

# Caterpillar Corner Daycare LLC

**Procedure Manual**  
(available online at  
[www.caterpillarcornerdaycare.com](http://www.caterpillarcornerdaycare.com))

Caterpillar Corner  
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# I. Admissions

## A. Admissions Policy:

Caterpillar Corner Day Care, LLC admits children from the ages of 6 weeks to 12 years old without regard to race, culture, sex, religion, national origin, ancestry, or disability. When the parent or legal guardian of a child identifies that a child has special needs, the director and the parent or legal guardian will meet to review the child's care requirements.

Caterpillar Corner Day Care, LLC does not discriminate on the basis of special needs. The program accepts children with special needs as long as a safe, supportive environment can be provided for the child.

To help the staff better understand the child's needs, the director and/or supervisor will ask the parent/guardian of a child with special needs to complete a special care plan in conjunction with the **Child Health Assessment** and health care provider(s).

The program will attempt to accommodate children with special needs consistent with the requirements of the Americans with Disabilities Act. If the program is unable to accommodate the child's needs as defined by the child's health care provider(s) or the Individual Family Service Plan/Individual Education Plan without posing an undue burden as defined by federal law, the director will work with the parent or legal guardian to find a suitable environment for the child.

## B. Enrollment:

Prior to the child's attendance, a conference with the parent or legal guardian and the child may be required to acquaint each new family with the environment, staff, and schedule for child care. During this visit, the parent or legal guardian will have a personal interview with a staff member and an opportunity to review the written materials maintained at the facility. Each child may have the opportunity to visit the program with a parent or legal guardian before remaining in care without a family member.

The following forms will be completed and submitted to Caterpillar Corner Day Care, LLC prior to the child's first day of attendance or meets the required time frame for each individual form as required by the Director. The information in these forms will remain confidential and will be shared with other caregivers only as required to meet the needs of the child:

**1) Child Health Assessment**—signed by the child's physician or certified registered nurse practitioner (CRNP).

**2) Parental Consent Emergency Information**— is the **Application** for Child Care Services and must be completed and signed by a parent/guardian for each child enrolled. This form will be reviewed and updated by a parent /guardian and signed every 6 months and whenever the information changes, including any allergies, special needs, restrictions to any child care program activities.

**3) Child Care Agreement**—completed by a parent/guardian. This form will be reviewed and updated by a parent/guardian and signed every 6 months and whenever the information changes.

**4) Nondiscrimination Policy**—reviewed by a parent/guardian. (*Located on our parent board*)

**5) Progress Information**—introduced to a parent/legal guardian: **New Child 45 Day Progress/Observation Report (Ages and Stages)** and a **Progress/Observation Report**. We will be completing work sampling and ounce quarterly. These reports will be shared with families during parent-teacher conferences. Individual lesson plans will be created for each child according to their needs.

**CURRICULUM STATEMENT:** We use age appropriate activities with the children. We believe that play is the most important work of young children. We are always changing and updating our toys and equipment, as well as art supplies. At Caterpillar Corner, we feel that the adults are facilitators of play, providing an interesting room arrangement, choice of centers and enticing projects. We help guide children in appropriate interaction with others. Courtesy and cooperation are stressed. Young children enjoy a routine because it makes them feel secure in knowing what to expect next. We also like to be flexible and spontaneous while still following a general structure. All of the younger age groups of infants, toddlers and preschoolers have a circle time where we greet the children, play games, sing songs and tell stories. We have an atmosphere where children are encouraged to speak up and talk about a variety of subjects, thus using their language skills and developing self confidence in group setting. We have play centers, clearly defined, as well as learning centers which are changed weekly. We have a large indoor playground for wide open play.

**6) Sign-Out/Child Pick-up**— reviewed by a parent or legal guardian. Child Sign-Out Record enrollment/attendance. Form must be initialed daily by person(s) designated in writing by a parent to whom child may be released.

**7) Meals for Infants**— completed by a parent/guardian. This form will be reviewed and updated by a parent and signed whenever the information changes, as part of Family/Caregiver Information Exchange.

**8) General Admissions Information**—reviewed by/given to a parent or legal guardian.

**9) Community Resource Information**—reviewed by/given to a parent or legal guardian upon child enrollment. Information/application for publicly funded childcare (CCIS), etc. available to parents on site. (*Forms are displayed in front entrance of facility*)

Caterpillar Corner Day Care, LLC Procedure Referring Parents to Community Services is as follows: *It is the policy and procedure for Caterpillar Corner Day Care, LLC to provide parent / guardian with a written sample listing of local health and human services information and phone numbers two times a year. (September and April). The director, supervisor, or designee representing Caterpillar Corner Day Care, LLC will conference with the parent / guardian, and provide in writing additional listings as necessary. Staff is required to conference with Director about any developmental concerns, prior to any discussion Staff may have with parents, concerning the child.*

**10) Transportation Permission**—completed by a parent/guardian naming any

agency the child is transported by for special services to and from the facility.

**11) Authorization for Release of Information**—completed by a parent or legal guardian to authorize the release of child information/records to/from providers of special services.

**12) Transfer of Child Records**—completed by a parent or legal guardian to authorize the transfer of the child’s records to be sent to another educational setting.

All incomplete forms will be returned to the parent/guardian for completion prior to the child’s first day of attendance or due date specified. If upon review of a child’s health record it is determined that a significant health service (e.g., vision, hearing, or immunization) has not been done, the parent/guardian will be notified. Health care referrals will be provided when requested or needed. The parent/guardian will be required to obtain the required health services before the child is considered for exclusion from the program, based upon current State regulations. When an outbreak of a vaccine-preventable disease occurs in the childcare facility, the parent may be asked to obtain special immunization. In the event of an outbreak, all children whose immunizations are not up-to-date with the current recommended schedule of the American Academy of Pediatrics and the U.S. Public Health Service will be excluded from childcare until properly immunized. For special exceptions, see section V. Health Plan, A. Child Health Services of this document, regarding children who are not immunized due to religious or medical reasons.

*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 child care facility, will be accessible, but not limited to, the parent or legal guardian, and child care director, child care provider, health/social service coordinator, health consultant and person designated by the State licensing department to review records for licensing.

Information concerning the child will not be made available to anyone, by any means, without the expressed written consent of the parent or legal guardian.

### **C. Daily Record Keeping/ Daily Health Checks:**

For each child, all forms will be completed daily and reviewed monthly:

**1) Daily Attendance Record**-The staff will complete the **Daily Attendance Record** to log attendance of the child. The **Daily Attendance Record** reviewed by Staff “A” person.

**2) 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 the child’s ability to participate in the day’s activities. Staff will use the **Instructions for Daily Health Check**. The family will supplement these observations with an oral or written exchange of information with the child’s caregiver. Any unusual circumstances will be recorded by staff on the **Daily Family/Caregiver Information Exchange Home Tracking Tablet** The written record of findings from these daily checks will be kept for at least 3 months at the center to help identify outbreaks.

**3) Illness/Symptom Record-**The Administrator/Staff will review the **Daily Family/Caregiver Information Exchange Home Tracking Tablet** in order to categorize all illness/symptoms the child was known to have from home and any center noted illness/symptoms for the purpose of identifying patterns of illness. These will be recorded on the **Monthly Home/Center Illness/Symptom Trends Tracking Chart**

**4) Injury Report-** Any injuries/accidents occurring at the center will be recorded on the **Injury Report Form**. The records will be reviewed by Administrator to identify patterns of accidents.

## **II. Supervision**

### **A. Principle:**

No child will be left unsupervised while attending the program. At least two staff will always be available, unless otherwise permitted by local, state, federal law, licensing, or waivers granted. Caregivers will directly supervise infant, toddler, preschool, and school age children by sight and hearing at all times, even when the children are sleeping. Children will never be left without a caregiver on the same floor-level as the children. Children will be permitted to participate in activities outside of the program and to visit friends off premises as approved in writing by their parent/legal guardian and by their caregiver.

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. Counting systems, such as a reminder tone that sounds at timed intervals, may be used to help staff remember to count. Staff “A” person will assign and reassign counting responsibility as needed. Staff may assess the environment for opportunities to improve visibility and hearing of child activities with such devices as convex mirrors, baby monitors, etc.

### **B. Child-Staff Ratios:**

Child- staff ratios followed by this program will always comply with the following requirements according to State regulations:  
Child-staff ratios required by Pennsylvania State regulations are as follows:

<b>Age</b>	<b>Child: staff</b>	<b>Maximum Group Size</b>
0 months - 9 months	4:1	8
10 months - 18 months	5:1	10
19 months - 27 months	6:1	12
28 months - 5 year olds	10:1	20
6-7 year olds	12:1	20
8-9 year olds	12:1 or 15:1	24/30
10 years and older	15:1	30



When there are mixed-age groups in the same room, the child-staff ratio and group size will be consistent with the youngest age of the children in the mixed-age group. When infants or toddlers are in the group, the child-staff ratio and the group size for infants and toddlers may be maintained.

