LifeSpan School and Daycare
Policy and Procedure Manual

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1. Mission Statement (revised 2017)

   LifeSpan School & Day Care, Board of Directors, administration and staff strive to provide high quality early care and education services to children and families in a safe, structured learning environment in a respectful and compassionate manner.

   Values:
   LifeSpan recognizes each family with respect to personal privacy, lifestyle and cultural background. The dynamic nature of our services allows us to work in partnership with our families to:

   - Provide quality services in a cost-effective manner
   - Identify and respond to the changing needs of the population
   - Encourage independence socialization and feelings of self-worth
   - Promote interactions and participation by clients and family members in sponsored activities
   - Continually improve the process by which we deliver our services

2. Admissions

   a. Program Hours and Locations

LifeSpan School and Daycare
2460 John Fries Highway
Quakertown, PA 18951
(215) 536-4417
6:00am – 6:00pm

LifeSpan School and Daycare
1651 North Cedar Crest Boulevard
Allentown, PA 18104
(610) 435-7833
6:00am – 6:00pm

LifeSpan School and Daycare
399 Washington Street
East Greenville, PA 18041
(215) 679-5940
6:00am – 6:00pm

LifeSpan at Hereford
1043 Gravel Pike
Hereford, PA 18056
215-679-4151 x3467
6:30 am- 9 am; 3:30-6:00 pm

LifeSpan at Richland Elementary-
Pre K Counts only
500 Fairview Avenue
Quakertown, PA 18951
(215)529-2482
8:30am – 3:30pm

LifeSpan at Neidig Elementary
Pre K Counts only
201 N Penrose Ave.
Quakertown, PA 18951
215-529-2401
8:15-3:00 pm

Quakertown School Age/Camp
349 S. Ninth Street
Quakertown, PA 18951
215-896-9917
6:00 am- 6:00 pm

LifeSpan at Palisades (PKC only)
41 Thomas Free Dr.
Kintnersville, PA 18930
484-833-2115
8:30 am-2:45 pm

LifeSpan at Marlborough (SA)
1450 Gravel Pike
Green Lane, PA 18054
215-541-7299 x7266
6:30 am- 9 am; 3:30-6:00 pm

b. Admissions Policy

LifeSpan School and Daycare admits children from the ages of 6 weeks to 5th grade without regard to race, culture, sex, religion, national origin, ancestry, special health needs, developmental or behavioral concerns, or disabilities. The curriculum reflects respect for different cultures, without stereotyping of any culture. Program staff members try to communicate in the language best understood by the family. If that language is not spoken English or the family does not understand written English, the program shall find a trusted adult who uses the family's language to translate for the family. In addition, the program will suggest ways for family members to communicate with program staff when the program does not have a translator available. LifeSpan uses technology including Google translate and Talking Points to communicate with families in their home language. For additional supports see our home language policy. Staff members will provide for opportunities for the child to learn English.

Special Needs: When the parent(s) or legal guardian(s) identifies that a child has special needs, the site director and the parent(s) or legal guardian(s) will meet to review the child's requirements for care. The program accepts children for whom the facility is equipped or can be equipped to provide care and staff members can provide a safe, supportive environment. Program decisions about accepting children with special needs are consistent with the requirements of the Americans with Disabilities Act. LifeSpan will work with the parent/legal guardian to find a suitable environment for the child if the program is unable to accommodate the child's needs because the needs pose an undue burden as defined by federal law. The child's needs will be specified in a care plan completed by the child's health care professional(s) or in the Individual Family Service Plan/Individual Education Plan (IFSP/IEP).

To help the program staff better understand the child's needs, the staff will meet with the parent(s) or legal guardian(s) of a child with special needs to complete the special plan of care. Appendix DD. For additional information see our Inclusion Policy (Appendix CC).

Review and signing of program policies: The child's parent/legal guardian and the Director's /or Family Coordinators will review and discuss program policies applicable to the family. Then the parent/legal guardian will sign a document that indicates the review was completed and the content was accepted.

- Admission Agreement
    a. Individual Agreement for each child, the family coordinator and parent/legal guardian will complete, sign, and date an admission agreement for each child, copying relevant information for the files when more than one child from the same family is enrolled.

b. Contents of the Agreement:
    i. Operating days and hours of the program
    ii. Holiday closure dates
    iii. Payment for services
    iv. Drop-off and pick up procedures
    v. Daily sign-in and sign-out procedures
    vi. Authorized individuals for pickup of children and contact information
    vii. Routines to periodically test contact information (to confirm whether it is current)
    vii. Safe passenger and pedestrian practices
    ix. Nonattendance and late pickup arrangements
    x. Family access to the site (whenever the child is there)
    xi. Requirement for exchange of information
    xii. Payment of fees/deposits/refunds/late fees
    xiii. Content of records
    xvi. Expectations for the family to provide information about the child's health and behavior (pre-enrollment with updates whenever change occurs)
    xvii. Opportunities/ requirements for family involvement in program activities
    xviii. Primary staff member for each child (the staff member who will be the primary contact for information about the child and the specific individual(s) who will provide most of the child's care)

c. Enrollment

Prior to the child's attendance the family coordinator will arrange a visit to the facility by the parent/legal guardian and the child to acquaint them with the environment, staff members, program schedule, and curriculum related to the child's care. During this visit, the parent/legal guardian will have an opportunity to observe care routines, the child care group, and the teachers/caregivers who will interact with the child. Staff members will complete any special training required to care for the child before the child is allowed to enroll. Each child will spend at least 30 minutes at the program with a family member before remaining in the program without a family member present. The required forms will be checked to be sure necessary information in on file prior to attendance of the child without a family member present.

The parent/legal guardian will complete the following forms and submit them to the Family Coordinator prior to the child's first day of attendance and at any time during the child's enrollment and attendance when information that the facility requires needs updating.

Information concerning the child will not be made available to anyone, by any means, other than that is described in this paragraph, without expressed written consent of the parent/legal guardian. Parents/legal guardians will be informed that the information will be shared with the child's teacher/caregiver, other staff members who are involved in caring for the child, consultants, and accreditation or regulation inspectors only as required to the meet the needs of the child or certification of the program's operation. Except for unannounced inspections, the parent/legal guardian will be given the name(s) of the individual(s) who will be given access and the reason for giving access to confidential information.

The following forms will be completed and submitted to the family coordinator prior to the first day of attendance:

- Enrollment Application (Appendix A); days and hours of operation and holiday closures.
- Emergency Contact Information- This form will be updated by a parent or legal guardian every six months and/or whenever information changes. (Appendix C)
- Child Care Payment Agreement – This form will be updated by a parent or legal guardian every six months when a change in schedule or enrollment status is made, or at a child's transition to another classroom. (Appendix F)
- Child Health Assessment- Signed by the child's physician or certified registered nurse practitioner (CRNP). This must be completed 60 days from registration date and updated yearly. (Appendix B)
- Individualized Education Plans (IEP) and Individualized Family Service Plans (IFSP) Information Sheet – When the parent(s) or legal guardian(s) informs the facility staff that a child has a disability; a special care plan will be completed by a parent(s) or legal guardian(s) and/or health care provider (s) for that child. A parent(s) or legal guardian(s) may be asked to authorize release of information from providers of special services to help that child care provider coordinate the child's care. (Appendix E)
- Civil Rights Compliance/ Non-discrimination Signature Page
- Free and Reduced Price Eligibility Statement and Enrollment Process – This form needs to be completed yearly, regardless of whether a family meets the requirements for the Child and Adult Care Food Program (CACFP).
- Child Pick-Up Authorization- drop off and pick up procedures
- "Getting to Know You" Survey must be completed within the first 30 days of attendance. Age related surveys are to be filled out by parents or legal guardian. An option for a parent/teacher conference is also offered to discuss issues and goals. (Appendix D).
- LifeSpan Photo Release Form
- Permission to Post Allergies (See Appendix G)
- Tuition Express Form
- Safe Passenger and pedestrian practices
- Non attendance and late pick up arrangements
- Written authorization for child release and verbal release/custody information if applicable
- Payment policies: registration fees, late fees, deposits, refunds
- Family Access to the site
- Confidentiality and release of information
- Policies for Health and safety

All incomplete forms will be returned to the parent(s) or legal guardian(s) for completion prior to the child's first day of attendance. If upon review of the child's record it is determined that a significant health service (e.g., vision, hearing or immunization) has not been done, the Director/Assistant Director will notify the parent or legal guardian.

- Child Health Assessment: Documentation of performance and findings of a checkup that includes all preventative health services, including oral health services, that the child needs according to current recommendations of the American Academy of Pediatrics. Documentation must be signed and dated by the child's physician, licensed pediatric or family nurse practitioner, or family practice physician. The information on the submitted form must be updated, initialed and dated at each subsequent age-appropriate health assessment, or a new form must be completed and signed and dated. Information generated by a heath care professional's electronic medical record system is acceptable as long as it provides the required information. (See Appendix K for a sample letter to parents about exposure to communicable diseases).

If on a review of a child's health record it is determined that a nationally recommended preventative health service (eg, vision, hearing, dental examination, immunization) has not been performed, the family coordinator will notify the parent/legal guardian that the program requires that the health service is performed before attendance can begin or the child can continue to receive care in the program.

The family coordinator or center director will provide health care referrals when requested or needed. The parent/legal guardian must obtain the required health services within 6 weeks and no longer than 30 days of being notified that the health service record is not up to date before the child's eligibility for enrollment is withdrawn or the child is excluded if already attending the program. If the parent/legal guardian chooses to refuse or delay the child's receipt of nationally recommended vaccines, our program will not allow the child to receive care at our facility. Our program will review and be sure parents understand, and require parents to sign and date the Exemption to Immunization Law form and/or waivers as required by state law. See Health Plan, Child Health Services regarding children who are not immunized due to religious or medical reasons. See Appendix HH- Exemption to Immunization Law form.

Confidentiality of information about the child and family will be maintained. Enrollment forms and all other information concerning the child and family, compiled by the childcare facility, will be accessible only to the parent(s) or legal guardian(s). Information concerning the child will not be made available to anyone, by any means, without the expressed written consent of the parent(s) or guardian(s).

- Child Care Program Emergency Information: Completed and signed by a parent/legal guardian for each child enrolled. Staff members must provide emergency information for themselves as well. Parents/legal guardians and staff members will include home, work and cell numbers, and name and address of the home and workplace of the individuals who are their emergency contacts and update this form quarterly and whenever the information changes.

- Special Care Plan: When a child has a special health care need, developmental or behavioral concern, or a disability, the parent/legal guardian must inform the facility staff about this condition or concern and work with the child's specialist or health care professional (s) to complete a special care plan for that child. For that child. For children with special health care needs, the parent/legal guardian will have the child's health care professional complete the nationally recognized Emergency Information Form for Children With Special Needs. At each health care visit, the parent/legal guardian will ask the health care professional to update the information on this form and initial and date the update. To comply with the federal Health Insurance Portability and Accountability Act of 1996 regulations, the child's health care professional may require that the parent/legal guardian sign a separate form giving permission to release confidential information to the childcare program. Such consent will be required if the program requires clarification from the child's health care professional of any health concerns staff members have about the child. If the program needs such information, the center director will ask the parent/legal guardian to authorize release of information to and from providers of special services for the child to enable coordination among all services involved with the child.

- Consent for Child Care Program Special Activities: For field trips and special events involving a change from the usual arrangements for childcare, a special consent form must be completed by the parent/legal guardian.

- Orientation and Training of Staff Members: Individuals who are involved with children or coworkers with special needs are oriented and provided information to understand and meet the special needs. The orientation and education must be accomplished before the individual with special needs participates in the program. A care plan provided by the individual's primary health care professional or specialist informs arrangements for this orientation and training. Topics to address are any special handling, diet/feeding, medication, toileting issues, special treatments, adaptive equipment, abilities and limitations, recognition and response to emergencies, transport requirements, and methods of communication to use when clarification of the care plan is required.

- Food Allergy*:* In addition to following the instructions on the individual's care plan, the staff members involved in any way with the person with a food allergy will be taught and practice administering any prescribed medications that the allergic person might require in the event of an allergic reaction. To prevent inadvertent exposure of the person with a food allergy to the problem food, any food brought to the center is screened to be sure it does not contain any ingredients that require measures to prevent exposure of anyone in the facility who has a food allergy. With the consent of the parents/legal guardians of a child who has a food allergy, a written list is hung in each classroom with a cover page to maintain confidentiality but make all classroom teachers and aides aware of allergies.

- Other Allergies and Asthma: Every effort should be made to provide a way for someone with allergies or asthma to participate in all program activities by modifying the environment, using preventive medicine, wearing protective clothing, or using other measures that prevent the problem from occurring rather

than avoiding the activity altogether. As for food allergy, for allergies to other substances, the program will, with the consent of the parent/legal guardian of the child or of the adult with the allergy, post an alert in the area occupied by such individuals. Children and adults with asthma will have an Asthma Action Plan in addition to the emergency information form in Appendix I. (Free copies of the Asthma Action Plan are available at (ww.nhlbi.nih.gov/health/public/lung/asthma/asthma_actplan.htm.) The care plan and emergency medication will accompany the child with asthma when off-site.

- Developmental/Behavioral Disabilities: For children with developmental or behavioral concerns, the program staff and the child's parents/legal guardians complete the Behavioral Incident Report(s) to describe the teacher's/caregiver's observations of the child. Parents/legal guardians take this form and a copy of the Special Care Plan for a Child with Behavioral Concerns form to their child's health care professional. Parents/legal guardians ask the child's health care professionals to complete the Special Care Plan and return the completed form to the child's teacher/caregiver. Staff members use the information to coordinate the child's care with the care the family provides at home.

d. Daily Record Keeping/Daily Health Checks

Family/Caregiver Information Exchange: Upon daily arrival at the program site, each child will be observed by the caregiver for signs of illness/injury that could affect that child's ability to participate in the day's activities. The family will supplement these observations with an oral exchange of information with the child's caregiver. The written record of illness findings from these daily checks will be kept for a year and be reviewed by the Director/Assistant Director to help identify outbreaks.

Pre Existing Injury log and Illness and Injury tracking logs are maintained by classroom teachers and reviewed by Directors monthly. The program will keep the written record of illness findings from these daily checks and review them at least monthly to help identify outbreaks and patterns of illness for individual children and within groups of children.

e. Transfer of Records

Confidentiality of information about the child and family will be maintained. Enrollment forms and all other information concerning the child and family, compiled by the childcare facility, will be accessible only to the parent(s) or legal guardian(s).

Information concerning the child will not be made available to anyone or institution without the expressed written consent of the parent(s) or legal guardian(s). The parent(s) or legal guardian(s) must submit a written request to distribute information. Appendix GG.

f. Attendance Policy

- Attendance must be printed clearly, accurately and filled out on a daily basis.
- Please be sure that each page includes the dates and program name.

- Children's first and last names must be listed.
- At the bottom of each column, tally the number of children attending on each day.
- A copy of the weekly attendance must be copied and submitted on Mondays to the Billing Manager.
- The last day of the month, the originals are to be submitted to the family coordinator for billing purposes.

- Daily Attendance Record: A daily attendance record is maintained at the entrance to the facility for all the children in the facility. This documentation identifies the arrival in the facility and departure from the facility and the person who brings and picks up the child. It is separate from daily attendance notes kept by the teachers/caregivers for the child's group for each child that lists the times of transfer of care to and from the teachers/caregivers who are supervising the child's group. The daily attendance record is kept in a kiosk system in which the center uses and is monitored by the family coordinator, assistant director and center director.

- Notice of Planned Nonattendance: Parents/legal guardians must inform the child's teachers/caregivers by the time the child is expected to arrive if the child is not coming to the program. The child's teacher/caregiver will contact the parent/legal guardian within an hour of delayed arrival if the parent/legal guardian has not informed the program that the child will be absent. The communication can be by phone, e-mail, or text.

f. Holidays

LifeSpan School and Daycare will be closed on the following six holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Christmas Day

In the event that the holiday falls on a weekend, LifeSpan will close either the Friday before or Monday after the holiday. Inservice days will be added for professional development- August, Jan (MLK Day , Feb (Pres. Day) and March/April (Good Friday).

g. Payments of Fees, Registration, and Suspension

Registration fees are non-refundable.

Prior to the first day of attendance, a one-week deposit, the tuition for the first week of care, and a registration fee must be paid in full for all enrollments. Your deposit will be refunded or used for your child's last week at LifeSpan unless it is needed in the event tuition is not paid. If the deposit is used to cover a missed week of a tuition payment, the

paying party is responsible to replenish the deposit amount and bring the account up-to-date by the end of the billing month.

Payment is expected for all days contracted regardless of absence due to illness, vacation, holiday, or weather conditions. Payments are securely processed electronically through Tuition Express. All families are encouraged to use the Tuition Express option as their payment method in any LifeSpan programs. Tuition Express is done weekly and is automatically withdrawn from a checking or savings account. (Please refer to Tuition Express Enrollment forms for additional information).

Any payments that are returned due to insufficient funds will be charged a $25.00 NSF fee. Payment for the missed week tuition, the NSF fee and the following week's tuition will be automatically withdrawn the following week.

A leave of absence will be granted for two weeks or more by notifying the center family coordinator in advance by written letter. Children will remain active for 6mos from the leave date. After 6 mos. of absence a registration fee will be charged for re-enrollment.

Withdrawn from the Program - If a child needs to be withdrawn from any LifeSpan Program before the end of the program, it is mandatory to give a two-week written notice to the center family coordinator. Failure to submit proper written notice will result in a loss of the one week deposit.

Property Damage - The parent(s)/legal guardian(s) is financially responsible for all damages caused by the child while in the care of LifeSpan. This includes property damage and personal injuries.

Suspension - LifeSpan Day Care reserves the right to dismiss or suspend any child and/or family member at anytime if it is for the betterment of the child or school. Please refer to parent(s) guidelines for more details.

Late Pick-Up Policy - LifeSpan will charge a $1.00 fee per minute for any child remaining after program hours. Chronic lateness could result possible suspension of child care services.

h. Schedule Options

You may not change your scheduled days unless you first change your agreement with the director or family coordinator.

Full Time Agreement- A signed agreement between the parent(s)/legal guardian(s) and director when scheduling four to five days per week. Payment is expected regardless of absenteeism, holiday, vacation or weather conditions.

School Age Programs- A signed agreement between parent(s)/legal guardian(s) and director when scheduling five days per week. Payment is expected for contracted days, excluding days that school is closed.

Part Time Agreement - A signed agreement between the parent(s)/legal guardian(s) and director when scheduling is two to three days a week. Payment is expected regardless of absenteeism, holiday, vacation or weather conditions.

School Age Programs- A signed agreement between the parent(s)/legal guardian(s) and director when scheduling is two to four days a week. Payment is expected for contracted days, excluding days that school is closed.

Drop-In Rate Agreement- A signed agreement between the parent(s)/legal guardian(s) and director due to emergency care. Parent/legal guardian must call a day in advance to allow teachers the ability to prepare and check space availability.

Definition of Drop-in Care: Drop-in care is childcare in which children are cared for over short periods on a one-time, intermittent, unscheduled, or occasional basis. Reservations for this type of care are accepted by the family coordinator or center director as space and supervision are available. All policies that apply to care in this facility apply to drop-in care.

Accessibility of Parents/Legal Guardians: Parents/legal guardians must remain immediately accessible by phone or similar communication device and able to return to the facility within 30 minutes when called by a program staff member.

