



Executive Child Development Center

At Diplotots Child Development Center

2401 E Street, NW, Washington, DC 20037

202-663-3555 ☆ 202-663-3572 fax

Health and Safety Manual

“Many things we need can wait, the child cannot. Now is the time his bones are being formed, his blood is being made, his mind is being developed. To him we cannot say tomorrow. His name is today.”

Gabriela Minstral, Chilean Poet

Parents and child care professionals are active partners in the healthy development of children. Given this premise, this set of standards and practices was jointly developed originally by parents and ECDC staff within the Health and Safety Committee.

This document is a work in progress. There will be a copy in each classroom so that parents and staff can review it together.

The Committee welcomes suggestions for improvement and/or concerns about current procedures.

Special thanks to the Committee members for the expertise and caring:

Joe Buranosky (Cyril's dad)

Shawn Gogins (Matthew's dad)

Tracy Harris (Bryson's mom)

Todd Kays (Kyle's dad)

Mary Alice Rohner

Anne Schmitz

Joyce Shapiro

Chris Smith

Kathy Smith

Jennifer Strong

Additionally, we appreciate the consultation given to us by Ralph Cordell, M.D., Chief of Child Care Services Unit at Centers for Disease Control.

ECDC's Health and Safety Manual
TABLE OF CONTENTS

<i>Arrival and Departure Procedures</i>	4
<hr/>	
Parking information	
Accessibility	
<i>Nutrition</i>	6
<hr/>	
Infants	
Food Preparation	
<i>Program</i>	10
<hr/>	
Discipline Practices	
Field Trips	
Neighborhood Walks	
Napping	
Educational, Health, and Safety Curricula	
Guidelines for Indoor Safety	
Guidelines for Outdoor Safety	
<i>Emergencies</i>	16
<hr/>	
Missing/Lost Child	
Child Abuse/Neglect	
Serious Illness and Accidents	
Death of a Caregiver	
Accidental Poisonings	
Emergency Plan	
<i>Management / Prevention of Illness</i>	19
<hr/>	
Inclusion/Exclusion	
Daily Health Assessment	
Reporting Communicable Illnesses	
Medication (Topical and Oral)	
Child Health Files	
<i>Sanitation and Maintenance</i>	25
<hr/>	
Toys/Equipment	
Oral Hygiene	
Diapering/Toileting	
Toilet training	
Hand washing procedures	
Environmental Maintenance	
Standard Care for Pets	
<i>Adult Conduct</i>	29
<hr/>	
<i>Bibliography</i>	30
<hr/>	

Arrival and Departure Procedures

General information:

Parents, children and staff will gain Center access by inserting their DOS badge into the card reader and entering their access code. Non-DOS cardholders will gain access to the center through the security desk located on the 2nd floor. All visitors must sign in at the reception desk and be escorted throughout the building. Visitors may be requested to show photo identification.

Do not prop any doors open. Do not allow children to open doors for persons seeking entry. If you do not recognize the person at the door, do not approach the door as it will unlock automatically.

Adults and children will wash their hands on arrival at the center.

Before entering the infant suite, adults and children will remove their shoes or wear disposable covers over their shoes.

The Center must be notified of non-custodial persons picking up children. They will be asked to present photo identification.

Parent information:

Parents will inform the Center if their child will not be present at the Center.

Parents will accompany children to their classroom. Parents of children aged kindergarten and younger will sign their children in and out daily on a designated sheet posted in their child's classroom.

Staff information:

The staff is responsible for the arrival and departure of each child in their classroom. The staff will mark the “teacher’s” attendance sheet with the time the child arrived and when they departed. If a child is participating in an on-site extracurricular program separate from the class, the teacher will track their departure and return on their attendance sheet, with the location of the child.

Parking information:

All parents who drive to the center will need an ECDC parking permit. Parking permits can be obtained from the Director or Assistant Director. Passes must be displayed on the driver’s side dash and must be clearly visible. These passes are temporary and can only be used for picking up and dropping off your child.