Child-staff ratios for swimming, transporting, caring for ill children and children with identified special needs requiring more supervision, will comply with child-staff ratios required by Pennsylvania State regulations. Our goal is to maintain national standards for child-staff ratios, which are recommended by the American Academy of Pediatrics and the American Public Health Association as identified in *Caring for Our Children*.

A substitute may be employed assigned to assure that the required child-staff ratios are maintained at all times, if Pennsylvania State regulations allow. Substitutes and volunteers will work under direct supervision and not be left alone with a group of children at any time. A substitute who is regularly employed as a caregiver by the facility and who is well known by the children in the group will be considered staff and may function in the same way as the caregiver for whom the substitution is being made.

**A classroom to classroom transition procedure is documented in XX.**

### **C. 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) may 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. Children will be specifically assigned to a caregiver to be regularly counted to confirm their safe whereabouts at all times.

3) A **Daily Written Plan** will be prepared by Director/Supervisor and used to assign supervised daily routine activities, as well as, any high-risk areas of activities.

4) When sprinkler water-play activities take place, regulatory child-staff ratios will be maintained. When swimming, wading or other gross motor play activities (not including water table activities) in collected water are part of the program, there will be an increase in child-staff ratio and these activities will receive the most staff attention, and follow any special guidelines mandated by the Pennsylvania State regulations.

#### **D. Family/Staff Communication:**

The facility will promote communication between families and staff by using written notes as well as informal conversations. Families are encouraged to leave written notes with important child information. Information will be recorded on the **Family/Staff Communication Form**, so all the caregivers who work with the child can share the information about the child. Caregivers may write **Individual Child Information** notes for families with infants and toddlers on a daily basis, and on an as needed basis for other age groups, as per STARS. It may be suggested to write additional notes no less than weekly for preschool and kindergarten children, and no less than monthly for school age children. Staff may use these notes to inform families about the child's experiences, accomplishments, behavior, sleeping, feeding, and other issues related to personal care such as wet diapers and bowel movements for infants and toddlers. **Individual Child Information** forms will be specific for various age groups.

A **Checklist for Individual Child Information** form may be used to record any additional notes needed.

#### **E. Staff:**

Caterpillar Corner Day Care, LLC employs nurturing caregivers who attend to individual needs of children in order to provide a safe, warm, and loving learning environment. Staff include Directors, who have, but are not limited to having, Bachelor or Masters degrees or advanced course work in early childhood education, elementary education, literacy, or health and human services fields. In addition to the general operation of the center, the director's responsibilities also include supervising other staff. The supervisor of the center is responsible for the day-to-day operations of the center, scheduling, planning and organizing the plans for the day. Included in the responsibilities of the supervisor are parent scheduling for meetings, and supervising teaching staff. The supervisor will also have qualifications of the Group Supervisors. Group supervisors have at least a high school diploma and previous experience working and caring for children. They are responsible for a group of children, ranging from ages 6 weeks through age twelve. All staff-child ratios are maintained according to State regulations. Group supervisors may also assume responsibilities of preparing meals, diapering, lesson preparation, etc. All staff attends on-going professional development trainings and courses, as per STARS requirements and State regulations.

We select our staff carefully in order to provide quality care and education for children of all needs. Staff is evaluated various times throughout the year and a review of their performance follows any observation/evaluation by the supervisor/director.

### III. Discipline

#### A. Philosophy of Discipline:

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 behavior that is more acceptable.

Caregivers will use discipline that is consistent, clear, and understandable to the child.

#### B. Permissible Methods of Discipline:

*For acts of aggression and fighting* (e.g., biting, hitting, etc.) 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.
- 2) Immediately, comfort the individual who was injured.
- 3) Care for any injury suffered by the victim involved in the incident.
- 4) Notify parents/legal guardians of children involved in the incident.
- 5) Review the adequacy of caregiver supervision, appropriateness of facility activities, and administrative corrective action if there is a recurrence.

*Physical restraint* will not be used except as necessary to ensure a child's safety or that of others, and then in the form of holding by another person as gently as possible only for as long as is necessary for control of the situation.

*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 and parent/guardian for the use of the medicine.

*Removal of a child from the environment* will be used if other management techniques are ineffective and may be used selectively for children over 18 months of age who are at risk of harming themselves or others. The period of "removal" will be just long enough to enable the child to regain self-control. Generally, this period will not exceed one minute per year of age. Caregivers will monitor the effectiveness of "removal" and may seek the help of a mental health consultant when approved behavior management strategies do not seem to be effective.

### **C. Prohibited Practices (Child Abuse):**

Caregivers will not use physical punishment or abusive language.

### **D. 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. Staff/Administrator will call 1-800-932-0313/Child Abuse Hotline to report suspected abuse or neglect. Staff/Director will follow the direction of the child protective services agency regarding completion of written reports. If the parent or legal guardian of the child is suspected of abuse, Staff/Director will follow the guidance of the child protective agency regarding notification of the parent/legal guardian. 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, which is 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. Parents or legal guardians of suspected abused children will be notified. Parents or legal guardians of other children in the program will be contacted by Administrator 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.

## **IV. Care of Acutely Ill Children**

### **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 children.

2) The illness requires more care than the childcare staff is 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 *Managing Infectious Diseases in Child Care and Schools*. (See Chapter 5 Recognizing the Ill Child: Inclusion/Exclusion Criteria in *Managing Infectious Diseases in Child Care and Schools*, available from the American Academy of Pediatrics 800/433-9016, [www.aap.org](http://www.aap.org)).

4) Diseases and conditions which require exclusion that are specified in 28 Pa. Code Chapter 27, relating to communicable and non-communicable diseases, as referenced by Pennsylvania State regulations.

If the childcare staff is 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 *may not need to be excluded*.

#### **B. Admission and Permitted Attendance:**

Specific conditions that do not require exclusion from childcare are defined in *Managing Infectious Diseases in Child Care and Schools*. (See excerpt of Chapter 5 **Recognizing the Ill Child: Inclusion/Exclusion Criteria** in *Managing Infectious Diseases in Child Care and School*, available from the American Academy of Pediatrics 800/433-9016, www.aap.org).

#### **C. Procedure for Management of Short Term Illness:**

Staff "A" person/Director will decide whether a child who is ill, will be permitted to come for the day, or remain in the program.

The caregiver may use a **Symptom Record** to document symptoms of illness. **Symptom Record** forms will remain a part of the center records. The caregiver and the parent/legal guardian will discuss treatment in order to develop a plan for the child's care.

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

1) Staff "A" person/Director will determine if the child may remain in the program or is too ill to stay in childcare.

2) Staff "A" person/Director will call the parent or legal guardian.

3) The child's symptoms will be treated as agreed upon with the parent/legal guardian. The treatment will be written on the Family /Staff Communication form.

4) If the child is too ill to stay in childcare, the child will be provided a place to rest until the parent, legal guardian 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 childcare will be provided care separate from other children with extra attention to hygiene and sanitation until the child leaves the facility.

#### **D. Reporting Requirements:**

Some communicable diseases/illness must be reported to public health authorities so that control measures can be used. Administrator will obtain an updated list of reportable diseases from the local or state health authorities.

A copy of this list will be available to parent/legal guardian and can be viewed on the reverse side of the **Illness Alert** form displayed in the front entrance of the facility, or upon written request.

Families and staff will be responsible to notify Administrator within 24 hours after the child or staff has developed any known or suspected communicable disease/illness and to inform Administrator if any member of their immediate household has a reportable communicable disease/illness. While respecting the legal boundaries of confidentiality of medical information, Administrator will notify the appropriate health department authority about any suspected or confirmed reportable disease/illness among the children, staff, or family members of the children and staff.

The telephone number of the responsible local or state health authority to whom to report any communicable disease/illness is posted on the **Illness Alert** form, located/displayed in the front entrance of the facility. The local agency is the can be reached at 814-627-1251.

Families of children who may have been exposed to a child, staff member or family members of the children and staff with a communicable disease or reportable condition will be informed about the exposure according to the recommendations of the local health department and/or posting on the **Illness Alert** form, located/displayed in the front entrance of the facility.

#### **E. Obtaining Immediate Medical Help:**

All caregivers will obtain immediate medical help for the **Situations That Require Medical Attention Right Away** listing. Copies may be located in the Emergency Form packets in all childcare spaces.

### **V. Health Plan**

#### **A. Child Health Services:**

*Immunizations* will be required according to the current schedule recommended by the American Academy of Pediatrics (see [www.aap.org](http://www.aap.org)). Administrator will review updated notifications from the American Academy of Pediatrics concerning recommended immunization schedules. The Pennsylvania Department of Health and the Pennsylvania State childcare licensing regulations regarding attendance of children who are not immunized due to religious or medical reasons will be followed. Children not immunized 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](http://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, according to the program requirement. Parents or legal guardians are responsible for assuring that their children's immunizations are updated 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/legal guardian) to the child's health care provider for explanation and implications for childcare. Director will routinely check with the public Health Department or the American Academy of Pediatrics for updates of the schedule for routine preventive health services.