3. Supervision

a. Principle

No child will be left unsupervised while attending any LifeSpan program. At least two staff will always be available in the building at all times. Caregivers will directly supervise infant, toddler, preschool, and school-age children by sight and sound at all times, even when the children are sleeping. Children will never be left without a caregiver in the same room as the children. During nap time for children younger than 12 months, the child:staff ratio must be maintained at all times regardless of how many children are sleeping. They must also be maintained even during the adult's break time so that ratios are not relaxed. At least one adult who has satisfactorily completed a course in pediatric first aid, including cardiopulmonary resuscitation (CPR) skills, within the past 3 years should be a part of ratio at all times.

If there is an emergency during nap time, other adults must be on the same floor and should immediately assist the staff supervising sleeping children. The teacher/caregiver who is in the same room with the children should be able to summon these adults without leaving the children.

Children with special health care needs or who require more attention because of certain disabilities may require additional staff on-site, depending on their special needs and the extent of their disabilities.

Caregivers will regularly count children on a scheduled basis, at every transition and whenever leaving one area and arriving at another to confirm the safe whereabouts of every child at all times. Name-to-face systems will be used to help staff remember to count.

The Director or Site Supervisors will assign and reassign counting responsibility as needed. Staff will assess the environment for opportunities to improve visibility and hearing of child activities.

b. Policy on the Supervision of Children

Staff are not to leave the children unsupervised at any time. In the event that a staff member must leave the group, an available person must replace the staff member during any absences. Breaks are not to be taken during the day unless it is a designated break time, and/or a replacement is available.

1. All children must be escorted to the playground or taken outside using the stroller unit, or must exit directly to the playground from the center.
2. Children on the facility premises shall be supervised at all times. "Supervision at all times" means that each staff person shall be assigned the responsibility for the supervision of specific children (using Name to Face cards). The staff person shall know the names and whereabouts of the children in his/her assigned group. The staff person shall be physically present with the children in his/her group by both sight and sound as per DHS regulations.
3. It is the teacher's responsibility to take frequent head counts and roll call both visual and verbally. Roll call must be done periodically throughout the day.
4. A current and accurate attendance sheet must be kept by the teacher at all times.
5. Upon return to the classroom from walks or the playground, all children must be present and accounted for prior to beginning any individual activities (i.e. diapering, hand washing, and pottying).

c. Use of Stop/Count/Identify also referred to as **Name to Face procedures**

LifeSpan employees must use a STOP/COUNT/IDENTIFY policy when moving a group of children from room to room or outside the center. This policy is to ensure the safety of all children. This policy is conducted by a teacher at the front of the line and a teacher who is at the back of the line at all times through constant communication.

1. There are several STOP/COUNT/IDENTIFY places designated throughout the center (look for the red STOP sign) where you are to do just that – STOP and COUNT the number of children in line and IDENTIFY the children according to the attendance sheet. However, the policy is not just confined to those designate areas. Any time when there is a corner, doorway, or any other obstruction blocking you view of the children, have all the children STOP in the next place where they can all be viewed and COUNT to be sure they are all there, and using your class list to IDENTIFY.
2. All staff members, at any given time, are responsible to know how many children are in the room that they are responsible for. Staff should not have to count them when asked "how may do you have."
3. NEVER under any circumstances leave a room out of ratio. If supplies are needed, a bathroom break, retrieve something from the kitchen, copying of papers, or anything else, call the management team so a replacement can found to provide coverage for the room.
4. All rooms are to keep the attendance sheet and daily class list with the emergency contact book. The book is to accompany the class at all times.
5. Any movement through the center by the class or an individual child needs to be approved by management. A staff escort is always required.

6. Your name to face cards should be kept with you at all times.

d. Child: Staff Ratios

Child: staff ratios followed by this program will always comply with the following requirements according to DHS/OCDEL state regulations:

Age	Child: Staff
0-12 months	4:1
13-24 months	5:1
25-36 months	6:1
Preschool	10:1
Young school age	12:1
Older school age	15:1

When there are mixed-age groups in the same room, the child: staff ratio and group size will be consistent with the state regulated child: staff ratio for the youngest child in attendance.

e. Supervision of Active (Large Muscle) Play

Observation of active (large muscle) play in indoor and outdoor spaces will be as follows:

1. High-risk play areas (i.e., climbers, slides, swings and water play) will receive the most staff attention.
2. All children using playground or indoor play equipment will be supervised. No children will be permitted to go beyond a caregiver's range of direct supervision. Child: staff ratios will be at least as stringent as for other childcare activities. Every child will be specifically assigned to a caregiver to be regularly counted to confirm his/her safe whereabouts at all times.
3. A written schedule will be prepared by the teachers and used to assign staff to supervise high-risk areas (playground schedules). (See Appendix I).
4. When swimming, wading or other gross motor play activities in collected water are part of the program; there will be 6:1 supervision for school-age children. Pushing, forced submersion of a child or running shall be prohibited. Infant, toddler, and preschool children do not have access to collected water.
5. When swimming, and/or wading the supervising teacher/caregiver is not involved in any activity other then directly supervising the assigned child(ren) and must have current certification or successful completion of a course in pediatric first aid and CPR and water safety training. A certified lifeguard must be present at all times.

f. Playground Procedure

Before Going Outside:

1. All children must be given to opportunity to go to the bathroom before going outside to eliminate the need to return to the classroom.

2. Proper, weather appropriate, clothing must be on and fastened.
3. Weather appropriate, closed-toed shoes with backs must be on and fastened.

When Going Outside:

1. Things to take outside with you include: Accurate class list, emergency contact/accident report binder, first aid kit, tissues and trash bag.

While Outside:

1. Head counts must be done at least every 5-10 minutes.
2. Staff members are to always be on their feet (no sitting) and in strategic spots that allow visibility and supervision to all areas of the playground.
3. Staff members are to be interacting with the children and not with other staff.
4. If a teacher takes a child inside, a group should also be taken inside to keep ratios accurate.
5. Children are not to go inside unattended.

When Coming Inside:

1. A head count of children in line is to be conducted before coming in.
2. When all the children are inside another head count is completed.
3. Always have a game plan of what activity the children will do when they go inside.
4. Children and staff are to wash hands upon return to the classroom.

Active Supervision Measures: All teachers/caregivers practice active supervision, including the following measures recommended by the Head Start Early Childhood Knowledge and learning center.

a. Focused Attention and Observation of Children: At all times, including while interacting with individual children-watching, counting, and listening for sounds or the absence of sounds that raise a concern. Teachers/caregivers limit adult-adult socialization to break times or when they have made arrangements to delegate supervision of children to another teacher/caregiver. They do not talk on the cell phones or use text messages or other forms of social media while supervising children, except to summon help in an emergency.

b. Knowing Each Child: Teachers/caregivers strive to know each child's abilities, anticipating challenges that might lead to harmful or undesirable behavior.

c. Setting up the Environment: All areas are easy to view and free of distracting sounds that hinder hearing what children are doing. Spaces are free of clutter and trip hazards. They are organized for safe storage that allows only appropriate access to materials without risking a fall or having materials fall. There are clear and simple safety rules that are consistently reinforced.

d. Choosing Strategic Positions: Teachers/caregivers position themselves where they can observe all the children and scan play activities in the entire area while remaining directly responsible for close supervision of those specifically/individually assigned to them.

e. Scanning for Hazards: Each teacher/caregiver remains aware of and scans the indoor and outdoor environments and activities for potential safety hazards.

f. Focusing on the Positive: Teachers/caregivers explain and model for children what is safe for the child and other children. (eg, teaching children the appropriate and safe use of each piece of equipment such as using a slide correctly –feet first only- and explaining why climbing up a slide can cause injury and that going down the slide headfirst can result in a head injury)

g. Photo Identification and Correct Spelling of Children's Legal First and Last Names as well as Nicknames: (commonly known as Name to Face) Teachers/caregivers not only know the number of children in the group but also the correctly spelled legal first and last names and nicknames of all children for whom the teacher/caregiver is responsible. This is especially important when a child in the group has a special need, when there are many new children in the group, when there is a substitute teacher/caregiver, or at early and late points in the day when the teacher/caregiver many not know the children as well as those who care for them at other times of the day. Each group has a current photo and name display to positively identify each child in the group. Only the name and face of the child should be in the display. Other information to care for a child's special need such as a food allergy. All staff members will carry a name to face card of the children who they are directly responsible for supervising. These cards go with staff at all times indoor and outdoor while they are in direct contact with these children. The name to face card includes a picture, full name, birth date, custody agreement indicators, allergy indicators and any other important information specific to each individual child.

g. Physical Activity and Screen Time

A. Encouragement of Physical Activity and Outdoor Play

1. Role of Teachers/Caregivers: Teachers/caregivers promote developmentally appropriate physical activity to help children (and themselves) prevent overweight/obesity and practice lifetime healthful habits.

2. Teacher/Caregiver Participation in Physical Activity with Children: Teachers/caregivers participate in children's active games at times when they can do so safely. Teachers/caregivers do not sit during active playtime. They prompt children to be active with comments such as "Good jump!" or "It's safe to run here." Teachers/caregivers encourage infants, toddlers, and preschool-aged children to learn basic developmentally appropriate gross motor skills by practicing physical activity and movement.

2. Appropriate Clothing: Appropriate clothing for all types of weather is available for each child and staff member so that outdoor play can occur except in the most extreme weather, we do not go outdoors if it is colder than 25 degrees Fahrenheit or above 90 degrees Fahrenheit. We do not go outside if there is an extreme heat advisory or air quality alert.

Limitations for Screen Time (TV, IPADS, COMPUTERS)

1. Infants and Young Toddlers: No screen time for children younger than 2 years is permitted, unless watching an education interactive video usually shorter than 5 minutes in length

2. Children 2 Years and Older: Children 2 years and older have no more than 20 minutes of screen time once a week while in the facility and only for educational or physical activity.

3. Screen-free Meals and Snacks: Children do not have any screen time during meals or snacks.

4. Computer Time: Computer time is no more than 15 minutes at a time except for school-aged children completing school homework assignments and for children with special health needs who require and consistently use assistive and adaptive computer technology.

5. Content of Screen Media: Any screen media must be free of violent, sexually explicit, stereotyped content (including cartoons), advertising, and brand placement.

Developmentally Appropriate Care

1. Routines for All Age Groups: During daily routines (eg, feeding, play, diapering, hand washing, active play indoors and outdoors), teachers/caregivers comfort children, play and socially interact with them verbally, use positive facial expressions and a pleasant tone of voice and actions, and integrate required health and safety practices. At the time transitions occur for care of the child from the family to a staff member and back again, program staff members and families will use a consistent method to receive and give communication about the child's experiences and routines at home and while in the program. Communication about any unusual event or circumstance occurs promptly no matter when it occurs.

2. Infants and Toddlers
   a. Our facility accepts care for children when they are at least six weeks of age and properly immunized.

   b. Separation of Age Groups: Children in center-based care who are younger than 3 years have teachers/ caregivers and receive care in rooms that they do not share concurrently with older children unless special arrangements to care for children in mixed-age groups has been made.

   c. Primary Teacher/Caregiver Assignments: Assignments for teachers/caregivers to specific children minimize the number of teachers/caregivers interacting with each child during a given day and reduce the risk of injury and spread of infectious diseases. Teachers/caregivers provide consistent, continuous care. No more than 5 teachers/caregivers participate in the infant's/toddler's care during a year.

   The center director designates one of these as the primary teacher/caregiver, the person most responsible for having a long-term, trusting relationship with the child and family, for making sure program policies are followed and communication between staff and family members occurs. Additional specialists may be involved with the child to address special needs or unique learning opportunities as long as the primary teacher/caregiver monitors and supports the child for these experiences.

   d. Toilet Learning: Toilet learning occurs when the child shows readiness for using the toilet and the family is ready to support the child's involvement in doing so. Readiness indicators include desire to perform self-body care, ability to remain dry for at least 2 hours at a time, communication skills to understand and express concepts related to toileting, ability to get onto and sit with minimal assistance on a toilet adapted for the child's size or appropriately sized, and awareness of the sensations associated with releasing urine and stool.

   e. Outdoor Time and Physical Activity for Infants and Toddlers: Infants are taken outside 2 to 3 times per day, as tolerated, and have supervised tummy time while awake every day. Toddlers (12 months– 3 years) receive 60 to 90 minutes of outdoor play, weather permitting.

4. Communication, Observations and Assessments

a. Communication and Visitation

Daily Written Communication from Parent(s):

Parent communication is encouraged between families and staff. We understand that due to our extended hours it may be impossible for you to see your child's primary teacher at drop-off or pickup. To enhance an open line of communication, we have established communication boxes in each classroom that can be used on a daily basis. Parents can drop off notes or messages throughout the day at the front office. Please feel free to share your input or make comments. Staff will check this box periodically throughout the day. In a timely fashion, staff will follow up with the concerns that need to be addressed. We do encourage parents and caregivers to communicate with teaching staff and express your concerns and share information with us.

Daily Written Communication from Staff:

Daily reports are completed by the teacher to keep you informed about your child's day. The daily report will include your child's activities: naptime (if applicable), eating, diapering/toileting, disposition, learning and play activities, and reminders if there are any items needed for your child. Please remember to take home daily report, as well as other notices that are in your child's folder. Our centers also uses the Procare parent portal where a daily report, pictures, and progress are available for each child. As a parent you may sign up for access to this application by providing your email to your child's classroom teacher and they will give you further instructions on how to download and view all information.

Parent information boards are displayed in each of our classrooms. In addition to the daily schedule and monthly calendars, lesson plans/daily sheet following the Pennsylvania Early Learning Standards are posted. When you get a chance, take advantage of the opportunity to discuss the day's events with your children. Since the activities in our infant program fluctuate due to the individual needs of each child, individual activities will be written on the daily papers.

Parents and caregivers are encouraged to communicate with the LifeSpan staff, share information, and express concerns with us. Children and family surveys are conducted throughout the year to share your input about the program and the policies of LifeSpan.

Parents are encourage and invited to visit the program at anytime. Parent participation within the classroom is welcomed and encouraged. Parents should express their interest with their child's teacher and/or the director to be involved with the classroom and the center.

School Age Requirements

Parent(s)/guardian(s) are encouraged to e-mail staff using site specific e-mail addresses. There are also Parent/Teacher Communication forms at each site which can be filled out by the parent/guardian. The parent/guardian is able to explain their concern and check off the best way for the teacher to communicate with them (e-mail, phone, or letter). This goes for the teachers as well. If a parent/guardian does not have access to e-mail, the teacher is able to fill out the form on an as needed basis and give to the parent(s)/guardian(s). We also use the Apps for parent communication including Remind.

Voicemail

Voicemail is included in all programs as a messaging option for parents and staff. Staff must check for messages at least once per session. For school-age, if they have a morning and afternoon program, they must check it once during the morning session and once during the afternoon session.

b. Reporting Absences

For the safety of your children and to avoid unnecessary staff worry, parents must call the family coordinator to report daily absences. Illness must also be reported (see Care of Acutely Ill Children for more details).

c. Curriculum

Daycare:

The Curriculum Framework presents the five components of The Creative Curriculum.

- *How Children Develop and Learn:* what children are like in terms of their social/emotional, physical, cognitive, and language development, and the characteristics and experiences that make each child unique. We present our goals and objectives for children and the Developmental Continuum, a tool for observing children's development and tracking their progress in relation to Curriculum objectives.
- *The Learning Environment:* the structure of the classroom that makes it possible for teachers to teach and children to learn. This includes how teachers set up and maintain interest areas in the classroom, establish schedules and routines, organize choice times and small- and large-group times, and create a classroom community in which children learn how to get along with others and solve problems peacefully.
- *What Children Learn:* the body of knowledge included in national and state standards and research reports for six content areas- literacy, math, science, social studies, the arts, and technology- and the process skills children use to learn that content. We show how children learn content and skills through daily experiences.
- *The Teacher's Role:* how careful observations of children lead to a variety of instructional strategies to guide children's learning. We explain how teachers interact with children in interest areas and during in-depth studies. We suggest a

systematic approach to assessment that enables teachers to learn about and plan for each child and the group.

- *The Family's Role:* the benefits of developing a partnership with every family and working together to support children's optimal development and learning. This last component includes getting to know families, welcoming them and communicating with them regularly, partnering on children's learning, and responding to challenging situations.

Interest Areas applies the five components of the Curriculum Framework to 11 areas- Blocks, Dramatic Play, Toys and Games, Art, Library, Discovery, Sand and Water, Music and Movement, Cooking, Computers, and Outdoors. We describe the various materials that meet the developmental needs of young children and enhance learning and teaching each of these interest areas. We make connections between the Curriculum's 50 objectives and academic content and share how teachers guide and assess children's learning.

Age Appropriate learning standards are kept in each of the classrooms and are accessible for parents and staff. The Learning Standards are used as resources for staff in classroom planning and documented in the classroom lesson plans. Planned classroom activities reflect the Key Learning Areas of the Learning Standards.

School Age: The Curriculum Framework follows 5 Key Component Learning Areas based off of the PA Learning Standards, NAA Standards for Quality School-Age Care, and Links to Learning for grades K-5. The Five components of the Curriculum Framework are supported by interest areas in the classroom: Approaches to Learning, Arts and Humanities, Family-School-Community Partnerships/Human Relationships/Interaction, Health, Safety, Nutrition and Physical Education/Indoor-Outdoor Environment, Mathematics, Personal Social, Reading, Writing, Speaking, Listening, Science, History, Economics, Geography, Social Studies, Career Education and Work, Families and Consumer Sciences, Activities.

Lesson plans are theme related following PA Learning Standards. Students are able to explore and learn in a safe and nurturing environment in which teachers follow schedules and create daily routines, add and change materials to interest areas to foster children's curiosity.

Preschool-aged Children

a. Primary Teacher/Caregiver Assignment: To build long-term, trusting relationships, the program limits the number of teachers/caregivers and other adults who care for any one preschool-aged child to no more than 8 adults in a given year and no more than 3 teachers/caregivers in one

day. These staff members are considered primary teachers/caregivers.

The center director/ assistant director designates one of these as the person most responsible for having a long-term, trusting relationship with the child and family. This primary teacher/caregiver makes sure program policies related to the child's care are followed and that timely communications between staff and family members occur. Additional specialists may be involved with the child to address special needs or unique learning opportunities as long as the primary teacher/caregiver monitors and supports the child for these experiences.

b. Structure of the Curriculum: Teachers/caregivers plan and provide a balance of guided and self-initiated play and learning indoors and outdoors. Children observe, explore, order and reorder, make mistakes and find solutions, and move from concrete to abstract learning.

c. Teachers/Caregivers Foster Cooperation Rather Than Competition: The curriculum includes expressive activities such as free play, painting, drawing, storytelling, sensory activities, music, singing, dancing, and taking part in drama, all of which integrate thinking and feeling and foster socialization, conflict resolution, and language and cognitive development.

d. Language Development: Teachers/caregivers encourage children's language development using reading, speaking and listening interactively, responding to questions about observations and feelings, storytelling, and writing.

e. Body Mastery: To encourage body mastery, the curriculum includes learning socially acceptable self-feeding, appropriate use of the toilet, and large- and small-muscle activities.

f. Physical Activity: Preschoolers have 45 to 90 minutes per 8-hour day of moderate to vigorous activities.

g. School-aged Children: The program provides supervised before- and after-school and vacation time care for school-aged children. The curriculum includes physical activity, healthful nutrition, recreation, completion of schoolwork, social relationships, and use of community resources, all of which are coordinated with school and home life. Activities include free play, at least 60 minutes of indoor and outdoor physical activity, time and settings for schoolwork and recreation alone or in a group, field trips to community facilities, relationships with understanding and comforting adults, and rest. Regular communications occur at least among the children's schoolteachers, parents/legal guardians, and child care program staff members.

d. Lesson Plans

Teachers are provided at least 1-2 hours of paid resource planning time away from children per month. Teachers complete a daily lesson plan/daily communication sheet based on theme weeks, using creative curriculum guidelines and PA Early Learning Standards. Lesson plans are reviewed by the Assistant Director (or Director) each week. Teachers reflect on daily lesson plans and note student observations to use as a basis for the next weeks' plans. Teachers plan the lessons using children's needs.

e. Observations

Preschool Requirements

Bi-weekly observations are completed by teachers based on observations from the classroom. These observations are kept in the child portfolio which travels from room to room as the child transitions. Staff completing observations will be trained in appropriate observation practices.

