

Dear Children's School Team,

Welcome to the 2024-2025 school year!!

As educators in a university laboratory school, we serve multiple constituencies - researchers, undergraduate and graduate students, pre-service teachers, and colleagues seeking professional development - in addition to those served by most of our early childhood colleagues. We can best meet the diverse needs of these individuals by combining a clarity of purpose, policy, and practice with effective communication between all parties, flexibility in adapting to changing needs and circumstances, and cooperation in improving all aspects of the services we provide.

The digital materials in this handbook folder have been compiled as one means of clear communication. Please organize all your digital files well so that you can add new materials easily and find them for reference as we creatively and constructively collaborate throughout the year. We have planned this year's emphases for growth based on feedback from the educator, family, and administrative reviews in May, starting with implementing the improvement plans we made at the end of the last school year. We will continue our thematic curriculum, and we have chosen the whole school theme of STORIES and STORYTELLING to explore diverse ways people learn, grow, and build relationships by listening to and telling stories. In addition, we will continue to focus on our school's unique developmental philosophy and lab school mission, as well as the progress we have made in our commitment to and continual learning related to diversity, equity, and inclusion, particularly with respect to race, gender, culture, language learning, and neurodiversity.

Though our children's parents and families had full access to the school last year, we learned that we need to be more proactive with explicit invitations to help every child's family connect with us and invest in their children's learning. We aim to continue engaging fully with PAUS, IALS, and N4C, including as many in person events as possible. We await NAEYC's final announcement regarding the revised accreditation system and will then use it to guide our plans for 2025-26. In addition, we will continue to strengthen our online communications so that the local, national, and international community can benefit from the incredible efforts of our entire team.

Our positive and productive collaboration requires that we prioritize connection, communication, and consistency across all aspects of our program. I applaud each of you for your engagement, contributions, and positive attitude. Together, we can offer our best to the learners at the Children's School and on campus in ways that enable everyone to thrive for a lifetime of learning!

Warm regards,



Sharon M. Carver, Ph.D., Director

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Note that the numbering throughout this handbook corresponds to the 2022 NAEYC accreditation standards.

Additional Staff Resources:

- Each staff member is issued an electronic Staff Handbook folder to be kept on their school laptop, with contact information, policies and procedures, NAEYC’s ethical guidelines, and the CMU Emergency Handbook, staff memos and meeting notes, curriculum and assessment, staff development, family information (newsletters, handbook, etc.), undergraduate information (schedules, handbook, etc.), and research information (schedules, assignments, etc.). Please be sure to add files to this folder as it is distributed throughout the year. This information is also available in the school’s Box folder and in each individual’s FACTS portfolio.
- The [Carnegie Mellon Human Resources Department](#) provides helpful information for current employees regarding staff policies benefits, professional development opportunities and equal opportunity services [6A.11].
- The [Employee Assistance Program](#) (EAP) is available to employees and their dependents at no cost. Use of any EAP services, from web surfing to materials requests to counseling, is always 100% confidential. There is also a new initiative, [CMU=YOU](#) to better connect staff and support belonging [6A.9].

MISSION STATEMENT

Children's School staff members work as a team, in partnership with the department, college, and university, to accomplish all aspects of the school's mission. Utilizing annual evaluation input from all constituents, the Director documents our impact related to each aspect of our mission and setting objectives for advancement in the coming year. The report is shared in a variety of venues and formats with staff, families, and the university.

The Children's School
Department of Psychology
Dietrich College of Humanities and Social Sciences
Carnegie Mellon University

Mission Statement

(Adopted January 1995, Revised July 2012, May 2019, August 2022)

As a university laboratory school, we aim to lead through excellence and innovation as we:

1. facilitate interdisciplinary research in developmental psychology and related fields,
2. support undergraduate and graduate students studying child development theory, research, and applications,
3. create and implement developmentally appropriate, inclusive part & full-day preschool, full-day PreK/Kindergarten, and camp programs for children ages 3-6,
4. collaborate with families in nurturing and educating their children, particularly as family challenges arise and developmental difficulties emerge,
5. organize professional development experiences and provide resources for practicing educators locally, nationally, and internationally, and
6. mentor students exploring careers in early childhood, elementary education, and related fields.

To model best practices that promote positive and productive learning for all members of our learning community, we foster a professional climate of hospitality, communication, trust, teamwork, and flexible problem solving. We strive to recruit a diverse staff and student population to provide a diverse subject pool for research, broad experiences for university students, and an enriched learning environment for our children and their families. By continually striving for quality improvement in all aspects of our mission, including the foundational finances and facilities, our laboratory school exemplifies progressive design in education and the learning sciences that can be utilized by professionals in various disciplines to meet the changing needs of society.

EDUCATIONAL PHILOSOPHY

The Children's School's approach to Preschool and PreK/Kindergarten education is based on theories and research in Developmental Psychology, together with years of educational practice. Our approach is also aligned with the guidelines set by the National Association for the Education of Young Children (NAEYC) for developmentally appropriate practice and with the Pennsylvania Early Learning Standards.

Goals -> Program -> Assessment

We use our developmental goals as a systematic framework for focusing our program and assessment design. Our educators are well versed in a wide variety of educational approaches, and we choose teaching strategies, daily routines, classroom arrangements, and curriculum structure that will encourage each child's development in all domains. Educator observations and documentation of individual development are used to adjust the program to better promote individual growth, as well as to conference with parents/guardians about ways we can work as a team to support each child [2A.8, 4A.1].

JUSTICE, EQUITY, DIVERSITY, & INCLUSION (JEDI) POSITION STATEMENT

The Children's School JEDI Committee exists to promote and implement justice, equity, diversity, and inclusion throughout our entire school community. At the Children's School, our commitment to JEDI values is continuous, and we recognize that this commitment requires ongoing learning and growth. We fully embrace the [Dietrich College DEI statement](#) in that we strive to be a place where "people of all identities, perspectives, and experiences feel welcome, able to present their authentic selves, and empowered to reach their full potential." We are a continuous learning community where **all** feel welcomed, valued, and empowered.

What does Justice, Equity, Diversity, and Inclusion mean to US?

Justice: We are committed to standing up for and centering the voices of those who have experienced injustice. We look for opportunities in our school community to share power and seek input on our policies, practices, and ideas. We strive to notice injustices and commit to standing up against them, to advocate for change, and to help children learn to do the same.

Equity: True equity is when all individuals receive what they need to be successful. We practice equity in the Children's School community by learning about and working to remove barriers that may prevent the ability to achieve success. We support the creation of tools and environments that amplify marginalized voices and seek to increase access to resources and networks.

Diversity: We recognize and highly value the unique backgrounds and identities of all individuals. We know that this uniqueness is shaped by race, ethnicity, national origin, gender, gender identity, sexual orientation, socioeconomic status, age, physical abilities, religious beliefs, political beliefs, neurodiversity, and lived experiences.

Inclusion: We believe that everyone is welcome and should feel as though they belong here. An inclusive environment is one where everyone's needs are addressed and they feel empowered to fully participate. We are learning to involve more unique perspectives, and we seek to be a space where everyone is warmly welcomed, respected, supported, and valued in their personhood.

LABORATORY SCHOOL

As part of the Psychology Department, we serve as a laboratory for research in child development and related fields. Our director and educators interact with researchers to strengthen studies so that our children eagerly participate in their "special games" and the resulting data meet scientific standards. Parents receive brief descriptions of ongoing studies and summary results of completed research. Please refer to the [Research Section](#) of our website for further information.

Undergraduates taking the introductory child development course, and other related courses, make detailed observations during our program hours to gather data for course projects. Many of them return as undergraduate interns and student employees who enhance our children's experiences while their involvement here strengthens their connections between theory, research, and practice.

To support the professional development of both pre-service and practicing educators, the Children's School staff models and shares the educational approaches that we develop. We offer workshops, consultation, and seminars in a wide range of local and national venues, and we provide related resources on the [Educator](#) page our website.

Our program is strengthened by our relationship with Carnegie Mellon. As part of the University community, our classes have access to facilities such as the gym and track, can schedule walking field trips to interesting places such as the campus post office, food services, robotics lab, and the Purnell Center for the Arts, and have visits from university musicians, security officers, construction workers, etc. [8B.1]. The Psychology Department funds part of our administrative costs, and the University provides facilities management, accounting, human resources, legal, and security services, as well as managing environmental health and safety for the entire campus.

NAEYC ACCREDITATION

The National Association for the Education of Young Children (NAEYC) has created [10 standards](#) that measure the quality of early childhood programs. The standards were created by a blue-ribbon panel of early childhood experts and are based on the latest early childhood research.

As a NAEYC-accredited program, the Children's School meets a high-quality standard by:



- 1) Promoting **positive relationships** for all children and adults to encourage each child's sense of individual worth.
- 2) Implementing a **curriculum** that fosters all areas of child development: cognitive, emotional, language, physical, and social.
- 3) Using developmentally, culturally, and linguistically appropriate **effective teaching approaches**.
- 4) Providing **ongoing assessments** of a child's learning and development and communicating the child's progress to the family.
- 5) Promoting the **nutrition and health** of children and protecting children and staff from injury and illness.
- 6) Employing a **teaching staff** that has the educational qualifications, knowledge, and professional commitment necessary to promote children's learning and development and to support families' diverse needs and interests.
- 7) Establishing and maintaining collaborative relationships with each child's **family** that are sensitive to family composition, language, and culture.
- 8) Establishing relationships with and using the resources of the **community** to support the achievement of program goals.
- 9) Providing a safe and healthy **physical environment**.
- 10) Implementing effective **leadership** to support stable staff and strong personnel, fiscal, and program **management** so that all children, families, and staff have high-quality experiences.

