HOLWAY EARLY CHILDHOOD CENTERS

ON THE CAMPUS OF **LASELL UNIVERSITY**

HEALTH CARE POLICY
And
EMERGENCY INFORMATION

Revised Edition 2026

Holway Early Childhood Centers
Health Care Policy

Our Locations:

Holway Early Childhood Centers
The Barn
20 Berkeley Place
Newton, MA 02466

Holway Early Childhood Centers
Rockwell
70 Studio Road
Newton, MA 02466

Kellee Miller
Executive Director
617-243-2289

Elizabeth Riley
Associate Director
617-243-2355

EMERGENCY CONTACT NUMBERS:

Campus Security:	2279
Newton Police:	617/552-7240
Fire:	911
Ambulance:	911
Poison Control Center:	1-800-222-1222
Housekeeping:	2325 Daytime/ Housekeeping@lasell.edu
Facilities:	2220

HEALTH CARE CONSULTANT:
Miriam Clark, MSN, FNP-BC
Director of Health Services at Lasell University
617-243-2216

HOSPITAL USED FOR EMERGENCY:
Newton-Wellesley Hospital
2000 Washington St.
Newton, MA 02462

Main #	617/243-6000
Emergency Room:	617/243-6193

DESIGNATED ADULT OUTSIDE OF THE CENTER:
Campus Security 2279

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

EMERGENCY PROCEDURES

Onsite Emergency Procedures

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

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

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

Off-Site Emergency Procedures

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

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

Emergency Contacts

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

First Aid Equipment

At the Barn there are 2 center-wide First Aid kits. The kits are located on the first floor and on the second floor in the kitchenette, and each classroom has a travel first aid kit. The travel kits are located in the classrooms, in a labeled backpack.

At Rockwell there is one center-wide First Aid kit located in the kitchen. The travel kits are located in the classrooms, in a labeled backpack.

Any staff that has received First Aid/CPR training may administer First Aid/CPR. First Aid does not include cutting of the skin or any surgical procedures. A staff person may remove splinters, but only if it does not include the use of a needle or cutting the skin.

The Lead Educators review First Aid kits at least monthly in both their classrooms and the center-wide shareable locations. Any items that are missing or are in low supply are reported to administration and will be replaced.

Contents of Center First Aid Kits

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

Contents of Travel First Aid Kits

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

EMERGENCY EVACUATION PLANS

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

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

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

The Executive Director, Associate Director or director designee will check to be sure all have exited the schools by completing a final walk-through. The meeting points are noted on the evacuation plan. The Barn will evacuate to Taylor Field or the lobby of Library if the weather is poor. Rockwell will evacuate to Grellier Field or Rockwell Dormitory if weather is poor. Administration or designee is to visit all points until all children are accounted for.

The Lead Educator's take first aid backpacks and the classroom iPads to track attendance and make sure all children and staff are out of the building to report to campus police.

Lost Child
In case of a lost child make sure at least one adult stays with the children while the others look for the missing child. Inform campus police immediately and follow their procedures as instructed.

EVACUATION OF BUILDING

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

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

Should Rockwell be uninhabitable the children will be evacuated to the Rockwell Dormitory next door. Educators will bring with them those items necessary to maintain daily routines (i.e. diapers, food, blankets, mats, first aid kits, iPad, emergency contact information…), until parents are able to arrive and transport children home.

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

Brightwheel will be utilized to communicate with families via email and text message. Brightwheel will also continue to track which children have been picked up.

Power Outage
In case of power outage children will remain in the Holway ECC buildings as long as fire and safety systems are working, and heat, water and daily functions are not affected. If Holway ECC loses its phone system it will remain open, but will resort to using the cellular phones and Brightwheel in conjunction with the University Campus Police to communicate with parents and outside agencies.

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

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

Children who are not toilet trained will be changed using germicidal wipes/hand sanitizer to wash hands. If necessary children will be taken to the Library restroom (Barn) or Rockwell Dormitory (Rockwell) for use of running water. Bottled water will be distributed by the University.

Loss of Heat
In event of the loss of heat Holway ECC will notify parents as soon as possible to allow ample time for pick up. Children will remain in the Center as long as the temperature remains above 65 ° F.

Should the temperature drop to 65 ° F Barn parents will be notified that the children are being evacuated to DeWitt Hall on the first floor Winslow Hall. Rockwell parents will be notified that children are being evacuated to the Rockwell Dormitory. Phones will be forwarded to this location. All necessary supplies will be taken with the children as designated under the planned evacuation plan.