Child Observations are completed by the staff and shared with parent(s) within 45 days of enrollment into the program using the ages and stages assessment. A "Getting to Know You" meeting with parent(s) is offered within 30 days of enrollment. A copy of the meeting notice to parent(s) is kept in the child's records. This meeting may include sharing the first child observation completed within the first 45 days.

School Age Requirements

School Age observations are completed by the staff and shared with parents. An initial observation is completed within 45 days of enrollment.
Parent(s)/guardian(s) are given a copy of this observation and a conference is offered at this time. Follow up observations are completed monthly through anecdotal records which are kept in the children's files.

f. Assessments

Assessments of the children are completed and shared with the parent(s) three times per year in fall, winter, and spring; and conferences are offered to parent(s). A copy of the child assessment will be given to the parent(s), signed, and kept in the child's file if the parent(s) and/or guardian(s) decline a conference.

Results from observations/assessments are gathered through OUNCE and Work Sampling tools. Results are entered in the fall, winter and spring observation periods. Results from observations and assessments are used for curriculum, individual child planning and referral to community resources. Assessment tools are cross-walked to the Learning Standards and PA Keystone Stars approved.

School Age Requirements

Assessments of the children are completed and shared with parent(s)/guardian(s) two times per year. These are done in January and June. Conferences are offered to the parent(s)/guardian(s) at this time. If a conference is declined the

parent is given a copy of the assessment and a signed copy is placed in the child's file. Assessment tools are cross-walked to the Learning Standards.

g. Conferences

Preschool Requirements

Conferences occur in fall, winter, and spring for each child. Parent(s) are offered the opportunity to conference with program staff at these times or at any point during the school year as needed. Parent(s) and/or guardian(s) are to contact your child's teacher or the director to schedule a conference.

The conference agenda will include:

- The purpose and protocol of conference
- Positive comments
- Review of observations and evaluation
- Discuss parent(s) and child concerns
- Issues of concern
- Suggestions from parent(s)s
- Transition information
- Update child file (emergency contact, agreement)
- Distribution of health and human services information
- Schedule of upcoming conference

A copy of the child assessment will be given to the parent(s), signed, and kept in the child's file if the parent(s) and/or guardian(s) decline a conference.

School Age Requirements

Conferences are offered 45 days from enrollment, as well as in January and June after assessments are completed. Parent(s)/guardian(s) are offered the opportunity to conference with program staff at these times or at any point during the school year as needed. Parent(s)/guardian(s) are to contact your child's teacher or the director to schedule a conference outside the normal conference times.

The conference agenda can include the following:

- Adjustment to the program
- Transition information
- Teacher goals
- Parent goals
- Child's strengths
- Area for improvement
- Teacher concerns
- Parent concerns

h. Transitions

Age alone does not always determine classroom or center placement. Transitions typically occur at the beginning of fall semester in September, January and/or summer semester in June. The developmental level of the child, availability of space, overall group needs, and the assessment of the professional staff and the Director of the center determine changes in center or classroom placement. Each decision is made on a case by case basis. Changes in centers or classrooms may be made at other times of the year if professional staff and parent(s) s feel that the move is in the best interest of the child.

Communications for Transitions: Transitions at the beginning, during, and at the end of the program day are accompanied by written and verbal communication between whoever has responsibility for the care of the child and whoever is assuming responsibility from someone else. These communications involve family members and teachers/caregivers at drop-off/pickup times and other times when something of concern has occurred during the care giving day. In addition, written documentation and verbal communication occur whenever a primary teacher/caregiver transfers caring responsibility to another staff member. Documentation of each transition includes who was involved, what was reported about the child's needs and experiences, and when the transition occurred. This documentation is kept as part of the child's record.

i. Communication with Parent(s) from Center Directors

LifeSpan Directors and Assistant Directors are responsible to be in contact with parents of children enrolled in the center. All issues directly related to their child will be immediately communicated in writing or by direct contact.

1. Communication and notification will be made to all families relating to any infraction to the regulations of the Department of Human Services/ Office of Child Development and Early Learning (OCDEL).
2. The Privacy Act and Confidentiality as dictated by the Department of Human Services/OCDEL will be respected in all communications.

j. Parent Engagement and Partnership Policy

We would like to clarify that although we use the term "parent involvement" in this policy, the activities discussed are not limited to parents – every activity we mention is open to non-family caregivers or other family members who actively and positively participate in the lives of the students.

Study after study has documented that when families are involved in school, their children do better. Children receive higher grades, get better test scores, show improved behavior and have a high rate of graduation. Because before and after school programs are an extension of the school day, similar benefits are produced.

Lifespan encourages parent involvement in several ways. Parents are encouraged to help staff during special events and present innovative ideas to staff members to improve the

quality of our programs through parent focus groups/satisfaction surveys. Parents can also volunteer to participate in daily activities held in the programs and participate in surveys to determine areas of improvement needed in each program. Any program suggestions are discussed with the Directors during monthly meetings and, when possible, implemented within the sites. Creating a program that reflects the ideas and desires of the parents involved leads to program improvements, increased program satisfaction and attendance, and additional parental involvement.

5. Discipline

a. Philosophy of Discipline- Universal

Caregivers will equitably use positive guidance, redirection, planning ahead to prevent problems, encouragement of appropriate behavior, consistent clear rules, and involving children in problem solving to foster the child's own ability to become self-disciplined, Where the child understands words, discipline will be explained to the child before and at the time of any disciplinary action. Caregivers will encourage children to respect other people, to be fair, respect property, and learn to be responsible for their actions.

Caregivers will guide children to develop self-control and orderly conduct in relationship to peers and adults. Aggressive physical behavior toward staff or children is unacceptable. Caregivers will intervene immediately when a child becomes physically aggressive to protect all of the children and encourage more acceptable behavior. Caregivers will use discipline that is consistent, clear, and understandable to the child.

Teachers/caregivers will competently explain to families and coworkers the philosophy of the program as expressed in written principles. The explanation includes how the principles are reflected in the purpose and specific activities of the planned daily program and curriculum the teachers/caregivers are implementing. The center director uses the program's statement of principles, planned daily program, and curriculum as the basis of observations, evaluations, and professional development to improve staff performance.

b. Universal Methods of Discipline

- Teacher/caregiver interactions with Children: Teachers/caregivers support social and emotional learning by talking and listening to the child and playing with and responding to the child's needs. They lead, using positive guidance and redirection, planning ahead to prevent problems, encouraging appropriate behavior, consistent clear rules, and whenever possible, involving in problem solving to foster the child's own ability to become self regulated. If the child understands words, logical (disciplinary) consequences are explained simply to the child before misbehavior occurs and at the time of any disciplinary action. Teachers/caregivers encourage children to respect other people, be fair, respect property, and learn to be responsible for their actions.

- Coordinated Approach to Discipline: Program staff members work with families and everyone else who cares for the child to use the following approaches for discipline: Prevent/Teach and Reinforce model
    a. Ensure Active Participation of Each Child: Encourage desired behavior by providing engaging materials based on children's interests, ensuring that the learning environment promotes active participation of each child
    b. Teach Social Competence: Help children learn what to expect in the child care environment and how to promote positive interactions and engagement with others.
    c. Children Experience Predictable Routines: Provide a predictable daily schedule with routines, activities, reminders, and transitions to foster the desired behaviors.
    d. Match Expectations of Behavior to the Child's Development: By understanding what abilities that child as acquired and is expected to do as a next step in development, adults can facilitate smooth and steady progress in self mastery and independent pro social behaviors (eg, toddlers want to demonstrate their independence and often say "no" to a yes or no choice but happily choose between 2 equally acceptable alternatives).
    e. Simple Rules: Establish, teach, and support learning of simple rules expressed as what to do, rather than what not to do.
    f. Praise: Positively describe behavior (eg, "You did a nice job putting that away," rather than global nonspecific praise such as "good girl" or "nice job").
    g. Model Desired Behavior: Model and demonstrate to help children understand positive alternative behaviors as the first approach to correcting a behavior that is not acceptable (eg, lower your voice when the child is yelling).
    h. Planned Ignoring and Redirecting: Suggest another activity unless the behavior is too disruptive and unsafe to be ignored.
    i. Individualized Discipline: Adjust the approach to the temperament and needs of the child, anticipating and preventing situations that are likely to evoke undesirable behavior.
    j. Limit Use of Time Out: Select one persistent unacceptable behavior that will predictably result in a time out experience. Use this method only for children who are older than 2 years, and then only to interrupt the unacceptable behavior for a short period, usually no more than 1 minute per year of age. End the period of time out with a positive statement about the child's ability to do what is expected.
    k. We use the Positive Behavior Interventions and Supports (PBIS) framework at LifeSpan.

- Interventions: /Handling Physical Aggression and Other Behaviors of Concern: Teachers/caregivers intervene immediately when a child becomes physically aggressive

to protect all of the children/staff and encourage more acceptable behaviors. For acts of aggression and fighting (eg, biting/hitting), the teacher/caregiver tells the child clearly that aggressive behavior is not allowed (eg, "No biting"; "No hitting"). The teacher caregiver tells verbal children what is appropriate (eg, "We bite food"; "We use words to say I am angry"). In addition, the teacher/caregiver may separate the children involved, immediately comfort and care for any injury to the victim of the aggressor, and notify parents/legal guardians of the children involved in the incident about what happened and how the situation was resolved. Although the children may say who was involved, teachers/caregivers will not identify the victim to the family of the aggressor or the aggressor to the family of the victim. Behavior incident reports will be completed to document the event. See also Inclusion and Reducing Suspension and Expulsion polices in the appendix.

For acts of aggression, staff will set appropriate expectations for children and guide them in solving problems. This positive guidance will be the usual technique for managing children with challenging behaviors rather than punishing them for having problems they have not yet learned to solve. In addition, staff may:

1. Separate the children involved. Deescalate the situation.
2. Employ calm down strategies.
3. Immediately provide comfort and care for the individual who was injured.
4. Complete incident report and/or BIR documentation.
5. Notify parent(s) or legal guardian(s) of children involved in the incident.
6. Review the adequacy of caregiver supervision, appropriateness of activities, and reaction if there is a recurrence.
7. Implement behavior chart/plan.
8. Consider other community interventions and supports, suitability of placement, referrals for early intervention, etc.

Medicines or drugs that will affect behavior will not be used except as prescribed by a child's health care provider and with specific written instructions from the child's health care provider for the use of the medicine.

c. Classroom Guidelines

Ground rules are needed in the classroom to help establish a peaceful, organized working group of children. Well-established, well-understood and well-implemented ground rules will reflect in joyful learning for the children.
All Lifespan programs follow the 4 classroom expectations:
Be Safe, Be Responsible, Be Respectful and Be Cooperative

- No child will hurt another in any way.
- Children will care for and return materials to the place where they belong upon completion of their work with materials.

- Children should not interfere with the working child. A child in the classroom should have the right to select an activity, work with it until completed, and return the work to its place or origin.
- Children should not interrupt a presentation or group lesson. The right to learn and the right to work should be assured to all children in the classroom.
- Running and shouting in the classroom constitute in interference with the rights of working, learning children.
- Children will carry and handle materials in an appropriate manner as demonstrated and re-enforced by the teacher.
- Children must stay with their class/group at all times.

The school operates on the assumption that everyone in the school will take good care of every person.

Should a problem or misunderstanding arise, there is a clear method of procedure which is as follows:

- The teacher will present and discuss the problem with the Director.
- The parent(s) will be called for a special conference with the Teacher and the Director.
- The conference will serve the purpose of exchanging ideas to help the child. A probationary period of one to four weeks may be suggested if the child cannot function happily at school.
- At the end of the probationary period, the parent(s) and the Director will hold a personal conference to make the decision as to what further action should be taken to best meet the needs of the child.

- Assessment: The center director/assistant director assesses the adequacy of teacher/caregiver supervision, appropriateness of facility activities, possible disruptive factors in the child's life. (eg, parental stress, change in household composition, illness), and what the administrative corrective action would be if the aggressive behavior continues.

- Mental Health Consultation: The center director arranges as needed visits by an early childhood mental health consultant to observe teacher/caregiver interactions with the child and advise staff members about approaches to manage behaviors that are causing concern. This program explicitly prohibits corporal punishment, psychological abuse, humiliation, abusive language, binding or tying to restrict movement, restriction of access to large-motor physical activities, and withdrawal or forcing of food and other basic needs. Before they are hired, all teachers/caregivers sign an agreement to implement the facility's discipline policies that includes the consequence for staff members who do not follow the discipline policies. If a child's behavior is unresponsive to the usually effective discipline measures described previously, the program will seek help from a qualified early childhood mental health consultant, early intervention or the Rapid Response Team/ELRC resources.

d. Prohibited Practices (Child Abuse)

Caregivers will not use physical punishment or abusive language. A facility person may not use any form of physical punishment, including spanking/hitting a child. A facility person may not single out the child for ridicule, threaten harm to the child or the child's family and my not specifically aim to degrade the child or child's family. A facility person may not use harsh, demeaning or abusive language in the presence of children. No child restraint is permitted.

- Prohibited Behaviors: The following behaviors are prohibited in our facility. Some may require mandatory reporting of an instance of child abuse.

a. Use of Any Form of Corporal Punishment: Corporal punishment means punishment inflicted directly on the body—hitting, spanking, shaking, slapping, twisting, pulling, squeezing hurtfully, demanding excessive physical exercise that most children cannot pleasurably do, forced rest, adoption of bizarre positions, compelling a child to eat or put soap/food/spices/foreign substances in the child's mouth, exposing a child to extreme temperatures without proper clothing or protection, isolating a child in an adjacent room/hallway/closet/dark area/play area/any area where the child is not seen and supervised, trying to restrict movement by binding or strapping into a seat except a car seat when traveling in a vehicle, taping, using or withholding food as punishment or reward, or taking away physical activity/ outdoor time as punishment.

b. Coercive Toilet Learning: Toilet learning/training methods that punish, demean, or humiliate a child.

c. Emotional Abuse: Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child.

d. Other Abuse or Maltreatment: Any abuse or maltreatment of a child, including exposure of any child to pornographic material of any nature via electronic devices or printed material, as an incident of discipline, or as any other inappropriate practice.

e. Abusive Language: Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks about the child or child's family.

f. Humiliation or Threats: Any form of public or private humiliation, including threats of physical punishment.

e. Suspected Child Abuse

All observations or suspicions of child abuse or neglect will be immediately reported to the child protective services agency no matter where the abuse might have occurred. All staff will call to report suspected abuse or neglect. Staff will follow the direction of the child protective services agency regarding completion of written reports. If the parent(s) or legal guardian(s) of the child is suspected of abuse, staff will follow the guidance of the child protective agency regarding notification of the parent(s) of legal guardian(s). Reporters of suspected child abuse will not be discharged for making the report unless it is proven that a false report was knowingly made.

Staff who are accused of child abuse may be suspended or given leave without pay pending investigation of the accusation. Such caregivers may also be removed from the classroom and given a job that does not require interaction with children. Parent(s) or legal guardian(s) of suspected abused children would be notified. Parent(s) or legal guardian(s) of other children in the program will be contacted by administration if a caregiver is suspected of abuse so they may share any concerns they have had. However, no accusation or affirmation of guilt will be made until the investigation is complete. Caregivers found guilty of child abuse will be summarily dismissed or relieved of their duties.

The center director/assistant director is responsible for making sure each parent/legal guardian is informed at the time of a child's admission to the facility about the mandated reporting responsibility.

6. Care of Acutely Ill Children/Staff

a. Admission and Exclusion

The decision to exclude a child from care will be based on whether there are adequate facilities and staff available to meet the needs of both the ill child and the other children in the group. The childcare provider, not the child's family, makes the final determination about whether the acutely ill child can receive care in the childcare program. Children will be excluded if:

1. The child's illness prevents the child from participating comfortably in activities that the facility routinely offers for well children or mildly ill child.
2. The illness requires more care than the childcare staff members are able to provide without compromising the needs of the other children in the group.
3. Keeping the child in care poses an increased risk to the child or to other children or adults with whom the child will come in contact as defined in Preparing for Illness.

(See Exclusion Guidelines in Preparing for Illness available from NAEYC 800-424-2460, www.naeyc.org, and the American Academy of Pediatrics 800-433-9016, www.aap.org).

If the childcare staff members are uncertain about whether the child's illness poses an increased risk to others, the child will be excluded until a physician or nurse practitioner notifies the childcare program that the child may attend. A child whose illness does not meet any of these conditions listed above does not need to be excluded.

- Criteria for Excluding Staff Members Who Are Acutely ill or Injured: A staff member is excluded for illness or injury if the staff member cannot competently perform the duties as required by that staff member's job description or if the condition poses a risk to others in the facility.

b. Admission and Permitted Attendance

Specific conditions that do not require exclusion are:

1. Children who are carriers of an infectious disease agent in their bowel movement or urine that can cause illness, but who have no symptoms of illness themselves. Exceptions include E. coli 0157:H7, shigella or Salmonella typhi.
2. Children with conjunctivitis (pink eye) who have a clear, watery eye discharge and do not have any fever, eye pain, or eyelid redness.
3. Children with a rash, but no fever or change in behavior.
4. Children with cytomegalovirus infection, provirus B19, HIV or carriers of hepatitis b.

c. Procedure for Management of Short-term Illness

Site directors will decide whether a child who is ill will be permitted to come for the day or remain in the program.

If the child appears mildly ill, but will be staying for the day:

1. The child's caregiver will complete an symptom record to document date, time, and symptoms of illness. (See Appendix J).
2. The caregiver and the parent(s) or legal guardian(s) will discuss treatment and develop a plan for the child's care. The staff should contact the child's health care provider if the caregiver has questions or does not understand the instructions provided by the health care provider.
3. The caregiver will complete the symptom record during the period that child is in care and give a copy of the symptom record to the parent(s) or legal guardian(s) when the child leaves the program for the day.

If the child becomes ill during the time the child is in care:

1. The caregiver will notify director/assistant director/supervisor and complete the symptom record (See Appendix J).
2. Administration will determine if the child may remain the program or is too ill to stay in childcare.
3. Administration will call the parent(s) or legal guardian(s).
4. The child's symptoms will be treated as agreed upon with the parent(s) or legal guardian(s). The treatment will be written on the symptom record. The caregiver will reassure the child.
5. The symptom record will be given to the parent(s) or legal guardian(s) so that the parent(s) or legal guardian(s) has the information needed to continue the child's care and, if necessary, to consult the child's health provided for management of the child's illness.
6. If the child is too ill to stay in childcare, the child will be provided a place to rest until the parent(s), legal guardian(s) or designated person arrives. The child will be

supervised at all times by someone familiar with the child. A child with a potentially communicable illness that requires that the child be sent home from child care will be provided care separate from other children with extra attention to hygiene and sanitation until the child leaves the facility.

- Situations That Require a Note From a Health Care Professional: A note from the child's or staff member's primary health care professional is necessary only when staff members need advice about any special care required by the child or staff member or if the child's or staff member's condition poses a health risk to others. Any child with symptoms of a communicable disease or infection that can be transmitted directly or indirectly and which may threaten the health of children in care shall be excluded from attendance until the center receives notification from a physician or CRNP that the child is no longer considered a threat to the health of others. 3270.137 Staff members rely on the family's description of the child's behavior or symptoms to deter-mine when a child is well enough to return after an illness or injury in other cases. Directors will consult Managing Infectious Diseases in Child Care and Schools for further clarifications.

