

## **Allergies/Epi-Pen Policy**

As the Lindgren Child Care Center is made aware of allergies of children and or staff, the Center makes efforts within its capacity, to comply with recommendations of health-professionals regarding those specific allergies. For example, if staff have food allergies, the Center does not assign them to duties that require their contact with the preparation, service, or clean-up of food. Children who have allergies are identified to the Center by their parents (if the allergies are known). If the allergy is a food allergy, statements completed and signed by physicians indicate to the Center what foods to substitute for the allergenic food. The Lindgren Child Care Center asks families of a child with food allergies to give consent for posting information about that child's food allergy and, if consent is given, then posts that information in the food preparation area and in the areas of the facility the child uses so it is a visual reminder to all those who interact with the child during the program day. If the allergy is severe, a Food Allergy Action Plan completed by the physician describes for the Center to use for emergency measures, such as Epi-Pens. The same Allergy Action Plan is completed to tell the Lindgren Child Care Center how to respond to a severe insect bite. Statements in our facility indicate the Center serves no nut products in the center, and allows no foods from homes to be brought in and served to children.

## **Arrivals and Departures**

Parents and authorized adults must accompany children into and out of the center at all times, and must sign children in and out when coming and going. Parents are encouraged to keep routine arrival and departure schedules for optimum staffing. Children that receive special services and are transported by that third party will be signed out by the staff person responsible in walking the child to the bus/transportation vehicle. After the student arrives back at the center the staff person responsible in resuming care will sign the child back into care.

Each classroom periodically goes for walks on campus grounds. Walks off campus or field trips are done only with the participation of the families. The Lindgren Child Care Center will take walking field trips within the boundaries of St. Cloud State University. Individual classroom teachers schedule walking fieldtrips based on current curriculum interests and needs. We do not take field

trips away from the SCSU campus. When on a walking field trip the staff will be equipped with a first aid kit, emergency phone numbers, and a designated personal cellular telephone.” The Lindgren Child Care Center does not in itself transport any children thus does not carry liability after the child is delivered to the transportation.

As the Lindgren Child Care Center does not transport children we use the same plan as stated above, each of our children transported are children with disabilities so the procedures used to bring and pick up from transportation were put together with their need in mind.

**Cleaning and Disinfecting**

The Center cleans and disinfects to effectively control germs by frequent and thorough hand washing and cleaning and disinfecting surfaces. The Center does it whether dirt is visible or not, knowing that germs are invisible. Disinfecting is the process of destroying harmful germs on surfaces using specific products, and in the child care industry household bleach is the product recommended by the Centers for Disease Control, American Academy of Pediatrics, and US Health Department.

**All cleaning and disinfection products are kept on locked cabinets and out of the reach of children at all times.**

The Center bleaches tables, changing tables, high chairs, and other hard-surface center items. Staff make bleach fresh each morning in the following proportions:

Type of Surface	Amount of Bleach ULTRA	Amount of Water
Hard Surfaces: Changing tables	1 ¼ tsp.	1 pint = 2 cups
Tables, high chairs, mouthed toys	¼ tsp.	1 pint = 2 cups

Each classroom maintains a Cleaning and Sanitizing Checklist (example in this folder) at least by task, and some also by named teaching staff responsible. Teaching staff perform these cleaning and sanitizing tasks daily. These Cleaning and Sanitizing Checklists are designed from the above-mentioned Cleaning and

Sanitation Frequency Table adapted from Healthy Young Children, A Manual for Programs, NAEYC 2002, and maintains alignment with it.

Our custodian is responsible for toilets, mopping floors, vacuuming, carpet cleaning monthly, trashes, and these tasks are taken care of on a nightly basis.

We identify the following:

- Cleaning: washing dirt with soap and water
- Sanitizing: removing dirt and bacteria, i.e. bleach water

Depending on the classroom, we either sanitize hats after each wearing (toddler room) or we do not use hats in that dramatic play area (preschool and infant rooms).

