate and treat the injured child. The staff member who treated the injured child must fill out an Injury Report. Based on the severity of the injury, the staff member may also call and notify the Parents of the accident. Injury reports are given to the parents at pick-up to be signed. The parent receives a copy of the report.

**Serious Injuries:** A staff member who is trained in CPR/First Aid will evaluate and treat the injured child with the appropriate treatment. In situations of injuries with excessive blood loss, possible broken bones, or other life threatening injuries (This includes any allergic reaction that requires the use of an Epi-Pen.) a second staff member will call 911 for transportation to Newton-Wellesley Hospital. A staff member will accompany the child to the hospital and stay with the child until the parents arrive. The Director or director designee will notify the parents or the emergency contact person to inform them of the injury.

**All Injuries:** All injuries, which result in a bump, bruise, abrasion, welt, allergic reaction and all head injuries must receive an Injury Report. A staff member will fill out the report and the Director will record the incident in the Injury Logbook. The parents must sign the original Injury Report so it may be placed in the child’s file. The parents will also receive a copy for their records. The Director monitors the book monthly and takes notice of injuries that recur or may be caused by a certain area or piece of equipment.

Off-Site Emergency Procedures

In the case of any injuries while the children are off of Lasell College property, the above procedures will be followed. The staff is equipped with a travel first aid kit, emergency contacts, allergy medications (if applicable), and a cell phone. If a serious injury occurs, the Director or Lead Educator will be notified and will determine the most expedient way to assist the Educator.

**Serious Injuries:** Follow above emergency procedures. In addition, contact the Center (617/243-2289) for back up support. All other children and remaining staff will stay at the site until additional help arrives to return to the Center. If enough adults are present to safely walk or transport the children, the class may return to the Center on their own.

Emergency Contacts

In an emergency, all attempts will be made to contact the parents immediately. If for some reason the parents are unreachable, we must call the person/people on the emergency contact list. The list will be followed in the order in which the contacts are listed. If we are unable to reach a contact person, the child will be transported to the hospital and treated accordingly. At this time the Director, Lead Educator or appointed person will continue to try to contact the parents and emergency contacts.
**First Aid Equipment**

In the Center there are 2 First Aid kits, one on the first and second floors, and each classroom has a travel kit. The kits are located in the kitchen common areas, on a shelf, on the first and second floors. The travel kits are located in the classrooms, in a backpack. Any staff that has received first Aid/CPR training may administer first Aid/CPR. First Aid does not include cutting of the skin or any surgical procedures. A staff person may remove splinters, but only if it does not include the use of a needle or cutting the skin.

The Lead Educators review First Aid kits at least monthly on each floor. Any items that are missing or are in low supply are reported to the Director and will be replaced.

### Contents of Center First Aid Kits

- Cold Pack
- Antibiotic Ointment
- Hydrogen Peroxide
- Antiseptic Wipes
- First Aid Tape
- Scissors
- Sterile Pads
- Gloves
- First Aid Manual
- Gauze Pads (sml & lrg)
- Band Aids (sml & lrg)
- Rolled Gauze
- Tweezers
- Thermometer
- Health Care Policy
- Saline Solution

### Contents of Travel First Aid Kits

- Cold Pack
- Antibiotic Ointment
- Hydrogen Peroxide
- Antiseptic Wipes
- First Aid Tape
- Scissors
- Sterile Pads
- Gloves
- First Aid Manual
- Gauze Pads (sml & lrg)
- Band Aids (sml & lrg)
- Rolled Gauze
- Tweezers
- Thermometer
- Health Care Policy
- Saline Solution

**EMERGENCY EVACUATION PLANS**

Separate evacuation plans are posted in each classroom. All staff must familiarize themselves with the plans.

The individual written plan is attached to the floor plan in each location. Each new staff person is to be shown and given each plan. The addendum to this policy gives the descriptions of evacuation plans for each room.

The Lead Infant Educator or next in command is responsible for getting babies into the evacuation crib and out the door. The evacuation crib is located in the back hall just outside the Infant room door.

The Director or director designee will check for any STRAGGLERS by walking through the Center once it seems apparent that everyone is out. The meeting points are noted on the plan. Depending on whether the first, second or third plan is used, the meeting points will vary. The Director or designee is to visit all points until all children are accounted for.

