Train a child in the way he should go, and when he is old he will not turn from it.”

Proverbs 22:6
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ABOUT THE BETHEL UNIVERSITY CHILD DEVELOPMENT CENTER

OUR MISSION

The mission of the Bethel University Child Development Center (CDC) is to serve Jesus Christ by providing an environment of support that nurtures children’s growth in all areas of development, being sensitive to individual, cultural, and family differences, and building upon family strengths. The CDC will raise a standard of excellence for the profession while serving as a model to guide, educate, and support individuals desiring to become early childhood educators.

OUR HISTORY

The Bethel University Child Development Center (CDC) opened on September 3, 1983 under the direction of Carol Bonner. The CDC was started as a Lab School for the College of Arts & Sciences students in the Education Department who were enrolled in Early Childhood courses. In the beginning, the CDC served only preschool children ages 3 to 5 years. In 1990, the Toddler Room was added, enhancing the program to include children 16 months to 33 months. The CDC remained very much the same until the summer of 2005, when it was remodeled, adding infant care to the program. The CDC now serves 54 children, 6 weeks to 5 years of age.

PHILOSOPHY

It is the philosophy of Bethel University Child Development Center that early childhood education is the foundation for life-long educational success. We believe that children learn best through a literacy and print-rich environment, which allows them various opportunities for active learning and exploration. In addition, we believe that cultural and community awareness are integral parts of their developmental growth as we encourage them to flourish both within and outside of their context. Nurturing and relationship-building are also essential to our program as we provide a Christ-centered perspective through learning experiences to enhance social and emotional development. Teacher styles do differ, and nurturing is appropriately expressed in many ways including: hugging, holding, carrying, and rubbing/patting backs.

PROGRAM GOALS

1. Support children and families in developing a personal relationship with God through Jesus Christ and as a result practicing love, forgiveness, patience, kindness and the ability to appreciate and respect differences.

2. Provide children with tools to become academically and socially successful by providing high quality early childhood education.

3. Provide various opportunities for children to explore the world through hands-on experiences.

4. Provide a safe and healthy learning environment, which supports nutritious and healthy lifestyles.

5. Serve as a resource for families and community members.
ANTI-BIASED

The Bethel University Child Development Center will not discriminate in admission on the basis of race, disability, sex, religion, creed, color, national origin, or source of payment. We understand that at an early age, children can absorb our society’s biases of gender, age, race, language, and physical characteristics. We believe that all children are unique creations of God and that they should be allowed to develop their full potential unhampered by stereotyped expectations of race, disability, sex, or socio-economic class. Our anti-biased curriculum provides our children and families the opportunity to celebrate, practice, and promote inclusiveness and exploration of diverse cultures and backgrounds. We encourage our children, families, and staff to monitor our words and actions for unconscious bias or prejudice and to recognize and demonstrate respect for cultural differences, disabilities, and special needs among people.

CHRISTIAN ENVIRONMENT

The key to establishing a Christian environment in the Child Development Center is a staff of teachers who have committed their lives to Jesus Christ. Having done so, it is a natural outgrowth of this commitment to relate daily activities to God, to spontaneously pray in expressions of concern, need, and/or thankfulness, and to continually express a measure of God’s unconditional love.

Teachers have selected the following three spiritual goals for our children:

1. The children will become more familiar with the person of Jesus Christ.
2. The children will learn that God loves them and made them uniquely special.
3. The children will grow in their ability to love one another and their communities.

While there will be times when Bible narratives will be incorporated into the program, the main Christian emphasis will be through the integral involvement and model of the teachers’ lives.
CHILD CARE PROGRAM PLAN

CURRICULUM PLAN & EVALUATION

Bethel University Child Development Center was designed to provide children and families a Christian perspective on education and to develop an awareness of God’s plan for their lives through various educational opportunities. Our curriculum is thematically organized to provide a learning center approach that incorporates the theories of Jean Piaget, Lev Vygotsky, Erik Erikson, Louise Derman-Sparks, and others. We are committed to providing an environment of support that builds upon family strengths and nurtures children’s growth in all areas of development, being sensitive to individual, cultural, and family differences. We believe that all children are unique creations of God and that they should be allowed to develop their full potential unhampered by stereotyped expectations of race, disability, sex, or socio-economic class. Based on our program philosophy, we provide our children and families with an eclectic approach in meeting their academic needs.

Doors To Discovery Framework

*Doors To Discovery* is aligned with our philosophy for meeting the early childhood standards. The framework and its curriculum supports our staff in helping our children work to improve the following developmental areas: social, emotional, language, literacy, approaches to learning, creativity, arts, cognitive, physical and motor skills. Our children’s skills are being developed daily through various activities such as:

- Calendar/weather
- Sensory
- Small group
- Music
- Sign Language
- Dramatic play
- Active learning
- Active reading
- Shared reading
- Prayer
- Active writing
- Creative art
- Writing center
- Listening center
- Practicing patterns
- Conversation skills
- Motor skills
- Computer skills

The Child Care Program Plan is evaluated annually to help guide teachers in their instructional practices. If changes are necessary during the year, the staff will make necessary edits to enhance programming.
DEVELOPMENTAL AND PERSONAL APPROPRIATENESS

“Train up a child in the way he [or she] should go.” Proverbs 22:6

We believe that developmental stages are an important consideration in creating appropriate learning environments and activities. We believe these changes and growth occur in all areas of development (physical, cognitive, spiritual, social, and emotional).

We believe each child is unique. We believe that it is important to understand and respect each child’s personality, process in development, family background, and ways of learning.

Teachers will continually observe children to design objectives for the whole group, as well as for individual children. Conferences are offered every six months, at which time teachers and university students share their observations and assessments. Parents/guardians will be asked to confer with the staff in prioritizing and establishing goals and objectives for their child.

We believe that children learn through their environment. Children learn best through literacy and a print-rich environment that allows them various opportunities for active learning and exploration.

We believe that children learn through play. Play is their way of gaining knowledge, skills, competencies, and of learning how to interact and relate to others.

We believe that children construct knowledge. We believe that through acting on their environment and interactions with others (manipulating, talking, exploring new ideas, debating, cooperating) children organize and make sense of their world. As children encounter new situations, they are in a continual process of making changes or accommodations in their view of the way the world operates.

We believe in cooperative learning. God confirms the importance of cooperation in Philippians 2:4, “Each of you should look not only to your own interest, but also to the interest of others.” The teachers will encourage cooperative play and problem solving in all areas of the center.

We believe in an integrated approach to curriculum. Curriculum will be organized in themes that have meaning for children. The themes will be derived from our core curriculum as well as the needs and interests of the children, parents/guardians, and staff. Teachers will take into account events occurring in individual lives, families, the Bethel University Child Development Center, the community, the world, and nature. Concepts pertaining to all subject matters (math, science, reading, health, and social studies, etc.) will be explored within a meaningful context to children.

LEARNING CENTERS

Bethel University Child Development Center utilizes a learning center approach to curriculum. Each day, teachers design learning experiences to meet the needs of the individual child as well as the entire group. Learning Centers incorporate biblical principles as well as focus on the theories of Jean Piaget, Lev Vygotsky, Erik Erikson, Louise Derman-Spark, and others that have application in the early childhood classroom. Learning Centers will be the main mode of learning for children in program offerings.
DAILY LEARNING CENTERS

1. **Creative Art** – allows children the opportunity to develop small arm and hand muscles; fine motor control; visual-motor perception; space, color, size, line, texture, shape and contrast; awareness; aesthetic sensitivity; expression of emotions; creativity; language; eye-hand coordination; self-concept and esteem; and awareness of time.

2. **Science—God’s Wonders** – offers experiences in nature appreciation, valuing God’s creations as an entire world, comparisons, observations and differentiations. The CDC will have various pets, such as guinea pigs and fish, for the children to observe. Children develop their understanding of sequence, hand-eye coordination, visual perception and work habits.

3. **Block Play** – includes various types of experiences. Unit blocks enable children to have some control over their environment; develop large muscles, language and creativity; and learn about balance, volume, weight, numbers, and spatial relationships. They also provide opportunities to experience “horizontal,” “rectangular,” “symmetry,” and “balance.”

4. **Table Toys/Manipulatives** – provides experiences that develop skills in connecting, disconnecting, inserting, taking out, fitting, and matching. Children also learn to recognize differences in shapes, form, size, texture, weight, numbers, letters, and proportion.

5. **Dramatic Play** – gives children the opportunity to understand their lives and environment as they integrate what they are learning and feeling through imitation. As their language skills and creativity develops, dramatic play encourages them to use symbolic objects in place of concrete objects.

6. **Literature and Reading** – children will be read to daily; reading helps to instill a love of books, literature, and words in children. As teachers read books to them and as they “read” books to themselves, they learn a respect for ideas and have an opportunity to develop aesthetic appreciation. Exposure to print creates a foundation for children to learn to read. Scholastic book orders will be available throughout the year.