Each staff member is responsible for engaging fully in all professional practices related to maintaining the Children's School's status as a high-quality NAEYC Accredited program, as well as the NAEYC self-assessment process leading to renewal every 5 years. Our current accreditation is valid from 7/1/23 through 7/1/28, and we complete annual reports each spring to document our continuous quality improvement. The programs offered by the Children's School also fall under the regulatory jurisdiction of the Pennsylvania's Board of Private Academic Schools, so we are licensed as a Private Academic School. The Administrative Team collaborates to guide the documentation procedures and complete the required paperwork for our NAEYC annual reporting and renewal, as well as the annual PA licensing renewal.

STAFF TEAMS [6A.6]

The Children's School is staffed by four teams of educators – an Administrative Team, a Preschool 3's Team, a Preschool 4's Team, and a PreK/Kindergarten Team – plus an Educational Support Staff member who can substitute on any teaching team. All [educators and administrators](#) have many years of experience in education, as well as a bachelor's degree and often an advanced degree in early childhood education, psychology, or a related field. Undergraduate interns and student employees complement each team, and pre-service teachers from local colleges do field placements or student teaching here.

Children's School employees are hired and managed according to the Human Resource policies of Carnegie Mellon. They are thoroughly oriented, earn a competitive salary, have paid planning time [6A.7] and, if working full-time, receive full benefits, including tuition [6A.13], and retirement [6A.14]. The Children's School provides an extensive professional development program of approximately 90 hours per year, as well as supporting each individual's annual goals for growth via additional seminars, publications, and professional experiences.

Our experienced educators participate actively in the local, national, and international early childhood communities by serving in leadership capacities, giving regular presentations, providing consulting to other programs, and partnering with high-quality programs to develop new avenues for early childhood professional development. All our partner organizations are seeking ways to support each other and create synergies between their professional development initiatives that will enhance the quality of reflective training opportunities and serve as a resource for early childhood educators across the broad continuum of professional development.

Each staff member is responsible for being thoroughly familiar with their job description, Children's School staff, family, and support staff handbooks and ongoing communication, Carnegie Mellon policies and procedures, and the NAEYC and PA Early Learning Standards.

INTERACTION GUIDELINES

Regardless of position, each staff member's job description includes the following priorities for action and interaction:

"Speak and behave in a professional manner at all times with staff, children, parents, undergraduates, university partners, visitors, service people, etc. Strive to be a team player, fulfilling individual responsibilities based on job description, taking initiative to help with tasks, sharing space and materials, offering support, communicating, and reflecting constructively, etc., for the benefit of the whole staff. Keep the "big picture" of our school's entire mission in mind to effectively balance competing demands according to our priorities. Follow the school and university policies and procedures carefully and with attention to timeliness. Be prepared to flexibly adapt to the diverse situations that arise in early childhood education, particularly in a university laboratory school. Use the core values and standards of the National Association for the Education of Young Children (NAEYC) to guide all aspects of program implementation and enhancement, while also following additional guidelines from the Pennsylvania Department of Education. Abide by the ethical standards of NAEYC, with particular attention to confidentiality."

Children's School staff members follow the ethical principles of the National Association for the Education of Young Children [6B.2]. We share the following core values as guides for interactions among staff members, between staff and children, between staff and parents, between staff and undergraduates, researchers, university employees, etc.

- We use direct eye contact, smiles, warm tones of voice, positive touch, social conversations, and joint laughter to support the development of effective working relationships.
- Our partnership in learning is supported by regular, reciprocal communication, affirming recognition of effort and accomplishment, predictable, developmentally appropriate responsiveness to initiative, emotion, and concerns, and proactive conflict resolution.
- We strive to respect each individual and work to create a positive emotional climate for all learners, with sensitivity to differences in age, ability, background, language, culture, religion, and family structure [2A.6, 2A.7].
- We aim to eliminate gender bias by using gender-neutral terminology, such as "friends" instead of "boys and girls" or "firefighter" instead of "fireman", encouraging learners of all genders to explore all the activities we offer, and focusing our affirmation on approach, effort, and accomplishment rather than appearance.
- We are committed to reaching out to people of different races, genders, ethnicity, and ability, and we strive to create an environment of inclusion that celebrates our differences and highlights our commonalities. Our program accepts children with special needs as long as a safe, supportive environment can be provided for the child consistent with the requirements of the Americans with Disabilities Act. For more information, please see [Carnegie Mellon's Commitment to Diversity](#).

Because our mission is multifaceted, we aim to build positive relationships with all learning partners by appropriately balancing equity of care for the group with services tailored to individual needs. Our goal is to develop the school's caring community for learning through broad participation and involvement in program improvement for all our staff, families, and university partners.

Staff-Staff Interactions

The Children's School staff uses a team approach, with hierarchical role relationships used only as much as necessary to support our diverse children and families, and for smooth functioning of our professional development and university programs. We engage in ongoing reflection and professional development to evaluate and improve individual and team performance, continuously strengthening our practice, leadership, and outreach.

In an emergency or time-critical situation when the Director is not present or reachable by phone, the Administrative Team Members who are present serve as the Acting Director. If no Administrative Team Members are present at the time of an emergency, the most senior educator present will decide collaboratively with other educators on a course of action.

Staff-Child Interactions

We make every effort for all children to know and be known by all adults in our open school environment so that they are comfortable interacting with and seeking assistance from any adult. Each child is assigned to a primary educator by age, but each team member works with all groups at a particular age level so that they are familiar with the children and routines for each group and can effectively substitute when an educator is absent. In addition, we have a full-time Educational Support Staff member who becomes familiar with all the groups to serve as a familiar substitute when necessary. We also recruit substitutes who have long-term familiarity with our program, often former educators or others who have trained at the Children's School. We invite these individuals to have regular contact with the children and to participate in some of our staff development events to maintain their familiarity over the years.

Prior to the start of school each year (or prior to working in the classroom if an educator is oriented mid-year), new and returning educators review the files for children in their groups to familiarize themselves with the children [7A.2, 6D.2]. Educators should make note of each family's language preferences and plan ways to incorporate those preferences into their classroom planning (e.g., ways of addressing household members, pronoun preferences, vocabulary used for body parts) [2D.5]. Our greeting and dismissal rotations and mixed-age activities (e.g., outdoor classroom time for preschoolers) help familiarize the whole staff with children in all groups. Interactions in the school's open spaces and shared facilities (e.g., kitchen, make shop, outdoor classroom, and discovery area) encourage continuity of relationships between all staff and children, as well as among groups of children, so that they are comfortable learning in any of our indoor or outdoor spaces. We use a gradual familiarization process starting from the home base (i.e., the room where the child's belongings are kept and the primary educator leads) and then progress to tours and other strategies for gradual introduction to other spaces, people, and groupings. This approach

broadens children's opportunities for learning, particularly in areas where they may find a closer match with an older or younger child.

Because we strive to encourage diverse interactions and not gender stereotypes, we address children as frequently as possible by their individual names or we refer to groups of children as "friends" (i.e., as opposed to "boys and girls"). For example, a teacher might begin a sentence with, "Friends, it's time for us to ..." or indicate a subgroup of children as the "friends in the block area", etc. Similarly, we refrain from commenting on children's appearance and possessions rather than their actions or interactions. Even a friendly "What a pretty dress you're wearing" focuses the child's attention on his or her clothing, which is often gender stereotyped, rather than on learning.

All staff members, students, researchers, observers, interns, student teachers, student employees and volunteers must sign a [Statement of Commitment to Confidentiality](#) before entering our classrooms. According to the NAEYC Code of Ethical Conduct:

"We shall not engage in or support exploitation of families. We shall not use our relationship with a family for private advantage or personal gain or enter into relationships with family members that might impair our effectiveness working with their children."

Accordingly, no private arrangement for childcare shall be made during the Children's School hours of operation as this may interfere with a staff member's job responsibilities, performance or ability to abide by the [Statement of Commitment to Confidentiality](#). We strongly discourage our undergraduate staff members, volunteers or others actively involved in the classrooms at the Children's School from babysitting or providing childcare for children and their families who are currently enrolled at the school. For that reason, we do not recommend staff members to families or distribute advertisements for childcare to our staff members.

Staff-Family Interactions

Visitors to the Children's School must comply with all current university health and safety measures before entering the building.

All staff members aim to communicate regularly and effectively with families and other caregivers so that their perspectives can be incorporated into our understanding of the child's development, our curriculum planning, and our assessment process [2A.6, 4E.1]. In addition to the detailed family handbook and easily navigable school [website](#), we have scheduled parent/guardian meetings and conferences, regular newsletters (typically for each month or each theme), a daily email or web message for each program, and frequent spontaneous interaction.