The Lead Educator's take the sign in/out sheets from the classroom to ensure that all children and staff are out of the building and to report to campus police.
Lost Child
In case of a lost child make sure at least one adult stays with the children while the others look for the missing child. Inform campus police immediately and follow their procedures as instructed.

EVACUATION OF BUILDING

Natural Disaster
If children are unable to be evacuated (i.e. Snowstorm...); they will remain within the Center as long as heat, electricity and running water are available.

Should the center be uninhabitable or the building uninhabitable the children will be evacuated to DeWitt Hall on the first floor in Winslow Hall. Educators will bring with them those items necessary to maintain daily routines (i.e. Diapers, food, blankets, mats, first aid kits...), until parents are able to arrive and transport children home.

Parents will be notified of the exact room and the number where they can reach the Center once children have been moved. Center phones will be forwarded to the new number. Should phone service be lost the center will contact parents via personal cellular phones or campus security.

The sign in/out sheet will be utilized to designate which children were taken home.

Power Outage
In case of power outage children will remain at the Center as long as fire and safety systems are working, and heat, water and daily functions are not affected. If the Center loses its phone system it will remain open, but will resort to using the Cellular phones in conjunction with the College Security Department to communicate with parents and outside agencies.

Loss of Water
Should the Center experience the loss of water the Center will remain open as long as: children who are toilet trained are able to walk to the Library (20ft) to use the restrooms there.

Children who are not toilet trained will be changed using germicidal wipes to wash hands. If necessary children will be taken to the Library restroom for use of running water or bottle water will be distributed by the Cafeteria.

Loss of Heat
In event of the loss of heat the Center will notify parents as soon as possible to allow ample time for pick up. Children will remain in the Center as long as the temperature remains above 65 ° F. Should the temperature drop to 65 ° F parents will be notified that the children are being evacuated to DeWitt Hall on the first floor Winslow Hall. Phones will be forwarded to this location. All necessary supplies will be taken with the children as designated under the planned evacuation plan.

Planned Evacuation Procedures
In case of a planned evacuation, educators will organize items to be transported to the new location on the table in their classroom (i.e. Diapers, toys, wipes, mats, lunches....). The Director or designee will notify security and the college operator of the move and if assistance is needed.
Children will be dressed in their outerwear and will take any necessary personal possessions with them. Educators will collect their attendance sheet, outerwear, and any necessary personal possessions and will escort the children to the learning lab on the first floor of the library. Before leaving the center and upon arrival at the lab, educators will take attendance to account for all children. The Director or director designee will confirm the count. The Director or designee is responsible for obtaining and transporting the center cellular phone. Upon arriving at the conference rooms, the Director or designee will immediately notify the college operator and security of the movement of the center and at which extension the center can be reached.

**Planned Evacuation Procedures (continued)**  
After all children are accounted for the staff will check the room for safety hazards. Staff will then be appointed to return to the Center to collect items needed and to secure the center.

The Center phones will then be forwarded to DeWitt Hall. One staff member will be assigned to answer in-coming phone calls. A staff person will also be designated to call parents to notify them of the Center evacuation.

The attendance sheets will be utilized to designate children who have been picked up and by whom.

**Unplanned Evacuation Procedures** (In event of a fire or other emergency all security personal report to the area to help evacuate.)

In event of an unplanned evacuation, staff will collect their attendance sheets, first aid kits and evacuate children to the designated area according to the exit used. The Director or designee will do a final sweep through the Center for stragglers. They will then check the primary evacuation locations at which time attendance will be taken and confirmed.

Once all evacuation locations have been checked the staff will be notified if they may return to the building or if children will be moved to the evacuation location (Learning Lab-Library). Should the Center need to be moved to the Learning Lab, the staff will be notified to follow the planned evacuation procedure as mentioned earlier. If in event of the unplanned evacuation and the staffs are unable to return to the center, the Director or designee will arrange with the cafeteria, and Housekeeping services for needed supplies to be delivered to the conference rooms (i.e. food, blankets...).

**Fire Drills** are conducted every month throughout the year. Exact dates are noted in the fire drill log in each Classroom. Drills are held at various times throughout the day to assure that all staff has participated in practice drills. Whole Center Drills will be conducted periodically.