- Infection Control Plan: In the event of an outbreak, this facility will

  i. Rigidly observe keeping children in contact only with teachers/caregivers and children in their own group.

  ii. Strictly observe hand and surface hygiene measures.

  iii. Use the daily health check to exclude children from attending the child care facility according to the facility exclusion policy.

  iv. Teach staff members and parents/guardians how to limit the spread of flu with vaccines, beginning in September and continuing until everyone has received immunizations into March or April—especially for children and adolescents 6 months to 18 years of age, teachers/caregivers, and parents/family members of children younger than 5 years. Our facility encourages that all family members receive the flu vaccine as soon as it becomes available in our community unless an individual has a valid medical reason not to do so.

  v. Support staff members who are ill so they can stay at home until they are well again with accrued paid sick time.

  vi. The center director has a plan for handling staff absences and program closings that includes substitutes for staff members who are ill, advising families how to continue their child's learning if the program is closed, meeting payroll, communicating with staff members and families, and modifications to the program if the program must be reduced or closed.

- **Permitted Attendance and Care for Mild Illness:** The following conditions or symptoms do not require exclusion:

  ••Common colds, runny noses (regardless of color or consistency of nasal discharge).

  ••A cough not associated with an infectious disease (eg, pertussis/whooping cough) or a fever (temperature of 100°F auxillary/in an armpit, 101°F orally, 102°F rectally or equivalent

reading with another type of thermometer). Rectal temperature taking requires specialized training and caution about possible concerns of child abuse.
(Must have negative COVID test to return to care or quarantine the 10 days)
••Watery yellow or white discharge or crusting eye discharge without fever, eye pain, or eyelid redness.
••Yellow or white eye drainage that is not associated with pink or red conjunctiva (ie, whites of the eyes).
••Pinkeye (bacterial conjunctivitis) indicated by pink or red conjunctiva with white or yellow eye mucous drainage and matted eyelids after sleep. Parents/guardians of children and staff members with conjunctivitis should seek and follow the advice about this condition provided by a primary care professional. If 2 unrelated children in the same program have conjunctivitis, the organism causing the conjunctivitis may have a higher risk of transmission and a child health care professional should be consulted. *Child shall be excluded until medication has been active for at least 24 hours.
••Fever without any signs or symptoms of illness in children who are older than 4 months regardless of whether acetaminophen or ibuprofen was given. Temperature above 100°F (37.8°C) auxiliary (armpit), 101°F (38.3°C) orally, 102°F (38.9°C) rectally, or measured by an equivalent method is a fever, an indication of the body's response to something. Body temperature can be elevated by overheating caused by overdressing or a hot environment, reactions to medications, and response to infection. If a child is behaving normally but has a body temperature above the thresholds indicated, the child should be monitored but does not need to be excluded for fever alone. Infants younger than 4 months with fever should be evaluated by a medical professional; infants younger than 2 months suspected to have an elevated body temperature should get medical attention immediately, within an hour if possible.
••Rash without fever and behavioral changes.
••Lice or nits (exclusion for treatment of an active lice infestation may be delayed until the end of the day).
••Ringworm (exclusion for treatment may be delayed until the end of the day).
••Molluscum contagiosum (do not require exclusion or covering of lesions).
••Thrush (ie, white spots or patches in the mouth or on the cheeks or gums).
••Fifth disease (slapped cheek disease, parvovirus B19) once the rash has appeared.
••Methicillin-resistant *Staphylococcus aureus* (MRSA) without an infection or illness that would otherwise require exclusion. Known MRSA carriers or colonized individuals should not be excluded.
••Cytomegalovirus infection.
••Chronic hepatitis B infection.
HIV infection
••Children and adults who had diarrhea and are now able to confine their stool to the toilet or diaper may return to care after 24 hrs. For some infectious organisms, exclusion is required until certain guidelines have been met. These agents are not common, and teachers/caregivers usually do not know the cause of most cases of diarrhea.
••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 child care programs make reasonable accommodations for children with disabilities and/or chronic illnesses, considering each child individually.

d. Reporting Requirements

Some communicable diseases must be reposted to public health authorities so that control measures can be used. Administrations will obtain an updated list of reportable diseases from the local or state health authorities annually. A copy of this list will be shared with each parent(s) and legal guardian(s) at the time of enrollment. Families and staff will be reminded to notify site directors within 24 hours after the child or staff has developed a known or suspected communicable disease and to inform administration if any member of their immediate household has a reportable communicable disease. While respecting the legal boundaries or confidentiality of medical information, administration will notify the appropriate health department authority about any suspected or confirmed reportable disease between the children, staff, or family members of the child and staff. (COVID has been added to the list of communicable diseases.

The telephone number of the responsible local or state health authority to whom to report communicable diseases is posted in the office.

Families of children who may have been exposed to a child with a communicable disease or reportable condition will be informed about the exposure according to the recommendations of the local health department

e. Obtaining Immediate Medical Help

At any time we believe a child's life may be at risk, or there is a risk of permanent injury, immediate medical treatment will be required. Ie: anytime an epipen is administered 911 would be called for care.

Some children may have urgent situations that do not require ambulance transport but still need medical attention. In this case, the legal guardian will be informed of the condition, and if the guardian(s) cannot reach the physician within one hour, the child should be taken via ambulance to the hospital. (See Model Child Care Health Policies, Appendix L)

7. Health Plan

a. Child Health Services

Immunizations will be required according to the current schedule recommended by the U.S. Public Health Service and the American Academy of Pediatrics (see www.aap.org).

Center Administration will check with the public health department of the American Academy of Pediatrics for updates of the recommended immunization schedule.

Regulations regarding attendance of children who are not immunized due to religious or medical reasons will be followed. Non-immunized children will be excluded during outbreaks of vaccine preventable illness as directed by the state health department.

Routine preventive health services will be required according to the current recommendations of the American Academy of Pediatrics. (See www.aap.org) Documentation of an age appropriate health assessment should be obtained before, but is required no later than, 30 days after the child starts receiving care. Parent(s) or legal guardian(s) are responsible for assuring that their children are kept up-to-date and that a copy of the results of the child's health assessment is given to the program.

A visit to the doctor for a special health assessment or new documentation is not required for admission if documentation of an age-appropriate health assessment is provided. Questions raised about the child's health will be directed to the family or (with permission of the parent(s) or legal guardian(s)) to the child's health care provider for explanation and implications for childcare. Administration will check annually with the public health department or the American Academy of Pediatrics for updates of the schedule for routine preventive health services.

Children may be excluded for failure to be immunized and provide supporting documentation to the center. A child whose immunizations are not kept up-to-date will be dismissed after three written reminders to the parent(s) or legal guardian(s). Administration will check the facility's records to be sure each child's immunizations and other routine preventive health services are current every 6 months. Administration will remind parent(s) and legal guardian(s) to provide documentation of health assessments.

b. Health Consultation

The health consultant will provide ongoing consultation to the childcare facility and will help develop and approve all written policies relating to health and safety. The health consultant will visit the facility to review and give advice on the health component.

The health consultant will provide advice about accommodations required for children with specific health problems, design and review surveillance systems for injury and illness, assist with staff and family education, and be a source of contacts within the health care community. To serve as health consultants for childcare, nutrition professionals, oral health professionals, mental health professionals and other health professionals should have pediatric credentials or advanced training in pediatrics. The Executive Director has also been formally trained as a Child Health Advocate.

c. Health Education

Health education will be a part of the curriculum for staff, families and children. Topic areas for staff and families may include: nutrition, stress management, exercise, child development, prenatal care, management of chronic disease, substance abuse, safety, first aid, control of infectious disease, and other topic areas based on community needs and interests.

Focused Health Education: Speakers and materials may be obtained from community hospitals, children's hospitals, voluntary health organizations, public health departments, health consultants, drug and alcohol programs, medical/oral health/nursing/mental health providers and organizations, health agencies, and local colleges and universities.

All health education activities and materials for children will be developmentally appropriate. Health practices will be integrated into daily routines and focused on topic areas such as Child Passenger Safety Week, Nutrition education, online safety, Week of the Young Child, and Fire Prevention Month. Topic areas for children include: physical health, oral health, social health, emotional health, medication/substance abuse, safety, first aid, and preventing infectious disease. (See *Caring for Our Children* for contact information on organizations that provide health education materials.)

Programs will notify parent(s) and legal guardian(s) if sensitive topic areas are including in the health education plan. Parent(s) or legal guardian(s) must notify the staff of the facility if they do not want their child to be involved in activities related to a specific topic.

d. Referral for Services

If a staff person has observed inappropriate behaviors, inappropriate development level of the child, or concerns for the welfare of a child in the classroom, the staff must report concerns to the Director. Directors will meet with parents to discuss the concerns and referrals to community-based services will be provided.
The Director will conduct observations of the child's interaction with children and staff. The Director will notify parent(s) and legal guardian(s) of sensitive topic areas. A care plan meeting will be set up with staff, the director and the parent(s) or guardian(s). The Director will inform and assist the parent(s) and/or guardian(s) in making the referral to the appropriate agencies.

Our program staff only provides developmental screenings and age appropriate assessments. After the assessment is completed, and parent(s)/teacher conferences are held, if further assessment is indicated or any assistance is needed outside the scope of expertise within our program, referrals will be made with the written consent of the parent(s). This assures that the assessment is conducted appropriately and can provide more information.

Parent(s) may choose, and are encouraged, to contact outside agencies/organizations for programs or services directly (i.e. without a referral if the organization does not require one.) Staff members are encouraged to help families who need assistance with negotiating health, mental health, educational services, or other assessments needed for their children. Center Directors maintain lists of resources that can be shared with any

parent(s) who would like information about organizations that provide early intervention or other kinds of help.

d. Consultants and Child Care Health Advocate

i. Health Consultant the health professional who serves as this facility's CCHC is Sharon Breish. Our CCHC visits this facility as needed, in addition to being available to answer questions of staff members by phone and email.

ii. Health Advocate: This facility's child care health advocate is Nicole Fetherman. In addition to other roles in our program, our child care health advocate makes sure the key tasks related to health and safety are done. Our health advocate may not do all required tasks but makes sure that all are done. Our child care health advocate coordinates with our executive director to be sure we follow best practices for health and safety.

iii. Early Childhood Mental Health Consultant: This facility's ECMHC is provided by PA Keys resources as needed to manage behavioral concerns.

iv. Early Childhood Educational Consultant: This facility's early childhood educational consultant Pat Miiller and other regional key members come at least semiannually to observe and advise staff members about teaching strategies and other aspects of the educational components of the program.

e. Health and Human Service Information

Health and human services information is given to parent(s) and /or guardian(s) at registration, open house (annually), during conferences, and at the request of the family. This information is provided at parent(s) at registration and is available in the office. Please see the Director for additional information.

f. Community Service Information

Families are provided with information regarding public, social, and community service. Information is distributed at enrollment, in the office, through our distribution list, or at the request of the family. This information is updated periodically throughout the year. Please see the Director for additional information.

The parent(s) contact distribution list is used to receive program updates delivered to your email addresses (work, home or both). A registration form is provided at enrollment if you are interested in receiving information (including emergency alerts, program events, activities, and registrations) by email. Your information will be kept confidential, and will not be shared with any other agencies. Our data base will be used strictly to share information about LifeSpan and important updates.

g. Children with Special Needs

The Director shall make reasonable accommodation to include a child with special needs in accordance with the Americans with Disabilities Act of 1990. The Director shall assign an adult who provides specialized services to a child with special needs to provide those services on the facility premises as specified in the child's Individualized Education Program, Individualized Family Service Plan, formal behavioral plan, or program plan.

Because of the diverse set of needs of the children in our program, it is important to gather as much information about the best ways to educate each child. IEP's and IFSP's are created by service providers working with children with special needs and include this information. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice.

At enrollment parent(s) are given a request form for IEP/IFSP to complete. IEP/IFSP forms can be used to inform teachers and their classroom practices. Parent(s) will complete the form prior to enrollment and determine whether or not this may apply to the individual. If you choose not to provide this information, you can decline on the request form. Some children may require a special care plan along with or in absence of an IEP.

The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPAA). Releases of information may also be required to speak to members of a child's treatment team. Professional development regarding privacy issues, and HIPAA in particular, is highly recommended.

8. Medication Policy

a. Principle

This facility will administer medication to children with written approval of the parent(s) and an order from a health provider for a specific child or a specific condition for any child in the facility for which a plan has been made and approved by administration.

Medication administration in child care will be limited to situations when medication cannot be given at home. Whenever possible, the first dose of medication should be given at home to see if the child has any type of reaction.

b. Procedure

Administration will administer medication only if the parent(s) or legal guardian(s) has provided written consent; the medication is available in an original labels prescription or manufacturer's container that meets the safety check requirements in Appendix M. The facility must have on file the written or telephone instructions of a licensed physician/clinician to administer the specific medication.

1. For prescription medications, parent(s) or legal guardian(s) will provide caregivers with the medication in the original, child-resistant container that is labeled by a pharmacist with the child's name, the name and strength of the medication; the date the prescription was filled; the name of the health care provider who wrote the prescription; the medication's expiration date; and administration, storage and disposal instructions. For over the counter medications, parent(s) or legal guardian(s) will provide the medication in a child resistant container. The medication will be labeled with the child's first and last names; specific, legible instructions for administration and storage supplied by the manufacturer; and the name of the health care provider who recommended the medication for the child.
2. Instructions for the dose, time, method to be used, and duration of administration will be provided to the child care staff in writing be (by a signed note or prescription label) or dictated over the telephone by a physician or other person legally authorized to prescribe medication. This requirement applies both to prescription and over the counter medications.
3. Nonprescription Sunscreens, Diaper Creams, and Insect Repellents: These products require written parent/legal guardian consent but do not require a written order from a health care professional. (See consent forms for sunscreen and insect repellents at www.ucsfchildcarehealth.org/pdfs/forms/Sunscr_SunSm.pdf and www.ucsfchildcarehealth.org/pdfs/forms/insectrepen.pdf, respectively.)
4. Symptom-Triggered Medication Administration: A licensed prescribing health care professional may state that a certain medication may be given for a recurring problem, emergency situation, or chronic condition. The instructions should include the child's name, name of the medication, dose of the medication, route, how often the medication may be given, conditions for use, and any precautions to follow. Any medication with instructions that state that the medication may be used whenever needed must be reviewed and renewed by the prescribing licensed health care professional at least annually. Standing orders for medication (ie, orders written in advance by a health care professional that describe the procedure to follow in defined situations) can be implemented only if the instructions for administration of the medication are clearly defined in the child's special care plan. An example of standing orders is a child who wheezes with vigorous exercise who may take one dose of asthma medicine before vigorous active (large-muscle) play. A child with a known serious allergic reaction to a specific substance who develops symptoms after exposure to that substance may receive epinephrine from a staff member who has received training in how to use an auto-injection device prescribed for that child (eg, EpiPen).

5. Staff members authorized to give medication in this facility: Any staff member who has completed the medication administration training, documentation located in the medication log book along with training certificate. They have received training that includes the content provided in the Healthy Futures medication administration curriculum. (See the Medication Administration Observation Checklist at www.ecels-healthychildcarepa.org/tools/checklists.)
6. Storage of Medications: Medications are kept at the temperature recommended for that type of medication in a sturdy, child-resistant, closed container away from food or chemicals. The storage arrangement is inaccessible to children and prevents spillage.
7. Expired Medications: Medication is not used beyond the date of expiration on the container or beyond any expiration of the instructions provided by the physician or other person legally permitted to prescribe medication. It will be returned.
8. The director/assistant director/ family coordinator checks for the required information on the medication container and any accompanying instructions before accepting the medication. Medication is then stored properly and arrangements are made to administer and document the administration of each dose given as required.
9. Medication Errors and Reactions to Medications: Preventing medication errors are prevented by checking and documenting the following 5 items each time the medication is given, right child, right medicine, right dose, right time, and right route of administration
10. Medication Incidents: Incidents include (eg, spitting out medication, spilling medication, a reaction to the medication) are documented in the medication record for the child

If a medication error occurs, the Regional Poison Control Center and the child's parent(s) will be contacted immediately. The incident will be documented in the child's record at the facility.

9. Emergency Plan

a. First Aid Kits

First aid kits will be located in each classroom and the office yet inaccessible to children, and will be restocked following use to maintain the supply of items listed in Appendix N. Additionally, the kit will contain an emergency dose of medication for any child in the group who may require such medication (e.g. Epi-pen, metered-dose inhaler for asthma, antihistamine for allergic reaction). An appropriately supplied first aid kit will be taken on trips (walking or vehicular) to and from the facility. Staff will check the contents to the first aid kit and replace missing or expired items monthly.

b. Emergency Phone Numbers

All caregivers will have immediate access to a device that allows them to summon help in an emergency. The telephone number of the fire Department, Police Department, Hospital, and Poison Control will be posted by each phone with an outside line. Emergency contact information for each child and staff member will be kept readily available. Telephone numbers for contractors who provide specific types of building repairs for this facility are kept in the office. These contractors can be called by administration for problems with electricity, heating, plumbing, snow removal, trash removal, and general maintenance. The list of emergency telephone numbers and copies of emergency contact information and authorization for emergency transport will be taken along anytime children leave the facility in the care of facility staff.

Emergency contacts will be updated at least every 6 months. Emergency phone numbers will be verified by calling the numbers to make sure a responsive, designated person is available.

- Access to emergency contact and health information: The center director ensures that emergency contact and health care information for each child and volunteer or employed staff member is readily available when children or adults are engaged in activities on-site or off-site. A copy of this information will be available and given to EMS in a medical emergency.
- Updating and Verifying Emergency Contact and Health Information: Emergency contact and health information is updated and verified by calling the numbers quarterly. For children, this information includes work addresses and emergency phone numbers or other means of rapid contact for parents/legal guardians and 2 alternate emergency contacts, contact information for the child's primary health care professional, and health information relevant to care in an emergency. For adults, this information includes a next of kin and an alternate emergency contact, the primary health care professional, and health information relevant to care in an emergency.

c. Lost or Missing Children

To prevent lost or missing children, staff will count children frequently while on a field trip. A staff person will be responsible for performing a "sweep" of the area or vehicle the children are leaving to be sure that no child is overlooked. Staff will identify and implement specific systems for speeding recovery of missing children, such as uniform, brightly colored T-shirts, accessible identification and contact information for the children, name to face cards, and instructions to older children about what to do if they separate from the group. Staff will not make the child's name visible to a stranger who might use the child's name to lure the child from the group. See XI, E. Route Planning and Trip Safety 1-8, for related policies.

d. Child Abuse (See Discipline). All staff are mandated reporters.

e. Injuries or Illness Requiring Medical or Dental Care

For minor injuries, cuts and scrapes, an incident report will be sent home with your child outlining what, when, and how the incident happed. The first aid given and by which staff member will also be included. You will be asked to sign the report and given the original to keep for your records. One copy will be kept in the child's file. A third copy will be kept in a injury tracking logs. Accidents will be recorded and tracked to evaluate areas for improvement.

If an incident occurs involving injury to the teeth, head, mouth, eyes or a wound is bleeding severely, or severe bruising or swelling occur, you will be contacted immediately. In the event of a more serious accident, your child will be accompanied by a LifeSpan staff member and taken to the hospital by ambulance. LifeSpan staff will not transport your child by car at any time.