Staff members begin the school year with a parent/guardian orientation meeting to facilitate introductions and to review school policies and procedures. They then collaborate with adult family members to help the child transition smoothly to the new school year. Regardless of age group, we begin with a school visit for each child's family. Then, the three-year-old class will have Phasing-In Days in which half of the class visits on each day while the four-year-old and PreK/Kindergarten classes begin with the regular school day schedule. Consistent routines and behavior expectations

are introduced gradually, and educators adapt procedures to the individual needs of each child and family, based on the questionnaire they send prior to the start of school [7A.3-5].

Adult family members can schedule use of the one-way-mirror facilities or classroom visits to observe their child at any time in the program day. Adults are expected to register in the office before entering the school to sign in and obtain a visitor's badge. Staff members are expected to direct adults who are in the school without a badge to register in the office. Educators are easily accessible by phone and/or email during planning time to answer questions, schedule classroom volunteering, or discuss effective ways for staff and parents to handle changes and challenges, such as a new sibling, a move, an extended illness, the parents' separation, etc.

Adult family members extend their involvement by volunteering in school wide and/or classroom activities. We ask them to complete a family involvement opportunity form and then use the information to arrange meetings, compose committees, and schedule activities according to parent preferences as much as possible.

The popular family events, including Open House, the Family Festival, and the End of Year Class Celebrations, offer the whole family a chance to participate in the child's school and interact with the staff. Many adult family members also contribute their talents to the school by reviewing books for our library, tending our gardens, offering special programs and activities, organizing family social events, etc. [7A.6, 7A.7].

Educators use a variety of informal assessment techniques to monitor children's progress in all six developmental domains, using that information to adjust the program to individual interests and needs, as well as to conference with parents and, if necessary, help parents seek special developmental support for their children [7B.3].

Staff-Undergraduate Interactions

Undergraduates work as support staff in our classrooms and the office as part of their training (interns, practicum students, and student teachers), to earn money (student employees), or as volunteers. As laboratory school educators, we are responsible for facilitating the undergraduate experience at the Children's School. Doing our best with each student requires us to distinguish the purpose for their presence here.

- No undergraduate should be left alone with children in an enclosed space or out of earshot of a staff member [10E.3].
- All undergraduates are bound by the same confidentiality agreement that staff members sign.

Observers: Observe in the classroom as part of a class assignment. As much as possible, try to pretend they are not present. It is a kindness, however, if you know what students are supposed to be observing to nudge them with a little, "Notice what is happening over there...."

Researchers: Familiarize with the children and then come to play research games with them. Often, they need a little help with the "It is your turn to play the game...." line, so you can model it for them with "It's your turn to play NAME's game now. We will save your xxxxx so that you can finish it when you return." Our Educational Support Staff runs practice research with new children so that they can begin to get comfortable with the process, but sometimes having a teacher walk with them to the research lab is also helpful for the first few times.

Interns: Usually 4 to 8 students per semester enroll in the Practicum in Child Development. These students are assigned to specific cooperating teachers, so they should essentially shadow these teachers. These students should be with the children as much as possible, so they should not be assigned cleaning tasks in the kitchen and slop sink area, bulletin board work, etc. They can help with classroom clean up and snack, as these are classroom tasks done with the children. Interns can be used as bathroom assistants or stairmasters, ONLY IF THERE IS NO ONE ELSE AVAILABLE.

Practicum Students / Student Teachers: These students are education majors from other institutions (Carlow, Pitt, Duquesne, Chatham, etc.). They generally come prepared with a detailed description of what they are required to do and the time frame. Some of them are simply observing, while some of them are preparing to supervise the classroom after a number of weeks. These students have a cooperating teacher whom they shadow and from whom they take direction. If not simply observing, these students can be asked to do some of the "dirty work" of teaching, such as being the "stair runner", changing diapers, and wiping tables, because they should be getting a realistic idea of what being an early childhood educator entails.

Volunteers: These individuals are typically seeking experience with children so should be primarily interacting with the children. They can be asked to help with clean-up activities and similar tasks.

Student Employees: These students are hired and can be asked to do any task that needs to be done: cleaning, bulletin boards, diaper changing, taking out the trash, filing, etc. These students are assigned to specific teams and should be assigned work for the team before doing work for individual teachers. It is always a good idea to give them some time to interact with the children; otherwise, they might prefer to work elsewhere. Because they are assigned to the team, educators should flexibly adjust their classroom placement (e.g., red vs. blue room, discovery area vs. classroom) to meet coverage needs.

High School Interns: These high school students are getting job experience as part of their graduation requirements. See Student Employees.

Check the Undergrad Schedule: The distinction between interns, volunteers, student employees, and student teachers is clearly indicated on the weekly schedule and the photo page posted in the office. The Director handles placements related to training and an Educational Administrator handles the student employees and volunteers. In all cases, teachers serve as the students' primary supervisors in the classroom, assigning classroom areas to supervise, delegating tasks, monitoring interactions and work, and

providing feedback in oral and written form. If staff members do not receive notification of an undergraduate absence and the student does not report within 10 minutes of the scheduled time, please use your cellphone to notify the office.

For all the undergraduates working in classrooms, our mentoring goals include facilitating acquisition of **knowledge, skills, and dispositions** related to each of our developmental domains. Overall, undergraduates need thorough orientation to our school philosophy and developmental objectives for each age group, need to learn to make wise decisions regarding how to help the team accomplish those objectives in a manner consistent with our philosophy, and need to develop the dispositions of initiative, curiosity, and engagement.

- To further promote undergraduates' self-esteem and independence, they need to know that they are valued members of our team, as well as thoroughly know the routine and key locations within the school, and they must learn to manage their time to accomplish important tasks effectively. Related dispositions include responsibility, confidence, and a sense of humor.
- In order to interact and cooperate with both children and adults in our context, undergraduates must be thoroughly familiar with our behavior expectations and with their role as an adult coach as opposed to a friend. They must practice calmly reacting to classroom situations in a developmentally appropriate manner as a leader and role model whose dispositions include being respectful, fair, friendly, accessible, and willing to follow directions and be responsive to feedback.
- Undergraduates need guidance in adjusting their communication styles to our environment, beginning with learning our unique phrasing (especially "friends") and then practicing the use of a soft yet direct tone of voice and the use of clear, concise, and child-friendly wording of questions, directions, and other communication.
- We can help the undergraduates frame their experience here as one of discovery and exploration; we can promote their disposition to be a curious and reflective learner, open to learning and eager to solve problems they encounter. By learning from their mistakes, they will develop skills for actually utilizing the multiple styles of learning and applying theories that they have read about in other classes.
- Regarding physical capabilities / health & safety, students need to know our expectations for comfortable and practical clothing, as well as for physical interactions with children that promote independence while avoiding any appearance of impropriety (e.g., no lap sitting). The biggest challenge is to help students develop dispositions to manage their sleep and nutrition so that they are energetic as they learn to physically operate on the child's level with effective scaffolding skills, as well as to learn key tasks like diapering and hand washing, together with the related health and safety standards.
- Lastly, helping students to progress re: artistic expression and appreciation requires them to understand our process approach and invites them to focus their conversation and scaffolding on process while sharing their talents with the children in developmentally appropriate ways that are patient, creative, and open to diversity.

Educators who have concerns about undergraduate performance should first use mentoring techniques to foster improvement and document those steps on the performance evaluation form. If students fail to improve with guidance, educators should notify the appropriate administrator for additional support in working with the student. In cases involving learning or mental health challenges, the Director and appropriate support personnel at the university level can provide additional assistance. Our goal is to work together to balance the needs of the undergraduates, the children, and the staff in the most effective way possible.

Staff-Researcher Interactions

Because of our mission as a laboratory school, observers, researchers, and other students conducting projects are part of the daily life of our school. The Director is responsible for balancing the needs of the researchers with the needs of the children and educators, with at least annual input from all parties. The Director reviews all projects with respect to ethics issues, consistency with our school philosophy, and practicality within the constraints of our schedule and space. Ordinarily, research projects conducted here do not involve studying the educators in any way, nor are there reasons for the educators to be “blind” to the study hypotheses (i.e., because of the potential for educator behavior to alter the children's performance on research tasks). Researchers who conduct an extended program of research at the Children's School typically present seminars for the educators and benefit from their suggestions regarding children's development as it relates to the area of study. Scheduling of approved projects is handled by the Administrative Coordinator and communicated regularly to the rest of the educators. All staff members are responsible for familiarizing themselves with the current studies by reviewing the study descriptions in the school newsletter, as well as for facilitating approved projects by following the published schedule as much as possible, introducing researchers to their groups, etc. Educators also monitor children's responses to studies and length of absence from the classroom, relaying any concerns to the Director or Administrative Coordinator.