**INJURY PREVENTION PLAN**

The last Educator in each classroom who is going off duty at the end of the day is responsible for walking through the classroom and removing any broken equipment and placing it in the Director's office. The Director is responsible for arranging for repair or disposal and replacement of the piece.

The Injury Log has been described above. The injury/accident form is attached to this policy. This form provides a space for a description of the accident, the witnesses, the date and time of the accident and a signature of the witnesses and Educator in charge at the time of the accident.

When the Director arrives in the morning, part of his/her responsibility upon greeting the staff in each room is to attend to the immediate repair or removal of any needed equipment.
Infants under the age of 6 months, who cannot roll over unaided and pick a position for sleep, MUST be placed on their back to sleep. All Infants should be placed in their cribs on their backs, allowing the child to roll over and sleep on their stomach. If you find an Infant not breathing in their crib, a staff member must begin full resuscitation efforts (Infant CRP) while another staff member calls 911. These efforts should continue until emergency personnel arrive and assume responsibility for the resuscitation.

HEALTH POLICY

Our health policy is based on preventative care. The staff is instructed to be meticulous about hand washing after diaper changes, before handling food and throughout the day. Universal precautions are taken by staff when working with children to minimize the spread of infection and contagious diseases. Any bodily secretions from children are handled as potentially infectious.

Gloves are used regularly when changing diapers, wiping noses or in the event of an accident with blood. Bleach and water solutions are used to clean with on a daily basis. Tables and Changing tablemats are cleaned after each use. Mats, mattresses and toys are cleaned with a bleach and water solution at least once a week, more if needed.

Mats and mattresses need to be covered with a sheet provided by the parent(s). All sheets, blankets and other nap essentials must be sent home and washed weekly.

Sick children are separated from the group when possible (children may be relocated to the classroom booth or the third floor conference room or offices) and parents are called to take their child home. It is the parents’ responsibility to report contagious illnesses to us immediately. This will allow us to make other families aware of any serious illnesses and to be on the look out for specific symptoms. While we may post certain information, there will be confidentiality for the child and family who exposed other children to a particular illness.

Children who are not feeling well should stay home. We encourage you to give your child time to rest and recuperate so that she/he may regain strength in order to participate in activities upon his/her return to school.

All families must provide proof of a medical examination for each of their enrolled children dated within the year and signed by their child’s pediatrician. NO CHILD IS ALLOWED TO START SCHOOL WITHOUT A CURRENT MEDICAL RECORD ON FILE. THIS INCLUDES CURRENT RECORD OF ROUTINE SCREENINGS TESTS AND IMMUNIZATIONS. Be sure to update your child’s medical records during the year by providing documentation of subsequent immunizations and tests.

Immunization Schedule

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 mon.</th>
<th>2 mon.</th>
<th>4 mon.</th>
<th>6 mon.</th>
<th>12 mon.</th>
<th>15 mon.</th>
<th>18 mon.</th>
<th>24 mon.</th>
<th>3-4 yrs</th>
<th>4-6 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Hep B 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td>Rota 1</td>
<td>Rota 2</td>
<td>Rota 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, Pertussis, Tetanus (DaPT)</td>
<td>DTaP 1</td>
<td>DTaP 2</td>
<td>DTaP 3</td>
<td></td>
<td>4 DTaP</td>
<td></td>
<td></td>
<td></td>
<td>5 DTaP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Influenza (Hib)</td>
<td>Hib 1</td>
<td>Hib 2</td>
<td>Hib 3</td>
<td>Hib 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal (PCV)</td>
<td>PCV 1</td>
<td>PCV 2</td>
<td>PCV 3</td>
<td>PCV 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### SPECIFIC HEALTH RESTRICTIONS

⭐ These restrictions were created keeping in mind the Massachusetts Department of Health Guidelines.

