**Operations Handbook**

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CHILD CARE & PARENT INSTITUTE

**MISSION STATEMENT**

We are committed to striving for the highest possible standards in childcare and early education programs and, in so doing, supporting the children, families, students and professionals of the Nest Child Care and Parent Institute. At Nest, children are encouraged to explore the world around them and we are motivated to help them discover their world by providing a space that is emotionally secure, physically safe and fun!

**VISION**

We strive to be a dynamic, professional force dedicated to improving the lives of young children through providing consummate care and early education for children, support systems and resources for families, model training, and development opportunities for early childhood educators.

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**Health & Safety Handbook**

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CHILD CARE & PARENT INSTITUTE

**Health and Safety**

We work hard to not share communicable disease between the children or staff. Please take all precautions and follow all guidelines to ensure a healthy school environment.

Staff Physicals and Tuberculosis Screening

Each staff member must receive a pre-employment physical and tuberculosis (TB) skin test, performed within 6 months before beginning employment. Physicals and TB tests must be updated every 2 years. Staff members will have a “grace period” of 30 days to turn in updated physicals and TB tests. After 30 days, staff members may be suspended for a period of time at the discretion of the Executive Director and/or Director.

Hepatitis B Virus (HBV) Vaccinations

OSHA guidance for Hepatitis B vaccinations indicate that all staff members determined to have potential workplace exposure to human blood and other potentially infectious materials must be offered the Hepatitis B vaccination series at no cost to the staff member and within 10 days of hire. This series of immunizations is available at no cost to Nest staff members, if arranged by Nest. If a staff member has previously received the HBV vaccinations, or wishes to waive his/her right to receive the vaccinations, a Hepatitis B Vaccination Consent/Waiver form must be completed.

Illness

Our first priority at Nest is providing a healthy, safe learning environment for all children. Ask the parent how the child is, feel their forehead, observe coloring, temperament and look in their eyes. If you observe anything out of the ordinary which may suggest illness, ask the parent about it before they leave. Do not allow sick or possibly ill children to be accepted into the classroom in the morning. If the parent resists or questions your assessment, ask them to speak to the Center Manager and refer them to the policy in the parent handbook.

Children will be sent home as soon as possible if any of the following is experienced: an illness prevents the child from participating comfortably in activities (as determined by the staff); an illness results in a greater need for care than the staff can reasonably provide without compromising the health or safety of other children in the classroom; or a child is experiencing any of the following conditions:

* **Fever** accompanied by behavior changes or other signs/symptoms of illness
* Signs/symptoms of severe illness, including: lethargy, uncontrolled coughing, inexplicable irritability or persistent crying, difficulty breathing, and/or wheezing
* **Diarrhea** (not associated with diet changes or medications) until diarrhea stops or the continued diarrhea is deemed not be infectious by a licensed health care professional.
* Blood in stools not explainable by dietary change, medication, or hard stools
* **Vomiting** (two more instances in past 24 hours) until vomiting resolves or until a health care provider determines the cause for 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/symptoms of illness
* Mouth sores with drooling, unless a health care provider determines the sores are not contagious
* Rash with fever or behavior change, until a physician determines that these symptoms do not indicate a communicable disease
* **Pink eye** (conjunctivitis) until after treatment has been initiated
* **Head lice**, from the end of the day until after first treatment
* **Scabies**, until after treatment has been completed
* **Tuberculosis**, until a health care provider states that the child is on appropriate therapy and can attend child care
* **Impetigo**, until 24 hours after treatment has been initiated
* **Strep throat**, until 24 hours after initial antibiotic treatment and cessation of fever
* **Chicken pox**, until all sores have dried and crusted (usually 6 days)
* **Pertussis**, until 5 days of appropriate antibiotic treatment has been completed
* **Mumps**, until 9 days after onset of symptoms
* **Hepatitis A virus**, until 1 week after onset of illness
* **Measles**, until 4 days after onset of rash
* **Rubella**, until 6 days after onset of rash
* Unspecified respiratory tract illness accompanied by another illness which requires exclusion
* **Herpes** simplex, with uncontrollable drooling

A child who becomes ill while at Nest must be removed from the classroom in order to limit exposure of other children to communicable disease. An ill child will be sent to the office to wait for his/her parent to arrive.

Nest reserves the right to make the final determination of exclusion due to illness. Any exceptions to our illness policy will require a written note from a licensed health care professional stating that the child is not contagious. *A child taking antibiotics must have been on the medication for over 24 hours before they will be allowed to return to the Center. A child who has had a fever reducer before school should not be accepted.*

Notice of Exposure & Reporting Disease

If a child or staff member is found to have a communicable disease, a notice will be posted on the door of all affected classrooms. Additionally, families who have provided an email address will receive email notification of the illness. Written communication will be placed in the child’s mailbox to the notify the parents of the communicable disease.

Communicable Disease

If present in any classroom, each family will be provided with written information about the illness including symptoms and number of days the child should remain at home. Some examples of common communicable diseases are chicken pox, pink eye and lice. Teachers must inform the office staff and sister classrooms of known and suspected communicable illnesses in their classrooms.

First Aid Kits

At the Nest Child Care & Parent Institute, first aid kits are located in the cupboard of each infant and toddler classroom and in the diapering areas of infant classrooms. Additional kits are in each classroom’s emergency backpack. Emergency backpacks should accompany the class outdoors, on all walks and field trips. Please check your supplies regularly and replenish as necessary. Precautions for Blood Exposure are posted in each bathroom.

Medication Authorizations

If a child is well enough to be in school but requires medication, the parent must complete the Authorization for Administration of Medication Form. Medication must be in the original container with drug name, manufacturer’s name and dosage listed clearly on the label. If the label does not specify dosage for the age of your child, or the requested dosage differs from that on the label, a doctor’s prescription with recommended dosage must be attached. Prescription medications must be in the original container with the pharmacy label attached. Only Lead Teachers may administer medication, documenting date, time and dosage on the Authorization for Administration of Medication Form. If a medication is needed for more than one week, please have the family fill out a new log sheet every Monday. All medicines must be removed from the Centers when not in use, expired and/or always by Friday of each week. Staff DO NOT administer medication that may mask a fever (i.e. Tylenol, Motrin, aspirin) and these medications should not be given to a child prior to coming to school. Do not accept a child who has been given fever-reducing medications before their arrival.

Medications must be stored in a locked box and in a high cabinet while in use at Nest. The Medication Authorization Form must remain with the medication at all times. Unused medications must be immediately returned to the family and will not be stored at Nest. Expired Medication Authorization Forms must be turned in to the Director to be filed in the child’s permanent enrollment file. Expired medications must be given back to the parent for disposal.

