

CARING FOR KIDS

Policy and Procedure Manual *Operational Manual*



"Those who care help us grow"

Revised January 22, 2007

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PERSONNEL

The following requirements apply for staff that has any contact with the children. These policies supplement any other personnel policies.

Pre-employment Requirements:

1. A health history
2. A physical examination
3. Tb screening by the Mantoux method (intradermal, intermediate strength PPD injection with needle and syringe). And adult with a positive Mantoux test must annually provide documentation from a health professional that certifies that this individual is free of communicable tuberculosis.
4. A review of immunization status for measles, mumps, rubella, diphtheria, tetanus, polio, and hepatitis B.

Ongoing Health Requirements:

1. A repeat Tb by the Mantoux method is required if caregiver shows signs of Tb.
2. On a daily basis, the administrator of the facility shall visually and verbally assess the staff and volunteers for signs of ill health. Staff and volunteers may have their work limited or modified and be required by staff 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 day.
3. All staff (volunteers and paid) will supply an annual update or verify the following information in writing:
 - a. Emergency contacts (next of kin)
 - b. Name, address, and birth date, training, experience and educational background.
4. No food or drink other than the food served by the program may be eaten in front of the children. Food brought to the program by staff will be stored in a refrigerator and eaten only during break periods when the staff is away from the children.
5. Staff illness will be reported to the director as soon as the condition is known during the day. Staff who are infected with human immunodeficiency virus or who are Hepatitis B carriers may care for children provided they do not have open lesions or conditions that allow for contact with their blood and that they can competently perform their duties.

Orientation Training of New Employees:

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

1. The goals and philosophy of the program
2. The written policies of the program with special emphasis on:
 - a. Job description and assigned duties.
 - b. The center's emergency and disaster plan.
 - c. Sections R430-100-11 through R430-100-24 of the childcare licensing rules.
 - d. Introduction and orientation to the children assigned to them, including their developmental, health and any special needs,
 - e. Procedures for releasing children to authorized individuals only.
 - f. How to clean up bodily fluids.
 - g. Warning signs of abuse and neglect and the legal reporting requirements for witnessing or suspecting abuse, neglect or exploitation.
 - h. How to obtain assistance in emergencies.
 - i. How to prevent Shaken Baby Syndrome and how to cope with crying babies.
 - j. How to prevent Sudden Infant Death Syndrome.
3. Within 90 days of employment and every three years thereafter, each staff member will successfully complete training in Infant and Child First Aid.
4. Within 90 days of employment & yearly thereafter, each staff member will complete a child/infant CPR course.

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

Ongoing training will be required for all paid and volunteer staff. Staff will not be expected to take responsibility for any aspect of care for which they have not been oriented or trained. A minimum of two hours training is required for staff involved in independent direct care of children.

Staff will obtain 20 hours of documented in service training. Caring for Kids offers the workshop or conference and upon proof of attendance will pay for the class. Videos, in-house classes, reading materials will also be made available. Ten hours of training should be in person and cover the following:

1. Licensing rules sections R430-100-11 through R430-100-24.
2. The center's written policies and procedures.
3. The center's written emergency and disaster plan.
4. Signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation
5. Principles of child growth and development, including brain development.
6. Positive guidance.
7. Preventing Shaken Baby Syndrome.
8. Coping with crying babies.
9. Preventing Sudden Infant Death Syndrome.

Performance Evaluation

Staff is required to comply with the policies and procedure of the program. The director will conduct a review of written self-evaluation and job performance annually. When a staff member does not meet the minimum competency, the staff member will be placed on probation and assistance will be provided to help the staff meet the requirements for up to three months. Competency will be measured by compliance with the policies contained in the following program documents:

- Policy and Procedure Manual
- Policy Manual
- Teacher's Manual

RECORDS

All records shall be filed and store safely and easily accessible. All the records are confidential. Information will not be released to anyone except on court order. If a parent wants another parent's phone number (as for a play date), the parent can leave a written request with the director who will pass it on to the other parent.

Staff Records:

1. Employment application (date of hiring and termination).
2. Physical examination and health evaluation.
3. Food handler permit.
4. Approved initial CBS/MIS Consent and Release of Liability for Child Care (BCI) form.
5. Most recent BCI disclosure form (if employee worked at the center since the last licensing renewal).
6. Result of Tb test.
7. Documentation of annual training.
8. Documentation of First Aid and CPR Training.
9. Documentation of Orientation Training
10. Six-week record of days and hours worked.

Children's Records:

1. Admission Form;
2. Immunization Record.
3. Physical examination record.
4. Health Assessment Form, updated annually.
5. Accident/Incident report forms, six weeks minimum.
6. Medication Permission Forms and Record of Medications Administered, six weeks minimum.
7. Infant/Toddler Daily Record forms (eating, sleeping, diaper changes), six weeks minimum.

General Center Records:

1. Documentation of previous 12 months of fire and disaster drills.
2. Minimum of six weeks child attendance records (including sign-in and sign-out).
3. Current local health department inspection.
4. Current local fire department inspection.
5. Most recent Request for Annual Renewal of CBS/MIS Criminal History Information for Child Care.
6. Written Policies and Procedures, updated annually.
7. Written Emergency and Disaster Plan, updated annually.

Daily Record:

1. Children under 24 months need record of:
 - a. Diapering
 - b. Sleeping times
 - c. Feeding amounts, types and times
 - d. Any medications given
 - e. General observation
2. Children 24 – 36 months need daily diapering chart
3. Teachers for all ages keep attendance record

STAFFING

No child will be left unsupervised while attending the program. Caregivers will supervise infant, toddler and pre-school children and school age by sight and hearing at all times, even when the children are sleeping. During naptime the center may double ratio for 2 years old and older.

