

**SHIRLEY G. MOORE  
LABORATORY SCHOOL**

**HEALTH AND SAFETY MANUAL**

**2017-2018**



**Institute of Child Development  
College of Education and Human Development  
University of Minnesota – Twin Cities**

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## LICENSING

The Lab School is licensed by the State Department of Human Services. It meets all licensing regulations as stated in Chapter 9503 of Minnesota State Law. The telephone number of the Department of Human Services licensing division is 651-296-3971.

## ENTRANCE REQUIREMENTS

We are required by State Licensing Laws governing childcare facilities to have a completed medical examination form on file for every child enrolled in the program. ***According to State Law, we must have this information before your child starts attending.*** The information must also be updated when a child moves from one age group to another. Information supplied on Health Information Forms will be kept confidential in the school office and released upon written request from the child's parents or legal guardians or when requested by regulatory agencies.

As part of the medical exam, the State requires verification of:

1. Immunization for measles (Rubella and Rubeola)
2. Tuberculin screening test
3. Current data on other required immunizations (DPT, polio, chicken pox [varicella] and HIB)
4. Medical history on allergies and previous illnesses or injuries

## DAILY HEALTH SERVICES

A registered nurse serves as a consultant to the program. The Director checks the children upon arrival for symptoms of illness and is certified in First Aid and CPR. In addition, all lead teachers and student teachers are required to be certified in first aid and infant/child CPR. If you are unsure that your child is well enough to attend school, please see our policy on page 16 entitled "Exclusion of Sick Children.

## SCHOOL CLOSING

If it is ever necessary to close the school, information will be broadcast on WCCO and posted on their website. Parents will be notified via the One Call Now communications system.

In case of severe weather, our policy coincides with *either* St. Paul *or* Minneapolis Public Schools. If *either* system closes, so will the Lab School. WCCO will be broadcasting our closing, but you may safely assume that we are not in session if Minneapolis, St. Paul, or the University of Minnesota is closed. We close only in very rare instances; however, we encourage you to use your own judgment in determining whether your child will attend.

## SPECIAL DIETARY NEEDS

Please supply detailed information on the Health Information Form in the enrollment packet about any allergies or dietary restrictions your child may have. Teachers should also be informed at the preadmission visit of any foods a child may not eat. If a child's diet is seriously limited, parents may be requested to provide snacks for their child. Information supplied on Health Information Forms will be kept confidential in the school office and released upon written request from the child's parents or legal guardians or when requested by regulatory agencies.

## FOOD SAFETY

- To avoid the possibility of choking, children under 4 are not served whole nuts, grapes, hot dogs, popcorn, raw peas, hard pretzels or chunks of hard food larger than can be swallowed whole.

- Due to the number of children who have severe or life-threatening peanut allergies, peanuts, peanut butter and all products containing peanuts and peanut oil are not served at school AND SHOULD NOT BE BROUGHT FROM HOME.
- Children are required to remain seated while eating. Staff will sit with children during snack times.
- Children will not be allowed to chew gum or to eat candy during class time, **unless there is a medical reason for doing so.**
- Toddlers do not carry cups while walking or crawling.
- Any food with an expired date is discarded.

### On-site Food Preparation

All staff and children will wash their hands before and after preparing, handling or eating any food. Tables and equipment used for serving and eating food will be cleaned, rinsed and sanitized before and after eating. Eating and cooking utensils will be properly cleaned and sanitized with a commercial NSF sanitizer. The floor of food service areas will be properly swept and cleaned after each use and sanitized daily. Any equipment used for food preparation or food service is kept completely separate from toileting and diapering procedures and equipment.

### PRESENCE OF PETS

Many teachers include animals as part of their classroom curriculum or may invite children to bring their pets to school for a visit. If this causes discomfort to you or your child, please bring this matter to the attention of your child's teacher, and the necessary action or precautions will be taken.

If there are children or staff with animal allergies, the appropriate precautions will be taken. In addition, the Lab School has adopted the following guidelines for animals in school settings from the Centers for Disease Control (CDC):

1. Children will be closely supervised during contact with animals to discourage contact with manure and soiled bedding.
2. Hand-to-mouth contact (e.g., thumb sucking) will be discouraged.
3. Appropriate hand washing will be required.
4. Staff will be present to encourage appropriate human-animal interactions.
5. If feeding animals, only food for that purpose will be allowed.

In addition, the Lab School adheres to the following CDC guidelines:

#### General Guidelines for School Settings:

- Wash hands after contact with animals, animal products, or their environment.
- Supervise human-animal contact.
- Handle and house animals humanely.
- Display animals in enclosed cages or under appropriate restraint.
- Designate areas for animal contact.
- Do not allow animals in areas where food or drink are consumed.
- Clean and disinfect all areas where animals have been present. Children should not perform this task.
- Administer rabies vaccine to mammals, as appropriate.
- Keep animals clean and free of intestinal parasites, fleas, ticks, mites, and lice.

- Consult with parents to determine special considerations needed for children who are immunocompromised, who have allergies, or who have asthma.

#### Animal-Specific Guidelines:

- Fish – Use disposable gloves when cleaning aquariums, and do not dispose of aquarium water in sinks used for food preparation or for obtaining drinking water.
- Psittacine birds (e.g., parrots, parakeets, and cockatiels) – Consult the psittacosis compendium, and seek veterinary advice. Ensure that staff clean cages when children are not present. Use birds treated or tested negative for psittacosis (chlamydiosis).
- Baby chicks and ducks – To prevent Salmonella or Campylobacter infection, children aged <5 years be carefully supervised when coming in close contact with baby chicks and ducks.
- Reptiles (including turtles, lizards, and nonvenomous snakes) and amphibians – To prevent Salmonella infection, children aged <5 years should be closely supervised when coming in contact with reptiles.
- Ferrets – To prevent children aged <5 years from being bitten, they should not have direct contact with ferrets.
- Farm animals – Certain animals (e.g., young ruminants and young poultry) excrete E. coli O157:H7, Salmonella, Campylobacter, and Cryptosporidium intermittently and in substantial numbers: therefore, meticulous attention to personal hygiene is essential, particularly for children aged <5 years.

## HEALTH AND SAFETY PREVENTION MEASURES

### General Injury Prevention

1. Children will be supervised at all times by sight and sound.
2. Proper adult-child ratios will be maintained at all times, including indoors in classrooms and common spaces, outdoors, transportation, local walks, and on field trips.
  - Toddlers 21-36 months: 1:6, in a group size of 14
  - Toddlers 30-36 months: 1:1:8 in a group size of 18 and;
  - Preschool children 30-48 months 1:1:10 in a group size of 18-20.
3. Hazardous objects will be kept out of the reach of children.
4. Rugs will have non-skid backing or be firmly fastened to the floor.
5. Spills will be wiped up immediately.
6. Children will be supervised while using equipment.
7. Staff will ensure to take precautions to prevent dislocated elbows while handling the children.
8. Precautions ensure that communal water play does not spread infectious disease. Children with sores on their hands are not permitted to participate in communal water play. Clean water is used, and the water is drained and changed before a new group of children comes to participate.
9. Doors have slow closing devices, door guards, and/or rubber gaskets on the edges to prevent finger injuries.
10. Fans used in classrooms are child-safe.
11. Solid stools are used for children to access the sinks.
12. Safety gates are used appropriately and are walked through and not over.

13. Cubby hooks are not at eye level or are inside a cubby area so they do not protrude at eye level.
14. Classrooms will be kept free of items that could cause tripping.
15. The school environment is maintained to reduce hazards from environmental exposure such as air pollution, lead, asbestos, or excessive noise.
16. Stairways will have handrails.
17. The program has and follows a set of “Biting Policies” (p. 42)

### Supervision

1. All children will be supervised in all areas of the school and outdoors
2. Teachers will supervise toddlers by sight and sound at all times
3. Teachers will supervise preschool children primarily by sight, but for short intervals by sound is permissible, as long as teachers check frequently on children who are out of sight (i.e. in the nook in room 20, in the toilet area, or in the caves beneath the observation booths)
4. Teachers should supervise children closely while climbing on outdoor play equipment, gym equipment, or any equipment or furniture where injury could occur.

