

Health Care Policy



SCHOOL-YEAR PROGRAMS 2019/2020

Maplewood Preschool, and After-School Program

The Maplewood Enrichment Center Health Care Policy contains the following:

<u>Page #</u>	<u>Subject</u>
3-4	Medication & Drug Administration Policy
5	Policy for Reporting Abuse or Neglect
6	Injury Prevention Policy
7-8	Evacuation and Emergency Procedures
9	Emergency Telephone Numbers
10	Care of Mildly Ill Children Policy
10-13	Inclusion/Exclusion/Dismissal of Children
13	Plan for Infection Control
13	Hand Washing Policy
14	Toileting and Tooth Brushing Policy
15	Pet Policy
15	Plan for Meeting Specific Health Care Needs
16	Children with Special Needs Policy

Medication and Drug Administration Policy: Prescription or medication prescribed by a doctor, the educators will administer such medication if the following criteria are met:

1. All medications must be in their original container and accompanied by a physician's statement specifying the dosage, times and conditions under which it is to be administered. (Some parents find it easier to have the pharmacy put prescriptions in two bottles, one for school, and one for home).
2. No educator will administer the first dose of any medication to a child except under extraordinary circumstances and with parental consent.
3. Non-prescription medicines such as Tylenol or cough medicines may only be administered to a child with written parental authorization and a written order by a physician, which states the medication name, dosage, and criteria for administration. For standing orders this authorization is only valid for a year from the date on the order. The parents will be notified before any non-prescription medication is administered other than first aid.
4. Oral non-prescription medication will be administered only when received with Health Care Practitioner authorization and written parental consent. Written parental consent must be renewed weekly with dosage, times, days and purpose.
5. Topical non-prescription medications such as petroleum jelly, ointments and antibacterial ointments that are applied to wounds, rashes or broken skin must be stored in their original container and used only on an individual child. The container shall be labeled with child's name and only administered as described above.
6. All medications must be given directly to the educator. Do not leave it in your child's backpack or cubby.
7. Educators who administer medication, other than oral or topical medications and epinephrine auto-injectors, must be trained by a licensed health care practitioner and must demonstrate annually to the satisfaction of the trainer, competency in the administration of such medications.
8. A requirement that parents provide written authorization by a licensed health care practitioner for administration of any non- topical, non-prescription medication to their child. Such authorization shall be valid for one year unless earlier revoked.
9. Parents have signed an Authorization for Medication form and a photo of the child is attached.
10. Each time a medication is administered, the educator must document in the child's medication administration record the name of the medication, the dosage, and the date/time and the method of delivery along with who administered it. Missed and refused doses will be noted as well.
11. The Authorization for Medication form will be placed in the child's file when medication is complete.
12. When possible, all unused, discontinued, outdated, finished, or unfinished prescription medicines will be returned to the parent and such return documented in the child's record. When return is not possible or practical, such prescription medication will be destroyed and recorded as destroyed.
13. All medications are locked out of reach of children and under proper conditions for sanitation, preservation, security and safety. In the event that a medication needs to be refrigerated, it will be kept in a refrigerator that is inaccessible to children and on a shelf designated for medication. Refrigerator will be maintained at temperatures between 38 and 42 degrees F. Emergency medications such as epinephrine auto-injectors will be stored in an unlocked cabinet that is inaccessible to children but is immediately available for use as needed.

Topical medications such as sunscreens, insect repellents, and other ointments which are not applied to open wounds, rashes, or broken skin may be supplied by the program with notification to parents of such, or parents may send in preferred brands of such items for their own child(ren) use. These topical medications will be administered to children only with written permission from parents/guardians.

If a child does not receive medication, in the medication log the time the medication was supposed to be given will be circled and in the comment section the reason why the medication was not given will be noted. Also, signature of educator will be written. An incident report will be completed and EEC will be contacted if the

missed dose results in hospitalization or emergency treatment. If a child receives the wrong medication or the wrong dose, the error will be highlighted in the medication log and the child's physician immediately contacted. Educator will follow physician's instructions and an incident report will be completed. If the child receives wrong medication or if any medication error requires hospitalization or emergency medical treatment, EEC will be notified.

Individual Health Care Plan

The school must maintain as part of a child's record, an individual health care plan for each child with a chronic medical condition, which has been diagnosed by a licensed health care practitioner. The plan must describe the chronic condition, its symptoms, any medical treatment that may be necessary while the child is in care, the potential side effects of that treatment, and the potential consequences to the child's health if the treatment is not administered. The educator may administer routine, scheduled medication or treatment to the child with a chronic medical condition in accordance with written parental consent and licensed health care practitioner authorization.