Injuries and illness will be tracked on monthly logs. Staff will complete illness reports. Details are documented and parent(s) is contacted if necessary. The lead teacher will share an individual incident report with parent(s) at time of pick-up and obtain signature of parent(s) as acknowledgment of incident. The lead teacher will log the incident into the illness tracking log. At the end of the month, the lead teacher will submit the log to the Director. The Director reviews the illness log at least monthly. The Director will note any patterns/trends (time, room, staff, equipment, routines, etc.) If trend is determined, a review of the classroom/outside environment will be made to determine cause(s) of trend and Speak with Staff involved to provide training or mentoring as needed or seek technical assistance if needed. A timeline will be created for change to be made and implemented. The Director will re-evaluate changes to determine effectiveness.

Dental Emergencies: Are the licensed providers who have agreed to accept emergency dental referrals of children and to give advice regarding a dental emergency unless otherwise indicated by the parent(s) or legal guardian(s). Dental injuries will be given first aid as in 1 above. If emergency dental care is required, a staff member will accompany the child and remain with the child until the parent(s) or legal guardian(s) assumes responsibility for the child.

f. Serious Illness, Hospitalization and Death

All staff will activate the Emergency Medical Services (EMS) system by dialing 911 when immediate medical help is required. Staff will contact a parent(s) or legal guardian(s) or, if the parent(s) or legal guardian(s) cannot be reached, the alternative emergency contact person. The emergency facility used by the program is listed in the Basic Emergency Plan. Prior to a specific medical emergency staff will contact the emergency facility to find out what procedures are followed for emergency treatment of children not accompanied by a parent(s) or legal guardian(s).

A staff member will accompany the child and remain with the child until the parent(s) or legal guardian(s) assumes responsibility for the child. Child: staff ratios will be maintained at all times for the children remaining in the facility. Staff/administration will substitute for the missing caregiver in such emergencies.

Attending staff will complete an injury report form as soon after the incident at possible. The form will be signed by the parent(s) or legal guardian(s). Copies will be distributed to the parent(s) or legal guardian(s), the child's record at the facility, and the facility's Injury Log.

Administration will immediately notify the Department of Human Services/OCDEL of a serious illness, hospitalization, or death of a child or staff member that occurs related to childcare or during the childcare day. Administration will plan and carry out communication with staff, families, children, and the community as appropriate.

g. Media Inquiries

Refer all media inquiries to administration. Do not allow access by the media to the facility during a crisis situation. Media access will be prearranged at times when staff and families have been informed and when such visits will cause the least amount of disruption to the program. See Appendix Z for our social media policy.

10. Security and Evacuation Plan, Drills, and Closings

a. Emergency Plan (Refer to Basic Emergency Plan)

b. Opening and Closing Procedures

Opening Procedure: Unlock the main entrance and deactivate alarms. Turn lights on in each classroom. Check each unit for cleanliness and readiness. Make available a new medication sheet with correct date in office.

Closing Procedure: Check each classroom for cleanliness and readiness. Check all windows to be sure they are shut tightly and locked. Turn lights off in each classroom. Doors in each classroom are to be pulled shut and checked for secured lock.

- Kitchen Check: Coffee pot off and unplugged, dirty dishes put in dishwasher, dirty laundry put in washer.
- Office Check: Copy machine turned off, laminator turned off, Computers off, Checks and money locked away in safe, lights out, and doors locked.

Reactivate alarm, lock main doors.

c. After Hours of Operation

For children who have not been picked up in a reasonable amount of time after closing, but more than 1 hour, the proper authorities will be notified.

d. Visitors

Policy: All doors entering the center must be kept locked at all times. All unauthorized persons will enter and exit thought the main entrance of each center.

Procedure: All unauthorized persons (those persons not hired as a Lifespan employee in the care of children, adult clients or in daily operations of Lifespan center) are to report to the main office. All visitors will sign the Visitor Log upon arrival and departure. The purpose of their visit will also be documented. For visitors who come regularly for special services like speech or early intervention, copies of clearances and ID badges will also be kept on file in the main office.

Visitors are never to be left unattended for any reason. Visitors will be escorted to and from their destination by a Lifespan staff.

Should no one be available to meet the needs of the visitor ask the visitor for their name, phone number, reason for visit and a time someone could call to set up an appointment.

e. Visitation of Staff's Children at the Center

LifeSpan's policy regarding the visitation of children during their learning experience at the day care center is the same whether you are a staff member or not.

Staff members are not permitted to take their own children out of their classroom during the day unless they are leaving the building. A level of comfort and familiarity of the day care environment takes place and can result in the staff's children feeling freedom that they otherwise would not feel. Taking your child into other rooms to "visit" changes the ratio of that room and also can be confusing to your child indicating to them it is not necessary for them to remain with their classroom (for example: when transferring from playground to classroom).

Children must go to their assigned room immediately upon entering the building and stay in their room until the completion of their parent(s)'s shift.

f. Security Plan

All staff are given a personal pin and password to enter the building. A staff member is at the front desk at all times to allow visitors into the building and escort them to the correct classroom. Parents are also given personal pin and password access to securely enter the building using the kiosk in the main lobby.

School Age sites check in with district faculty. All school doors are secured and a doorbell is at the site main door for parents to ring.

g. Evacuation Procedure (Refer to Basic Emergency Plan)

h. Fire or Risk of Explosion

To insure safety for the students in evacuation of the building in case of fire or other emergencies, fire drills are to be held once a month. It is essential that the evacuation of the building be orderly and efficient. Children should respond instantly to the bell, leaving their area and walking quietly but quickly to the places assigned for each class. A class list and the emergency contact book should accompany the teachers and attendance should be taken once you are outside. Fire Drill should be recorded on the Fire Drill Log (See Appendix P).

i. Power Failures

In the event of a power failure, facilities will stay open as long as necessary basic care can be met.

j. Closing Due to Snow/Storm

If the facility must close early due to a State of Emergency, all parents/legal guardians will be notified to arrange a safe and timely pick up. If weather conditions prevent a parent(s) or legal guardian(s) from reaching the facility to recover a child, the site supervisor will care for the child until the parent(s) or legal guardian(s) can safely reclaim the child. Alternate arrangements must be made to have your child picked.

If the facility must close prior to normal hours of operation, notices will be available via Channel 69 News, NBC10 and LifeSpan's Facebook page.

k. Floods, Tornadoes, Hurricanes, Earthquakes, Blizzards or Other Catastrophes (Refer to Emergency Plans)

l. Inspections

Frequent inspections will occur daily and monthly to ensure the building and surrounding components are safe and secure for child care. The inspection may be conducted by using a site developed checklist or other means that assures that all aspects of the space and equipment are included. Both a visual daily inspection and monthly written documented inspection is required.

m. Sun Safety

- This facility protects children and staff members from the harmful effects of ultraviolet (UV) radiation, using the following measures:

a. Protection from Injury from Exposure to the Sun:

i. The program arranges for shade and encourages use of shade in outdoor play areas and areas where children go for field trips. In addition to application of sunscreen as indicated on the product label, for outdoor play and field trips that occur between 10:00 am and 2:00 pm, children and teachers/ caregivers must wear sun-protective clothing and/or be in shaded areas. Infants younger than 6 months are kept out of direct sunlight.

ii. To be outdoors in sunlight, all children are dressed in cool, comfortable, lightweight, tightly woven (sun-protective) clothing that covers the body but allows evaporation of sweat. They wear a wide-brimmed hat that shadows the eyes, ears, face, and neck.

ii. Parents/legal guardians are asked to provide shatter-resistant sunglasses that block 99% to 100% of UV light for children to wear when exposed to the sun.

iv. Teachers/caregivers apply sunscreen (of SPF 50 as recommended) no less than 15 to 30 minutes prior to sun exposure on skin that is not protected by clothing.

Each classroom teacher collects a signed authorization and instruction for use of sunscreen and how to apply it from parents/legal guardians. Sunscreen is reapplied approximately every 2 hours if children continue to be exposed to sun.

11. Authorized Care Givers

a. Documentation of Authorized Caregivers

Lifespan will maintain in the files, written authorization by the child's parent(s) or legal guardian(s) of the names, addresses, and telephone numbers of individuals whom the parent(s) or the legal guardian(s) have approved to care for the child, pick up the child for them, and to take the child out of the facility on trips.

b. Sign In/Sign Out Procedure

All children must be escorted in to and out of the building and to the child's classroom by a parent(s) or guardian(s). Children must be signed in and out either by using the KIOSK or the parent(s) book at the school age programs. This policy will be provided to families at the time of enrollment and will be strictly enforced.

c. Policy for Handling and Unauthorized Person Seeking Custody

1. The director will contact the custodial parent(s) or legal guardian(s) named on the child's enrollment forms.

2. Telephone authorization to release child to someone who does not usually pick up the child will be accepted only in concert with prior written authorization from the custodial parent(s) or legal guardian(s) for such an exceptional release. The staff person who accepts such authorization will call the previously documented phone number of the parent(s) to verify that the parent(s) is activating a phone authorization for release of child. The staff person will document the results of this call in the child's record, as well as the time and to whom the custodial parent(s) or legal guardian(s) gave telephone authorization for release of the child on the verbal request for release of child form. Appendix BB.
3. No child will be released without the presence or permission of the custodial parent(s) or legal guardian(s).
4. Any authorized person who is not recognized by the staff will be required to provide photo identification such as a driver's license, work or school ID before the child is released. The custodial parent(s) or legal guardian(s) may provide a photograph of authorized persons for pick up of the child, which will be kept in the child's record at the facility.
5. The director will notify the police if an unauthorized person seeks custody of the child.
6. Custody/Court Orders: Custody issues or court orders will be copied, made known to staff members, honored and kept on file in the main office.

d. Policy or Handling of Persons who May Pose a Safety Risk

(Includes abusive parent(s) or legal guardian(s) and any adults who cannot take the child safely from the facility)

1. The child will not be released to anyone who cannot safely care for the child.
2. The director will notify the police to manage an adult under the apparent(s) influence of drugs/alcohol or an individual who poses a safety risk.
3. The director will contact the emergency contact person to make arrangements for the child's transport to a place of safety. If no one is available to care for the child, the director will contact child protective services for guidance.

12. Safety Surveillance

a. Hazard identification and correction

The Site Director will conduct monthly inspections of the facility for hazards. The results of the site inspections will be reviewed by the executive director to arrange for correction of hazardous conditions identified. Written reports of the inspections and corrections will be kept in the program files (See Appendix Q).

1. Escape Hazards: The director will maintain and review with the staff annually a list of potential high-risk locations /situations where a child might escape unnoticed from the group. Staff will use this list to plan for increased supervision in these high-risk

locations and situations. If such a high-risk escape hazard is identified between annual reviews, staff will take action immediately.

2. Evacuation Hazards: The site director will be responsible for establishing and updating a checklist of locations to be assessed during evacuation to assure complete surveillance of the building before an evacuation is declared complete. The checklist will identify usual and likely-to-be-forgotten locations such as: under a cot, behind a sofa, in a toy bin, in a closet, kitchen, or toilet room. (See evacuation procedure B. 4)

b. Review of injury reports

All injuries are recorded on an Injury Report Form (see Appendix O) and entered on a log form each month. Injury reports are logged and saved for one year. Directors review and evaluate injury reports to look for trends and identify hazards for corrective action. Logs will also be reviewed by the Safety Committee once a month or upon request.

13. Transportation and Field trips

a. Daily transportation to and from the Program

Transportation to and from the facility is provided by parent(s)s, legal guardian(s)s, or others designated by the parent(s)s or legal guardian(s)s and should include use of age-appropriate and size-appropriate seat restraints (car seats and/or seat belts). Staff members are not permitted to transport LifeSpan children at any time, except in an emergency situation starting in the Emergency Plan.

If the parent(s) or legal guardian(s) does not provide appropriate seat restraints or resists using them for their children, staff will remind them about the risk involved and any applicable laws that require use of restraints for transport of children. Staff may arrange for education of families and staff by local public safety and emergency personnel with specialized training.

At the time of registration, parent(s) sign a General Permission slip authorizing walking field trips within the vicinity of the site.

School Age children who attend am or pm care at any location are transported by bus to/from their respective home school sites by local school district bus companies. Individual transportation permission slips must be completed by the parent(s) in advance. The program coordinator and school secretary must be notified by the parent by 1:00 pm the day of attendance.

b. Field Trips

Field trips by bus are scheduled for School Age Summer Camp once a week. Parent(s) are notified in advance of all planned field trips in which children are transported by bus.

Individual permission slips must be completed by the parent(s) in advance.

14. Sanitation and Hygiene

a. Hand washing

- Signs are posted at each sink with the times when hand washing is required and the steps to follow.
- At a minimum, hands must be washed by staff, volunteers, and children:
  - Upon arrival for the day, when moving from one childcare group to another or coming in from outdoors.
  - Before and after:
    Eating, handling food, or feeding a child
    Giving Medication
    Playing in water that is used by more than one person
  - After:
    Diapering and toileting
    Handling bodily fluids (mucus, blood, vomit) and wiping noses, mouths, and sores
    Cleaning or handling garbage
    Handling pets or other animals
    Playing in sandboxes
- All staff, volunteers, and children will wash hands as follows:
  - Moisten hands with water and apply liquid soap. Rub hands with soap and water for at least 20 seconds. Include between fingers, under and around nail beds, back of hands and any jewelry.
  - Rinse hands well under running water with fingers down so water flows from wrist to finger tip. Leave the water running.
  - Dry hands with paper towel or approved drying device. Drying devices will not be used unless there is a faucet that does not require the user to touch the faucet after the hands are washed.
  - Use a towel to turn off the faucet and, if inside the toilet room with a closed door, use the towel to open the door. Discard the towel in an appropriate receptacle.

- Alternate Hand Wash for Children Unable to Stand or Be Held at a Sink: If a child cannot stand at a sink and is too heavy to hold for hand washing at the sink, the teacher/caregiver may use this method. It is less satisfactory than hand washing at a sink.

i. Use disposable wipes or a damp paper towel moistened with a drop of liquid soap to clean the child's hands.

ii. Wipe the child's hands with a paper towel wet with clear water.
iii. Dry the child's hands with a fresh paper towel.

b. Hand Sanitizer

- Hand sanitizer may be used with children ages 24 months and older for hand washing unrelated to meals/snacks, toileting/diapering and when not visibly soiled.
    - Read the label before using a hand sanitizer. If the instructions on the hand sanitizer prohibit its use for children, then hand sanitizer should not be in the facility.
    - The provider must obtain written parental permission for a child to use a hand sanitizer prior to permitting a child to use the hand sanitizer. The signed permission form must be kept on file in the child's record at the facility.
    - Hand sanitizer must be inaccessible to children when not in immediate use.
    - A staff person must be physically present with and supervising a child who is using a hand sanitizer and remain with the child until the hand sanitizer is dried.

c. Diapering

1. Diapering will be done only in a designated diapering area. Food handling will not be permitted in diapering areas.
2. Surfaces in diapering areas will be kept clean, waterproof, and free of cracks, tears, and crevices.
3. All containers of lotions and cleaning items are to be labeled with each child's name and instructions and stored off the diapering surface and out of reach of children.
4. All staff and volunteers will follow the following diapering procedures:
    - Collect all supplies, but keep everything off the diapering surface except for the items you will completely use up during the diapering process: Prepare a sheet of non-absorbent paper that will cover the diaper changing surface from the child's chest to the child's feet. Bring a fresh diaper, as many wipes as needed for this diaper change, non-porous gloves (e.g. latex or vinyl, if used) a plastic bag for any soiled clothes, and a dab of any diapering cream if the baby uses it. Take the supplies out of the containers and put the containers away where they will not be touched during the diaper changing process.
    - Avoid contact with soiled items, and always keep a hand on the baby. Anything that comes into contact with stool or urine us a source of germs will have to be cleaned and sanitized after each diaper change where potential contact with soiled items occurred. Carry the baby to the changing table, keeping soiled clothing from touching the caregiver's clothing. Bag soiled clothing and, later, securely tie the plastic bag to send the clothes home.
    - Unfasten the diaper, but leave the soiled diaper under the child. Hold the child's feet to raise the child out of the soiled diaper and use disposable wipes to clean the diaper area. Remove stool and urine form front to back and use a fresh wipe each time. Put the soiled wipes into the soiled diaper. Note and report any skin problems such as redness.
    - Remove the soiled diaper, clean soiled surfaces, and then remove gloves.

1) Fold the diaper over and secure it with the tabs. Put it into a covered, lined, foot-pedal operated step can. If reusable diapers are being used, put the diaper into the plastic-lined step can for those diapers or in a separate plastic bag to be sent home for laundering. Do not rinse or handle the contents of the diaper.
2) Check for spills under the baby. If there is visible soil, remove any large amount with a wipe, and then fold the disposable paper over on itself from the end under the child's feet so that a clean paper surface is now under the child.
3) Remove the gloves if gloves are being used and put them directly into the step can.
4) Use a disposable wipe to wipe the caregiver's hands.

- Put on a clean diaper- slide the diaper under the baby, adjust it, apply any skin cream if the child uses it, and fasten the diaper.
- Clean the baby's hands, using soap and water at the sink if you can. If the child is too heavy to hold for hand washing and cannot stand at the sink, use disposable wipes or soap and water with disposable paper towels to clean the child's hands. Dress the baby before removing him from the diapering surface. Take the child back to the childcare area.
- Clean and disinfect the diapering area.
- Dispose of the table liner into the step can.
  1. Clean any visible soil from the changing table.
  2. Disinfect the table by spraying it so the entire surface is wet with bleach solution (1 tablespoon of household bleach to 1 quart of water; mixed fresh daily). Leave the bleach of the surface for 2 minutes. The surfaces can them be wiped dry or left to air-dry.
- Wash hands thoroughly as directed in XII A.3 above.

- Checking Children for Need to Be Changed: Hourly, children who have not yet mastered reliable use of the toilet are checked for the need to be changed by external appearance and smell. At least every 2 hours, children who wear diapers or training pants have their diapers or training pants removed to check for a need to be changed or use the toilet.
- Supervision of Children during Changing: Children being changed are supervised by touch at all times when they are on an elevated surface. Safety straps or harnesses are not present in the changing area because they become contaminated during a change. If an emergency arises, teachers/caregivers bring the child from any elevated surface to the floor or take the child with them.

d. Toileting

Toilets will be kept visibly clean. Toilets should be separate from the children's activity area. An adult will accompany children less than five years of age and older children who require assistance to the toilet.

Toilets will be adapted for independent use by the child. A non-slip step, and a toilet seat adapter with a non-porous surface which is easy to wash and sanitize may be used.

Daily, the classroom teacher will clean and sanitize the toilets, step stools, toilet seat adapters and other surfaces used by children for toileting and when visibly soiled.

Potties (potty chairs, training chairs) will not be permitted because of the risk of spreading infectious diarrhea. The only exception will be for individually assigned potties that will be used and stored only in the toilet room. After each use, the classroom teacher will empty the potty into the toilet, clean and disinfect it. The utility sink that is designated for cleaning and sanitizing potties is in the laundry room. When applicable, this sink will be used for no other purpose. The classroom teacher will assure that toilet paper and holders, paper towels, soap dispensers and disposable non-porous gloves are available within easy reach for all users.

The director will monitor toileting areas on a weekly basis to ensure that proper hand washing and cleaning procedures are followed.

Anyone who cleans the toilets or potties will wear non-porous gloves. Staff members who are involved with toileting or cleaning of toilets will adhere to hand-washing routines before leaving the toilet room and again before food handling.

e. Facility Cleaning Routines

The facility will be maintained in a clean and sanitary condition. When a spill occurs, the area will be made inaccessible to children and the office will be notified about the need for clean up. When the surfaces are soiled by bodily fluids or other potentially infectious materials, they will be disinfected after they are cleaned with soap and water to remove all organic material. (See disinfectant materials below). The facility will provide training for staff members that are responsible for cleaning. Such trainings will include cleaning techniques, proper use of protective barriers such as gloves, proper handling and disposal of contaminated materials, and information required by the United States Occupational Safety and Health Administration about the use of any chemical agents.