Staff/Child Ratios:

SINGLE AGE GROUPS			
Ages of Children	# of Caregivers	# of Children	Maximum Group Size
Birth to 23 months	1	4	8
2 years old	1	7	14
3 years old	1	12	24
4 years old	1	15	30
5 years old and school age	1	20	40

TWO MIXED AGES			
Ages of Children	# of Caregivers	# of Children	Maximum Group Size
2 & 3 years old	1	10	19
3 & 4 years old	1	14	27
4 & 5 years and school age	1	18	35
THREE MIXED AGES			
Ages of Children	# of Caregivers	# of Children	Maximum Group Size
2,3, & 4 years	1	11	23
3, 4, & 5 years & school age	1	16	31
FOUR MIXED AGES			
Ages of Children	# of Caregivers	# of Children	Maximum Group Size
2, 3, 4, & 5 years & school age	1	13	27

1. When there are more than six children present or more than two infants, two caregivers must be present.
2. When leaving the child care center for activities there will be, at least two care givers must be present, and one shall have current First aid and CPR training.
3. We may exceed the maximum group size for a planned activity or outdoor time, not to exceed 2 hrs. per day.
4. If we are out of ratio, whether a staff member calls in sick or more children arrive than planned, the director will substitute in the needed area until another substitute can be called in, or until the next scheduled person arrives.

CHILDREN HEALTH

Admission and Exclusion:

1. 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:
2. The child's illness prevents the child from participating in routine activities.
3. The illness requires more care than the childcare staff is able to provide without compromising the needs of the other children in the group.
4. Keeping the child in care poses an increased risk to the child or to other children or adults with whom the child will come in contact as defined in the Exclusion Guidelines.
5. If the childcare 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 childcare program that the child may attend.
6. Children whose illness does not meet any of these conditions listed above do not need to be excluded.

Specific Infections/Ailments:

1. Chicken Pox
 - a. The child was already contagious to classmates the day before the sores appeared.
 - b. Even though it probably was caught at school or day care, children are required to stay home until they have stopped breaking out in new sores, with dry scabs on the old ones.
2. Colds
 - a. Children should be kept home if they have a fever, are too uncomfortable to pay attention, or have such a severe cough that classroom activities would be disrupted.
3. Conjunctivitis (Pinkeye)
 - a. Pinkeye is highly contagious and is spread by the fingers soiled with discharge from the eye.
 - b. Infected children should be isolated for at least one day of treatment. However, if discharge persists, the child must remain at home until such discharge has discontinued.
 - c. Teachers should be especially careful to wash their hands after handling children who have contracted conjunctivitis and should keep such children's towels and linens separate.
 - d. Older children should be careful to wash their hands frequently.
4. Diarrhea
 - a. At least half of infected children excrete the viruses, which cause diarrhea up to five days before they even get sick. Loose stools can last several weeks, and infectious particles can be shed as long as the second week after recovery.
 - b. The major factor in the spread of diarrhea in centers that care for infants and toddlers is staff members who don't wash their hands between diaper changes and food preparation.
 - c. Careful hand washing at school may be more effective in controlling the spread of diarrhea than keeping infected children home.
 - d. If a child experiences diarrhea while at school, he/she will need to be taken home after the second occurrence unless the condition is directly related to the ingestion of medication of teething. The child must remain at home until the condition itself has subsided.
 - e. If vomiting accompanies the diarrhea, children should be kept home until they can take fluids and a little food. Once they are reasonably comfortable they may return to school.
5. Ear and Sinus Infections
 - a. Ear and sinus infections are not contagious, although they are often uncomfortable complications of a cold.
 - b. Children may return to school as soon as the pain and fever are gone.
6. Pin Worms
 - a. These little threadlike worms cause intense itching around the child's anus or vagina, often at night. They are harmless, although not very aesthetic, and are so common among younger children that even if you treated each infected child in one group simultaneously, pin worms would still recur.
 - b. Treatment is simple. Usually one or two chewable tablets will do.
 - c. There is no reason to isolate a child with pinworm, or to notify anyone at school about it.
7. Strep Throat
 - a. If a child has a sore throat, fever, swollen or tender glands in the neck and/or foul odor from the mouth first see a doctor immediately.
 - b. If strep is diagnosed, wait 48 hours from the first antibiotics before returning the child to class.

8. Skin and Hair Infections
 - a. Impetigo, lice, ringworm and scabies are spread by direct, person-to-person contact or by sharing contaminated object such as combs, brushes and towels.
 - b. A child with impetigo can return to school as soon as he/she stops getting new sores, the old ones stop getting bigger, and there is no more oozing.
 - c. The same guideline applies to scabies and ringworm, which may take several weeks to disappear completely.
 - d. Similarly, with lice, little egg cases are often left on the hair even after effective treatment, but they are empty and not infectious to others.

Fever:

1. If a child has a fever over 100 degrees F while at school, the child's parents will be notified by staff and appropriate action will be taken according to parental instruction.
2. If a child has a fever over 100 degrees F before coming to school, parents are advised to administer fever-reducing medication and check for other symptoms.
 - a. If teething causes the fever, the child may attend school unless he/she is noticeably uncomfortable and/or irritable.
 - b. If the fever is caused as a result of immunizations, the child may attend school unless he/she is noticeably uncomfortable and/or irritable.
 - c. If the fever is accompanied by symptoms such as vomiting, aches, pains, rash, diarrhea, etc., the child should be kept home.
 - d. If the child is taken home from the center as a result of the above symptoms, he/she must remain at home for at least 24 hours.

Doctor's Slips:

1. Any time an illness or condition may be considered questionable in nature as to whether or not the child should be in school, it is recommended that a doctor be consulted and written documentation be provided to the director describing the child's condition approving his/her attendance at school.
2. Any time a child has a contagious disease the child can only return to the center if the child's doctor sends a release note.