When using the fire lane behind the daycare, pull as close to the curb as possible. Do not park in areas where the curb sticks out further (i.e., the bottom of the ramp outside the main daycare doors) as it makes it nearly impossible for others to pass.

In an effort to preserve the safety of all children, drivers will stop for pedestrians and will drive slowly and carefully.

Accessibility:

Our building has been retrofitted in accordance with section 504 of the Rehabilitation Act of 1973 and the American Disabilities Act. Any person needing special assistance should notify the front desk.

Nutrition

General information:

The preparation, service, and storage of all meals and supplements provided by the center will meet requirements of the child care component of the U.S. Department of Agriculture (USDA) and the Child and Adult Care Food Program (CACFP). Menus will be posted and distributed monthly.

If interested, ask the Director for a copy of the regulation. Children will be provided adequate nutritious meals and supplements. Food will be offered at intervals of no more than three hours.

All food allergies and intolerances must be documented by a physician. A special care plan for the child will be developed between parents and staff. Due to the severity of tree-nut allergies, DCDC prohibits all types of nuts and nut products to be served at the Center. Soy nut products are allowed.

Parent information:

Your individual child's posted classroom schedule will give accurate information on snack/meal times.

Staff information:

- Servings should be small. Additional servings will be made available.
- Appetites vary from day to day. Staff will encourage children to eat, but will not force them.
- Staff will sit with children while they are eating and allow children to serve themselves. Children will be involved in meal preparation and table set-up.
- Children will not be permitted to eat when walking, running, playing, or lying down.

- Proper hygiene must be maintained for all parties, including parents, when preparing and eating food.
- Hot foods and liquids must be out of reach of children. Hot liquids will not be consumed in classrooms.
- If juice is served, it will be full-strength. One-percent milk will be offered to children two and older throughout the day. Whole milk will be offered to children 12-24 months.
- Food will not be used as a behavioral incentive or punishment.

Infants

Formula supplied from home must be in a factory-sealed container.

Bottle feedings do not contain solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice.

The introduction of solid foods and fruit juice will occur at six months of age depending on the developmental readiness of the individual child, unless the child's health care provider provides written instruction to the contrary.

Parent Information:

Parents must label all incoming food and beverages with the child's name, date, and contents.

Parents should introduce all new foods at home two days or more before sending the food to the Center.

Teaching Staff offer children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.

Breastfeeding:

All breast milk must be labeled with the child's name and the date in ready-to-feed sanitary containers. Unused expressed milk will be discarded after 48 hours if refrigerated (or no more than 24 hours if previously frozen) or 3 months if it is frozen at 0°.

The Center has several areas available for breastfeeding and will coordinate with the infant's mother.

Staff Information:

- Infants will be fed on demand and feedings will be recorded on the daily record along with their napping schedules and diaper changes. Staff will not force children to eat.
- Infants under the age of 12 months are always held for bottle feeding.
- No propped bottles regardless of age.
- Only cleansed and disinfected bottles and nipples will be used. All filled bottles will be refrigerated. All formula and breast milk will be discarded after one hour of non-refrigeration.
- Infants, toddlers/two's do not carry bottles, sippy cups, and/or cups while crawling or moving. No bottles in the crib.
- Prepared powder and concentrate formula will be discarded after twenty-four hours. Containers of formula will not be used beyond its shelf life date.
- Bottles of breast milk or formula will be warmed in hot water (not microwaved) for no more than five minutes and at no more than 120 degrees Fahrenheit. Tongs will be used to remove bottles from hot water containers. To check the temperature of a bottle, squeeze milk onto the underside of the wrist. If it is too warm, the bottle will be cooled.
- Commercially packaged baby food will be served from a bowl or cup. Spoons will be used. Uneaten food in dishes will be discarded. To avoid waste, staff will serve small

portions and offer more if child is hungry. Finger foods must be ¼” or smaller to avoid choking.