7. **Music and Movement** – are an important part of the total creative play program. Music and movement are incorporated into group times and throughout each of the rooms at various times. The children have many opportunities to develop auditory perception and auditory motor control. They also become able to coordinate the musical sounds to different ways of moving. Listening to and producing music helps them with awareness of such words as fast and slow, soft or loud. Children use their imaginations to create their own songs, to express their own feelings or moods.

8. **Large Muscle Activities** – both indoor and outdoor large muscle activities are available to enable children to develop strength and coordination. They also gain experience in balance, number, eye-hand coordination, use of symbols, problem solving, language development, and social interaction.

9. **Sensory Experience** – sand, water, cotton balls, and yarn are a few of the sensory experiences which will provide opportunities for children to grow in differentiating textures, using descriptive language, experiencing volume and weight, solving problems, and sharing space with others.
10. **Listening Center** – auditory books that support our lesson plans are made available for children in our Listening Center. The Listening Center helps facilitate early reading skills, develop listening skills, and support children as they learn how to compare what they hear to the text in the books that have been read to them.

11. **Writing Center** – is a mobile center that contains a wide variety of writing materials such as flash cards, stencils, books, and puzzles. A variety of writing pads, paper, markers, pencils, crayons, magic boards, and magnetic letters are made available for children to explore. The Writing Center materials are used on a rotating basis. Alphabet strips and printed words are visible throughout the Center for the children to make connections to support their print production. The Writing Center provides children an opportunity to practice fine motor skills, practice counting as they make lists, and practice print and alphabet.

12. **Computer Center** – children are provided an opportunity to work on fine motor skills, eye-hand coordination, and auditory perception as they use the keyboard and listen for instructions and explore opportunities to revisit what has been taught throughout the day. Computer curriculum facilitates children in practicing phonics, shapes, colors, alphabet, and mathematics.

13. **Miscellaneous (Guests, Walks, Creative Dramatics, Wood Working)** – Special experiences will expand the learning environment beyond the CDC, including walks on campus, occasional field trips, and guests who come to share their talents. Unique expressions of drama will be available through creative dramatics. Construction opportunities are also offered.
PROGRAM OPERATION & POLICIES

AGE RANGE OF CHILDREN SERVED

Bethel University Child Development Center serves infants, toddlers, and preschool children ages 6 weeks to when they enter kindergarten, in both full-time and part-time programs. The CDC is licensed to serve 7 infant children ages 6 weeks to 16 months, 13 toddler children ages 16 months to 31 months and 34 preschool children ages 31 months to 5 years or when they enter kindergarten.

ENROLLMENT POLICY

Parents/guardians are required to schedule a visit with the office coordinator before making application for enrollment. During the visit, parents/guardians will be given a tour by one of the CDC’s professional staff and an explanation of the program. Parents/guardians will be invited and strongly encouraged to attend parent-teacher conferences twice a year. Content will include information on the child’s intellectual, physical, social, and emotional development. Children will complete a developmental screening within three months of entering the program.

FAMILY (MULTI-AGE) GROUPING IN THE PRESCHOOL CLASSROOM

Since research clearly indicates that children develop unequally in the different areas of their lives (physically, intellectually, social-emotionally, moral-spiritually) the CDC uses multi-aged approaches to preschool class composition. Research in this aspect of the early childhood environment indicates that a family or multi-aged grouping may:

- lessen the pressure to compete;
- provide for learning from older children as well as from teachers;
- facilitate a more accepting environment of the individual strengths and needs found within each child;
- and facilitate a more family-like environment.

CHILD EMERGENCY INFORMATION FORM

Each child will have a Child Emergency Information Form completed by the parent/guardian upon enrollment. Individual Emergency Forms are located in each classroom. Emergency Information will be updated as needed, annually, when changing age groups, and when returning from summer.

TUITION

There is a non-refundable $75 registration fee for each child upon enrollment and a $25 Annual Registration Fee each year thereafter. There are no refunds for absences, late arrivals, illnesses, or vacations. If children are withdrawing from the Center, parents must provide a 1-month written notice of withdrawal. Parents/guardians will receive a bill for tuition from the Bethel University Business Office. Payments are to be made directly to the Bethel University Business Office at 3900 Bethel Drive, St. Paul, MN 55112.
DAYS AND HOURS OF OPERATION

The Center is open 7:00 a.m. until 5:30 p.m., Monday through Friday.

*All children must be picked up by 5:30 p.m. Parents will be charged a late fee if they arrive in their child’s classroom after 5:35pm.*

LATE FEES

Families who are unable to pick up their children on time will be charged the following late fees:

- 5 minutes: $2
- 10 minutes: $4
- 15 minutes: $5
- 20 minutes: $10
- 25 minutes: $15
- 30 minutes: $20

Any child left past 6:00 p.m. will be charged $5 per minute and **police are notified as required by law.** Frequent lateness in picking up children at the end of the day may result in termination of care.

SUPERVISION

Upon being signed in and placed in the care of a staff person, children will remain under the supervision of staff members until they are released to an authorized person. **Please make sure that your children are with you at all times until released to a staff person.**

STAFF SUPERVISION OF CHILDREN

Each classroom has a combination of Teacher, Assistant Teacher, Aide, Student Teachers, and Student Workers to maintain the appropriate classroom ratios. The Teacher has the primary responsibility for ensuring that ongoing personal contact, meaningful learning activities, supervision, and immediate care as needed, are provided to protect the well being of children daily. All staff must be within sight and hearing of infants, toddlers, and preschoolers at all times.

UNAUTHORIZED CHILD PICK-UP

Any adult picking up a child must provide identification. Under no circumstance, will children be released to a person who is unauthorized, under the age of 18, intoxicated, or suspect of abuse. Under these circumstances, or if no one comes for a child, staff will make every attempt to notify:

1. the parents/guardians,
2. emergency contacts, and
3. other individuals authorized to pick up the child.

In the event that the staff is unable to contact any of these people and the child has not been picked up within 30 minutes after closing, the child will be considered abandoned. The Ramsey County Sheriff and the Child Protection Agencies will be contacted.

TERMINATION OF SERVICES

Child Care services may be terminated in the event of the following:
• Parent or guardian is verbally/physically abusive or threatening to staff, children, or others.

• Parent or guardian is abusive to property of the BUCDC.

• Lack of cooperation from parents/guardians to assist BUCDC staff in meeting the needs of child.

• Violation of any BUCDC policies and procedures.

**If parents/guardians refuse to follow the policies and expectations of BUCDC, they will be required to make other child care arrangements for their child.**

**SPECIAL GUESTS**

The Bethel University Child Development Center often has in-house speakers such as musicians, storytellers, and puppeteers.

**TRANSPORTATION**

Bethel University Child Development Center will not provide transportation to and from the Center.

**PARKING**

The Child Development Center shares a parking lot with the University’s residents of North Village. Parking spots are assigned to the residents and to the Center. Parents/guardians can park in designated CDC parking spots or any unnumbered slots in the parking lot. Parents may not leave their car running or leave other children in the car when they are bringing a child into the CDC.

**OUTDOOR PLAY**

It is very important for children to get fresh air and outdoor exercise. Infants will go for walks and play outdoors frequently, weather permitting. Toddler and preschool age children will go out in the morning and in the afternoon unless it is raining, colder than 10 degrees for preschoolers and 15 degrees for toddlers, extreme heat conditions, or if air quality or environmental conditions pose a health risk. Please provide appropriate clothing for current weather conditions. There are trees on the playground that provide shade for cooling down periods. Staff will apply sunscreen to children, May–September, when the children go out for the afternoon outside playtime. Staff will check air quality at 7:30 a.m. each day at [http://airnow.gov/index.cfm?actions=airnow.fcssummary](http://airnow.gov/index.cfm?actions=airnow.fcssummary) and post results in the front office window for teachers to observe. The staff will call the weather line (763.512.1111) when necessary. If weather prohibits outdoor play, appropriate indoor large motor activities will be provided. If your child is well enough to be at school, then they are well enough to go outdoors with the other children.
CHILDREN’S PERSONAL BELONGINGS

Children’s clothing and other belongings should be clearly marked with the child’s name, especially outdoor items (coats, jackets, snowsuits, hats, boots, and mittens). Children will have a personal “cubby” for their belongings. It is requested that each child bring diapers (if needed) and a complete set of clothing (shirt, pants, undergarments, and socks) to be left at the Center in case the child needs a change of clothes. Well-worn, comfortable clothes, and shoes with a heel strap are suggested for safety, as children will be playing in the sand, recycled tire mulch and with messy materials. Please do not bring clothing that would be missed if lost, misplaced or dirtied. We are not responsible for personal items that have been damaged due to regular developmentally appropriate play by your children.

While traditional “Show and Tell” time is not part of our program, children are encouraged to bring items of special interest to share with the group. The bringing of toys to school is discouraged since it is difficult for young children to share. Any items that are brought should be clearly marked with the child’s name.

BIRTHDAY POLICY

Parents/guardians are encouraged to bring photos of the child from when they were born. We discuss how much the child has grown and developed. In honor of their child’s birthday, parents/guardians can donate a gift to the Center. We request books, CDs, or games. No food or treat bags are permitted.