### Daily Safety Inspection

1. The staff will conduct daily inspections.
2. Classrooms, hallway, playground and other areas will be checked for potential hazards on a daily basis; all staff are responsible for this.
3. If equipment is found to be hazardous, it will be removed.
4. If a situation is determined to be dangerous, it will be corrected to assure the safety of the children.

### Poisoning

1. Should accidental ingestion of a poisonous substance occur, staff will contact the Minnesota Poison Control Center at 1-800-222-1222.
2. All poisonous/hazardous substances are stored in the original container with intact label in a locked cupboard out of the reach of children.
3. All plants will be checked. If poisonous, they will be removed.
4. Lead paint will not be used on equipment, walls or toys.
5. Food is not stored near or next to poisonous/hazardous substances.
6. Any food with an expired date is discarded.
7. Aerosol sprays are not used in the presence of children.
8. The phone number of the Poison Control Center (1-800-222-1222) will be posted along with other emergency numbers in a prominent place.
9. Staff will be knowledgeable about Poison Control Center services.
10. Children will be taught poison prevention.

### Burns

1. Center is smoke-free in accordance with the MN Clean Indoor Act.
2. All outlets will be covered with protective coverings.
3. Electrical cords will be kept out of the reach of children and when in use, children will be closely supervised.

4. Adults will strictly monitor all use of appliances in the classroom. The stove in the kitchen, when in use, will be supervised.
5. When the stove in the kitchen is not in use, the buttons that control the heating units will be covered so that it cannot be turned on accidentally.
6. Hot water that is accessible to the children in the classroom will be kept at 120 degrees.
7. Food will be checked before serving to children. Food should be warm, not hot.
8. Hot beverages are prohibited in the classroom when children are present.
9. Staff will protect children from over-exposure to the sun by using protective clothing, sunscreen with a signed permission form from the parents, and limiting the time in direct sunlight.

#### Choking / Suffocation

1. Plastic bags will be kept out of the reach of children. When discarded, they will be tied in a knot.
2. Toys will be age appropriate. Items that can be choked on will be removed.
3. All water play in the classroom and outside will be closely supervised.
4. No wading pools will be allowed.
5. All food given to the children will be age appropriate and/or cut into small pieces. Children will sit while eating.
6. Center will not use latex balloons for play. (Mylar balloons are acceptable alternatives.)
7. Children will be supervised in the bathroom.
8. An up-to-date choking poster is available in every eating area.
9. Drawstrings in outerwear are removed to prevent strangulation.

#### Playground Safety

1. The staff will teach children how to use play equipment properly.
2. Maintenance checks are done at the beginning of the play session by the staff and broken equipment will not be used until fixed.
3. The playground area is free from clutter and tripping hazards.
4. Staff will check slides for hot temperatures before using.
5. Playground equipment is appropriate for age and size.
6. The play area is fenced in and away from high traffic areas.
7. Equipment is installed over approved material with appropriate fall zone, which provides a safer place to fall reducing the severity of injuries
8. Children will be supervised during play to ensure equipment is used appropriately.

#### Field Trip Safety

1. Written permission is obtained from each child's parents before taking a child on a field trip. It must state that the parent has been informed of the purpose and destination and means of transportation. Parents must be informed at least one day in advance.
2. Staff will take emergency phone numbers for the child's parent, the persons to be called if a parent cannot be reached, and the phone number of the child's physician and dentist.
3. Most field trips will be walking trips or use bus transportation.
4. Lead Teachers are ultimately responsible for children in their groups and will inform teacher candidates of the process for keeping the children safe.

5. If a child is lost, the Director and the child's parents must be informed immediately.
6. Lead Teachers must take a charged cell phone along on all field trips.
7. If an emergency situation arises (e.g., a flat tire), the Lead Teacher is responsible for calling school so that parents may be informed of the situation and they can make necessary arrangements.
8. If the Lead Teacher is absent, a field trip will most likely be cancelled or postponed. Occasionally another equally qualified staff member may substitute for the Lead Teacher if appropriate.

#### Pedestrian / Traffic Safety

1. Children will be carefully monitored when walking outside of school.
2. Children will be taught traffic safety.
3. No child will cross the street without a teacher/parent present. Children will not cross until the teacher tells them it is safe and crosses with them.
4. Children will be taught to stay with the group.
5. Cross with lights or in crosswalks whenever possible.

### BLOOD BORNE PATHOGEN EXPOSURE CONTROL PLAN

The Shirley G. Moore Laboratory School:

- Has established and maintains conditions of work which are reasonably safe and healthy
- Will comply with measures and guidelines set forth in OSHA standards
- Will notify employees of their risk for exposure and make available a copy of the exposure control plan during orientation to the job
- Universal precautions will be used by all employees having contact with any blood or any body fluids
- All staff with risk of exposure to blood borne pathogens will be trained on reducing their risk of exposure at the time of initial assignment to tasks and annually thereafter

#### Procedures:

##### **a. Gloves**

1. Gloves will be worn when:
  - Anticipating contact with blood or non-intact skin.
  - Handling items or surfaces with soiled blood.
2. Gloves will be changed and hands washed as promptly as possible if tearing or puncture occurs.
3. Gloves will be changed between each individual.
4. Gloves will be disposed of in plastic lined waste containers.

##### **b. Hand washing**

1. Posted hand washing procedures will be followed.
2. When a blood spill has occurred wash hands in sink not used for food preparation.
3. Wash hands:
  - \*After gloves are removed
  - \*After handling items soiled with body fluids or wastes such as blood, drool, urine, stool, or discharge from nose or eyes
  - \*After cleaning up surfaces contaminated with blood
  - \*After handling a sick child

**c. Needles, syringes and other "sharps"**

When an enrolled child requires the use of needles or sharps, arrangements for disposal of sharps will be made.

**d. Resuscitation Mouthpieces**

Single use resuscitation mouthpieces will be available for use.

**e. Cleaning and Decontamination of Spills**

1. Objects and surfaces contaminated with blood and body fluids are cleaned immediately by using hot soapy water to remove secretions and excretions before disinfection. An approved quaternary ammonia product will be used for disinfection. Surfaces will be sprayed and allowed to sit for 10 minutes and then to air dry. An EPA recognized disinfectant (such as 0.5 Amphy) would also suffice. If another disinfectant is used, it must be effective against HIV, HBV and TB.
2. Disposable towels are used to clean up body fluid spills (towels are double-bagged before disposal). Any "dirty" water or body fluids should be disposed of in the toilet, rather than sinks. Any sponges and mops used to clean contaminated areas should not be used to clean food preparation areas or to wash dishes. Soiled mops, sponges and pails should be cleaned away from food preparation areas and soaked for 10-30 minutes in the bleach solution (1/4 bleach/gallon water). However, it is preferable to use disposable items for clean up.
3. To disinfect all hard surfaces, with the exception of mouthed toys, utensils, and food-contact surfaces: Use an approved quaternary ammonia product solution. For routine disinfection of contaminated surfaces, which have first been cleaned with detergent and water, saturate the area with the quat solution, wipe the area to distribute the disinfectant evenly, and allow to air dry. Use single-service, disposable towels and discard in a plastic-lined container. Wash hands.
4. Mouthed toys, eating utensils, and food-contact surfaces are sanitized mechanically using the dishwasher

**f. Clothing or other personal items, which are soiled with blood or body fluids**

1. Linen that is soiled with blood or other body fluids will be handled with gloved hands and put directly into a single use plastic, double bagged, and washed at or by a commercial laundry, sent home with parents or sent with the paramedics.
2. If the blood or body fluid has soiled the employees' skin surface the area will be washed as soon as clothing is removed.
3. Aprons, smocks or gowns should be worn if contamination of clothing is anticipated.
4. Staff who have blood on their clothing shall be allowed enough time to go home and change their clothes, if necessary.

**g. Hepatitis B Vaccine**

The Shirley G. Moore Laboratory School will offer Hepatitis B Vaccination to staff (first aid providers) who have assisted in any situation involving the presence of blood.