- Frozen breast milk will be thawed in the refrigerator or in cold water, and heated in hot water. Staff will gently mix, not shake to preserve nutritional components.

Food Preparation

General information:

Good nutrition is an important component to healthy life. All classrooms are equipped with individual kitchenettes.

Parent information:

Food brought into the Center must have a label showing the child’s name, the date, and the type of food.

Parents should contact the Director and teacher if their child has special nutritional requirements so that a care plan can be implemented and documented.

Additional information can be given to the parents regularly as requested.

Food that comes from home for sharing among children must be either whole fruits or commercially prepared packaged foods in factory sealed containers.

Staff information:

- Staff who have signs or symptoms of illness will not be responsible for food handling.
- Staff with open injuries on hands will wear non-porous gloves.
- Meals and snacks will be nutritious and follow the posted menu.
- Food that is not consumed will be discarded after each meal/snack or if the expiration date has been reached.

- Food preparation surfaces will be clean and disinfected before and after every use.
- Single service items will only be used once.
- Refrigerators should be cleaned monthly.

Program

Discipline Practices

General information:

It is the role of ECDC to ensure the health and safety of all children.

ECDC staff will provide positive, non-abusive and age-appropriate methods of discipline. Time-out will be used to calm the child. ECDC staff will use the time-out formula of one minute per year of age. Infants will not be disciplined. ECDC's goal is to make children aware of behavior that is unproductive and to give them alternative ways of behaving.

Conflict resolution is an important skill to learn. ECDC staff will intervene to separate children who are physically hurting themselves or others. Additionally, the staff will guide children through their verbal disagreements for successful conclusion.

Physical restraint will only be used to ensure the child's safety or that of other children, and only during the time period in which the child exhibits aggressive behavior.

Corporal punishment, withdrawal of food, rest, or bathroom opportunities, public or private humiliation or threats, and abusive or profane language are strictly prohibited by staff and parents while at DCDC.

Any child enrolled in DCDC who initiates serious harmful physical contact with another person, exhibits conduct that poses a threat to the safety of others or themselves, or is constantly disruptive, may be removed from the situation. The parent will be informed of the incident by the teacher or the administration of the program. During this initial communication, DCDC and the parents will work collaboratively to respond to the child's behavior. Community resources will be shared. If the behavior becomes increasingly disruptive, the parent will be asked to find a more appropriate placement for the child.

Two basic sets of rules for children exist.

- Rules concerned with the child's safety and welfare (e.g. jumping off tables, running inside, etc.)
- Rules designed to protect the rights of others (e.g. teasing, hitting, destroying other children's property, etc.)

Parent information:

Parents will reinforce the health/safety rules and discipline policies of the center while at the Center. If parents are experiencing difficulty with another parent's child, that parent will seek assistance of ECDC staff.

Staff information:

Staff will be a model of appropriate behavior. Children watch closely and like to emulate the adults they know and admire.

If staff feel any reprimands for inappropriate behavior are necessary, they will be specific to help the child remember what action has caused him/her to be disciplined.

Staff will always request help when they need it.

In most instances when a child has broken a rule, a verbal reminder is all that is needed.

Parents will be informed if staff have on-going concerns regarding a child's behavior.

Field Trips

Field trips are an important compliment to children's learning. Vehicles used by DCDC are held to school bus standards. Notice of all field trips will be given.

Parent information:

Written permission must be obtained from the parents before each trip. Alternative plans will be listed in the event that the weather or other conditions prevent traveling to the original destination.

If the child does not participate in the trip, parents must make alternate care arrangements for their child. Parents will inform their child's caregiver that they can volunteer on a field trip.

Staff information:

- An adult holding a valid First Aid and CPR certificate must accompany children on field trips.
- A first aid kit must be brought on each field trip.
- In the event of an emergency, notify appropriate emergency personnel and call the Center for assistance.
- Staff will ask parents to accompany the class on field trips. Parents are encouraged to join!
- Staff will assign each parent his/her own child and another child if it is necessary. Both parties should feel comfortable with the placement. Parents will be under the supervision of the ECDC staff during field trips.

