



# Little People Nursery School Inc.

156 Lord Road  
Templeton, MA 01468

978-652-5067

and

420 Lancaster St.  
Leominster, MA 01453

978-728-4628

## **Health Care Policy**

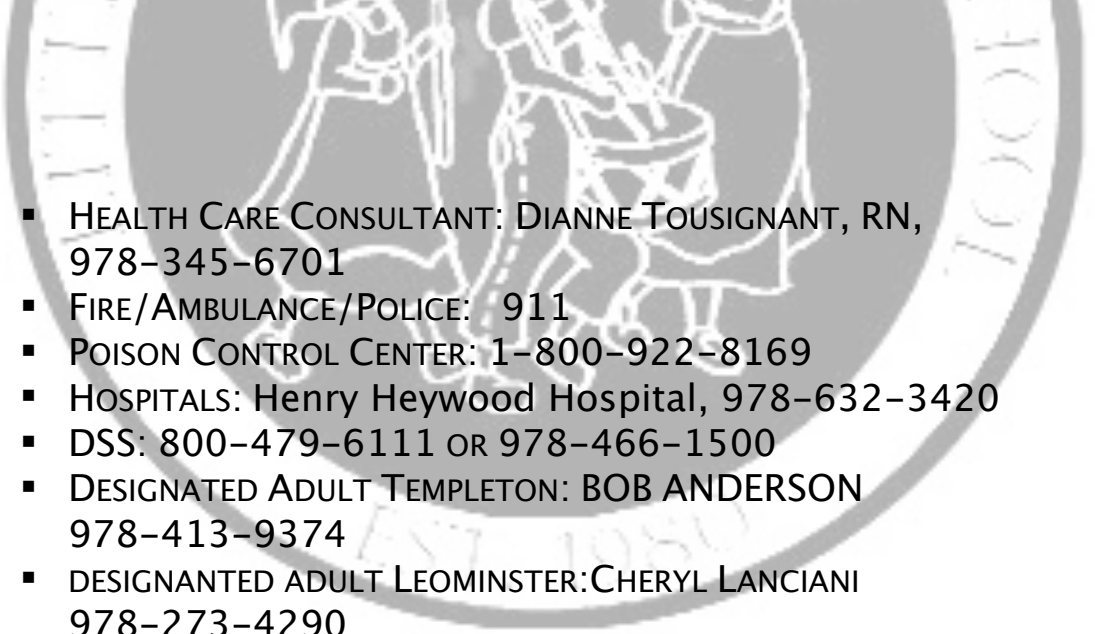
Our health care policy, along with everyone's cooperation can minimize the spread of illness among the children and staff.

Parents must notify staff, anytime they administer medication to their child within a 24-hour period before coming to school. This will ensure that the child is monitored for any adverse reactions to the medication.

Parents are required to notify us of any contagious diseases their child contracts so that we may notify parents and staff. We will post a notice in a conspicuous place for parents and staff. Staff will also relay information verbally. The name of the person diagnosed with the illness will remain confidential.

Parents will sign a release giving permission to the school to give treatment in medical emergencies, administering medications or seeking medical aid in the event of an accident or medical emergency. In the event of a medical emergency, children will be transported in an ambulance to the closest hospital (Henry Heywood, Gardner). A staff member will remain with the child until parents have arrived.

1. EMERGENCY TELEPHONE NUMBERS (MUST BE POSTED AT EACH PHONE, OR ON THE RECEIVER OF ANY PORTABLE PHONE)
  - CENTER'S TELEPHONE: 978-652-5067
  - CENTER'S LOCATION: 156 LORD ROAD, TEMPLETON, MA 01468 (AROUND BACK OF BUILDING)

- 
- HEALTH CARE CONSULTANT: DIANNE TOUSIGNANT, RN, 978-345-6701
  - FIRE/AMBULANCE/POLICE: 911
  - POISON CONTROL CENTER: 1-800-922-8169
  - HOSPITALS: Henry Heywood Hospital, 978-632-3420
  - DSS: 800-479-6111 OR 978-466-1500
  - DESIGNATED ADULT TEMPLETON: BOB ANDERSON 978-413-9374
  - DESIGNATED ADULT LEOMINSTER: CHERYL LANCIANI 978-273-4290

## 2. PROCEDURES FOR EMERGENCIES AND ILLNESS

- CHILDREN WILL BE TRANSPORTED TO THE HOSPITAL BY AMBULANCE FOR ANY EMERGENCY. THE DIRECTOR WILL ACCOMPANY THE CHILD IF NOT ASSIGNED TO CHILDREN. THE CHILD'S FILE WILL ACCOMPANY THE CHILD.
- PARENTS WILL BE NOTIFIED BY TELEPHONE IMMEDIATELY. THE PARENT WILL CALL THE CHILD'S DOCTOR.
- IF PARENTS CAN NOT BE REACHED, THE DESIGNATED EMERGENCY PERSON(S) WILL BE CALLED.

\*FIELD TRIPS: THE PERSON IN CHARGE WILL CARRY THE EMERGENCY FORMS IN A BINDER. A CELL PHONE AND FIRST AID KIT WILL ALSO BE CARRIED.

## 3 .PROCEDURES FOR USING AND MAINTAINING FIRST AID EQUIPMENT

- THE FIRST AID KITS ARE LOCATED IN CABINET NEAR DOOR OF THE FIRST CLASSROOM. SMALLER FANNY PACKS WITH BAND AIDS, WIPES, TISSUES, GAUZE AND TAPE ARE CARRIED WITH TEACHERS WHENEVER THEY GO ON A FIELD TRIP OR ARE ON THE PLAYGROUND.
- THERE IS A LIST OF SUPPLIES NECESSARY FOR EACH KIT WHICH WILL BE MONITORED ON A WEEKLY BASIS.