Cleaning means removing visible soil. *Sanitizing* means reducing the number of germs that can cause disease to a level generally accepted as safe by public health authorities. *Disinfecting* means nearly, but not completely, eliminating germs that can cause disease.

Disinfectant/Sanitizer
Daycare

- Surfaces will be disinfected using a non-toxic solution of 1/2 cup of Clorox bleach to one gallon of tap water made fresh daily by the teacher. To disinfect, the surface will be sprayed until glossy. The bleach solution will be left on for at

least five minutes before it is wiped off with a clean paper towel, or it may be allowed to air dry.

- Surfaces will be sanitized using a non-toxic solution of 2 tsp. of Clorox bleach to one gallon of tap water made fresh daily by the teacher. The bleach solution will be left on the surface for two minutes before it is wiped off with a clean paper towel.

School-age-

- Surfaces will be disinfected and sanitized using a provided sanitizer/disinfectant solution. Surfaces should be cleared of any heavily soiled items. Spray the area with the solution until it is covered and allow to set for two minutes, or as directed on the label. Wipe with a clean paper towel and let dry.

All containers and spray bottles used for disinfectant/sanitizer must be labeled with the following:

- Product EPA registration number
- Dilution recipe
- Contact time required to effectively sanitize/disinfect
- Other directions relevant to proper usage

Routine cleaning of the facility will be supervised by the director according to the schedule and procedures in Appendix R. Facilities cleaning requiring potentially hazardous chemicals will be scheduled to minimize exposure of the children.

f. Pets

The director will be responsible for checking that the appropriate care instructions for pets are followed.

Pets will meet the following guidelines:

1. Any pet or animal present at the facility, indoors or outdoors, must be in good health, show no evidence of carrying any disease, and be a friendly companion for the children. Dogs, cats and other furry animals, if allowed will be immunized for any disease which can be transmitted to humans and will be maintained on a flea, tick, and worm control program. The following animals will not be permitted in childcare:
    - Ferrets.
    - Turtles or other reptiles that can carry salmonella.
    - Birds of the parrot family.
    - Any wild or dangerous animals.
2. Pets will be kept clean and housed in clean living quarters. Children will not be allowed to access the pet's food or excrement. Animal tanks and cages will be secured on such a manner that prevents children from climbing on the structure and prevents the structure from tipping over.

3. All pets will be enclosed in cages or separated by some means from the children except when children are handling them under adult supervision. Children will not mouth pets or put their hands in their mouths after touching the pet or area used by the pet. Pets will not be allowed in areas where food is prepared, stored or eaten.
4. Children, caregivers, and staff will follow proper hand washing procedures after handling animals.
5. In the event of an animal bite or scratch, procedures for first aid and notification of parent(s) or legal guardian(s) contained in these policies will be followed.

g. Plants

The director will be responsible for checking that all plants receive the appropriate care instructions and meet the following guidelines:

- A list of poisonous plants, their appearance, location, and commonly produced reactions is available from local poison control centers. These plants are not permitted in the facility environment.
- No plants are permitted that are toxic; generate a lot of pollen, or that drop small flowers or leaves.
- Children will not be allowed to put plants in their mouths.
- Children, caregivers, and staff will follow proper hand-washing procedures after handling plants.
- In the event of contact with a poisonous plant, the regional poison control center will be consulted for instructions, emergency procedures will be followed, and the child's parent(s) or legal guardian(s) will be notified as soon as possible.

h. Toys

The director will be responsible for checking that all toys receive the appropriate care and meet the following guidelines:

- The classroom teacher will check toys accessible to children less than 4 years of age. Objects are prohibited that have removable parts, or a diameter of less than 1 ¼ inch and a length of less than 2 ¼ inches, or are small enough to fit completely in a child's mouth. No latex balloons, plastic bags and Styrofoam objects can be accessible to children under 4 years of age.
- Children in diapers will have only washable toys. Each group should have its own toys and not share with other groups.
- All toys that are mouthed during the course of the day will be set aside in an inaccessible container before another child plays with the toy. Mouthed toys will be thoroughly washed with soap and water, and disinfected. Toys may be washed and disinfected by hand or by washing in a dishwasher. To wash and disinfect hard plastic toys, soak and scrub the toy in warm, soapy water. Use a brush to get the

crevices clean. Rinse in clean water, and then immerse the toy in a solution of bleach water as when washing dishes by hand. (See XIII B.13 below)

- Cloth toys for children who are still mouthing toys will be limited to use by only one child and cleaned in a washing machine and dried in a clothes dryer every week, or more often if heavily soiled.
- Toys used by children who do not put these objects in their mouths will be cleaned at least weekly and when obviously soiled. Soap or detergent and water followed by clean water rinsing and air-drying will be used. No disinfecting is required.
- Water tables where more than one child plays in the same water will not be used unless the container and toys are disinfected before each use of the table, the children all wash their hands before they use the table, and staff supervise the water play closely to be sure no child drinks the water or has any contact between body fluids (from the child's nose, mouth, eye) and the water in the water table. An alternative to these precautions is to give each child a personal basin of water for play and supervise to be sure children confine their play to their own basin.
- Toys that develop sharp edges are coated with lead paint, have breakable glass, have screws that have unthreaded, or that present risks of injury form common use will be repaired or discarded.
- Communal Water Play: If children engage in communal water play in water tables or unfiltered wading pools where more than one child plays in the same water, the container and toys used in the activity are disinfected before each use of the table or pool and staff members supervise the water play closely to be sure no child drinks the water or has any contact between body fluids (from the child's nose, mouth, or eye) and the water. An alternative to these precautions is to give each child a personal basin of water for play or allow the children to play in a sprinkler. Before children play in a communal water table, be sure they wash their hands, then supervise the activity closely. The program does not include swimming or wading pools.

i. Exposure to Blood and Other Potentially Infectious Materials/Universal Precautions

1. Staff will follow the standard precautions for childcare recommendations by the Centers of Disease Control and Prevention in handling any fluid that might contain blood or other bodily fluids. Standard precautions require treating all blood, fluids that may contain blood or blood products and other bodily fluids as potentially infectious. The instructions from implementing standard precautions are: Spills of body fluids, feces, nasal and eye discharges, saliva, urine and vomit should be cleaned up immediately.

   Use a barrier such as nonporous gloves (e.g. latex or vinyl) or sufficient quantity of paper cloth to clean it up without hand contact with the spilled material. Be careful not to get any of the fluid you are handling in your eyes, nose, mouth or any open sores you may have. Clean and disinfect any surfaces, such as countertops and floors, on to which body fluids have been spilled. Discard fluid contaminated material in a plastic bag that has been securely sealed. Mops used to clean up body

fluids should be cleaned, rinsed with a disinfecting solution, wrung as dry as possible and hung to dry completely. Be sure to wash your hands after cleaning any spill.

2. The Director of Compliance is responsible for developing the Blood-borne Pathogens Exposure Plan (required by the United States Occupational Safety and Health Administration (OSHA) for any facilities with employees), ensuring all staff members are trained in ways to protect themselves, and ensuring that the facility follows the recommendations for immunization against hepatitis b for those whose job includes the risk of exposure to blood. The facility's Blood-borne Pathogens Exposure Plan will conform to the requirements in the model plan provided by OSHA.

j. Occupational Exposure to Blood borne Pathogens/Universal Precautions

All staff complete training in occupational exposure to blood borne pathogens at time of hire in new staff orientation. Content is also reviewed in the required Health and Safety 6 hr. training and during First Aid/CPR certification.

15. Food Handling and Feeding Policy

A. Acceptable Food and Drink

1. Staff Role

a. Food and Beverages Consumed by Adults in This Facility: In the presence of children, unless there is a medical contraindication that requires otherwise, all adults drink beverages and eat fruits and vegetables and meats or meat alternatives such as beans and grains that are being served to children.

b. Teachers/Caregivers Provide Nutrition Education

i. Teachers/caregivers observe and support children's healthy eating habits and hunger and fullness cues.

- ii. All staff members make sure that the food offered to children meets the recommendations for the US Department of Agriculture (USDA) Child and Adult Care Food Program, which are posted on the USDA Food and Nutrition Service Web site.

a. Drinking Water

1. Safe drinking water will be accessible to children who can serve themselves and offered between meals to all children, while indoors and outdoors. Drinking water will be dispensed by personal water bottles or by single-use paper cups.
2. Potable drinking water will be made available to children throughout the day, such as between meals and snacks. Caregivers will offer water to children more frequently when the temperature is above 80 degrees F.

- Water: Clean, sanitary drinking water is available throughout the day when children are indoors or outdoors. Only cold water taps are used to draw drinking water or water for cooking. The US Environmental Protection Agency (EPA) recommends that "Anytime the water in a particular faucet has not been used for six hours or longer, 'flush' your cold-water pipes by running the water until it becomes as cold as it will get. This could take as little as five to thirty seconds if there has been recent heavy water use. Otherwise, it could take two minutes or longer. Your water utility will inform you if longer flushing times are needed to respond to local conditions."

Director of Facilities contacts the local health department annually to be sure the program's source of drinking water is free of lead, parasites, bacteria, and other contaminants and determined that the tap water at this facility fluoridated. (If the facility uses well water, the alternate policy is: The well that serves our facility is checked for chemical and bacterial contamination at least annually.)*

- Prior to 12 months of age, infants are offered their mother's breast milk or formula, not water, for extra hydration on hot days, unless otherwise directed by the child's health care professional in writing. On hot days or when they have been physically active, all children older than 12 months are offered water to drink. All children older than 12 months are offered water for oral hygiene whenever they do not brush their teeth after a snack or meal. Water is offered in a cup or, if the child can drink without touching the water outlet, from a drinking fountain. Water is available at meals and snacks but is not substituted for milk when milk is a required food component unless recommended by the child's health care professional.

- Juice: Children younger than 12 months do not receive juice. Children between 1 and 6 years of age receive no more than a total of 4 to 6 ounces of 100% juice per day. Children who are 7 to 12 years of age receive no more than a total of 8 to 12 ounces of juice per day.
- Use of Bottles or Spill-resistant Cups: Adults and children may not carry around beverages in a cup, can, bottle, or spill-resistant cup. Children do not receive any food or drink in a bottle other than human milk or iron-fortified infant formula unless the child's health care professional gives a written direction to do so.

b. Food Safety/Dishes, Utensils, and Surfaces

No one with signs of illness (including vomiting, diarrhea, open infectious skin sores), or who is known to be infected with bacteria or viruses that can be carried in food, will be responsible for food handling.

Those who prepare food will not change diapers and vice-versa. Where more than one caregiver works in a facility, hand-washing routines followed by those who prepare food will be monitored by the Director at least once a week.

Hand washing sinks will be separate from food preparation sinks. Refrigerators will be maintained at a temperature below 47 degrees F, and freezers will be maintained below 0 degrees F.

Hot foods will be kept at or above 140 degrees F after they are fully cooked, and cold foods will be kept at or below 40 degrees F. These temperatures will be maintained until the foods are served. The food serve manager will check food temperatures using a food thermometer. Freezers will maintain a temperature of 0 degrees F. Refrigerators and freezers will have thermometers that will check weekly to be sure the appropriate temperature is being maintained. (See Appendix T for Refrigerator or Freezer Temperature Log.)

All food stored in the refrigerator except fresh, whole fruits and vegetables will be covered, wrapped or protected from contamination. Inside a refrigerator cooked or read to eat foods will be stored above raw foods that require cooking.

Food preparation, storage and service areas and equipment will be kept clean, sanitary, and will conform to national guidelines.

Foods that do not require refrigerated storage will be kept at least 6 inches about the floor in clean, dry, well-ventilated storerooms or other approved areas. Storage will facilitate easy cleaning.

c. Food Brought From Home

The Director will inform parent(s) of legal guardian(s) of the food service plan of the facility and suggest ways to coordinate with this plan. (See Appendix S for Meal Pattern Requirements). The facility will supplement a child's home-provided meal if the nutritional content appears to be inadequate. The parent(s) or legal guardian(s) will be informed by staff if food brought from home is being supplemented on a regular basis. Caregivers will check for food allergies before providing any supplemental food.

In this facility, food may be brought from home under the following conditions: (for special occasions, for lunch, for snack). Meals may be provided by the family upon written agreement between the parent(s) or legal guardian(s) and staff.

Perishable food brought from home to be shared with other children must be store bought and in its original package. Baked goods may be made at home if they are fully cooked, do not require refrigeration and were made with freshly purchased ingredients. There must be enough for all the children.

Lunch and snack food brought from home will meet the guidelines of the Child and Adult Care food Program for the types of foods and portion sizes. They will be prepared and transported in a sanitary fashion, including maintenance of safe food temperatures f or perishable items. The teacher will check the arrival temperature and storage requirements of food brought from home. Food that is not at a safe temperature when it arrives will be discarded. Perishable foods that require refrigeration will be kept below 40 degrees F. and perishable hot food will be kept above 140 degrees until served. Food

brought from home will be labeled with the child's name, the date, the type of food, and any need for temperature control.

Children will not be able to share food provided by the children's family unless the food is intended for sharing with all of the children. Leftover food will be discarded. The only food that may be returned to the family is food that does not require refrigeration or holding at a hot temperature, that came to the facility in a commercially wrapped package, and that was never opened.

Any food from home must have the original label intact so that allergies can be cross referenced with ingredients

d. Food Prepared at or for the Facility

All meals are provided by Kremmer's Community Kitchen to the daycare facilities. Kremmer's is responsible for breakfast and lunch menus, following USDA guidelines, recipes, and portion sizes. Menu plans and food service routines will be reviewed monthly with a registered dietician or person with comparable nutrition and food service expertise. (See Appendix S for Meal Pattern Requirements).

- Food Purchasing and Ordering:

Family Coordinators are responsible for ensuring that all purchased food meets the following requirements:

i. Suppliers of food and beverage must meet local, state, and federal codes. Purchased meats and poultry have been inspected and passed by federal or state inspectors.

ii. All milk products are pasteurized. Dry milk and milk products may be reconstituted in the facility for cooking purposes only, provided they are prepared, refrigerated, and stored in a sanitary manner, labeled with a date of preparation, and used or discarded within 24 hours of the date of preparation.

iii. Home-canned food; food from dented, rusted, bulging, or leaking cans; or food from cans without labels are not used.

c. Food Service Staff and Food Safety

i. No one with signs of illness (including vomiting, diarrhea, or open infectious skin sores) or who is known to be infected with bacteria or viruses that can be carried in food is allowed to handle food.

ii. Staff members who prepare food and change diapers or do other tasks that involve handling body fluids on the same day, complete all food preparation before doing any tasks that involve handling body fluids. Hand-washing routines followed by those who prepare food are monitored by the center director at least once a week. In family child care homes, where there is only one adult who must handle food, assist with toileting, and perform diaper changing, as much food preparation for the day as possible is done before engaging

in the routines that involve exposure to body fluids. Staff members wash their hands very carefully after assisting with toileting or diaper changing and before handling food.

e. Infant/Toddler Feeding

The following procedures will be used:

- A caregiver trained in first-aid for chocking will be present whenever infants or toddlers are being fed. One caregiver will feed no more than three infants. During feeding, the child's primary caregiver will sit near the child, make eye contact and communicate with the child.
- Food will be cut into ¼ - ½ inch pieces for finger feeding by children who are six month of age or older. Utensils will be available to children who can use them.
- Round firm foods that might lodge in the throat of a child less than 4 years of age are not permitted. These foods include hot dogs, whole grapes, peanuts, popcorn, thickly spread peanut butter, and hard candy.
- When high chairs are used, caregivers will strap the child in securely and not rely solely upon the tray for restraint.
- Caregivers will check that a child's hands are out of the way when attaching or detaching they tray from the chair.
- Infants will not be allowed to stand in the high chair; older children will not be permitted to hang onto the high chair.
- Trays, arms, and seats of high chairs will be cleaned and disinfected before and after each use. They will be stored out of the path of doors or walkways.
- For bottle-feeding, infant will either be held or fed sitting up. Bottle propping, feeding in cribs, beds or while using other sleeping equipment, and carrying bottles by young children will not be permitted.
- Infants will be fed "on demand" to the extent possible, but at least every four hours and usually not more than hourly.
- Infant meals and supplements (snacks) provided by the facility will contain a t a minimum the food components specified in national guidelines. (See Appendix S). Food will be appropriate for a child's nutritional requirements and developmental stage specified in written instructions obtained from the child's parent(s), legal guardian(s) or health care provider.
- The introduction of solid foods will be accomplished routinely between 4 and 6 months of age, as indicated by an individual child's nutritional and developmental needs after consultation with the parent(s) or legal guardian(s). The child's health care provider will provide modifications of basic food patterns in writing.
- After six months of age, children will be encouraged to self-feed to the extent that they have the necessary skills. They will be offered a choice of foods from a limited number of appropriate options. Caregivers will prepare food for self-feeding before presenting it to the child. Children will be encouraged, but not forced to at a variety of foods.

- Breastfeeding: Breast-feeding will be supported by providing a place for nursing mother to feed their babies and by coordinating feeding routines in child care with the mother's schedule. Mothers who desire privacy for breast-feeding may use the infant nursery. Expressed breast milk may be brought from home in frozen or kept cold during transition. Fresh breast milk must be use within 48 hours. Previously frozen, thawed breast milk must be used within 24 hours. Bottles will be labeled with the child's name and the date the milk was expressed. Frozen breast milk will be dated and may be kept in the freezer location in the nursery for up to 3 months (a freezer that maintains a temperature of 0 degrees F). Frozen breast milk will be thawed under running cold water or in the refrigerator. Precautions appropriate to the handling of a body fluid will be followed. This included good hand washing. Gloves are not required while feeding expressed breast milk, but breast milk should otherwise be treated as a body fluid. Caregivers who have open cuts or sores on their hands should practice universal precautions. In the event that breast milk is accidentally fed to an infant whose mother did not provide the breast milk fed to the child, the procedure outline in Standard 3.027 of Caring for Our Children will be implemented to address the potential exposure of the infant to a virus-containing fluid.
- As part of our policy at LifeSpan all bottles must be pre-made before coming to our center. If your child drinks formula, the formula and water must already be mixed.
- For the staff's safety and your child's safety, breast milk must be put into the bottle with the exact ounces you would like us to feed your child at each meal. This will make the process go smoother when your child is hungry.
    - Reminder: We use a labeling system here at LifeSpan. We ask that you please do not take the labels off of the bottles.
    - All filled bottles of breast milk or iron-fortified formula will be refrigerator until immediately prior to feeding, and will not be prepared and stored more than 24 hours before feeding occurs
- Bottled breast milk or formula to be warmed will be placed in water at a temperature not to exceed 120 degrees F for five minutes, gently mixed, and temperature-tested before feeding. Bottles breast milk and formula will never be warmed in a microwave oven.
- Only whole, pasteurized milk will be served to children younger than 24 months of age who are not on formula or breast milk. Only formula or breast milk will be served to infants less than 12 months of age. Skim milk, reconstituted nonfat dry milk, and 1-2% milk will not be served to children younger than 24 months of age, except at the written direction of a parent(s) or legal guardian(s) and the child's health care provider.
- Commercially packaged baby food will be served from a bowl or cup and not directly from the commercial container unless the entire container will be used for one feeding. Solids will be fed by spoon only, not by bottle. Uneaten food in dished will be discarded.

f. Nursery Bottle Color Code Policy

Color tape will be placed around each bottle by Lifespan to code its contents. Color tape will not be removed from the bottle during the time bottles are in the center. Each bottle will be individually labeled with the child's first and last name. All children who receive breast milk must have RED tape placed on - (Clipboard, baskets and folders).