Pick-up of a Sick Child:

1. In the event that a child becomes sick or develops one of the above-mentioned conditions while at school, the teacher or director will notify the parent immediately
2. It is the responsibility of the parent to pick-up the child and takes whatever steps are appropriate before returning the child to school.
3. Once a parent has been notified by the director as to the child's condition and the need for the child to be taken home, the parent will have one hour from the time of personal notification to pick-up the sick child.
4. In the event that a child becomes sick or develops one of the above-mentioned conditions while at school, the teacher or director will notify the parent immediately
5. The child will be separated from the group and kept in the front reception area & supervised by the director director's designee.

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) that 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 infection, carriers of hepatitis B, and HIV infection.

Reporting communicable illnesses:

In the event of communicable illness or parasites that are discovered at the center. The director is responsible to inform the parents in writing and post the information on the bulletin board to educate the parents and keep the information about the sick child confidential.

Procedure for Management of Illness:

If a child appears mildly ill,

1. The child's caregiver will complete a symptom record date, time, and symptoms of illness.
2. The caregiver will notify the management.
3. Management will call the parent.
4. The child's symptoms will be treated as agreed upon with the parent. The treatment will be written on the symptom record. The caregiver will reassure the child.
5. 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 with the child's health provider for management of the child's illness.

Reporting Requirements:

Some communicable diseases must be reported to public health authorities so that control measures can be used. Staff will obtain an updated list of reportable diseases from the local health authorities annually. A copy of this list will be shared with each parent at the time of enrollment. In September, parents and staff will be reminded to notify staff within 24 hours after the child or staff has developed a known suspected communicable disease or other illness of any type. Parents and staff will inform staff if any member of their immediate household has a reportable communicable disease. The Director will notify the appropriate health department authority about any suspected or confirmed reportable disease among the children, staff, or family members of the children and/or staff.

The telephone number of the responsible local or state health authority to whom to report communicable diseases is posted.

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 of the local health department.

Obtaining Immediate Medical Help:

All caregivers will obtain immediate medical help for emergency conditions as outlined in the First Aid and CPR courses. Emergency services will be called first and parents next. Staff trained in First Aid and CPR will administer aid until emergency help arrives.

HEALTH PLAN

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 (AAP). Staff will check with public health department or the AAP for updates of the recommended immunization schedule annually.

Routine preventative health services will be required according to the current recommendations of the American Academy of Pediatrics. Documentation of age-appropriate health assessment should be obtained before, but is required no later than 4 weeks 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 child's health assessment is given to the program.

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 childcare. Staff will check child health records at least quarterly. The Director will check with public health department or the APP for updates of the schedule for routine preventive health services annually.

Children must bring their proof of immunization before the first day of school and it must be updated according to their age. A child whose immunizations are not kept up to date will be dismissed after three written reminders to parents over a 3-month period. Staff will check the facility's records to be sure each child's immunization and other routine preventive health services are checked. Parents will be reminded to provide documentation of health assessments.

Health Education:

Health education will be 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 topics areas based on community needs and interests. Speakers and materials may be obtained from community hospitals, children's hospitals, voluntary health organizations, public health documents, health consultants, drug and alcohol programs, medical and dental societies, health agencies, and local colleges and universities.

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

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

SUPERVISION AND PROTECTION OF CHILDREN

To ensure the supervision and protection of children at all times, we:

1. Plan our schedule so that we have adequate staff to child ratios at all times.
2. We train our staff to be observant of the children at all times whether in the classroom or on the playground.
3. Although staff to child ratios are doubled during nap times (for 2 years old and older), management is always available to assist when needed.
4. Management takes written count at least hourly during the busy times of the day to account for the whereabouts of the children during the day. She also marks off children as they enter the center to account for their attendance. Each teacher also takes attendance daily.
5. Each staff member is required to sign a confidential information agreement to ensure the confidentiality of children and their families, and other staff members.
6. If we have a mixed-group activity such as a puppet/magic show each teacher will sit with her children and supervise them closely. They may also assist another teacher if they are closer to the child with the problem. The director will also be available to assist where needed.

Sign-in/Sign-out Procedure:

1. Care-giving adults who bring the child to, or remove the child from the facility (parents and staff) will sign children in and out of the facility.
2. A child will only be released to those individuals who are designated on the registration form signed by the parent.
3. If one of the child's parents is not on the form and there is no court order on file restricting that parent from contact with the child, the director has no recourse but to allow the child to be released to that parent should they provide proper identification and request such.
4. If someone other than the parent/designee will be removing a child from the center, written notification must be provided to director. Verbal consent, either in person or on the telephone, will not be accepted.
5. In the case of an emergency, verbal consent from the parent/designee may be accepted, at the discretion of the director, with verifiable identification provided at the time of release.
6. It is the responsibility of the parents to inform the director that there will be another picking up the child this afternoon.
7. Any changes on the list of pick-up/emergency persons have to be made in writing to the director.
8. Parents who take their children on breaks during the day are required to sign them in and out on a special sign in sheet so that staff knows where they are at all times.

Policy for Handling an Unauthorized Person Seeking Custody:

1. Staff will contact the custodial parent.

2. Telephone authorization to release a child will be accepted with prior written authorization from the custodial parent.
3. No child will be released without the presence or permission of the custodial parent.
4. Staff will notify the police if an unauthorized person seeks custody of the child.

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. Staff will notify the police by phone.

MEDICATION POLICY

Principle:

This facility will administer medication to children for whom a plan has been made and approved by staff. 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 dosage schedule can be arranged that does not involve the hours the child is in the childcare facility. Parents may come to administer medication to their own child during the childcare day.

Procedure:

Staff will administer medication only if the parent has provided written consent, the medication is available in an appropriate container, properly labeled, and the facility has on file the written or telephone instructions of a licensed physician to administer the specific medication.