Health Care Consultant

The school has a health care consultant who annually reviews the policies and procedures stated in the handbook and who is a source for consultations whenever needed. The health care consultant approves First Aid training for staff. All paid educators are First Aid certified and there is always an educator on the premises who is CPR certified. All educators and educator assistants need to make themselves familiar and aware of the school's Health Care Policies and agree to meet the procedures set forth in the handbook.

First Aid Kits

First aid manuals and box are located in front office area. Ice packs are in the freezer located in the Director's office. The complete healthcare policy handbook is kept on file in the office. Emergency information for children is kept in a binder at the front desk. First aid supplies are checked monthly for expiration dates. Any items depleted are replaced before the next class session. All EMS numbers are listed and can be found posted in each classroom. All known allergies for children and educators are posted in each classroom. Epi-pens and other emergency medications will be kept readily accessible in a cabinet, but out of children's reach in the Director's office per state regulations. Children requiring emergency medication must have an Individualized Health Care Plan per state regulation detailing all measures to be taken as needed and any qualifications or training required of the staff that administer the medications.

Identifying and Reporting Suspected Abuse or Neglect

All educators are mandated reporters. Protocols and procedures are based on information from the Department of Children and Families (DCF) website:

Child Abuse: is the non-accidental commission of any act upon a child which causes or creates a substantial risk of serious physical or emotional injury or constitutes a sexual offense under the laws of the Commonwealth.

Mandated Reporter: All administrators and employees of Maplewood are considered mandated reporters by the state of Massachusetts. As a mandated reporter, a report must be filed with the Department of Children and Families (DCF) if there is reasonable cause to believe that a child is suffering from abuse and/or neglect. All reporting procedures in this policy will be followed. Failure to report a suspected abuse situation could result not only in an unfortunate situation for a child, but also potential separation from employment.

Reporting Procedures: In the event that there is an accusation of child abuse Maplewood Enrichment Center Inc. will take prompt and immediate action as follows:

- At the first report of probable cause to believe that a child-abuse incident has occurred, the employed staff person receiving the report will notify the director, who will then immediately report suspected abuse or neglect to the Department of Children and Families (DCF).
- The Director and/or the staff, with the most direct contact with the child must make a report in accordance with relevant state or local child abuse reporting requirements and will cooperate to the extent of the law with any legal authority involved. The Director shall notify the Department of Early Education and Care within 48 hours after filing a 51A report or learning that a 51A report has been filed, alleging abuse or neglect of a child while in the care of the program or during a program related activity.
- Maplewood Enrichment Center Inc. shall cooperate in all investigations of abuse and neglect, including identifying parents of children currently or previously enrolled in the program; providing consent for disclosure to the EEC of information from, and allowing the EEC to disclose information to, any person and/or agency the EEC may specify as necessary to the prompt investigation of allegations and protection of children. Failure to cooperate may be grounds for suspension, revocation, or refusal to issue or renew a license. Department of Early Education and Care – 800-792-5200. Department of Early Education & Care, Taunton – 508-828-5025.

Handling Alleged Child Abuse by Educators

The Director or another educator will immediately confer with the educator against whom the allegation of child abuse has been made. The educator will be informed of the following:

1. The educator will be immediately suspended with pay for a period not to exceed five working days pending investigations.
2. No accused educator may continue to provide direct care to children unless and until the allegation is proven to be unfounded.
3. It is Maplewood Enrichment Center Inc.'s intention to resolve an allegation quickly, both to spare the staff member unnecessary anguish and to maintain the equilibrium of the program for the welfare of the children and staff.

Therefore, Maplewood Enrichment Center Inc. will conduct its own investigation within a period not to exceed five (5) working days at which time the employee, if the allegations are not supported by the DCF, DEEC and Maplewood Enrichment Center Inc., the employee will be reinstated.

If DCF, DEEC and Maplewood Enrichment Center Inc. cannot reach a resolution and a more extensive investigation is undertaken, then the employee will be placed on suspension without pay, indefinitely. At no time during the course of an investigation for alleged child abuse shall an accused educator be permitted to provide direct care to children. If allegations against an educator were supported by DCF, DEEC, and Maplewood Enrichment Center Inc.'s investigation, employment will be terminated at once. All Maplewood Enrichment Center Inc.'s educators and parents should cooperate fully with the investigation efforts of any licensing or regulatory authorities. The director, educators, or parents involved should not make any statement, oral or written, to other educators not directly involved in the investigation. Questions from parents and other educators or the media should be directed to the director of Maplewood Enrichment Center Inc.

Injury Prevention, Safety, and Emergency Evacuation Drills

A Safe Environment

Accidents do not just happen by themselves or by chance, they are the result of the environment, a child's abilities and personality, and adult supervision and awareness. Injuries can often be prevented by:

Being aware of potential danger and taking action to eliminate environmental hazards.

A safe environment protects children from injury while allowing children to learn by challenging themselves.