Documentation of Accidents/Incidents

Staff members shall document accidents and incidents that occur at Nest using a Licensing Incident Report, Medication Incident Report, Illness Report, and Ouch Report. Please document all biting incidents as accidents on the Ouch Report. If a biter breaks the skin of another child, an incident report needs to be completed for the biter as well as the child who was bitten. Use great detail when explaining events, but never include other children’s names. If the injury is serious, a parent needs to be contacted before pick-up. The parent shall sign the report the same day as the incident. A copy may be given to the parent. All Incident Report must be given to the Director to be placed in the child’s permanent file.

Documentation of Health Incidents

Each time a parent is contacted regarding an ill child or symptoms of illness, staff members should complete an Illness Report and record the conversation on the Family Contact Log. A copy of the form should be given to the parent and the original to the Director and/or Assistant Director to be placed in the child’s permanent file. All parents will be notified of any communicable illnesses present in the center via a sign posted on the main entrance to the center explaining the illness. In addition, parents with children in the classroom of the infected child will receive an email regarding the illness.

Documentation of Allergies

A child with allergies must have an Allergy Action Plan posted in a visible location in the classroom. If the allergy is food-related, an Allergy Action Plan must also be posted in the kitchen area. All staff working in the classroom of children with allergies must review the Allergy Action Plan to ensure understanding of emergency procedures should the child have an allergic reaction. All allergic reactions must be documented with an Incident Form.

When to Use Medication Related Forms

**Allergy Information Signature Form –** Provide this form to families with a child who has a confirmed allergy. This form explains that we do not delete an allergy without a note from the physician. This form also informs families that for safety of the child we discreetly post allergy information in the classrooms regarding the child’s allergy.

**Authorization for Administration of Medication –** Provide this form to families who requires prescription and non-prescription medication to administered at school.

**Illness Report –** Staff completes this form when a child is not feeling well and has a symptom that requires attention for the child to remain in school. This form is completed by the staff and provided to the parent.

**Individual Health Plan for Children With Allergies –** Provide this form to families with a child who has a mild to severe allergies that require medication to be administered at school if exposed to the allergen. We DO NOT accept the parents word that a child has allergies. This form must be completed and signed by the family/child physician.

**Incident Report (Licensing) –** Staff completes this form when a child has a major accident, is seriously injured and/or was involved in a serious incident. All witnesses to the Incident are required to complete an Incident Report. The Incident Report should be completed at the time of incident. The Director should be informed of the incident immediately. The Director is responsible for contacting the parent and obtaining all the required witnesses and documentation.

**Medication Dispensing Checklist –** Provide this form to families with a child that has mild to severe allergies that require medication to be administered at school if exposed to the allergen. This form provides detail about the conditions for when medication is needed. Additionally, it serves as a checklist to make sure the Nest has everything required to administer medication. This form must be signed by a physician and parent.

**Medication Incident Report –** Staff completes this form when there is an error in administering medication. Staff is required to describe the error and how it occurred and inform the Director. The Director is responsible for contacting the parent and signing the Medication Incident Report.

**Medication Log –** Staff completes this form as they administer medication as prescribed and/or directed by a physician. Staff is required to record the medication, date, time, dosage, and route the medication was administered. Staff must also sign the Medication Log for the date it was administered.

**Ouch Report –** Staff completes this form when the child has minor accident and is not seriously injured. The Ouch Report should be completed at the time of the incident. This form is signed by staff and a parent on the date of the accident.

Access Policy

Any person in the center who is not an owner, staff member, substitute, or subcontracted staff or volunteer who has had a record check and approval to be involved with child care shall not have unrestricted access to children for whom that person is not the parent, guardian or custodian, nor be counted in the staff to child ratio. Unrestricted access means that a person has contact with a child alone or is directly responsible for child care.

Persons who do not have unrestricted access will be under the direct supervision and monitoring of a paid staff member at all times and will not be allowed to assume any child care responsibilities. The primary responsibility of the supervision and monitoring will be assumed by the Lead Teacher unless he/she delegates it to the Assistant Teacher due to a conflict of interest with the person.

Center staff will approach anyone who is on the property of the Institute without their knowledge to ask what their purpose is. If a staff member is unsure about the reason, consult the Director to get approval for the person to be on site. If it becomes a dangerous situation, staff will follow the Intruder or Dangerous Adult procedure (found in Emergency Procedures section). Non-agency persons who are on the property for other reasons such as maintenance, repairs, etc., will be monitored by a paid staff member and will not be allowed to interact with children on the premises.

A sex offender who has been convicted of a sex offense against a minor (even if the sex offender is the parent, guardian or custodian) who is required to register with the Michigan sex offender registry:

* Shall not operate, manage, be employed by, or act as a contractor or volunteer at the child care center.
* Shall not be on the property of the child care center without written permission from the Director, except for the  time reasonably necessary to transport the offender’s own minor child to and from the center. The Director is not obligated to provide permission and must consult with their DHS licensing agent first.

Employee Screening and Criminal History Checks

All Employees and Volunteers are fingerprinted and investigated by the State of Michigan prior to working or volunteering at our sites.

Visitors

All individuals who are visiting the center (i.e., someone who is not a parent or authorized pick-up person; or staff member) is required to sign in at the office before entering the center. The visitor is then required to sign out before leaving the building. Staff members should notify the Director and/or Executive Director if expecting a visitor.

Daily Grounds Check

Daily Grounds Check are conducted by the opening coordinator/teacher In addition, each class should do a brief check before allowing children to play outside. Teachers should scan for hazards and contaminants. If anything is found (garbage, animal droppings, etc.), use gloves, double bag, remove surrounding dirt, spray area with diluted bleach solution. In addition, a Program Coordinator should be informed of the hazard and its location.

Toy Washing

Toys mouthed or otherwise contaminated by children are placed in “toys to be washed” container immediately after child is finished with the toy. Toys will be washed daily. Toys that can be placed in a bleach and water solution are washed in the sink / plastic tub (please soak for 2 minutes, do not rinse); toys which do not fit should be sprayed with bleach solution (1 quart water to 1 TBSPN bleach) until glistening and allowed to air dry on paper towels. Please remember to mix fresh solution each day.

* All toys are washed at least once a day (more frequently if mouthed)
* Soft climbing structures are sprayed with bleach and water solution daily.  Soft toys, furniture covers, etc. are washed in the machine daily
* Toys, not mouthed or otherwise contaminated by children, are washed on a rotating basis, monthly

Outdoor Play

Outdoor play must be incorporated into the daily schedule for both the morning and afternoon, in almost all weather conditions. In the event of rain, severe wind/cold, or extreme heat, children are permitted to remain indoors. Teachers should refer to the Child Care Weather Watch poster to determine if it is too hot or cold to play outdoors.

There is less structure in an outdoor learning environment; however, it is expected that staff members actively engage in activities when prompted by the children. Outdoor play is an opportunity for children to run, jump, climb and use their bodies in ways that would otherwise be unsafe in an indoor classroom. In addition, a large amount of social interaction takes place when children play outdoors. Because they are engaged in fewer teacher-directed activities and more child-directed play, children are able to choose their friends and who to interact with.