Children may not be excluded for failure update immunization records if they have an appointment for immunizations and have their immunizations initiated within one month (with State regulation approval). A child whose immunizations are not updated may be dismissed after three written reminders to the parent or legal guardian over a 3-month period.

Staff/Director will check the facility's records, a minimum of twice a year, to be sure, each child's immunization and other routine preventive health services are current. Staff/Director will remind parents and legal guardians to provide documentation of health assessments.

### **B. Health Consultation:**

As needed, the Director may contact the local agency is the can be reached at 814-627-1251, public Health Nurse or any other licensed health professional with pediatric training to provide ongoing consultation to the childcare facility and may help to develop and approve all written policies relating to health and safety. The health consultant may visit the facility to review and give advice on the health component.

The health consultant may 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 may have pediatric credentials or advanced training in pediatrics.

### **C. Health Education:**

Health education referral will be a part of the curriculum for staff, families and/or children. Topic areas for staff and/or families may include: nutrition, stress management, exercise, child development, prenatal care, management of chronic disease, substance abuse, safety, first aid, control of infectious disease, HIV/AIDS, and other topic areas based on community needs and interests. Education may be provided by Caterpillar Corner Day Care, outside agencies, videotapes, etc. It is not the responsibility of Caterpillar Corner Day Care to provide such education and/or assume costs for such education.

Speakers and materials may be obtained from community agencies, 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, but not limited to, topic areas such as Child Passenger Safety Week, Heart Month, Week of the Young Child, and Fire Prevention Month. Topic areas for children include: physical health, oral health, social health, emotional health, medication and substance abuse, safety, first aid, and prevention of infectious diseases. (See *Caring for Our Children* for contact information on organizations that provide health education materials.)

It is Caterpillar Corner Day Care policy to notify parents/legal guardians if sensitive topic areas are included in the health education plan. Parents/legal guardians must provide written notification to the staff of the facility if they do not want their children to be involved in activities related to a specific topic.

## VI. Medication Policy

### A. Principle:

This facility will administer LIFE SAVING MEDICATION ONLY to children with written approval provided on a **Medicine Permission Slip** written by the parent/guardian or an order from a health provider for a specific child or a specific condition for any child in the facility. Because administration of medication poses an extra burden for staff, and having medication in the facility is a safety hazard, medication administration in childcare will be limited to situations where an agreement to give medicine outside childcare hours cannot be made. Whenever possible, the first dose of medication should be given at home to see if the child has any type of reaction. Parents or legal guardians may administer medication to their own child during the childcare day.

### B. Procedure:

Staff/Director will administer medication only if the parent or legal guardian has provided written consent. The medication will be provided to caregivers in an original labeled prescription or manufacturer's container that meets the "Safety Check Requirements," listed on the **Medication Log**.

1) For prescription medications, parents or legal guardians will provide caregivers with the medication only 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, parents or legal guardians 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.

2) Medications will be kept at the temperature recommended for that type of medication, in a sturdy, child-resistant, closed container that is inaccessible to children and prevents spillage.

3) Medication will not be 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. Instructions, which state that the medication may be used whenever needed, will be renewed by the parent/guardian at least annually.

4) A **Medication Log** will be maintained by the facility staff to record the instructions for giving the medication, written consent obtained from the parent or legal guardian, amount, the time of administration, and the person who administered each dose of medication. Spills, reactions, and refusal to take medication will be noted on this log.

5) Medication errors will be controlled by checking the following five items included in the "Safety Check Requirements," listed on the **Medication Log** each time medication is given:



- a. Right child
- b. Right medicine
- c. Right dose
- d. Right time
- e. Right route of administration

When a medication error occurs, the Pittsburgh Poison Control Center (phone: 1-800-222-1222) and the child's parents will be contacted immediately. The incident will be documented as a part of the child's record, located at the facility.

## VII. Emergency Plan

### A. First-Aid Kits:

First-aid kits will be located in each child-care space, kept inaccessible to children, and will be restocked following use, to maintain the *mandated* supply of item. Items may be contained in the first aid kits or items may be located in other areas in the facility premises, unless an off-campus excursion is pre-scheduled.

**Mandated First Aid Kit** items, listed inside each First Aid Kit and **First Aid Kit Inventory** list of suggested items from Model Child Care Health Policies, 4<sup>th</sup> Edition may be used for first aid purposes.

Additionally, for any off campus excursions, the kit may contain an emergency dose of medication for any child in the group who may require such medication (e.g. Epipen®, 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/Supervisor will check the contents of the first aid kits and replace missing or expired items as needed. Items listed must be maintained in the **Mandated First Aid Kits**; however, items from the additional **First Aid Kit Inventory** list are optional.

### B. Emergency Phone Numbers:

All caregivers will have immediate access to a device that allows them to summon help in an emergency.

The telephone numbers of the Police Department, Fire 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 on a written or computer log. These contractors can be called by the Director for problems with electricity, heating, plumbing, trash removal, and general maintenance.

The list of emergency telephone numbers, and copies of staff and child emergency contact information and authorization for emergency transport will be taken along anytime children leave the facility in the care of facility staff.

Emergency phone numbers will be updated regularly. Emergency phone numbers will be verified by calling the numbers to make sure a responsive, designated person is available.

### **C. Lost or Missing Children:**

1) To prevent lost or missing children, staff will count children frequently while in care and on any off campus excursions/trips. 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. While on any excursion, staff may identify and implement specific systems for speedy recovery of missing children, such as uniform, brightly colored T-shirts, accessible identification and contact information for the children, 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, C. Walking and Trip Safety, of this document, regarding related policies.

2) If it is determined that a child is missing or lost, Staff/Supervisor will immediately notify the local police or sheriff, the director, the parents or legal guardian, and other authorities as required by state regulation. If on a field trip, the staff will notify the facility management to assist in the search for the child.

### **D. Child Abuse: (See III. Discipline of this document)**

### **E. Injuries or Illnesses Requiring Medical or Dental Care and Generic Injuries:**

1) The caregiver who is with the child and/or one who has had pediatric first aid training will provide first aid. See section XVI. Staff Policies, E., of this document, regarding Training for pediatric first aid course content.

2) In non-emergency injuries, an injury and accident report is filled out and shared with the parent on date of incident. The office copy is given to director who then reviews and discusses these incidents at monthly staff meetings to prevent reoccurrence. Staff/Administrator will activate the Emergency Medical Services (EMS) system by dialing **911** when immediate medical help is required for **Situations that Require Medical Attention Right Away.**

Staff/Supervisor will contact a parent/legal guardian or, if the parent or legal guardian cannot be reached, the alternate emergency contact person. The emergency facility used by the program is the **Blair County - 911** . Prior to a specific medical emergency Staff/Supervisor will contact the emergency facility to find out what procedures are followed for emergency treatment of children not accompanied by a parent or legal guardian. Emergency transport is provided by the Emergency Medical Services (EMS).

3) Staff/Director will accompany the child in an emergency and remain with the child until the parent or legal guardian assumes responsibility for the child. Staff will take child's **Parental Consent Emergency Information** for emergency reference.

Child-staff ratios will be maintained at all times for the children remaining in the facility. A Supervisor/substitute will substitute for the missing caregiver in such emergencies.

4) Staff/Supervisor will complete an **Injury Report Form** as soon after the injury as possible. The form may be signed by the parent or legal guardian. Copies will be included in the child's record at the facility, distributed to the parent/guardian, and included in the facility's Injury Log.

5). Dental Emergencies: Administrator will contact local Dental licensed

providers, in the community, who have agreed or will agree to accept emergency

dental referrals of children and/or give advice regarding a dental emergency unless otherwise indicated by the parent or legal guardian. A listing of Dental licensed providers may be found in the local telephone directory. Administrator may have a specified provider of choice previously selected and may have the address and phone number of such listing in the facility business records. Dental injuries will be given first aid as in section XII. E 1 of this document, referring to injuries. If emergency dental care is required, Staff/Administrator will accompany the child and remain with the child until the parent or legal guardian assumes responsibility for the child.

#### **F. Serious Illness, Hospitalization, and Death:**

Staff/Director will notify, within 24 hours, the Pennsylvania State licensing agency of in patient hospitalization, emergency room treatment, or death of a child receiving care in the facility. Staff/Director will complete an **Incident Report Form** and send to appropriate State licensing agency within 24 hours of incident. (3270.20) Director/Administrator will plan and carry out communication with staff, families, children, and the community as appropriate.

#### **G. Media Inquiries:**

All staff will refer all media inquiries to Director. Access by the media to the facility during a crisis will not be permitted. 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.

### **VIII. Security and Evacuation Plan, Drills, and Closings**

Note for this entire section: Refer to Caterpillar Corner Day Care. Emergency Operations Plan, for specifics details of basic emergency plan.

#### **A. Security Plan:**

1) Entrances will be protected from unauthorized access by keeping all doors into the facility locked. (this refers to all doors to the outside).