**h. Post Exposure Procedure**

1. Cleanse the area of exposure to minimize the chance of infection
2. Notify the designated contact person for exposure incidents to begin documenting what happened

3. Complete injury/incident report form, which includes documentation of routes, and circumstances under which exposure occurred
4. Obtain medical evaluation and treatment (at no cost to employee) to evaluate exposure incident and provide follow up per OSHA regulations
5. Shirley G. Moore Laboratory School will provide the health care professional with the following:
  - Copy of the OSHA Bloodborne Pathogen Standard
  - Description of exposed employees job duties relating to the exposure incident
  - Copy of the incident/injury report includes documentation of routes and circumstances under which exposure occurred
  - Results of source individual's blood test if available
  - Employee medical records/vaccination status
  - The health care professional will provide a written report, stating that the employee has been informed of the results of the evaluation and needed follow up. The employee will receive a copy of the report within 15 days of evaluation.

i. **Medical Records**

Confidential medical records must be kept on the employee with occupational exposure for the duration of employment plus 30 years. These records include

1. Employee's name and social security number
2. Hepatitis B vaccination status
3. Results of follow-up procedures to exposure incidents
4. All information given to the evaluating health care professional
5. A copy of the evaluating health care professional's written opinion

### HAND WASHING POLICY

According to the Occupational Safety and Health Administration (OSHA), an initial hand washing of all children upon arrival into the classroom is required. It is requested that parents assist with this procedure until children have adapted to this routine.

Hand washing procedures (see below) shall be posted over the sink. Adult and children's hands should be washed upon arrival, following toileting, before cooking or eating, after coughing, sneezing or blowing nose of child or self.

Hand hygiene with an alcohol-based sanitizer with 60% to 95% alcohol is an alternative to traditional hand washing (for children over 24 months and adults) with soap and water when visible soiling is not present. If alcohol based sanitizers are used, the manufacturer's instructions must be followed. Supervision of children is required to monitor effective use and to avoid potential ingestion or inadvertent contact of hand sanitizers with eyes and mucous membranes. Since the alcohol based hand sanitizers are toxic and flammable, they must be stored and used according to the manufacturer's instructions and kept out of reach of children.

### EFFECTIVE HANDWASHING

- The single most important way to reduce the spread of infection.
- The more often caregivers' and children's hands are washed, the less the spread of disease.
- Vigorous rubbing and friction is the most important step in handwashing.
- Gloves are not a substitute for handwashing.
- Chemical hand sanitizers are not a substitute for good handwashing in the group care setting and should not be used on visibly soiled hands.
- Antimicrobial soap is not necessary; regular liquid soap is effective in removing soil and germs.

#### HOW TO WASH HANDS

- Remove jewelry and push up long sleeves. Wet hands with warm, running water.
- Apply soap and lather (preferably, liquid soap).
- Wash hands for 20 seconds, rubbing vigorously. Include palms, backs, between fingers, fingernails, wrists and thumbs. Use nailbrush after contact with stool or if a food handler.
- Rinse well with fingertips pointed down. Leave faucet running.
- Dry hands with paper towel.
- If faucet does not turn off automatically, turn off faucet using paper towel. This avoids recontamination of hands.
- Throw paper towel into plastic-lined waste container.

#### WHEN TO WASH HANDS

- Upon arrival at the program or when moving from one childcare group to another.
- After changing a diaper or helping a child use the toilet (also wash the child's hands).
- After using the toilet yourself.
- After wiping a child's or your own runny nose. After coughing or sneezing.
- After handling animals or pets.
- Before and after eating or handling food. This includes very young children in a highchair. (Have children go to the table immediately after washing their hands.)
- Before and after preparing or giving medication.
- After handling items or children soiled with body fluids or wastes (e.g., blood, vomit, stool, urine, drool, eye matter, breast milk).
- After playing outside.
- Before and after using water tables or moist items such as play dough.
- After handling garbage or cleaning.
- Before going home.

### TOY SANITATION

All toys will be cleaned, rinsed, and sanitized on a weekly basis or more often if necessary. This procedure will be followed daily for mouthed toddler toys.

### DIAPERING

The diapering procedure has been developed in consultation with a health consultant and is posted in each diaper changing area. The diaper changing area and supplies such as, soapy water spray bottle and Quat spray bottle, are kept completely separate from food storage, preparation and eating areas. Diapers are changed only in the diaper changing area. Disposable diapers will be used. Children's diapers and diapering ointments will be stored in their individual diapering boxes. All diapering ointments and commercial wipes will be labeled with the child's complete name and are stored out of reach of children. Parental permission is required to administer diapering products. Diaper powders will not be used because of the threat of inhalation and choking. A change of clothing is required for each child. Soiled clothing will be placed in a sealed plastic bag and the bag sent home with the parent daily. Toys, pacifiers, blankets, bibs and food items aren't allowed in the diapering area. See diapering procedures on the following page.

**DIAPERING PROCEDURE**  
(POSTED IN THE DIAPERING AREA)

<b>Preparation</b>	<b>Assemble supplies (within reach)</b>	Clean disposable diaper and clean clothes (if needed). Disposable wipes or paper towels (each child must have their own wipes). Roll paper or nonabsorbent paper sheets. Gloves (a must with stool). Child's personal, labeled ointment (if provided by parent).
	<b>Cover diapering surface</b>	The paper needs to be the length of the child; have clean paper within reach.
	<b>Put disposable gloves on</b>	A necessity with stool diapers. A recommendation with urine diapers.
<b>Contamination</b>	<b>Place child on diapering surface</b>	<ol style="list-style-type: none"> <li>1 Keep one hand on the child the entire time.</li> <li>2 Keep other away from diapering area.</li> <li>3 Remove child's clothing, putting soiled clothing aside.</li> </ol>
	<b>Remove soiled diaper</b>	Roll diaper inward. Place diaper directly into waste container, or out of child's kick space/reach.
	<b>Cleanse diaper area of child</b>	<ol style="list-style-type: none"> <li>1 Cleanse from front to back and include skin creases. Use the child's own disposable wipes or the three paper towel method (soapy, rinse, dry).</li> <li>2 Place wipes in waste container or out of the child's kick space/reach.</li> </ol>
	<b>Remove gloves</b>	Place gloves in waste container or out of child's kick space/reach.
<b>Clean Phase</b>	<b>Put clean paper under child</b>	If soiled.
	<b>Ointment, as directed</b>	Use clean glove or swabs to apply; remove glove.
	<b>Diaper and dress child</b>	
	<b>Wash your hands and child's</b>	With soap and running water for 20 seconds using posted procedure.
<b>Clean Up</b>	<b>Return child to activity</b>	<b>Do not touch any other objects;</b> return to diapering area.
	<b>Dispose of soiled items</b>	<ol style="list-style-type: none"> <li>1 Place diaper in small plastic bag (optional).</li> <li>2 Put any soiled clothing, without rinsing, in a plastic bag for parent to take home (bulk stool may be emptied into the toilet).</li> <li>3 Put diaper, wipes, paper towels, changing paper, cotton swabs and gloves into the plastic-lined waste container (foot-operated is recommended).</li> </ol>
	<b>Clean, rinse and sanitize</b>	Diapering area and all equipment or supplies that were touched. Allow to air dry if possible.
<b>Wash hands</b>		With soap and running water for 20 seconds using posted procedure.
<b>Communicate</b>	<b>Record</b>	Diaper change.
	<b>Report</b>	Concerns to parents (unusual color, odor, frequency or consistency of stool, rash).