Staff-Therapist Interactions

Therapists working with children at the Children's School are not employees of Carnegie Mellon; nonetheless, they must abide by the policies in our Support Staff Handbook. We make every effort to coordinate and communicate effectively with the therapists and their supervisors so that children receive the best possible services during school hours in the smoothest possible manner, all while maintaining confidentiality. This approach necessitates broad involvement of classroom educators and administrators in planning meetings regarding individual children's support. Initial therapy arrangements are typically made with the Director or Educational Administrator, who also handles relaying any concerns that arise at school. The Administrative Coordinator maintains contact information, addresses parking needs, and manages entry and exit. Even when a child has a full-time Therapeutic Staff

Support professional (TSS), the educator remains the child's primary adult at school. Classroom educators should provide the initial directions and first prompts, as they would for other children, depending on the TSS only when the child needs additional support. Remember that the therapists' goal is always to work themselves out of a job, so we want to build relationships and interaction patterns that will last beyond the therapists' tenure here. Educators and therapists should engage in frequent dialogue to coordinate use of strategies, alternate activities, etc. as needed. Though the goal is to include the child and related therapists in the regular routine of the classroom as much as possible, there are times when the best therapy approaches will necessitate work with the child in a space separate from the classroom. These decisions will be made as a team, including the educators, parents, and therapists, with frequent involvement of the Director. We do not give therapists security codes because their tenure here is often short, and therapists only take children outside the security system when we cannot provide suitable space inside (e.g., need to practice on the stairs) and when there is a staff member available to go with them. Therapists are only permitted by their agencies to work with other children when their goal is to engage peers in interactions with the child they are serving. They are also not permitted to do tasks that would ordinarily be the responsibility of educators or other classroom assistants. One of the biggest challenges is to find time and space to discuss children openly and frankly without compromising confidentiality by talking about children in the presence of other adults or children. Please contact an administrator for support or temporary coverage if necessary.

Ethics

All staff members are required to thoroughly review the attached NAEYC position statements regarding ethics (included in the staff notebook) and sign the following commitment [6B.2]. According to NAEYC, "This Statement of Commitment is not part of the Code but is a personal acknowledgement of the individual's willingness to embrace the distinctive values and moral obligations of the field of early childhood care and education. It is recognition of the moral obligations that lead to an individual becoming part of the profession."

"Statement of Commitment to Professional Ethics"

As an individual who works with young children, I commit myself to furthering the values of early childhood education as they are reflected in the ideals and principles of the NAEYC Code of Ethical Conduct. To the best of my ability, I will

- * Never harm children.
- * Ensure that programs for young children are based on current knowledge and research of child development and early childhood education.
- * Respect and support families in their task of nurturing children.
- * Respect colleagues in early childhood care and education and support them in maintaining the NAEYC Code of Ethical Conduct.
- * Serve as an advocate for children, their families, and their teachers in community and society.
- * Stay informed of and maintain high standards of professional conduct.

- * Engage in an ongoing process of self-reflection, realizing that personal characteristics, biases, and beliefs have an impact on children and families.
- * Be open to new ideas and be willing to learn from the suggestions of others.
- * Continue to learn, grow, and contribute as a professional.
- * Honor the ideals and principles of the NAEYC Code of Ethical Conduct."

Confidentiality

Because the staff at the Children's School works as a team, with every adult knowing and interacting at times with every child, all admissions, observations, and other assessment data may be shared with all staff members. Information about family situations, special needs, and other sensitive issues is shared on an as needed basis. Student workers, volunteers, and other adults working within the school are only informed of such sensitive issues when they are a part of keeping the child safe, supporting the child's inclusion, or when the information might impact their coursework. All adults working in the Children's School sign the following confidentiality agreement.

"As an adult working, observing, conducting research, and/or regularly volunteering at the Children's School, I may become privy to confidential information regarding children and families. I realize that all such information is strictly personal and confidential and, therefore, will only share such information within the confines of the Children's School. I pledge to discuss the families, children, and staff for professional purposes only. I will also choose carefully whether to discuss children's behavior within their hearing distance, doing so only when it is in the child's best interest. When I encounter families, children, or staff outside the school, I will be courteous but use discretion.

I understand that written authorization is required before disclosing any information regarding a child to an outside agency or individual. I further understand that any photographs I take while at the Children's School are intended for authorized professional uses only; they may not be electronically shared over the internet, posted on social networking sites such as Facebook, Instagram and Twitter, or electronically tagged in any way with individual names.

I know that confidentiality is an ethical obligation and that it is a requirement for my continued involvement at the Children's School. By signing this statement, I agree to learn all aspects of the Children's School confidentiality policy and practice them at all times."

In accordance with Family Educational Rights and Privacy Act (FERPA) guidelines, official written records for each child are filed in the locked Educational Administrators' office in the Children's School and/or our secure FACTS Student Information System and are immediately released upon request only to the individuals listed above, the parent(s) or legal guardians, regulatory agencies, or those for whom parents sign a written release [10D.6]. These files include enrollment forms, final conference reports, health assessments provided by physicians, results of health screenings conducted at school after parent/guardian authorization, incident reports, reports of diagnostic assessments released to the school by parents, individual education plans, etc. Staff documentation of children's behavior and development, including specialized records for children whose individual circumstances require extra classroom documentation are kept in classroom locations accessible to educators but out of the reach of children and out of sight of classroom visitors. In addition, researchers follow ethical standards with

respect to confidentiality of individual data and, therefore, cannot share children's individual data with educators or families.

When discussing behavior incidents with families (e.g., a child is bit, hit, etc. by another child), staff members use discretion regarding revealing the identity of the aggressor (e.g., writing separate incident reports for the aggressor and the victim). In most cases, the child reports identity information to the family, so the family may add that information to conversations with the educator, particularly in cases of repeated aggression. The educator's responsibility is to focus any discussion with parents on their child only, to avoid violating confidentiality or engaging in gossip. Please note that with regard to the images on the school websites and any photos or videos taken at school (e.g., during playground play dates, class birthday celebrations, etc.), families may only share photos that include their own child as the sole individual pictured (i.e., no other children, educators, interns, etc. in the photo).

DEVELOPMENTAL OBJECTIVES

Since 1968, the highly skilled Early Childhood Educators at the Children's School have nurtured young children's social, cognitive, and physical development. We have specified learning goals for 3, 4, and 5-year olds in each of the following domains.

1. **Self-Esteem & Independence** - encouraging each child's growing self-concept and confidence, as well as increasingly independent self-regulation and self-care.
2. **Interaction & Cooperation** - promoting children's social skills for effective adjustment to school, group participation, classroom citizenship, and peer interactions.
3. **Communication** - facilitating comprehension and expression skills beginning with oral language (listening & speaking) and progressing to written language (reading & writing).
4. **Discovery & Exploration** - fostering a positive attitude toward learning through scientific and mathematical inquiry with varied materials to build strong concepts related to diverse themes.
5. **Physical Capabilities / Health & Safety** - giving children opportunities to develop small and large motor skills, healthy living habits, and essential safety practices.
6. **Artistic Expression & Appreciation** - cultivating each child's ability to express ideas and emotions through art, drama, and music and movement, as well as to appreciate the artistic expressions of others.

CURRICULUM and ASSESSMENT [4A]

The Children's School's Continuum of Developmental Objectives was developed and is revised every other year by the staff team to reflect our current understanding of young children's natural developmental progression. All staff members are responsible for being thoroughly familiar with all the objectives and collaborating with their team to use the six categories of objectives as a flexible framework for planning learning experiences to promote the growth of each individual child rather than using a fixed curriculum guide. We incorporate children's home languages into the program wherever possible, particularly during routines and transitions, as well as with respect to key theme-related vocabulary [2A.7, 2D.5 & 6]. We develop our own plans to provide children with a variety of opportunities for learning and encourage broad exploration. We support children in doing as much for themselves as possible, given the time constraints of a part-day, part-year program. In addition, we strive to support a variety of social experiences by organizing our time and space to balance individual, pair, small group, and large group activities, making accommodations as necessary for children with disabilities and providing all children with access to semiprivate areas to play or work alone or with a peer. All staff members serve as coaches while children practice social skills involved in peer interactions, friendship formation, and conflict resolution. Throughout the day, we engage children in conversation, with extra support for peer conversation at snack and lunchtime. Whenever timing permits, adults sit with children during snack and mealtimes to engage them in conversation and scaffold peer

conversation. One opportunity during this time is for children to share unique family perspectives, practices, etc. [2A.6&7].

Thematic Approach to Curriculum

The educators prepare an engaging learning environment for exploring a theme, such as birds, artists, or transportation. We plan the themes for the year to include opportunities for integrating key areas of content, including life, earth and physical science, as well as social studies and the arts. Using the money from the materials fee, we choose a rich range of materials, including diverse technologies, to entice each of the children to engage in the thematic study. We use a group meeting time each day to set the stage for the investigation and introduce relevant concepts. Then the children pursue a variety of activities that reinforce the learning goals. We avoid commercial characters and prescribed products in favor of open-ended explorations that promote creativity and imagination. We also limit screen time to short periods of activity that is not otherwise possible in the classroom, such as child-controlled computer design or internet viewing of animals in their natural habitats. The educators monitor the activities, so that we may facilitate the children's learning and challenge them at an appropriate level. Children's explorations enrich their development of concepts related to the theme and strengthen their skills in all areas. We extend and apply their concepts by experimenting with various materials in the school, and they express their understanding by creating their own representations in a variety of media.

Educators are responsible for developing weekly lesson plans in a format that clearly indicates their focus on all six developmental domains within the theme and their adaptations to the individual profiles of their students. The overall theme guide filed in the classroom portfolio should include the following information:

- Key Conceptual Focus & Vocabulary
- Key Resources for All Ages (books, artifacts, etc.)
- Theme Emphasis in the Outdoor Classroom / Campus Explorations
- Diversity Emphasis
- Family Involvement [2A.6, 7A.5]
- University / Community Connections
- Division of Conceptual Content by Week of the Unit
- Major Reorganization of the Learning Environment for the Theme
- Focus Activities and Center Plans Specifically Related to the Theme
including Inquiry Learning Opportunities and Technology Activities
- Key Projects
- Adaptations for Individual Children, including Accommodations for Language Diversity [2A.7, 2D.5] & Special Needs
- Mixed Age Interaction
- Summary Table to ensure balance of activities focusing on each of the six domains of development and intentionally planning to collect assessment data

During the unit, educators communicate an overview of the day's activities with families via a blog update to promote family conversation and extension of the learning. At the end of the unit, a record of the actual thematic unit implementation should be shared

with the parents and filed in the classroom portfolio. A classroom newsletter with rich documentation of all theme elements is sufficient to meet this requirement.