2) In the event of an admission of an individual who subsequently demonstrates threatening behavior “a code specific to the facility – **I NEED A DRINK OF WATER**” will be used as means of alarm to notify another adult to call the police and alert all caregivers to relocate to a safe area, away from where the threatening individual is located/ has entered.

#### **B. Evacuation/Fire Drill Procedure:**

1) Child-staff ratios will be maintained, and the children will be evacuated.

2) Children who cannot walk out of the building on their own will be evacuated as planned or under the supervision of a fire safety professional:

\*Method used for infants, toddlers, and children with disabilities: use of cribs, transporting one or more child at a time; carrying children/wheelchairs, etc.

3) Staff “A” Person/Administrator will check that each staff member has a specific

assignment. A sample of such an assignment may be similar to the following:

<u>Staff:</u>	<u>Assignment:</u>
“A”	coordinates School-age/Pre-school group evacuation
“B”	coordinates Infant group evacuation
“C”	coordinates Pre-school group evacuation
“D”	coordinates Toddler group evacuation
“E”	coordinates Toddler/Pre-school group evacuation

4) All Staff will count the children in each group being evacuated and count the children again when they reach the evacuation destination.

5) All Staff will give children clear, simple instructions about exiting the facility. Children will stop their activities immediately at the sound of the alarm and proceed to the exit door.

6) Staff “A” person will carry **Parental Consent Emergency Information** and **Daily Attendance Record/Room Attendance Records**, and other necessary documents/forms from the facility to the location where evacuees will gather and compare attendance at that location to the attendance sheet to be sure no children or staff have been left behind.

7) To assure complete evacuation has occurred, the last Staff person to leave each part of the facility will conduct a final, thorough ‘sweep’ of all areas accessible to children (whether or not children are allowed in those areas). If a child who should have been evacuated with the group is located because of a final ‘sweep’ during an evacuation drill, the Staff will inform the Director of child’s location. The Director will investigate the circumstances that led to the failure to evacuate that child and plan how to avoid such problems in the future.

8) If reentry into the building is not possible, children will remain at the relocation site. Staff should remain calm and speak to the children in a reassuring manner.

9) The temporary shelter will be stocked, within a reasonable amount of time, with supplies and materials necessary for the program to take care of children until parents/guardians or designated persons can take the children home.

10) Families will be notified by telephone or radio broadcast on station Froggy98. The radio station call letters are also listed on **Caterpillar Corner’s Emergency Operations Plan provided to parents/guardians upon registration.**

11) Evacuation procedures will be posted in the facility in each childcare space.

12) Evacuation/Fire drills will be held at least monthly. The timing of the drills will be varied to include early morning, mealtimes, and nap times. Children will be appropriately prepared for and reassured during drills. Weather drills will also be practiced on a regular basis. Staff /Director will complete the **Evacuation Drill Weather Log** at the end of each drill.

13) At least one drill per year may be observed by a representative of the Fire Department or equivalent emergency or disaster planning personnel.

14) All new staff will receive pre-service training on the **Caterpillar Corner’s. Emergency Operations Plan**, for specifics details of the basic emergency plan, within the first week of employment.

15) All staff will receive a review of training on the **Caterpillar Corner's Emergency Operations Plan**, for specifics details of the basic emergency plan, during the month of October each year, or on a yearly basis.

**C. Fire or Risk of Explosion:**

1) Anyone who discovers smoke, fire or risk of explosion will announce fire located in specified childcare space(s). Such action may assure contact with fire/security company. Staff "A" person/Supervisor will notify the local Fire Department by calling **911** from a safe location, after being sure that evacuation of the building takes place.

2) All Staff will follow the posted Evacuation Procedures.

3) The last Staff person to leave a room will close the doors of that room.

4) All Staff trained in fire safety are authorized to use the fire extinguisher where necessary and safe.

5) Staff/Administrator will notify within 24 hours, the Pennsylvania State licensing agency, of a facility fire that requires service of a fire department. Staff/Administrator will complete **Incident Report Form** and send to appropriate State licensing agency within 24 hours of incident.

**D. Power Failures:**

1) Caregivers will comfort the children, explain the situation, and model for them how to remain calm.

2) Staff/Director will discover if the power outage is confined to the facility or includes the neighborhood or surrounding areas.

3) To activate the emergency lighting system in this facility, Staff /Director will check that a battery-operated system has been automatically activated, or will use some other system. Flashlights to be used, are available for access in, but not limited to, the copy room and on the front desk.

4) Unless the power failure is accompanied by an emergency requiring evacuation (e.g., fire, flood, etc.), children will be kept inside. Should it be necessary to leave the building, staff will follow emergency Evacuation/Fire Drill Procedures. See section VIII. Evacuation/Fire Drill Procedure, B, of this document, regarding Security and Evacuation Plan, Drills, and Closings. Staff will look for and avoid any downed power lines.

5) Staff/Director will call the local power facility at 1-888-544-4877, explain the situation, and request assistance.

6) If weather conditions do not permit the maintenance of safe temperatures within the facility, families will be notified by telephone or radio broadcast Froggy 98.

**E. Closing Due to Snow/Storm:**

1) If the Director decides prior to opening hours not to open the facility, families will be notified by telephone or radio broadcast on Froggy 98. Notice of **Information in regards to Childcare Cancellations, Delays and Early Closings due to weather conditions** will be distributed to parents/guardians prior to seasonal conditions.

2) If the facility must close during operating hours because of snow or storm, Staff/Director will notify families by telephone or radio broadcast on Froggy 98.

3) If weather conditions prevent a parent/guardian from reaching the facility to recover a child, Staff/Director will care for the child (maintaining proper child-staff ratios) until such time as the parent or legal guardian can safely reclaim the child. If the parent/guardian, or emergency contact person cannot reclaim a child within 1 hour, the child will be cared for at the childcare facility, where the child will receive food, warmth, and have a place to rest. If children must remain at the childcare facility, Staff/Director will provide food, water, clothes, blankets, flashlights, diapers and other necessary articles to care for such children. Parent compensation for staff, supplies, attendance, etc. will be assessed when child is released to the parent/guardian.

#### **F. Floods, Tornadoes, Hurricanes, Earthquakes, Blizzards or Other Catastrophes:**

1) Staff/Director is responsible for contacting the local EMA Coordinator, at the Blair County Emergency Management Agency, (Emergency Preparedness Authorities) at 814-840-5921 or 814-940-5952 or **911**, and obtaining written instructions for what to do in the event of an emergency that may occur in the region.

2) Anyone who learns about a significant health or safety hazard will notify **911** so appropriate actions can be taken.

3) Staff will follow the appropriate emergency procedures directed by **911** for the catastrophe and wait for authorities to arrive.

### **IX. Authorized Caregivers**

#### **A. Documentation of Authorized Caregivers:**

Staff/Director will maintain child files, which will include written authorization by the child's parent or legal guardian of the names, relationships to the child, addresses, and telephone numbers of individuals whom the parent/guardian have approved to care for the child, to pick up the child for them, and to take the child out of the facility on trips.

#### **B. Sign-Out Procedure:**

Adults who remove the child from the facility including parents, legal guardians, staff and individuals whom the parent/guardian have given written approval to pick up the child from the facility will sign children out of the facility daily. This policy will be provided to families at the time of enrollment and will be strictly enforced, with the exception of Staff/Director who is responsible for taking pre school and school age children to/from Tyrone Elementary and St. Matthews.

#### **C. Policy for Handling an Unauthorized Person Seeking Custody:**

1) Staff/Director will contact the custodial parent or legal guardian named on the

application for childcare services, **Parental Consent Emergency Information**

2) Telephone authorization to release a 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 or legal guardian for such an exceptional release. The staff person who accepts such authorization will call the previously documented phone number of the parent to verify that the parent is activating a phone authorization for release of the child. The staff person will document the results of this call on the **Oral Release Form**, which will be located in the facility, as part of the facility record.

3) No child will be released without the presence or permission of the custodial parent or legal guardian.

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.

5) Staff/Director will notify **911**/police, if an unauthorized person seeks custody of the child.

6) The enrolling parent/legal guardian is designated as the custodian parent/legal guardian, unless otherwise noted in a legal court document, of which a copy will be provided to the facility.

**D. Policy for Handling Persons Who May Pose a Safety Risk:**

Note: Includes abusive parents or legal guardians 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) Staff/Director will notify **911**/police, if needed, to manage an adult or an individual who poses a safety risk.

**X. Safety Surveillance**

**A. Hazard Identification and Correction:**

Staff/Administrator will conduct a daily **Site Safety Review** inspection of the facility. The results of the site safety review will be recorded on the **Site Safety Review** Form and reviewed monthly by the Director to arrange for correction of any conditions identified.

The Director, with the assistance from a maintenance contractor, may conduct a monthly Health and Safety Inspection of the facility for hazards. (*Refer to Model Child Care Health Policies 4<sup>th</sup> Edition, "Health and Safety Checklist," pages 1-13.* The results of the site inspections may be reviewed by the Director to arrange for correction of hazardous conditions identified.