- Staff will orient children and parents regarding safety procedures for the specific field trip.
- Each staff member will take attendance while loading and unloading the bus.
- When children are driven in a motor vehicle other than a bus, children under the age of 6 and/or under 40 pounds must be fastened in an approved developmentally appropriate safety seat.
- Staff will load the buses with older children in the rear and younger children in the front.
- The ECDC staff will take at least one cellular phone on the field trip. The designated staff caller will be announced to all chaperones and staff.
- Children will wear identification tags that list the Center and the phone number. Children's names will not be listed.

Neighborhood Walks:

Staff members may leave the Center with a group of children with prior approval from the ECDC administration. There will always be at least two adults on these walks and one staff member should have CPR and First Aid training. All staff are required to inform the front desk of their route and destination. Additionally, staff will leave a list of children who are not participating in the outing, and their location in the Center. Staff are required to post a sign on their classroom door listing the destination and time of return to the Center. A list of children who have remained at the Center and their temporary location will also be posted for parents.

Staff will take a cellular phone with them. Staff should call 911 if approached by a suspicious person.

Napping

General information:

Children five years old and younger have a daily rest period. Infants under 12 months will sleep in cribs. Children 12 months and older will sleep on cots with sheets provided by the Center. All sheets will be cleaned and sanitized weekly and as needed. Cribs, cots, and mats will be cleaned weekly and as needed.

Infants will be placed on their backs to sleep unless otherwise ordered by a physician. Pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, and other soft items are not allowed in or on cribs. If a thin blanket is used, it must be tucked at the end of a mattress reaching only to the infant's chest. The infant's head remains uncovered during sleep. If an infant assumes any comfortable sleep position after being put on his/her back, the child will not be disturbed. Infants will not wear bibs, necklaces, or garments with hoods or ties while in cribs. No wedges will be used unless authorized by a child's doctor.

If an infant falls asleep in equipment not specifically designed for infant sleep (car safety seats, bouncy seat, infant seat, swings, jumping chair, stroller, or highchairs), teaching staff will move the infant and place him/her on his/her back in their crib.

No window blind cords or electrical cords will be located within reach of cribs. Mobiles or toys designed to attach to infant sleep equipment will not be permitted.

Parent information:

Parents will supply clean blankets weekly for their children. Parents will share information with staff regarding their child's sleep patterns.

Staff information:

Infants will be observed by sight and sound at all times.

Quiet music, story-telling, and reading will occur daily to relax the children.

Children will not be forced or coerced to sleep or to lie down for long periods if they are fidgeting. To avoid disturbance, the children will be allowed to look at books or engage in other quiet activities. Staff may also make arrangements to take the non-sleeping children to an activity room where proper staff-child ratios can be maintained.

Each child will be assigned his/her own cot. Before reassigning cots to children, each cot must be thoroughly disinfected. Cots will be placed at least three feet apart when children are sleeping. Cots will be stacked neatly so that individual bedding does not touch when put away.

Educational, Health, and Safety Curricula

Staff of full-day programs are required to post curriculum in the classroom every week. Plans will be age-appropriate and integrated. Additionally, children over the age of two will be taught basic fire safety such as stop, drop, and roll, and crawling under smoke; safety education regarding roles of the passenger, pedestrian and driver; and oral and daily health practices.

Other areas to be included in plans are large and fine motor development, language arts, music, song, dance, literature, science, math, organized games, socialization, and self-concept.

Guidelines for Indoor Safety

- Supervise children at all times.
- Infants, toddlers and twos must be supervised by sight and sound at all times.