## CLEANING, SANITIZING AND DISINFECTING

The routine frequency of cleaning and sanitizing all surfaces in the school is indicated in the following table:

<b>Cleaning, Sanitizing, and Disinfecting Frequency Table</b>						
<b>Areas</b>	<b>Before Each Use</b>	<b>After Each Use</b>	<b>Daily (At the End of the Day)</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Comments</b>
<b>Food Areas</b>						
Food preparation surfaces	Clean, Sanitize	Clean, Sanitize				Use a sanitizer safe for food contact
Eating utensils & dishes		Clean, Sanitize				If washing the dishes and utensils by hand, use a sanitizer safe for food contact as the final step in the process; use of an automated dishwasher will sanitize
Tables & highchair trays Clean	Clean, Sanitize	Clean, Sanitize				
Countertops		Clean	Clean, Sanitize			Use a sanitizer safe for food contact
Food preparation appliances		Clean	Clean, Sanitize			
Mixed use tables	Clean, Sanitize					Before serving food
Refrigerator					Clean	
<b>Toilet &amp; Diapering Areas</b>						
Changing tables		Clean, Disinfect				Clean with detergent, rinse, disinfect
Potty chairs		Clean, Disinfect				Use of potty chairs is not recommended, but if used should be cleaned and disinfected after each use.
Handwashing sinks & faucets			Clean, Disinfect			
Countertops			Clean, Disinfect			
Toilets			Clean, Disinfect			
Diaper pails			Clean, Disinfect			
Floors			Clean, Disinfect			Damp mop with a floor cleaner/disinfectant

**\* Toilets, sinks, and door handles are cleaned daily and immediately if visibly soiled.**

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## Cleaning, Sanitizing, and Disinfecting Frequency Table

Areas	Before Each Use	After Each Use	Daily (At the End of the Day)	Weekly	Monthly	Comments
<b>Child Care Areas</b>						
Plastic mouthed toys		Clean	Clean, Sanitize			
Pacifiers		Clean	Clean, Sanitize			Reserve for use by only one child; use dishwasher or boil for one minute
Hats			Clean			Clean after each use if head lice present
Door & cabinet handles			Clean, Disinfect			
Floors			Clean			Sweep or vacuum, then damp mop, (consider micro fiber damp mop to pick up most particles)
<b>Carpets and Large Area Rugs<sup>1</sup></b>			Clean		Clean	<b>Daily: Vacuum when children are not present; clean with a carpet cleaning method consistent with local health regulations and only when children will not be present (until the carpet is dry)</b>  <b>Monthly: Clean carpets at least monthly in infant areas and at least every three months in other areas when soiled</b>
<b>Small Rugs<sup>1</sup></b>			Clean	Clean		<b>Daily: Shake outdoors or vacuum</b>  <b>Weekly: Launder</b>
Machine washable cloth toys				Clean		Launder
Dress-up clothes				Clean		Launder
Play activity centers				Clean		

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## Cleaning, Sanitizing, and Disinfecting Frequency Table

Areas	Before Each Use	After Each Use	Daily (At the End of the Day)	Weekly	Monthly	Comments
<b>Child Care Areas</b>						
Drinking Fountain			Clean, Disinfect			
Computer keyboards		Clean, Sanitize				Use sanitizing wipes, do not use spray
Phone receiver			Clean			
<b>Sleeping Areas</b>						
Bed sheets & pillow cases				Clean		Clean before use by another child
Cribs, cots, & Blankets				Clean		Clean before use by
					Clean	

<sup>1</sup> It is best practice to use alternatives to carpets in the childcare environment.

<sup>2</sup> “Each Use” should be defined as use by each group of children, not each individual child. Keyboards connected to computers should be cleaned daily if one group is in the room all day, or after each different group of children uses the room. These guidelines do not apply to keyboards that are unplugged and used for dramatic play.

### Definitions

<b>Cleaning</b>	Physically removing all dirt and contamination, oftentimes using soap and water. The friction of cleaning removes most germs and exposes any remaining germs to the effects of a sanitizer or disinfectant used later.
<b>Sanitizing</b>	Reducing germs on inanimate surfaces to levels considered safe by public health codes or regulations. Sanitizing can be achieved with an unscented, household grade solution of bleach and water.
<b>Disinfecting</b>	Destroying or inactivating most germs on any inanimate object, but not bacterial spores. Disinfecting can be achieved with an unscented, household grade solution of bleach and
<b>Germs</b>	Microscopic living things (such as bacteria, viruses, parasites and fungi) that causes

*Use the manufacturer instructions for bleach/ water solution measurements.*

*Look for the EPA registration number on the product label, which will describe the product as a cleaner, sanitizer, or disinfectant. Use the least toxic product for the particular job and use according to manufacturer’s instructions.*

*Refer to Caring for Our Children (<http://nrckids.org/CFOC3/>), Appendix J, for instructions on how to*

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Source: Adapted from American Academy Of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for Our Children: National health and safety performance standards; Guidelines for early care and education programs*. 3rd edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>

## EXCLUSION OF SICK CHILDREN

A child with any of the following conditions or behaviors must be excluded from the Lab School. If a child becomes sick while at school, the child will be isolated from other children and the parent called immediately. If the child rides a bus, a staff member will stay with the child until a parent or authorized adult takes over. A sick child will be supervised at all times. The license holder must exclude, according to the Department of Human services, a child who has:

1. A contagious disease such as chicken pox, strep throat, mumps, etc. (as listed in the “Notification” section).
2. A temperature over 100° (orally).
3. An upset stomach, vomiting, or an intestinal disturbance with diarrhea.
4. An undiagnosed rash.
5. Sore or discharging eyes or ears, or profuse nasal discharge.
6. Unexplained lethargy.
7. Lice, ringworm or scabies that is untreated and contagious.
8. Bacterial infection until 24 hours of anti-microbial therapy is completed.
9. Significant respiratory distress.
10. A child who requires more care than program staff can provide without compromising the health and safety of other children in the program.
11. An unvaccinated child susceptible to a vaccine preventable disease present in the school.

Children should be kept out of school for at least 24 hours after a fever, stomach upset, or commencement of taking an antibiotic. A child should remain home until she is able to participate in a normal school day, including outdoor play. If there are any questions, parents, should check with the Director prior to a child’s return (612-624-9543).

## NOTIFICATION OF CONTAGIOUS DISEASES

We attempt to take all precautions against the spread of contagious diseases. According to a Minnesota State statute, parents are required to inform the school within 24 hours, exclusive of weekends and holidays, when a child is diagnosed by a source of medical or dental care as having one of the following contagious diseases.

Contagious illnesses will be reported to all parents the same day the information is received. The staff will send home a notice stating the illness, incubation period, early signs to watch for and exclusion recommendations. These notices will be updated with each new case of the illness. If a vaccine-preventable disease to which an unvaccinated child is susceptible occurs, the Lead Teacher or Director will exclude the child and contact parents promptly.

Cases, suspected cases, carriers, and deaths due to the following diseases and infectious agents shall be reported. The center will notify the Public Health Department and their health consultant within 24 hours should an occurrence of a “reportable disease” take place.

The diseases followed by an asterisk shall be reported immediately by telephone to the Commissioner of Human Services.

- A. Amebiasis (*Entamoeba histolytica*)
- B. Anaplasmosis (*Anaplasma phagocytophilum*)
- C. Anthrax\* (*Bacillus anthracis*)
- D. Arboviral disease, including, but not limited to, LaCrosse encephalitis, eastern equine encephalitis, western equine encephalitis, St. Louis encephalitis, and West Nile virus disease
- E. Babesiosis (*Babesia* sp.)

- F. Blastomycosis (*Blastomyces dermatitidis*)
- G. Botulism\* (*Clostridium botulinum*)
- H. Brucellosis\* (*Brucella* sp.)
- I. Campylobacteriosis (*Campylobacter* sp.) Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- J. Cat Scratch disease (infection caused by *Bartonella* species)
- K. Chancroid (*Haemophilus ducreyi*)
- L. *Chlamydia trachomatis* infections
- M. Cholera\* (*Vibrio cholerae*) Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- N. Coccidioidomycosis
- O. Cryptosporidiosis (*Cryptosporidium parvum*)
- P. Cyclosporiasis (*Cyclospora* spp.)
- Q. Dengue virus infection
- R. Diphtheria\* (*Corynebacterium diphtheriae*)
- S. *Diphyllobothrium latum* infection
- T. Ehrlichiosis (*Ehrlichia* sp.)
- U. Encephalitis (caused by viral agents)
- V. Enteric *Escherichia coli* infection (*E. coli* 0157:H7, other enterohemorrhagic *E. coli*, enteropathogenic *E. coli*, enteroinvasive *E. coli*)
- W. Enterobacter sakazakii
- X. Giardiasis (*Giardia lamblia*)
- Y. Gonorrhea (*Neisseria gonorrhoea* infections)
- Z. *Haemophilus influenzae* disease (all invasive disease)
- AA. Hantavirus infection
- BB. Hemolytic uremic syndrome\*
- CC. Hepatitis (all primary viral types including A, B, C, D, and E)
- DD. Histoplasmosis (*Histoplasma capsulatum*)
- EE. Human Immunodeficiency Virus (HIV) infection, including Acquired Immunodeficiency Syndrome (AIDS)
- FF. Influenza (unusual case incidence or laboratory confirmed cases)
- GG. Kawasaki disease
- HH. *Kingella* ssp. (Invasive only)
- II. Legionellosis (*Legionella* sp.)
- JJ. Leprosy (Hansen's disease) (*Mycobacterium leprae*)
- KK. Leptospirosis (*Leptospira interrogans*)
- LL. Listeriosis (*Listeria monocytogenes*) Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- MM. Lyme Disease (*Borellia burgdorferi*)
- NN. Malaria (*Plasmodium* species)
- OO. Measles (Rubeola)\*
- PP. Meningitis (caused by viral agents)
- QQ. Meningococcal disease\* (*Neisseria meningitides*) (all invasive disease)
- RR. Mumps
- SS. Orthopox virus\*
- TT. Pertussis (*Bordetella pertussis*) Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- UU. Plague\* (*Yersinia pestis*)
- VV. Poliomyelitis\*