Red labeled bottles can only be given to the child under the direction of the room supervisor.

RED	=	Breast milk
Blue	=	Soy Formula
Yellow	=	Milk Formula
Green	=	Juice
White	=	Milk

g. Preschool/School-age Feeding

School Age meals are provided by Novick Brothers. The director is responsible for breakfast and snack menus, following USDA guidelines, and portion sizes. Menu plans and food service routines will be reviewed monthly. (See Appendix S for Meal Pattern Requirements).

Children will help with setting the table, serving food and cleaning the table. When possible, family style service will be used to allow children to learn how to serve themselves.

Children will eat only when seated to decrease the possibility of choking.
Children will eat in social groups with a caregiver to guide and encourage, but not force appropriate conversation and eating behavior. If a child refused to eat some type of food, staff will offer the food again a little later or prepared differently next time.

Food will not be offered as a reward or denied as punishment.

Adults will not eat or drink anything the children are not allowed to have while the adults are in view of the children.

h. Kitchen/Food Cleanliness and Safety

a. Hand-washing Sinks: Hand-washing sinks are separate from food-preparation sinks. If there is only one sink available and it is used for diapering and food preparation, the sink is disinfected before food preparation is done.

b. Refrigerators and Freezers: Refrigerators and freezers have thermometers that the family coordinator checks daily to be sure the appropriate temperature is being maintained and documents the temperature in a daily log. Refrigerators maintain temperatures at or below 41°F; freezers maintain temperatures at or below 0°F.

c. Maintenance of Food Service Areas:

Any staff member that is trained in Safe Serve keeps food preparation, storage and service areas, and supplies and equipment clean and sanitary, according to the Food Code of the US Public Health Service, US Food and Drug Administration. If local food safety standards conflict with federal recommendations, the health authority with jurisdiction determines which requirement the facility must meet.

Containers will be a type that protects food from rodents and insects. Dry, bulk foods (cereal) which are not in their original, unopened containers will be stored off the floor in clean metal, glass or food grade plastic containers with tight fitting covers. These containers will be labeled and dated.

Medications requiring refrigeration will be stored as specified in the Medication policy. Cutting boards will be made of nonporous material and will be scrubbed with hot water and detergent and disinfected with bleach/water solution between uses for different foods. Boards with crevices and cuts will not be used.

A dishwasher will be used to wash dishes and food service utensils whenever possible. If dishes and utensils are washed by hand, the following procedure will be followed:
Use a three-compartment sink or tree basins for the separate tasks of washing, rinsing and disinfecting. No compartment that is used for this purpose will ever be used for hand washing or diaper changing activities. Use a dish rack with a drain board for drying. Where possible, cloth that can be laundered will be used instead of sponges. If a sponge is used during dish washing, it must be cleansed and disinfected between uses by being squeezed out in a bleach solution according to the instructions on the bleach container.

In the first compartment, wash dished and utensils in hot tap water with a dishwashing detergent.

In the second compartment, rinse the dishes and utensils thoroughly with hot tap water.
In the third compartment, immerse the dishes and utensils for at least one minute in a solution of bleach water that contains 1-½ tablespoons of bleach for each gallon of hot tap water that is at least 75 degrees F.

Place the dishes in a rack to air dry. Do not use a dishtowel to dry dished or utensils.
Bottles, bottle caps, and nipples will not be reused without first being cleaned and disinfected.

Washable napkins and bibs will be laundered after each use; tablecloths will be kept clean.

Children who can feed themselves will sit in a chair that puts the table at a level between their waist and their mid-chest and allow their feet to rest on the floor or on a firm surface while they eat.

Food that has been served and not eaten from individual plates, containers and family – style servings bowls will be discarded.

Containers which hold organic material (food, soiled tissues) shall be covered with a tight-fitting lid. These containers will be closed after each use except when children are participating in clean up. Garbage/trash will be removed from the facility daily.

Cleaning agents will be stored separately from food. When cleaning agents or toxic materials are stored in the same room with food, these supplies will be kept in a clearly labeled, locked storage cabinet that is not used for food.

i. Feeding Of Children with Nutritional Special Needs

Children with special needs related to their ability to eat or a nutritional need will have an individual management plan that included a written description of each child feeding history, including prohibited foods, and substitute foods where applicable, as supplied by the parent(s), legal guardian(s) and the child's health care provider on admission to the program. A medical plan of care form will be completed by the child's doctor.

j. Nutrition

Breakfast is served daily – check specific times with your teacher. If a child will not eat what is on the menu for that particular day, parent(s) are welcome to bring something in for them that they might enjoy. Lifespan will provide juices and milks in addition to the provided breakfast. Breakfast is available to all children attending all Lifespan programs.

Lunch will be offered at the center. Teachers eat lunch with the children to encourage appropriate table manners and light conversation. Meal eating at Lifespan is part of the experiential learning.

A nutritious snack and a beverage (small glass of fruit juice, water or milk) will be provided twice daily. The first snack is given in the morning and the second snack is given in the afternoon after rest time. Snack is coordinated with the children's breakfast and lunch.

k. Allergies

It is imperative that all allergies of children be posted in a visible are in the classroom, in their file and in the emergency book. In order to post medical / allergy information about children, staff must obtain written permission from the parent(s) or legal guardian(s). If the parent(s) or legal guardian(s) does not consent to posting this information, staff members are required to maintain this information in a more confidential manner that

may include keeping a notebook with known medical information which all staff are required to check for by posting the information in some other manner that protects confidentiality. (See Appendix G).

When children with food allergies attend the childcare facility, the following shall occur: Each child with a food allergy shall have a special care plan prepared for the facility by the child's source health care to include; written instructions regarding the food(s) to which the child is allergic and steps that need to be taken to avoid that food, and a detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan shall include specific symptoms that would indicate the need to administer one or more medications.

Based on the child's special care plan, the child's caregivers shall receive training, demonstrate competence in, and implement measures for: preventing exposure to the specific food(s) to which the child is allergic, recognizing the symptoms of an allergic reaction, and treating allergic reactions.

Parent(s) and staff shall arrange for the facility to have necessary medications, proper storage of such medications, and the equipment and training to manage the child's food allergy while the child is at the childcare facility.

Caregivers shall promptly and properly administer prescribed medications in the event of an allergic reaction according to the instruction in the special car plan.

The facility shall notify the parent(s) of any suspected allergic reactions, the ingestion o the problem food, or contact with the problem food, even if reaction did not occur.

The facility shall notify the child's physician if the child has required treatment by the facility for a food allergic reaction.

The facility shall contact the emergency medical services system immediately whenever epinephrine has been administered.

Parent(s) of all children in the child's class shall be advised to avoid any known allergies in class treats or special foods brought into the childcare setting.

Individual child's food allergies shall be posted prominently in the classroom and/or wherever food is served.

On field trips or transport out of the childcare settings, the written childcare plan for the child with allergies shall be routinely carried.

- Prevention of Obesity

This program is mindful of the relationship of feeding and other activities in the prevention of obesity. Teachers/ caregivers provide opportunities for children to rest and sleep when they are tired, learn about serving and choosing healthful foods and portions, enjoy mealtime as a socialization opportunity, avoid engaging in other activities while eating, participate in recommended amounts of structured and unstructured moderate to vigorous physical activity every day, and limit their screen time while in child care.

- Staff Training for Food and Feeding

Staff members who have food handling responsibilities are required to have specialized training in food service and food safety from a nutrition consultant or registered sanitarian who works in the Child and Adult Care Food Program, local health department, or local hospital or a registered dietician who works in the com-munity. Our staff members who have food handling responsibilities receive their training from CACFP and safe serve.

16. Sleeping

a. Area or Sleeping/Napping

Play, dining, and napping may be carried on in the same room (exclusion of bathrooms, kitchens, hallways and closets), provided that the room is large enough to accommodate each activity in separate and isolated areas.

Lighting and Noise in Sleeping Areas: If possible, teachers/caregivers lower illumination and noise in the area where children are sleeping to a level that is less than what is used for active play. Lighting will be sufficient to ensure that children can be seen by the supervising teacher/caregiver and for the quiet activities that children can do while they are resting but not sleeping.

Method of Supervision: At all times, when sleeping and resting, a teacher/caregiver who remains alert supervises children by seeing and hearing them and checking each child frequently. Another teacher/ caregiver must be immediately available nearby and on the same floor, able to be summoned by the supervising teacher/caregiver in the event of an emergency.

Programming is such that usage of the room for one purpose does not interfere with other uses (i.e., children playing loudly with toys while other children are trying to nap).

b. Handling of Sleeping Equipment

The lead teacher will check that each crib, cot, sleeping bag, bed, mat or pad is labeled with the name of the one child who uses it. Before sleeping equipment can be used for a different child, all surfaces of the equipment will provide a firm surface for sleeping and

will meet the safety standards of the U.S. Consumer Product Safety Commission. Sleeping surfaces are firm. At least 24 inches of open space from other napping children or furniture/equipment is required on three sides of nap equipment. Waterbeds and soft bedding materials such as sheepskin, quilts, comforters, pillow and granular materials, (plastic foam beads or pellets) used in beanbags are not accessible to infants. Blankets/items should not be hung on the side of cribs. Swaddling infants when they are in a crib is not necessary or recommended.

The staff will check that cribs, cots, sleeping bags, beds, mats or pads are placed at least three feet away from where any other child sleeps and that sleep surfaces are sanitary.

Bedding materials will be stored in such a way so that there is not contact between the sleeping surfaces of one child with the sleeping surfaces of another child or with surfaces that were in contact with the floor.

- Safe Sleep Arrangements for Infants

    - Back-to-Sleep Positioning: Infants younger than 12 months are placed on their backs for every sleep time unless the child's health care professional completes a signed-and-dated statement that the child requires a different sleep position
    - Cribs: Infants always sleep in a crib on a firm surface. The crib must meet current standards of the US Consumer Product Safety Commission (CPSC) and ASTM for infant sleep equipment. Infants who fall asleep outside a crib are put in their cribs on their backs to continue sleeping. Only one child may sleep in the same crib at the same time. Stackable cribs are not used.
    - Crib Contents: Except for a fitted sheet to cover the mattress and a pacifier, no other items are in an occupied crib with an infant, and nothing is attached to the crib or within reach of the child. Wedges, infant positioners, and blankets may not be used unless prescribed by the child's health care professional with a written note.
    - Pacifiers: Pacifier use is allowed only during sleep time while the child is in a crib. Parents provide replacement pacifiers and whenever the pacifier no longer looks the same as when it was new.
    - Prohibited Bedding: Water beds and soft bedding materials such as sheepskin, quilts, comforters, pillows, crib bumpers, and granular materials (plastic foam beads or pellets) used in beanbags are not accessible to infants.
    - Preventing Overheating: Infants sleep in rooms that are a comfortable temperature with clothing sufficient for warmth but that does not result in overheating. Blankets are not used. Infants are not swaddled in child care. Blanket sleepers or sleep sacks may be worn for warmth if sized to fit as garments that allow free movement of the legs and do not restrict chest movement.
    - g. Preventing Strangulation: Nothing is tied around the child's neck or attached to the child's clothing (ie, no bibs, necklaces, garment ties, hoods, pacifier strings, or ribbons).

c. Rest Time

Children may listen to a story or soft music prior to nap. Children may need reassurance and require rocking, cuddling or having their backs rubbed. Children who awaken early or who have difficulty resign may work with a quiet activity. Lighting will be dimmed during naptime and voice tone will be whispered. One teacher will be assigned to one group and must remain with the children during the resting period. This time is appropriate for teachers and aides to prepare lessons, class planning and classroom maintenance. All mats, cots, and cribs will be sanitized daily.

d. Bed Linen

Parents will provide clean bed linens weekly. Soiled linens will need to be washed prior to be using again. Children will have individually assigned spaces for sleeping. Children will not share bed linen or cots.

Seasonably appropriate covering will be provided. Bed lined provided for cots or cribs will be tight fitting.

Bed linen will not include fabrics or materials of animal origin other that wool (i.e., feathers, fur, animal hair, etc.).

17. Smoking, Prohibited Substances and Guns

The indoor and outdoor environment, and vehicles used by the program are designated as non-smoking areas. Smoking of any kind or wearing of clothing with smoke residues; use of tobacco products, alcohol, and illegal drugs; and unauthorized use of potentially toxic substances are all prohibited in this facility, on facility grounds, in any vehicles that transport children, or whenever a staff member is supervising children in off-site play areas and on field trips away from the facility. The use of tobacco of any form, alcohol, or illegal drugs is prohibited on the facility premises. (See Appendix Y for smoking policy).

Possession of illegal substances or unauthorized potentially toxic substances is prohibited.

All childcare providers and staff will maintain sobriety while providing childcare. Caregivers, staff, and other adults who are inebriated, intoxicated or otherwise under the influence of mind-altering or polluting substances will be required to leave the premises immediately.

The center director along with the center health consultant will provide information about available drug, alcohol, and tobacco cessation support programs and any available employee assistance programs to anyone who is involved in any way with the program. This includes posting signs as reminders about prohibited substances and making handouts or other educational materials available about cessation support programs.

No guns or other lethal weapons will be in the center. No weapons of any type are permitted on the facility premises or anywhere being used for activities that are part of the facility's program.

Prohibited items include firearms, pellet guns, BB guns, darts, bows and arrows, cap pistols, stun guns, paintball guns, ammunition, explosive devices, knives or any type of supplies intended for use as weapons, and any objects manufactured as toy versions of these weapons.

Anyone who attempts to enter or gains entry to the facility and has a prohibited item will leave the facility premises immediately. The center director calls the police without delay if anyone attempts to violate this policy.

18. Staff Policies

The following requirements apply to staff that have any contact with the children or with anything with which the children come into contact. These policies supplement any other personnel policies.

- Required Clothing for Staff Members and Children

1. Suitable Clothing: Teachers/caregivers and children wear clothing that permits easy and safe movement as well as full participation in active and messy play. Children are not allowed to wear clothing that has strings or decorations that can get caught on equipment. Children and staff members must have suitable clothing at the facility for going outdoors when it is raining or snowing to allow children to use these opportunities to learn about the natural world and how to function in it.
2. Footwear: Footwear must be the equivalent of gym shoes that are not slippery, will not twist or come off the feet while running, and stay firmly on the feet while climbing, jumping, skipping, and crawling. Footwear is not permitted that provides insufficient support for or limits active play, such as shoes with heels, flip-flops, loose boots, or dress shoes.
3. Spare Clothing: Staff members keep a spare set of clothing and shoes to wear in the event their clothing becomes heavily soiled or wet or is in contact with blood or other body fluids during the program day. Program staff members remove clothing or shoes that are badly soiled or damaged or that interfere with active play or comfort. Such articles are exchanged with the spare set of clothing and shoes.

a. Pre-employment Requirements

All staff (volunteer and paid) that has any contact with the children will have an updated, job-related health assessment performed before employment within the past month. (Sample Child Care Health Assessment form in Appendix U).

The staff health assessment will be signed by a licensed physician, physician's assistant or CRNP, and will include:

- A health history and physical examination.
- Vision and hearing screening.
- Once, before beginning work in a child care setting, all adults must have TB screening by the Mantoux method to check for infection with TB, unless there is

documentation that there have been a positive test result in the past of active TB that has been successfully treated. Repeated TB testing is not required unless symptoms of possible TB or exposure to someone who has a high risk of TB occur. Anyone with a positive result from the Mantoux test should be evaluated by a physician, who will check for TB. Persons with active TB should not return to a childcare setting until the local health department determines they are no longer contagious. Anyone with symptoms of active TB such as a cough that "won't go away," coughing up blood, weight loss, night sweats, or tiredness should not attend work, or volunteer at a child care facility until a physician has completed an evaluation for TB.

  - DHS will accept an interferongamma release assay (IGRA) blood test to meet the requirements for TB testing of staff in child care settings. The IGRA blood test may be administered instead of the traditional Mantoux skin test specified by regulation. The record of a person with a positive tuberculin skin test or blood test must include the results of a chest X-ray and evaluation for chemoprophylaxis as required by regulation.

- A review of occupational health concerns, including risk during pregnancy, if appropriate.
- Release to Return to Work After an Illness or Injury: Staff members and volunteers must have their health care professional's release to return to work when they have a condition or an illness that may affect their ability to do their job, require accommodations to perform the tasks specified in their job descriptions, have a job-related injury, or have worker's compensation issues that put the facility at risk related to the health problem.

- Daily Oversight of Staff Health:

The center director is responsible for observing all adults in the facility (staff members, volunteers, visitors) for signs of obvious ill health and directing those who are ill or injured to go home. Staff members and volunteers who are ill or injured (at the facility or elsewhere) report their condition immediately to their supervisor, who arranges for a substitute. Staff illness logs are kept in accordance with Keystone Stars requirements.

Tracking and Updating Immunizations and Checkup Records:

The center director/family coordinator checks the facility's records to be sure each child's and each adult's immunization and other routine health supervision services are current every two years for staff.

- Then center director and family coordinator reminds parents/legal guardians and staff members to provide documentation of health assessments and provides reminders about when these assessments are overdue, due, or due soon.

All staff (volunteer and paid) will provide two written references from persons who are not family member who can vouch that the prospective staff member is reliable and able to work well with children.

A Child Abuse Clearance, PA Criminal Record Check, National Sex Offender Registry and FBI Registry will be completed prior to any caregiver's contact with children. All potential employees, substitutes, and volunteers will be required to attest to any previous convictions, in particular, whether they have been convicted of any crime again children or other violent crime. A volunteer or employee's failure to fully disclose previous convictions will be viewed as automatic grounds for dismissal. All caregivers will sign an agreement to abide the policies of the programs.

Pay will be determined upon review of Education credits from transcripts and experience working with children and then cross walked with the career lattice. (See salary scale Appendix X).

POLICIES FOR NEW EMPLOYEE DEDUCTIONS

OCCUPATIONAL TAX

A Local Services Tax will be deducted from all employees pay annually. If an employee has paid the Local Services Tax for the current calendar year, a copy of a pay stub or receipt must be provide prior to the start of employment to avoid double payment. If an employee has not paid the Local Services Tax for this calendar it will be deducted from the employee's paycheck.

CRIMINAL RECORD CHECK / FBI CLEARANCE

LifeSpan employees are required to have a current Pennsylvania Criminal Background Check be completed prior to the first day of work. LifeSpan will complete the check and the cost of the check will be deducted from the second paycheck. If a valid PA Criminal Check has been completed within the past month, it is the responsibility of the employee to bring in the original copy. A copy will be made and placed in the employee file.

LifeSpan employees are also required to have a Federal FBI Criminal History Record Check. This check must be received within 30 days from your first day of work. LifeSpan will complete the registration. The employee is required to have fingerprinting completed prior to the first day of work. The cost of the check will be deducted from the second paycheck. When completed it is the responsibility of the employee to bring in the original copy. A copy will be made and placed in the employee file. Employees are not permitted to work after 30 days if the clearance has not been provided to LifeSpan. A provisional disclosure while be maintained on file during the interim while you await documentation of valid clearances.

CHILD ABUSE CLEARANCE

LifeSpan employees are required to have a current Pennsylvania Child Abuse Clearance requested prior to the first day of work. LifeSpan employees will complete the clearance form, and are required to provide a money order for $13.00 payable to the Department of Human Services. A copy of the clearance and the money order are kept in the employee file until the clearance is completed. If a valid Child Abuse Clearance has been completed within the past 90 days, it is the responsibility of the employee to bring in the original copy. A copy will be made and placed in the employee file. Employees are not permitted to work after 30 days if the clearance has not been provided to LifeSpan.