The outdoor learning environment is an extension of the indoor classroom. Concepts taught indoors can be expanded upon while outdoors. For example, building with blocks on an uneven surface outside, or playing with toy cars in the grass teaches children about different textures, sounds, and smells because the environment is naturally different from the indoors. Lesson plans must include an outdoor learning component.

**Handwashing Procedures**

All adults in Nest classrooms need to follow ALL the steps identified below to prevent the spread of disease to children and staff members.

How To Wash Your Hands Most Effectively

* Use soap and warm (between 60 and 120 degrees F), running water
* Rub hands vigorously for at least 20 seconds (sing the “ABC’s”).
* Wash all surfaces, including backs of hands, wrists, under fingernails with fingers pointed to the sink drain
* Rinse hands well with the water running
* Dry hands with a disposable towel
* Turn off water with the paper towel

When To Wash Your Hands

* Upon arrival in the classroom
* When changing from one group of children to another
* Before preparing or serving food
* After eating food
* After diapering/toileting a child
* After contact with bodily fluids (vomit, blood, mucus)
* Before and after administration of medication
* Before and after sensory play, including water play
* After coming indoors or returning from a break
* After handling pets
* After using the restroom

When To Wash The Children’s Hands

* Upon arrival in the classroom
* Before eating, drinking or preparing snacks for others
* After eating
* After using the toilet or having their diapers changed
* After contact with bodily fluids (vomit, blood mucus)
* Before and after sensory play, including water play
* After returning indoors from the playground
* After handling pets

If they are too young to do it themselves, YOU wash the children’s hands. Older children should get into the habit of hand washing to stop disease from spreading. Remember: they will learn by watching YOU.

**Diapering Procedures**

Preparing for Diapering

To minimize contamination outside of the diapering area, prepare for a diaper change before bringing the child to diapering area, for example, by having ready:

* Changing table paper (if used) to cover the table from the child’s shoulders to heels (in case it becomes soiled and must be folded over to give a clean surface during the change)
* Enough wipes for the diaper change including wiping the bottom and hands after taking the soiled diaper away from the child’s skin)
* A clean diaper, plastic bag for soiled clothes, and clean clothes of soiled clothing is anticipated
* Non-porous gloves if they will be used, and a dab of diaper cream on a disposable piece of paper or tissue if cream is being used

Diapering Procedure

1. Prepare for diapering as indicated above.
2. Place child on diapering table. Remove clothing to access diaper. If soiled, place clothes into plastic bag.
3. Remove soiled diaper and place into lined, hands-free trash container used only for diaper waste. (To limit odor, seal in a plastic bag before placing into trash container.)
4. Use wipes to clean child’s bottom from front to back.
5. Use a wipe to remove soil from adult’s hands.
6. Use another wipe to remove soil from child’s hands.
7. Throw soiled wipes into lined, hands-free trash container.
8. Put on clean diaper and redress child.
9. Place child at sink and wash hands following the “handwashing procedure.”
10. Spray diapering surface with bleach-water solution and wait more than 10 seconds before wiping with disposable towel or allow to air dry. It should be noted that the recommended practice is to wait for 2 minutes to allow the solution to kill the germs. However, if there is a delay of at least 10 seconds before the solution is wiped from the surface, this will be considered adequate. The surface cannot be sprayed and immediately wiped.
11. Adult washes hands using the “handwashing procedure,” without contaminating any other surfaces.

Additional Precautions

* The diapering surface must be sanitized after each diaper change with a bleach-water or other approved sanitizing solution (all surfaces must be to be sanitized – e.g., no quilted pads or safety straps, no containers that are stored on the diapering surface). The bleach-water solution must be allowed to stay on the surface for more than 10 seconds, and ideally 2 minutes, to kill the germs. So it is best for staff to spray the surface as the last step of the diapering procedure before washing their own hands. After the time lapse, the surface can be dried (no additional handwashing required at this time) or allowed to air dry (and wiped dry if still damp) before use with another child.
* Diapers are disposed of in a hands-free covered can (usually one that has a step pedal that lifts the lid) to prevent further contamination of surfaces.
* Toys that are played with or objects that are touched, while children’s diapers are changed, must be put aside to be sanitized.

*Note: Both child’s and staff’s hands must be washed after the diapering procedure is completed.*

**Cleaning, Sanitizing and Disinfecting of Equipment**

Cleaning, sanitizing and disinfecting are important steps to removing dirt and reducing the spread of germs in child care settings. Routine cleaning with detergent soap and water removes dirt and grime from surfaces. Floors, carpets, walls and windows are cleaned. Sanitizing removes dirt or filth and small amounts of germs. Bedding, bathrooms, kitchen counters, dishes and eating utensils are clean (to remove dirt) then sanitized. But some child care items and surfaces require the added step of disinfecting after cleaning to kill the germs on a surface. Diaper changing tables, hand washing sinks, table tops, and some toys should be cleaned then disinfected.

Using regular household bleach and water solution is an inexpensive, effective and easy way to remove or kill germs found on surfaces in child care. Bleach and water solution may be used in several ways:

* Dipping the object into a sink or pan filled with the bleach and water solution then letting the item air dry.
* Using paper towels soaked in bleach water solution to wash surfaces, then letting the surface air dry.
* Using spray bottles to thoroughly wet a surface, then allowing the surface to air dry.

All containers of bleach/water solution should be clearly labeled with the contents of the container and the date. Example: Bleach and Water Solution, March 3, 2010. Remember to keep all containers of cleaning and disinfecting products out of the reach of children.

A solution of bleach and water loses its strength and is weakened by heat and sunlight. A fresh bleach and water solution must be mixed every day. Unused bleach and water solution should be poured down a drain at the end of the day. Do not discard bleach water solution where other cleaners or chemicals are used. Do not mix household bleach with other household chemicals such as toilet bowl cleaner, rust removers, acids or products containing ammonia. Mixing these chemicals with bleach will produce toxic and hazardous gases.

Sanitizing

When using bleach and water for sanitizing eating utensils or toys that are mouthed, a weaker bleach and water solution may be used.

* 1 teaspoon bleach to 1 quart of cool tap water
* Dishes, eating utensils and toys should be submerged in the bleach and water solution for at least 1 minute then allowed to air dry. Food preparation and food service items should not be towel dried.

Disinfecting

Use a stronger bleach and water solution on diaper changing tables, hand washing sinks, toilets, and other surfaces that need disinfecting. Use the following recipe to mix bleach and water for disinfecting.