Planned Evacuation Procedures
In case of a planned evacuation, educators will organize items to be transported to the new location on the table in their classroom (i.e. Diapers, toys, wipes, mats, lunches….). Administration or designee will notify campus police and the Provost of the move and if assistance is needed.

Children will be dressed in their outerwear and will take any necessary personal possessions with them. Educators will bring the classroom iPad, outerwear, and any necessary personal possessions and will escort the children to their evacuation location. Barn children and staff will go to DeWitt Hall and Rockwell children and staff will go to Rockwell Dormitory. Before leaving the center, educators will take attendance to account for all children. Administration will confirm the count. Upon arriving at the evacuation location, the administration or designee will immediately notify the VP of Finance and Operation and campus police of the movement of the center and at which phone number the center can be reached.

After all children are accounted for the staff will check the room for safety hazards. Staff will then be appointed to return to the Center to collect items needed and to secure the center.

The Center phones will then be forwarded to the evacuation location. One staff member will be assigned to answer incoming phone calls. A staff person will also be designated to call parents to notify them of the center evacuation.

Brightwheel will be utilized to communicate with families via email and text message. Brightwheel will also continue track which children have been picked up.

Unplanned Evacuation Procedures (In event of a fire or other emergency campus police will report to the area to help evacuate.)

In event of an unplanned evacuation, staff will bring the classroom iPad for attendance, first aid kits and evacuate children to the designated area according evacuation plan. Administration or designee will do a final walk-through the Center to confirm all have exited. They will then check the primary evacuation locations at which time attendance will be taken and confirmed.

Once all evacuation locations have been checked the staff will be notified if they may return to the building or if children will be moved to an alternative evacuation location. Should the Center need to be moved to another location, the staff will be notified to follow the planned evacuation procedure. If in event of the unplanned evacuation and the staffs are unable to return to the center, Administration or designee will arrange with the cafeteria, and housekeeping services for needed supplies to be delivered to the location (i.e. food, blankets…).

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

INJURY PREVENTION PLAN

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

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

When the Director arrives in the morning, part of his/her responsibility upon greeting the staff in each room is to attend to the immediate repair or removal of any needed equipment.

Infants under the age of 6 months, who cannot roll over unaided and pick a position for sleep, MUST be placed on their back to sleep. All Infants should be placed in their cribs on their backs, allowing the child to roll over and sleep on their stomach. If you find an Infant not breathing in their crib, a staff member must begin full resuscitation efforts (Infant CPR) while another staff member calls 911. These efforts should continue until emergency personnel arrive and assume responsibility for the resuscitation.

HEALTH POLICY

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

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

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

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

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

All families must provide proof of a medical examination for each of their enrolled children dated within the year and signed by their child's pediatrician**. <u>No child is allowed to start school without a current medical record on file. This includes the current record of routine screenings, tests and immunizations.</u>** Be sure to update your child's medical records during the year by providing documentation of subsequent immunizations and tests.

Immunization Schedule

Age	**Birth**	**1 mon.**	**2 mon.**	**4 mon.**	**6 mon.**	**12 mon.**	**15 mon.**	**18 mon.**	**24 mon.**	**3-4 yrs**	**4-6 yrs**
Vaccine											
Hepatitis B	Hep B 1	Hep B 2			Hep B 3						
Rotavirus			Rota 1	Rota 2	Rota 3						
Diphtheria, Pertussis, Tentanus (DaPT)			DTaP 1	DTaP 2	DTaP 3		4 DTaP				5 DTaP
H. Influenza (Hib)			Hib 1	Hib 2	Hib 3	Hib 4					
Pneumococcal (PCV)			PCV 1	PCV 2	PCV 3	PCV 4					
Polio			IPV 1	IPV 2	IPV 3						IPV 4
MMR						MMR 1					MMR
Varicella (Chickenpox)						Varicella 1					Var 2
Hepatitis A						Hep A 1 and 2					
Influenza					Each influenza season age 6 months to 5 years						
Lead Test						Annually beginning at 9 months					