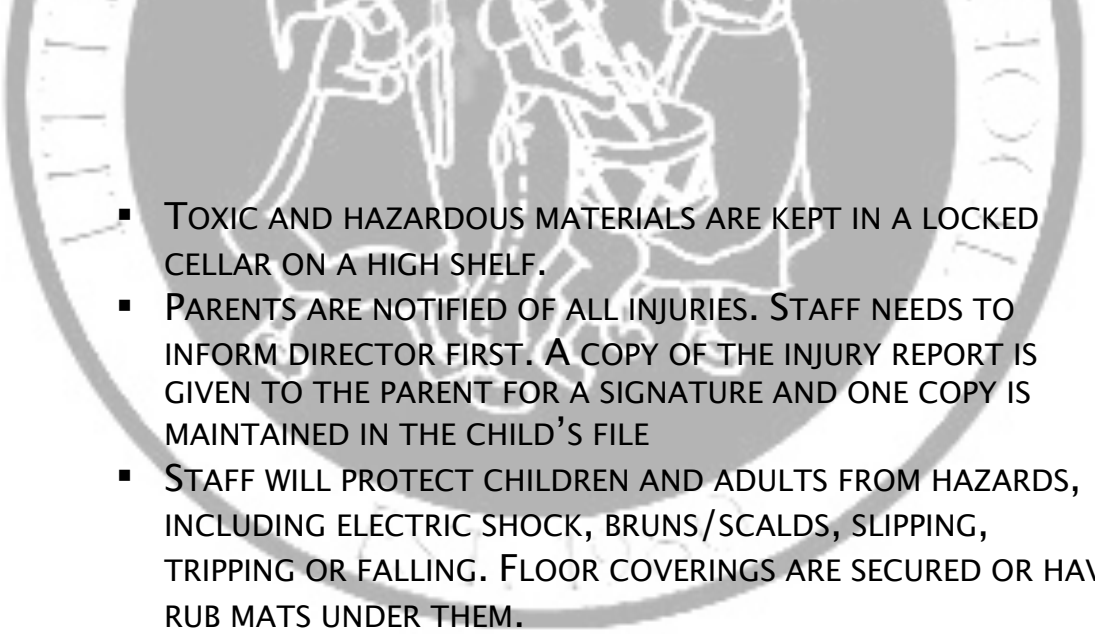


4. PLAN FOR EVACUATION OF CENTER IN EMERGENCY (MUST BE POSTED AT EACH EXIT)

- ALL INFANTS ARE PLACED IN AN EVACUATION CRIB (CLEARLY MARKED) IN CASE OF AN EMERGENCY EVACUATION DRILL. ONE TEACHER ON EACH END OF THE CRIB ROLLS OUT TO THE DESIGNATED AREA.
  - TODDLERS ARE WALKED TO THE DESIGNATED AREA WITH ONE TEACHER AT THE BEGINNING OF THE LINE AND ONE AT THE END OF THE LINE.
  - PRESCHOOLERS ARE ESCORTED TO THE DESIGNATED AREAS WITH THE TEACHER AT THE END OF THE LINE.
  - ALL CLASSROOMS HAVE CLEAR EVACUATION ROUTES POSTED.
  - EACH TEACHER CARRIES A NOTEBOOK WITH CURRENT DAILY ATTENDANCE AND CHECKS THE CHILDREN ONCE THEY ARRIVE AT THE DESIGNATED AREA.
  - THE DIRECTOR SCHEDULES FIRE DRILLS TO BE HELD AT DIFFERENT TIMES OF THE DAY EVERY MONTH.
  - THE DIRECTOR DOCUMENTS THE TIME, DATE, ROUTE TAKEN, NUMBER OF CHILDREN IN ATTENDANCE, AND EFFECTIVENESS OF THE DRILL. THIS INFORMATION IS POSTED ON THE FIRE DRILL LOG.
  - PARENTS ARE NOTIFIED OF THE DRILL AT THE END OF THE DAY.
- \*DURING FIRE DRILLS OR BUILDING EVACUATIONS, THE TEACHERS IN EACH ROOM WILL TAKE ALONG THEIR SIGN-IN AND OUT BINDERS WITH EMERGENCY FORMS INCLUDED. CONTACTS WILL PARENTS WILL BE FOLLOWED AS ABOVE. THE DIRECTOR WILL SWEEP BUILDING TO ENSURE ALL HAVE EVACUATED.
- \*AN INFANT SLING WILL BE USED FOR BABIES UP TO 20 POUNDS. A BACKPACK FOR OVER 20 POUNDS. TEACHER WILL CARRY TWO BABIES IN HER ARMS TO THE MEETING SPOT. DESIGNATED SPOT IS NEAR THE BIG TREE IN THE PLAYAREA OUT-BACK.

5. INJURY PREVENTION PLAN

- THE DIRECTOR AND STAFF ARE RESPONSIBLE FOR REMOVING ANY HAZARDS IN THE ENVIRONMENT ON A DAILY A BASIS. DOCUMENTATION IS REQUIRED.
- THE CENTRAL INJURY LOGS ARE POSTED ON THE CLIP BOARD WHERE FIRST AID CABINET IS LOCATED. THE LOG IS MONITORED BI-WEEKLY FOR ANY POSSIBLE PATTERNS THAT MAY RESULT AND NEED ATTENTION.

- 
- TOXIC AND HAZARDOUS MATERIALS ARE KEPT IN A LOCKED CELLAR ON A HIGH SHELF.
  - PARENTS ARE NOTIFIED OF ALL INJURIES. STAFF NEEDS TO INFORM DIRECTOR FIRST. A COPY OF THE INJURY REPORT IS GIVEN TO THE PARENT FOR A SIGNATURE AND ONE COPY IS MAINTAINED IN THE CHILD'S FILE
  - STAFF WILL PROTECT CHILDREN AND ADULTS FROM HAZARDS, INCLUDING ELECTRIC SHOCK, BRUNS/SCALDS, SLIPPING, TRIPPING OR FALLING. FLOOR COVERINGS ARE SECURED OR HAVE RUB MATS UNDER THEM.
  - BABY WALKERS ARE EXCLUDED DUE TO SAFETY REASONS, AS WELL AS, DEVELOPMENTAL.

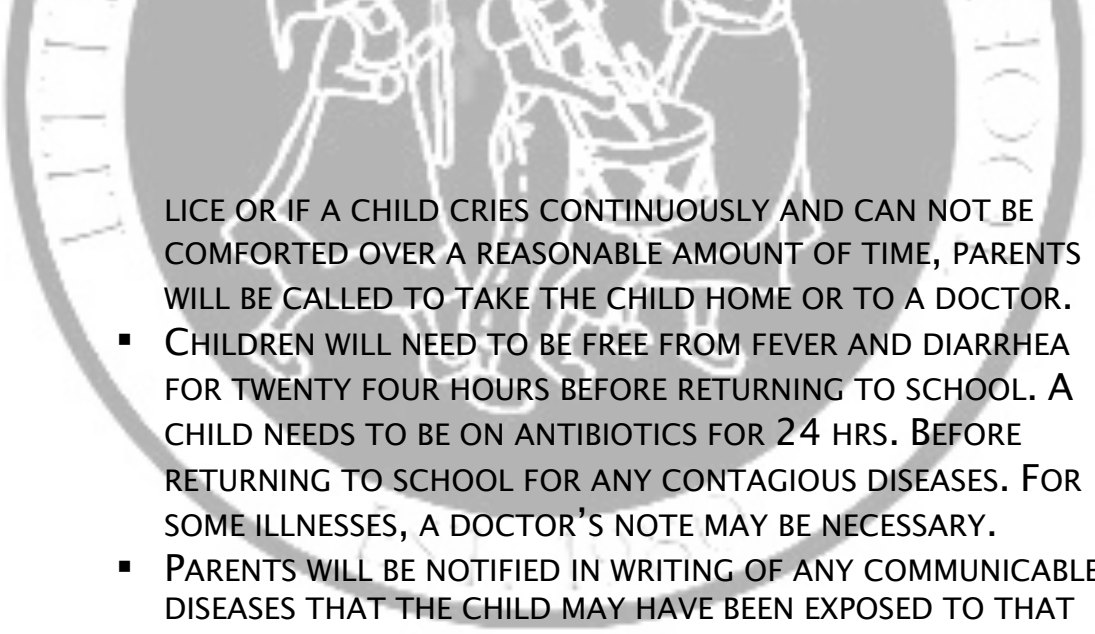
## **SYMPTOMS OF ILLNESS**

TEACHERS WILL CONTINUALLY OBSERVE THE CHILDREN IN THEIR CARE FOR SIGNS OF ILLNESS. IF, UPON ARRIVAL, ANY OF THE FOLLOWING SYMPTOMS ARE NOTED, PARENTS WILL BE REQUESTED TO TAKE THE SICK CHILD HOME:

- \*TEMPERATURE IS 100.5 DEGREES OR HIGHER
- \*CONJUNCTIVITIS(PINK EYE)
- \*RASH INDICATIVE OF MEASLES, ROSEOLA, OR OTHER CONTAGIOUS RASH
- \*SIGNS OF SEVERE COLD OR SORE THROAT
- \*WHEEZING
- \*CHILD IN OUR CARE IS UNABLE TO PARTICIPATE IN THE TYPICAL DAILY SCHEDULE(OUTSIDE PLAY INCLUDED)
- \*CHILD IN OUR CARE IS LETHARGIC
- \*GREEN OR YELLOW BODY FLUID FROM NOSE, EARS OR EYES NOT INDICATIVE TO ALLERGIES
- \*SEVERE VOMITING OR DIARRHEA

## **SYMPTOMS OF EXCLUSION**

- IF A CHILD HAS A FEVER OF 100–101, VOMITING, HAS HAD DIARRHEA–2 OR MORE INSTANCES CLOSE TOGETHER, PERSISTENT OR PRODUCTIVE COUGHING, CONTAGIOUS CONDITIONS, SUCH AS, STREP, FLU, RESPIRATORY INFECTIONS, CONJUNCTIVITIS, INFECTIOUS RASHES OR A RASH OF UNKNOWN ORIGIN, HEPATITIS, CHICKEN POX, MEASLES, MUMPS, SCABIES,



LICE OR IF A CHILD CRIES CONTINUOUSLY AND CAN NOT BE COMFORTED OVER A REASONABLE AMOUNT OF TIME, PARENTS WILL BE CALLED TO TAKE THE CHILD HOME OR TO A DOCTOR.