Thematic Explorations Enhance Skills

Through varied explorations during each theme, the children develop

- a sense of themselves as competent learners,
- strategies for collaborating with peers and adults,
- approaches to communicating their ideas verbally and visually,
- means of discovering new ideas about physical properties,
- skills for small motor manipulation of tools and materials as well as large motor actions, together with an awareness of health and safety practices, and
- means for expressing their creative ideas through drama, movement, music, and visual arts, as well as appreciating the ideas of others.

Assessment Plan [4A.1-2, 4E.4]

Assessment is naturally integrated into the course of every day as ongoing educator observation of group patterns and individual development is used to adjust the program to better support group and individual progress. New staff orientation and annual staff professional development includes specific sessions on Children's School assessment methods so that they follow the plan described here [4E.4]. Teaching teams meet weekly, typically on Friday afternoons, to identify children's current interests and needs and then plan accordingly for the next week's explorations [4D.4-6]. At times, these reflections indicate the need for altering the classroom environment, shifting the unit focus, trying new teaching strategies, etc. [2.A.3]. If concerns about individual children's development arise and are not readily remedied via classroom adaptations, educators initiate a dialogue with colleagues and parents to plan approaches to try at both home and school [2A.8].

Twice per year [4E.2], the educators combine these informal assessment techniques with more systematic assessment of each child relative to the school's developmental objectives for the purpose of describing each child's developmental progress. Teaching teams work together to conduct these systematic assessments, though the child's primary educator takes the lead in summarizing the findings. The process is typically collaborative, with the primary educator drafting the report and then getting input from the teaching team. These descriptions are shared digitally with parents in advance of the conference meeting so that families who need online support for translation can access that service [2A.7]. Fall conference reports include narrative descriptions of children's progress in all six of the school's identified developmental objective domains: self-esteem & independence, interaction & cooperation, communication, discovery & exploration, physical capabilities / health & safety, artistic expression & appreciation. Spring conference reports include bulleted descriptions for each of the four component skills in each developmental domain. Educator-family dialogue during conferences strengthens our understanding of each child's developmental profile and often leads to ideas for individualizing both educator and family support of children's learning, as well as plans for smooth transitions into the next level of Children's School programming or to elementary school [2A.6, 2A.8, 7A.4-5, 7C.1].

Occasionally, educators and/or parents identify the need for additional screening and referral for professional diagnostic assessment. In those cases, educators and parents typically include the Director in the dialogue for the purpose of more precisely identifying the focus for screening / diagnosis and to review the resources available to children and families in our community, which depends heavily on where the family lives (i.e., within Pittsburgh city limits or not, within Allegheny County or not, etc.), as well as what type of health insurance the family has [7B.3].

Assessment Procedures

Most Children's School assessment is informal, with direct observation by multiple educators as the primary method. Educators document observations in their own unique ways, though most record anecdotes, take photographs of constructions and interactions, and collect samples of the children's artwork, journal entries, and other projects.

Because even young children are savvy enough, however, to avoid tasks in areas that are difficult for them and to rely on peers to support their performance when avoidance is not possible, Children's School educators occasionally conduct more formal, individual assessments focused on precisely determining what a child knows or can do. Whenever possible, these assessments are designed as typical classroom activities and are widely distributed in time. For example, an educator might assess knowledge of letters and numerals by having the child be the caller in a bingo game played with peers. Gross motor skills may be assessed by having children practice an obstacle course set up in the classroom or outdoors. With individuals, educators often use puzzles or other manipulatives to check a child's knowledge of shapes, counting ability, etc. All these assessments are conducted within the regular program space and during the typical program hours. In cases where a child's performance on these more formal assessments is not consistent with our informal observations, the assessment will be repeated, conducted by another educator, or conducted in one of the quiet research rooms, etc. so that the results can be verified.

Data from both informal and formal assessments are incorporated into the narrative conference reports written by the child's primary educator in the fall and the spring [4E.2]. During the face-to-face conference reports, educators and parents review the narrative about children's progress and dialogue to create strategies to support the child's next developmental steps both at school and at home [4E.3].

Children's School assessments and conference forms are sensitive to diversity in the following ways. Assessments involve only activities that are familiar to the children, and every effort is made to eliminate verbal directions that might not be understood by a child with a language disability or limited English proficiency [2D.5]. Educators may note in the conference report any aspects of development that cannot be fairly assessed because of the child's language abilities [2D.5]. Expectations for age-level progress are routinely adapted for children with special needs at the level that qualifies them for the support of itinerant therapists or full-time therapeutic support staff, and narratives explain what the child can do independently as well as with adult support.

The Children's School does not conduct any norm-referenced or standardized assessments of preschool or PreK/Kindergarten children for comparison purposes. At present, we use the Ages & Stages screening tools within 30 days of a child's enrollment to gather developmental observations from parents that help in determining whether to recommend that further professional screening should be initiated [4C.3]. Eligibility for special services is determined by diagnostic assessments conducted by professionals after referral by Children's School Staff. Standardized assessments may be conducted as part of research projects at the Children's School, together with novel assessments and task measures designed by the researchers. All researchers closely follow ethical standards for treatment of research data, so no individual scores are given to the school, the teaching teams, or to the child's parents. They are in no way connected to the child's school records.

Uses of Assessment Results [4D]

Results of Children's School assessments are primarily used to shape the current year's program planning and to discuss individual children's developmental progress with parents so that we can work together to best support each child's growth [2A.8]. In addition, the group results impact the school's quality improvement process via each teaching team's annual evaluation and the whole school annual evaluation, both of which are conducted each May in preparation for enhancements implemented for the next school year [4A.2].

Each fall, we offer an Educator-Family discussion related to general school choice issues among public, private, parochial, and charter options, together with individual consultation related to choices for specific children [7A.6]. If parents initiate private elementary school applications for their children, they will be required to provide recommendations from the Children's School. The Children's School staff members are not permitted to complete the rating scales typically requested by the local private schools in the Pittsburgh area. Instead, when given a written request for recommendation by the parents, an Educational Administrator prepares a letter to the school indicating our policy and attaches a copy of the most recent conference report. If several months have passed since the conference, an Educational Administrator will first ask the primary educator to check the report to determine whether there have been significant changes. If there have, then the educator will prepare a revised conference report to be sent to the elementary school, with a copy given to the parents.

PROFESSIONAL DEVELOPMENT

Professional Development is a high priority at the Children's School because it supports our continuous quality improvement. We dedicate 1.5 to 2 weeks at the beginning of the school year, every Friday afternoon, and 1.5 to 2 weeks at year's end as paid professional development time. Our time is divided approximately equally between advancement seminars, staff and team planning and reflection meetings, and independent activities. Seminars may be facilitated by the Director or another educator, other CMU professionals, or outside speakers, depending on the topics chosen. In all cases, we consistently focus on applying what we learn to enhance our program. Staff / team meeting time is essential for both maintaining and advancing our work because of the team building, dialogue, and reflection emphasis. Finally, independent time is necessary to support the educators' curriculum development, conference planning, and outreach efforts. In addition, staff members engage in professional development on their own time (i.e., evening, weekend, or summer experiences), and we make every effort to provide classroom coverage for staff members who wish to participate in professional development opportunities that are scheduled when school is in session. Families are informed of our professional development activities via our monthly school newsletter.

The Children's School is a member of the following organizations, each of which provides on-line resources and publications that are used by the Director to keep abreast of developments in the fields of leadership, adult learning, education, and early childhood and to plan professional development opportunities for the staff [6D.12&18, 8C.2].

- IALS: International Association of Laboratory Schools
- NCCCC: National Coalition for Campus Children's Centers

Orientation & Performance Review [6D.17]

Initial staff orientation includes a review of everything in the staff handbook (which includes the NAEYC Code of Ethical Conduct) as well as the family and support staff handbooks, together with all the items listed in the Carnegie Mellon orientation procedure, which includes all the benefits information [6D.1]. New educators do not work alone with children until their Children's School and CMU orientations are complete, which includes [all child protection clearances](#) [10E.1]. In addition, new staff orientation includes training on the FACTS Student Information System and time for the educator to review documents related to each specific child and family they will serve [7A.2].

During orientation, every staff member joins the National Association for the Education of Young Children (NAEYC) as an individual, which includes membership with the regional affiliate: PennAEYC. The Children's School pays for these memberships, as well as for registration at any professional development events that the staff member chooses to attend [6A.13, 6B.5]. All staff members are expected to review NAEYC's bimonthly publication, "Young Children"; articles especially related to our context may become the subject of professional development sessions.