<table>
<thead>
<tr>
<th>Runny Nose:</th>
<th>If a child has a runny nose with clear discharge and is able to participate in all daily activities (including going outside), then he/she may attend school. A child who has had thick yellow or greenish discharge from the nose for more than 5 days must be checked by a doctor. If your child presents these symptoms, we may ask for a note from your child’s doctor regarding their health.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever: Normal Readings</td>
<td>When a child has a temperature two degree or more above normal, for any reason, he/she must stay home until the fever has been normal for 24 hours without the assistance of medication. If a fever develops at school, we will contact you to pick up your child within the hour.</td>
</tr>
<tr>
<td>Axillary</td>
<td>97.6</td>
</tr>
<tr>
<td>Oral</td>
<td>98.6</td>
</tr>
<tr>
<td>Rectal</td>
<td>99.6</td>
</tr>
<tr>
<td>Vomiting:</td>
<td>Do not send your child to school if he/she has vomited during the night or before coming to school. If your child vomits during school hours, you will be called to pick up your child within the hour. A child who has been sent home for vomiting may not return to school until they are able to eat normally and hold down their food for 24 hours.</td>
</tr>
<tr>
<td>Diarrhea:</td>
<td>Do not send your child to school if she/he has watery stools. If your child has two or more episodes, you will be called to pick up your child within the hour. A child who has been sent home with diarrhea may not return to school for 24 hours and until they have had at least one normal bowel movement. If the child has not had a bowel movement they must remain home until they do so. Children who have had diarrhea for more than 5 days may be required to return to school with a doctor’s note stating that they are healthy and have had a normal bowel movement.</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>Conjunctivitis is very contagious. Your child may have one or more of the following symptoms: white or yellow discharge, the white’s of his/her eyes may be pink, eye pain, redness of the eyelids or skin around the eye and itchiness. This must be treated with an antibiotic and the child should remain home for 24 hours and three doses after treatment has begun. If your child shows these symptoms at school, you will be called to pick up your child within the hour.</td>
</tr>
<tr>
<td>Strep Throat:</td>
<td>A child with strep throat must stay home for 24 hours after treatment has begun and has had a normal temperature for 24 hours. If your child continually complains of a sore throat, you will be called and asked to have your child seen by his/her pediatrician to test for strep.</td>
</tr>
<tr>
<td>Head Lice:</td>
<td>Lice are not a sign of unhealthy or unsanitary conditions. If you discover that your child or any siblings have lice please notify us immediately. A child with head lice may return to school 24 hours after treatment has begun and all nits have been removed. If your child contracts lice during school, you will be called to pick up your child within the hour. If a child is sent home with head lice all of their extra clothing and nap items must be taken home and washed with hot water and bleach.</td>
</tr>
<tr>
<td>Impetigo &amp; Pinworm:</td>
<td>A child with impetigo or pinworm should remain home for 24 hours after treatment began. If either illness occurs on your child at school, you will be called to have your child seen by his/her pediatrician to give a diagnosis.</td>
</tr>
<tr>
<td>Ringworm:</td>
<td>A child with ringworm will be excluded from school until treatment has begun. If this illness occurs at school, you will be called to have your child seen by her/his pediatrician to give a diagnosis.</td>
</tr>
<tr>
<td>Scabies:</td>
<td>A child with scabies should remain home until treatment has been completed. If this illness occurs while your child is at school, you will be called to have your child seen by his/her pediatrician to give a diagnosis.</td>
</tr>
<tr>
<td>Chicken pox &amp; Measles, Shingles</td>
<td>A child who has the chicken pox or measles should remain home for a minimum of 5 days or until all lesions have dried and crusted. If a child shows symptoms during school, you will be called to pick up your child within the hour.</td>
</tr>
</tbody>
</table>
**PARENTS CAN HELP OUR STAFF BY FOLLOWING OUR HEALTH POLICY**

**REMEMBER:**

1. A parent’s first responsibility is to see that her/his child is physically well enough to come to school. If your child is not feeling well PLEASE keep him/her home to allow for a full recovery.

2. The Office of Early Education and Care (EEC) mandates daily outdoor playground time weather permitting. A child, who is well enough to attend school, should be able to participate in all daily activities, including outdoor play. **The children go out side daily if the temperature is above 32° F, including the wind chill. Ice, rain, wind, lightening will be considered when making the decision to go outside or not. Children will spend minimal or no time outside based on the air quality index (AQI) for the area.**

3. The Holway Child Study Center reserves the right to *not* accept a child or to send a child home if he/she is not well enough to attend school. The classroom Educators will make this decision with guidance from the Director and Health Care Consultant.