Please note: Not all items listed in the sample "Health and Safety Checklist" need be reviewed. These are suggestions only.

Other noted hazards to be reviewed may include "Escape Hazards" and "Evacuation Hazards": Note any potential high-risk locations/situations where a child might escape or hide from the group. These areas include usual and likely-to-be-forgotten locations such as, but not limited to: under a crib, behind a toy, in a toy container, in a cabinet, kitchen, toilet room, or any other area. See section VIII.

Evacuation Procedure, B. 7, of this document, referring to Evacuation Fire Drill Procedure.

### **B. Review of Injury Reports:**

Whenever an injury occurs, a copy of a completed **Injury Report Form** will be referenced in order to review the accident/incident log.

The **accident/incident log** will be reviewed to identify hazards for corrective action.

## **XI. Transportation and Field Trips**

### **A. Daily Transport to and from the Program:**

Caterpillar Corner is not responsible for, and does not provide transportation to/from the center from home but does provide transportation to and from school.

All motor vehicle transportation provided by Caterpillar Corner will include use of age-appropriate, and size- appropriate seat restraints (car seats and/or seat belts). It is also the responsibility of the parent/guardian to provide appropriate seat restraints, if not, 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. The trainer will be identified by the National Highway Traffic Safety Administration (800-424-9393) as an individual who has the necessary training. Restraints for children with special needs will be appropriate for the child. This is the responsibility of the parent/guardian to regulate self and/or designated person.

Car seats that belong to individual children may be stored between arrival and departure in a specified outside or inside location and must be in good/fair/clean condition.

Staff will encourage families to secure their children in seat restraints to assure that children arrive and leave the program safely. It is the parent/guardian responsibility to abide by any/all regulations referring to the number of adults and children transported in the vehicle limited to the manufacturer's stated capacity for the vehicle. Staff may arrange educational suggestions/programs for parents/guardians on safe daily transport to and from the program as needed.

### **B. Parking Requirements:**

Parents/guardians are required and will be reminded to park in designated areas and are reminded to remove all valuables from the car when entering the facility, especially other/all children.

Parents are not permitted to leave any child, of any age, unattended in a vehicle upon entering the facility.

The facility is not responsible for damages/loses to any personal belongings to parent/child.

Upon entering/exiting the building, parents are required and will be reminded to close gate and secure appropriate latch.

### **C. Walking and Trip Safety:**

1) The children will be provided opportunities to learn pedestrian safety by caregiver role-modeling and verbal reinforcement. Caregivers will teach children to cross only at the



corner, when traffic signals indicate it is safe to cross, and only after looking left, right and left again.

2) Caregivers may keep younger children together through use of a travel rope (a knotted rope which is stretched between two caregivers and which the children hold onto while they walk), by having an adult hold each child's hand, or by another means that keeps the child physically connected to an adult at all times. A

designated adult will supervise the children.

3) Parent/guardian will sign an informed consent form for trips for each child prior to taking trips.

4) A first-aid kit, parental consent emergency information, and emergency transport authorization information for all children will be taken on any trip.

5) Children will be counted on a regular basis while on a trip.

6) In cases where school-age children are taken to/from the center to/from school, it is noted that all information, consents, etc. will be maintained at the center.

#### **D. Vehicular Requirements:**

Parent, guardians, special service transportation services, and all those transporting children to and from the facility are responsible for any and all licensing and all requirements according to State law and maintained in a clean and safe condition. Each vehicle will contain a first aid kit, be able to maintain temperatures between 60-90 degrees, be locked during transportation and be enclosed.

#### **E. Driver Requirements:**

Parent, guardians, special service transportation services, and all drivers transporting children to and from the facility are responsible for any and all driver license requirements and other requirements according to State law. Caterpillar Corner will only be held responsible for employees transporting. Employees will abide by the following procedures: No smoking in vehicle, no child will remain unattended, all children will remain seated while vehicle is in motion, keys will be removed when driver is not in driver's seat, at least one employee will have current CPR/1<sup>st</sup> aid completion. If there are delays or problems with transportation, parents/guardians will be notified within 20 minutes by a phone call.

**If child fails to meet vehicle/caregiver, center personnel will take the following steps:**

Call Parent or other emergency contact

Call school if picking up from school

Call 911 if child fails to meet vehicle after 20 minutes

#### **F. Seat Restraint Requirements:**

Parent, guardians, special service transportation services, and all drivers transporting children to and from the facility are responsible for any and all seat restraint requirements and other requirements according to State law. Caterpillar Corner will only be held responsible for seat restraints in their vehicles.

#### **G. Route Planning and Trip Safety:**

At this time the Caterpillar Corner does not plan off-facility trips. Appropriate

guidelines for route planning and trip safety will follow standards outlined in the Model Child Care Health Policies, 4<sup>th</sup> Edition, Section XI – Transportation and Field Trips, E. Route Planning and Trip Safety.

## **XII. Sanitation and Hygiene**

### **A. Handwashing:**

Note: Handwashing procedures may be as follows, according to the Model Child Care Health Policies, 4<sup>th</sup> Edition, or as referenced by All About the ECERS-R or All About the ITERS-R, by Debby Cryer, Thelma Harms, Cathy Riley

1) Signs will be posted at each sink with the times when handwashing is required and the steps to follow.

2) All staff, volunteers, children, and visitors will wash their hands at the following times

(as applicable when directly working with children):

a) upon arrival for the day, when moving from one child care group to another or coming in from outdoors

b) before and after:

- diapering (staff only)
- eating, handling food, or feeding a child.
- giving medication.
- playing in water that is used by more than one person
- c) 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.

3) All staff, volunteers, children, and visitors will wash hands as follows:

a) Moisten hands with water and apply liquid soap. Rub hands with soap and water for at least 10 seconds. Include between fingers, under and around nail beds, backs of hands and any jewelry.

b) Rinse hands well under running water with fingers down so water flows from wrist to finger tips. Leave the water running.

c) 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.

d) Use a towel to turn off the faucet, unless faucet does turn off automatically. If inside a toilet room with a closed door, use the towel to open the door. Discard the towel in an appropriate receptacle.

e) Apply hand lotion, if needed.

If a child is too heavy to hold for handwashing at the sink, and cannot be brought to the sink for handwashing, use disposable wipes or a damp paper towel moistened with a drop of liquid soap to clean the child's hands. Then wipe the child's hands with a paper towel wet with clear water. Dry the child's hands with a fresh paper towel. Note: this method is less satisfactory than washing at the sink

where the soil can be rinsed off in running water. This method may not yet be approved by the Pennsylvania State licensing agency.

## **B. Diapering:**

Note: Diapering procedures may be as follows, according to the Model Child Care Health Policies, 4<sup>th</sup> Edition, or as referenced by All About the ITERS-R, by Debby Cryer, Thelma Harms, Cathy Riley

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:

a) Collect all supplies, but keep everything off the diapering surface except

the items you will completely use up during the diapering process:

Prepare a sheet of nonabsorbent 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.

b) Avoid contact with soiled items, and always keep a hand on the baby.

Anything that comes in contact with stool or urine is a source of germs.

These will have to be cleaned and sanitized after each diaper change

where potential contact with soiled items occurred. Carry the baby to

the changing area, keeping soiled clothing from touching the

caregiver's clothing. Bag soiled clothes and, later, securely tie the

plastic bag to send the clothes home.

c) 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 from 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.

d) Remove the soiled diaper, clean soiled surfaces, and then remove gloves.

5) Dispose of all soiled diapers properly:

a) Fold the diaper over and secure it with the tabs. Put it into a covered,

lined, foot pedal-operated step can, or other approved container. 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.

b) Check for spills under the baby. If there is visible soil, remove any large

amount with a wipe, 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.

- c) Remove the gloves if gloves are being used and put them directly into the step can.
- d) Caregiver may use a disposable wipe to wipe the caregiver's hands if needed.
- e) Put on a clean diaper—slide the diaper under the baby, adjust it, apply any skin cream if the child uses it, as per parent/guardian written consent, and fasten the diaper.
- f) Clean the baby's hands, using soap and water at a sink if you can. If the child is too heavy to hold for handwashing 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.
- g) Clean and disinfect the diapering area.
- h) Dispose of the table/diaper liner into the step can, or other approved container.
- i) Clean any visible soil from the changing table/changing mat.
- j) Disinfect the table/mat 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 on the surface for 2 minutes. The surface can then be wiped dry or left to air dry.
- h) Wash hands thoroughly as directed in XII A.3 of this document, regarding handwashing.

### **C. Toileting:**

Toilets will be kept visibly clean. Toilets should be separate from the children's activity area. Children who require assistance will be accompanied to the toilet by an adult. Staff will check if children able to use the toilet independently after a period of time has lapsed. Toilets will be adapted for independent use by the child. A non-slip plastic step, and a toilet seat adapter with a non-porous surface, which is easy to wash and sanitize, may be used. On a daily basis, and when visibly soiled, Staff will clean and sanitize the toilets, step stools, and other surfaces used by children for toileting.