SLEEPING

Sleeping arrangements shall be made so that no child is deprived of needed sleep. However, not all children will fall asleep easily. Soft music is played and adults will rub children’s backs. Any child who is still awake after ½ hour may get up and play with quiet activities or go to the designated awake room. All children who are still asleep after 2 hours will be woken up. If parents/guardians have special requests about how long their child should sleep, they will be honored if possible. During naptime, cots for toddlers and preschoolers will be arranged so there is easy access to each child and accessibility of exit is maintained. Toddler and preschool children who are here during naptime will be asked to bring a nap roll or small pillow and blanket, plus a towel (to serve as a mat), along with a pillowcase used for storage. Each of these items is to be marked clearly with the child’s name. Bedding will be sent home for washing once a week.

All infants will be placed on their backs to sleep and are put in a “sleep sack” as precautions against Sudden Infant Death Syndrome (SIDS). Infants sleep in cribs and sheets will be provided by the Center. Crib sides are put up and checked when infants are placed in the crib for naps. Infant sleep schedules are determined by the individual child’s needs.
TOILETING

Toilet training may start in our toddler room. Parents/guardians are expected to work together with their classroom teachers to determine when their child is ready to begin toilet training. It is very important that we enter toilet training as partners. In order for toilet training to be a success, you must begin and continue toilet training at home and during evenings and weekends. When your child is ready to begin toilet training, please remember to bring a few sets of clothes (including socks) for possible accidents. Because toilet training can be cumbersome for children, please dress your child in elastic waist clothing.

Parents/guardians will be asked to supply children with disposable diapers, cloth diapers are not permitted. Children in disposable diapers will be checked every two hours and changed immediately when necessary. Parents/guardians of infants and toddlers will receive daily information on their child’s toileting. Diapering instructions will be posted above the changing area. Changing tables will be sprayed and wiped with disinfectant after each child is changed and will be covered with a paper that is changed for each child. Some older children may be changed while standing. All staff will wear gloves and wash their hands before and after each diaper change for sanitation purposes. Children’s hands will also be washed after each diaper change. Soiled diapers shall be kept in a closed container.

Parents/guardians will be consulted as to their child’s needs and habits concerning toilet training when appropriate, according to the child’s age and stage of development.

Children will wash their hands before meals, after toileting, after using a tissue, and as needed.

TRANSITIONS

Transitioning a child from one classroom to another can create some anxiety because the environment is new for everyone involved. When a child is transitioning to our Center as a new student, we ask parents to bring the child to their scheduled tour so that the child can become familiar with the environment. Parents can also schedule times to have children visit before their start date. Children transitioning from one room to another usually participate in a two-week transition time. The transition begins with visiting for short periods of time, progressively building up to full days. Parents are welcome to help teachers with developing an appropriate transition plan for their child. Our Center maintains the following age groupings:

- **Infants** (6 weeks – 16 months);
- **Toddlers** (16 months – 31 months);
- **Preschool** (31 months – 5 years or the start of kindergarten).

LABORATORY SETTING

Children who attend the Bethel University Child Development Center will experience personal attention from licensed teachers, as well as college students who are preparing to become professional early childhood educators. Children will also be involved with college students from other departments such as psychology, nursing, social work, and more. The University students will participate in observations, field experiences, special events/activities, and practicum. This creates an opportunity for the children to be involved in many innovative and creative learning experiences, and be guided by individuals who are knowledgeable in child growth and development.
NON-DISCRIMINATIVE AND AFFIRMATIVE ACTION

The Bethel University Child Development Center will not discriminate in admission on the basis of race, disability, sex, religion, creed, color, national origin or source of payment “In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, sex or disability. To file a complaint, write USDA, Director of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (Voice and TDD). USDA is an equal opportunity provider and employer.”

AMERICANS WITH DISABILITIES ACT (A.D.A.)

The Americans with Disabilities Act (A.D.A.) requires that childcare providers not discriminate against persons with disabilities on the basis of disability. Childcare providers must provide children and parents with disabilities with an equal opportunity to participate in the childcare center's programs and services. Centers have to make reasonable modification to their policies and practices to integrate children, parents, and guardians with disabilities into their programs. Centers cannot exclude children with disabilities from their programs, unless their presence would pose a direct threat to the health or safety of others, or require a fundamental alteration of the program. It is the policy of the Bethel University Child Development Center to satisfy the requirements of the A.D.A.

Individualized plans for children with special needs will be reviewed and addressed on an individual basis by the Center Director and the teaching team assigned to the child. There will be a three-week observation period from the date of start, at which time a scheduled meeting with the child’s primary caretaker will be made to discuss concerns, progress, and goals. If necessary, the Center will contact outside consultation to assist with observations and a family team meeting to develop a comprehensive plan to move forward.

Parents/guardians have the responsibility to inform the Center when their child has any special medical condition, needs, or allergies so that we can provide appropriate care and support.

If the child has a special need and is (one or more of the following):

- Eligible for case management through the state and has an Individual Service Plan (ISP),
- Receiving services through the local school district and has an Individual Educational Plan (IEP),
- Determined by a licensed physician, psychiatrist, psychologist, or consulting psychologist to have a condition related to physical, social, or emotional development,

the parent/guardian is asked by the Director or Teacher to share the ISP and/or IEP with us. In addition, state licensing regulations require us to develop an Individualized Child Care Plan (ICCP) with the parent/guardian that will assist us in meeting the child’s needs.

This plan must be signed by the parent/guardian and the child’s source of licensed health care as listed above and reviewed annually to assure that necessary changes are made to the plan of care.
If the special need requires that our staff be trained to perform a new skill, we will ask the parent/guardian to arrange for this training. The training content, date, and staff names must be documented in the child’s record.

TRANSLATOR

A translator will be provided when needed.

BEHAVIOR GUIDANCE POLICIES FOR STAFF, COLLEGE STUDENTS, AND VOLUNTEERS

Staff, University students, and volunteers are prohibited from subjecting children to corporal punishment, physical abuse, emotional abuse, verbal abuse, physical or mechanical retraining. Teachers will be a positive model of acceptable behavior and will guide the behavior of children largely through environmental design, positive interaction, logical consequences, and redirecting the children and groups away from problems toward constructive activity to reduce conflicts. The children will be taught how to use acceptable alternatives to problem behavior in order to reduce conflicts. These discipline techniques will be tailored to the developmental level of the child. Teachers will protect the safety of children and staff and will provide immediate and direct consequences for misbehavior. Methods of discipline shall instead consist of an emphasis on developing the child’s self-esteem and cooperation skills. Children are at all times respected as unique creations of God.

PERSISTENT UNACCEPTABLE BEHAVIOR POLICIES

If a teacher is dealing with persistent unacceptable behavior that causes disruption of classroom and/or is threatening the wellbeing and safety of others, the behavior will be observed and the behavior and response from the staff will be documented. The staff member will consult other staff members and professionals when necessary and will develop a plan along with the parents that includes positive behavior strategies to address the behavior that has been documented as required by the state rules. If the plans stated above are not successful and if a child develops a pattern of behavior that is harmful to self or others and takes up more than 20% of the staff’s time, they will be subject to termination of care.

DANGEROUS BEHAVIOR

On rare occasions a child’s behavior may be deemed to represent a hazard to other persons. If a child throws furniture or uses any other piece of equipment/toys or causes an intentional bloody injury to another child or staff member, they will be sent home immediately. However, it is within the discretion of the Director to require immediate and perhaps permanent removal from the program.
SEPARATION REPORT

On rare occasions, it may be necessary to remove a child from an activity or the main group of children. No child may be separated from the group unless less-intrusive methods of guiding the child’s behavior have been tried and were ineffective or the child’s behavior threatens the well being of the child or others. The child will never be isolated completely apart from the group, but will remain within an enclosed part of the classroom where the child can be continuously seen and heard by a program staff person. Parents/guardians will be notified and documentation will be made if this becomes necessary.

The child’s return to the group must be contingent on the child’s bringing under control the behavior that precipitated the separation. The child will be returned to the group as soon as the behavior that precipitated the separation abates or stops. If a child is separated from the group three or more times in one day, the child’s parent should be notified and notation shall be included on the daily log. If a child is separated three or more times in one week, or eight times or more in two weeks, a separation report outlining the incident will be recorded and filed and the Persistent Unacceptable Behavior Policies will be followed.

BEHAVIOR GUIDELINES AND POLICIES

All Bethel University Child Development Center behavior guidelines and policies follow Behavior Guidance Policies as found in Minnesota Rules, part 9503.0055

Behavior Guidance Policies as found in Minnesota Rules, part 9503.0055

A. Subpart 1

1. Ensure that each child is provided with a positive model of acceptable behavior.
2. Be tailored to the development level of the children that the center is licensed to serve.
3. Redirect children and groups away from problems toward constructive activity in order to reduce conflict.
4. Teach children how to use acceptable alternatives to problem behavior in order to reduce conflict.
5. Protect the safety of children and staff persons.
6. Provide immediate and directly related consequences for a child’s unacceptable behavior.