The Basics of Injury Prevention:

1. All educators shall monitor the environment daily to immediately remove or request repairs to their supervisor of any hazard that may cause injury. All educators need to be alert to actual and potential dangers both inside and outside the facility (toys, classrooms, gymnasium, playgrounds), to eliminate or avoid them.
2. The Building Inspector, Health Care Consultant and Fire Department make periodic inspections.
3. No smoking is permitted in the building at any time per Massachusetts State Law.
4. All educators will ensure that all chemicals, cleaning compounds, other than hand soap are kept in secured closets out of reach of children in the classrooms.
5. All medications and first aid supplies are kept secured and out of reach of children.
6. Children are instructed in safety rules for inside the classroom and outside in the playgrounds. Supervision is provided at all times.
7. Children are instructed in emergency evacuation procedures. Emergency evacuation drills are conducted on a monthly basis. The building is equipped with sprinklers and a fire alarm system that is directly wired to the Easton Fire Department.

Evacuation and Emergency Procedures: In the event of an emergency situation that requires an evacuation of Maplewood Enrichment Center the Director shall implement one of the following plans listed below. Before leaving the premises, the Director is responsible for designating the person in charge who will assume his role and will leave a phone number where or whom to contact in case of emergency. The designated educator shall assume the authority to take action in an emergency or event that requires evacuation of the premises and act as the coordinator for the evacuation.

In some emergency situations it may be safer to remain on site until the emergency has ended. Town emergency service personnel will help the Director make the determination of whether to remain in place or to evacuate.

In the event of an emergency situation that requires an evacuation of Maplewood Enrichment Center, one of the following plans shall be implemented.

In all situations the educator in charge when evacuating shall take:

- An accurate attendance list (attendance and activity sheets)
- The emergency contact report binder and Allergy List
- A cell phone to be used for emergency notifications
- Any necessary medications/supplies/AED

Each educator (activity/classroom) is responsible for insuring that all children are evacuated safely and for meeting the designated coordinator of the evacuation at the specified location.

If the environmental emergency is confined to the immediate area of the Enrichment Center Building, e.g. fire or toxic fumes, and the children cannot stay on the immediate premises, the children will be brought to the other side of the property (day camp area – either outdoors or indoors dependent on weather and estimated time of emergency) by foot where they will remain accompanied by educators while parents/emergency contacts are notified of the situation and arrangements for transportation home are made.

If the environmental emergency is more widespread and encompasses a larger area, due to a non-confined environmental threat, e.g. toxic fumes from a spill, floodwaters, brush fires, etc., or there is an extended power outage, loss of water or heat, and the children cannot remain on the Maplewood site, the children will be brought to the Southeastern Regional Vocational School (a short walk thru the woods) by foot where they will remain accompanied by educators while parents/emergency contacts are notified of the situation and arrangements for transportation home are made.

In the event of a major environmental hazard that necessitates a larger area evacuation, due to a large non-confined hazard, e.g. a nuclear incident, earthquake, hurricane, etc. the children will be transported if possible by bus (Lucini Bus Co. – bus co. for Easton Schools and Maplewood), town emergency vehicles to a designated shelter (Olmsted and Richardson Schools in North Easton) where they will remain accompanied by caregivers while parents/emergency contacts are notified of the situation and arrangements for transportation home are made.

These protocols will be reviewed regularly in educators meetings and posted in the classrooms.

Note: Parents should always check our website (maplewoodyearround.com) for the most up to date information. Southeastern Regional Vocational School, 250 Foundry Street, S. Easton, 02375, 508-230-1200. F.L. Omsted and H.H. Richardson School, 101 Lothrop St. N. Easton 02356, 508-230-3205, 508-230-3227

All emergency numbers are posted by telephone and are located within first aid kits.

A detailed copy of our Health Care Policy is available to view onsite or parents can request a copy.

Medical Emergency Procedures: Medical Emergency Procedures: In the event of an accident, emergency, or injury, the same procedures will be followed as if a child became ill at school. The parent/guardian will be called and if not reached, the next person on the Emergency form will be called. An Accident and Incident log is kept. Two copies of an Incident/Accident Report will be made: one for the child's record and one for the parents. Both copies must be signed. Parent/Guardian will always be called if a child requires first aid.

Educators may administer minor first aid. They will administer first aid until relieved by EMS if necessary. Educator will stay with injured child and front desk will call EMS and the child's parents/guardians. Other educators will stay with the other children in a separate classroom. If the child needs to be transported, the ambulance will transport the child to the nearest hospital deemed by the EMS. An educator will accompany the child in the ambulance and will stay with them until the family arrives.

FIRE & BUILDING EVACUATION POLICY:

The Fire and Building Evacuation Policy and Evacuation Routes are posted next to each door and exit in the building. Evacuation drills are to be held monthly at different times of the program day, and must use alternative exits. The educator will document the time, date, exit route used, number of children evacuated and the effectiveness of each drill.