Potties (potty chairs, training chairs) will not be permitted because of the risk of spreading infectious diarrhea. Staff will assure that toilet paper and holders, paper towels, soap dispensers, and disposable non-porous gloves are available within easy reach of all appropriate users. Staff will monitor toileting areas regularly, not less than weekly, to ensure that proper handwashing and cleaning procedures are followed.

Anyone who cleans toilets may wear nonporous gloves. Staff who is involved with toileting or cleaning of toilets will adhere to hand-washing routines before leaving the toilet room and again before food handling.

### **D. 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 Staff "A" person will be notified about the need for clean up. When surfaces are soiled by body fluids or

other potentially infectious material, they will be disinfected after they are cleaned with soap and water to remove all organic material. Surfaces will be disinfected using a (non-toxic) solution of 1/4 cup of household bleach to one gallon of tap water (or 1 tablespoon of household bleach to 1 quart of water) made fresh daily by Staff "A/C" person. In order to disinfect, the surface will be sprayed until glossy. The bleach solution will be left on for at least 2 minutes before it is wiped off with a clean paper towel, or it may be allowed to air dry.

The facility will provide training for staff that is responsible for cleaning. Such training 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.

Routine cleaning of the facility will be supervised by Staff "A" person/Administrator according to a designated schedule and procedure. Staff will refer to **Daily/Weekly/Monthly Cleaning Schedule**

Caution will be used when shampooing rugs in areas used at any time for children to crawl. Facility cleaning requiring potentially hazardous chemicals will be scheduled to minimize exposure to the children.

#### **E. Pets:**

Pets are prohibited at the facility; however, a visiting pet may be permitted, as decided upon by the Administrator.

#### **F. Plants:**

Staff/Administrator will be responsible for checking that all plants receive the appropriate care instructions and meet the following guidelines:

1) No plants are permitted that are toxic, generate a lot of pollen, or that drop small flowers; however, plants/flowers delivered from a florist to the center may be permitted, as decided upon by the Administrator. These plants/flowers must be out of reach of children.

2) Children may engage in activities involving planting, observing flowers, etc. (for special projects, science lessons, etc.) Children, caregivers, and staff will follow proper handwashing procedures after handling plants.

3) 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 or legal guardian will be notified as soon as possible.

4) Staff will take care that children do not put plants in their mouths.

#### **G. Toys:**

Children may bring toys from home to play with at scheduled times to be announced by teacher. Toys must be in good condition and are subject for observation by staff when children enter the facility. Toys representing any type of violence will not be permitted.

Parents/guardians will be asked to remove any items noted as unacceptable

(dangerous, too small for children, unsafe, violent, etc.) when entering the facility. Toys should be labeled with child's name for proper identification.

Staff/Administrator will be responsible for checking that all toys receive the

appropriate care and meet the following guidelines, whether supplied by the facility or brought in by the child:

1) Staff/Administrator will check toys accessible to children less than 3 years of age using a small object-tester or ruler. Objects are prohibited that have small 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 3 years of age; however, any items of such materials in use or that are used as decoration, gifts, displays, etc., may be permitted, as decided upon by the Administrator.

2) Children in diapers will have only washable toys. Each group may have its own toys and not share toys with other groups, if appropriate.

3) 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. It is suggested that in order 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, then, immerse the toy in a solution of bleach water as when washing dishes by hand. See XIII B.13 of this document, regarding cleaning cutting boards.

4) 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.

5) 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 clear water rinsing and air-drying will be used. No disinfecting is required.

6) 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.

7) Toys that develop sharp edges, are coated with lead paint, have breakable glass, have screws that have unthreaded, or that present risks of injury from common use will be replaced or discarded.

#### **H. Exposure to Blood and Other Potentially Infectious Materials:**

1) Staff will follow the standard precautions for childcare recommended by the Centers for Disease Control and Prevention in handling any fluid that might contain blood or other body fluids. Standard precautions require treating all blood, fluids that may contain blood or blood products, and other bodily fluids as potentially infectious. The instructions for 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 or 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. Caterpillar Corner recommends using disposable items to clean up body fluids.
- Be sure to wash your hands after cleaning any spill.

2) Staff/Administrator may have additional training/education sessions, either on-site or outside training for: developing the Blood-borne Pathogens Exposure Plan (required by the United States Occupational Safety and Health Administration (OSHA) for any facility 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 Bloodborne Pathogens Exposure Plan will conform to the requirements reflected in the model plan provided by OSHA. References made to information regarding **Prevention of Exposure to Blood and Bodily Fluids** (*Excerpt from Caring for Our Children, National Health and Safety Performance Standards, 2<sup>nd</sup> ed. American Academy of Pediatrics: Standard 3.026 Chapter 3, Prevention of Exposure to Blood and Bodily Fluids*)

### **XIII. Food Handling and Feeding Policy**

#### **A. Drinking Water:**

Safe drinking water will be accessible to children who can serve themselves and offered between meals to all children, while indoors and outdoors. The drinking water source will be approved by the local health department. Staff/Administrator may contact the local health department/Pennsylvania American Water Authority in order to receive information as necessary, to be sure their source of water is free of lead, parasites, bacteria and other contaminants. Drinking water will be dispensed by personally labeled sippie-cup/water bottle/plastic cups, in drinking fountains, or by single-use paper cups. Drinking water will be offered to children who are over 2 years of age after each snack or meal. Younger children will be offered water by caregivers during the day. Caregivers will offer water to children more frequently when the temperature is above 80 degrees F.

#### **B. Food Safety: Dishes, Utensils and Surfaces:**

1) 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.

2) Those who prepare food will not change diapers and vice-versa. Where more than one caregiver works in a facility, handwashing routines followed by those who

prepare food will be monitored by Staff/Administrator at least once a week.

3) Handwashing sink(s) will be separate from food-preparation sink(s).

4) Refrigerators will be maintained at a temperature 45 degrees F or below, and freezers will be maintained 0 degrees F or below.

5) All ground meat will be cooked to reach 160 degrees F; poultry breasts will reach 170 degrees F; dark meat poultry will reach 180 degrees F and pork will reach 160 degrees F. All other foods will be fully cooked to reach at least 140 degrees F.

6) 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. Staff/Administrator will check food temperatures using a food thermometer as necessary. Freezers will maintain a temperature of 0 degrees F. Refrigerators and freezers will have thermometers, which Staff/Administrator will periodically check to be sure that the appropriate temperature is being maintained.

7) All food stored in the refrigerator except fresh, whole fruits and vegetables will be covered, wrapped, or protected from contamination.

8) Inside a refrigerator, cooked or ready-to-eat foods will be stored above raw foods that require cooking unless the raw foods that require cooking are inside an oversized bowl/container.

9) Food preparation, storage and service areas and equipment will be kept clean, sanitary, and may conform to national guidelines. (See *Caring for Our Children*, <http://nrc.uchsc.edu>).

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

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

12) Medications requiring refrigeration will be stored as specified. See VI. Medication Policy of this document, regarding medication.

13) Cutting boards will be made of nonporous material and will be scrubbed with hot water and anti-bacterial detergent or disinfected with bleach/water solution made of 1 tablespoon of household bleach to one quart of water between uses for different foods. Boards with crevices and cuts will not be used.

14) A dishwasher will be used to wash dishes and food service utensils whenever possible. If dishes and utensils are washed by hand, local mandated health licensing guidelines will be followed, using a double bowl sink. Washing dishes by hand will include the use of anti-bacterial detergent or bleach solution. A dishtowel may be used to dry dishes or utensils when daily laundry is provided. Dishes may also be allowed to be air-dried.

Note: The following additional procedure may be followed, as decided by Administrator:

- Use a three-compartment sink or three basins for the separate tasks of washing, rinsing, and disinfecting. No compartment that is used for this purpose will ever be used for handwashing 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 dishwashing, it must be cleaned 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 dishes and utensils in hot tap water with a dish washing 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 dishes or utensils.

15) Bottles, bottle caps, and nipples will not be reused without first being cleaned and disinfected.

16) Cloth napkins and bibs will be laundered after each use; tablecloths will be kept clean. Washing wipeable bibs by hand will include the use of anti-bacterial detergent or bleach solution and hung to dry.

17) 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 allows their feet to rest on the floor or on a firm surface while they eat.

18) Food that has been served on and not eaten from individual plates, and food served from family-style serving bowls, will be discarded.

19) Containers, which hold organic material (food, soiled tissues), shall be covered with a lid, but may provide access to the container without hand contact.

These lids will remain on containers except when staff/children are participating in clean up. Garbage/trash will be removed from the facility daily.

20) 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 clearly labeled, and located away from food.