* 1⁄4 cup household bleach in 1 gallon of cool water OR
* 1 tablespoon bleach to 1 quart of cool water
* Allow the surface to remain wet for 2 minutes

**Medication Policy**

* **Prescription Medications:** must have a current pharmacist’s label that includes the child’s full name, dosage, current date, times to be administered, and the name and telephone number of the physician.
* **Non-prescription Children’s Medication:** CAN NOT be administered without a prescription or doctor’s notice.
* **As Needed Children’s Medications:** require written authorization from the child’s medical provider for a period not to exceed ***six months***. Authorization must list the reason, dosage, start date and end date.
* **Medications for Chronic Illnesses**: require a written order from the child’s medical provider for a period not to exceed ***one year***.
* **Homeopathic or Herbal Medications:** require written authorization signed by the parent/guardian and the child’s medical provider including reason, dosage, times of administration and start date and end date,

Additionally, please note the following:

* + When a child is on a new medication, the first dose should be given to the child at home so the parents/guardians can check for any side effects from the medication.
  + All once a day medications and vitamins should be administered at home.
  + If while taking a medication, your child’s dosage should change, a new Authorization for Administration of Medication form will be required. If this is a prescription medication, this will also require an updated prescription or note from your child’s medical provider.
* Medication should not be provided in a child’s bottle. If the child is not feeding well, he or she may not get all the medication necessary into his or her system. Further, bottle-feeding times may not correspond with the appropriate medication administration schedule.
* Fever reducing medications such as acetaminophen cannot be administered by staff or parents/guardians so that a child can remain at the Center. Also, the child cannot be readmitted to the Center until he or she is fever free for at least 24 hours and has no other symptoms.
* Products containing Benzocaine, the main ingredient in over-the-counter (OTC) gels and liquids applied to the gums or mouth to reduce pain, may only be applied with authorization from the child’s medical provider for a period not to exceed ***seven consecutive days***.
* All medications must be provided in the original container, labeled with the child’s full name and any medication spoon/device to administer the medication must be provided. Non-prescription medications must be designated for use for children.
* A prescribed medication or an Authorization for Administration of Medication written and signed by the parent/guardian or who is also a physician is **not** acceptable. All prescribed medications and written authorizations for both prescription and non-prescription medications must originate from the child’s medical provider.
* Before a child starts receiving medication at the center, the parent, Center Director and the child’s teacher(s) will meet to ensure all persons listed understand the dosage and other instructions related to the medication the child will receive.

**Authorization for Administration of Medication**

**MEDICATION TYPE:** ❒**PRESCRIPTION** ❒**NON-PRESCRIPTION** ❒**TOPICAL OINTMENT**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Prescription Medications:** must have a current pharmacist’s label that includes the child’s full name, dosage, current date, times to be administered, and the name and telephone number of the physician.
* **Non-prescription Children’s Medication:** CAN NOT be administered without a prescription or doctor’s notice.
* **As Needed Children’s Medications:** require written authorization from the child’s medical provider for a period not to exceed ***six months***. Authorization must list the reason, dosage, start date and end date.
* **Medications for Chronic Illnesses**: require a written order from the child’s medical provider for a period not to exceed ***one year***.

**Note:** Products containing Benzocaine, the main ingredient in over-the-counter (OTC) gels and liquids applied to the gums or mouth to reduce pain, may only be applied with authorization from the child’s medical provider for a period not to exceed ***seven consecutive days***.

**Note:** All medications must be provided in the original container, labeled with the child’s full name and any medication spoon/device to administer the medication must be provided. Non prescription medications must be designated for use for children.

I hereby authorize Nest Child Care and Parent Institute agents to administer the following medication to my child. I further agree to indemnify and hold harmless Nest Child Care and Parent Institute, and their agents and servants, against all claims as a result of any and all acts performed under this authority and according to the instructions below.

|  |  |
| --- | --- |
| Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Administration Route: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason for Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medication Storage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Six Rights of Medication**  **1. Verification that the *right* child receives**  **2. The *right* medication 3. In the *right* dose 4. At the *right* time 5. By the *right* method 6. *And the right* documentation is completed** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Side Effects: | | | | |
| Dosage: | | | | |
| Times of Administration: | Times of Administration: | Times of Administration: | | Times of Administration: |
| Start Date: | | End Date: | | |
| Physician’s Name: | | Physician’s Number: | | |
| Physician’s Signature: | | | | |
| Parent/Guardian Signature: | | | Date: | |

**Individual Health Plan for Children with Allergies**

*This form is only required for children who have mild to severe allergies that require medication to be administered if exposed to the allergen. If your child does not have any allergies, you and your child’s physician do not need to complete this form.*

|  |  |
| --- | --- |
| Child’s Name: | DOB: |
| Parent/Guardian Name: | Phone: |
| Physician’s Name: | Phone: |
| ALLERGEN | TREATMENT/SUBSCRIPTION |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**If the child is exposed to an allergen, watch for the following signs of a *mild* allergic reaction:**

⃞Hives ⃞Lightheadedness ⃞Red, swollen or itchy eyes ⃞Flushing ⃞Nausea/vomiting ⃞Tingling  
⃞Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If the child is exposed to an allergen, watch for the following signs of a *severe* allergic reaction:**

⃞Lips/tongue swelling ⃞Tightness in chest or throat (child may complain of a lump in the throat or a scratchy throat) ⃞Wheezing/ difficulty breathing

⃞Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication should be administered at the following signs/severity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prescribed Medications/Dosage\*:  
Epinephrine** (brand and dose): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Antihistamine** (brand and dose): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other** (e.g., inhaler-bronchodilator if asthmatic): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Actions to be taken for a *Mild* Allergic Reaction**

⃞ Stay calm and do not leave the child unattended

⃞ Medication Administration

* Wash your hands
* Shake the bottle; measure the correct amount of medication using an approved medication spoon

or medication medicine cup

* Follow Medication Administration Procedures using the Medication Administration Log
* Observe the child for relief of symptoms
* Wash the child’s hands and yours with soap and water
* Offer cool compress to skin areas that are irritated

⃞ Notify the child’s parents

⃞ Notify a member of the Administrative Team  
⃞ Document the administration of the medication on the Administration of Medication Log  
⃞ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Actions to be taken for a *Severe* Allergic Reaction**

⃞ Stay calm and do not leave the child unattended.

⃞ Have someone call 911. Be sure to tell the dispatcher that the child is receiving an EpiPen.

⃞ Medication Administration (EpiPen)

* Remove the protector cap
* Hold the child’s thigh tightly and administer to the side of the thigh area. An EpiPen can be administered through clothing. Ask for assistance to help hold the child, if necessary.
* Press the injector to the thigh firmly and hold in place for 10 seconds.
* Remove the EpiPen and discard in a Sharp container, if available, or provide to the Emergency
* Response Personnel when they arrive for proper disposal.
* Note the time you administered the EpiPen to the child.
* Stay with the child and monitor his/her condition.

⃞ Notify the child’s parent(s)  
⃞ Notify a member of the Administration Team  
⃞ Document the administration of the medication on the Administration of Medication Log  
⃞ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Physician Signature: | Date: |
| Director/Principal: | Date: |

To ensure the safety of your child we cannot delete an allergy which has previously been documented unless we have a note from the child’s physician stating that the child is no longer allergic to that item(s) and may now have that specific food(s); or be exposed to the item(s); nor can we add an item(s) or change a medication without a note from the child’s physician.