This building has a fire alarm system and water sprinklers. In case of fire, the alarm will sound. In the event of a fire, the sounding of the fire alarm or some other event, perform the following procedures:

- Pull the fire alarm. (If close to the alarm, pull, then begin evacuation).
- Go to the nearest phone to call 911. Use the emergency procedures & numbers posted next to the phone for guidance (i.e., give the fire department the following information: building name and address; location of fire in the building; known information about the fire/smoke; call-back telephone number; do not hang up until the emergency services operator does so).
- Upon hearing the fire alarm, staff members in the homework, arts & crafts, gymnastics, dance, karate (Preschool), drama (Preschool), and gymnasium are responsible for checking their areas. Staff members in the Arts & Crafts rooms are responsible for checking the bathrooms. The Homework Head or Head of Maintenance is responsible for doing a final check of the building to make sure everyone has evacuated.

Front desk staff members are responsible for taking the following items outdoors during an evacuation: portable phone, AED, attendance and activity sheets on the clipboards, phone numbers, and emergency contact report binder. Preschool Teachers are responsible for taking attendance sheets and lists of phone numbers with emergency contacts. Director, assistant director, front desk staff member, and a staff member from the arts & crafts room will have walkie-talkies.

Begin evacuation of the building. Exit signs are posted above the exit doors in each building. Proper evacuation route to exit building is posted next to the door. The staff will facilitate rapid movement outside without stopping for coats or any other personal items. The staff members should bring the children to the field next to the Arts & Crafts rooms. If the field is not accessible as a result of snow fall children will be brought to the parking lot.

Once on the field, the director or assistant director will separate the children by school or program (Preschool). Staff members will be assigned to each group to take attendance (compare actual count to attendance sheets). Notify the director or assistant director of any discrepancies. The attendance sheets should then be returned to the front desk staff member.

Nobody may reenter the building until instructed by emergency personnel. While outdoors, a parent or emergency contact person may sign out a child only upon approval by the front desk staff member (parent or emergency contact must initial the attendance sheet). Once the emergency personnel allow reentry, the director will dismiss one group at a time. Each group will slowly reenter the building and sit down in their assigned areas in the gym until receiving further instructions from the director (Preschool go directly to classrooms). Staff members will take attendance (compare actual count to attendance sheets). Notify the director or assistant director of any discrepancies.

- First Aid Kit is located in the office.

EMERGENCY INFORMATION

Location: Emergency is at Maplewood Country Day Camp and Enrichment Center located at 150 Foundry Street (Route 106), South Easton, MA 02375 (next to the Southeastern Regional Vocational School)

Phone Number: (508) 238-2387

Emergency Contacts: Director – Lee Pinstein cell (617) 308-0047, home (617) 527-4547
Sue Reardon home office (508) 238-6758, home (508) 230-3905

Procedures: Dial the appropriate emergency number and follow the procedures given by emergency personnel. Wait for the other person to hang up first. After they ask any remaining questions and hang up, you may hang up the phone. Contact the director to report the emergency information. Direct all emergency personnel to appropriate area upon their arrival. EMERGENCY TELEPHONE NUMBERS

<u>TITLE</u>	<u>NAME/CONTACT PERSON</u>	<u>PHONE</u>
Medical		
Ambulance service	Easton Ambulance Unit	<u>911 or 508-238-2121</u>
EMT		<u>911</u>
Poison Prevention Center		<u>800-222-1222</u>
Hospital (include address)	<u>Caritas Good Samaritan Medical Center</u> 235 N. Pearl Street Brockton MA 02401	<u>508-427-3000</u>
Physician	<u>Dr. Jeffrey Smith</u>	<u>508-588-6200</u>
(Include address)	22 Pleasant Street., West Bridgewater, MA 02379	
Health Care Consultant	<u>Julie Amaral, RN</u>	<u>508-586-7490, (C) 774-218-0942</u>
(Include address)	291 Center St., West Bridgewater, MA 02379	
Fire Safety		
Local Fire Department		<u>911 or 508-238-2121</u>
Law Enforcement		
Local police department		<u>508 – 230-3322</u>
Department of Children and Families		<u>508 – 894-3700</u>
Department of Early Education & Care	Debbie Cavanaugh	<u>508-828-5025</u>
Program Location		
Maplewood Enrichment Center		<u>508-238-2387</u>
Address: 150 Foundry St. South Easton	(first large building at bottom of hill)	
Environmental Health		
	Kristen Kennedy	<u>508-230-3410</u>
Building		
Maintenance	CWB/ Steve Leonard	<u>508-958-3170</u>
Alarms	Professional Fire and Security	<u>508-644-3110</u>
HVAC (Heat and AC)	Preferred Mechanical	<u>1-800-447-9991</u>
Snow Removal	Turf Tech- Tony	<u>508-889-3514</u>
Utilities		
Electric Company	National Grid	<u>1-800-465-1212</u>
Natural Gas	Columbia Gas	<u>1-800-525-8222</u>
Propane Gas	Grillman	<u>508-238-3139</u>
Telephone/Internet Company	Comcast	<u>1-888-737-8361</u>
Telephone System	Inspired Tech. And Communication	<u>508-586-5111</u>
Electrician	Dave Anderson	<u>508-272-9922</u>
Water/Plumber		
Water Department		<u>508 – 238-3641</u>
Plumber	Ken Burrell	<u>781 – 767-1125</u>
Septic System	Everready	<u>508 – 238-6241</u>
Transportation		
Lucini Transportation	Diane Karo	<u>508-230-7231</u>
Southeastern Regional School	James Tassinari (facilities engineer)	<u>508 230-1200</u>