- Floors, toilet seats, and changing table tops can all be sanitized, and we also use a disposable barrier on all changing tables. Additionally the custodian mops floors every day with disinfectant.
- Staff uses vinyl gloves when managing blood and bowel movements.
- Children with impetigo are asked to wear bandages over their lesions.
- Staff cleans blood with blood-borne pathogen clean up kits supplied by St. Cloud State University.
- Toilet accidents are cleaned with soap and water.
- Vomit is cleaned up using special clean-up kits, followed by immediate shampooing of carpets if the vomit hits a carpeted area.
- Staff sanitizes nonporous surfaces using bleach water.
- Staff clean infant and toddler carpets of spit-up immediately by spot cleaning with detergent, and bleach water;
- Staff disposes of contaminated materials and diapers in closed plastic bags.
- All mouthed toys are washed in the dishwasher. There are containers in both the infant and toddler rooms where staff place mouthed toys, and these are washed in the dishwasher daily, and BEFORE they are again presented to children. Preschool toys that go into the mouth are removed from the children's area and washed and sanitized with spray, or are placed in the dishwasher.

All surfaces are cleaned using a 3 step process: 1)soapy water 2) clear water 3) diluted bleach solution sprayed and sit for 2 minutes.

All staff use gloves when changing BM diapers, or dealing with blood. Vomit and blood clean-up kits are kept in the center for use by staff. Immediate calls to custodial or hazardous waste pick-up staff is made when these substances

are cleaned up, and the collected materials includes any paper towels and gloves used in the clean-up.

If vomit, feces, or urine gets onto carpeting, we also immediately call custodial staff to clean the area commercially. Until the clean-up occurs, the area is covered with cloth and a chair.

Small area rugs are laundered weekly, our carpets cleaned monthly by the custodian. When small 'urps' happen on the carpet in the infant room, they are cleaned with water and detergent, then clear water, then sprayed with diluted bleach solution.

All diapers are placed in closed hands-free diaper receptacles in their respective changing areas.

### **Dangerous Equipment Policy**

In each classroom a designated location will be identified to house sharp or dangerous equipment according to the children's developmental level. These materials may include adult scissors, glue guns, tape dispensers, staplers, etc... This location will be either out of the children's reach or within a locked cabinet.

### **Diapering Procedures**

For children who are unable to use the toilet consistently, the program makes sure that:

- Staff use only commercially available disposable diapers or pull-ups unless the child has a medical reason that does not permit their use (the health provider documents the medical reason).
- For children who require cloth diapers, the diaper has an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit.

- Cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.
- Staff check children for signs that diapers or pull-ups are wet or contain feces (a) at least every two hours when children are awake and (b) when children awaken.
- Diapers are changed when wet or soiled.
- Staff change children's diapers or soiled underwear in the designated changing areas and not elsewhere in the facility.
- Each changing area is separated by a partial wall or is located at least three feet from other areas that children use and is used exclusively for one designated group of children. For kindergartners, the program may use an underclothing changing area designated for and used only by this age group. (This indicator only is an Emerging Practice.)
- At all times, caregivers have a hand on the child when the child is being changed on an elevated surface.
- Surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects, and especially not for any object involved with food or feeding.
- Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly by using a hands-free device (e.g., a step can).
- Containers are kept closed and are not accessible to children.

Staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day.

### **First Aid Kits**

Fully equipped first-aid kits are readily available and maintained for each group of children. Staff take at least one kit to the outdoor play areas as well as on field trips and outings away from the site.

First Aid kits are available in all classrooms; contents are checked at least bi-annually by the Associate Director, and replenished as needed. Additionally our health consultant checks the contents of our first aid kits. Mobile First aid kits accompany children outdoors on the playground and when they leave the center in easy-to-carry backpacks.

The first aid kits are located as follows:

Preschool --backpack and cupboard above cubbies closest to south exit.

Toddler-- light purple backpack and cupboard above the hand washing sink.

Infant --light purple backpack in stroller, and in the infant sleeping room on top of hot water heater.