SPECIFIC HEALTH RESTRICTIONS*

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

Runny Nose:	If a child has a runny nose with clear discharge and can participate in all daily activities (including going outside), then he/she may attend school. A child who has had thick yellow or greenish discharge from the nose for more than 5 days must be checked by a doctor. If your child presents these symptoms, we may ask for a note from your child's doctor regarding their health.
Fever: <u>Normal Readings</u> Axillary- 97.6 Oral- 98.6 Rectal- 99.6	When a child has a temperature two degrees or more above normal, for any reason, he/she must stay home until the fever has been normal for 24 hours without the assistance of medication. If a fever develops at school, we will contact you to pick up your child within the hour.
Vomiting:	Do not send your child to school if he/she has vomited during the night or before coming to school. If your child vomits during school hours, you will be called to pick up your child within the hour. A child who has been sent home for vomiting may not return to school until they are able to eat normally and hold down their food for 24 hours.
Diarrhea:	Do not send your child to school if she/he has watery stools. If your child has two or more episodes, you will be called to pick up your child within the hour. A child who has been sent home with diarrhea may not return to school for 24 hours and until they have had at least one normal bowel movement. If the child has not had a bowel movement, they must remain home until they do so. Children who have had diarrhea for more than 5 days may be required to return to school with a doctor's note stating that they are healthy and have had a normal bowel movement.
Conjunctivitis	Conjunctivitis is very contagious. Your child may have one or more of the following symptoms: white or yellow discharge, the whites of his/her eyes may be pink, eye pain, redness of the eyelids or skin around the eye and itchiness. This must be treated with an antibiotic, and the child should remain home for 24 hours and three doses after treatment has begun. If your child shows these symptoms at school, you will be called to pick up your child within the hour.

Strep Throat:	A child with strep throat must stay home for 24 hours after treatment has begun *and* has had a normal temperature for 24 hours. If your child continually complains of a sore throat, you will be called and asked to have your child seen by his/her pediatrician to test for strep.
Head Lice:	Lice is not a sign of unhealthy or unsanitary conditions. If you discover that your child or any siblings have lice, please notify us immediately. A child with head lice may return to school 24 hours after treatment has begun and all nits have been removed. If your child contracts lice during school, you will be called to pick up your child within the hour. If a child is sent home with head lice all their extra clothing and nap items must be taken home and washed with hot water and bleach.
Impetigo & Pinworm:	A child with impetigo or pinworm should remain home for 24 hours after treatment begins. If either illness occurs on your child at school, you will be called to have your child seen by his/her pediatrician to give a diagnosis.
Ringworm:	A child with ringworm will be excluded from school until treatment has begun. If this illness occurs at school, you will be called to have your child seen by her/his pediatrician to give a diagnosis.
Scabies:	A child with scabies should remain home until treatment has been completed. If this illness occurs while your child is at school, you will be called to have your child seen by his/her pediatrician to give a diagnosis.
Chicken pox & Measles, Shingles	A child who has chicken pox or measles should remain home for a minimum of 5 days or until all lesions have dried and crusted. If a child shows symptoms during school, you will be called to pick up your child within the hour.
Mumps:	A child with the mumps must stay home for 9 days after the onset of gland swelling. If symptoms occur during school, you will be called to pick up your child within the hour.
Coxsackie (Hand, foot and mouth disease)	A child with Coxsackie can attend school once he/she has been fever-free for 24 hours without the assistance of medication. The blisters, which occur after the fever, are not considered contagious unless they are open and oozing. If the child has blisters in the mouth/throat which causes drooling the child remains contagious during that time as well.
Roseola	A child with Roseola can attend school once he/she has been fever-free for 24 hours without medication assistance. The lacey rash, which occurs after the fever, is not contagious.
Respiratory Viruses	Those diagnosed with Covid-19, Influenza or RSV must be fever free for 48 hours without the aid of medication before they are eligible to return to school. Additionally, all symptoms such as cough, runny nose, and lethargy must be resolved and/or improving. Your child must be able to keep up with the daily schedule of group care.

****The Executive Director reserves the right to extend the required time to remain absent from school and make any other needed adjustments to the Health Restrictions based on the recommendations of the Holway ECC Health Care Consultant.***

PARENTS CAN HELP OUR STAFF BY FOLLOWING OUR HEALTH POLICY

REMEMBER:

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

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

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

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

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

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

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

MEDICATION

Oral Medications

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

- Prescription medications must be handed to the classroom Educator by the parent upon arrival. Prescriptions must be in a current prescription container that is child safe. The prescription container must reflect the following information:

  Child's name
  Physician's name
  Name of medication
  Dosage instructions
  Length of course
  Possible side effects

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

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

the medication should be given. Parents are responsible for supplying their child's medication and making sure they update their child's dosage over the course of the year.

- Parents will be contacted before any non-prescription oral medication is administered. If the Educator is unable to reach the parent, they will administer the medication and note the inability to reach the parent.
- Never send medication to school unsupervised in a lunch container, or mix medications in drinks or food.

- The person administering the medication will be an Educator certified staff member and familiar to the child and trained in the 5 Rights of Medications

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

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

- The staff member who administered it will record each dose on the child's medication log. Once the medication form is finished, it is placed in the child's file.