### **C. Food Brought from Home:**

Staff/Administrator will inform parents or legal guardians of the food service plan of the facility and suggest ways to coordinate with this plan, regarding portions and **Meal Pattern Requirements for Infants through 11 months** and **Meal Guidelines – Ages 1-12**

The facility will supplement a child's home-provided meal if the nutritional content appears to be inadequate. The parent/legal guardian will be informed by staff if food brought from home is being supplemented on a regular basis and may be expected to compensate the facility. Caregivers will check for food allergies before providing any supplemental food. Staff/Administrator will maintain an updated list of any information from the **Parental Consent/Emergency Information**, regarding any food allergies/restrictions. All listings will be considered in the food service plan of the facility.

In this facility, food may be brought from home under the following conditions: (special occasions). Meals may be provided by the family upon agreement between the parent/guardian and Staff/Administrator.

- 1) 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, may/may not require refrigeration and were made with freshly purchased ingredients. There must be enough for all the children.

2) Lunch and snack foods brought from home will meet the guidelines of the **Meal Pattern Requirements for Infants through 11 months** and **Meal Guidelines – Ages 1-12**

for the types of foods and portion sizes. They will be prepared and transported in a sanitary fashion, including maintenance of safe food temperatures for perishable items. Staff/Administrator will check the arrival temperature and storage requirements of food brought from home if necessary. Food that is not at a safe temperature when it arrives will be discarded. Perishable foods that require refrigeration will be kept 40 degrees F or below. and perishable hot foods will be kept above 140 degrees until served. Food brought from home may be labeled with the child's name, the date, the type of food, and any need for temperature control, if stored at the facility.

3) Children will not be allowed to share food provided by the child's family unless the food is intended for sharing with all of the children.

4) 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.

**D. Food Prepared at or for the Facility:**

1) Menu Planning and Portion Control:

Staff/Administrator is responsible for menu planning and portions. Menu plans and food service routines will be reviewed by the Administrator, with reference to the **Meal Pattern Requirements for Infants through 11 months** and **Meal Guidelines – Ages 1-12**

2) Food Purchasing/Ordering:

Staff/Administrator is responsible for assuring that all purchased food meets the following requirements:

- Suppliers of food and beverage meet local, state, and federal codes.
- Purchased meats and poultry have been inspected and passed by federal or state inspectors.
- All milk products are pasteurized.

3) Food Preparation:

Food will be prepared following the policies listed under XIII B of this document, regarding Food Safety: Dishes, Utensils and Surfaces. In addition:

- Dry milk and milk products may be reconstituted in the facility for projects, lessons, cooking purposes, 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.
- Home-canned food, food from dented, rusted, bulging, or leaking cans, or food from cans without labels will not be used.
- Fresh Fruits and vegs will be washed thoroughly with water before use.
- Frozen foods will be defrosted in the refrigerator, under cold running water, as part of the cooking process, or by using the defrost setting of a microwave oven, and never by leaving them at room temperature or in

standing water, as in a pan or a bowl.

- Meat, fish, poultry, milk, and egg products will be refrigerated until immediately before use.

### **E. Infant/Toddler Feeding:**

Staff/Administrator will obtain and review a written description of each child's feeding history before the child enters the program. Consultants, including nurses, nutritionists, speech therapists, occupational therapists, and physical therapists may assist in the formation of individual feeding plans. (When necessary, Administrator will check with children's hospitals, other pediatric health care facilities, or the health department for consultants). Otherwise, the following procedures will be used:

1) A caregiver trained in first aid for choking will be present whenever infants or toddlers are being fed. No more than four infants will be fed by one caregiver.

During feeding, the child's primary caregiver will sit near the child, make eye contact and communicate with the child.

2) Food will be cut up into  $\frac{1}{4}$  -  $\frac{1}{2}$  inch pieces for finger feeding by children who are six months to eighteen months of age. Utensils will be available to children who can use them.

3) Round, firm foods that might lodge in the throat of a child under 3 years of age must be cut, so as not to create a hazard. Some of these foods include hot dogs, and whole grapes. Thickly spread peanut butter is not allowed.

4) When high chairs are used, caregivers will strap the child in securely and not rely solely upon the tray for restraint.

5) Caregivers will check that a child's hands are out of the way when attaching or detaching the tray from a high chair.

6) Infants will not be allowed to stand in the high chair; older children will not be permitted to hang onto the high chair.

7) High chair trays will be cleaned and disinfected before and after each use. They will be stored out of the path of doors or walkways.

8) Infants 6 months of age or younger will always be held when bottle-fed. For bottle feeding, infants and toddlers 7 months through 36 months will either be held or fed sitting up. Parents/guardian will provide written approval for alternate methods of feeding, such as, but not limited to, bottle propping, feeding in cribs, beds or while using other sleep equipment. Carrying of bottles by young children will not be permitted.

9) Infants will be fed "on demand" to the extent possible, but at least every four hours and usually not more than hourly.

10) Infant meals and supplements (snacks) provided by the facility will contain at a minimum the food components specified in **Meal Pattern Requirements for Infants through 11 months**. Food will be appropriate for a child's nutritional requirements and developmental stage specified in written instructions obtained from the child's parent/legal guardian or health care provider.

11) The introduction of solid foods may 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/legal guardian. Modification of basic food

patterns will be provided in writing from the child's parent/legal guardian or health care provider.

12) 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 eat a variety of foods.

13) Breastfeeding/Breast pumping: Breastfeeding will be supported by providing a place for nursing mothers/staff to feed their babies and by coordinating feeding routines in childcare with the mother's schedule. Mothers/staff who desire privacy for breastfeeding/expressing breast milk may use an available small room in the facility, not in use for children at that time. Expressed breast milk may be brought from home if frozen or kept cold during transit. Fresh breast milk must be used 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 located in the facility 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 includes good handwashing. 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 outlined 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.

14) Formula will be brought to the facility in an original factory container or in prepared bottles. The formula will be in a ready-to-feed strength or prepared from powder or concentrate from the home or at the childcare facility. Formula will be diluted according to the instructions provided by the manufacturer or from the child's health provider, using water from a source approved by the local health department. Formula/milk brought from home will be labeled with the child's name.

15) Only cleaned and disinfected bottles and nipples will be used. All filled bottles of breast milk or iron-fortified formula will be refrigerated until immediately prior to feeding, and will not be prepared and stored more than 24 hours before feeding occurs. Once open, if container is not glass or plastic, liquid formula containers will be emptied into a glass or plastic container, supplied by the parent, guardian, or health provider and the formula refrigerated and discarded after 48 hours. Any contents remaining in a feeding bottle after a feeding will be discarded.

16) Bottled breast milk, whole, pasteurized milk, or formula to be warmed will be placed in a container of warm water at a temperature not to exceed 120 degrees F. for five minutes, gently mixed, and tested before feeding. (method of testing: dropping a few drops on caregivers wrist) Bottled breast milk or formula will never be warmed in a microwave oven. Any unused portions must be discarded and cannot be returned to the refrigerator.

17) Breast milk, formula, whole milk and juice in bottles can be un-refrigerated

for no longer than 1 hour, according to ITERS.

18) 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, unless parent/guardian/child's health provider state otherwise as per written permission. 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/legal guardian or the child's health care provider.

19) 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 dishes will be discarded.

#### **F. Preschool/School-age Feeding:**

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

2) Children will eat only when seated to decrease the possibility of choking.

3) Children will eat in social groups with a caregiver to guide and encourage, but not force appropriate conversation and eating behavior. If a child refuses to eat some type of food, staff will offer the food again a little later or prepared differently the next time.

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

5) Adults/Staff will not eat or drink anything the children are not allowed to have while the adults are in view of the children, in a manner or fashion that is intended to tease the children.

#### **G. 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 includes a written description of each child's feeding history, including prohibited foods, and substitute foods where applicable, as supplied by the parent, legal guardian or the child's health care provider on admission to the program. Parent/legal guardian is responsible for supplying necessary food accommodations.

### **XIV. Sleeping/Extra Clothing**

#### **A. Area for Sleeping/Napping:**

Play, dining, and napping may be carried on in the same room (exclusive of bathrooms, kitchens, hallways, and closets), provided that:

1) The room is large enough to accommodate each activity in separated and isolated areas.

2) 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:**

1) Staff/Administrator 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 sleep equipment can be used for a different child, all surfaces of the equipment will be cleaned and disinfected. Sleeping equipment will provide a firm surface for sleeping and will meet the safety standards of the U.S. Consumer Product Safety Commission.

2) Infants will be put to sleep on their backs without loose bedding or soft objects. Children who can turn themselves over will be allowed to assume a sleeping position that is comfortable for them.

3) Staff/Administrator will check that cribs, cots, sleeping bags, beds, mats, or pads are placed at least two to three feet away from where any other child sleeps and that sleep surfaces are sanitary.

4) Bedding materials will be stored in such a way so that there is no 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.

## **C. Bed Linen:**

1) Children will be issued clean bed linen weekly and will have individually assigned equipment for sleeping. Children will not share bed linen. Clean linen will be provided by the child's family or the facility.

2) Seasonable, appropriate covering will be provided.

3) Bed linen provided for cots, cribs, or playpens will be tight fitting.