- CHILDREN WILL NEED TO BE FREE FROM FEVER AND DIARRHEA FOR TWENTY FOUR HOURS BEFORE RETURNING TO SCHOOL. A CHILD NEEDS TO BE ON ANTIBIOTICS FOR 24 HRS. BEFORE RETURNING TO SCHOOL FOR ANY CONTAGIOUS DISEASES. FOR SOME ILLNESSES, A DOCTOR'S NOTE MAY BE NECESSARY.
- PARENTS WILL BE NOTIFIED IN WRITING OF ANY COMMUNICABLE DISEASES THAT THE CHILD MAY HAVE BEEN EXPOSED TO THAT DAY.

## 6. PLAN FOR MANAGING INFECTIOUS DISEASES (PARENTS MUST RECEIVE A COPY)

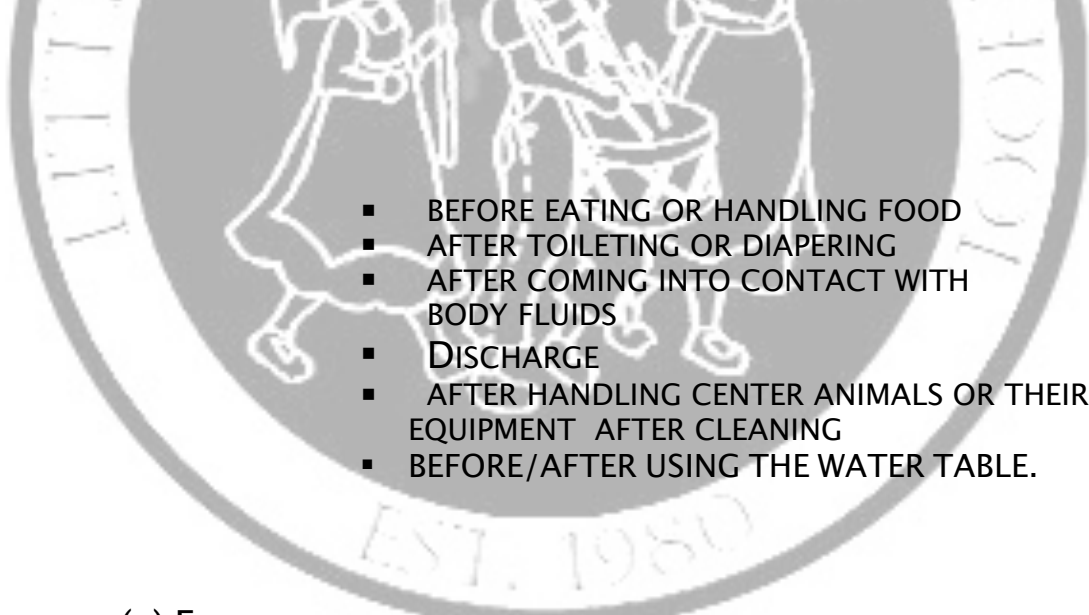
- CHILDREN WHO HAVE THE FOLLOWING TYPES OF INFECTIOUS DISEASES: GASTRO-INTESTINAL, RESPIRATORY AND SKIN OR DIRECT CONTACT INFECTIONS, SUCH AS SALMONELLA OR CHICKEN POX SHALL BE EXCLUDED FROM THE CENTER UNTIL ALL SIGNS AND SYMPTOMS ARE OVER OR UNTIL A DOCTOR EVALUATES THERE IS NO SERIOUS HEALTH RISK TO THE OTHER CHILDREN
- A CHILD MAY RETURN TO SCHOOL UNDER THE FOLLOWING CONDITIONS ONLY WITH A PHYSICIAN'S RELEASE AND AFTER THE PERIOD OF CONTAGION IS OVER FOR THE FOLLOWING DISEASES

CHICKEN POX	ALL SPOTS HAVE SCABBED OVER
MEASLES	FIVE DAYS AFTER RASH BEGINS
GERMAN MEASLES	WHEN RASH DISAPPEARS
HEPATITIS	THREE WKS. AFTER THE ONSET OF JAUNDICE
MUMPS	NINE DAYS AFTER ONSET OF SWELLING
LICE & SCABIES	AFTER TREATMENT IS COMPLETE AND ALL NITS/EGGS ARE GONE.

## 7. PLAN FOR INFECTION CONTROL

### HAND WASHING

ALL STAFF AND CHILDREN WILL WASH THEIR HANDS WITH LIQUID SOAP AND RUNNING WATER, USING FRICTION. HANDS WILL BE DRIED WITH DISPOSABLE TOWELS. STAFF AND CHILDREN WASH THEIR HANDS AT LEAST:



- BEFORE EATING OR HANDLING FOOD
- AFTER TOILETING OR DIAPERING
- AFTER COMING INTO CONTACT WITH BODY FLUIDS
- DISCHARGE
- AFTER HANDLING CENTER ANIMALS OR THEIR EQUIPMENT AFTER CLEANING
- BEFORE/AFTER USING THE WATER TABLE.

(A) FACILITIES USED FOR HAND WASHING AFTER DIAPERING OR TOILETING SHALL BE SEPARATE FROM AREAS USED FOR FOOD PREPARATION AND FOOD SERVICE. STAFF AND DIRECTOR WILL MONITOR THAT THESE PROCEDURES ARE FOLLOWED.

(B) SANITIZING

The disinfectant solution shall be a bleach solution made fresh every morning. Gloves are used for the clean-up of blood spills and bodily fluids. Used gloves shall be thrown away in a lined covered container. The soiled clothing must be stored in double plastic bags and returned to parents at the end of the day.

DISINFECTION SOLUTION:

- 1/4 CUP BLEACH AND 1 GALLON OF WATER FOR SINKS, TOILET, CHANGING TABLES, AND DIAPERING SURFACES
- 1/8 TEASPOON BLEACH AND 1 QUART OF WARM WATER FOR DISHES, TOYS, THERMOMETERS
- 1/4 TEASPOON BLEACH AND 1 QUART WARM WATER FOR TABLES, COUNTERTOPS AND MATS
- 1 PART BLEACH TO 10 PARTS WARM WATER FOR BLOOD AND VOMIT SPILLS

IF BLEACH IS NOT USED, 409 IS USED AS A DISINFECTANT.

(C) PROCEDURE FOR WASHING AND DISINFECTING

\*SURFACES (TABLES/CHANGING TABLES NEED TO BE WASHED WITH SOAP AND WATER/WIPED DRY WITH PAPER TOWEL; THEN BLEACH AND WATER LEFT TO AIR DRY FOR UP TO 2 MINUTES; THEN DRY WITH PAPER TOWEL.