B. Subpart 2 – Persistent Unacceptable Behavior Policies and Procedures must include the following content:

1. Procedures for dealing with persistent unacceptable behavior that requires an increased amount of staff guidance and time.
2. Observe and record behavior of the child and staff response to the behavior.
3. Develop a plan to address the behavior documented in item #2 in consultation with other staff persons and professionals when appropriate.

C. Prohibited Actions – The center must have and enforce a policy that prohibits the following actions or at the direction of a staff person.

1. Subjection of a child to corporal punishment, which includes but is not limited to:
   • Rough handling
• Shoving
• Hair pulling
• Ear pulling
• Shaking
• Slapping
• Kicking
• Biting
• Pinching
• Hitting
• Spanking

2. Subjection of a child to emotional abuse, which includes but is not limited to:
   • Name calling
   • Ostracism
   • Shaming
   • Making derogatory remarks about a child or the child’s family
   • Using language that threatens, humiliates, or frightens the child

3. Separation of a child from the group except as provided in Subpart 4.
4. Punishments for lapses in toileting.
5. Withholding food, light, warmth, clothing, or medical care as a punishment for unacceptable behavior.
6. The use of physical restraint other than to physically hold a child where containment is necessary to protect a child or others from harm.
7. The use of mechanical restraints, such as tying.

D. **Subpart 4 – Separation from the group.** No child may be separated from the group unless the following has occurred.

1. Less intrusive methods of guiding the child’s behavior have been tried and were ineffective.
2. The child’s behavior threatens the well being of the child or other children in the program.
3. A child who requires separation from the group must:
   • Remain within an unenclosed part of the classroom where the child can be continuously seen and heard by a program staff person.
   • The child’s return to the group must be contingent on the child’s stopping or bringing under control the behavior that precipitated the separation.
   • The child must be returned to the group as soon as the behavior that precipitated the separation abates or stops.

E. **Subpart 5 – Separation Report.** All separations from the group must be noted on a daily log that must include the following:

1. The child’s name.
2. The staff person’s name.
3. Time.
4. Date.
5. Information indicating what less intrusive methods was used to guide the child’s behavior.
6. How the child’s behavior continued to threaten the well being of the child or other children in care.
7. If a child is separated from the group three or more times in one week, eight times or more in two weeks, the procedures in Subpart 2 must be followed.
MALTREATMENT OF MINORS MANDATED REPORTING POLICY FOR D.H.S. LICENSED PROGRAMS

WHO SHOULD REPORT CHILD ABUSE AND NEGLECT

- Any person may voluntarily report abuse or neglect.
- If you work with children in a licensed facility, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licenses facility. If you know or have reason to believe a child is being, or has been neglected or physically or sexually abused within the preceding three years, you must immediately (within 24 hours) make a report to an outside agency.

WHERE TO REPORT

- If you know or suspect that a child is in immediate danger, call (9) 911.
- All reports concerning suspected abuse or neglect of children occurring in a licensed facility should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at (651) 297-4123.
- Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency at (651) 266-4500 or local law enforcement at (651) 481-1300.
- If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern that facility, you should call the Department of Human Services, Licensing Division at (651) 296-3971.

WHAT TO REPORT

- A report to any of above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a facility, the report should include any actions taken by the facility in response to the incident.
- An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

FAILURE TO REPORT

A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.
RETALIATION PROHIBITED

Any employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report was made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

CHILD ABUSE

Bethel University Child Development Center staff is against child abuse, in any form, in any setting, including early childhood programs. **All Bethel University Child Development Center staff are mandated reporters and are legally required to report suspected abuse and neglect within 24 hours.** We commit to you, parents/guardians, and the general public, our utmost efforts at preventing abuse. As part of this commitment we have written and will enforce the following policies:

1. Staff shall receive training that includes but is not limited to:
   a. identification of signs of abuse
   b. means of preventing potential abuse situations
   c. procedures for reporting suspected abuse

2. Professional staff will closely supervise all student staff.

3. Parents/guardians shall have access to the Bethel University Child Development Center at any time their children are in care.

4. Children will only be released to those authorized by their parent/guardian.

5. Parents/guardians shall be informed of child protection practices adopted by the Center and State, through:
   a. access to public records documenting regulatory compliance
   b. publicized mechanism for registering complaints

6. Background checks through the Bureau of Criminal Apprehension will be submitted on all staff, teachers, and college students who have direct contact with children.

7. If a staff member is accused of abuse or neglect, their rights will be protected as well as the child involved.

INTERNAL REVIEW

When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review and take corrective action if, necessary, to protect the health and safety of children in care.

The internal review must include an evaluation of whether:

- Related policies and procedures were followed;
• The policies and procedures were adequate;
• There is a need for additional staff training;
• The reported event is similar to past events with the children or the services involved; and there is a need for corrective action by the license holder to protect the health and safety of children in care.

The Center Director will complete the internal review. If this individual is involved in the alleged or suspected maltreatment, the Director of Early Childhood Services from Bethel University will be responsible for completing the internal review.

The facility must document completion of the internal review and provide documentation of the review to the commissioner upon the commissioner’s request.

Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

The license holder must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

The director will report to the MN Department of Human Services within twenty-four (24) hours:

• Any injury to a child while in care at the program that requires treatment by a health care provider or the use of emergency medical services.
• The death of a child while in care at the program.

The Director or designee will report within forty-eight (48) hours the occurrence of a fire during the hours of operation if the fire requires the service of the Fire Department.

The mandated reporting policy must be provided to parents of all children at the time of enrollment in the childcare program and must be made available upon request.

GRIEVANCE PROCEDURE

If a parent/guardian has an unresolved issue or concern regarding the program or services provided by the Center, it should be discussed with the Director of Bethel University Child Development Center who will attempt to resolve it.

If there is no response or if the resolution is unsatisfactory, the parent/guardian should submit a written statement concerning the grievance to the Director, who gathers more information and provides a written decision within one week.

If upon receipt of the Director’s decision, the parent/guardian continues to be dissatisfied, she/he may file a grievance with the Director of Early Childhood Services.
The Director of Early Childhood Services makes a decision and notifies the parent/guardian and the Director of Bethel University Child Development Center within two weeks of receipt of the grievance.

TELEPHONE NUMBERS

Bethel University Child Development Center: 651.638.6147
Director of Bethel University Child Development Center: 651.357.6185
Office Coordinator of Bethel University Child Development Center: 612.247.3792
Department of Human Services: 651.296.3971
Bethel University main campus: 651.638.6400

CONFIDENTIALITY

Staff, student, volunteer, and child files are locked in a file cabinet. All information regarding staff, students, volunteers, and children must remain confidential and inaccessible to non-employees. If there is a request from an outside source to obtain documentation from a confidential file, the source must submit the request in writing with a signature from the person or legal guardian of the file being requested. The request will be forwarded to the Bethel University attorneys and they will decide what further action will be taken.
PARENT/GUARDIAN PARTNERSHIPS

We believe that parents/guardians are a child’s first and most important teachers. The most effective learning situation for the young child involves the cooperation and involvement of home and school. Bethel University Child Development Center is eager to support, encourage, and assist families with their parenting challenges. Likewise, we hope parents/guardians will be eager to support, encourage, and assist teachers with their teaching challenges. Parents/guardians will be invited to participate in conferences at least twice a year.

Parents/guardians are welcomed to visit Bethel University Child Development Center at anytime. They are welcome to explore the environment as they bring their children to school or as they pick their child up at the end of the session. A variety of parent/guardian meetings, seminars, programs, etc. are held throughout the year to encourage parent/guardian participation. Parents/guardians are also invited to participate in science, cooking, or art activities, and/or serve as a classroom volunteers on a regular or occasional basis.

Parents/guardians will be frequently consulted verbally, via phone calls, and written communication as to their current parenting needs, interests, and concerns. Resources to assist families will be provided in the form of articles, books, and internet sites. Parents/guardians will also be invited to events that include their child, such as family dinners, holiday celebrations, special guests, chapel presentations, and the annual end of the year celebration.

PARENT/GUARDIAN SCHOOL COMMUNICATIONS

Bethel University Child Development Center is a laboratory school for Bethel University’s College of Arts & Sciences students. Students in the pre-primary program, under the direct supervision of licensed teachers, occasionally will have to conduct a research project. Parents/guardians will be informed and written permission will be obtained before a child is involved in a research activity or public relations activity. Parents/guardians will be regularly informed of Bethel University Child Development Center’s plans through posted weekly lesson plans, Center and community events posted in the entryway, and monthly newsletters. Special events including conference schedules are posted in the entryway and duplicate information is sent home. Parents/guardians of infants and toddlers will receive a daily report concerning food intake, elimination, sleeping patterns, and general behavior. Preschool teachers will communicate with parents/guardians of preschoolers by daily conversations, handwritten notes, telephone calls, or e-mails.