Care of Mildly Ill Children

Occasionally symptoms will come on suddenly, in which case we will call you immediately. If you cannot be reached or cannot pick-up the child within 1 and ½ hours of receiving this phone call then the people on your designated emergency list will be called. We will keep your child as comfortable as possible until their departure and meet their individual needs (food, drink, rest, play materials, appropriate indoor and outdoor activity, as indicated by the health of the child).

Inclusion/Exclusion/Dismissal of Children:

Conditions/symptoms that do not require exclusion:

- a. Common colds, runny noses (regardless of color or consistency of nasal discharge)
- b. A cough not associated with fever, rapid or difficult breathing, wheezing or cyanosis (blueness of skin or mucous membranes)
- c. Pinkeye (bacterial conjunctivitis) indicated by pink or red conjunctiva with white or yellow eye mucous drainage and matted eyelids after sleep. This may be thought of as a cold in the eye. Exclusion is no longer required for this condition. Health professionals may vary on whether or not to treat pinkeye with antibiotic drops. The role of antibiotics in treatment and preventing spread of conjunctivitis is unclear. Most children with pinkeye get better after 5 or 6 days without antibiotics. Parents/guardians should discuss care of this condition with their child's primary care provider, and follow the primary care provider's advice. Some primary care providers do not think it is necessary to examine the child if the discussion with the parents/guardians suggests that the condition is likely to be self-limited. If no treatment is provided; the child should be allowed to remain in care. If the child's eye is painful, a health care [provider should examine the child. If 2 or more children in a group develop pinkeye in the same period, the program should seek advice from the program's health consultant or a public health agency.
- d. Watery, yellow or white discharge or crusting eye discharge without fever, eye pain, or eyelid redness.
- e. Yellow or white eye drainage that is not associated with pink or red conjunctiva (i.e., the whites of the eyes)
- f. Fever without any signs or symptoms of illness in children who are older than four months regardless of whether acetaminophen or ibuprofen was given. For this purpose, fever is defined as temperature above 101 degrees F (38.3 degrees C) by any method. These temperature readings do not require adjustment for the location where they are made. They are simply reported with the temperature and the location, as in "101 degrees in the armpit/axilla";

Fever is an indication of the body's response to something, but is neither a disease nor a serious problem by itself. Body temperature can be elevated by overheating caused by overdressing or a hot environment, reactions to medications, and response to infection. If the child is behaving normally but has a fever, the child should be monitored, but does not need to be excluded for fever alone. For example, an infant with a fever after an immunization who is behaving normally does not require exclusion.

- g. Rash without fever and behavioral changes. Exception: call EMS (911) for rapidly spreading bruising or small blood spots under the skin.
- h. Impetigo lesions should be covered, but treatment may be delayed until the end of the day. As long as treatment is started before return the next day, no exclusion is needed;
- i. Lice or nits treatment may be delayed until the end of the day. As long as treatment is started before returning the next day, no exclusion is needed;
- j. Ringworm treatment may be delayed until the end of the day. As long as treatment is started before returning the next day, no exclusion is needed;
- k. Scabies treatment may be delayed until the end of the day. As long as treatment is started before

returning the next day, no exclusion is needed;

- l. Molluscum contagiosum (does not require covering of lesions);
- m. Thrush (i.e., white spots or patches in the mouth or on the cheeks or gums);
- n. Fifth disease (slapped cheek disease, parvovirus B19) once the rash has appeared;
- o. Methicillin-resistant *Staphylococcus aureus*, or MRSA, without an infection or illness that would otherwise, require exclusion. Known MRSA carriers or colonized individuals should not be excluded;
- p. Cytomegalovirus infection;
- q. Chronic hepatitis B infection;
- r. Human immunodeficiency virus (HIV) infection;
- s. Asymptomatic children who have been previously evaluated and found to be shedding potentially infectious organisms in the stool. Children who are continent of stool or who are diapered with formed stools that can be contained in the diaper may return to care. For some infectious organisms, exclusion is required until certain guidelines have been met. Note: These agents are not common and caregivers/teachers will usually not know the cause of most cases of diarrhea;
- t. Children with chronic infectious conditions that can be accommodated in the program according to the legal requirement of federal law in the Americans with Disabilities Act. The act requires that childcare programs make reasonable accommodations for children with disabilities and/or chronic illnesses, considering each child individually.