New staff members are mentored formally by an educational administrator and informally by the other members of their teaching or administrative team who work with them on a daily basis. The director provides whole staff and individual coaching as

needs arise beyond the scope of the mentoring provided [6D.15]. Because all staff members are hired on a provisional basis, the Director and employee will meet to review performance after several months so that adjustments can be made prior to the end of the 6-month probationary period. Thereafter, performance reviews are conducted annually by the Director, typically in May [6D.11]. Prior to the review meeting, the staff member completes a self-evaluation form including a broad reflection on accomplishments and areas for improvement. The Director collects similar information based on each aspect of the staff member's job description. The specific format for the reflections varies somewhat from year to year, simply to provide a fresh approach. The staff member and Director meet to discuss the reflections and plan the individual's professional development focus for the coming year. After the meeting, the Director creates a summary document detailing planned improvements for each individual, each teaching team, and the staff as a whole. Individual summary documents are stored via CMU WorkDay. The Director then factors the overall results into the design of the professional development program for the subsequent year [6D.19], which is summarized in the letter on the first page of this handbook.

Children's School Staff Development

The Director is responsible for organizing meaningful professional development, mentoring, and coaching related to the school's goals for continuous improvement and to the staff members' identified interests and needs. Staff members are involved both in the setting of the goals and planning of professional development topics during the formal May program evaluation process, as well as informally throughout the year as needs change and opportunities arise. In addition, each year includes health and safety training for all staff in pediatric first aid & CPR, fire safety, and emergency procedures, plus reviews as necessary of the 5 R's of Medication Administration and Epi-Pen Use in Child Care, handling of Bloodborne Pathogens, ServSafe, etc. Every five years, all staff renew their Mandated Reporter Training [5A.15].

Whole staff meetings and seminars, together with individual and small group work to prepare presentations given locally and nationally, typically total 90 hours per year or more. All these hours count toward the Pennsylvania Act 48 requirement for certified teachers through Carnegie Mellon's Center for School Outreach.

The Children's School also maintains a professional development library that is supplemented annually by the NAEYC publications sent as part of the Director's comprehensive membership and books discussed as part of the Children's School staff development or professional book clubs. Ideas for library additions are encouraged.

Opportunities for Collaborative Professional Development [6B.3]

Beginning in the fall of 2000, the Children's School worked with neighboring early childhood programs to co-develop the Alcoa Collaborative for Early Childhood Professional Development. This effort was initially funded by the Alcoa Foundation to strengthen the region's early childhood professional development by encouraging collaboration. The most consistent partners included the University of Pittsburgh's University Child Development Center (UCDC), Carnegie Mellon's Cyert Center for Early Education, and Shady Lane. The leadership team for community events included the

directors from all four centers and for partner events involved the directors and educators from all four centers. The Collaborative's most extensive efforts were to provide high quality leadership training for the whole region and to enhance the professional development opportunities for our own staff members by working together, which increases the possibilities because of having 125 educators involved as opposed to the smaller numbers at any one center. Through our collaboration, educators have engaged in open houses, roundtable discussions, book clubs, local and national site visits, job shadowing and special interest groups, as well as participating in outreach events hosted by each of the centers. Though we no longer have grant funding for the project, the directors and educators are committed to continuing collaboration to support professional development, particularly via the most popular growth opportunities and with funding from other professional development agencies. In 2016, Children's School administrators launched a similar, structured effort to engage all of the university-based early childhood and elementary schools in collaborative professional development for our educators. The Pittsburgh Alliance of University Schools (PAUS) held collaborative conferences in February 2018 (Build Something Wonderful), February 2019 (Supporting Emotional and Mental Well Being), and February 2020 (Social Justice).

From 2011 until 2020, The Children's School and Duksung Women's University in Seoul, South Korea began collaborating on an International Practicum Program in which early childhood education students from Duksung Women's University and educators from both of our respective schools can participate in this cross-cultural project. Together we aim to strengthen the teaching skills of educators in both of our countries. For 2012, we expanded the partnership to include the University of Pittsburgh's Falk School and Carlow University's Campus School, and the University Child Development Center at Pitt joined the group for the 2013 practicum. In the spring of 2016, we piloted a program involving experienced educators from the NOBO School in Beijing, China in a two-week early childhood exploration in Pittsburgh, and in 2017-18, we hosted a year-long sabbatical for Dr. Byungho (Tony) Lee in CMU's Psychology Department.

Additional Opportunities

The Allegheny Intermediate Unit, the Pittsburgh Public Schools, the Children's Museum, Phipps Conservatory and a variety of other neighboring universities and community organizations also offer professional development opportunities for early childhood educators. Any flyers that we receive are shared with staff members to determine whether they fit with interest and availability.

Staff members may request funding for local, regional, national, and international professional development events that are relevant to the staff member's professional development plan [6A.13]. The Director makes every effort to honor these requests when staffing and funding permit.

In all these ways, Children's School educators are better equipped to provide the best possible learning context for each of our students by being lifelong learners ourselves.

TIME GUIDELINES

Work Schedule for Staff

The school year runs from late August through May including approximately 200 weekdays, 10% of which are holidays and other planned paid time off for school vacations (see policies below). Another 10% of the days are reserved for professional development and conducting conferences.

Full-time staff members work 8 AM to 4 PM or 7:30 AM to 3:30 PM and part-time staff work varying hours, as stated in their position offer. Occasionally, changes are made during the professional review process and documented in the review summary. The daily schedule for teaching staff members includes preparation and planning time prior to the children's arrival, after the children's departure (at least one hour total per day), and 4 hours on Friday afternoons [6A.7]. Full-time staffing schedules also include a designated lunch break within 4 hours of the children's arrival [6A.15], and bathroom breaks for all staff are negotiated among teaching teams to accommodate everyone's needs while maintaining appropriate supervision of children. Staff may request a short and immediate break when they are unable to perform their duties by asking a team member for assistance or texting the office [6A.16].

All staff members are responsible for keeping the varied programs for children, undergraduates, and researchers on schedule so that the diverse goals of our multiple constituents can be achieved in the most effective and developmentally appropriate way possible. Classroom, course project, and research schedules are reviewed annually to continually improve our functioning for everyone's benefit.

Holidays & Paid Time Off [6A.12]

The Children's School follows the Carnegie Mellon Time Off Policies as per *The Staff Handbook*. Feel free to visit the website or contact a Human Resources Representative if you have any questions about these policies.

According to the Department of Labor – Fair Labor Standard Act (FLSA), there are two types of employees: Exempt and Non-Exempt (basically referring to whether they are exempt from earning overtime pay). The Children's School Director, Educational Administrators, and educators, whether full-time or part-time, are designated by Carnegie Mellon as exempt. An exempt employee is paid a set salary for the work year as defined by our school calendar regardless of the hours worked. They are exempt from overtime pay, though they can receive stipends for work not included in their regular job description that is conducted outside their regular work year of September through May (e.g., participating in August staff development, conducting professional development seminars on non-school days, teaching during summer camp, etc.). The associate teachers and substitute teachers are non-exempt employees, as is the Administrative Coordinator; these employees are paid a salary for their hours of work in each week and are eligible for overtime pay at a rate of time and a half after 37.5 hours.

Children's School Holidays

Holiday (H): Each nine-month, full-time employee at Carnegie Mellon is entitled to ten paid holidays. In recent years, CMU has also given 3 additional holidays between Christmas and New Year's. The University is closed on these days:

Labor Day
Thanksgiving Day
Day After Thanksgiving Day
Day-Before-Christmas
Christmas Day
3 Extra Holidays between Christmas and New Year's beginning in 2017
Day-Before-New Year's
New Year's Day
Martin Luther King Jr. Day
Memorial Day
Juneteenth

Floating Holidays (F): In addition to these thirteen paid holidays, each full-time staff member may take 3 "floating holidays". For the 2024-25 school year, the Children's School calendar specifies that these floating holidays be taken on the Wednesday before Thanksgiving and January 2nd & 3rd.

Paid Time Off Days (PTO)

Carnegie Mellon offers full-time employees Paid Time Off, which is accrued at a specified rate for each month worked (excluding camp if staff work that extra month).

<u>Years of Employment:</u>	<u>Accrual Rate:</u>	<u>9 Month Total</u>
Up to & including year 3	1.42 days per month	12.75 days
Beginning year 4	1.67 days per month	15.00 days
Beginning year 8	2.08 days per month	18.75 days
Beginning year 16	2.50 days per month	22.50 days

Already accrued Paid Time Off Days may be used for vacation, illness, personal time, or to care for dependents. Except in the case of illness or emergency, PTO days must be scheduled in advance and are subject to approval by the Director. Jury duty and bereavement leave are provided under separate policies and do not count as PTO days. (See the online Carnegie Mellon PTO Policy for additional details.)

In addition to the use of PTO as defined above, the Children's School has the discretion to require the use of PTO for Children's School vacations as specified in the annual Children's School calendar. For the 2024-25 school year, there are 6 such days.

- Winter Break (12/23/24-1/3/25) 0 PTO Days (Use Float for Jan 2nd & 3rd)
(in addition to the 8 H)
- Presidents' Day 1 PTO Day
- Spring Break (3/3/25-3/7/25) 5 PTO Days

Example: If you are a first-year employee you can accrue:
12.78 PTO Days

-6.00	PTO Days that are written into our calendar
6.78	PTO Days may then be accrued

PTO requests are made and records are kept via CMU's WorkDay system. Approvals are made by the Director and the system is monitored by Psychology Department administrators. Staff members who take PTO in excess of their entitlement may have their pay docked for the pay period in which the deficit occurs. Once a staff member has a PTO deficit, no discretionary PTO will be approved. Spring Break may only be taken if sufficient PTO has been accrued. PTO may be granted in extenuating circumstances.