## **Food Safety**

### **Food Allergies**

We employ a number of methods to protect children with food allergies from contact with the problem food. We work with catering staff to have a recommended alternative food provided for that child. Center staffs that purchase breakfast and snack foods are skilled at label reading to avoid purchase of foods with tree nut oils, and any peanut product. We consider ourselves a nut-free center; however know that food production at our caterers is not nut-free. We allow no foods from homes to be brought in and served in the center, indicated in our Operations Manual, as a final way to protect children from outside foods. When we prepare lists of children's names with food allergies for posting in our food preparation areas, we actually cover-up the list with a piece of construction paper, but food production staff lift up the cover often to remind themselves who has what food allergy or preference.

It is our policy to honor food preferences whenever we can. For instance, we always honor to the best of our abilities, Muslim requests that their children not be served pork. If families wish their children to remain vegetarian we also find sufficient protein sources to feed those children in lieu of meat.

### **Food Preparation and Storage**

The Lindgren Child Care Center takes steps to ensure food safety in its provision of meals and snacks Staff discard foods with expired dates. The program documents compliance and any corrections that it has made according to the recommendations of the program's health consultant, nutrition consultant, or a sanitarian that reflect consideration of federal and other applicable food safety standards.

#### Food Guidelines

1. Wash hands before beginning **any** work in the food preparation area, i.e. before making bleach, cleaning food prep area touching any food container/dish, washing

dishes, putting dishes away, cleaning tables...always wash your hands!

2. Milk expiration dates must be checked daily to ensure freshness.
3. If fruit is taken from a #10 can and leftovers exist, the remaining may be stored for future use. Do not store unused food in the can. Empty into plastic containers (under sink) and cover or use zip-type storage bags. Label and date all stored items.
  - All fruit from a #10, can may be served to children within two days of the can being opened. It is imperative that food is labeled and dated correctly.
4. Unused fruit juice from concentrate must be labeled and dated and stored in a sealed container. Label and date all stored items.
  - All juice from concentrate may be served to children within two days of the juice being prepared. It is imperative that all juice is labeled correctly.
5. If a fruit or vegetable will be served, thoroughly wash the fruit/vegetable under cold running water, rubbing away any bacteria. Cut fruit and vegetables on a clean cutting board or plat with a clean knife. Due to allergies and cross-contamination, do not use the same knife without rewashing before cutting another product.
6. Foods catered from Sodexo will be served at the designated lunch period. Any cut up/prepared fresh fruit that is leftover from the lunch service may be used for snack on the day of service. Any remaining prepared fresh fruit must be disposed at the completion of snack.
7. Uncut/unprepared fresh fruit delivered by Sodexo food service will remain refrigerated until use (with the exception of bananas which will be kept in a bowl above the refrigerator.) It is the responsibility of the breakfast food preparation staff person to evaluate all fruit for freshness.
8. Any leftover cold cuts delivered by Sodexo may remain refrigerated and used on the date of services and then disposed of unless expiration date from Sodexo is stated differently. For instance, this periodically may happen to keep turkey meat on hand for children that do not eat beef or pork.
  - Sealed cold cuts that are opened at the center must be labeled, dated, and stored in a sealed container. These meats may be

used for up to 10 days from the date of opening or the expiration date, whichever come first.

9. After lunch is completed extra food containers are to be dumped into red garbage can and stacked for washing...before washing any dishes countertop must be washed and bleached
10. After meals all leftover food is put into bucket by the children, buckets are then dumped into the red garbage can at the end of the counter, this needs to be emptied after lunch dishes are completed.

### **Foods from Home**

Our standard operational procedures prohibit foods brought into the center from homes with the following exceptions:

- Parents bring in filled and ready-to-serve baby bottles for their babies if they prefer to feed a formula other than that which we provide;
- Parents bring in breast milk, either fresh or frozen, for their babies to drink;
- Bottles are labeled with the baby's first and last name, and the date and time that the formula was prepared or the breast milk was pumped;
- Each autumn we host a Fall Family Potluck, when parents and staff bring dishes to share.

### **Special Feeding Needs**

The center enrolls children with special needs whenever feasible for the child and the center. If a child currently enrolled develops signs of special needs, center staff continues to work with families sharing resources and support. Our participation in the CACFP, and its Civil Rights policy for reasonable accommodation, would also require us to make food substitutions, modifications, and records for families. Infant food intake is recorded every time a baby ingests food, and that record is available to parents each day, posted on the front of that baby's locker. When children older than infants have special feeding needs, program staff keeps a daily record documenting the type and quantity of food a child consumed that day and shares that information with parents.