PRE-EMPLOYMENT PHYSICAL FOR LIFESPAN EMPLOYEES

All LifeSpan employees must have a pre-employment physical. This service may be provided by your own personal Physician or a Physician at OccuMed Resources. If an employee chooses to use the Physician at OccuMed Resources, the cost for the exam will be deducted from your first paycheck. Costs may vary by provider.

PHYSICALS FOR LIFESPAN EMPLOYEES

All LifeSpan employees must have a physical examination every two years. This service may be provided by your own personal Physician or a Physician at OccuMed Resources. If an employee chooses to use the Physician at OccuMed Resources, they must sign the employee deduction consent form prior to their visit. The cost for the exam will be $57.00, which will be deducted from their next paycheck.

EMPLOYEE RECORDS

Information that is provided to LifeSpan as part of the employee file is Lifespan property. LifeSpan will require original copies to be reviewed and verified. Copies of the information will then be made for the file, and the original will be returned to the employee. If at any time an employee would like to review the contents of a file, the must be arranged with their supervisor.

b. Benefits (See Appendix W).

c. Breaks

All staff are entitle to breaks of 30 minutes or 1 hour for each eight hours worked, and rest breaks as needed throughout the day. The staff schedules and breaks assure that staff members are provided time and space away from the children for at least 15 minutes for every 4 hours work. All breaks will be scheduled by the Director. Breaks may be taken only if child: staff ratios for supervision of the children can be maintained during the break period.

d. Ongoing Health Requirements

On a daily basis, the administrator of the facility shall visually and verbally assess the staff (paid and volunteer) for signs of ill health. Staff may have their work limited or modified and be required by the Director to have a health assessment if the health status of the staff member, as it affects the ability of the person to continue to do the work required, is uncertain. Staff will report to their supervisor promptly and have a release from a health care provider to return to work for any of the following conditions:

- A condition that may significantly affect the person's ability to do the job (e.g., pregnancy, specific injuries, infectious diseases), or if the condition is likely to pose significant risk of harm to the health and safety of the person of others.
- A serious or prolonged illness.
- When promotion or a reassignment to another role could be affected by health,
- Plan to return from a job-related injury.
- Liability issues (e.g. back injury, heart attack, stress, or mental illness).

All staff (volunteer and paid) will supply and annually update or verify the following information in writing:

- Emergency contacts (next of kin).
- Name, address, birth date, training, experience, and educational background.
- No food or drink other than the food served by the program may be eaten in front of the children. Food brought to the program by staff will be stored in the kitchen and eaten only during break periods when the staff members are away from the children.
- Staff illness will be reported to the Director as soon as the condition is known during the day. Although disclosure cannot be required, staff who are infected with the human immunodeficiency virus or who are hepatitis B carriers may care for children provided they do not have open lesions that cannot be adequately covered or condition that allow contact with their blood, and provided that they can competently perform their duties.
- Staff will be excluded for illness in accordance with the exclusion guidelines listed in Preparing for Illness.

e. Orientation and Training

All staff will be oriented upon hire by the Director or Supervisor on the following:

- The goals and philosophy of the program, regulatory requirements, planned program of activities of the program, acceptable methods of discipline, hand washing and sanitation techniques, meal patterns, food preparation and handling, and Supervision of Children.

- All staff must complete a Professional Development Self-Assessment and individual prof. development plan on the PD registry, LifeQuest orientation and the 5 LifeSpan onboarding video series within 45 days of employment. A training plan will be completed upon hire and annually therefore afterwards. Information regarding the

Keystone Stars Program will be shared with all employees via email and monthly staff meetings.

- Within 45 days of employment and every two years thereafter each staff member will successfully complete training in a pediatric first aid course. All staff must have current pediatric first aid certification. The First Aid card or PA Pathways certificate must indicate pediatric first aid. In order for the First Aid training to be current, the First Aid training must be renewed on or before the expiration date, or every 2 years, as applicable. First aid does not count toward annual training hour requirements.

- Fire Safety/Emergency plan training is required to completed annual. Site based emergency plan training must be completed within seven days of employment. Fire Safety / Emergency plan training does not count toward the annual training hour requirements.

- Water Safety Training Requirement: At all times when children are in care and whenever children are swimming or wading, all staff member must be available who is currently certified to have successfully completed lifeguard training in basic water safety, proper use of swimming pool rescue equipment, and infant/child CPR.

- All staff must complete the DHS: Health and Safety Basics (Part 1 and 2) online training module (6 hrs.) and Mandated Reporter online training modules (3 hrs.) during the first 45 days. This must include (per CCDBG):

    - Prevention and control of infectious diseases including immunizations
    - Prevention of sudden infant death syndrome (SIDS), shaken baby syndrome/abusive head trauma and use of safe sleep practices.
    - Administration of medication, consistent with parental consent
    - Prevention of and response to emergencies due to food and allergic reactions
    - Building and physical premises safety including identification of and protection from hazards, bodies of water and vehicular traffic
    - Prevention of shaken baby syndrome, abusive head trauma and child maltreatment
    - Emergency preparedness and response planning for emergencies resulting from a natural disaster or a man-caused event
    - Handling and storage of hazardous materials and the appropriate disposal bio-contaminants
    - Appropriate precautions in transporting children
    - Shaken baby syndrome and abusive head trauma
    - Pediatric First Aid and CPR (by a PQAS certified trainer)
    - Recognition and Reporting of child abuse and neglect (mandated reporter).
- Ongoing training will be required for all paid and volunteer staff. Annual clock hours of training include trainings that have occurred within the past 12 months. Staff should track their hours using the PD registry. The additional hours should

match the annual training plan developed for each staff member based on needs identified in the Individual Professional Development Plan.

- Staff must complete training in the key areas as determined by the Keystone STARS program.

- School Age staff meet with the Director within 90 days of hire to discuss STARS information, continuous quality improvements, and their Professional Development Plan. New information regarding these topics are discussed monthly at staff meetings.

- Each staff member (paid or volunteer) is required to review with a supervisor the following acknowledgment of occupational risk and sign the statement to acknowledge and agree to accept the risk: "I understand there are health risks related to working in child care. These include, but are not limited to, exposure to infectious diseases (including infections that can damage a fetus during a pregnancy), stress, noise, injuries from back strain and biting, skin injury from frequent hand washing, and environmental exposures to art materials and indoor cleaning and disinfecting materials. I have been informed of these risks. I know that I can read the Safety Data Sheets for all products I am required to use. These are completed during the new staff orientation meeting and are kept in all staff files.

f. Curriculum and Planning:

Teachers and Assistant Teachers will be provided paid monthly curriculum and lesson planning preparation time away from the children (minimum of 1 hour). The weekly schedule will reflect paid prep time. Employees are required to complete requests for additional time for planning, and it must be submitted to the Director for approval. Planning time must be completed during business hours.

All staff members are encouraged to be in to be involved in professional development activities. Professional Growth and Development Activities include:

- Active member of a professional organization (local, state or national) related to the field of early childhood or school age programs. LSDC pays for your PACCA membership.

g. Staff Meetings

Each staff person must participate in a staff meeting at least once per month as scheduled. Staff meetings include discussions of continuous quality improvement and its impact on the learning program. Staff will have opportunity to actively participate in the meeting and discuss the curriculum.

h. Verification of Early Childhood Credits and credentials

Credential reviews are submitted through the PD registry for verification of placement on the career pathway. Review Transcript – Review transcript for courses/credits related to ECE specific content areas.

i. Performance Evaluations/ Teacher Observations

Staff are required to comply with the policies and procedures of the program. The Director will conduct a review of written self-evaluation and job performance annually based on date of hire. When a staff member does not meet the minimum competency, the staff member will be placed on probation with a written performance improvement plan and assistance will be provided to help the staff meet the requirements for up to 90 days.

The performance evaluation will be measured by formal written classroom observations in the classroom at least twice a year, and annually demonstrating compliance with the policies and procedures contained in the following program documents:

- Health and safety policies
- Employee handbook
- Job descriptions (See Appendix V)
- Teacher classroom observation forms (2 x yr)
- LSDC Policy and procedure manual

TITLE: Progressive Discipline Policy

POLICY NO.: LSDCADM0001

FUNCTION: To ensure that LifeQuest /LifeSpan maintains a level of expectations and standards of conduct and performance for its employees.

REVISION: 8/5/2002
2/21/2016
7/1/2018

I. POLICY

Progressive discipline policy and procedures are designed to provide a structured corrective action process to improve and prevent the recurrence of undesirable employee behavior and performance issues that have not been resolved through performance counseling or are egregious in nature and require immediate corrective action. The level of disciplinary intervention may also vary. Some of the factors that will be considered are whether the offense is repeated despite performance counseling, the

employee's work record, and the impact the conduct and performance issues have on the organization. The corrective action process has been designed to be consistent with organizational values, human resource (HR) best practices and employment laws.

All of LifeQuest / LifeSpan personnel will be subject to disciplinary action for failure to meet established performance and behavioral standards. Any violation of established policy or procedures, performance criteria and/or behavioral expectations will result in appropriate corrective action up to and including termination.

II. PROCEDURE

The types of corrective actions, which may be taken, range from an employee performance notation, to an immediate termination depending on the specific circumstances surrounding the incident or offense.

The range of disciplinary action to which persons may be subject includes the following:

- Employee Performance Notation
- Employee Contact Record
    - First Written Warning
    - Second Written Warning
    - Third Written Warning = Termination

**Note egregious performance and/or behavioral issues may result in a First and Final Written warning and is utilized to provide a last chance option for improvement prior to termination.

The **Employee Performance Notation Form** is utilized to note both positive and negative behaviors that are of a less severe nature, but would need to be noted. This form would be utilized for a minor infraction that does not warrant an Employee Contact Report or Performance Improvement Plan. Examples of such infractions include but are not limited to minor behavioral infractions and documentation challenges.

The **Employee Contact Report** is utilized for progressive discipline procedures and is typically a step process which includes Employee Contact Reports at a first written warning, second written warning with the option of suspending and a third written warning which results in termination. The use of an Employee Contact Report is used when a specific task is not being completed correctly and based on the egregiousness of the infraction, the contact level may be elevated. Note most performance issues are subject to progressive discipline which entails the three step process outlined above but there are certain actions that will result in disciplinary action up to and including discharge. These actions include, but are not limited to, the following:

- Physical abuse, verbal abuse or neglect of a child / guardian and/ or co-worker
- Willful disobedience of an order or refusal to perform work assigned by supervisory

personnel
- Using, possessing, or being under the influence of alcohol or illegal drugs during working hours
- Serious violation of safety and health rules, including smoking in the building, or failing to comply with employee health examination requirements
- Willful destruction or damage of LifeQuest / LifeSpan property
- Dishonesty
- Theft
- Falsification of records
- Inability to perform your job adequately
- Other misconduct of a serious nature
- Failure to report for work for 3 consecutive work days
- Sleeping
- Failure to comply to any regulations pertaining to Chapter 3270 for child care centers: especially supervision of children;
- Restraining a child;
- Harsh, demeaning or abusive language in the presence of a child;
- Evidence of criminal charges that would exclude you from being able to work with children.

The **Performance Improvement Plan** (PIP) is used as a communication and documentation tool when there is evidence that an employee needs assistance to achieve competence in area(s) of performance relating to the essential functions of their position and/or established behavioral expectations. Note this action may be implemented at the discretion of the supervisor based on history of performance and professional behavioral expectations.

The following items may result in corrective action, up to and including termination of employment. This is not intended to be an exhaustive or all-inclusive list, as employees are subject to corrective action for any conduct or performance concerns within the discretion of LifeQuest management:

Attendance/Absence from Work Area/ Time Records

Please refer to the LifeQuest / LifeSpan Discipline Attendance Policy: 1-9

Performance

10. Failure to meet reasonable standards/expectations of performance; including but not limited to:
    a. unsatisfactory work performance
    b. failure to use appropriate judgment
    c. carelessness
    d. gross neglect of duty
    e. deliberate inattention to care of children
    f. failure to fulfill responsibilities of the job that does cause neglect to a child or damage, waste, or loss of material, supplies, equipment, time, or facilities

g. performing non-work related activity while on duty
h. loafing, loitering, or engaging in unauthorized personal visits
i. failure or refusal to carry out orders, instructions, or an assignment; insubordination.

Demeanor/Conduct

11. Proven verbal, mental, physical abuse to children.

12. Rude or discourteous behavior; demeanor not in keeping with that expected of an employee.

13. Inappropriate or unprofessional behavior.

14. Disorderly or unprofessional behavior.

15. Immoral conduct on LifeQuest's / LifeSpan 's premises.

16. Engaging in activities which interfere with the operation of LifeQuest / LifeSpan and it's services to children /families.

17. Unauthorized sleeping on duty.

18. Actual or threatened violence or harm.

19. Abusive language to child / guardian, visitors, another employee, supervisor, member of medical staff, or individual otherwise having a relationship with LifeQuest / LifeSpan.

20. Disclosure of confidential information to an unauthorized individual, accessing information without authority, or allowing unauthorized disclosure or access to such information by unauthorized persons.

21. Fraud, falsification of records, unauthorized removal or destruction of records.

22. Fighting; assault on another individual.

23. Conduct of any illegal activity on LifeQuest's / LifeSpan 's premises and/or during scheduled work hours.

24. Soliciting gifts, payments of any kind, or hospitality of more than nominal value from a child, a member of a child's family or any individual or organization with whom LifeQuest/ LifeSpan /LifeQuest Corporation does business or has any other relationship. Selling of services to children / families.

25. Illegal possession of and/or unauthorized consumption of, use of, or being under the influence of an intoxicant or controlled substance.

26. Unauthorized presence in an area of LifeQuest/ LifeSpan or Corporation.

27. Theft or unauthorized possession of property belonging to the LifeQuest / LifeSpan, other employees, children / families, visitors, or others.

28. Willful damage to, abuse of, or misuse of property belonging to LifeQuest / LifeSpan, other employees, children / families, visitors, or others.

29. Violation of health, safety, parking, security, fire prevention, or related rules; failure to use prescribed safety precautions.

30. Possession of deadly weapons, fire arms, explosives, or similarly dangerous substances or items on LifeQuest's / LifeSpan 's premises.

31. Negligence in reporting an injury or incident in which involved, or a witness to the incident. Concealment of or willful failure to report an incident.

32. Unauthorized solicitation, posting, or distribution of printed material.

33. Refusal to submit to a medical examination, when reasonably requested to do so by Management.

34. Disregard of departmental or generally accepted standards of appearance, dress, uniform, or personal hygiene.

35. Discrimination against employees, residents, visitors, or others associated with LifeQuest/ LifeSpan on the basis of race, color, religion, sex, sexual orientation, national origin, age, or handicap.

36. Sexual harassment of employees, children, visitors or others associated with LifeQuest / LifeSpan.

37. Actions or inactions which cause or could cause life-threatening situations.

38. Conduct or action contrary to the LifeQuest's / LifeSpan 's best interest.

m. Attendance Policy

Attendance/Absence from Work Area/ Time Records

1. Chronic absenteeism and/or lateness.
   a. Absences and latenesses will be monitored regularly during the LifeSpan fiscal year: July 1st of current year to June 30th of next year. Example: 7/1/2024 to 6/30/2025.

   b. **Absence** is defined as; absent from work during your scheduled hours of work. Discipline for absences is outlined in the grid below:

Occurrences	**Discipline**
First	

Second	
Third	Negative Notation
Fifth	First Written Warning
Sixth	Second AND Final Written Warning
Seventh	Termination

c. **Lateness**: Employees are expected to arrive at your work area, ready for work at the scheduled start time of your shift. **LifeSpan considers arriving to work 4 minutes after your scheduled shift start time as late. (Grace period is 3 minutes after start time).** Discipline for chronic lateness is outlined in grid below:

Occurrences	**Discipline**
First	
Second	
Third	Negative Notation
Sixth	First Written Warning
Ninth	Second AND Final Written Warning
Twelfth	Termination

d. The term occurrence does not include any absence covered by the Family & Medical Leave Act.

e. A Doctor's Note is required after any unexcused absence from work for greater than two (2) days; and/or upon Management request. Management reserves the right to request a Report to Employer form.

f. Holiday Schedule: Any call-off the day prior or day after the scheduled holiday will result in the forfeit in holiday pay; unless the employee is able to furnish a doctor's note.

2. Failure to provide proper notice of absence.
   a. Employees are expected to report to work for all scheduled shifts. If an employee cannot get to work as scheduled, they are expected to notify their supervisor with a minimum of two (2) hours prior to their normally scheduled starting time. Not doing so will result in corrective action.

3. No Call/No Show (Absence on scheduled workdays without notification)

   One time - a final written warning
   Two times – voluntary resignation.

4. Absence from work area without proper notification.

5. Stopping work before scheduled end of work time without authorization. (Abandonment of position)

   One time – voluntary resignation

6. Extended break or meal time without authorization.

7. Deliberate falsification of employee time records.

8. Abuse of sick leave.

9. Non-availability while on call.

M. Suspension and expulsion policy is located in the appendix of the P/P manual. Staff are trained on the policy in annual in-service trainings (4 days each year) scheduled by the center director. Each staff is provide a copy of the policy and complete a read and sign for assurance they have read and understand the policy.

2. Design and Maintenance of the physical plant and its contents

The childcare facility will meet or exceed federal, state, and local guidelines for physical plant contents and maintenance. (See Caring for Our Children, national Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition.)

Cleaning of the facility will be performed according to guidelines written and monitored by the Director. (See Appendix R Cleaning Guideline).

A list of potentially hazardous materials present in the facility and Safety Data Sheets are available at the office. This information will be reviewed and updated by the Director annually.

All potentially toxic materials such as pesticides, toxic-cleaning materials, aerosol cans, and poisons will be used according to manufacturer's instructions and under the supervision of the Classroom Supervisor. These materials are to be stored in a locked area and be inaccessible to children.

In no instance will these materials be used so that children are exposed to any hazard. Examples include: no spraying of pesticides while children are present or onto surfaces touched by children; using caution when painting or renovating to minimize the children's exposure to paint fumes and lead, radon, asbestos, mercury etc.

The Director of Support Services keeps all documentation on grounds and facility checks along with meeting and exceeding the expectations of the department of health and state inspections. This includes building and fire inspections. He is also responsible for review and compliance. These standards address ventilation/heat/ cooling/hot water, lighting, noise, electrical service, fire warning systems, water, sewage and garbage, integrated pest management, prevention of exposure to toxic substances, furnishings and finishes, equipment, allocation and occupancy of spaces, toilet/changing areas, sleeping areas, areas for special use, play areas inside and outdoors, and specific requirements for maintenance of all aspects of the facility.

During the hours of program operation, the facility and grounds will not be used for any purpose except the care and education of children and related family services.

20. Review and Revision of Policies, Plans, and Procedures

The Director will make policies, plans, and procedures available to families, caregivers, staff, and consultants on an annual basis and whenever the policies are changes. Copies of standing policies will always be available for family or staff review during the facility's hours of operation.

When a child is enrolled in the facility, parent(s) or legal guardian(s) will sign that they have read, have understood, and have agreed to abide by the content of the policies. When new staff members (paid or volunteer) are assigned to work in the facility, they will sign that they have read, have understood, and her agreed to abide by the content of the policies.

It is the responsibility of the Director to conduct an annual review of the program.
The review will consist of information from at least three of the sources of information. The following can be used to develop a Continuous Quality Improvement Plan.

- Parent(s), Children, and Staff Surveys.
- Environmental Ratings Scales
- LIS
- Audits
- Individual Professional Development Plans
- STARS or other outside assessor reviews
- Program Administration Scale
- Strengthening Families survey

The Executive Director will review the Policy and Procedure Manual Annually.