AFTER EACH USE:

- ✓ TOILET TRAINING SEAT
- ✓ SINKS, FAUCETS USED FOR CLEANING CHAIRS
- ✓ DIAPERING SURFACES
- ✓ TOYS MOUTHED BY CHILDREN
- ✓ MOPS USED FOR BODY FLUIDS
- ✓ BIBS
- ✓ THERMOMETERS

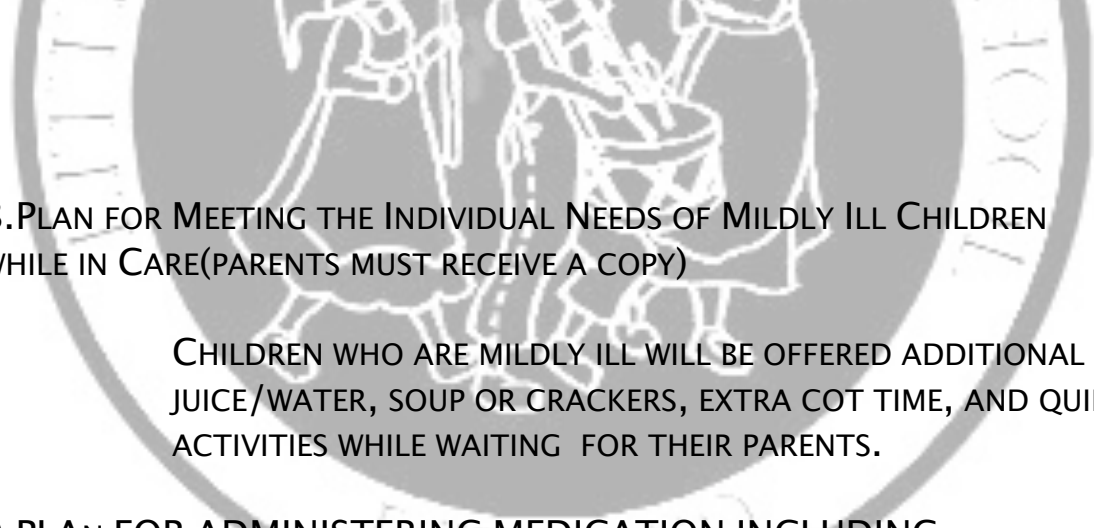
AT LEAST DAILY:

- ✓ TOILET SEATS
- ✓ DIAPER CONTAINERS, INCLUDING LIDS
- ✓ SINKS/FAUCETS
- ✓ DRINKING FOUNTAINS
- ✓ WATER TABLE AND TOYS
- ✓ PLAY TABLES AND CHAIRS
- ✓ FLOORS
- ✓ MOPS
- ✓ WASHCLOTHS/TOWELS

AT LEAST MONTHLY OR POSSIBLY WEEKLY, OR TO MAINTAIN CLEANLINESS WHEN WET/SOILED OR USED BY ANOTHER CHILD (IMMEDIATELY):

- ✓ CRIBS
- ✓ MATS
- ✓ PILLOWS, BLANKETS, SHEETS
- ✓ MACHINE WASHABLE TOYS

\*THE USE OF ALCOHOL-BASED HAND RUBS IN LIEU OF HAND WASHING IS NOT RECOMMENDED FOR EARLY EDUCATION AND CHILD CARE SETTINGS.



**8.PLAN FOR MEETING THE INDIVIDUAL NEEDS OF MILDLY ILL CHILDREN WHILE IN CARE(PARENTS MUST RECEIVE A COPY)**

CHILDREN WHO ARE MILDLY ILL WILL BE OFFERED ADDITIONAL JUICE/WATER, SOUP OR CRACKERS, EXTRA COT TIME, AND QUIET ACTIVITIES WHILE WAITING FOR THEIR PARENTS.

**9.PLAN FOR ADMINISTERING MEDICATION INCLUDING PRESCRIPTION, NON-PRESCRIPTION AND TOPICAL MEDICATIONS (PARENTS RECEIVE A COPY)**

ALL PRESCRIPTION, NON-PRESCRIPTION AND TOPICAL MEDICATIONS MUST HAVE WRITTEN PARENTAL PERMISSION BEFORE ADMINISTERING.

PRESCRIPTION MEDICATION IS ADMINISTERED IF THE LABEL ON THE BOTTLE SPECIFIES THE CHILD'S NAME, DOSAGE, NUMBER OF TIMES AND DAYS IT IS TO BE ADMINISTERED AND THE PARENT PERMISSION FORM MATCH THESE INSTRUCTIONS.

WE WILL MAINTAIN A WRITTEN RECORD OF THE ADMINISTRATION OF ANY MEDICATION, PRESCRIPTION OR NON-PRESCRIPTION, THE DOSAGE AND THE NAME OF THE STAFF ADMINISTERING THE MEDICATION THE NAME OF THE CHILD ON A DAILY LOG. THIS LOG BECOMES A PERMANENT PART OF THE CHILD'S FILE. A COPY OF THIS LOG IS AVAILABLE ON A DAILY BASIS IF REQUESTED.

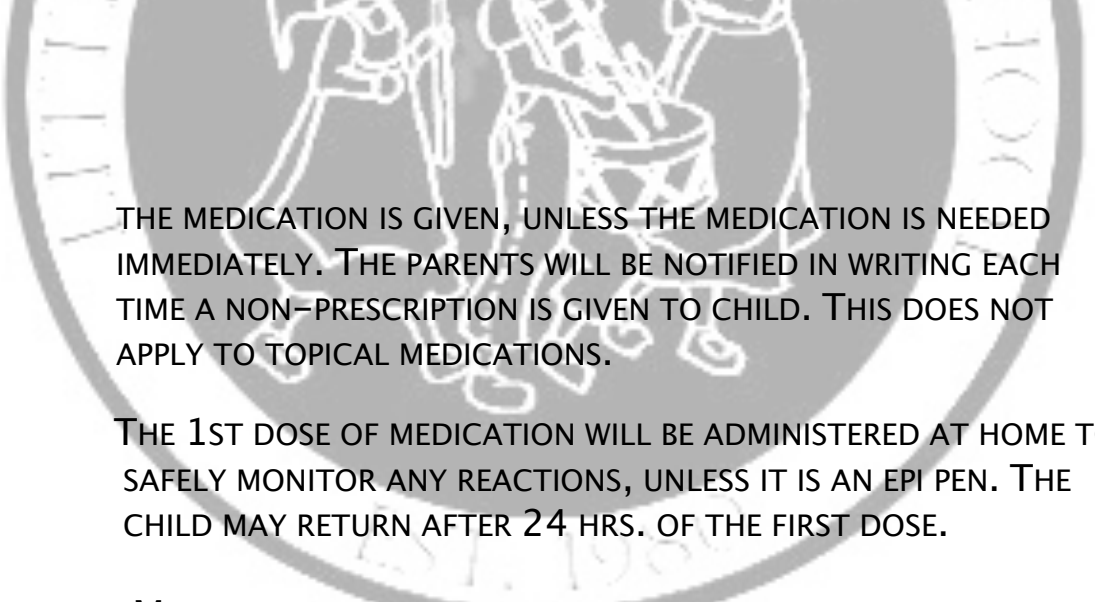
TOPICAL MEDICATIONS ARE NOT APPLIED TO OPEN WOUNDS, RASHES, OR BROKEN SKIN. WRITTEN PARENTAL PERMISSION IS REQUIRED. APPLICATIONS ARE LOGGED.

THESE INCLUDE PETROLEUM JELLY, DIAPER RASH OINTMENTS, SUNTAN LOTION, BUG SPRAY, AND ANTI-BACTERIAL OINTMENTS. THESE MUST BE STORED IN ORIGINAL CONTAINERS, LABELED WITH THE CHILD'S NAME, AND USED ONLY FOR THAT CHILD.