- WW. Psittacosis (*Chlamydia psittaci*)
- XX. Q Fever\* (*Coxiella burnetii*)
- YY. Rabies\* (animal and human cases and suspects)
- ZZ. Retrovirus infections (other than HIV)
- AAA. Reye's Syndrome
- BBB. Rheumatic Fever (cases meeting the Jones Criteria only)
- CCC. Rubella and Congenital Rubella Syndrome\*
- DDD. Rocky Mountain Spotted Fever (*Rickettsia rickettsii*, *R. canada*)
- EEE. Salmonellosis, including typhoid (*Salmonella* sp.) Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- FFF. Shigellosis (*Shigella* sp.) Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- GGG. Smallpox\* (variola)
- HHH. Staphylococcus aureus (vancomycin-intermediate Staphylococcus aureus (VISA), vancomycin-resistant Staphylococcus (VSRA), and death or critical illness due to community-associated Staphylococcus aureus in a previously healthy individual)
- III. Streptococcal disease (all invasive disease caused by Groups A and B streptococci and *S. pneumoniae*) Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- JJJ. Syphilis (*Treponema pallidum*)
- KKK. Tetanus (*Clostridium tetani*)
- LLL. Toxic Shock Syndrome
- MMM. Toxoplasmosis
- NNN. Transmissible spongiform encephalopathy
- OOO. Trichinosis (*Trichinella spiralis*)
- PPP. Tuberculosis (*Mycobacterium tuberculosis* complex) (Pulmonary or extrapulmonary sites of disease, including laboratory confirmed or clinically diagnosed disease.) Latent tuberculosis infection is not reportable.
- QQQ. Tularemia\* (*Francisella tularensis*)
- RRR. Typhus (*Rickettsia species*)
- SSS. Unexplained deaths and unexplained critical illness (possibly due to infectious cause)
- TTT. Unusual or increased case incidence of any suspect infectious illness\*
- UUU. Varicella zoster disease: (a) primary (chicken pox): unusual case incidence, critical illness, or laboratory-confirmed cases, and (b) recurrent (shingles): unusual case incidence or critical illness
- VVV. Vibrio spp.
- WWW. Yellow Fever
- XXX. Yersiniosis (*Yersinia* sp.) Submit isolates to the Minnesota Department of Health, Public Health Laboratory
- ZZZ. Acquired Immune Deficiency Syndrome (AIDS) is protected according to the Data Privacy Act. Statutory Authority: MS s 144.05; 144.072; 144.0742; 144.12; 144.122 History: 9 SR 2584; 20 SR 858

## MEDICATIONS

Whenever a child is to be given oral or surface medications, written authorization must be given by a parent. A separate form is needed for each medication; forms are available from the Director.

Medications must be in the original container bearing the original label with legible information. Any container not meeting these requirements will be returned to the parent for re-labeling at the issuing

pharmacy. The unused portion of any medication is to be removed from school on Friday. Out-of-date drugs will be returned to parents.

If parents have given the school written permission to use nonprescription diapering products, sunscreen and insect repellents they will be administered by the Lead Teacher or Director only when deemed essential, and according to the manufacturer's instructions. Only sunscreen with SPF 15 or higher and insect repellents containing DEET will be used. Staff will apply insect repellent no more than once a day.

Medications will be stored out of reach of the children. They will be kept in the School Office or in the refrigerator. The staff person administering the medication will initial and indicate on the form the name of the drug and the date and time administered; this information will be given to parents and kept in the child's file.

If the occasion for giving a medication is at the parent's discretion or if it is to be given without an expiration date (e.g., allergies), written authorization from the child's doctor and the parent is needed.

Drug administration: the Director or the Lead Teacher will administer Medications with the physician's and the parent's written permission. When such prescribed medication is given, parents will be informed of the time it was administered.

### PROCEDURE FOR ADMINISTERING FIRST AID

Any adult in attendance will administer immediate first aid if required and then transport the child to the School Office for further care. Your child's Lead Teacher will administer most first aid. *Plastic gloves will be worn when contact with body secretion is likely.* Gloves will be discarded and hands of child and staff will be washed.

The staff will follow through with any necessary additional steps, e.g., notifying the child's parents, arranging for the child to be transported.

### BITING POLICY

*(Adapted from Barb Stoll's publication A to Z Health & Safety in the Child Care Setting, 2005)*

Biting occurs in classrooms occasionally. This policy will serve as a guide to understand, prevent, and manage any biting incidents that may occur at the Lab School.

#### Understanding

Biting can be very stressful for children and can trigger an emotional response for childcare providers and parents. Parents of a child who is bitten are often outraged and angry. Parents of a child who has bitten may feel embarrassed and frustrated.

Children younger than age three bite occasionally for a variety of reasons. Language skills are not yet mastered and biting can become a form of communication. Children may also bite when they are frustrated and want something from another child. After preschool age, if children have not yet outgrown biting behavior, consulting a health care provider is recommended.

Other reasons young children bite:

- need for autonomy and control
- independence
- sensory exploration
- imitation
- attention
- muscle maturity (holding on and letting go)

- anxiety or panic
- experimenting with cause and effect
- frustration or stress

### Prevention

There are no quick and easy solutions to biting. Each biting incident will be handled individually just as we treat each child as an individual. The safety of the children in the program, as well as the well being of the child who has bitten is the primary concern. It is our job to provide a safe setting where no child needs to hurt another to achieve his or her goals.

Children must be offered an acceptable alternative to biting. Understanding the reasons why biting is occurring will help us think of other activities we can offer to satisfy these impulses. The plan of action must be enforced consistently at home and during school to benefit the child.

The best time to stop biting behavior from becoming a habit is when the biting first starts.

Guidelines for stopping biting behavior in toddlers and preschoolers:

- ❖ Establish the ground rule, “No biting, biting hurts.”
- ❖ Comfort the victim (i.e. give first attention to the child who is bitten than the one that bit)
- ❖ React with disapproval, respond consistently, remove the child who has bitten and clearly let him/her know that it is not okay to hurt others.
- ❖ Try to find out the reason for biting behavior
- ❖ Redirect and/or provide safe alternative behaviors
  - Teething rings for teething discomfort
  - Sensory exploration to release tension- tumbling, water play, play dough, hammering, etc.
  - If attention is the main reason, try to spend time with the child when he/she is doing more positive things
- ❖ Look at the environment
  - Is it overcrowded?
  - Are all areas visible to staff?
  - Does the schedule meet the needs of children?
  - Keep group play to small groups when needed
  - Increase the adult to child ratio or shadow the child when necessary
  - Have parents stay and shadow their child when necessary and feasible
  - Provide choices to increase the child’s autonomy and sense of control
- ❖ Give the child who bites lots of positive, warm attention throughout the day
- ❖ Model loving, nurturing, sharing, polite, and positive behavior

### Management

#### *Communicating with families*

Consistency between the home and school environment is imperative to ensure a change in the biting behavior.

Teachers will:

- Observe when the biting occurs, keep records, and try to determine patterns
- Meet with teaching teams to review reasons for biting and strategies of prevention and intervention.