I understand that NEST requires the most up to date information regarding my child’s allergy. I also understand that for the safety of my child, my child’s photograph and allergy information will be posted in the classrooms and kitchen on the Allergy Awareness Chart.

|  |  |  |
| --- | --- | --- |
| Parent/Guardian Signature: | | Date: |
| Child’s Name: | | |
| Physician’s Name: | Physician’s Signature: | |

**Allergy Information Signature Form**

Allergy Deletion

To ensure the safety of your child we cannot delete an allergy which has previously been documented unless we have a note from the child’s physician stating that the child is no longer allergic to that item(s) and may now have that specific food(s); or be exposed to the item(s); nor can we add an item(s) or change a medication without a note from the child’s physician.

Allergy Posting

I understand that Nest requires the most up to date information regarding my child’s allergy. I also understand that for the safety of my child, my child’s photograph and allergy information will be posted in the classrooms and kitchen on the Allergy Awareness Chart.

|  |  |
| --- | --- |
| Parent/Guardian Signature: | Date: |

**Medication Dispensing Checklist**

*This form is only required for children who have mild to severe allergies that require medication to be administered if exposed to the allergen. If your child does not have any allergies, you and your child’s physician do not need to complete this form.*

|  |  |
| --- | --- |
| Child’s Name: | DOB: |
| Parent/Guardian Name: | Teacher Name: |
| Name of Medication: | |
| Condition for which the Medication is Needed: | |

Please Check Yes or No to the following:

1. Is the Parental Consent for Administering Medication signed?

☐ Yes ☐ No

1. Is the prescription in the original container?

☐ Yes ☐ No

1. Is the Child’s Name on the container?

☐ Yes ☐ No

1. Is the expiration date on the medication current?

☐ Yes ☐ No

|  |  |
| --- | --- |
| Parent/Guardian Signature: | Date: |
| Health Specialist Signature: | Date: |

**Behavioral & Guidance**

**Strategies**

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CHILD CARE & PARENT INSTITUTE

**Guidance Strategies**

Every adult who cares for children has a responsibility to guide, correct and socialize children toward appropriate behaviors. These adult actions often are called child guidance and discipline. Positive guidance and discipline are crucial because they promote children's self-control, teach children responsibility and help children make thoughtful choices. The more effective caregivers are at encouraging appropriate child behavior, the less time and effort adults will spend correcting children's misbehavior.

Effective guidance and discipline focus on the development of the child. They also preserve the child's self-esteem and dignity. Actions that insult or belittle are likely to cause children to view their caregivers negatively, which can inhibit learning and can teach the child to be unkind to others. However, actions that acknowledges the child’s efforts and progress, no matter how slow or small, is likely to encourage healthy development. Teaching children self-discipline is a demanding task. It requires patience, thoughtful attention, cooperation and a good understanding of the child. Nest staff will use only positive guidance techniques.

When interacting with young children, staff should ask themselves the following questions:

“Am I...”

* Validating feelings?
* Asking open-ended questions?
* Encouraging problem solving?
* Respecting children’s choices?
* Using praise and positive reinforcement?
* Talking with children – not at them?
* Circulating throughout the classroom?
* At the child’s eye level?

Reasons for Misbehavior

If caregivers understand why children misbehave, they can be more successful at reducing behavior problems. Listed here are some of the possible reasons why children misbehave.

* Children want to test whether caregivers will enforce rules.
* They experience different sets of expectations between school and home.
* A child does not understand the rules, or are held to expectations that are beyond their developmental levels.
* They want to assert themselves and their independence.
* They feel ill, bored, hungry or sleepy.
* They lack accurate information and prior experience.
* They have been previously "rewarded" for their misbehavior with adult attention.

Preventing Misbehavior

Child misbehavior is impossible to prevent completely. Children, usually curious and endlessly creative, are likely to do things parents and other caregivers have not expected. However, there are many positive steps caregivers can take to help prevent misbehavior.

* Set clear, consistent rules. (e.g., walking feet; gentle touches)
* Make certain the environment is safe and worry-free.
* Show interest in the child's activities. (e.g., participating in activities with the children so they stay interested for longer periods)
* Encourage self-control and independence by providing meaningful choices. (e.g., “You may pick up the blocks or art center.”)
* Focus on the desired behavior, rather than the one to be avoided. (e.g., “Ashley, please use gentle touches with your friends.”)
* Build children's images of themselves as trustworthy, responsible and cooperative.
* Give clear directions, one at a time.
* Say "Yes" whenever possible.
* Notice and pay attention to children when they do things right. (e.g., “Joey is playing so nicely. I like it when you keep the blocks on the table.”)
* Encourage children often and generously.
* Set a good example. (e.g., using a quiet voice when children should be quiet)
* Help children see how their actions affect others.

Responding to Misbehavior

Below are strategies Nest staff will use to respond to child misbehavior. Remember, however, that it's always a good idea if rules are explained fully and clearly understood before misbehavior occurs. Whenever possible, involve children in making the rules for the classroom.

* **Redirection.** This strategy should be used most frequently when working with young children. If a child is not following the rules or being uncooperative, quickly get the child's attention and introduce another activity. For example, "Kate, please help me water the flowers now. You've been riding the bike for a long time and it's now Logan's turn."
* **Logical consequences**. These are structured consequences that follow specific misbehaviors. The child should be able to see how the behavior and the consequence are directly related. For example, Andrew is standing on his chair at lunch. His teacher should remind him that if he stands on his chair, he could fall and get hurt; this will make him sad.
* **Participate in the solution**. If a child damages something, he/she needs to help in fixing it or in cleaning up. If a child causes someone distress, he/she should help in relieving that. For example, "It made Brandon very sad when you told him he wasn’t your friend anymore. Please come apologize and help me make him feel better."
* **Natural consequences**. Allowing children to experience the consequences of their behavior is also called learning the hard way. For example, Laura does not put her books back in her school bag after she finishes reading. One day she loses a book, and therefore must find a way to replace it. Only use natural consequences when they will not endanger the child's health or safety.
* **“Take a break” or “Calm down chair”. I**n some instances, a child may need to be removed from a particular situation in which he/she has become overwhelmed or violent. The child should be directed to “take a break” or sit in the “calm down chair.” This strategy gives the child a chance to calm down, regain control, and reflect quietly on her or his behavior away from others. Once the child has calmed down, staff should talk with the child about the actions that led up to and resulted in needing a break or being sent to the calm down chair. For example, "Hannah, we have talked often about how hitting is not acceptable. But because you hit John, please leave the blocks center and go to the calm down chair. I will talk to you when you are ready."

If these actions do not help in reducing or changing behavior the following will take place:

1. Staff will report behavior and what strategies have been attempted to the Director and/or Executive Director(s).
2. The Director and/or Executive Director will observe the child and meet with the Lead Teacher to develop a behavior management plan.
3. The behavior management plan will be discussed will the parent and then put into practice.
4. The Director, Lead Teacher and Teachers, and parents will evaluate the behavior management plan. If needed, adjustments will be made.