- Preschool aged children may be momentarily out of sight and sound as long as the child is back in sight and sound within one minute.
- It is permissible to supervise preschool aged children by sound only for three to five minutes before regaining both sight and sound observation (e.g., when a child goes to the bathroom).
- Keep traffic paths and exits clear for passage.
- Do not permit crawling, climbing, and walking on furniture.

Guidelines for Outdoor Safety

- Know the number of children present at all times and be aware of where the children are and what they are doing.
- Infants, toddlers and two's must be supervised by sight and sound at all times.
- Preschool aged children may be momentarily out of sight and sound as long as the child is back in sight and sound within one minute.
- It is permissible to supervise preschool aged children by sound for three to five minutes before regaining both sight and sound observation (e.g., when a child goes to the bathroom).
- Be sure to face the children – avoid grouping of adults.
- Be stationed at different places so that all children can be seen. Children must be supervised at all times.
- Remain near equipment children are using.
- Do not allow children to snack and play at the same time.
- Stop unnecessary roughness immediately.

Emergencies

Missing/Lost Child

If a child is missing or lost, the staff or parent will contact a staff member immediately to enlist his/her help. If the parents are present, the staff will contact the parents to inform them of the situation. The person in charge will assess the situation and make all decisions regarding the response to the emergency.

Such factors as the child's age, past behavior, emotional temperament, possible location, etc. will determine the best search plan.

Child Abuse/Neglect

Any ECDC staff who suspect physical abuse, sexual abuse, or neglect of a child will report it to Protective Services as required by law. The Director must be informed immediately.

If an ECDC employee is implicated, the caregiver will be placed on administrative leave while an official inquiry is conducted.

Serious Illness and Accidents

Any illnesses and injuries requiring professional medical or dental care will be addressed as follows:

- Call for assistance.
- Contact 911 if it's an emergency.
- Contact parents and Director.
- Stay with the child if the Director cannot accompany child to the medical facility.
- Take the child's health file.

If the Center cannot reach the parent or guardian and the child exhibits serious symptoms such as high fever, severe dehydration, signs of concussion, etc. the staff will call 911 for assistance.

If a staff member applies any first aid to an injury such as ice, Band-Aids, etc. they will submit a written report to the parent for the parent's signature. The report will be given to the ECDC administration.

All head and dental injuries require the staff to inform the parents and the ECDC administration immediately.

Death of a Caregiver

In the event that a caregiver dies at the Center, parents will be informed and given guidance on how to talk to their child. The children will be encouraged to express themselves.

Accidental Poisonings

All containers at the Center must be labeled with their ingredients. Poisonous and toxic materials must be inaccessible to children and stored separately from medications and areas involving food storage, preparation, and eating.

Staff information:

If a child has ingested a non-food substance:

- Staff will call Poison Control at 202-625-3333 or 1-800-222-1222 (posted on or next to all phones).
- Staff will inform them to the best of their knowledge the substance, amount, and time of ingestion.
- Staff will follow the instructions given by Poison Control.
- Call the child's parent/guardian.

Emergency Plan

Staff information:

At the front reception desk there is a copy of our “Center’s Relocation Plan”. Staff and children will exit the building following the procedures in our monthly fire drills. Once you have exited, count the number of children under your supervision and report any missing persons to the person in charge. Stay with your group until you are given further instructions.

Management / Prevention of Illness

All staff use universal precautions.

Inclusion/Exclusion

A child will be excluded from child care if the local health official determines that a child is contributing to the transmission of the illness in the Center during an outbreak of any communicable illness. The child will not be readmitted until the risk of transmission can be documented as no longer present.

ECDC follows the American Academy of Pediatrics’ “National Health and Safety Performance Standards” regarding infectious diseases.

The parent, legal guardian, or other person the parent authorizes shall be notified immediately when a child has any sign or symptom that requires exclusion from the facility. The facility shall ask the parents to consult with the child’s health care provider. The child care provider shall ask the parents to inform them of the advice received from the health care provider. The advice of the child’s health care provider shall be followed by the child care facility.