Key criteria for exclusion of children who are ill:

When a child becomes ill but does not require immediate medical help, a determination must be made regarding whether the child should be sent home (i.e., should be temporarily "excluded" from child care). Most illnesses do not require exclusion. The caregiver/teacher should determine if the illness:

- a. Prevents the child from participating comfortably in activities;
- b. Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children;
- c. Poses a risk of spread of harmful diseases to others.

If any of the above criteria are met, the child should be excluded, regardless of the type of illness. Decisions about caring for the child while awaiting parent/guardian pick-up should be made on a case-by-case basis providing care that is comfortable for the child considering factors such as the child's age, the surroundings, potential risk to others and the type and severity of symptoms the child is exhibiting. The child should be supervised by someone who knows the child well and who will continue to observe the child for new or worsening symptoms. If symptoms allow the child to remain in their usual care setting while awaiting pick-up, the child should be separated from other children by at least 3 feet until the child leaves to help minimize exposure of staff and children not previously in close contact with the child. All who have been in contact with the ill child must wash their hands. Toys, equipment, and surfaces used by the ill child should be cleaned and disinfected after the child leaves.

Temporary exclusion is recommended when the child has any of the following conditions:

- a. The illness prevents the child from participating comfortably in activities;
- b. The illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children;
- c. A severely ill appearance - this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash;
- d. Fever (temperature above 101°F [38.3°C] by any method) with a behavior change in infants older than 2 months of age. For infants younger than 2 months of age, a fever (above 100.4°F [38°C] by any

method)with or without a behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, diarrhea) requires exclusion and immediate medical attention;

- e. Diarrhea is defined by stools that are more frequent or less formed than usual for that child and not associated with changes in diet. Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet-trained children if the diarrhea is causing "accidents". In addition, diapered children with diarrhea should be excluded if the stool frequency exceeds two stools above normal for that child during the time in the program day, because this may cause too much work for the caregivers/teachers, or those whose stool contains blood or mucus. Readmission after diarrhea can occur when diapered children have their stool contained by the diaper (even if the stools remain loose) and when toilet-trained children are not having "accidents" and when stool frequency is no more than 2 stools above normal for that child during the time in the program day;

Special circumstances that require specific exclusion criteria include the following (2):

A health care provider must clear the child or staff member for readmission for all cases of diarrhea with blood or mucus. Readmission can occur following the requirements of the local health department authorities, which may include testing for a diarrhea outbreak in which the stool culture result is positive for Shigella, Salmonella serotype Typhi and Paratyphi, or Shiga toxin-producing E coli. Children and staff members with Shigella should be excluded until diarrhea resolves and test results from at least 1 stool culture are negative (rules vary by state). Children and staff members with Shiga toxin-producing E coli (STEC) should be excluded until test results from 2 stool cultures are negative at least 48 hours after antibiotic treatment is complete (if prescribed). Children and staff members with Salmonella serotype Typhi and Paratyphi are excluded until test results from 3 stool cultures are negative. Stool should be collected at least 48 hours after antibiotics have stopped. State laws may govern exclusion for these conditions and should be followed by the health care provider who is clearing the child or staff member for readmission.

- a. Vomiting more than two times in the previous twenty-four hours, unless the vomiting is determined to be caused by a non-infectious condition and the child remains adequately hydrated;
- b. Abdominal pain that continues for more than two hours or intermittent pain associated with fever or other signs or symptoms of illness;
- c. Mouth sores with drooling that the child cannot control unless the child's primary care provider or local health department authority states that the child is noninfectious;
- d. Rash with fever or behavioral changes, until the primary care provider has determined that the illness is not an infectious disease;
- e. Active tuberculosis, until the child's primary care provider or local health department states child is on appropriate treatment and can return;
- f. Impetigo, only if child has not been treated after notifying family at the end of the prior program day. Exclusion is not necessary before the end of the day as long as the lesions can be covered;
- g. Streptococcal pharyngitis (i.e., strep throat or other streptococcal infection), until the child has two doses of antibiotic (one may be taken the day of exclusion and the second just before returning the next day);
- h. Head lice, only if the child has not been treated after notifying the family at the end of the prior program day. (note: exclusion is not necessary before the end of the program day);
- i. Scabies, only if the child has not been treated after notifying the family at the end of the prior program day. (note: exclusion is not necessary before the end of the program day);
- j. Chickenpox (varicella), until all lesions have dried or crusted (usually six days after onset of rash and no new lesions have appeared for at least 24 hours);
- k. Rubella, until seven days after the rash appears;
- l. Pertussis, until five days of appropriate antibiotic treatment;