*\*\* If a child’s behavior becomes threatening to themselves, other children, staff or teachers, the child will be removed from the classroom and possibly the program for a period of time.*

Useful Phrases

The following phrases are useful when problem-solving with children.

**Instead of** “No” or “Don’t”  
**Say** “Please stop”, “I don’t like that”, “That’s not OK”, or “That is not a choice”

**Instead of** “That’s not nice”  
**Say** “That’s not OK”, “Please use gentle touches”, or “That hurts Jordan”

**Instead of** “No running”  
**Say** “I need you to use your walking feet” or “You may run when we go outside”

**Instead of** “Stop crying”  
**Say** “I need you to use your words to tell me what is wrong”

**Instead of** “Can you put away your toys?” (If it is not a choice, do not pose it as a question) **Say** “You may help me pick up the blocks, or help Alyssa pick up the puzzles”

**Instead of** “I said yes” (when a child tells you “no”) **Say** “No is not a choice, I need you to...”

Biting Policy

Biting is a behavior that usually appears between the ages of one and three years. While biting is an age-appropriate behavior, it is important to remember it is also an unacceptable behavior in a childcare environment. Children bite for a variety of reasons: teething, sensory exploration, cause and effect, imitation, crowding, seeking attention, frustration and stress. Biting is not something to blame on children, their parents or their teachers. There are a variety of strategies we implement at Nest to prevent and stop biting. This is the process followed when a child bites:

* The biting child is stopped and told, “Stop biting. Biting hurts” in a firm voice. Teachers should remain calm, being careful not to show anger or frustration towards the child.
* The biting child is removed from the situation. Depending upon the observed motive for the bite, the separation may include re-direction or meeting the child’s needs. As little attention as possible will be placed on the biting child, to avoid reinforcing the behavior.
* Appropriate first aid will be provided to the child who was bitten. Bite will be washed with soap and water; cold compress will be applied to reduce pain and swelling. A bandage will be applied if necessary.

It is important to explore the reasons for biting when it occurs. Teachers need to work with parents to gather information about the child’s behavior and begin observations to determine the reasons for biting. Examples of triggers would be: communication deficits, transitions, hunger, lack of sleep, need for oral stimulation or teething pain. Once triggers are identified, staff can work on prevention strategies and start teaching replacement skills. Below are the steps the teacher will take to identify triggers and replace the behavior:

1. The teacher will examine the context in which the biting is occurring and look for patterns. The following questions should be asked:

* Was the space too crowded?
* Were there too few toys?
* Was there too little to do or too much waiting?
* Was the child who bit getting the attention and care he/she deserved at other times?

1. The teacher will change the environment, routines or activities if necessary.
2. The teacher will work with the child who is biting to resolve conflicts and frustrations in more appropriate ways
3. The teacher will observe the child, to get an idea of why and when they are likely to bite.
4. The teacher will identify children likely to be bitten and make special efforts to reduce their chance of being bitten.
5. The teacher, parent and Director will meet regularly to regulate an action plan and measure outcomes.
6. If biting continues the teacher will observe the group more closely and work with the parents to seek out additional resources as necessary to shadow the child who is biting.

All information is confidential and names of the children involved in the incident are not shared between parents. In addition, biting is always documented on an Incident Report for the biting child and an Ouch Report for the bitten child; both are completed and signed by a teacher and parent. A copy is provided to the parent and the original kept in the child’s permanent enrollment file in the office.

Removal of a Child from Classroom

Children cannot be removed from the classroom as we do not have extra staff available to correct ratios. In rare instances, children may be brought to the main office and the Director will assist the child in calming down and/or help staff manage the classroom. Teachers must speak to the Director before removing a child from the classroom.

If at any time a child’s behavior becomes threatening to themselves, other children, staff or teachers, the Director and/or Executive Director should be immediately notified.

**Emergency Procedures**

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CHILD CARE & PARENT INSTITUTE

**Emergency Procedures**

Emergency Medical/Dental Procedure

It is important that parents complete and update, as needed, an Emergency Contact and Parental Consent Form. This form contains contact information for both the parents as well as the individuals authorized to pick up the child in the event of illness or emergency. In addition, the form allows Nest staff members to seek emergency medical or dental care from authorized care providers in the event of serious injury. It is the responsibility of the parent to complete this form and to make corrections to this information when necessary.

* If a child becomes ill or injured after arriving at the center, the Lead Teacher will attempt to contact the parent(s) at all available telephone numbers. If a parent cannot be reached, the individuals listed as emergency contacts/authorized pick up persons on the Emergency Contact & Parental Consent form will be called.
* Children who are ill or seriously injured will be sent to the office and remain under the supervision of the Director and/or Assistant Director until a parent arrives.

IF THE CHILD REQUIRES IMMEDIATE MEDICAL ATTENTION:

* The staff member who witnessed the emergency situation will remain with the injured child and instruct someone else to call 911. If no one is available, first ensure the child is stable and if possible, bring the child with you to call 911.
* CALL 911.

Provide the child’s name and a description of the incident. Follow instructions as provided by the operator.

* A staff member who witnessed the emergency situation will accompany the child to the hospital, bringing the child’s physical exam, immunization records, and Emergency Contact & Parental Consent Form.
* Staff may not transport an ill and/or injured child in a personal vehicle.

Emergency Fire Procedure

* If you detect a fire, pull the nearest fire alarm signal (small red box mounted on the wall near the exits).
* If it is a small fire, attempt to extinguish the fire using the nearest fire extinguisher. (IF YOU ARE ON DUTY IN A CLASSROOM at the time of a fire, follow the instructions below and evacuate the children first.)
* Exit the building and proceed to the designated meeting place.
* Call 911 as soon as you have reached the meeting place.
* Describe the location of the fire.

IF THE FIRE ALARM SOUNDS WHILE YOU ARE ON DUTY IN A CLASSROOM:

* Assist in the evacuation of the children from your classroom.
* Collect the classroom first aid kit, classroom binder, and attendance clipboard.

Staff member closest to the outdoor exit is responsible for leading children out that exit and to the designated meeting place: sidewalk northeast of the center, leading to Warren. Every classroom must stay together as a group.

Staff member farthest from the outdoor exit is responsible for ensuring everyone has evacuated the classroom.

* The last staff member to exit the classroom must turn off all lights and close all doors.
* Once assembled at the designated meeting place, the Lead Teacher is responsible for using the classroom attendance clipboard to ensure all children are accounted for.

If the Lead Teacher is not present, the Full Time Teacher will assume this responsibility.

* The Director will verify, as soon as possible, that all children are accounted for.
* If unable to return to the building in a timely manner: Lead Teachers will be responsible for contacting parents and informing them of the situation.