With the exception of head lice for which exclusion at the end of the day is appropriate (unless multiple cases have been identified), a facility shall temporarily exclude a child or send the child home as soon as possible if one or more of the following conditions exist:

- The illness prevents the child from participating comfortably in activities as determined by the child care provider;
- The illness results in a greater need for care than the child care staff can provide without compromising the health and safety of the other children as determined by the child care provider;
- The child has any of the following conditions:
 - Fever, accompanied by behavior changes or other signs or symptoms of illness until medical professional evaluation finds the child able to be included at the facility;
 - Symptoms and signs of possible severe illness until medical professional evaluation finds the child able to be included at the facility. Symptoms and signs of possible severe illness shall include:
 - Lethargy that is more than expected tiredness,
 - Uncontrolled coughing,
 - Inexplicable irritability or persistent crying,
 - Difficult breathing,
 - Wheezing, or
 - Other unusual signs for the child;
 - Diarrhea, defined by more watery stools, decreased form of stool that is not associated with changes of diet, and increased frequency of passing stool, that is not contained by the child's ability to use the toilet. Children with diarrheal illness of infectious origin generally may be allowed to return to child care once the diarrhea resolves;
 - Blood in stools not explainable by dietary change, medication, or hard stools;

- Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a health care provider determines that the cause of the vomiting is not contagious and the child is not in danger of dehydration;
- Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms;
- Mouth sores with drooling, unless a health care provider or health department official determines that the child is noninfectious;
- Rash with fever or behavior change, until a physician determines that these symptoms do not indicate a communicable disease;
- Purulent conjunctivitis (defines as pink or red conjunctiva with white or yellow eye discharge), until after treatment has been initiated.
- Pediculosis (head lice) from the end of the day until after the first treatment.
- Scabies, until after treatment has been completed;
- Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care;
- Impetigo, until 24 hours after treatment has been initiated;
- Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever;
- Varicella-Zoster (Chickenpox), until all sores have dried and crusted (usually 6 days);
- Pertussis, Mumps, Hepatitis A virus, Measles, Rubella, unspecified respiratory tract illness, Shingles, and Herpes simplex as explained in National Health and Safety Performance Standards.

Staff will be excluded if they exhibit any of these conditions.

Daily Health Assessment

Every day, upon entry or as soon as possible after entry and during continual observation of the child at play, a child will be observed for skin rashes, increases in body temperature, complaints of pain or discomfort, etc. as required by law.

Reporting Communicable Illnesses

Parents must notify the Center within twenty-four hours after the child or any member of his/her immediate household has developed a known or suspected communicable disease as listed by District of Columbia Health Department. When a child has been sent home from the Center, parents will inform the Center of the diagnosis.

All reportable diseases will be reported to the District of Columbia Health Department. Parents will be notified of any reportable disease, with a list of signs and symptoms, mode of transmission, period of communicability, and recommended control. Preventative disease measures will be implemented at the Center

Parents will be notified immediately when a child has any sign or symptom that requires exclusion from the program. Children may be made comfortable in the director's office until the parent arrives.

The Center will provide on-going detailed health information to families, verbally and in writing, including unusual levels and/or communicable diseases to which children are exposed.

Medication (Topical and Oral)

The administration of prescription and non-prescription medication is permitted with prior written permission from the child's parent. Non-prescription medication also requires the signature of a physician.

Parent information:

- A treatment form must be filled out by your pediatrician before any non-prescription medication can be administered. This also includes sunscreen, lotions, diaper cream, etc.
- A separate medication order form is to be filled out for each prescription and non-prescription medication.
- Prescription medication must be in a child-proof container labeled by the pharmacy or a physician with the child's first and last names, the date that either the prescription was filled or the recommendation was obtained from the child's licensed health care provider, the name of the licensed health care provider, the expiration date of the medication or the period of use of the medication, the manufacturer's instructions or the original prescription label that details the name and the strength of the medication and instructions on how to administer and store it. The first dose must be given by the parent.
- Non-prescription medication – one dose of acetaminophen (Tylenol) and topical medication may be administered at the Center with written parental and physician permission. The medication must be in its original container.
- Non-prescription topical creams, moisturizers, sunblocks, diaper ointments, etc. will require a treatment form and medication order form for continued use. Parents must label containers with child's first and last name.
- When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used, and these are applied only on children over 2 months of age. Staff apply insect repellent no more than once a day and only with written consent from the parent/guardian and child's physician.
- Parents are to notify staff of any medications given before arrival at the Center.