THE CENTER WILL STORE ALL MEDICATIONS IN A LOCKED CABINET IN THE FIRST AID AREA.ALL UNUSED MEDICATION IS RETURNED TO THE PARENT BY THE TEACHER.

FOR NON-PRESCRIPTION MEDICATION, WE REQUIRE A PARENTAL SIGNATURE, AS WELL AS A DOCTOR'S SIGNATURE. THE ORDER MAY BE VALID FOR UP TO ONE YEAR. AN ATTEMPT IS MADE TO CONTACT





THE MEDICATION IS GIVEN, UNLESS THE MEDICATION IS NEEDED IMMEDIATELY. THE PARENTS WILL BE NOTIFIED IN WRITING EACH TIME A NON-PRESCRIPTION IS GIVEN TO CHILD. THIS DOES NOT APPLY TO TOPICAL MEDICATIONS.

THE 1ST DOSE OF MEDICATION WILL BE ADMINISTERED AT HOME TO SAFELY MONITOR ANY REACTIONS, UNLESS IT IS AN EPI PEN. THE CHILD MAY RETURN AFTER 24 HRS. OF THE FIRST DOSE.

MEDICATION IS ADMINISTERED BY STAFF TRAINED IN MEDICATION ADMINISTRATION AND MUST BE RETRAINED ANNUALLY.

#### 10. PLAN FOR MEETING SPECIFIC HEALTH CARE NEEDS SPECIAL DIETS

WE FOLLOW A PARENT/PHYSICIAN REQUEST IN THE FEEDING OF SPECIAL DIETS TO CHILDREN AND/OR FOOD ALLERGIES OR VITAMIN SUPPLEMENTS. THESE WILL BE POSTED IN EACH CLASSROOM.

- ALLERGIES MUST BE POSTED IN EACH ROOM. RASHES OR PUFFINESS, REDNESS, OR DISCOMFORT MAYBE SIGNS OF UNDETERMINED ALLERGIES. PARENTS WILL BE NOTIFIED.
- CHILDREN ARE CAREFULLY MONITORED AND SUPERVISED BY STAFF TO PROTECT THEM FROM EXPOSURE TO FOODS, CHEMICALS AND OR OTHER MATERIALS THEY MAY BE ALLERGIC TO.
- SPRAYS AND CHEMICALS USED TO CONTROL BUGS AND RODENTS WILL NOT BE USED.

AREAS USED BY STAFF AND CHILDREN WHO HAVE ALLERGIES TO DUST MITES OR TO COMPONENTS OF FURNISHINGS OR SUPPLIES ARE MAINTAINED BY THE PROGRAM ACCORDING TO THE RECOMMENDATIONS OF THE HEALTH CARE CONSULTANT.(9D.07)

AREAS THAT HAVE BEEN RECENTLY PAINTED, CARPETED, TILED OR OTHERWISE RENOVATED ARE VENTILATED BEFORE THEY ARE USED BY CHILDREN.(9C.13)



11. . PROCEDURES FOR IDENTIFYING AND REPORTING SUSPECTED CHILD ABUSE OR NEGLECT TO THE DEPARTMENT OF CHILDREN AND FAMILIES

- DEPARTMENT OF CHILDREN AND FAMILIES: TELEPHONE NUMBER: 978-466-1500
- CHILDREN WITH BRUISES OR LACK OF PROPER CLOTHING, FOOD, OR VERBALLY SHARE SIGNS OF ABUSE AND NEGLECT WILL BE REPORTED TO DSS. WRITTEN DOCUMENTATION IS KEPT BY TEACHERS, KEPT IN THE CHILD'S FILE, AND DISCUSSED WITH THE PROGRAM DIRECTOR.
- THE DIRECTOR WILL REPORT ALL SUSPECTED ABUSE AND NEGLECT CASES IMMEDIATELY TO DCF. PARENTS WILL BE NOTIFIED, IN MOST CASES, TO DISCUSS WHAT WAS DOCUMENTED / REPORTED TO DCF.
- ALLEGATIONS OF ABUSE/NEGLECT OF STAFF MEMBERS WILL BE ADDRESSED BY THE DIRECTOR IMMEDIATELY. THE STAFF MEMBER WILL BE PLACED ON IMMEDIATE LEAVE UNTIL THE MATTER IS INVESTIGATED BY EEC AND DCF AND RESULTS DETERMINED.

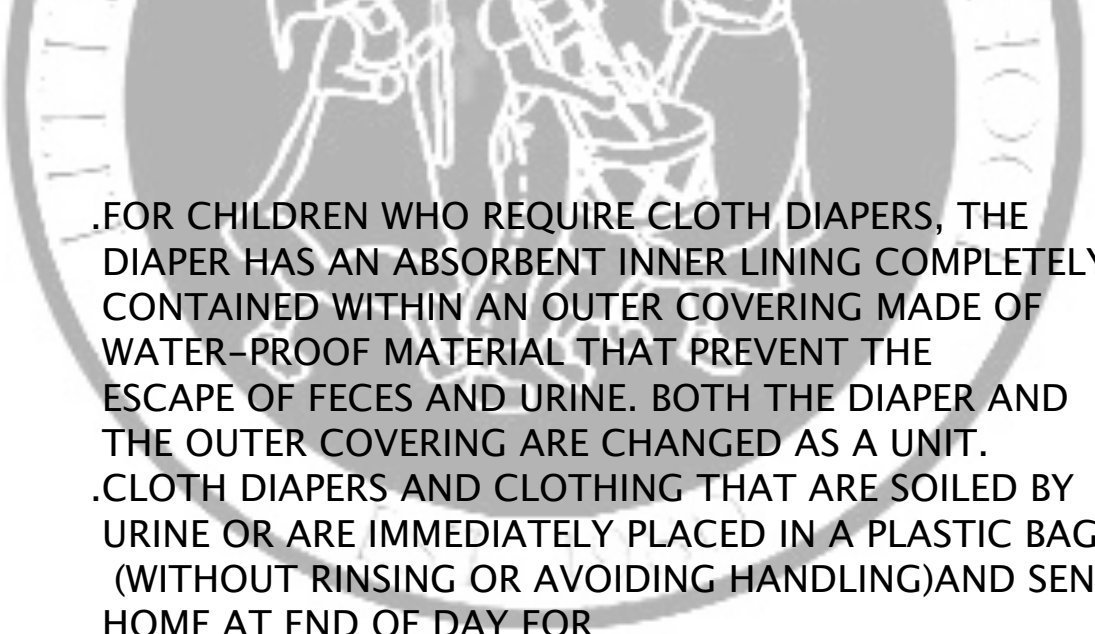
12. PROCEDURES FOR IDENTIFYING AND REPORTING ABUSE AND NEGLECT TO THE OFFICE

- ANY ALLEGATIONS WILL BE REPORTED TO EEC IMMEDIATELY BY THE DIRECTOR.

13. ALL STAFF WILL COMPLETE A PEDIATRIC FIRST AID , INCLUDING MANAGING A BLOCKED AIRWAY AND PROVIDING RESCUE BREATHING FOR INFANTS AND CHILDREN. INFANT/CHILD CPR IS REQUIRED AND MUST BE UPDATED YEARLY.