*\*\*FIRE DRILLS WILL BE PRACTICED MONTHLY\*\*  
The Director will initiate all drills and maintain records of all drills.*

Emergency Tornado Procedure

* If tornado warning sirens are sounded, assist in the evacuation of the children from your classroom.
* Collect the classroom first aid kit, classroom binder, and attendance clipboard.

Staff member closest to the hallway exit is responsible for leading children out that exit and to the designated shelter area.

Staff member farthest from the interior exit is responsible for ensuring everyone has evacuated the classroom and assembled in the hallway.

* Once assembled in the designated shelter area, the Lead Teacher is responsible for using the classroom attendance sheet to ensure all children are accounted for.

If the Lead Teacher is not present, the Full Time Teacher assumes this responsibility.

* The Director will verify, as soon as possible, with Lead Teachers that all children are accounted for.
* All children and staff must remain on the floor away from all windows. Sitting on the floor with knees up, face between knees and avoid sitting in front of doors and within the swing of a door. Remain in this position and wait to receive an “all clear” from the Director.
* During a tornado warning, the Director will be responsible for monitoring weather information by radio and will keep staff members informed of emergency weather changes.

*\*\*TORNADO DRILLS WILL BE PRACTICED MONTHLY\*\*  
The Director will initiate all drills and maintain records of all drills.*

Intruder or Dangerous Adult

A dangerous adult is considered someone who is displaying inappropriate or threatening behavior, carrying a weapon, or showing signs of intoxication from either drugs or alcohol. This also includes an individual that is prohibited by court order from picking up or having contact with a child.

If there is an intruder or dangerous adult in the center:

* Staff members in the immediate area will position themselves between the children and intruder/dangerous adult.
* A staff member will attempt to have the parent/intruder move to the hallway and/or close to the entrance door, while a second staff member calls the Director to assist with the situation.

IN THE EVENT OF AN INTRUDER OR DANGEROUS ADULT:

* Staff members will be notified by the Director of the threat as discreetly and urgently as possible.
* ALL staff and children must return to their classrooms; and sit on the floor away from doors and windows. Wait for an “All Clear” from the Director before continuing with activities.
* The Director or a staff member designated by the Director will contact the Detroit Police Department to notify them of the situation.
* The Director will instruct the intruder or dangerous adult to leave the premises, maintaining visual contact with the individual until the police arrive, or until the individual leaves.

IN THE EVENT OF AN INTOXICATED PARENT:

* The Director and Lead Teacher will talk with the intoxicated parent about alternative arrangements for pick up, while another authorized pick up person is contacted.
* If another authorized pick up person cannot be reached, the child must be released to the intoxicated parent.
* The Director or Lead Teacher will inform the parent that the police will be notified.
* Call the Detroit Police Department and inform them of the situation. Provide as much information as possible, including parent’s name, make/model of the car, and license plate number.

Blizzard/Severe Winter Weather

The Director will monitor the weather and local news stations throughout the day to determine when it is appropriate to close the center early or cancel care for the following day.

Lead Teachers are responsible for contacting parents to inform them of the situation. Routine classroom activities will continue until parents arrive.

Lightning

All children must immediately return indoors when lightning is observed. Children playing under or around a tree must be immediately removed from the area.

Missing or Abducted Child

In the event of a missing child, the Lead Teacher will search for the child in the immediate area, while another staff member calls the Director to help with the search.

* If the child cannot be located in a reasonable amount of time, the Director will notify the Detroit Police Department and the child’s parents.
* In the event of an abducted child, the Lead Teacher must immediately contact the Director, the Detroit Police Department, and the child’s parents.

Power Failure

Staff members and children should remain in the classroom and if possible, proceed with activities as usual, or may go to the outdoor playground until power resumes.

If power cannot be restored within a reasonable amount of time, the center will close and parents will be contacted.

* Lead Teachers are responsible for contacting parents to inform them of the closing and of the need to immediately pick up their child.
* Activities will resume as possible until parents arrive.

Chemical Spill

ENVIRONMENTAL OR OUTDOOR CHEMICAL SPILL:

If the center receives notification from the Detroit Police Department that there has been a chemical spill in the area, or if staff members observe an unusual odor while outdoors:

* Staff members and children must immediately return to their classrooms.
* All doors and windows must be immediately closed.
* The Director will monitor the situation and provide information to staff members as it is available. Further action taken will depend on instructions received from the Detroit Police Department.

INDOOR CHECMICAL SPILL: (including the mixing of chemicals which creates hazardous fumes)

* Immediately notify the Director of the situation then assist in the evacuation of the children from your classroom.
* Collect the classroom first aid kit, classroom binder, and attendance clipboard.

Staff member closest to the outdoor exit is responsible for leading children out that exit and to the designated meeting place: sidewalk northeast of the center, leading to Warren. Every classroom must stay together as a group.

Staff member farthest from the outdoor exit is responsible for ensuring everyone has evacuated the classroom.

* The last staff member to exit the classroom must turn off all lights and close all doors.
* Once assembled at the designated meeting place, the Lead Teacher is responsible for using the classroom attendance clipboard to ensure all children are accounted for.

If the Lead Teacher is not present, the Full Time Teacher will assume this responsibility.

* The Director will verify, as soon as possible, with Lead Teachers that all children are accounted for.
* The Director will contact the Detroit Police Department to inform them of the situation. Further action taken will depend on instructions from the Detroit Police Department.
* If unable to return to the building in a timely manner: Lead Teachers will be responsible for contacting parents and informing them of the situation.

Bomb Threats

If a staff member receives a bomb threat or locates a suspicious package, the Director must be immediately notified. DO NOT ATTEMPT TO MOVE A SUSPICIOUS PACKAGE. The Director will contact the Detroit Police Department.

IF YOU ARE ON DUTY IN CLASSROOM:

* Position yourself between the children and impending threat, as much as possible.
* Collect the classroom first aid kit, classroom binder, and attendance clipboard.
* Check your work area for unfamiliar items. Do **not** touch suspicious items report them to the proper authorities. **Remember, you are the expert in your assigned space. You know what belongs and what does not.**
* Leave doors and windows open, do not turn light switches on or off.
* Move away from the building and follow instruction from emergency responders.

Staff member closest to the outdoor exit is responsible for leading children out that exit and to the designated meeting place: sidewalk northeast of the center, leading to Warren. Every classroom must stay together as a group.

Staff member farthest from the outdoor exit is responsible for ensuring everyone has evacuated the classroom.

* Once assembled at the designated meeting place, the Lead Teacher is responsible for using the classroom attendance clipboard to ensure all children are accounted for.
* If the Lead Teacher is not present, the Full Time Teacher will assume this responsibility.
* The Director will verify, as soon as possible, with Lead Teachers that all children are accounted for.
* If unable to return to the building in a timely manner: Lead Teachers will be responsible for contacting parents and informing them of the situation.