- Monitor consistency between staff who shares responsibility for the child
- Provide reference materials to share with the parents
- Teach alternative ways to respond to biting
  - *Peer-shielding* ensures that your attention will not reinforce the biting. After the misbehavior, place your body between the two children with your primary focus being on the child who was bitten. Comfort the child and do not address the child who bit until the child who was bitten feels comforted and cared for.
  - *Prompting pro-social* behavior is useful for teaching your child more appropriate ways to approach other children. This strategy is designed to prevent the biting from occurring. Be a good observer of the child's behavior and try to anticipate the biting. Suggest an alternative way to behave. For example, just before you believe a child may bit, help the child initiate social contact in a positive way. In the beginning you may have to say most of the talking for the child until they are ready to ask another child for something they want or need.
  - Prompting is giving verbal or physical attention to a child that will help the child accomplish a task. The timing of this attention is of prime importance. If this attention is given after the child misbehaves, you are in danger of reinforcing the behavior. If this attention is given before the child misbehaves, you have caught the child being good and have begun to teach the child appropriate ways to interact with other children.
- Support the child who was bitten and their family:
  - Describe the incident as accurately as possible while **maintaining confidentiality**
  - Explain what was done to comfort their child and care of the wound
  - Explain shadowing and other strategies you used
- Work closely with the family of the child who has bitten:
  - Reassure that biting is a normal occurrence in the development but that biting is not an acceptable behavior
  - Explain shadowing and other strategies that were used
  - Explain that the child will learn other ways to appropriately express him/herself
  - Reinforce consistency between home and school
- Give examples of strategies they could use
- Reassure family that **confidentiality will be maintained**
- Communicate with the program director about the process
- Refer chronic behavior to a health care provider
- Child may also need a referral for hearing, speech or other developmental testing

### Management of injury

The risk of Hepatitis B Virus (HBV) or Human Immunodeficiency Virus (HIV) transmission from a bite is extremely low for both children involved in the biting incident. However, biting may cause an infection at the bite site.

When biting occurs teachers will:

- Evaluate the context of the bite- did the bite break the skin and produce an open wound or puncture wound and/or caused internal or external bleeding?

- Wear gloves when providing first aid; wash the area with soap and water and flush the wound with clean water.
- Provide comfort and reassurance
- Apply a cold pack if any swelling or redness is present
- Document the incident on the injury log
- Inform the parents of both children using the biting forms in the office
- If the bite broke the skin, encourage the parents to consult with their health care provider about additional follow-up measures; i.e. antibiotics and/or immunization update
- If a child bites a staff member, medical evaluation is recommended

### **Confidentiality**

According to data privacy laws, the names of the persons involved will be kept confidential. No agency or person can mandate testing or release of confidential information. However, in the event that relevant health/medical information is known for either person involved in the incident the program may *request or suggest* release of information. This release of consent must be in writing with a witness. Another method of information sharing, with the consent of individuals is for the health care providers to contact each other.

## **CHILD PROTECTION REPORTING**

Any person may voluntarily report abuse or neglect. As professionals working with children in a licensed facility, Lab School staff are legally required or mandated to report known or suspected abuse or neglect of a child. All reports concerning suspected abuse or neglect of children occurring at the Lab School will 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 will be made to the local county social services agency (Hennepin County Child Protection reporting line at 612-348-3552) or local law enforcement (Minneapolis Police Department at 612-348-2345 or the University Police Department at 612-624-2677).

Reports regarding possible violations of Minnesota Statutes or Rules that govern the Lab School should be made to the Department of Human Services, Licensing Division at 651-296-3971.

A report to any of the above agencies will contain 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 licensed facility, the report will 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 will be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

Definitions of maltreatment according to the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) are outlined as follows:

1. Physical Abuse or threatened physical abuse includes the following:
  - Physical injury, mental injury, or threatened injury inflicted other than by accident
  - Physical or mental injury not reasonably explained by the child's history of injuries
  - Aversion or deprivation procedures (e.g., electric shock) not authorized by the Department of Human Services rules
  - Regulated interventions (e.g., time out) not authorized by the Department of Education rules

- Excluded from this definition is reasonable and moderate discipline by a parent or guardian or use of reasonable force by a teacher, principal, or school employee. Minn. Stat. 626.556, subd. 2, para (g).
2. Sexual Abuse or threatened sexual abuse includes the following:
- Soliciting a child to practice prostitution
  - Criminal sexual conduct
  - Receiving a profit derived from prostitution by a child
  - Hiring or agreeing to hire a child as a prostitute
  - Using a minor in a sexual performance or pornographic work
3. Neglect includes the following:
- Failure to supply necessary food, clothing, shelter, or medical care when reasonably able to do so
  - Failure to protect a child from serious danger to physical or mental health when reasonable able to do so, including a growth delay, referred to as “failure to thrive”
  - Failure to provide necessary supervision or appropriate child care
  - Chronic and severe use of alcohol or a controlled substance by a parent or person responsible for the child’s care that adversely affects the child’s basic needs and safety
  - Emotional harm demonstrated by a substantial and observable effect on the child
  - Withholding medically indicated treatment from a disabled infant with a life-threatening condition
  - Prenatal exposure to specified controlled substances
  - Failure to ensure that a child is educated in accordance with state law

A mandated reporter must also report to law enforcement kidnapping or actions that deprive a parent of custodial or parenting time rights.

### 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.

An 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 is 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.

When an internal or external report of alleged or suspected maltreatment has been made, an internal review will be conducted and corrective action taken, if necessary, to protect the health and safety of children in care. The internal review will include an evaluation of whether:

- Related policies and procedures were followed
- The policies and procedures were adequate
- There is 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 Director of the Lab School, will complete the internal review. If the Director is involved in the alleged or suspected maltreatment, the Director of Early Childhood Education Programs will be responsible for completing the internal review. Documentation of the review will be provided to the commissioner upon request. Based on the results of the internal review, a corrective action plan will be developed and implemented to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

#### Unauthorized/Incapacitated Individuals or Persons Suspected of Abuse Attempts to Pick Up Child

No unauthorized person or person suspected of abuse shall take a child from the school. Children are released only to authorized individuals. If an unauthorized individual attempts to remove a child, they will not be allowed to take the child until the parent has been contacted and has given verbal permission. Then the individual must:

- Provide I.D. in the form of a valid driver's license or state I.D.
- Sign the checkout sheet, with staff documenting the time and the name of the individual providing authorization.

In the event that a parent or authorized person picking up a child is in any way incapacitated, staff will state firmly that it is not safe for that person to transport the child. Staff will ask for a name and number of someone who can safely transport them or use emergency contact information. Staff may also offer to call and pay for a cab for the incapacitated individual. If the individual resists staff's efforts, staff will try to obtain the color, model, and license plate number of the individual's vehicle. If possible, staff will obtain the individual's intended destination as well. Staff will call the police department with this information and notify Child Protection Services and the Director immediately. Staff will document the incident and keep the information on file at the center.

### EMERGENCY SITUATIONS

#### Emergency Medical Care

If a child becomes ill at school, the child will be isolated with an adult until the parent or an authorized adult arrives to pick up the child. If the child rides a bus, a staff member will stay with the child until a parent or authorized adult (not the bus driver) takes over.

Although serious accidents have seldom occurred, in the event emergency services are necessary, the University of Minnesota Hospital will provide such care. Parents and the Director will be notified immediately if emergency care is required. The parent or guardian is responsible for keeping the information on the emergency card up to date.

In the event of an accident creating a need for medical attention, the following procedures will be adhered to:

1. If immediate emergency treatment is indicated, we will contact emergency services (911). The child's parents will be notified immediately. If the parents cannot be reached, staff will attempt to notify the parent-designated emergency contacts.
2. A staff member will remain with the child.
3. If less serious, the staff will administer the necessary first aid as well as contact the parent.
4. If a parent cannot be reached and a doctor's services are necessary, the staff may contact the child's source of health care listed on the emergency card.

All serious accidents are reported to the Director, logged in the Accident Log and reported to the Department of Human Services.

### Emergency Transportation

The University of Minnesota Police Department will provide emergency transportation. A staff member will accompany the child if the parent is not present.

If transportation is needed for large numbers of children and staff, the Director or Administrative Assistant will contact University of Minnesota Fleet Services.

It is important to state that serious accidents very rarely occur, and the procedures outlined above are merely a precautionary measure to provide maximum protection for the children.

### Accident Log

In case of an accident, a report will be filed by the Director and placed in the child's file. A second copy of the report will be placed in the accident file where it can be reviewed by the staff. The written record will contain the name and age of the persons involved; the type of injury sustained; date and place of the accident, injury or incident; action taken by staff; and to whom it was reported.