4. If a child arrives at the Center with an unexplained rash or other markings on the skin, or exhibits other symptoms of abnormal behavior such as vomiting or bleeding, fever or runny eyes, the Educator in charge is responsible for assessing the situation. If he/she is unable to diagnose the symptoms they will call the Lead Educator and/or Director, or the Health Care Consultant.

5. Following our health policy allows your sick child to get the attention he/she needs when she/he is sick and may prevent other children from getting sick.

6. Parents are notified and while the child waits to be picked up, he/she can rest in a quiet area such as the conference room with supervision of the director or other staff person. Parents need to pick up their children within one hour of being called if the Center is unable to reach the parent or the parent does not arrive the Educator will then call the next person on the parents emergency contact list.

7. The Center reserves the right to request either in writing or orally a statement certifying the fitness of a child to attend the Center by the child's Physician. Upon a clean bill of health the child may be admitted back into the Center.
MEDICATION

Oral Medications

- Parents must complete an Authorization for Medication form before prescription medication can be dispensed at school.

- Prescription medications must be handed to the classroom Educator by the parent upon arrival. Prescriptions must be in a current prescription container that is child safe. The prescription container must reflect the following information:
  
  - Child’s name
  - Physician’s name
  - Name of medication
  - Dosage instructions
  - Length of course
  - Possible side effects

- Children who are on medication must bring their medication to the Center daily until their prescription is completed. The Center reserves the right to refuse a child’s attendance if they arrive without their medication.

- Over the counter oral medications (Tylenol, Cold medicine and Orajel) will only be administered if your child’s pediatrician has filled out an Authorization for Medication form. There should be a separate form for each medication, which is valid for one year. Each form should be legible and thoroughly completed, taking care that the medication name and dosage measurements match the authorization form (i.e. ml’s verses. cc’s). The form should also be very clear as to when the medication should be given. Parents are responsible for supplying their child’s medication and making sure they update their child’s dosage over the course of the year.

- Parents will be contacted before any non-prescription oral medication is administered. If the Educator is unable to reach the parent, they will administer the medication and note the inability to reach the parent.

- NEVER SEND MEDICATION TO SCHOOL UNSUPERVISED IN A LUNCH CONTAINER, OR MIX MEDICATIONS IN DRINKS OR FOOD.

- The person administering the medication will be a Educator certified staff member and familiar to the child. WILL FOLLOW THE 5 RIGHT PROCEDURE

  1. Verify Child who is to receive the medication
  2. Verify the medication name
  3. Verify time to give medication
  4. Verify dose to be given
  5. Check and verify that each of the above are accurate.

Verification of each of these items is noted on the medication administration check sheet

- The staff member who administered it will record each dose on the child’s medication log. Once the medication form is finished, it is placed in the child’s file.
**Topical Medications/Ointments**

- Parents must fill out a *Topical Permission Form* in order for us to apply items such as diaper rash ointments, sunscreen, lip balm, Calamine lotion, Cortisone etc…

- In the summer, parents are asked to apply the first application of sunscreen before sending their child to school, so that it is effective.

- Parents are responsible for sending their child with their own supplies, which should be clearly labeled in permanent marker with the child’s name. Expired products will not be used on your child and will be disposed of.

**ALLERGIES**

Please inform the school of any allergies your child may have to foods, insects, animals or medications. We can best help your child avoid reactions if we are aware of any problems.

- Individual allergy plans are posted in each child’s classroom with a picture of the child on the wall near the food storage area. An allergy plan must be completed and signed by your child’s physician. Parents must give permission to post allergy plans for children with severe allergies.

- Any allergies your child may have should be documented on your child’s annual physical form by their pediatrician.

- Allergens are banned in classrooms and on floors where children are highly allergic to a particular allergen (i.e. Nut…)

- In classrooms where allergies are an issue children are seated away for other children who have a potential allergen in their lunch.

- Tables are wiped down and washed after eating and children are strictly supervised in hand washing after meals to prevent the spread of allergens.

- Parents are informed and educated about any know allergies in their child’s classroom.
- Parents are required to give ingredient labels for any special snacks that are sent in for the class if there is an allergy concern in the classroom.

- Substitute snacks are given to children with allergies to specific snack ingredients.

- Educators are trained annually in the symptoms of an allergic reaction and the use of epipens.