1. For prescribed medications, parents will provide care givers with the medications in the original, child-resistant container that is labeled by a pharmacist with the child’s name, the name of the medication, the date the prescription was filled, the name of the health care provider who wrote the prescription, the medication’s expiration date, and administration, storage and disposal instructions. For over the counter medications, parents will provide the medication in a child-resistant container. The medication will be labeled with the child’s first and last names, specific, legible instructions for administration and storage supplied by the manufacturer, and the name of the health care provider who recommended the medication for the child.
2. Instructions for the dose, frequency, method to use, and duration of administration will be provided to the childcare staff in writing (by a signed note or a prescription label) or as dictated over the telephone by a physician or other person legally authorized to prescribe medication.

Standing orders from a physician that specify the type of medication, conditions for which the medication should be used, dosage, and precautions to follow can be used for medications that may be used on an emergency basis.
3. Medications will be kept at the temperature recommended for that type of medication, in a sturdy, child-resistant, closed container that prevents spillage, is inaccessible to children, (locked). Medication records will be kept for six weeks.
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 at least monthly. Medication will not be kept at the center for children who are no longer enrolled.
5. A medication log will be maintained to record the instructions for giving the medication, parent consent, amount, the time of administration, and the person whom administered each dose of medication. Spills, reactions, and refusals to take medication will be noted on this log. The lead teacher in the child’s room will check the form for completion. The director will also check periodically to ensure policies are being maintained.
6. Facility manager should report any adverse reaction to medication or error to parents immediately.

7. For children under two years of age:
 - a. Parents are strongly encouraged to talk to a doctor or pharmacist regarding the appropriate dosage for children this age.
 - b. The manager, director, assistant director or director designee will administer the medication for this age group.
 - c. Parents need to tell the director, manager, assistant director or director designee when the last dose of medication was administered and the interval needed between doses.

INFECTION CONTROL

Hand Washing:

1. Signs will be posted at each sink with the times when hand washing is required and the steps to follow.
2. Staff shall wash their hands thoroughly for at least 20 seconds with liquid soap and warm running water at the following times:
 - a. Before handling or preparing food or bottles
 - b. Before and after eating meals and snacks or feeding children
 - c. Before and after diapering a child
 - d. After using the toilet or helping a child use the toilet
 - e. Before administering medication
 - f. After coming into contact with body fluids, including breast milk
 - g. After playing with or handling animals
 - h. When coming in from outdoors
 - i. After cleaning or taking out garbage
3. All staff, volunteers and children will wash their hands as follows:
 - a. Wet hands with warm running water
 - b. Apply liquid soap
 - c. Wash vigorously for 20 seconds
 - d. Rinse
 - e. Dry with a single-use paper towel or hot-air dryer
 - f. Turn off faucet with paper towel
4. On field trips and other times away from the center, caregivers and children must wash their hands by using baby wipes or hand sanitizers.

Diapering:

1. Post diapering procedure by each diapering station.
2. Diapering will be done only in the designated diapering area. Food handling will not be permitted in diapering areas.
3. Surfaces will be kept clean, waterproof, and free of cracks, tears, and crevices.
4. All creams, lotions, and cleaning items are to be labeled with each child's name and instructions and stored off the diapering surface and out of reach of the children.
5. All staff and volunteers will follow the following procedures:
 - a. Wash your hands.
 - b. Gather all items needed including: clean diaper, clean clothes, wipes (removed from container), disposable gloves (if being used), and diaper cream on a tissue or paper towel.
 - c. Bring the child to the changing station keeping soiled clothing away from surfaces that cannot be easily cleaned and disinfected.
 - d. Unfasten soiled diaper but leave it under the child.
 - e. Clean the child with disposable wipes from front to back.
 - f. Wrap the soiled wipes in the soiled diaper.
 - g. Discard the soiled diaper in a plastic-lined, hands-free covered container.
 - h. Remove and discard disposable gloves if they were used
 - i. Wipe both caregiver' and child's hands with a disposable wipe.
 - j. Discard soiled wipes in plastic-lined, hands-free covered container.
 - k. Place a clean diaper under the child.
 - l. Apply diaper cream (if used) with tissue or paper towel.
 - m. Dispose of the tissue or paper towel in plastic-lined, hands-free covered container.
 - n. Fasten the clean diaper.
 - o. Wash the child's hands and return them to the group.
 - p. Clean and disinfect the diaper-changing surface.

- q. Wash your hands.
6. Children's clothing which is wet or soiled from body fluids shall not be rinsed or washed at the center and shall be placed in a leak proof container, labeled with the child's name and returned to the parent.

Toileting:

Toilets will be kept visibly clean. Toilets should be separate from the children's activity area. Children less than 5 years of age will be supervised in the bathroom according to their ability.

- Teacher will place themselves at a point where they can see both the bathroom and the rest of the class
- School-age children will use the adult bathroom with director supervision

Toilets will be adapted for independent use by the child. A cleanable non-slip plastic step, and a toilet seat adapter with a washable surface may be used. Toilets will be cleaned and disinfected daily.

Potties will not be permitted because of the risk of spreading disease.

Staff will assure that the toilet paper and holders, paper towels, and soap dispensers are available within easy reach of all users. Staff will monitor Toileting areas on a daily basis to ensure that proper hand washing and cleaning procedures are followed.

Anyone who cleans toilets will wear nonporous (e.g. latex) gloves. Staffs who are involved with toileting or cleaning of toilets will adhere to hand washing routines before leaving the toilet room and again before food handling.

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 staff will be notified about the need for clean up. When body fluids or other potentially infectious material soil surfaces, they will be disinfected after they are cleaned with appropriate methods to remove all organic material. Surfaces will be disinfected using a (non-toxic) solution of ¼ cup household bleach to one gallon of tap water (or 1 tablespoon of household bleach to 1 quart of water) made fresh daily by Staff.

Staff will supervise routine cleaning of the facility according to the schedule and procedures.