Part-Time Employees

According to University policy, part-time employees do not qualify for paid-time-off (PTO). Non-exempt part-time employees get paid for the hours they work and do not get paid for time off or holidays. CMU does offer up to 40 hours of "[Paid Sick Leave](#)". Occasionally, there are opportunities for hourly employees to work extra hours at school vacation times to make up for lost income. Interested staff members should notify the Director.

Exempt part-time employees work closely with the Director to ensure that their schedules flexibly adjust to the different phases of the school calendar, particularly professional development days, days when school is in session, days when other staff members are taking PTO, and school vacations. Exempt part-time employees also qualify for the 40 hours of "Paid Sick Leave" but may have their pay docked for additional days absent.

Illness

When you know before 7:00am that you will not be in school due to an illness, call or text the **whole Administrative Team, as well as your teaching team**. Knowing about an absence before we arrive at school gives us extra time to make arrangements for coverage, as well as to contact a substitute if a change in work hours is necessary. Be sure to "request" the time off in the WorkDay system.

Planned Absences

If you have accrued sufficient PTO and plan to take a day for an appointment, travel, etc., please make a request via the WorkDay system as much in advance as possible so the Director can plan program coverage. Extended absences (two or more days) and absences adjacent to a school break or long weekend must be approved by the Director prior to making travel reservations.

Extended Absences

If extended absences in excess of accrued PTO are necessary, employees will be directed to arrange a leave of absence with the help of a Human Resources Representative. (See the online Carnegie Mellon policy on leaves of absence.) Further PTO is not accrued during leaves of absence.

Snow Days

At 5:30am, the Director and the Educational Administrator listen to the news, determine what other schools in the city are doing, and make our best judgment about whether to have, delay or close school that day. Since our children do not walk to school or wait outside for buses, we do not typically delay or close school purely for cold temperatures.

Depending on the road conditions, we may decide to choose one of three options:

1. **One Hour Delay**
During a one-hour delay, we will greet at 9:30am. Dismissal will be at the normal times.
2. **Two Hour Delay**
During a two-hour delay, we will greet at 10:30am. Dismissal will be at the normal times.
3. **Close the School**. All classes are canceled.

Option #1 enables us to conduct the morning preschool classes, while giving our staff and families time for the road conditions to improve. An Educational Administrator will send a Staff and Parent Alert message via the FACTS system when there is a school closing/delay.

Relation of Snow Days to PTO

Staff members can make their own decisions regarding attendance on severe weather days, but they will be charged PTO for absences when the University has not closed. Unfortunately, our ability to provide our services to Carnegie Mellon and the community depends heavily on having enough staff present in a timely fashion to do so. For that reason, we may cancel school for students on days that the University does not close. If school is canceled because of the weather, staff members are expected to either come to work or work at home. In either case, staff members will use the time without children to work on 1) unit development, 2) activity planning, 3) conference preparation, 4) newsletter writing, and/or 5) professional reading. Staff members are expected to keep a supply of work materials at home in the event of a snow day. In addition, the Director will designate a relevant professional project or projects at the beginning of each "snow season", just in case. In some cases (typically when a major storm is predicted), she may assign particular reading and preparation for an upcoming staff seminar. Staff members who attend work or document work done at home during a school closure will not be charged a PTO day when school is closed for students.

PURCHASING GUIDELINES

The Children's School Purchasing Procedures are designed to maximize convenience for all staff members and to minimize extraneous paperwork, while adhering to all the university policies and procedures.

Team Budget

In August of each year, the staff collaboratively decides how to allocate the Materials Fee money that our families pay in addition to their tuition.

2023-2024 Materials Budget

\$33,500 - \$500 for 67 children)

Category	Budget Amount 2023-24	Amount Spent	Remainder	Notes
Music Teacher	\$2,000.00	\$1,650.00	\$350.00	13 classes @\$150
Playground & Playground Consumables	\$6,000.00	\$4,731.12	\$1,268.88	cover \$3000, garden boxes
Consumables	\$4,000.00	\$2,263.70	\$1,736.30	
Make Shop	\$1,000.00	\$809.12	\$190.88	includes new shelves and replacement bins after shelf fell
Special Events (including Special Fridays)	\$2,500.00	\$1,359.82	\$1,140.18	
Whole School Unit	\$3,500.00	\$1,800.27	\$1,699.73	plus Democracy Day
School Spirit / Hospitality	\$1,022.00	\$1,179.62	(\$157.62)	includes tshirts purchased by families
3's Preschool	\$1,000.00	\$1,041.09	(\$41.09)	includes new rugs and sand table
4's Preschool	\$1,000.00	\$469.52	\$530.48	
PK/Kindergarten	\$1,090.00	\$532.28	\$557.72	includes \$90 from ECLS-K:2024 study
Discovery Area	\$1,500.00	\$357.18	\$1,142.82	
Kitchen & Cooking	\$4,500.00	\$4,060.71	\$439.29	This includes all water for coolers plus Giant Eagle
Library not covered by book fair	\$2,000.00	\$1,352.52	\$647.48	
Large Motor	\$500.00	\$0.00	\$500.00	
Office	\$500.00	\$244.81	\$255.19	includes spare children's clothes
TOTAL	\$32,112.00	\$21,851.76	\$10,260.24	

Each teaching team is responsible for making developmentally appropriate purchases that support their efforts to help children in their groups to advance in all six of the developmental domains, as well as to delve deeply into the thematic units being studied through play, sensory experiences, and activities across all content areas. The whole staff collaborates on purchase decisions for the outdoor and large motor materials, Make Shop and other joint aspects of the program. The designated Educational Administrator tracks each team's purchases and provides them with a budget sheet bimonthly.

Tax Exempt Status

The University is tax exempt and will not reimburse employees for the tax paid on items bought. For stores the staff members frequent, we have tax-exempt forms that can be taken to that store, and we can add any store to this file.

University Purchasing Card (PCard)

Staff members who need to make frequent purchases may be issued a tax-exempt PCard, after attending credit card training sessions. It is the staff member's responsibility to use the card according to the University credit card policy.

When using your PCard, be sure **to check that you are not charged tax**. As soon as possible, **provide the receipt to the designated Educational Administrator for processing**. Please include your name, a description of the purchase and program with the receipt to indicate whose card was used for the purchase and which program should be charged.

Ordering from Standard Suppliers

Art Supplies and Learning Materials Educational Administrator

Art supplies are ordered prior to the beginning of the fall semester and as needed during the school year. Throughout the year, the designated Educational Administrator also orders learning materials from a variety of suppliers based on requests from staff members. Materials purchased with money from the whole school allocation are stored in the art closet and can be used by any teaching team. If a team chooses to purchase materials with their own allocated funds, those materials may be stored in their rooms to reserve them for that group's use.

Office Supplies Administrative Coordinator/ Educational Administrator

Office supplies are ordered from the Office Depot Business Website as needed. Give the Administrative Coordinator your request (include item number) and an order will be placed.

Grocery Stores & University Dining

Educational Administrator

Teachers may order items for cooking lessons and for anything found at local grocery stores such as Giant Eagle, Walmart, Target, etc. With advanced notice, certain items can also be purchased via University Dining.

Purchasing from On-Campus Stores Directly

Employees can purchase items at the following stores on campus:

University Center

Bookstore (books, office supplies, university clothing, cards)

Entropy (snacks)

Art Store (paper, paint, etc.)

Post Office

Tartan Ink

To make an on-campus purchase, obtain a form from an Administrative Team member. Have the Administrative Team member enter the account number and sign the form before you go to the store. When you return, give a copy of the completed form indicating what you purchased and the receipt to the designated Educational Administrator.

Purchasing from Off-Campus Stores Directly

If you need supplies immediately or ones that are not available through the above sources, you can use your PCard or use your own cash and be reimbursed. Remember to identify the purchase as [tax-exempt](#) before checking out AND to check your receipt to make sure tax was not charged.

To be reimbursed for out-of-the-pocket expenses, give your original receipt to the designated Educational Administrator. If you have a paper receipt, print your name on the receipt and circle the items purchased (if the amount you are being reimbursed is not the total amount on the receipt). Sales tax is not reimbursed. All reimbursements will be made electronically by the University approximately 7 to 10 days later. Please complete the [Employee Expense Direct Deposit form](#) to be reimbursed for work related expense.

HEALTH AND SAFETY GUIDELINES

At all times, health and safety are top priorities at the Children's School. Each individual's vigilance regarding health and safety issues contributes significantly to our effectiveness. Keep your eyes up, survey the whole scene around you and be aware of what's happening beyond your immediate activity. Always assume that you are the only one who notices a problem or potential problem and handle it to the best of your ability.

Preparing Yourself

All staff members are required to submit a signed Staff Health Assessment form when hired and every year thereafter. A negative TB test is also required every other year.