Families will be invited to be involved in a yearly review of policies and procedures, as well as completing surveys throughout the year. Staff will review the surveys to define ways to improve our programming. A copy of the Child Care Program Plan is available in the entryway.

Parents/guardians have an opportunity to provide communication to teaching staff via parent communication logs. Parents/guardians communicate daily changes to their schedule, who is picking the child up if different than usual, and any other information that might be helpful to the staff at the Center.

Parents/guardians also have an opportunity to provide communication to teaching staff via the telephone or email. Each area—Infant, Toddler, and Preschool—has a phone log to record phone calls from or to parents/guardians. The date and topic of the conversation is recorded.
OUR EXPECTATIONS OF PARENTS/GUARDIANS

Bethel University Child Development Center provides high quality early childhood education for children and families daily, as both an expectation of ours and of our parents/guardians. In order for us to continue to provide high quality early education we expect families to:

- Respect all children, parents/guardians, volunteers, students, and staff.
- Respect and follow all policies, procedures, and expectations.
- Educate those who pick up and drop off your child about our policies, procedures, and expectations.
- Respectfully give us suggestions on ways to enhance our programming.
- Sign your children “in” and “out” and keep them under your close supervision while you are in the Center.
- Notify staff ahead of time when your child will be arriving late due to an appointment.
- Call to let us know if your child is ill or will be absent.
- Pick up sick children immediately (no later than 1 hour) to prevent the possible spread of contagious diseases.
- Read all materials that are sent home with your child.
- Please attend parent/guardian conferences.
- Make sure the Center has updated emergency contact information, allergy information, and immunization records.
- Make sure that your child always has the proper comfortable clothing items, according to weather conditions.
- Make sure that your child has extra clothes and diapers at the Center.
SAFETY POLICIES

DAILY ADMISSION AND PICK-UP PROCEDURES

All parents/guardians must enter and leave through the Bethel University Child Development Center front entrance so that our staff can monitor and screen parents/guardians and visitors via our monitoring system which has cameras at the front entrance. Staff will only buzz in those who we are familiar with or expecting services from the Bethel University Child Development Center. Staff will not be responsible for children who have not been officially signed in and brought to a staff person.

Any adult picking up a child must provide identification upon request. Under no circumstance, will children be released to a person who is unauthorized, under the age of 18, intoxicated or suspect of abuse. Under these circumstances, or if no one comes for a child, staff will make every attempt to notify:

1) the parents/guardians,
2) emergency contacts, and
3) other individuals authorized to pick up the child.

In the event that the staff is unable to contact any of these people and the child has not been picked up within 30 minutes after closing, the child will be considered abandoned. The Ramsey County Sheriff Department and the Child Protection Agencies will be contacted.

ALCOHOL AND CONTROLLED SUBSTANCES

No person who is believed to be under the influence of alcohol or controlled substances will be permitted to be on the Center property or in contact with the children. Persons who are under the influence of alcohol or controlled substances will be escorted off the property by Bethel Security, if necessary. All staff and volunteers are required to sign the Bethel University Drug-Free Policy. Employees and volunteers must, as a condition of employment or volunteering, and in consistency with Bethel’s Lifestyle Expectations, abide by the terms of this policy. Failure to comply shall be grounds for termination.

CONCEALED WEAPONS

Concealed weapons/firearms and any other hazards that pose risks to children and adults are prohibited on Bethel University Child Development Center property. Any adult who is bringing or picking up a child may not have a concealed weapon on their body while on Center property.

DAILY INSPECTION FOR HEALTH AND ACCIDENT/INJURY PREVENTION

The program site, including the playground, will be inspected daily for identified hazards. Corrections will be documented and corrected immediately. This will be done initially by the first class to use playground and then each class after use of playground. Any potential hazard(s) will be reported to the Director. A semi-annual safety evaluation will be completed by the Director.
FIRST AID & CPR TRAINING FOR STAFF

All professional staff are trained in First Aid every two years and CPR for young children every year. CPR and First Aid training must be completed within 90 days of employment. Staff will be trained on the Center's health and safety procedures during their new employee orientation. They will administer First Aid and CPR when necessary. First Aid manuals and CPR instructions are located in each classroom. Accident reports will be completed and filed for all accidents. There will always be one staff member with children who is trained on First Aid and CPR including rescue breathing and managing a blocked airway. An inventory and restock of First Aid kit supplies is done every month.

If it appears that the injury/illness may lead to future complications or in any way is serious, the child will be medically examined. Staff will contact the parents/guardians to come and take the child for medical care if necessary. In illness or injury situations determined to be potentially life-threatening emergencies by the staff, the staff will call (9)911 before calling the parent/guardian (e.g., cessation of breathing). If the parent/guardian or the alternate listed on the emergency form cannot be reached, the Director will call a previously designated physician/health care source and/or call the local emergency unit for treatment and/or transportation to a health care facility as determined by a physician or Emergency Medical Service (EMS). A staff person will accompany the injured child and stay until the parent/guardian arrives.

ACCIDENT/INJURY PROCEDURES

In the event of accidents occurring while children are in care at the Center, staff will perform the following procedures:

1. Assess the seriousness of the accident/injury.
2. Give the appropriate treatment, using universal precautions. In the event that First Aid or CPR is needed, those guidelines will be adhered to and (9)911 will be called if necessary.
3. Parents/guardians will be notified by phone that First Aid measures were carried out. All injuries to children are documented on an accident report.
4. Complete the accident/injury report detailing what happened and place the original in the parent pocket and a copy in the Director’s folder. The Director’s copy will be placed in the Incident/Accident Binder and reviewed semi-annually. This review must be documented in writing even if there have been no accidents.
5. Continue to re-check the child throughout the day for any side effects or changes.

Any changes to the program’s policies based on the analysis must be documented in writing, dated, and a copy of the changed policy sent to the Health Consultant.

All scissors and woodworking equipment will be child-sized, and will be carefully supervised. Sharp scissors, matches, and other potential hazards to children shall be stored out of their reach. All equipment will be kept in excellent repair and nothing unsuitable for the ages of the children will be used. All equipment and furniture will be designed for the age group, easy to clean, and free from sharp points or corners, splinters or paints that contain lead. Strict enforcement of outdoor rules concerning the use of playground equipment will help prevent injuries. The staff will keep the facility in a clean and hazard-free state.
A complete analysis of the accident/injury and prevention techniques will be immediately addressed and documented to prevent a reoccurrence. Within 24-hours after the occurrence of a serious injury, fire, or death, a report shall be submitted to the Department of Human Services. Analysis of all accident reports will be made at least semi-annually. Parents/guardians must advise the Bethel University Child Development Center if they visit the doctor because of an incident that occurred at the Center so the staff can inform the Department of Human Services within 24 hours.

**FOOT COVERINGS**

Before walking on surfaces that **infants use specifically for play**, adults and children remove, replace, or cover with clean foot coverings, any shoes they have been worn outside that play area. If children are barefoot in such areas, their feet are visibly clean.

**EMPLOYEE OR VISITOR INJURY**

If an injury occurs to an employee on the job or to a visitor on site, where complications may develop or where employment time may be lost, an immediate medical exam may be needed. Report all injuries to the Director. The Director will assist the employee or visitor in seeking a physician. A First Report of Injury must be completed before the employee leaves for the day if possible.

**PEDESTRIAN ACCIDENTS**

Staff will teach children how to cross the street with an adult, look both ways before crossing the street, and to always walk across the street. Snow and ice will be removed by Bethel’s facilities management department when needed.

**TRAFFIC ACCIDENTS**

Children will be closely supervised whenever they are in the vicinity of motor vehicle traffic. They will not be allowed to play in the parking lot or the streets adjacent to the building.

**MISSING PERSON**

If a child is missing, our Zone Emergency Procedure is enacted.

### Zone Emergency Procedures

<table>
<thead>
<tr>
<th>One whistle sound</th>
<th>Code 1</th>
<th>Outdoor Search</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two whistle sounds</td>
<td>Code 2</td>
<td>Indoor Search</td>
</tr>
<tr>
<td>Three whistle sounds</td>
<td>Code 3</td>
<td>Lockdown Mode</td>
</tr>
</tbody>
</table>

**Code One** — All toddlers, preschoolers, and their teachers go to Imagination Station. One professional staff member calls Bethel Security (x6055) and remains with the children. Other professional staff members pick up a zone card and search the specified area. Infants remain in their room with one teacher.

**Code Two** — The Center is divided into three areas:
1) Toddler Area
2) Infant Area
3) Pre-School Area

Each area is searched thoroughly for the missing child by a professional staff member.

If the child is not located quickly, 9(911) will be called, the campus exits would be closed, and the parents/guardians notified.

**Code Three** — Lockdown the Center.

Children and University students go to the Toddler Back Room. Professional staff members lock entry doors and close the shades and put up denim shade to the Toddler Back Room.