14. FOR CHILDREN WHO ARE UNABLE TO USE THE TOILET CONSISTENTLY, WE WILL:

- . STAFF COMMERCIALY AVAILABLE DISPOSABLE DIAPERS OR PULL-UPS UNLESS THE CHILD HAS A MEDICAL REASON AND DOES NOT PERMIT THEIR USE (HEALTH CONSULTANT MUST DOCUMENT REASON)

- 
- .FOR CHILDREN WHO REQUIRE CLOTH DIAPERS, THE DIAPER HAS AN ABSORBENT INNER LINING COMPLETELY CONTAINED WITHIN AN OUTER COVERING MADE OF WATER-PROOF MATERIAL THAT PREVENT THE ESCAPE OF FECES AND URINE. BOTH THE DIAPER AND THE OUTER COVERING ARE CHANGED AS A UNIT.
  - .CLOTH DIAPERS AND CLOTHING THAT ARE SOILED BY URINE OR ARE IMMEDIATELY PLACED IN A PLASTIC BAG (WITHOUT RINSING OR AVOIDING HANDLING)AND SENT HOME AT END OF DAY FOR LAUNDERING.
  - .STAFF CHECK CHILDREN FOR SIGNS THAT DIAPERS OR PULL-UPS ARE WE OR CONTAIN FECES(A)AT LEAST

EVERY TWO HOURS WHEN CHILDREN ARE AWAKE(B)WHEN CHILDREN AWAKEN.

- .DIAPERS ARE CHANGED WHEN WET OR SOILED.
- .STAFF CHANGE CHILDREN'S DIAPERS OR SOILED UNDERWEAR IN A DESIGNATED DIAPERING AREA AND NOT ELSEWHERE IN BUILDING.
- .EACH CHANGING AREA IS SEPARATED BY A PARTIAL WALL OR IS LOCATED AT LEAST THREE FEET FROM OTHER AREAS.
- .AT ALL TIMES, STAFF HAVE A HAND ON THE CHILD WHEN HE/SHE IS BEING CHANGED ON AN ELEVATED SURFACE.
- .IN THE CHANGING AREA, STAFF POST AND FOLLOW CHANGING PROCEDURES.
- . SURFACES USED FOR CHANGING AND ON WHICH CHANGING MATERIALS ARE PLACED ARE NOT USED FOR OTHER PURPOSES, INCLUDING PLACEMENT OF OTHER OBJECTS, AND ESPECIALLY FOR AN OBJECT INVOLVED WITH FOOD OR FEEDING.

- .CONTAINERS THAT HOLD SOILED DIAPERS AND DIAPERING MATERIALS HAVE A LID THAT OPENS AND CLOSES TIGHTLY BY



USING A HANDS-FREE DEVICE(EG.,STEP CAN)  
ARE KEPT CLOSED AND NOT ACCESSIBLE TO CHILDREN.

15.PRECAUTIONS ARE TAKEN TO ENSURE THAT COMMUNAL WATER PLAY DOES NOT SPREAD INFECTIOUS DISEASE. NO CHILD DRINKS THE WATER. CHILDREN WITH SORES ON THEIR HANDS ARE NOT PERMITTED TO PARTICIPATE IN COMMUNAL WATER PLAY. FRESH POTABLE WATER IS USED, AND THE WATER IS CHANGED BEFORE A NEW GROUP OF CHILDREN COMES TO PARTICIPATE. WHEN THE ACTIVITY PERIOD IS COMPLETED THE WATER IS DRAINED. FRESH POTABLE WATER FLOWS FREELY THROUGH THE WATER TABLE AND OUT THROUGH THE DRAIN IN THE TABLE. CHILDREN WILL WASH HANDS BEFORE/AFTER USING THE WATER TABLE.

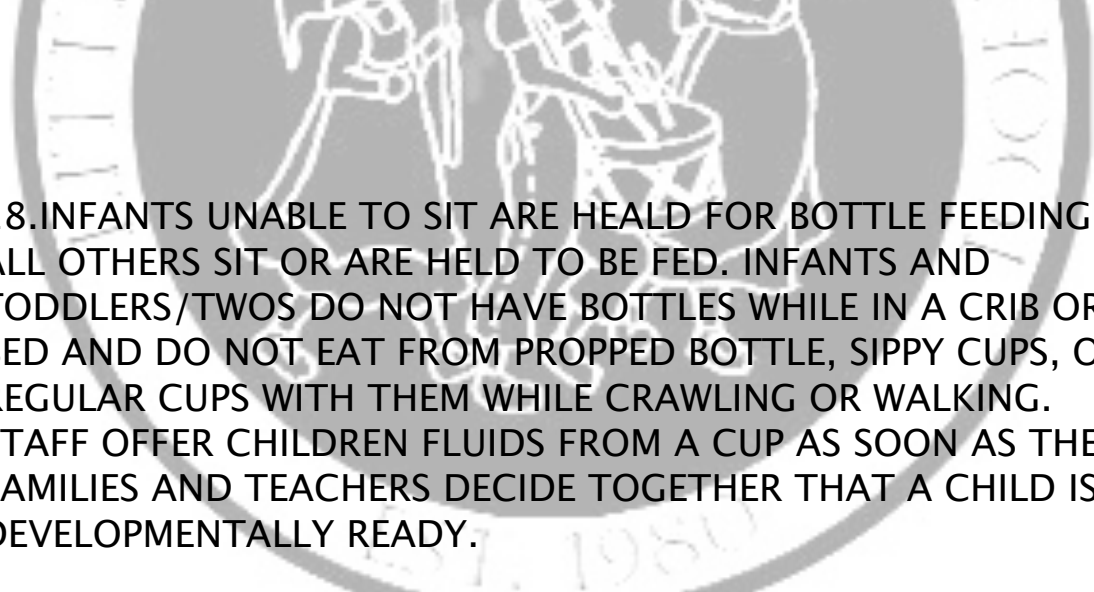
16.ALL MEDICATIONS ARE KEPT IN A LOCKED CABINET.

17.TO REDUCE THE RISK OF SUDDEN INFANT DEATH SYNDROME(SIDS)

INFANTS ARE PLACED ON THEIR BACKS TO SLEEP ON A FIRM SURFACE MANUFACTURED FOR SALE AS INFANT SLEEPING EQUIPMENT AND MEETS THE U.S. CONSUMER PRODUCT SAFETY COMMISSION.

PILLOWS, QUILTS, COMFORTERS, SHEEPSKIN, STUFFED TOYS AND OTHER SOFT ITEMS ARE NOT ALLOWED IN CRIBS OR REST EQUIPMENT FOR INFANTS YOUNGER THAN TWELVE MONTHS. IF A BLANKET IS USED, THE INFANT IS PLACED AT THE FOOT OF THE CRIB WITH A THIN BLANKET TUCKED AROUND THE CRIB MATTRESS, REACHING ONLY AS FAR AS THE INFANT'S CHEST. SLEEP SACKS ARE RECOMMENDED.

THE INFANTS HEAD REMAINS UNCOVERED DURING SLEEP. AFTER BEING PLACED DOWN FOR SLEEP ON THEIR BACKS, INFANTS MAY THEN BE ALLOWED TO ASSUME ANY COMFORTABLE SLEEP POSITION WHEN THEY CAN EASILY TURN THEMSELVES FROM THE BACK POSITION.



18. INFANTS UNABLE TO SIT ARE HELD FOR BOTTLE FEEDING. ALL OTHERS SIT OR ARE HELD TO BE FED. INFANTS AND TODDLERS/TWOS DO NOT HAVE BOTTLES WHILE IN A CRIB OR BED AND DO NOT EAT FROM PROPPED BOTTLE, SIPPY CUPS, OR REGULAR CUPS WITH THEM WHILE CRAWLING OR WALKING. STAFF OFFER CHILDREN FLUIDS FROM A CUP AS SOON AS THE FAMILIES AND TEACHERS DECIDE TOGETHER THAT A CHILD IS DEVELOPMENTALLY READY.