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

## **D. Extra Clothing:**

Parents are asked to provide a change of clothing suitable for the season to be kept at the facility in case a child soils his/her clothing, is too hot or cold, needs a change of clothing, etc. Staff will place any soiled clothing in a tied bag for parents to take home. Please replace a change of clothing in the child's basket at the center when it has been used, or if any sizes change.

## **XV. Smoking, Prohibited Substances, and Guns**

The indoor and outdoor environment, and vehicles used by the program are designated as nonsmoking areas. The use of tobacco in any form, alcohol, or illegal drugs is prohibited on the facility premises. Signs to this effect may be kept posted around the facility.

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

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

Weapons, firearms, and ammunition are prohibited in the childcare center.

## **XVI. Parent Involvement**

Parents are welcome to share ideas and concerns with the childcare facility director and staff, concerning his/her child. Parents may request a parent-teacher conference to discuss any concerns. We encourage parents to ask questions in order to become informed with the policies and procedures of the facility. Conferences may be scheduled with the child's teacher and/or the director at the parent's written request. Social and educational events are scheduled throughout the year to encourage staff and parent interaction.

## **XVII. Childcare Rate Schedule/Payment and Billing Policy**

Any child attending up to and including 4 hours and 59 minutes each day is considered Part Time. (P/T). Any child attending more than 4 hours and 59 minutes each day is considered Full Time. (F/T).

Services may include any/all of the following, depending on the scheduled time of services provided: 2 snacks, breakfast, lunch, preschool services, childcare services. Additional fees may be assessed for food upon loss of CACFP Program.

The childcare facility hours and days of operation are 5:00am to 7:00pm, Monday through Friday. Caterpillar Corner is open year-round, except for 15 days picked as holidays. A Holiday List will be given every year in December for the upcoming year.

Application Fee: Parents are required to pay a non-refundable pre-application fee when reserving a spot for their child.

Payment Policy: Parents are required to pay in advance for all days scheduled. Payment is due on or before each Monday of each week. All payments are to be paid at the beginning of the day. Payment is due Monday am for current week.

Billing Policy: Unpaid payments will be charged a late fee, as per the Caterpillar Corner Agreement.

Fees for childcare can be seen on the parent board.

## **XVIII. Daily Schedule**

Parents or designated person are responsible to deliver the child to the center on scheduled days for childcare services to be provided. Parents or designated person must accompany children into the center upon arrival, leaving no child unattended in a vehicle. Upon departure, parents or designated person must enter

the facility and must sign the child out for the day.

Daily classroom activities are posted in the center entrance, as well as in each childcare space. Although a variety of activities are planned for the various age groups, a sample schedule for pre-school children is as follows:

5:00-6:00am	Center Opens: Arrival, Wash Hands and Child puts picture or other item on "sign in" chart Free Play: Self-selected Activities
7:00-9:00am	Breakfast
9:00 am	Free Play, Clean Up
9:30 am	Circle Time - Preschool Readiness Skills *Science Activities *Math Activities *Dramatic Role Play *Writing Activities *Music Activities *Story Time Activities *Outdoor Activities
10:55-11:15am	Large Motor Skills
11:15 am	Transition to Lunch Wash Hands
<i>11:15 am to 12:15 pm Healthy, Home-cooked Lunch</i>	
12:15 pm	Rest and Quiet Time: Soft music, varied styles of music
2:30-3:15 pm	Healthy Snack: wash hands first
3:15 pm	Free Play: Self-selected Activities
6:00-7:00 pm	Center Closes

\*\*Closed 15 working days a year which includes all major holidays.



**XIX. Quick View: General Admissions Info (provided to parents at admission)**

## **Caterpillar Corner Day Care, LLC**

- \*\*Program includes Pre-school, infant-toddler, and school-age activities.
- \*\*Program is designed to meet the child's emotional, cognitive, communicative, perceptual-motor, physical and social development.
- \*\*To help start the day, be sure your child is well rested and well nourished.
- \*\*Breakfast, lunch and snacks are provided.
- \*\*Baby needs are supplied by the parents except stage 1&2 of baby food...We accommodate your infant's schedule.
- \*\*Rest Period: Each child must bring a blanket which will be laundered by the parents weekly. (Your child may bring a favorite toy or blanket for nap time if necessary)
- \*\*Free-Play, Story Time, Dramatic Play
- \*\*Toys and materials provided for cognitive, visual and auditory development.
- \*\*Equipment suited for large and small muscle development and tactile development. (Please send a change of clothes suitable for the season, to be kept at the school)
- \*\*Hours of operation include a flexible schedule between 5:00a.m. - 7:00p.m. as needed.
- \*\*Open daily Monday through Friday.
- \*\*Children are under direct supervision at all times.
- \*\*Fees are posted on parent board.
- \*\*All payments must be made Monday am for current week.
- \*\*All State forms must be up-dated and current to maintain enrollment.
- \*\*Health policies meet children needs: **(Health forms are due every 6 months for infants thru 2 years of age and every year for 3 years and up. An updated shot record will be required each time.)**
- \*We will administer LIFE-SAVING MEDICATION ONLY with written permission.
  - \*All medications must be in original container, labeled. (Life-Saving Only)
  - \*Prescriptive medicines must be in child's name. (Life-Saving Only)
- \*If a child is too ill to attend, please call to cancel.
- \*\*Scheduling is flexible, but important...Call to schedule...Call to cancel.
- \*\*Transportation is supplied by the parents to and from daycare. We provide transportation to and from school.
- \*\*Either Parent, as well as persons designated by parent, may pick up child at any time...Other arrangements may be made between parent and center.
- \*\*Caterpillar Corner does not discriminate, but does maintain the priority of child health and safety for both admissions and dismissal of any child..
- \*\*Please feel free to contact the director and visit Caterpillar Corner at any time. You should take an active part in your child's progress.

\*\*\*\*\*

Administrator will make policies, plans, and procedures accessible to families, caregivers, staff, and consultants whenever the policies are changed and

during the facility's hours of operation.

When a child is enrolled in the facility and updated yearly, parents or legal guardians will initial the **Child Care Agreement and Emergency Contact every 6 months**.that they have read, have understood, and have agreed to abide by the content as well as information is current.

## **XX. Classroom to Classroom Transition**

Caterpillar Corner is committed to implement continuity of care therefore strives to keep the number of transitions from classroom to classroom to a minimum. Research shows that when attachments are broken or not allowed to form through the provision of care by too many different caregivers, the child may suffer serious consequences. Limiting the number of transitions helps children develop deeper relationships with adults, and a feeling of trust in the world. It is strongly suggested that a child should remain at the same classroom and with the same primary caregiver throughout the season.

However, there are times when it is necessary to transition children from one classroom to another. Transition to a new classroom should be built into the schedule and parents, children and staff should all prepare for the change. Parents should be involved from the beginning in establishing the plan for transitioning their child to a new room. All persons involved should know what to expect and feel comfortable with the change that is about to take place. Therefore, the following procedures should be followed when a child is to be moved to another classroom.

### **1 Week Prior**

Director and classroom staff should share with parents the reasons why a transition to a new classroom is being considered for their child. Explain why a different room would better meet the development needs of their child.

### **Prior to Initiating the Transition Process**

#### **Parents Should:**

- be encouraged to talk to their child about the change to the new classroom
- be taken on a tour of the new room and be introduced to the staff and classroom management systems, such as schedules, routines, materials, etc; and
- receive explanation about how moving to the new room will benefit their child(ren)

#### **Receiving Classroom Should:**

- designate a cubby/storage space for the new child and label with child's name and photo
- add the child to the lesson plan, meal chart and attendance sheet
- plan a "Welcome to our room" activity for the 1<sup>st</sup> day

- talk to the other children about the new child who will be joining the group and show photo
- Ask for any allergy or special dietary needs documentation

### **Current Classroom Staff Should:**

- share information about the child with the receiving classroom staff prior to the child's 1<sup>st</sup> day
- remove all labels, photos and personal items for next classroom
- provide allergy and or special dietary needs documentation

### **The Parent/Guardian:**

- Discuss with staff any questions or concerns you may have
- Help transition your child by helping implement routine of facility

### **Week of Transition:**

**Day 1:** Arrange for the child to visit the receiving room during free choice play.

**Day 2:** Arrange for child to visit the receiving room during free choice play.

**Day 3:** Arrange for child to visit the receiving room during free choice play, outdoor play and through lunch.

**Day 4:** Arrange for child to visit the receiving room during free choice play, outdoor play, lunch and naptime.

**Day 5:** Arrange to have child completely transitioned to the new classroom. The current caregiver should move the child's possessions to the receiving classroom. It is recommended that very young children be placed in a room that they can stay in for the season because of their need to have a consistent, primary caregiver in order for them to bond and develop trust and security.

### **Following Transition Week**

The bond formed between children and the primary caregivers from their first room need to be respected. This bond is not to be severed simply because children are moved to a new room. To preserve the connection, there should be ongoing opportunities for children to maintain contact through warm greetings and brief visits from the primary caregiver to children's new room.