### **Food Temperature**

Liquids and foods that are hotter than 110 degrees Fahrenheit are kept out of children's reach. We monitor the temperatures of our automatic hand washing

sinks, and have the sensors adjusted periodically to about 100 degrees Fahrenheit. Staff will not bring hot liquids (110 degrees Fahrenheit or above) into the classrooms. They may keep their hot beverages in the staff room. Infant staff does not use bottle warmers nor microwaves to warm bottles, rather take the chill off from bottles in hot tap water. These are monitored so the temperature of the tap water is not 110 degrees Fahrenheit. We check food temperatures when food arrives from the Caterer to ensure a hot food temp of 140 degrees or higher. Foods are then placed in serving bowls on tables for family style service, and have cooled to 110 degrees or below by the time children sit at table and begin serving themselves.

Notices about keeping foods and liquids 110 degrees F. or higher out of reach of children are posted in the food preparation areas of the center.

## **General Supervision Policy**

- Childcare Workers have a duty of care to provide adequate supervision of children at all times.
- Supervision is one of the key requirements in the prevention of accidents and injury throughout the centre. Childcare staff members require the skills to be able to assess potential risks during supervision and be able to implement changes to supervision to avoid accident or injury. New and relief staff should be informed of potential supervisory risks appropriate to the individual child in a confidential and sensitive way.
- Approved child/staff ratios must be adhered to and extra staff provided for children with additional needs.

### **Aim**

- To ensure the potential for accidents and injury to children is reduced
- To ensure staff are aware of the variables relating to supervision
- To ensure safety for children when participating in excursions

- To ensure that the staff have the capacity to evaluate supervisory practices and respond appropriately.

## Implementation

Parents will:

- Personally deliver children to a staff member and ensure a staff member is informed when departing;
- Inform staff if a person, other than authorized, will be collecting the child.
- This can be done via a phone call to the office in the event of an emergency;
- Ensure the Authorized Person to information is up to date;
- Inform staff of any current or pending court orders affecting the child.
- Provide the center with a photocopy of the court order to be kept with the child's enrolment form;
- Adhere to correct "Arrival and Departures" procedures;
- Ensure that the front door and playground gates are closed after entry or exit;
- Ensure that only an adult opens doors and gates within the center.

Staff will:

- Ensure a staff member is close enough to children to intervene in the event of an issue occurring;
- Ensure that children are not left alone in the playground or in the room.
- Have clear sight lines to all children in the group at all times. They will place themselves in a position to 'supervise' as much of the 'whole group' as possible;
- Ensure that where multiple areas are available to children at the same time (indoor/outdoor activities) that such areas are appropriately supervised;
- Communicate effectively to other staff when they are moving from an area;
- Ensure children are only released only to authorized people;
- Ensure younger children's safety is not compromised in mixed age groups;
- Complete accident/incident forms for all injuries under their supervision and report them to the lead teacher as soon as practicable;
- Be consistent in enforcing limit setting using the lead teachers classroom guidelines;
- Do regular head counts of children in their care, especially when entering the playground and on leaving the playground, and on excursions to gym or on walks;
- Be aware of the location of each child at all times;
- Ensure that supervision is **active** and **interactive** with children. It is not suitable for staff to stand and watch, or talk to other staff and parents.

- Staff will discuss with each other the best positions of supervision, especially in the playground, to avoid clustering in one spot;
- Ensure staff ratios are correct at all times to assist supervision;
- Not take hot drinks or soda into the classroom or playground area.
- Encourage children who wish to use the bathroom, to inform a staff member who will accompany them.
- **Question any strangers to the center in a friendly way, e.g. “Hello, can I help you?” while observing the person’s actions. Any concerns should be reported immediately to the lead teacher, associate director or director;**
- Ensure that the supervision of excursions adheres to “Outings and Outside Policy”;
- Staff is responsible for leading children while transitioning to and from room/playground. This means that a child should be asked to hold the door so that the teacher can be in the front of the line.
- Ensure that doors and playground gates are closed after entry and exit;
- Ensure that only an adult doors within the center or gym area.
- Staff will accompany children to the bathroom at all times. Children are allowed to close the door for privacy, but staff are not allowed to enter with door closed.