- m. Mumps, until five days after onset of parotid gland swelling
- n. Measles, until four days after onset of rash;
- o. Hepatitis A virus infection, until one week after onset of illness or jaundice if the child's symptoms are mild or as directed by the health department. (Note: Protection of the others in the group should be checked to be sure everyone who was exposed has received the vaccine or receives the vaccine immediately.);
- p. Any child determined by the local health department to be contributing to the transmission of illness

Special Precautions for Gastrointestinal, Respiratory, and Skin of Direct Contact Infections:

- Careful hand washing techniques at all times.
- Dispose of contaminated articles in a double plastic bag.
- Child's personal property will be placed in a double bag, sealed, and sent home with child.
- Disinfect any property that was contaminated with a bleach solution. Clean up is done using gloves and disposable materials that are either flushed or bagged appropriately.

Plan for Infection Control

Children are instructed on how to wash hands by use of friction, soap and water and how to dry with automatic dryers or paper towels.

The hand washing protocol is posted in the bathroom. Children and educators wash hands:

- upon arrival (for staff)
- after going to the bathroom
- when changing soiled clothing
- when sneezing or coughing in hand. (Children are taught to cover mouths with a bent elbow while sneezing or coughing.)
- after using tissue
- before and after eating or handling food
- after handling animals or their equipment
- before and after water play
- after cleaning

All hard surfaces are washed with a bleach solution/disinfectant after each use. Floors are swept and washed, bathrooms are cleaned and disinfected daily. All cloth toys and smocks are washed and disinfected monthly, unless a contagious disease has been introduced in the classroom at which time all toys are immediately disinfected or discarded before being used again by children. Educators wash beverage pitchers and any containers used for snacks thoroughly after each use with soap then bleach and water.

Hand Washing Procedures:

All children must wash hands with liquid soap and running water upon arrival at Maplewood. This policy provides an important safeguard to keep all of our children safe and healthy. It has become increasingly common for young children to have food allergies. Hand washing prior to classroom entry ensures the removal of potential allergens and any outside germs. Maplewood preschool parents are to accompany their children to the bathroom and assisted with hand washing prior to entering the classroom. In addition, we ask that you have your child use the toilet before they wash their hands. Since our classroom is situated some distance from the bathrooms, this will minimize trips to the bathroom, thereby keeping the classroom fully staffed as much as possible. Children who come to Maplewood directly from school will wash their hands upon arrival, under the supervision of our staff.

Preschool Toileting Policy:

A staff member will accompany preschool children to the bathroom at any time throughout the day. Educators will encourage children to use the bathroom regularly (i.e. before going to the playground, before lunch, etc.)

In addition, the preschool programs provide opportunities for children to use the bathroom as a group. Children must be supervised during toileting but allowed as much privacy as is appropriate. Children who are learning to be self-sufficient in the bathroom will have an easier time if they are wearing clothing that they can pull off and on by themselves. Parents of children who are toilet training will receive daily communication regarding the child's toileting progress.

Children will be instructed in proper hand washing after using the toilet. Each child will wash their hands after toilet use and/or after changing clothes as the result of a toilet accident. In the event of a toilet accident, a staff member will help children with wet or soiled underwear to change their clothes in the bathroom. Soiled clothing will be sealed in a double plastic bag, labeled, stored apart from other items until the child's departure. Any clothing supplied by the school must be laundered before being returned. Extra clothing must be replaced before the child can once again attend the program. Parents of children who are toilet training should provide at least 2 sets of clothes that will be stored at the school. A child shall never be punished, verbally abused, or humiliated for soiling, wetting, or not using the toilet. Toilet training will never be coerced and will be done in accordance with parents' request and will be consistent with the child's physical and emotional, and developmental abilities. Toilet training status is not an eligibility requirement for enrollment.

Tooth Brushing Policy & Procedure:

The Department of Early Education and Care regulation 7.11-11(d) states- "Educators must assist children in brushing their teeth whenever they are in care for more than four hours or whenever they consume a meal while in care." Therefore, each day parents/adults are reminded to accompany their child to the bathroom and brush their teeth at the beginning of programming hours at Maplewood. If parents are unable to accomplish this, they should inform their child's teacher so that staff can make sure to complete the task at some point during the day.