Pets:

Staff will be responsible for checking that the appropriate care instructions for pets are followed. Pets will meet with the following guidelines:

1. Allowable pets include fish, guinea pigs, gerbils, domestic rabbits, hamsters, or mice. Dogs or cats, where allowed, will be immunized for any disease, which can be transmitted to humans and will be maintained on a flea, tick, and worm control program.
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 care givers, and staff will follow proper hand washing procedures after handling animals.
4. In the event of an animal bite or scratch, first aid will be administered and parents notified.

Plants:

Staff will be responsible for checking that all plants receive the appropriate care instructions 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 nontoxic, do not generate a lot of pollen, or that drop small flowers or leaves.
3. Plants will be regularly dusted. Children will not be allowed to put plants in their mouths.

4. Children care givers, 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.

Toys:

Staff 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 ¼ inch or small enough to fit completely in a child's mouth, latex balloons, plastic bags, and Styrofoam objects will not be accessible to children under 4 years of age.
2. All toys that are mouthed during the course of the day will be set aside in a container for soiled toys until they can be thoroughly washed with soap and water, sanitized, and stored in clean cabinets. Soiled toys may be washed and sanitized by hand or by washing in the dishwasher.
3. Toys that develop sharp edges, have breakable glass, have screws that have unthreaded, or that present risks of injury from common use will be repaired or discarded.

Exposure to Blood and Other Potentially Infected Body Fluids:

Staff will follow the universal precautions recommended by the Center for Disease Control in handling any fluid that might contain blood or body fluids. Nonporous gloves will be worn during clean up and hand washing will be done after the gloves are discarded.

DISCIPLINE

Philosophy of Discipline:

Caregivers are trained in the behavioral expectations of every age child. They will use the methods described as they are appropriate for their age group. Caregivers will only use positive guidance, redirection, and the setting of clear-cut limits that foster the child's own ability to become self-disciplined. Caregivers will encourage the child to be fair, respect property, and assume personal responsibility as well as responsibility for others. Discipline involves teaching character and self-control. Because people differ in how they approach discipline, parents and caregivers will not use physical punishment or abusive language, as these approaches teach children to respond in kind.

Caregivers will guide children to develop self-control and orderly conduct in relationship to peers and adults. Aggressive physical behavior toward staff or children is unacceptable. Caregivers will intervene immediately when a child becomes physically aggressive to protect all of the children and encourage more acceptable behavior. To this end care givers will show children positive alternatives rather than just telling children "no." Good behavior will be rewarded.

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

Permissible Methods of Discipline:

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

1. Separation of the children involved.
2. Immediate comfort for the individual who was injured.
3. Care of any injury suffered by the victim involved in the incident.
4. Notification to parents of children involved in the incident.
5. Review of the adequacy of caregiver supervision and appropriateness of facility activities, and administrative corrective action if there is a recurrence.

Gentle, passive physical restraint may be used when necessary to ensure a child's safety or that of others, and then only for as long as necessary for control of the situation.

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

“Time out” may be used selectively for children over 18 months of age who are disturbing others or at a risk of harming themselves. The period of “time out” will be just long enough to enable the child to regain control of him or herself. Use of “time out” will be adapted to the developmental level and the usefulness of “time out” for the particular child. During “time out” a caregiver will visually observe the child.

Prohibited Practices (Child Abuse):

1. Any form of corporal punishment such as hitting, spanking, shaking, biting, pinching, or any other measure that produces physical pain or discomfort
2. Restraining a child’s movement by binding, tying, or any other form of restraint other than the passive restraint indicated in the discipline section.
3. Shouting at children (except in an emergency situation where there is a danger of imminent serious physical harm)
4. Any form of emotional abuse.
5. Forcing or withholding of food, rest, or toileting.
6. Confining a child in a closet, locked room or other enclosure such as a box, cupboard or cage.

All observations or suspicions of child abuse or neglect will be immediately reported to the child protective services agency no matter where the abuse might have occurred. Staff will call the phone number to report (insert number here) suspected abuse or neglect. Within 48 hours of a phone report, a written report will be filed with the child protective services agency by staff.

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

FOOD SERVICE

Drinking Water:

Drinking water will be accessible to children, while indoors and outdoors, and dispensed in drinking fountains, or by single-use paper cups. The state or the local health department will approve dispensers. Drinking water will be offered to children who are over 2 years of age after each snack or meal. Younger children will be offered water by caregivers during the day, such as between feedings.

Food Brought From Home:

An USDA childcare food program has approved our menus and substitutions. The parent upon written agreement between the parent and staff may provide meals. Children will not be allowed to share lunches and supplement (snacks) provided by parents.

Staff will receive all parents provided food and store it so that perishable food is refrigerated and all food is free of contamination. Parents will label their child’s food with the child’s name, date, and food-type.

Staff will inform parents of the food service plan of the facility and suggest ways to coordinate with this plan. The facility will supplement a child’s home-provided meal if the nutritional content appears to be adequate. Staff will inform parents if food brought from home is being supplemented on a regular basis.

Snacks brought in for parties; etc. must be commercially prepared.

Sinks Used for Food Preparation:

- Diapering sink(s) will be separate from food-preparation sink(s).
- Both sinks are labeled and all caregivers (parents and teachers) are trained to use the appropriate sink.
- In infant and toddler rooms:
 - Handwashing prior to food preparation will be done only at the food preparation sink.
 - Handwashing before and after diapering will be done only in the diapering sink.

Refrigeration/Freezing:

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

Food Safety:

The following food requirements will be maintained:

1. No one with signs of illness (including vomiting, diarrhea, and open infectious skin sores) or is known to be infected with bacteria or viruses that can be carried in food will be responsible for food handling.
2. Food preparers will not change diapers and vice versa. Staff will monitor hand-washing routines of food preparers at least once a week.
3. Dry milk products may be reconstituted in the facility for cooking purposes only, provided they are discarded, 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. All food will be served on plates, paper towels or sanitized high chair trays.
7. No nuts will be allowed in the center because of possible allergic reactions.