Lead Teachers will:

- Ensure all areas are visible, accessible and free of potential hazards;
- Ensure that a minimum of two staff persons will be with children at all times;
- Ensure that staff know how many children are in their care at all times;
- Ensure all guidelines and regulations are adhered to;
- Ensure procedures are reviewed and adhered to
- Ensure new staff and relief staff members are fully informed of and clearly understand supervision procedures.
- Ensure that the classroom is arranged so that children can be readily observed in all areas. The classroom should be checked each day for safety of materials and arrangement.

## **Hand Washing Procedures**

The most important thing staff can do to prevent the spread of illness is to wash their hands and the children’s hands thoroughly and often.

### *How to wash hands:*

1. Rub hands together vigorously for at least 20 seconds using warm running water and liquid soap.
2. Wash under fingernails, between fingers, back of hands, and wrists.
3. Rinse hands.
4. Dry hands with a single-use paper towel.
5. For hand-held faucets, turn off water using a paper towel instead of bare hands to avoid recontamination of clean hands.

### The program follows these practices regarding hand washing:

- Staff members and those children who are developmentally able to learn personal hygiene are taught hand-washing procedures and are periodically monitored.
- Hand washing is required by all staff, volunteers, and children when hand washing would reduce the risk of transmission of infectious diseases to themselves and to others.
- Staff assists children with hand washing as needed to successfully complete the task. Children wash either independently or with staff assistance.

### Children and adults wash their hands

- on arrival for the day;
- after diapering or using the toilet (use of wet wipes is acceptable for infants);
- after handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or touching any mucus, blood, or vomit);
- before meals and snacks, before preparing or serving food, or after handling any raw food that requires cooking (e.g., meat, eggs, poultry);
- after playing in water that is shared by two or more people;
- after handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals; and
- when moving from one group to another (e.g., visiting) that involves contact with infants and toddlers/twos.

### Adults also wash their hands

- before and after feeding a child;
- before and after administering medication;
- after assisting a child with toileting; and
- after handling garbage or cleaning.

Except when handling blood or body fluids that might contain blood (when wearing gloves is required), wearing gloves is an optional supplement, but not a substitute, for hand washing in any required hand-washing situation listed above.

- Staff wears gloves when contamination with blood may occur.
- Staff does not use hand-washing sinks for bathing children or for removing smeared fecal material.
- In situations where sinks are used for both food preparation and other purposes, staff clean and sanitize the sinks before using them to prepare food.

### **Lifting and Handling Children**

- For safety, always lift children under their arms with your hands encircling their chest. Never pick them up by their hands or wrists because doing this may dislocate their wrists, elbow or shoulders.
- Remember to lift with your legs and keep your back straight to prevent injury to your back.
- Never shake or throw children in the air when holding them.
- If you are holding a child's hand and he/she "flops" you will need to gently allow the child to lay on the floor/ground while attempting to secure their head from hitting any hard object or the floor/ground.

*Either of the below actions will result in immediate termination from the Lindgren Child Care Center with possible legal action to follow.*

- Do not immediately let go of the child's hand
- Do not pull against the child to bring them back to a standing position

### **Materials & Storage Safety Plan**

When accessing any shelving or cabinet unit it is the staff person's responsibility to ensure that all children are clear of the area. Whenever possible, staff should access the materials when children are completely out of the classrooms. All children are forbidden from entering the outdoor shed. Children are also forbidden from entering back staff room and back storage area.

### **Medications**

The lead teachers at the center will administer medications necessary to sustain life (i.e. heart, lung, and diabetic medication) only with written permission from parents and written directions signed by the physician ordering such

medications. Teachers reserve the right to request specific training regarding administration of meds prior to complying with doctor's directions. Antibiotics, cough syrup, nebulizers, Tylenol, etc. are not considered life sustaining. Parents are welcome to stop in the center between classes to administer medication as they wish their child to have.