**FIRE EVACUATION PLAN**

The staff member scheduled to be in each area will take responsibility for evacuating the children in their room. The professional staff member in each room will take along the emergency information forms, attendance sheets, and a First Aid kit. The Director, or if absent from the building, the Head Teacher, will be responsible for checking each room to confirm that all children have evacuated the building.

The children in the infant room will be placed in evacuation cribs and wheeled out the buzzer door and down the hall to the east exit of the building (near the parking lot). The children in the toddler room will exit with staff out the buzzer door and leave the building through the west exit door (lake side). They will walk outside and meet on the basketball court located behind the building. Children and staff in the Locomotion Room and Creation Station will exit to the playground and walk around the building to the basketball court. Children and staff in Imagination Station will exit through the main entrance door and walk around the outside of the building to the basketball court. In the event a fire blocks the exit to a room, the teacher and children will escape through the window. When all groups are assembled, a head count will be taken by the teachers to make sure all children are accounted for. A staff member will be designated by the Head Teacher to call (9)911. These procedures will be practiced in monthly fire drills. In an actual fire, children will be taken to emergency shelter in the Seminary Campus Center building until parents come for their children.

<table>
<thead>
<tr>
<th>DATE</th>
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<th>STAFF/Person in Charge</th>
<th>CHILDREN</th>
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</thead>
<tbody>
<tr>
<td>7/5/13</td>
<td>10:30am</td>
<td>2 Minutes</td>
<td>6</td>
<td>32</td>
</tr>
</tbody>
</table>

All staff will be oriented to use of the fire extinguisher. Instructions for use of the fire extinguishers are on the fire extinguisher.
TORNADO PLAN

If a tornado warning is sounded, teachers and **infants** will immediately go into the infant kitchen; teachers and **toddlers and preschool** children will immediately go into the central interior hallway and be seated be seated next to the wall. Everyone will remain there until the all-clear signal is given. Parents/guardians have the right to come for their child during a tornado warning. In the event of building destruction due to a tornado, children will be housed in the main Seminary building until parents/guardians come for their children. Children and staff must stay clear of all windows. Tornado drills will be conducted monthly from April through September.

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LOCKDOWN

If staff or others suspect or are informed of immediate danger within or around the CDC premises, we will immediately lock down the Center. During a lockdown, no child or adult may enter or leave the building until the lockdown is lifted. The Director or professional staff will place a notice on the front door indicating that the Center will be locked down and no one will be able to enter or exit the building until the lockdown is lifted. Teachers will immediately take the children to the toddler back room and be seated until further instructions from the Director or Head Teacher are given. Children and staff must stay clear of all windows. If children are outside during a lockdown, staff should move the children inside as quickly as possible.

POWER FAILURE

Someone from the professional staff will check the fuse box to make sure it is not an internal problem. The rooms have natural light so that flashlights would not be necessary until late winter afternoons. Flashlights will be kept in the First Aid kits. Bethel Facilities Management has updated their communication protocol for power outages at the Bethel CDC. This is the updated protocol: Julie Curtis (ext. 6200) or Molly Holmes (ext. 8500) will call the Office Coordinator at ext. 6147 as soon as we know the initial details about a power outage affecting the CDC. A follow-up email will be sent to the Office Coordinator, Director, and Pamela Erwin, Dean of Preprofessional Programs. Pamela’s cell phone number is 651.245.6811.

In the event that the power does not come back on within 60 minutes, we will require all parents to pick up their children and the center will close, regardless of whether or not the power returns later. We will give a pre-warning call/email that the lights have been out after 30 minutes and will let you know that after 60 minutes if the power is still out you will be required to pick up your child.
BLIZZARDS AND SNOW EMERGENCIES

In the event the Center is closed the next day due to a blizzard, staff and parents/guardians will be notified through the Bethel Emergency Alert System. Bethel University Child Development Center closure due to a blizzard will be announced on WCCO (830 AM), KTIS (98.5 FM), and on the Bethel Emergency Alert System. The announcement will be “Bethel University and Seminary, and Child Development Center.” In the event that blizzards or snow emergencies would necessitate closing the Center during the day, parents/guardians will be called by the staff to pick up their children, until the message is posted on the Bethel Emergency Alert System. If parents cannot be reached, the emergency contact will be called. Food and bedding will be available if an emergency overnight stay is necessary. At least one staff member will remain until all the children have been picked up.

SEVERE WEATHER/NATURAL DISASTER

In the warmer months when weather conditions may indicate the possibility of severe weather, staff will stay tuned to weather by listening to the weather radio (located in infant room) for official severe weather watches and warnings. If sirens are heard or a tornado warning is announced, all staff and children will proceed to the central interior hallway. A battery operated portable radio, flashlights, first aid kit, and activity items for children will be taken to the hallway. Staff will calmly initiate appropriate activities with the children. Everyone will remain in the hallway until the all clear is announced on the radio. If the severe weather transpires into a natural disaster, staff will call Bethel Security for assistance in transporting children and staff to the main Seminary building until parents/guardians come for children. Children and staff must stay clear of all windows. If the main Seminary building cannot provide shelter because of a natural disaster, we will move to a shelter recommended by Bethel Security.

POISON PREVENTION

All perishable foods will be properly kept in the refrigerators at 40-degrees or less or kept in special warming units. All toxic substances or medications will be locked in a cabinet not accessible to children. Health and sanitation policies such as washing tables and hands before food preparation will be followed.

Separate storage areas, inaccessible to children, will be provided for each of the following (state where):

- Art supplies are kept in the Art kitchen.
- Cleaning products are stored in locked cabinets.
- Medicine in a locked “medicine bag.”
- Keep all cleaning fluids, drain openers, etc., in their original bottles with label intact.
- Plants must be non-poisonous, labeled, and placed out of reach of children.
- Spilled liquids will be cleaned up promptly.
- Equipment, walls, and toys will have non-toxic, lead free paint.
- Aerosol sprays will not be used.
- The phone number of the Poison Control Center is posted with other emergency numbers by all telephones.
PREVENTION OF CHOKING, ASPIRATION, SUFFOCATION, & DROWNING

All plastic bags and other dangerous plastic articles will be kept out of reach of children. Children will always be closely supervised while eating to make certain they are chewing and using proper table manners while eating, in addition to the following preventative procedures:

- Remove all bones and shells from food before serving.
- Do not give children younger than 4 cough drops, gum, fruit containing seeds/pits, popcorn, whole grapes, nuts, raw peas, hard pretzels, chunks of raw carrots, hot dogs whole or sliced into rounds, or meat that can be swallowed whole.
- Staff must cut foods into pieces not larger than ¼-inch square for infants and ½-inch square for toddlers/two, according to each child’s chewing and swallowing capability.
- Bottles, sippy cups, and regular cups must only be used while sitting at the table. Cups will be used as is developmentally appropriate and decided by parents and staff.
- Do not stimulate a child to laugh or cry when he/she has food in his/her mouth.
- All professional staff will have training in First Aid/choking for infants and young children.
- Store pins, buttons, needles, and all small pointed instruments in a childproof container out of reach.
- Toys must be age appropriate. (For example, they should contain no small pieces.)
- Supervise children in the bathroom. Toilets are a potential hazard for drowning. (Keep bathroom door closed.)
- Large buckets that contain liquid are prohibited around children.

BITING INSECTS

Children should be protected from biting insects by:

- Screens on classroom windows;
- Use of an insect repellent per manufacturer’s instructions (in lotion form only) with parent’s permission;
- Children will wear shoes whenever outside except during water play.

PETS

Parents/guardians are notified regarding all pet visits. The following procedures must be followed:

- Classroom pets or visiting animals appear to be in good health.
• Pets or visiting animals have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized (if the animal should be protected) and that the animal is suitable for contact with children.

• Teaching staff will supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals. Program staff will ensure that any child who is allergic to a type of animal is not exposed to that animal. Reptiles are not allowed as classroom pets because of the risk for salmonella infection.

BURNS

Electrical outlets shall be covered when not in use. Matches and flammable substances will be totally out of children’s reach as not to pose a problem. The water temperature will be checked to make sure it does not exceed 120-degrees. When using the stove in cooking experiences, staff will carefully supervise. Staff will be trained in the use of fire extinguishers that operate when the pin is pulled and the lever pressed. Training will be reviewed twice a year. Fire drills will be conducted monthly.

DRIVING ON CAMPUS

Families with young children and University students live in the apartments surrounding the Child Development Center. Many people use the roads on campus for walking, jogging, and biking. It is essential that parents drive carefully and wisely. Bethel Security will issue tickets to those caught breaking traffic laws.
HEALTH POLICIES

HEALTH IMMUNIZATION FORMS

Bethel University Child Development Center will require a health statement from each child. The Immunization Record and Health Care Summary is due upon enrollment. Parents/guardians are required to submit an updated physical examination signed by the child’s source of medical care when infants advance to the toddler age category (16 months) and when toddlers advance to preschool age category (31 months). If a child is under immunized because of health conditions that are documented by a licensed health professional or the family’s beliefs, this child’s records will indicate their immunization status and the child will be removed immediately from the building if a vaccine preventable disease to which the child is accessible occurs in the program. In the event that a child is overdue for any health services that would prohibit enrollment, the parent/guardian will be required to provide evidence of appointment to bring the child current in order to continue enrollment.