- Parents are advised of substitute snack and lunch items they can offer their children to eliminate allergens from the classroom.
NOTIFYING PARENTS
All parents whose children have been exposed to a child with an infectious illness will be informed by the Educator who would normally put a notice in the child's cubby. A notice will be posted on the bulletin board as well.

MINIMIZING THE SPREAD OF DISEASE

The Diapering policy and Hand Washing and Cleaning policies are all statements, which help to reduce the spread of germs. In addition, toys are to be washed on a regular basis with bleach and water solution (1/8tsp. bleach per 1 quart of water). The method of air drying or washing in the dishwasher can be used. In addition to this, windows are opened for approximately 1/2 hour daily in each classroom to allow fresh air in.

When babies mouth toys, the Educator or Assistant who has seen this happen should put the toy in the "wash bin", so labeled in the Infant and Toddler rooms, once the child is finished with it. At the end of the day a designated person will wash the toys, which have been removed. The washing can be done with the bleach and water solution and left to air dry overnight, or, if the dishwasher is not in use, put in mesh bags provided for such use, and washed in the machine.

Children are required to have an annual physical examination from their pediatrician. This exam must include lead screening and immunization records. Children nine months and older must have a lead screening before entering the Center, or if in the Center within one month of their nine-month birthday.

As of August 1, 1998, all children who are 19 months of age or older, and who are born on or after January 1, 1997 must have one does of Varicella vaccine (chicken pox), or a note signed by a physician stating that the child has already had chicken pox.

All Educators/staff are required to have on file a physical examination including immunization records and TB testing. Examinations are to be updated every two years.

SURFACES AND OTHER ITEMS

Before and after snacks and meals, the tables are to be washed with soap and water and then the bleach and water solution. The chairs are to be washed at least once a day. The housekeeping units and other large equipment are to be washed daily or weekly as well. Cribs are washed daily, and mattresses are washed when the crib sheets are changed. At the end of each day, all cribs are to be thoroughly washed, as are the high chairs.

HAND WASHING PROCEDURES ARE POSTED AT EACH SINK.

CARE OF SICK CHILDREN

Parents are notified and while the child waits to be picked up, he/she can rest in a quiet area such as the conference room with supervision of the Director or other staff person. Parents need to pick up their children within one hour of being called.

The Center reserves the right to request either in writing or orally a statement certifying the fitness of a child to attend the Center by the child's Physician. Upon a clean bill of health the child may be admitted back into the Center.
REPORTING SUSPECTED CHILD ABUSE OR NEGLECT

Staff members are required to report suspected child abuse or neglect to the Director or Lead Educator in charge at the time. The Director and educator member will meet, and if it is agreed that abuse or neglect is suspected, then the parent is asked to attend a conference. If it seems to be more than just a possibility and does not need clarification from the parent, then Social Services should be contacted immediately. There should be no time delay in reporting the 51A. All meetings between the child, staff, and parent shall be documented, noting the date, subject, and outcome of the meeting. All information shall be held in strict confidence with those persons involved.

OBSERVATIONS AND RECOGNITION OF CHILD ABUSE

"Child Abuse" is the non-accidental commission of any act by a caretaker, which causes or creates a substantial risk of harm to a child's physical and emotional well being, including sexual abuse.

"Child Neglect" is the failure by a caretaker, either deliberately or through negligence, to take those actions necessary to provide a child with minimally adequate food, safety, clothing, shelter, medical care, supervision, or other essential care.

Signs of abuse or neglect can be seen most easily by physical symptoms: bruises, sores, broken bones. However, violent or severely repressed behavior, crying or withdrawal, and fearful body language in the presence of the abuser are all signs of problems. Malnutrition, nervousness, nail biting, inappropriate language, touching of one's own genital or those of other children, lack of communication, anxiety, wetting or dirtying clothing beyond the child's normal behavior are all signs that the child may be in an abnormal situation and unable to control it. A clear sign of abuse is violent behavior or language by the parent or other adult in charge of the child. The Lead Educator and the Director must investigate.

Office of Early Education and Care 9-617/727-8898
Social Services 9-617/227-0100
Child Abuse Hotline 9-1-800-292-5022
Federal Child Abuse 9-1-800-792-5200
Parental Stress Help 9-1-800-632-8188

If DSS is contacted, a 51A report will be required. The officials in the DSS office will guide the reporter through the requirements of the State for filing the report. A copy of this report will be placed in the child's file.