The Lindgren Child Care Center asks all parents to give the Center written permission to use non-prescription medications, other than Center ointments, wipes, and sunscreen, to children.

LINDGREN CHILD CARE CENTER/ST. CLOUD STATE UNIVERSITY  
MEDICATION AUTHORIZATION/ADMINISTRATION RECORD

Child \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICIAN/NURSE PRACTITIONER:** Please complete this section for prescription medications that need to be administered during Childcare Center hours by Childcare Center personnel.

**Medication** \_\_\_\_\_

**Dosage** \_\_\_\_\_ **Route** \_\_\_\_\_ **Frequency** \_\_\_\_\_

**Start Date** \_\_\_\_\_ **End Date** \_\_\_\_\_

**Instructions for use** \_\_\_\_\_

**Please describe explicitly when and in response to what symptoms this medication is administered**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Condition for which prescribed** \_\_\_\_\_

**Possible Side Effects** \_\_\_\_\_

**Physician/Nurse Practitioner's Signature** \_\_\_\_\_

(Required for ALL medications) (May be separate attachment)

**PARENT/GUARDIAN:** State Child Care Licensing regulations require a written authorization from parent/guardian in order for child care staff to administer medications.

- A separate authorization is required for EACH medication.
- Prescription medication must be in a labeled pharmacy container.
- Parent/Guardian is to give as many doses at home as possible.
- **Time(s) to be given at child care** \_\_\_\_\_

**Parent/Guardian's Signature (Required)** \_\_\_\_\_

Unused medication: Date returned to parents / Date discarded per parent's instructions \_\_\_\_\_

Staff: Please place this form in the child's office folder when medication is finished.

\*There may be exceptions for children with chronic health conditions as defined by their care plan.

## **Microwave Oven Safety Guidelines**

Do not operate the oven if it is damaged or does not operate properly. It is imperative that the oven door seals properly and that there is no damage to the door seal, hinges, latches, or oven surfaces.

- Ovens used for food preparation must be cleaned on a regular basis to prevent biological contamination, fire potential, and door seal damage.
- Do not use aluminum foil or any metal containers, metal utensils, metal objects, or objects with metal or foil trim in the oven. Such items can cause arcing, damaging the oven and creating a fire or burn hazard.
- Do not heat objects that are sealed as they may explode, damaging the oven and blowing off the door.
- Never heat any flammable or combustible liquid in the oven. A fire and/or explosion may result.
- Be careful when removing containers from the microwave oven. Containers or their contents may be very hot, resulting in burns or spills of hot materials. Containers have been known to explode after tightening the lid following removal from a microwave oven.
- If a fire should start inside the oven, leave the door closed, disconnect the power cord, if safe to do so, and call 911
- Never make adjustments to or tamper with any component of the oven. Do not try to perform repairs on your own. The oven operates on high voltage and amperage that can be lethal if improperly handled.

## **Missing Child**

The staff person in charge will constantly maintain a head count. If a child is missing, the staff person in charge will immediately notify SCSU Security, delegate another person to be in charge, and go in search of the child. If the child is not found in 10 minutes, the St. Cloud Police Department will be notified.

## **Outdoor Safety**

To protect against cold, heat, sun injury, and insect-borne disease, the program ensures that:

- Children wear clothing that is dry and layered for warmth in cold weather.
- Children have the opportunity to play in the shade. When in the sun, they wear sun-protective clothing, applied skin protection, or both.
- Applied skin protection will be either sunscreen or sun block with UVB and UVA protection of SPF 15 or higher that is applied to exposed skin (only with written parental permission to do so).
- When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used, and these are applied only on children older than two months. Staff

apply insect repellent no more than once a day and only with written parental permission.

### **Outings and Outside**

When walking outdoors, the Center has one teacher in front, one in back, and children holding hands. A low staff: child ratio is used at all times. A constant head count is maintained. Staff is generally aware of common safety such as no stone throwing or jabbing with sticks. Children with applicable will assist in looking both ways before crossing a road. Children will not be allowed to venture into parking lots or work areas. Each classroom also posts a note saying where they are when they leave for walks.