The Director will conduct an analysis of the accident logs in June and January each year. Modifications of policies based on this analysis will be discussed with the Director and recorded with the dates of analysis.

### Missing Children

Lead Teachers are responsible for the safety of individual children in their classes. Any person removing a child from the group must inform the classroom teacher or other classroom staff member that this is being done. In the case of a researcher, the child must be signed out and then signed in upon return.

If a child is ever missing, all available staff will conduct a search and the Director informed. If, after a thorough search has been conducted, the child is still missing, the University Police will be notified, as well as the child's parents.

If a child is lost away from the school grounds, the same procedures will be followed. However, the local police will be notified, instead of the University Police.

## WEAPONS POLICY

The Shirley G. Moore Laboratory School at the University of Minnesota has a "No Weapons" policy. This policy forbids the presence of weapons on University property. Individuals should notify the Director and the police if they suspect that an individual has a weapon in his or her possession.

## INSURANCE COVERAGE

The Laboratory School and its staff are covered by the University of Minnesota's comprehensive and professional liability insurance and accident insurance at the following levels:

- 1,000,000 for each claim
- 3,000,000 for each occurrence
- 5,000,000 annual aggregate

Medical coverage for students should be under the parents' insurance policies.

Children who are not enrolled in the Lab School must be accompanied by their own parents at all times. Our insurance does not cover children not enrolled.

## EMERGENCY/DISASTER POLICIES AND PROCEDURES

### I. Contacts

- A) Sheila Williams Ridge,  
Director  
Shirley G. Moore Lab School  
Institute of Child Development  
51 East River Road  
Minneapolis, MN 55455  
**612-624-9543**
- B) Amy Pieren,  
Program Specialist  
Shirley G. Moore Lab School  
Institute of Child Development  
51 East River Road  
Minneapolis, MN 55455  
**612-625-6549**
- C) Amy Simpson, Chief of Staff  
Institute of Child Development  
51 East River Road  
Minneapolis, MN 55455  
**612-624-3575**
- D) University of Minnesota  
Department of Emergency Management  
Lisa Dressler, Director  
**612-625-9446 or 612-685-0575 (cell)**  
2221 University Ave SE, #140  
Minneapolis, MN 55455
- E) University of Minnesota Police Dept.  
**612-626-1388 or 612-626-1518**  
**612-624-COPS or 911 (emergency)**
- F) University of Minnesota  
Parking and Transportation Services  
Joseph Dahip, Transit Services Manager  
901 29<sup>th</sup> Ave SE  
Minneapolis, MN 55414  
**612-624-1083**  
**763-742-7961 (cell)**
- 2<sup>nd</sup> Designee  
Lisa Raduenz, Assistant Director, PTS  
612-625-8020
- If Fleet Services Designees not  
available then call:  
**612-626-PARK (to request bus)**
- G) Minnesota Department of Education  
1500 Highway 36 West  
Roseville, MN 55113  
Department Information:  
**651-582-8200**

### II. Power Failure

1. In case of electrical failure, the lights in the main hallway will switch over to a battery-operated back-up system. The windows in each classroom will provide ample light.
2. During the heating season, if a power failure occurs while children are in school, their parents will be immediately notified to pick them up as soon as possible.
3. If another building located near the Lab School has heat, the children will be transported to this building to await the arrival of their parents.

### III. Fire Prevention and Safety

1. All staff are trained in fire prevention procedures along with appropriate interventions should a fire occur.

2. In the event of a fire, in an attempt to close off the fire area, windows and doors will be closed and lights will be shut off.
3. Fire drills are held every month from April through September. These are recorded in a log that documents drill times, dates, number of children and staff, evacuation time, and any other comments.
4. Staff is trained in the use and is aware of the location of fire extinguishers. Directions for the use of the fire extinguisher:
  - a. Hold upright, pull pin
  - b. Stand back 10 feet, aim at base of fire
  - c. Squeeze trigger, sweep side-to-side.

#### IV. Staff Responsibilities: Any Disaster

1. Program Director or ICD Chief of Staff
  - a. Verify information.
  - b. Call 911 (if necessary).
  - c. Seal off high-risk areas.
2. Implement crisis response procedures.
  - a. Notify children and staff (depending on emergency; children may be notified by teachers).
3. Evacuate students and staff or relocate to a safe area within the building, if necessary.
4. Notify ICD Chief of Staff 612-624-3575.
5. Refer media to department or University spokesperson (or designee) University Relations: 612-624-6868; University general information: 612-625-5000.
6. Implement post-crisis procedures.
7. Keep detailed notes of crisis event. Papers and pens are located in each emergency kit.
8. **Staff will notify parents/guardians by phone using the One Call Now communications system when an emergency situation occurs. Parents may also call the Lab School office phone (612-624-9543) to hear a recorded message regarding the emergency situation.**

#### B. Teacher/Staff:

1. Verify information.
2. Warn students, if advised.
3. Account for all students.
4. Stay with children during an evacuation.
5. Take class roster and emergency kits (emergency kits are located in each classroom).)
6. Refer media to spokesperson (or designee). University Relations: 612-624-6868; University general information: 612-625-5000.
7. Keep detailed notes of crisis event if appropriate. Paper and pens are in each emergency kit.

#### V. Sheltering Procedures: General

- A. Sheltering provides refuge for students, staff, and the public during an emergency. Shelters or safe areas are located in areas that maximize the safety of inhabitants. Safe areas may change depending on the emergency.
  1. The safe areas in our building are the interior hallways. Since the hallway is in the basement of a solid building, it can be used as an emergency shelter.

2. The Program Director or ICD Chief of Staff tells students and staff to assemble in safe areas. Bring all persons inside building(s).
  3. Teachers take class lists, emergency information cards and emergency kits.
  4. Close all exterior doors and windows, if appropriate.
  5. Turn off any ventilation leading outdoors, if appropriate.
  6. If advised, cover mouth and nose with handkerchief, cloth, paper towels or tissues.
  7. Teachers should account for all children after arriving in safe area.
  8. All persons must remain in safe areas until notified by the Chief of Staff or emergency responders.
- B. Sheltering Procedures: Tornado or Severe Weather
1. Staff will carry out monthly tornado drills from April to September and keep a log of times and dates to document.
  2. Children and adults from each classroom will assemble in their designated spots in the interior hallway. One teacher from each classroom will take a headcount to insure that all of the children are present.
  3. One teacher from each classroom will make sure that all of the doors are closed to prevent flying glass from injuring people. (This includes doors to classrooms, office, kitchen gym, room 38 and the fire doors at each end of the hallway.)
  4. Teachers will make sure children stand away from any doors that may be blown open.
- C. Sheltering Procedures: Blizzard
1. In case of a blizzard, the staff will maintain care of the children until parents or other authorized adults are able to assume responsibility for the care of their children.
  2. The Director will monitor current information about the weather and be responsible for staffing the telephone to answer parent inquiries.
- D. Sheltering Procedures: Chemical, Radioactive, or Biological Spill
1. Follow tornado / severe weather procedures
  2. Close ALL windows (including the gym and rooms 35 and 36); have staff member double check that all windows are closed.
  3. Listen to emergency radio for further instructions; we may be asked to move to a higher floor as dangerous chemicals hug the ground.
- E. Sheltering Procedures: Hostage/Active Shooter
1. Lock doors and call 911.
  2. If possible, place a heavy object in front of the door.
  3. Flip tables on edge and get children behind / or shelter in designated shelter area for each classroom.
  4. Do not come out / open doors until instructed to do so by police.

## VI. Evacuation Procedures: General

- A. Program Director
1. Call 911, if necessary.
  2. Notify ICD Chief of Staff 612-624-3575.

3. Determine if children and staff should be evacuated outside of the building or to relocation centers. If they are to remain on-site, consult with first responders regarding appropriate action. Either the Director
4. (624-9543) or the Administrative Assistant (625-6549) will coordinate transportation if students are evacuated to relocation centers.
5. If children are to be relocated, the Chief of Staff, Director, or Administrative Assistant notifies the relocation center (Pattee Hall or St. Paul Gym) and arranges for transportation if needed. (\*See below for this procedure)
6. Direct children and staff to follow fire drill procedures and route. Follow alternate route if normal route is too dangerous.
7. Administrative Assistant or a designee will check gym and observation booths and close all doors.
8. Administrative Assistant or Director will notify parent/guardians per Lab School policy as well as the First Responders as to location of evacuation site.