At the beginning of the year or upon entrance to the program, staff will review proper tooth brushing practice with parents. Every day one of the classroom teachers will be stationed outside the bathroom areas during arrival time. It is the responsibility of the teacher to: 1) wear rubber gloves and hand out each child's supplies to the adult 2) answer any questions and/or provide guidance to the parents as needed 3) check off each child after completion of task 4) complete tooth brushing if the parent/adult is unable to do so 5) collect supplies and store appropriately at the conclusion of tooth brushing times.

Toothbrushes will be:

- 1) stored in a sanitary manner as described by our licensing authority
- 2) be labeled with the child's name and start date of use
- 3) be replaced every 90 days or sooner if the child has been ill.

Children attending Early Release Days and Vacation Program will be required to brush their teeth after eating lunch. Disposable tooth brushes will be used. Educators will explain brushing practice and routine with children and distribute brushes and toothpaste. Children will discard used toothbrushes in trash.

Pet Policy

- Classroom pets are currently limited to hermit crabs and fish. To protect both children and staff, reptiles, fowl, and fur bearing animals are not allowed as classroom pets.
- Animals, brought onto the premises for preschool demonstrations, must be controlled by the handler at all times and should be suitable for preschool children.
- Pets or visiting animals must have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized (if the animal should be so protected) and that the animal is suitable for contact with children.
- Teaching educators will supervise all interactions between animals and children and instruct children on safe behavior when in close proximity to animals.
- Children wash their hands after coming in contact with any type of animal.
- Program educators make sure that any child who is allergic to a type of animal is not exposed to that animal.

Plan for Meeting Specific Health Care Needs

The parents, on the school's application, health, developmental history, and emergency forms give information concerning known allergies and special health considerations. The doctor's form also provides sections for known allergies or special considerations. Individualized health care plans will be placed in a child's file as needed for chronic conditions including allergies. Reasonable accommodations will be offered to allow children with disability to participate in all activities offered. Based on the information provided, a list of all allergies and conditions is posted in each classroom and the office. Educators monitor the children regarding these allergies at snack and lunch to insure that no known allergen is served or consumed. All foods served will be factory sealed and labeled or fresh fruits and vegetables. The school serves only water as a beverage.

Children with Special Needs

Prior to admitting a child with known special needs to the school, the educator and director will meet with the parents and the family will visit the classrooms. The handbook, given to the parents, will include the school's statement of purpose and policies on services, referral, parent conferences, children's records and procedures for providing emergency health care. In determining whether to accept a child with a disability, the Director and educators may with parental consent, request information pertaining to a child's participation in program from the local educational agency, Early Intervention, or other health/service providers. Based on the information and with the parents' input the Director and educators will identify in writing any specific accommodations necessary to meet the needs of the child including, but not limited to:

1. Change or modification to child's participation in typical center activities
2. Size of group to which the child is assigned and the proper staff/child ratio.
3. Any special equipment or physical accommodations, materials, ramps and aids.

Within thirty days of receiving information received from parents and pertinent agencies, the Director will notify the parent in writing of the reasons why a determination has made that the school cannot meet the child's needs without undue burden to the school. This notification will specify that the parents may contact the DEEC to determine if the school is in compliance with the regulations. If every effort whether physical, financial or educational has been researched, yet a hardship for the school exists, the written communication will inform the parent/guardian of its efforts and the facts gathered which resulted in this finding. A meeting with the parent/guardian will be suggested by the Director to discuss the findings and to further discuss the means by which the school may be helpful in providing all necessary observations, documentation, available information and referral for other services that parents may request.

The school will keep a copy of this notification in its records. (Toilet training may not be used as an undue burden). The factors listed below as issued by the DEEC will be used as a basis for determining if the school can accommodate a child with a disability.

1. The nature and cost of accommodations needed to provide appropriate services to the child at the program
2. The ability to secure funding for of services from other sources
3. The overall financial resources of the school
4. The number of persons employed by the school
5. The effect on expenses and resources or the impact otherwise of such action upon the school.

Admitting a Child with Special Needs

After admitting of a child with diagnosed disabilities, the school, Director, and staff, with parents' permission, will cooperate with Early Intervention, health or other specialized service providers or consultants to plan an individual educational program for the child. The lead teacher assigned to the child's room will be designated as the liaison for the child and will coordinate communication and services with other organizations as needed. Any child receiving services provided by personnel other than the educators must have the parent/guardian sign a written consent form so that the school educators may consult with any agencies or specialists in order to review, develop and/or revise plans and services for the child. Using the parent questionnaires, progress reports, and conferencing, educators, and families will work together to provide the best setting and strategies for the education and care of the child. The school offers support for families in the form of referrals to agencies that can provide consultants, but the ultimate choice belongs to the families. The school does not pay these consultants. Many of their services, including transportation, may be free to families as they are offered by the town or through the Community Partnership for Children. Progress reports will be written every three months by the outside agency and the school staff. Educators will attend as requested or needed the evaluation meetings with specialists to support families and children, and discuss the services being provided.