Schedule of Meals and Snacks:

Breakfast	8:30 – 9:00
Mid morning snacks for toddler	10:00
Lunch	Toddlers and 2yrs - 11:00, 3yrs. - 11:30, 4yrs - Noon
Mid afternoon snack	3:30
Late afternoon snack	5:30

Infant/Toddler Feeding:

Staff will obtain and review a written description of each child's feeding history before the child enters the program. Consultants including nurses, nutritionists, speech therapists, occupational therapists, and physical therapists, may assist in the formation of individual feeding plans. (Check with children's hospitals and other pediatric health care facilities for consultation.) Otherwise, the following procedures will be used:

1. A caregiver trained in first aid for choking will be present whenever infants are being fed. No more than three infants will be fed by one caregiver.
2. Food will be cut up into 1/4" pieces for finger feeding.
3. Round firm foods that might lodge in the throat of a child less than four years of age are not permitted. These foods include hot dogs, whole grapes, peanuts, popcorn, and hard candy.
4. When high chairs are used, caregiver will strap the child in securely and not rely solely upon the tray for restraint.
5. Caregivers will check that a child's hands are out of the way when attaching or detaching the tray from the high chair.
6. Infants will not be allowed to stand in the high chair; older children will not be permitted to hang onto the high chair.
7. High chairs will be stored out of the path of doors or walkways.
8. For bottle-feeding, infants will either be held or fed sitting up. Bottle propping and carrying of bottles by young children will not be permitted.
9. Infants will be fed "on demand" to the extent possible, but at least every four hours and usually not more than hourly.
10. Infant meals and supplements (snacks) provided by the facility will contain a minimum of the food components specified in national guidelines. Food will be appropriate for a child's nutrition requirements and developmental stage specified in written instructions obtained from the child's parent or health care provider.
11. The introduction of solid foods will be accomplished routinely between 4 and 6 months of age, as indicated by an individual child's nutritional and developmental needs after consultation with parents. The child's health care provider will provide modification of basic food patterns in writing.

12. Expressed breast milk may be brought from home if frozen or kept cold during transit. Bottles will be labeled with the child's name and the date the milk was expressed. Frozen breast milk will be thawed under running cold water or in the refrigerator. Precautions appropriate to the handling of a body fluid will be followed. Breast-feeding will be supported by providing a place for nursing mothers to feed their babies and coordinate feeding routines in child care with the mother's schedule.
13. Formula will be brought to the facility in a factory-sealed container. The formula will be in a ready-to-feed strength or prepared from powder or concentrate at the childcare site and diluted according to the instructions provided by the manufacturer using water from a source approved by the local health department. Formula brought by a parent will be labeled with the child's name.
14. Only cleaned and disinfected bottles and nipples will be used. All filled bottles of breast milk will be refrigerated until immediately prior to feeding, and will not be prepared and stored more than 24 hours before feeding occurs. Once open, liquid formula containers will be emptied into a covered glass or plastic containers, dated, refrigerated and discarded after 24 hours. Any contents remaining in a feeding bottle after a feeding will be discarded immediately, or within two hours after initiating a feeding.
15. Bottled breast milk or formula to be warmed will be placed in a bottle warmer, checked frequently, gently shaken, and temperature-tested before feeding. Bottled breast milk or formula will never be warmed in a microwave oven.
16. Only whole, pasteurized milk will be served to children younger than 24 months of age that are not on formula or breast milk. Only formula or breast milk will be served to infants less than 12 months of age. Skim milk, reconstituted nonfat dry milk, and 1-2% butterfat milk will not be served to children younger than 24 months of age, except at the written direction of a parent and the child's health care provider.
17. Commercially packaged baby food will be served from a bowl or cup not directly from the commercial container unless the entire container will be used for one feeding. Solids will be fed by spoon only, not by bottle. Uneaten food in dishes will be discarded.
18. Pacifiers, bottles and non-disposable drinking cups will be labeled with the child's name and not shared.

Pre-School Age Feeding:

Children will eat only when seated to decrease the possibility of choking.

Feeding of Children with Special Needs:

Children with special needs will have an individual management plan that included 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.

NAPPING

1. The center will provide children with a daily opportunity for rest or sleep in an environment that provides subdued lighting, a low noise level, and freedom from distractions.
2. Scheduled naptime will not exceed two hours daily.
3. A separate crib, cot or mat will be used for each child during nap times.
4. Mats and mattresses used for napping will be at least 2 inches thick and have a smooth, waterproof surface.
5. Sleeping equipment will be in good repair.
6. Sleeping equipment will be washed with soapy water and disinfected with a bleach solution as needed, at least weekly.
7. Sleeping equipment will be stored so that the sleeping surfaces do not touch each other.
8. Each child will use a sheet and blanket or acceptable alternative during naptime. They will be assigned to one child, stored separately from other children's when not in use and laundered at least once a week.
9. Cribs, cots and sleeping mats will be a minimum of 2 feet apart when in use (1 foot if head to toe) to allow for adequate ventilation, easy access and ease of exiting.
10. Cots and mats will not block exits.

EMERGENCY AND DISASTER

First Aid Kits:

First Aid Kits will be located in the First Aid room, kept inaccessible to the children, and will be re-supplied following use to maintain the supply of items. A first aid kit will be taken on trips (walking or vehicular) to and from the facility. Staff will check the contents of the first aid kits and replace missing or expired items monthly.

Emergency Phone Numbers:

The center will post the address for the center and the telephone numbers for the Fire Department, Police Department, Hospital, Child Abuse reporting, and Poison Control near each phone. Emergency contact information for each child and staff member will be kept readily available.

Emergency Plan

Our center has an emergency and disaster plan which includes procedures for reporting emergencies and evacuating the facility. This written plan is at the center and immediately accessible to all staff, substitutes and volunteers. Evacuation plans are posted in prominent locations of each room or area of the center. The center is inspected annually by local fire authority and maintains fire extinguishers with a current tag.