Topical Medications/Ointments

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

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

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

ALLERGIES

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

Holway ECC Nut Policy (pg. 15 Parent Handbook)
The Holway Early Childhood Centers are Tree Nut and Peanut Free facilities. We do not permit any lunch items or special snack items that contain or may nuts (this includes disclaimers stating "processed/made in a facility with nuts") into either center. We are also diligent in being sure that any snack items we provide have not been produced in a factory that produces other items containing

nuts. Holway ECC adheres to the guidelines put in place by Food Allergy Research and Education (FARE). Please view the links below for foods no allowed to be in our schools.

Peanuts: https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/common-allergens/peanut

Tree Nuts: https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/common-allergens/tree-nut

ALLERGIES (Continued)

- Individual allergy plans are posted in each child's classroom with a picture of the child on the wall near the food storage area. An allergy plan must be completed and signed by your child's physician. Parents must give permission to post allergy plans for children with severe allergies.
- Any allergies your child may have should be documented on your child's annual physical form by their pediatrician.
- Tables are wiped down and washed after eating and children are strictly supervised in hand washing after meals to prevent the spread of allergens.
- Parents are informed and educated about any known allergies in their child's classroom.
- All "Special Snacks" brought in by families must be store bought and have ingredients clearly labeled.
- Substitute snacks are given to children with allergies to specific snack ingredients.
- Educators are trained annually in the symptoms of an allergic reaction and the use of Epinephrine Injectors.
- Parents are advised of substitute snack and lunch items they can offer their children to eliminate allergens from the classroom.

NOTIFYING PARENTS

All parents whose children have been exposed to a child with an infectious illness will be informed by Administration or the Lead Educator via Brightwheel.

MINIMIZING THE SPREAD OF DISEASE

The Diapering policy, Hand Washing and Cleaning policies are all statements, which help to reduce the spread of germs. In addition, toys are to be washed on a regular basis with bleach and water solution (1/8tsp. bleach per 1 quart of water). The method of air drying or washing in the dishwasher can be used. In addition to this, windows are opened for approximately ½ hour daily in each classroom to allow fresh air in.

When Infants and Young Toddlers mouth toys, the Educator or Assistant Teacher who has seen this happen should put the toy in the "wash bin", labeled in the Infant and Toddler rooms, once the child

is finished with it. At the end of the day a designated person will wash the toys, which have been removed. The washing can be done with the bleach and water solution and left to air dry overnight,

or, if the dishwasher is not in use, put in mesh bags provided for such use, and washed in the machine.

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

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

All Educators/staff are required to have on file a physical examination including immunization records. Examinations are to be up dated every two years.

SURFACES AND OTHER ITEMS

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

HAND WASHING PROCEDURES ARE POSTED AT EACH SINK.

CARE OF SICK CHILDREN

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

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

REPORTING SUSPECTED CHILD ABUSE OR NEGLECT

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

OBSERVATIONS AND RECOGNITION OF CHILD ABUSE

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

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

Signs of abuse or neglect can be seen most easily by physical symptoms: bruises, sores, broken bones. However, violent or severely repressed behavior, crying or withdrawal, and fearful body language in the presence of the abuser are all signs of problems. Malnutrition, nervousness, nail biting, inappropriate language, touching of one owns genital or those of other children, lack of communication, anxiety, wetting or dirtying clothing beyond the child's normal behavior are all signs

that the child may be in an abnormal situation and unable to control it. A clear sign of abuse is violent behavior or language by the parent or other adult in charge of the child. The Lead Educator and the Director must investigate.

Office of Early Education and Care	9-617/727-8898
DCF	9-781/641-8500
Child Abuse Hotline	9-1-800-292-5022
Federal Child Abuse	9-1-800-792-5200
Parental Stress Help	9-1-800-632-8188

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

Procedures for Staff

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

The Director and the Provost will assess the situation and report the suspected or alleged incident to the Department of Child and Families and the Office of Early Education and Care as needed.

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

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

TOXIC SUBSTANCES

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

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

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

other Educators in the room will contact the parent and the Director or Lead Educator to inform them of the situation.

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

CONTROL OF INFECTION

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

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

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

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

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

3. At least weekly or more frequently as needed to maintain cleanliness, when wet or soiled, and before use by another child:

    a. Cribs, cots, mats or other approved sleeping equipment
    b. Sheets, blankets or other coverings
    c. Machine washable toys

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

MONITORING OF WASHING

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

Blood and Bodily Fluid Exposure Procedures

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

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

What to do if you've been exposed:

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

Cleaning and Sanitation Frequency Table

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

Adapted From: *Healthy Young Children, A Manual for Programs*, NAEYC, 2002.