Procedures for Staff

Whoever has reasonable cause to believe that a staff member may have been abusive or neglectful toward a child(ren) shall immediately notify his or her supervisor and the Director.

The Director and the VP for Academic Affairs will assess the situation and report the suspected or alleged incident to the Department of Social Services and the Office of Early Education and Care as needed.

The suspected or alleged employee shall immediately be removed from working directly with children and may be suspended with or without pay until a DSS investigation has been completed.

Any form of blatant abuse or neglect towards a child will not be tolerated and will result in immediate dismissal from employment.
TOXIC SUBSTANCES

All cleaning materials and any other toxic substances are stored on high shelves out of reach of children in either the kitchen or the staff storage bathroom.

Medications are stored in the medication box located in the classroom or the refrigerator. All other hazardous items are stored in the staff break room on the third floor, and used only by the staff and cleaning people. The Director is responsible for checking that the door is locked.

If it is suspected that a child has ingested a poisonous substance the Educator will contact Poison Control at 9-617/232-2120 immediately and give them as much information as possible: Child’s age, weight, substance ingested or exposed to, amount of substance received, length of time since the exposure. The Educator will then follow Poison Controls instructions. While this is occurring the other Educators in the room will contact the parent and the Director or Lead Educator to inform them of the situation.

All items brought into the classroom must be checked for potential poisonous substances. This includes plants, art supplies, and personal items. A list of poisonous substances and plants may be found in the Directors office in the Health in Child Care Book. All personal medications, lotions (sunscreens, hand lotions…) etc are to be kept in a secure area out of the reach of all children.

CONTROL OF INFECTION

Staff and Children must wash their hands with liquid soap (provided in the soap dispensers) and running water-using friction (rubbing of hands, between fingers, wrists, and back of hands) for at least 10 seconds. Purell dispensers are located at the changing table for additional bacterial control after and washing has occurred. The towel dispensers at each sink location provide ample towels so that there should not be sharing of towels. Hand washing should take place at the following times:

1. Upon arrival at school
2. Before and after eating or handling food
3. After toileting or diapering
4. After coming into contact with body fluids and discharges
5. After handling Center animals or their equipment
6. After cleaning or handling garbage
7. Before and after using the water table
8. When moving from one group of children to another
9. Before and after administering medications

The following equipment must be washed with soap and water and then the bleach solution using the following schedule:

1. After each use:
   a. Diapering surfaces
   b. Toys mouthed by Infants and Toddlers
   c. Mops used for cleaning bodily fluids
   d. Center owned bibs
   e. Thermometers
CONTROL OF INFECTION (continued)

2. At least daily:
   a. Toilets and toilet seats
   b. Drinking fountains
   c. Containers, including lids, used to hold soiled diapers
   d. Sinks and sink faucets
   e. Water table and water play equipment
   f. Play tables
   g. Smooth surfaced non-porous floors
   h. Mops used for cleaning
   i. Cloth washcloths and towels

3. At least weekly or more frequently as needed to maintain cleanliness, when wet or soiled, and before use by another child:
   a. Cribs, cots, mats or other approved sleeping equipment
   b. Sheets, blankets or other coverings
   c. Machine washable toys

The disinfectant solution shall be a self-made solution of an appropriate mixture of bleach and water (see appendix). This is to be made up daily and stored in a capped container which is clearly labeled and which is kept out of the reach of children.

MONITORING OF WASHING

Shall be done on a regular basis by the Director and Lead Educators at unannounced times. New staff will be given instruction about procedures as they are hired, and the Director will be responsible for making sure all staff receives this instruction.

Blood and Bodily Fluid Exposure Procedures

To prevent exposure to blood and bodily fluids all Educators are expected to take universal precautions.

1. Wear gloves every time you change a diaper or deal with blood or bodily fluids.
2. When cleaning surfaces that have been contaminated with blood or contaminated bodily fluids (such as: vomit, feces, urine, mucus).
3. All infectious wastes must be disposed of in a plastic bag and placed in the trashcan.
4. Always wash your hands with soap and running warm water after any exposure to any potentially infectious fluid or material.