19. INFANTS AND TODDLERS DO NOT HAVE ACCESS TO LARGE BUCKETS OF WATER.

20. AT LEAST ONCE DAILY TEACHERS PROVIDE AN OPPORTUNITY TO BRUSH TEETH AND GUM CLEANING TO REMOVE FOOD AND PLAQUE.

21. THE PROGRAM PROVIDES SNACKS AND FOOD IS PREPARED, SERVED, AND STORED IN ACCORDANCE TO USDA CHILD AND ADULT CARE CACCFP GUIDELINES.

22. CLEAN SANITARY WATER IS OFFERED THROUGHOUT THE DAY. THE WELL IS TESTED ON A YEARLY BASIS.

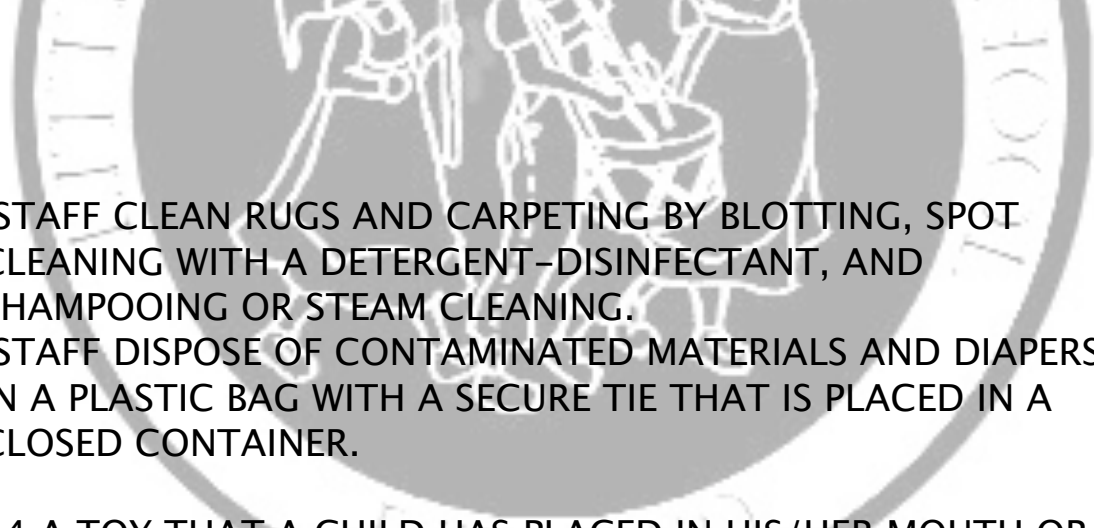
23. PROCEDURES FOR STANDARD PRECAUTIONS ARE USED AND INCLUDE THE FOLLOWING:

.SURFACES THAT MAY COME IN CONTACT WITH POTENTIALLY INFECTIOUS BODY FLUIDS MUST BE DISPOSABLE OR MADE OF A MATERIAL THAT CAN BE SANITIZED.

.STAFF USE BARRIERS AND TECHNIQUES THAT MINIMIZE CONTACT OF MUCOUS MEMBRANES OR OF OPENINGS IN SKIN THAT POTENTIALLY INFECTIOUS BODY FLUIDS AND THAT REDUCE THE SPREAD OF INFECTIOUS DISEASES.

.WHEN SPILLS OF BODY FLUIDS OCCUR, STAFF CLEAN THEM UP IMMEDIATELY WITH DETERGENT FOLLOWED BY RINSING.

.AFTER CLEANING, STAFF SANITIZE NONPOROUS SURFACES BY USING THE PROCEDURE FOR SANITIZING DESIGNATED CHANGING SURFACES DESCRIBED IN THE CLEANING AND FREQUENCY TABLE.



.STAFF CLEAN RUGS AND CARPETING BY BLOTTING, SPOT CLEANING WITH A DETERGENT-DISINFECTANT, AND SHAMPOOING OR STEAM CLEANING.  
.STAFF DISPOSE OF CONTAMINATED MATERIALS AND DIAPERS IN A PLASTIC BAG WITH A SECURE TIE THAT IS PLACED IN A CLOSED CONTAINER.

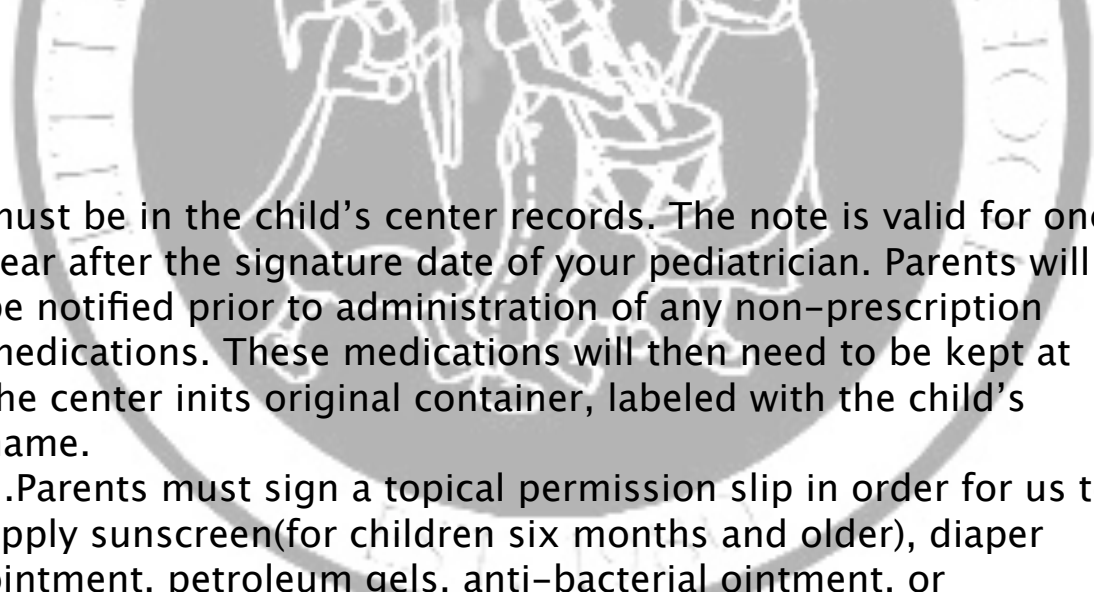
24.A TOY THAT A CHILD HAS PLACED IN HIS/HER MOUTH OR THAT IS OTHERWISE CONTAMINATED BY BODY SECRETIONS OR EXCRETION IS EITHER TO BE (A)WASHED BY HAND USING WATER AND DETERGENT, THEN RINSED, SANITIZED, AND AIR DRIED OR (B)WASHED AND DRIED IN A MECHANICAL DISHWASHER BEFORE IT CAN BE USED BY ANOTHER CHILD.

25.CLEANING AND SANITATION FREQUENCY CHART (ATTACHED)

### **PLAN FOR DISPENSING MEDICATION**

Our center will administer medications under the following conditions:

1. Only trained staff who have completed the 5 Rights of Medication will administer medication, which is in the original container, that lists the prescribed dosage, method of administration, length of time to receive it, correct name of the recipient, the physician's name and current date.
- 2.Medications that are taken on a regular basis require an additional form to be filled out by the pediatrician and parent.
- 3.Parents must fill out a medication authorization form stating what time medications need to be administered, corresponding with the prescription. Morning doses and medications to be given less than three time a day, will be administered by parent. First doses of any medication are not done at the center. A child must have the first dose and second dose before attending the center to make sure there are no allergic reactions.
- 4.In order to dispense non-prescription medications or bug spray, a physician's authorization is necessary. A note stating what medications can be given, circumstances and dosage



must be in the child's center records. The note is valid for one year after the signature date of your pediatrician. Parents will be notified prior to administration of any non-prescription medications. These medications will then need to be kept at the center in its original container, labeled with the child's name.