CHILD HEALTH RECORDS

Child health records are completed by the parent/guardian upon enrollment. The Child Emergency Information Form requests emergency contacts, individuals who have access to health information for children in a health emergency, brief medical history facts, physicians name, phone number and hospital preference and consent for emergency treatment. Our Health Care Summary form requests results of existing health conditions and steps to secure safety for children while in our care.

SMOKE-FREE

Bethel University Child Development Center is a smoke-free environment. Therefore, smoking is prohibited by the staff, parents/guardians or visitors in or near the building.

HEALTH CONSULTANT

Health Consultants for Child Care serves as the health consultant to the Child Development Center. The health consultant observes and reviews practices. They make recommendations about the programs practices and written health policies to ensure health promotion and prevention of infection and injury. The health consultant visits the Center once a month.

Health Consultants for Child Care
1210 Morningview Drive
Minneapolis, MN 55364
REFERRAL PROCESS

As a child care provider, we continually monitor the development of all children in our care through ongoing observation and recording. We want the best outcomes for all children. Child care providers are considered a primary referral source for early intervention under federal IDEA special education law. We are required to refer a child in our program who has been identified as having developmental concerns or a risk factor that warrants a referral as soon as possible, but in no case more than seven days after the identification. While this is a mandate, we want to keep open communication with parents and caregivers about their child and any concerns we have before a referral is made. We can assist the parent with the referral or partner with them in the referral process.

MEDICATION

**Prescription medications** will only be given with written authorization from the child’s licensed health care provider (i.e., prescription label) and parent/guardian. Teachers must ask what medications the child is on at home, too.

The parent/guardian must complete the Medication Permission Form if the child needs a medication while in our care. The Medication Form must be filled out completely, including possible side effects. If there is information missing the staff cannot give the medication.

Prescription medications will be given only as prescribed by a licensed health care provider. The prescription must be current, in the original container, and may be given only to the child whose name appears on the label.

All medication will be stored in a locked “Medicine Bag” in the refrigerator or in a locked cabinet. Topical ointments, such as sunscreen and diaper cream, need only parental permission.

**Nebulizer medications** that are in single dose containers must be brought to the center in the original container with a current, clearly written prescription label on the container. The prescription label must indicate the child’s name, prescribing licensed health care provider’s name, name of the medication, medication strength, amount to be given, how often to give and what it is to be mixed with, if applicable.

**For medications which are to be given long term** we will need an Individual Child Care Plan or drug information sheet signed by the parent/guardian and the child’s licensed health care provider. This includes as needed (prn) over the counter medication such as Tylenol (acetaminophen) and Ibuprofen used for a child with a history of febrile seizures or Benadryl for allergies.

Topical ointments such as diaper rash products, insect repellents and sunscreens are an exception, and need written parental approval only. Powders and cornstarch preparations will not be used because they may promote or hide infections, and can be inhaled when particles get into the air.

Containers must be labeled with:

- Child’s full first and last name and date.
- Name of clinician
• Expiration date - Outdated medications will not be given.

• Manufacture’s instructions

• Must have the original prescription label that details the name and strength of the medication as well as directions on administering and storing.

• All medications must have a legible label on the container. Medication containers will be returned to parents/guardians when it is completed.

All medication will be stored in a locked “Medicine Bag” in the refrigerator or a locked cabinet.

GLOVES

Staff will wear gloves when touching any body substance (blood, stool, drainage, breast milk, etc.) or any items, clothing or skin, soiled with body substances. Staff will be given training regarding the transmission of blood borne pathogens.

MEALS/SNACKS

The CDC is a nut-free environment.

<table>
<thead>
<tr>
<th>Food Prepared By</th>
<th>A.M. Snack</th>
<th>Lunch</th>
<th>P.M. Snack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Bag Lunch</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Children are provided the opportunity to brush their teeth after lunch. Toothbrushes are labeled with each child’s name and located near the sinks.

All food refrigerators must have a temperature of 40 degrees Fahrenheit or less. Lunches from home are kept in a refrigerator until served. Food and liquids hotter than 110° Fahrenheit will not be accessible to children.

An Individualized Care Plan will be requested from the health care providers of children with allergies or special nutrition needs.

Staff will keep a daily record of food consumed by children with disabilities who have special feeding needs and provide it to families.

We will request consent from parents to post food allergy information regarding their child within our facility as a visual reminder to staff.

Staff will discard food with expired dates immediately and the refrigerator will be cleaned every other Friday.

Clean and sanitary water is provided for children throughout the day.

Do not give children younger than 4 cough drops, gum, fruit containing seed pits, popcorn, whole grapes, nuts, raw peas, hard pretzels, chunks of raw carrots, hot dogs whole or sliced into rounds, or meat that can be swallowed whole.
Staff must cut foods into pieces not larger than ¼-inch square for infants and ½-inch square for toddlers/two, according to each child’s chewing and swallowing capability.

Bottles, sippy cups, and regular cups must only be used while sitting at the table. Cups will be used when it is developmentally appropriate for the child and decided by parents/guardians and staff. Infants younger than 12 months are given pre-mixed formula or breast milk. Children 12–24 months are served only whole milk. Children beyond 24 months can be served 2% milk. Infants unable to sit are held for bottle feeding. All others sit or are held to be fed. Infants do not have bottles while in a crib or bed and do not eat from propped bottles at any time.

FOOD HANDLING

Staff and Children will wash their hands before and after meals. All staff will wash their hands prior to preparing food. Morning snack and afternoon snack will be provided by the Center for toddler and preschool children. Staff sit and eat with children and engage them in conversation during snacks and meals. Snack menus will also be posted on the Parent Bulletin Board. Parents/guardians are required to furnish a lunch for their toddler and preschool child. All lunches are stored in a refrigerator. All lunches must contain milk. Milk may be brought from home, or purchased through the CDC milk program. Guidelines for providing nutritional lunch are provided to parents/guardians. Water is available for children at all times. All foods and beverages brought from home must be labeled with the child’s name and the date.

Please inform the Center of special dietary needs along with current instructions from your health care provider with all necessary information regarding the special diet.

Meals and Snacks are served at the following times:

<table>
<thead>
<tr>
<th></th>
<th>Preschool</th>
<th>Toddler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning Snack</td>
<td>9:00 a.m. – 9:30 a.m.</td>
<td>9:30 a.m. – 9:45 a.m.</td>
</tr>
<tr>
<td>Lunch</td>
<td>Noon – 12:30 p.m.</td>
<td>11:30 a.m. – 12:00 p.m.</td>
</tr>
<tr>
<td>Afternoon Snack</td>
<td>2:30 p.m. – 3:00 p.m.</td>
<td>3:00 p.m. – 3:15 p.m.</td>
</tr>
</tbody>
</table>

Parents/guardians of infants will supply pre-mixed formula or breast milk in ready-to-feed sanitary containers and all other food for meals. These items must be labeled with the child’s first and last name and the date. Bottles and food are stored in a refrigerator. Staff will coordinate feedings with the infant’s mother and provide a comfortable place for breastfeeding at the Center. The CDC will provide snacks for infants. Infant feeding schedules are determined by the individual child’s needs.

We discourage bringing any food from home for sharing among the children, due to allergies.

SOURCE OF EMERGENCY MEDICAL CARE

In case of emergency, the staff will call (9)911 and pull child’s medical emergency information from their file for medical professionals review. The child will be taken to the parent’s/guardian’s choice of hospital if possible. If parent/guardian cannot escort the child, a staff member will escort the child until parent’s/guardian’s arrival. St. John’s Hospital is closest to our center and will be our first choice if appropriate. The same procedures will be used for staff members.
NOTIFYING PARENTS/GUARDIANS OF COMMUNICABLE DISEASE

When a child in our care has been medically diagnosed with a communicable disease, we will follow the appropriate health authorities’ recommendations to provide information to parents/guardians of all exposed children. Staff will notify the parents/guardians of exposed children on the same day or within 24 hours by:

[ X ] A written notice that will be posted in all the classrooms for parents/guardians to see during pick up/ drop off.

[ X ] Staff will communicate with parents verbally and send a written notice home for parent/guardians to read.

[ X ] Make phone calls if necessary.

PARENTS/GUARDIANS MUST NOTIFY BETHEL UNIVERSITY CHILD DEVELOPMENT CENTER OF COMMUNICABLE DISEASES

Parents/guardians are required by state laws and Center policies to notify Bethel University Child Development Center within 24 hours if their child is diagnosed as having a communicable disease, lice, scabies, impetigo, or ringworm. The Child Development Center will inform the Health Department as necessary. Please review the below Exclusion of Ill Child Chart.

EXCLUSION OF ILL CHILDREN

The Department of Human Services requires that we exclude a child with an illness or condition that the Commissioner of Health determines to be contagious and a licensed health care provider determines has not had sufficient treatment to reduce the health risk to others.