Emergency Procedures

In the event of an emergency or disaster, the Director will notify building security, Mavy Ghavim, parents and staff emergency personnel. The staff has the following responsibilities:

- Classroom teachers Evacuate all children in their care and take attendance sheet
- First teacher at gate Unlock key safe (code 1), take key and unlock gate
- Director Check center for frightened children
- Director Bring Emergency book (containing contact information and emergency release persons), sign in book, cell phone and evacuation kit, place location sign on the main door
- Evacuation kit will contain at least: food, water, diapers, and a first aid kit.

Evacuation plan A for the center is as follows:

- Infant and transition rooms will place children in evacuation cribs and exit through door 2-S-A on the south side of the building. Transition room will meet Toddler room and Director at the Assembly Area along the east wall of ARUP 3 to place children in buggy, Children will be accounted for at this time.
- Toddler room will place children in the evacuation crib and exit through door 2-S-B of the building. The director will bring the red buggy and meet the transition and toddler classes by the covered parking area. Older children will be strapped into the red buggy, accounted for and then proceed to the Assembly Area along the east wall of ARUP 3.
- Two, three and four-year-old rooms will exit through the playground door on the west side of the building (2-W-C, 2-W-B, and 2-W A respectively). The two-year-old teacher will go to the West playground gate, open the key safe (Code is 1), get the key to the gate and unlock the gate. The Two-year-old teachers will lead the evacuation and position themselves at the beginning and end of their class and the Preschool and Pre-K will follow their classes to observe, count and keep their respective classes together as they move to the Assembly Area. They will proceed to the Assembly Area along the east wall of ARUP 3.
- The Director will ensure that the center is empty, collect the emergency book, sign in book, evacuation kit and red buggy and meet the Transition and Toddler children by the Assembly Area along the east wall of ARUP 3 and assist buckling the children in the buggies. All children will be accounted for at this time. They will meet the rest of the center in the evacuation Assembly Area.
- Once at the assembly area, children will be counted and kept together in their own classes with their teachers supervising them. The infant and toddler classes will be confined to the evacuation cribs or buggy with their teachers supervising them. The director will circulate to help in whatever way is needed. All children will be accounted for at this time. This accounting will be reported to the ARUP CERT member on duty when they arrive at the assembly area. If prolonged evacuation is necessary, parents will be notified.
- When signal is given to return to building, children and staff will return to class by the same route they exited.

Evacuation plan B for the center is as follows:

- Infant and transition rooms will place children in evacuation cribs and exit through the door 2-S-A on the south side of the building. Transition room will meet Toddler room and Director at the Assembly Area along the east

wall of ARUP 3 to place children in buggy, and accounted for.

- Toddler room will place children in the evacuation cribs and exit through door 2-W-C on the West side of the building. The director will bring the red buggy and meet the transition and toddler classes Assembly Area along the east wall of ARUP 3. Older children will be strapped into the red buggy, counted and then proceed into the ARUP 3 building's level 2 stair-lobby and breakroom via door 3-S-A.
- Two, three and four-year-old rooms will exit through the playground doors on the west side of the building (2-W-C, 2-W-B, and 2-W-A respectively). The two-year-old teacher will get the key to the gate from the front desk and unlock the West gate. The Two-year-old teachers will lead the evacuation and position themselves at the beginning and end of their class and the Preschool and Pre-K will follow their classes to observe, count and keep their respective classes together as they move to the Assembly Area. They will proceed through door 3-S-A into the ARUP 3 building's level 2 stair-lobby and breakroom. When signal is given to return to building, children and staff will return to class by the same route they exited.
- The Director will ensure that the center is empty, collect the emergency book, sign in book evacuation kit and red buggy and meet the Transition and Toddler children at the Assembly Area and assist buckling the children in the buggies. They will meet the rest of the center in the ARUP 3 building's level 2 stair-lobby and breakroom.
- Once at the breakroom, children will be counted and kept together in their own classes with their teachers supervising them. The infant and toddler classes will be confined to the evacuation cribs or buggy with their teachers supervising them. The director will circulate to help in whatever way is needed. All children will be accounted for at this time. If prolonged evacuation is necessary, parents will be notified.
- When signal is given to return to the building, children and staff will return to class by the same route they exited.

Evacuation plan C for the center is as follows:

- Infant and transition rooms will place children in evacuation cribs and exit through the door 2-S-A on the south side of the building. Transition room will meet Toddler room and Director at the Alternate Assembly Area along the south sidewalk, between the crosswalk and south entrance road, to place children in buggy,
- Toddler room will place children in the evacuation cribs and exit through door 2-W-C on the West side of the building. The director will bring the red buggy and meet the transition and toddler classes at the Alternate Assembly Area along the south sidewalk, between the crosswalk and south entrance road. Older children will be strapped into the red buggy and then proceed into the ARUP 3 building's level 2 stair-lobby and breakroom via door 3-S-A.
- Two, three and four-year-old rooms will exit through the playground doors on the west side of the building (2-W-C, 2-W-B, and 2-W-A respectively). The Two-year-old teacher will get the key to the gate from the front desk and unlock the South and West gates. The Two-year-old teachers will lead the evacuation and position themselves at the beginning and end of their class and the Preschool and Pre-K will follow their classes to observe and keep their respective classes together as they move to the Assembly Area. They will proceed to the Alternate Assembly Area along the south sidewalk, between the crosswalk and south entrance road. Children will be accounted for at this time.
- The Director will ensure that the center is empty, collect the emergency book, sign in book evacuation kit and red buggy and meet the Transition and Toddler children along the South Sidewalk, count them and assist buckling the children in the buggies. They will meet the rest of the center at the Alternate Assembly Area along the south sidewalk, between the crosswalk and south entrance road. The children will be accounted for at this time.
- Once at the assembly area, children will be counted and kept together in their own classes with their teachers supervising them. The infant and toddler classes will be confined to the evacuation cribs or buggy with their teachers supervising them. The director will circulate to help in whatever way is needed. All children will be accounted for at this time.
- Parents and CERT leader will be notified that all are accounted for. The children and staff will then proceed west to the bottom of Chipeta Way, cross Arapeen Drive to the west sidewalk, and then head north to cross Wakara Way and enter the Research Park Marriott Hotel at 400 South Wakara Way. All children will be accounted for at this time. The hotel staff will assign an open assembly area in lobbies or conference rooms. Parents will be notified by cell phone and through ARUP CERT members regarding the location of their children.