5. Parents must sign a topical permission slip in order for us to apply sunscreen (for children six months and older), diaper ointment, petroleum gels, anti-bacterial ointment, or lotions. These items must be in the original container labeled with the child's name.

6. The teacher must maintain medication authorization and consent form that is signed by the parent, for any medication administered. The information regarding the dispensing of medication, time, date, name of child, name of medication and dosage must be recorded in the medication log. The medication authorization must then be put in the child's file.

Disposing of unused medication:

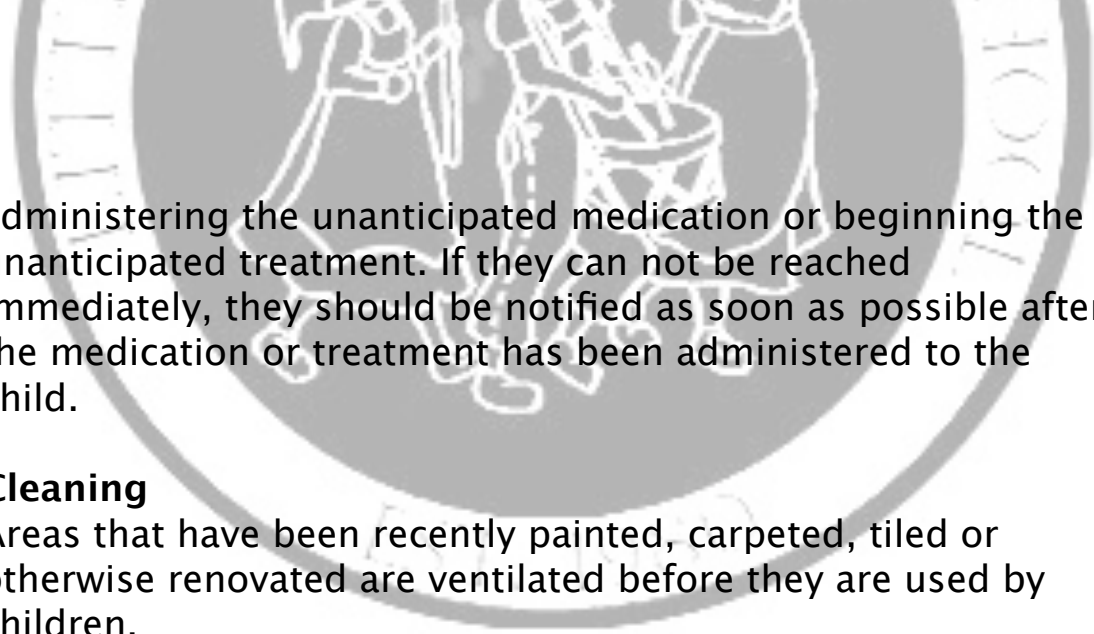
1. Return directly to parent

2. Discard as recommended by the Department of Public Health Drug Program, 617-753-8100

### **Individual Health Care Plans**

An individual health care plan will be part of a child's file for any child with a chronic condition (asthmatic conditions, allergic reactions, ADHD, or diabetic conditions, etc.) diagnosed by a physician. Our program will develop an IHCP in collaboration with the parents/guardians, program educators and the physician, who must authorize the IHCP. An educator must complete a training relative to a child's IHCP. The training must be given by the child's doctor, parent, or program's health consultant. The training must specifically address the child's medical condition, medication and other treatment needs.

In the event of an **unanticipated**, non-life-threatening condition requiring treatment the educator must make a reasonable attempt to contact the parents/guardians prior to



administering the unanticipated medication or beginning the unanticipated treatment. If they can not be reached immediately, they should be notified as soon as possible after the medication or treatment has been administered to the child.

### **Cleaning**

Areas that have been recently painted, carpeted, tiled or otherwise renovated are ventilated before they are used by children.

### **Environmental Hazards**

Children and adults are protected from environmental hazards such as air pollution, lead, and asbestos, according to public health requirements. Our center is lead free. Our local public health department will contact us of any such hazards in our community.(9.D.01)

Our center prohibits smoking, firearms, and other hazards that pose risks to children and adults.

Referrals for staff to resources supporting them in wellness, prevention and treatment of depression, and stress management are available.

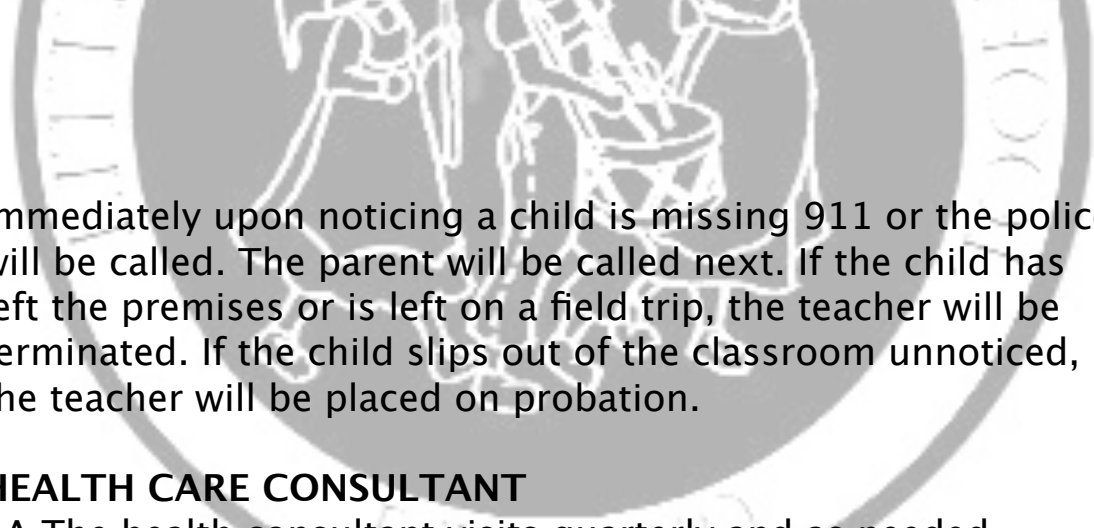
Our water source is a well. Onsite documentation by a local regulatory health authority determines the water to be safe for human consumption on a yearly basis.(9.D.02)

The program staff protect children and adults from exposure to high levels of air pollution from smog or heavy traffic by limiting the outdoor and physical activity as a precaution during smog and other air pollution alerts.(9.D.03)

The program has taken measures in all rooms occupied by children to control noise levels so normal conversation can be heard without raising one's voice.(9.D.04)

### **Procedures for Handling Missing Children**





Immediately upon noticing a child is missing 911 or the police will be called. The parent will be called next. If the child has left the premises or is left on a field trip, the teacher will be terminated. If the child slips out of the classroom unnoticed, the teacher will be placed on probation.

### **HEALTH CARE CONSULTANT**

- A.The health consultant visits quarterly and as needed.
- B.The health consultant observes program practices and reviews and makes recommendations about the program’s practices and written health policies to ensure health promotion and prevention of infection and injury. The consultation addresses physical, social-emotional, nutritional, and oral health, including the care and exclusion of ill children.
- C.At least two times a year we will consult for nutritional content;portion sizes;nationally recommended limits on juice, sugar, sodium, and saturated fats;special feeding needs to be met by the program; and procedures used for food brought from home.
- D.The program documents compliance and implements corrections according to the recommendations of the consultant.