What to do if you’ve been exposed:

1. Wash the area thoroughly with soap and running water.
2. Report the exposure immediately to your supervisor and your physician.
3. Complete an incident report before the end of your shift.
4. Obtain follow-up treatment as instructed by your physician.
# Cleaning and Sanitation Frequency Table

<table>
<thead>
<tr>
<th>AREA</th>
<th>CLEAN Soap &amp; water</th>
<th>SANITIZE Bleach solut.</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Classrooms/Food areas</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Countertops/tables</td>
<td>X</td>
<td>X</td>
<td>Daily and when soiled</td>
</tr>
<tr>
<td>Food preparation and service surfaces</td>
<td>X</td>
<td>X</td>
<td>Before and after contact with food activity; between preparation of raw and cooked foods</td>
</tr>
<tr>
<td>Floors</td>
<td>X</td>
<td>X</td>
<td>Daily and when soiled</td>
</tr>
<tr>
<td>Door and cabinet handles</td>
<td>X</td>
<td>X</td>
<td>Daily and when soiled</td>
</tr>
<tr>
<td>Carpets and large area rugs</td>
<td>X</td>
<td></td>
<td>Vacuum daily when children are not present. Clean with a carpet cleaning method approved by the local health authority. Clean carpets only when children will not be present until the carpet is dry. Clean carpets at least monthly in infant areas, at least every three months in other areas and when soiled.</td>
</tr>
<tr>
<td>Small rugs</td>
<td>X</td>
<td></td>
<td>Shake outdoors or vacuum daily. Launder weekly.</td>
</tr>
<tr>
<td>Utensils, surfaces, and toys that go into the mouth or have been in contact with saliva or other body fluids</td>
<td>X</td>
<td>X</td>
<td>After each child's use; or disposable, one-time use utensils or toys.</td>
</tr>
<tr>
<td>Toys</td>
<td>X</td>
<td></td>
<td>Weekly and when soiled</td>
</tr>
<tr>
<td>Dress-up clothes not worn on the head</td>
<td>X</td>
<td></td>
<td>Weekly</td>
</tr>
<tr>
<td>Sheets and pillowcases, individual cloth towels (if used), combs and hairbrushes, washcloths, and machine-washable cloth toys</td>
<td>X</td>
<td></td>
<td>Weekly and when visibly soiled (used only by one child)</td>
</tr>
<tr>
<td>Cubbies</td>
<td>X</td>
<td></td>
<td>Monthly and when soiled</td>
</tr>
<tr>
<td>Hats</td>
<td>X</td>
<td></td>
<td>After each child's use (or use disposable hats that only one child wears)</td>
</tr>
<tr>
<td>Cribs and mattresses</td>
<td>X</td>
<td>X</td>
<td>Weekly or before use by a different child</td>
</tr>
<tr>
<td>Mops and cleaning rags</td>
<td>X</td>
<td>X</td>
<td>Before and after a day of use, wash, rinse, and sanitize mops and cleaning rags.</td>
</tr>
<tr>
<td><strong>Toilet and Diapering Areas</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handwashing sinks, faucets, surrounding counters</td>
<td>X</td>
<td>X</td>
<td>Daily and when soiled</td>
</tr>
<tr>
<td>Soap dispensers</td>
<td>X</td>
<td>X</td>
<td>Daily and when soiled</td>
</tr>
<tr>
<td>Toilet seats, toilet handles, cubicle handles and other touchable surfaces, floors</td>
<td>X</td>
<td>X</td>
<td>Daily or immediately if visibly soiled</td>
</tr>
<tr>
<td>Toilet bowls</td>
<td>X</td>
<td>X</td>
<td>Daily</td>
</tr>
<tr>
<td>Doorknobs</td>
<td>X</td>
<td>X</td>
<td>Daily</td>
</tr>
<tr>
<td>Changing tables</td>
<td>X</td>
<td>X</td>
<td>After each child's use</td>
</tr>
<tr>
<td>Potty chairs</td>
<td>X</td>
<td>X</td>
<td>After each child's use. (Use of potty chairs in child care is discouraged because of high risk of contamination.)</td>
</tr>
<tr>
<td>Any surface contaminated with body fluids: saliva, mucus, vomit, urine, stool, or blood</td>
<td>X</td>
<td>X</td>
<td>IMMEDIATEALLY</td>
</tr>
</tbody>
</table>