Staff information:

- Medications are to be stored in an organized fashion, away from food, at proper temperature, and in the original child-proof containers that are completely inaccessible to children but readily accessible to each employee designated to administer medication.
- Medications are to be labeled with the child's first and last name; the name of the medication; the date the prescription was filled; the name of the health practitioner who wrote the prescription; expiration date; and specific legible instructions for administration, storage, and disposal.
- Medications are to be discarded upon expiration date or returned to the child's parents/guardians.
- Trained staff will document medication administered at the Center with dosage, date, and time on the back of the medication form.
- Staff will receive training annually on the administration of medications and documentation. Staff will be informed of any updates or changes in procedures as they occur.
- Staff will not administer any drug that affects a child's behavior except as prescribed by the child's health care provider with special instructions for its use.

Child Health Files

Parent information:

Prior to admission, all children are required to file a satisfactory immunization status appropriate for their age, as outlined by the Office of the State Superintendent of Education and the District of Columbia Department of Immunization.

- Children whose immunizations are not kept up to date will be unable to attend the facility after two reminders to the parent/guardian over a one (1) month period.
- Exemptions from immunizations based on religious beliefs are provided by the parent/guardian and are in the child's record. If an outbreak of a vaccine-preventable

disease occurs, all under-immunized children will be excluded during the exposure period.

- Exemptions from immunizations based on medical reasons must be specified in writing from the health practitioner.

Each child's file must also include:

- Current information about any health insurance coverage requirement for treatment in an emergency;
- Current results of health examinations, immunizations, lead testing, and TB testing;
- Names of individuals authorized by the family to have access to the child's health information; and
- Any instructions for a child's special health needs, e.g. asthma, hearing/vision, and chronic illness.

Parents must update their children's Registration Record, "About my child", and other necessary forms when information changes and/or at least annually.

Sanitation and Maintenance

Toys/Equipment

Toys that can not be washed and sanitized shall not be used. Toys that children have placed in their mouths or are otherwise contaminated by body secretion or excretion shall be set aside where children cannot access them. They must be set aside until they are washed with water and detergent, rinsed, sanitized, and air-dried by hand.

Machine washable cloth toys shall be for use by one individual only until these toys are laundered.

Indoor toys shall not be shared between groups of infants or toddlers unless they are washed and sanitized before being moved from one group to the other.

Computer keyboards should be cleaned and sanitized with wipes after every use.

Mixed use tables should be cleaned and sanitized before and after every use.

A staff member shall be assigned to check all play equipment at least monthly to ensure that it is safe for children. In addition the staff shall observe equipment while children are playing on it to ensure that it is safe for children.

Oral Hygiene

After each feeding, staff will wipe infants' teeth and gums with a disposable tissue.

Staff will assist toddlers and all other children to brush their teeth at least once a day. Children will be encouraged to rinse their mouths after eating snacks. ECDC will supply toothbrushes that can be easily stored separately and air dried after use.

Staff will sanitize sinks and toothbrushes after the group of children have completed toothbrushing.

Diapering/Toileting

Parent information:

Parents will provide labeled changes of clothing for their child. Parents will collect the soiled clothing that has been placed in a plastic bag out of the reach of children at pick-up time.