The evacuation sites are as follows:

1. The sidewalk Assembly Area along the east wall of ARUP 3.
2. The level 2 stair-lobby and breakroom in building ARUP 3.
3. The research Park Marriott Hotel at 400 South Wakara Way (Mgr. David Scott, cell # 891-3642).
4. Wherever emergency personnel directs us.

To locate us contact emergency personnel at 911.

In the event of fire or flood, these steps will be taken:

- Pull fire alarm in the event of fire or smoke.
- For flood, notify Facilities Department
- Evacuate center according to evacuation plan.

In the event of an earthquake the following steps will be taken:

- Children and staff will place themselves under tables/cribs or in open doorways until tremor stops.
- Evacuate as with a fire drill to secondary evacuation site as directed by ARUP CERT Group.
- CERT Group and/or Facilities will shut off building gas mains.

In the event of a blizzard these steps will be taken:

- Children will be kept calm in the center until parents come to get them.
- Staff will be excused according to how far away they live.
- The blizzard will be reported to Mavy and parents.

In the event of a tornado or other severe storm these steps will be taken:

- Children will be moved to interior walls well away from windows.
- Children will be kept calm in the center until the parents come to get them.

In case of power failure these steps will be taken:

- Children will be moved to areas of the center with windows.
- Doors may be opened for ventilation, or nap blankets used for warmth as needed.
- Facilities (pager. # 267-9738), Rocky Mountain Power and Mavy will be notified.
- If power will be off for more than 2 hours, parents will be notified to pick up their children.
- If it becomes necessary to evacuate the center, the center evacuation plan will be followed.

In case of water failure these steps will be taken:

- If we are notified that the water will be off for more than two hours, parents will be called to pick up their children immediately. If water will be off for less than two hours, the following procedures will be followed:
 - Children and staff will use diaper wipes and hand sanitizers to wash hands
 - Toilets will not be flushed
 - Bottled water from the emergency kit will be used for making bottles

In the event of other disasters such as toxic spills, water line breaks, gas line breaks etc. these steps will be taken if the disaster creates structural damage if it poses a health or safety hazard.

- Call Director of Corporate Safety (243-7279) and/or 911.
- Evacuate according to evacuation plan.
- Follow directions of emergency personnel.
- Parents will be notified.

In case a child becomes missing these steps will be taken:

- Maintain appropriate supervision of remaining children.
- Call building security and parent to assist director and teacher in search for child.

- Call police if initial search is unsuccessful.
- Notify licensing within 24 hours.

In the event of a medical emergency or injury involving a child

- If there is a life threatening injury to a child, the director will contact emergency personnel before contacting parents or legal guardian.
- If the parents or legal guardians cannot be reached, the director will then attempt to contact the child's emergency contact person.
- Take appropriate first aid measures until professional help arrives.
- Notify Mavy right away and licensing within 24 hours.

In the event of a medical emergency or injury involving a staff member

- If there is a life threatening injury to a staff member, the director will contact emergency personnel before contacting the emergency contact person.
- Take appropriate first aid measures until professional help arrives.
- Call Mavy. Rearrange schedules to cover if necessary.

Death of a child or staff member

- Call Human Resources (ext.2182).
- Keep calm.
- Call emergency contact or parent/legal guardian immediately.
- Call Mavy immediately and licensing within 24 hours.

MOVIES, VIDEO AND COMPUTER GAME USE

- We have movie day on Fridays for approximately half an hour. Movies shown are pre-screened by the staff (including any previews) as to the content and appropriateness for the children. Any movie with a rating over G will not be shown.
- Computer games are learning games and are monitored by the teacher. They are age-appropriate (no rating over E for everyone) and at the children's learning level or slightly above.

SMOKING AND PROHIBITED SUBSTANCES

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

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

All childcare providers and staff will maintain sobriety while providing childcare. 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.

TRANSPORTATION/FIELD TRIPS

Procedure for field trips:

- Parents will give written permission for each field trip
- Parent volunteers will be trained on the guidelines for supervision and other procedures for field trips
- Parent volunteers will be assigned no more than 3 or 4 children to supervise (usually less)
- While on the bus, parents will be sure to supervise the children they are assigned
- Each teacher is assigned a group of students with their chaperones to be responsible for
- All teachers, parents and children will stay together to ensure that there will be at least one teacher available to supervise the group.

- The staff in charge of the field trip will bring the portable first aid kit, a copy of the children's admission forms (with emergency contact information), materials to wash hands (baby wipes and/or hand sanitizer), a cell phone and the master list of supervision assignments
- Each child will wear a tag with the center's name and phone number.

Procedure for walks:

- Appropriate child to caregiver ratios will be maintained at all times
- At least one caregiver will bring a cell phone in case of emergency
- A "walking rope" will be used if the children need it
- There will be two teachers on each walk, one will lead the group and one will follow to ensure that all the children are accounted for
- Caregivers will remain inside the posted (in the rooms) walking area

Procedure for Buggy rides:

- Appropriate child to caregiver ratios will be maintained at all times
- At least one caregiver will bring a cell phone in case of emergency
- Children will be strapped into the buggy at all times
- Caregivers will remain inside the posted (in the rooms) walking area