If a child becomes ill at the center, staff will attempt to contact parents/guardians and then emergency contacts to make arrangements to pick up the ill child. The ill child must be picked up as soon as possible. The ill child will stay within sight and hearing of a staff member but separated from the other children with a cot and blanket until parent/guardian arrives. If staff cannot reach a parent, guardian or emergency contacts staff will determine when and if the child’s physician should be contacted. If necessary, the child will be transported to St. John’s Hospital.

We will follow the exclusion guidelines listed below which are taken from Infectious Diseases In Child Care Settings And Schools: Information For Directors, Caregivers, And Parents Or Guardians, prepared by Hennepin County Community Health Department, Epidemiology and Environmental Health. We must exclude a child with any of the following conditions:

<table>
<thead>
<tr>
<th>Chicken Pox</th>
<th>Until all the blisters have dried into scabs and no new blisters or sores have started within the last 24 hours; usually by day 6 after the rash began.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye drainage</td>
<td>Until 24 hours after treatment begins when purulent (pus) drainage and/or fever or eye pain is present, or a medical exam indicates that a child may return.</td>
</tr>
<tr>
<td>Condition</td>
<td>Exclusion Duration</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Until diarrhea stops or a medical exam indicates that it is not due to a communicable disease. Diarrhea is defined as three or more stools compared with a person’s normal pattern, along with decreased stool form and/or watery, bloody, or mucus-containing stools.</td>
</tr>
<tr>
<td>Mouth sores with drooling</td>
<td>Until a medical exam indicates the child may return or until sores have healed.</td>
</tr>
<tr>
<td>Fever</td>
<td>Auxiliary (armpit) temperature: 100°F or higher; or oral temperature: 101°F or higher, when accompanied by behavioral changes, or other signs or symptoms of illness. <strong>Measure temperature before giving medications to reduce fever. Child must be fever-free for 24 hours.</strong></td>
</tr>
<tr>
<td>Lice (head)</td>
<td>Until first treatment is completed and no live lice are seen.</td>
</tr>
<tr>
<td>Rash</td>
<td>Until a medical exam indicates these symptoms are not those of a communicable disease that requires exclusion (i.e., chickenpox, measles, roseola, rubella, shingles, strep throat).</td>
</tr>
<tr>
<td>Respiratory Infections (Viral)</td>
<td>Until child is without fever (<strong>for 24 hours</strong>) and is well enough to participate in normal activities. No exclusion for other mild respiratory infections without fever as long as child can participate comfortably.</td>
</tr>
<tr>
<td>Ringworm (skin &amp; scalp)</td>
<td>Until 24 hours after treatment has been started.</td>
</tr>
<tr>
<td>Scabies</td>
<td>Until 24 hours after treatment has been started.</td>
</tr>
<tr>
<td>Signs/symptoms of possible severe illness</td>
<td>Unusually tired, uncontrolled coughing, irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs for the child; should be evaluated by the child’s health care provider to rule out severe illness.</td>
</tr>
<tr>
<td>Streptococcal sore throat</td>
<td>Until 24 hours after antibiotic treatment begins and child is without fever for 24 hours.</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Until vomiting stops. Vomiting is defined as one or more episodes in the previous 24 hours.</td>
</tr>
</tbody>
</table>

- Who is not able to participate in childcare program activities with reasonable comfort, including outdoor play.
- Who requires more care than staff can provide without compromising the health and safety of other children in care.

If a child is excluded for health reasons, the appropriate documentation from the child’s health care provider must be submitted to professional staff before the child can return to the center.

**TEACHER ILLNESS**

Should a teacher become ill, we will use the same Exclusion of Sick Child policies listed above. If necessary, a substitute from the approved list will be hired as a replacement.

**CLEANING AND DISINFECTING PROCEDURES**

Germs can most effectively be controlled by frequent, thorough, timely hand washing, cleaning and disinfecting of objects that come into contact with children. In addition, proper handling and disposal of contaminated items are necessary to prevent the spread of infections.
**Guidelines:**

- Disposable non-latex gloves are available
- Disposable towels are used for cleaning or reusable towels are laundered between uses.
- Bleach is made daily for sanitizing and disinfecting solution
- Containers are labeled.
- Separate containers are available in each classroom area (i.e., the food area and the diapering/bathroom area).
- Bleach guidelines (See attachment, “How to Mix Bleach Solutions”).

**Cleaning Procedure:**

Wear disposable gloves when:

- Handling blood (nosebleeds, cuts) or items, surfaces or clothing soiled by blood or body fluids.
- You have open cuts, sores or cracked skin or if the child has open areas on the skin.
- When changing the diaper of a child with diarrhea or a known infection that is spread through the stool.
- Pregnant women or women considering pregnancy may want to wear gloves when changing any diaper.
- Cleaning bathrooms, diapering area or any areas contaminated with stool, vomit or urine.
- Cleaning areas soiled with blood or body fluids, use disposable towels and discard in a plastic-lined waste container.
- Clean objects and surfaces by scrubbing with soap or detergent and water to remove debris.
- Do not reuse water that has been standing in pails, basins or sinks.
- Rinse objects (under running water when possible).
- Follow cleaning with disinfecting of the area/objects.

**Disinfecting Procedure:**

A recommended disinfectant for child care settings is a solution of household bleach and water. A bleach solution is recommended because it is effective, inexpensive, readily available, and not harmful to humans, surfaces, and objects when used as recommended. The CDC also uses a product called Disinfectant Cleaner 2.0.

Mops are cleaned thoroughly in fresh water and soap and rinsed in a sanitizing solution of bleach before and after a day of use. Mops are then wrung out and hung to dry. Non disposable cleaning equipment will be soaked in disinfectant solution for 10 to 30 minutes after cleaning process and allowed to air dry.

**Other Cleaning and Disinfecting Methods:**

Dishwashers and washing machines are also acceptable for soaking, cleaning and disinfecting washable articles, if hot water is used. Boiling is also an effective method for objects such as bottle nipples, pacifiers, combs, etc.

**Cleaning Schedule Followed:**
Items **cleaned** first with soap/detergent and water before sanitizing or disinfecting.

**Items Sanitized:**

- Toys and equipment weekly or when soiled.
- Mouthed toys and objects daily or when soiled. Use “Mouth Toys” bucket to store toys that have been put in mouth or have been otherwise contaminated until can be washed in dishwasher
- Table tops – before and after eating.
- Cots daily after nap.

**Items Disinfected:**

- Diapering area – after each use.
- Toilet training chairs – after each use and at least daily.
- Bathrooms – daily or as needed (includes walls, sinks, toilets and other fixtures).
- Hand washing sinks shall be cleaned and disinfected at least daily and when soiled.
- Table tops – before and after eating.

**Other:**

- Bedding shall be changed between children, weekly, or when soiled.
- Linens/blankets washed weekly and when soiled.
- Carpets, rugs – vacuumed daily, shampooed every three months and waxed annually.
- Cots cleaned and disinfected daily.
- Floors, vacuumed or swept and mopped daily and when soiled.

**Items and surfaces contaminated with BLOOD and BODY FLUIDS (stool, urine, and vomit) should be **DISINFECTED IMMEDIATELY** after cleaning procedure.**

**HAND WASHING PROCEDURES**

- 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 staff, volunteers, and children when hand washing would reduce the risk of transmission of infections disease to themselves and others.
- Staff assist children with hand washing as needed to successfully complete the task.

**Children and adults wash their hands:**

- On arrival for the day;
- After diapering or using toilet;
- 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.

**Adults also wash their hands:**

- Before and after feeding a child;
- Before and after administering medications;
- After assisting a child with toileting and/or changing diapers, and
- After handling garbage or cleaning.

**Proper hand washing procedures followed by adults and children include:**

- Using liquid soap and running water;
- Rubbing hands vigorously for at least 10 seconds, including back of hands, wrists, between fingers under and around any jewelry, and under fingernails;
- Rinsing well;
- Drying hands with a paper towel, a single-use towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g., by using a paper towel to turn off water).

**Blood borne pathogens and hand washing:**

- 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 clean blood spills immediately with detergent, followed by water rinsing.
- Staff wear gloves when contamination with blood may occur.
- Staff do 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.

*Alcohol-based hand rubs are used only in emergency situations.*

*Ventilation and sanitation, rather than sprays, air freshening chemicals or deodorizers, control odors orders in inhabited areas of the facility and in custodial closest.*

*Staff dispose of contaminated materials and extremely soiled diapers in a plastic bag with a secure tie that is placed in a closed container.*
I have thoroughly read, understood, and agree to the information, policies, and guidelines included in the Parent Handbook. My signature below assures that I will abide by these guidelines.

Name ___________________________ Date ____________
Printed name of Parent/Guardian

Name _______________________________________
Signature of Parent/Guardian

Name of Child(ren): __________________________________________________________

Classroom(s): □ Infant     □ Toddler  □ Pre-School

Start Date: __________________________