Staff information:

- Staff will check diapers at least hourly and will change children immediately when soiled. Diapers will be changed in the diaper changing area.
- Diaper changing procedures will be followed as posted above every diapering table.
- Changing tables are for diapering use only.
- Changing tables will be cleaned and disinfected after every diaper change.
- Staff members and children will wash their hands after every diaper change. Disposable gloves will be used and discarded immediately after use.
- Children will wash their hands with soap and water after toileting.
- Toilets will be sprayed at least four times a day with a sanitizer.
- All necessary repairs to changing tables or toilets should be reported immediately.
- Staff will assist an older child who needs help in changing soiled clothing. If the child is taken into an adult bathroom, the door should be propped open while the staff member guides the child. All contaminated surfaces should be cleaned and disinfected.

Toilet training

Staff and parents will work together to assure a positive learning experience in becoming self-sufficient.

Hand washing procedures

All adults and children will wash their hands

- On arrival at the Center
- After diapering/toileting
- After handling bodily fluids
- Before and after meal preparation and clean-up
- After outdoor play
- After handling pets or touching contaminated surfaces

- When moving from one group of children to another group of children

Adults will wash their hands

- Before and after feeding children
- Before and after giving medication
- After assisting a child with toileting
- After cleaning
- After removing disposable gloves
- After caring for a sick child

Hand washing Procedures:

- Use liquid soap with running water
- Rub hands vigorously for at least 20 seconds including back of hands, between fingers, wrist, under jewelry, etc.
- Rinse and dry hands, using a paper towel to turn off the faucet

Non – alcohol based hand rubs are used only as a temporary measure when hand-washing facilities are unavailable.

Gloves are used to supplement but not as a substitute for hand washing, particularly when handling bodily fluids. Wearing gloves is required when contamination with blood may occur. Do not use hand-washing sinks for bathing or for removing smeared fecal matter. If situations arise where sinks are used for both food preparation and other purposes, clean and sanitize the sinks before using them for any other purpose.

Environmental Maintenance:

ECDC is committed to maintaining a healthful environment through routine cleaning, sanitizing and disinfecting. A professional cleaning company contracts with our building managers for daily cleaning. Staff are required to sanitize all surfaces, dispose of contaminated materials and wash all toys that have come into contact with bodily fluids.

Parent information:

Parents will share suggestions, concerns, and questions, regarding cleaning routines with ECDC administration.

Staff information:

Staff will follow all sanitary guidelines.

Standard Care for Pets:

Prior approval from administration must be granted for all animals entering and/or residing in the facility. The animal enclosure must be kept clean and sanitized. Animal supplies must be kept out of the reach of children.

<i>Adult Conduct</i>

Smoking and Prohibited Substances:

The use of tobacco, alcohol, and illegal drugs is prohibited in and around the Center. Parents and staff will not smoke in areas where they can be observed by children at the Center.

Engaging in illegal activities is prohibited and will be reported to the proper authorities.

Bibliography

American Academy of Pediatricians, American Public Health Association (1992). National Health and Safety Performance Standards.

Carnegie Task Force on Meeting the Needs of Young Children (1994). Starting Points, Meeting the Needs of our Youngest Children.

Development Association Inc. (1990, February 23). “A survey of nutrition education services and needs in the child care food program.”

Epidemiology Program of Hennepin County Community Health Department (1993, March). Infectious Disease in Child Care Settings.

Griffen, Abby (1993). Preventing Preventable Harm to Babies: Promoting Health and Safety in Child Care. Arlington, Virginia: Zero to Three National center for Clinical Infant Programs.

Kendrich, Abby, Kaufman, Roxane, and Messenger, Katherine (1995). Healthy Young Children: A Manual for Programs.

Kennedy, C. and Kuhus, C. (1995). Health Practices Assessment. Arlington, Virginia: National Center for Education in Maternal and Child Health.

U.S. Department of Health and Human Services (1990). Year 2000 Health Promotion and Disease Prevention.

U.S. General Services Administration Office of Workplace Initiatives. Health Practices Assessment for Child Care Centers.