#### B. Teachers

1. Direct students to follow normal fire drill procedures to exit the building unless the Chief of Staff or First Responders alter the route.
2. Take class roster, emergency information cards, and First Aid kits. If there is time bring books, paper and markers to occupy the children.
3. When outside building, account for all students. Inform the Program Director and the Chief of Staff immediately if student(s) is (are) missing.
4. If students are evacuated to relocation centers, stay with class. Take roll again when you arrive at the relocation center.

#### C. Relocation Centers

The primary relocation site for the Lab School is located in an adjacent building. The secondary site is located further away, on the St. Paul campus (in case of an area-wide emergency).

##### Primary Relocation Center:

Pattee Hall (lower level)

150 Pillsbury Drive SE

Minneapolis, MN 55455

Building contact: Amy Kurowski – Administrative Specialist, 612-624-2380

2<sup>nd</sup> Building Contact: Rachel Halvorson – 612-624-6300

##### Secondary Relocation Center:

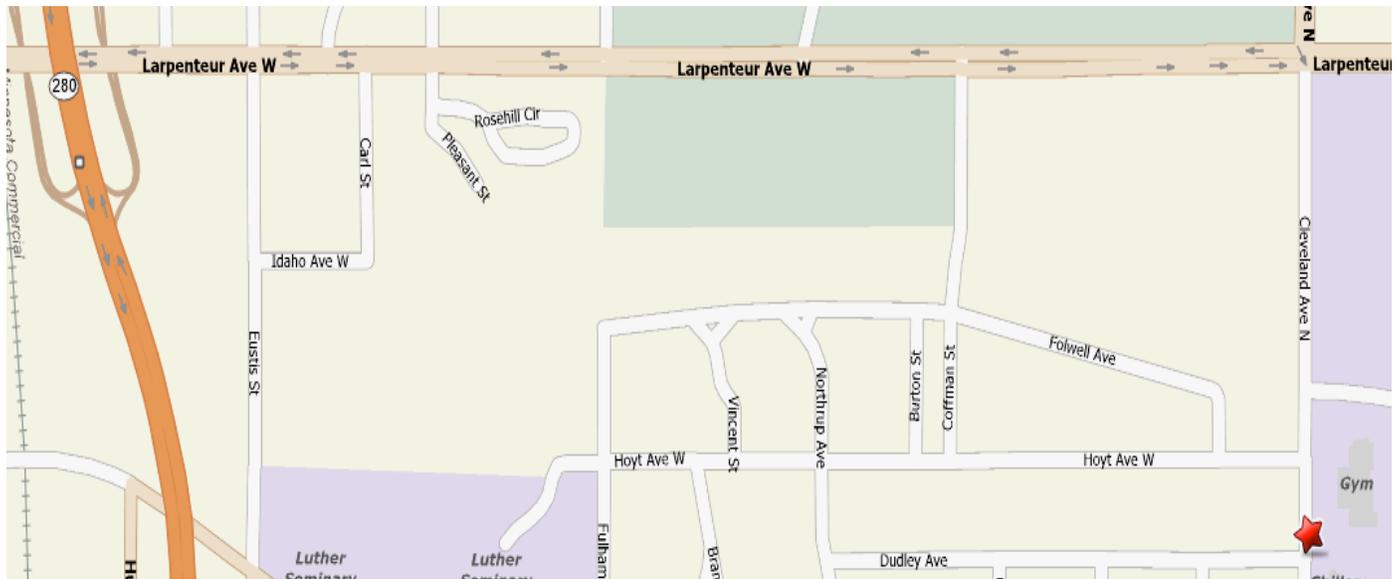
St. Paul Gymnasium (1<sup>st</sup> choice: upper multi-purpose room; 2<sup>nd</sup> choice: lower multi-purpose room; 3<sup>rd</sup> choice: gym)

1536 Cleveland Avenue North

St. Paul, MN 55108

Building contact: Building Manager at 612-625-2233 or Front Desk at 612-625-8283

Please see the map below for the location of the St. Paul Gym. Please familiarize yourself with the location of the gym and how to get there from various locations, such as work and home. Metered parking is available in a lot on the west side of the gym.



**If relocation to the secondary location site (or another site) is required, the Director or designee will request a bus from Transit Services Manager, Joseph Dahip, office: 612-624-1083 or cell: 763-742-7961, or 2<sup>nd</sup> designee, Assistant Director of Fleet Services Lisa Raduenz, office: 612-625-8020; or call Parking & Transportation: 612-626-PARK.**

#### D. Evacuation Procedures: Fire

1. In the event of a fire, smoke from a fire, or a gas odor has been detected:
  - a. Pull the fire alarm and notify building occupants. Call 911.
  - b. Evacuate students and staff to lawn area or basement of Pattee Hall.
  - c. Follow the normal fire drill route. Follow an alternate route if the normal route is too dangerous or blocked.
  - d. Teachers take class lists, emergency forms, and first aid kits.
  - e. Teachers take roll after being evacuated and report missing student to the Director immediately.
  - f. After consulting with the appropriate official, the Chief of Staff or their designee may move students to Pattee Hall if weather is inclement or the building is damaged.
  - g. No one may reenter the building(s) until the entire building(s) is(are) declared safe by fire or police personnel.
  - h. The Chief of Staff notifies students and staff of the termination of emergency. Resume normal operations.
2. Classroom Specifics – Must be posted in each classroom
  - a. *Room 10/School Office*: The exit will be through the hallway door, up the stairway and out the east exit of the building.
  - b. *Room 12*: The primary exit will be out of the rear door of the classroom into the hallway, up the stairway and out of the east exit of the building. The secondary exit will be out of the front door of the classroom, down the hallway to the west end of the building, and out the west end of the building.
  - c. *Room 20*: The primary exit will be through the front door of the classroom in to the hallway, up the stairway and out of the east exit of the building. The secondary exit

will be through the rear door of the classroom to the back play yard where the Lead Teacher will open the gate.

- d. *Room 25/Kitchen*: The exit will be through the hallway door, up the stairway and out the east exit of the building.
  - e. *Room 50*: The primary exit will be through the rear door of the classroom into the hallway, and out the west exit of the building. The secondary exit will be through the front door of the classroom, down the hallway to the east end of the building, up the stairway and out the east exit of the building.
  - f. *Room 40/Gym*: The primary exit will be through the hallway door and out the west exit of the building. The secondary exit will be through the rear door to the back play yard where the Lead Teacher will open the gate.
  - g. One teacher will assemble at the exit door and take a headcount. The second teacher will check the classroom to make sure no one is in the bathrooms, lofts, caves, etc.
  - h. The third teacher will close the windows, turn off the lights, be the last one out of the room and close the door behind her/him. After the headcount, the group will proceed out of the classroom and will assemble outside at which time another headcount will be taken to insure that all children are present. If a child is found to be missing, the Lead Teacher will alert the Director who will return to the classroom to locate the child.
3. Fire Extinguishers are located in three places throughout the Lab School. Instructions for use are attached to each extinguisher.
    - a. Above the dishwasher in the kitchen
    - b. In the special cabinet next to the sand closet door
    - c. In a special cabinet on the wall, down from the gym door

#### F. Evacuation Procedures: Bomb Threat

1. An available staff member will call 911. They will instruct whether to shelter-in-place or evacuate.
2. If instructed to evacuate, teachers will follow fire drill procedures to exit the building.
3. Evacuate to Pattee Hall; if Pattee Hall is evacuated, relocate to St. Paul Gym.
4. Advise police / first responders of the relocation site and notify parents/guardians of the evacuation.

#### G. Evacuation Procedures: Hazardous Materials

1. An available staff member will call 911. If the identity and/or location of hazardous material are known, report information to 911.
2. Notify the Chief of Staff.
3. Evacuate to an upwind location, taking the class roster, emergency cards, and emergency kits.
4. Seal off the area of the leak/spill. Close doors.
5. Follow procedures for sheltering or evacuation.
6. Notify parents/guardians if the students are evacuated.

#### 7. Resume normal operation