Earthquake

In case of an earthquake, staff members will assist children in seeking shelter under tables or outdoors and away from buildings. The first aid kit, classroom emergency binder and classroom attendance clipboard should remain with the Lead Teacher at all times. When notified by the Director that the situation is safe, the Lead Teacher must use the classroom attendance clipboard to verify all children are accounted for. Parents will be notified as soon as possible.

General Emergency Procedure Guidelines

* A First Aid kit is located in a marked cabinet in each classroom. An additional First Aid kit is also available in the office. The Director will restock items monthly; however, staff members are responsible for reporting when additional items are needed before that time.
* Blood borne pathogens kits are available in the office.
* All incidents or accidents (including biting) are reported to the parents, Lead Teacher, Director using the Incident/Accident Report form. A completed form must be signed by a parent on the day of the incident. A copy must be given to the parent and the signed original given to the Director to be filed in the child’s enrollment folder. In some cases, (i.e., there is a large cut, bruises or a bite mark visible on the child’s body) staff members are required to call parents before pick up to inform them of the incident.
* Parents are discouraged from trying to pick up their child during an emergency. However, if a parent arrives during such a situation, the child must be released to the parent.
* In the event of an emergency, it is important to remain calm.
* As a staff member, your first responsibility is ensuring the safety of the children in your care.

Emergency Notification Procedures

When you call for emergency assistance at 911 remember to:

* Stay calm
* Be prepared to answer the following questions:
  + Where is the emergency located?
  + What is the nature of the emergency? (Fire, Medical, etc.)
  + How did it happen?
  + When did it happen?
  + What is your name?
* Gather any other information that may be useful for the Emergency Responders (eg. Are there any injuries involved?)
* Do not hang up until instructed to do so by the dispatcher.

**EMERGENCY CENTER INFORMATION**

|  |  |
| --- | --- |
| Our Address | 5000 Conner St  Detroit, MI 48213 |
| Our Telephone | 313-331-1444 |
| Nearest Cross Streets | Conner/Warren |

**EMERGENCY NUMBERS**

|  |  |
| --- | --- |
| Name/Company | Telephone Number |
| Director-- | 313-575-3848 |
| Ambulance | 911 |
| Fire | 911 |
| Poison Control | 313-247-9499 |
| Police | 911 |
| Local Health Department | 313-247-5702 |
| Building Inspector | 313-375-4866 |
| Dept. of Social Services | 313-382-6150 |
| State Licensor | 303-866-5958 |
| State Highway Patrol | 313-249-4392 |
| Weather | 877-315-7623 |
| Public Safety | 313-385-2900 |
| Water/Sewer | 313-385-2900 |

**Exposure Control Plan**

Nest is committed to providing a safe work environment for all employees. In pursuing this endeavor, Nest is providing a Bloodborne Pathogen Exposure Control Plan (ECP) which meets the requirements of Occupational Health and Safety Organization (OSHA)'s Bloodborne Pathogen Standards. This ECP includes the following information:

* Employee exposure determination
* Methods of implementation and control
* Training and communication of hazards to employees
* Post-exposure evaluation
* Record keeping

Program Administration

The Director is responsible for:

* Implementing ECP and reviewing the plan at least annually and updating it as needed.
* Assuring that written clean up procedures are developed and that an appropriate disinfectant is available and used.
* Maintaining ongoing controls such as labeling biohazard bags and solutions and provide all personal protective equipment (PPE), and other needed supplies, such as sharps containers and “spill kits”. (“Spill Kits” refers to a kit made up of disposable medical gloves, resuscitation bags, eye protection or goggles, aprons, disinfectant, disposable towels, red/biohazard labeled bags.
* Red/Biohazard bags are needed only for items which release blood when compressed)
* Ensuring Universal Precautions training is available for employees
* Documentation of completed training
* Making the written ECP available to employees

Methods of Implementation and Control

* Universal Precautions procedures must be used by employees when handling blood or OPIM. Universal Precautions means an approach to infection control in which all human blood and certain bodily fluids are treated as if known to be infectious with HIV, hepatitis B, and other bloodborne pathogens.
* Exposure Control Plan (ECP) is available to all employees and volunteers.

Work Practice Controls include:

* Accessible handwashing facilities
* No eating drinking, smoking, applying cosmetics or lip balm, and handling contact lenses when blood or OPIM is present
* No food or drink shall be kept in areas (such as on countertops) where blood or OPIM is present
* All surfaces contaminated with blood will be cleaned with bleach and water solution
* Most items used in cleaning a blood spill (i.e. paper towels) will be placed in the regular trash unless saturated with blood. Items saturated with blood to the point that blood is released when compressed shall be placed in a leak-resistant bag labeled with the biohazard symbol.
* Containers for “sharps.” All needles and syringes will be discarded in container immediately after use. Needles must not be recapped.
* Personal Protective Equipment (PPE) shall be available to employees.

The following PPE is available at Nest:

* Single-use non-latex gloves
* Mouthpieces for resuscitation (CPR)
* Gloves shall be used when handling blood or OPIM and replaced if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
* Hands and any exposed skin shall be washed immediately or as soon as feasible after removal of gloves. Unless saturated with blood, gloves may be placed in the regular trash. Gloves saturated with blood shall be placed in a leak-resistant bag labeled with the biohazard symbol.

Training in Universal Precautions and Bloodborne Pathogens is required of all employees annually. The training must covers at a minimum, the following elements:

* A copy and explanation of the OSHA standard.
* Epidemiology and symptoms of bloodborne pathogen
* Modes of transmission
* Methods to recognize exposure tasks and other activities that may involve exposure to blood.
* Use and limitations of engineering controls, work practices and PPE.
* PPE-types, use, location, removal, handling, decontamination, and disposal
* PPE-selection and basis
* Hepatitis B vaccine (stated to employee that vaccine is free of charge prior to offering vaccine).
* Use of “spill kits” and location of kits with quick access.
* Procedures for limiting exposure to blood or OPIM
* Post-exposure evaluation and follow-up

Post Exposure Evaluation

Should an exposure incident occur, the Director must be immediately notified and a medical evaluation will be provided by the Nest at no cost to the employee. Nest will see that the following elements are performed:

* Documentation of the route of exposure and how the exposure occurred
* Identification of the Source (person's blood that employee was exposed)
* Obtain consent and test source individual for HIV and/or Hepatitis B antibody as soon as possible
* If source does not give consent, document that consent could not be obtained

Nest will ensure that the medical care provider is given the following information:

* A description of the employee's job duties relevant to the exposure incident
* Route and circumstances of the exposure
* If possible, the results of the Source antibody testing
* Relevant employee medical records, including hepatitis B vaccination status
* Copy of regulation

The medical provider will be requested to provide the facility with the following:

* If Hepatitis B is indicated and if employee has received vaccine
* Whether or not the employee has been informed of the results of medical and any medical condition that may require further evaluation and treatment

Record Keeping

Employee medical records and records of exposure will be kept on site for a minimum of 10 years.

Training records will be maintained in each employee’s personnel file for a minimum of 3 years. Training records must include date of training and name of trainer.