The guidelines for exclusion of children who have infections that pose a risk to others apply equally to staff members. Stay home if you exhibit any of the following symptoms:

- Fever (100.4° F/38° C or higher); feeling feverish (chills, sweating)
- New cough - for those with chronic allergic/asthmatic cough, a change in the cough from baseline
- Unusual fatigue
- New loss of taste or smell
- Sore throat
- Headache
- Runny or stuffy nose -not related to seasonal allergies
- Muscle pain or body aches
- Nausea, vomiting or diarrhea

When you are sick, stay home [6A.8], seek treatment, and take steps to recover as quickly as possible. Discharging or infected wounds on exposed parts of the body are cause for exclusion from the care of children. Staff members should follow the procedures listed under Paid Time Off when missing work for illness.

Educators, staff, and students with any illness will be expected to stay home [6A.8]. It is imperative that all members of the Children's School community stay home for 24 hours after they no longer have a fever or signs of a fever without the use of fever-reducing medicine.

Hand washing is the #1 preventive measure to avoid the spread of disease. Use the posted hand washing procedure and then turn off the faucet with your paper towel in all of the following circumstances: upon arrival at work and re-entry from the outdoor classroom, before and after eating or handling food, before and after feeding a child, prior to serving food to children, after using the restroom, changing a diaper, assisting with toileting, treating a child's injury, handling bodily fluids, touching the pets, playing in the water table or with infants and toddlers, handling garbage or cleaning, and before and after preparing food, feeding a child or before and after administering medication. Non-porous, latex free gloves are provided for use when diapering, cleaning, preparing, and serving food, etc. [5A.19].

Courses in First Aid / CPR, Bloodborne Pathogens, and 5 R's of Medication Administration and Epi-Pen Use in Child Care are provided for staff each fall, and all staff must pass [5A.20]. A fire safety refresher is also provided annually, and courses like ServSafe and "restraint training" are offered occasionally. In addition, be sure that you know the location and proper use of all safety equipment, including the emergency pack, first aid supplies, fire extinguisher, and security system. Fire Drill and Emergency procedures are provided in separate documents. Staff members are responsible for reviewing them annually so that they are familiar and for keeping them handy in the classroom. In addition, use strategies to prevent back and other musculoskeletal injuries while at work (see Health & Safety Appendix).

Preparing the Environment

In conjunction with our monthly safety drills, two members of the Administrative Team coordinate a monthly Health and Safety Check using a streamlined version of the NAEYC checklist from the 2023 "Healthy Young Children" manual (6th Edition) that is adapted to our specific facility [10D.4]. The Educational Administrator then requests that Children's School or Carnegie Mellon staff rectify any problems identified.

In addition, the Educational Administrator coordinates the provision of an emergency backpack for each class with supplies needed in case of evacuation. Educators are responsible for completing a monthly backpack check and re-supplying as needed.

Complete emergency backpacks are located in the Red Room, Blue Room, Green Room (2), PreK/Kindergarten, Outdoor Shed, and the Office. Extra supplies are stored in the office closet. Each backpack contains basic first aid supplies as well as the child emergency information and any allergy response supplies needed for the class. Educators must keep this backpack with the class at all times, including in the outdoor classroom and on field trips. The Administrative Team is responsible for having extra supplies on hand so that staff members can add to their backpacks as needed. During our monthly Safety Week, staff members complete a checklist for the supplies in the first aid backpack and add as needed. Staff members are also responsible for ensuring that no additional items are added to the first aid kits so that they remain in compliance with health standards.

Each staff member is responsible for **daily checks** of the following items.

- Safety covers are on all electrical outlets.
- Electrical cords are appropriately placed and secure.
- Adults' personal belongings (handbags, backpacks, etc.) are stored out of children's reach.
- All poisonous substances are stored in high, locked cabinets and the lock is engaged (kitchen, art closet, slop sink closet, classroom cupboards, etc.).
- All exits and hallways are free from obstruction.

The Staff Member on outdoor duty is responsible for daily checks of the following items.

Morning

- Outdoor classroom gates are operational.

- The outdoor space is free of debris and hazards (e.g., ice, animal waste, insect nests, displaced surfacing, broken equipment, etc.).

Afternoon

- Toys are stored appropriately at the end of the day and the shed is locked.
- Sand is covered at the end of the day.

In addition, every staff member is responsible for responding immediately when encountering the following items, either by handling the problem personally or notifying a member of the Administrative Team.

- Tripping, slipping, choking, pinching hazards
- Elevated water temperature
- Physical plant problems (breaks, leaks, pests, etc.)
- Violations of [Carnegie Mellon's policy](#) re: animals, no smoking / drugs / firearms
- Outdoor classroom gates left open

If a member of the Administrative Team is not available and you cannot handle the problem yourself, please call the Service Response Center (8-2910) to report the problem and seek help.

Use procedures for standard precautions at all times. Wear gloves when contamination with bodily fluids may occur. Do not use hand-washing sinks for bathing children or for removing smeared fecal material, and do not use kitchen sinks for cleaning anything besides food or kitchen equipment. In addition, immediately sanitize surfaces that come in contact with body fluids, use barriers and techniques that minimize contact with mucous membranes or with openings in the skin, clean and sanitize according to the established procedures or alert cleaning staff to do so, and dispose of contaminated materials and diapers in a plastic bag with a secure tie placed in a closed container.

In addition, beginning in 2019, the Children's School began participating in [CMU's Scotty Goes Green Certification](#) because of steps taken to reduce our environmental footprint. Currently, we have a bronze level certification and staff members are responsible for helping with the school's efforts to reduce, reuse, and recycle.

Operating the Security System

Given the large number of individuals continually entering and leaving our laboratory school context for varied purposes, our security depends on everyone being aware of potential hazards and taking responsibility for monitoring entry and exits. All staff members are responsible for knowing and following the security system procedure. Undergraduates, researchers, and families should not be given the security system code.

Responding to Environmental Conditions [10D.2]

All staff members are responsible for knowing health & safety hazards and protecting themselves and children from harm.

Heat and Cold: Use the Child Care Weather Watch chart to determine whether the heat index or wind-chill factor are within range for safe outdoor play and ensure that children wear clothing that is dry and layered for warmth in cold weather. Generally speaking, under 80°F is safe with any level of humidity, and under 90° is safe with relative humidity less than 50%. In similarly general terms, air temperatures above 10° are safe on calm days, but winds above 10 miles per hour make even a 30° day feel like it's below 10°. Contact an Educational Administrator with questions.

Air Pollution: An Educational Administrator subscribes to an air quality alert system that provides notice of hazards in our area. The Educational Administrator will notify teaching staff if conditions prohibit outdoor education.

CMU provides the school with room air purifiers (one per 360 square feet of space) to improve air quality. Be sure to turn the purifiers on each morning and off at the end of the day. Filter cleaning will be handled as part of the administrative health and safety checks.

Carnegie Mellon follows a “green cleaning” policy to reduce children’s and adults’ exposure to harmful chemicals, allergens, and other contaminants that impact health, performance, and attendance [5C.6, 10D.2]. In addition, when strong odors occur in the air, use ventilation to control them, rather than air-freshening spray [5C.2]. Scented or unscented candles and air-fresheners are not permitted anywhere indoors at the Children’s School [5C.4].

Sun and Insects: Our outdoor classroom is sunny for most of the day. However, there is always some shade available in the pavilion, under the climber, under the umbrellas, and in the sandbox. Families may apply sunscreen to the child prior to arrival at school. If families request a second application prior to the 30-minute playground time, they must provide the sunscreen and written permission for staff to apply it. During camp, when children are outside for a longer time and wearing bathing suits, teachers apply sun block with a minimum UVB and UVA protection of SPF 15 if it is authorized in writing and provided by the family. At this time, our area is not designated by health authorities as high-risk of insect-borne disease; but if that changes, we will use daily application of repellent containing DEET when parents provide written authorization and appropriate repellent. We are not permitted to apply a product that combines sunscreen and insect repellent [5A.16].

Supervising Children [3C.12, 3C.13, 3C.14]

- All staff members are responsible for knowing all children and should take appropriate action in response to any child's needs or behavior.
- Maintain appropriate staff – child ratios at all times [10B.22].
 - Minimum of 1:10 for Preschool 3's
 - Minimum of 1:10 for Preschool 4's
 - Minimum of 1:12 for PreK/Kindergarten

These ratios are applicable both indoors and outdoors. Only professional staff count when outside the security system. Field trip ratios are 1:3 for preschool and 1:4 for PreK/Kindergarten. Wading pool ratios are 1:5 for both preschool and PreK/Kindergarten.

- Staff members, as a group, must supervise **preschool children** primarily by sight. Classroom space must be designed so that there are no areas of the room where children can hide. Supervision by sound is permissible for short intervals, such as when children go to the children's or private bathroom from the classroom. For children new to the school, an adult should accompany the child to the bathroom. Once children are capable and comfortable toileting independently, they should signal an adult that they are going to the bathroom, and that adult should check frequently to ensure that the child is safe. Once **PreK/Kindergarten children** are comfortable with the spatial layout of the school, they are permitted after notifying a teacher to go to the restroom, run errands to the office, or go check on a younger sibling independently (i.e., out of sight and sound supervision of the PreK/Kindergarten staff but within the security system area). Other adults in the school will provide support as necessary (e.g., a preschool staff member could help a child in the restroom or an Administrative Team member could help a child in the hallway), and the PreK/Kindergarten team will monitor the time a child is gone and check on the child if they do not return to the classroom promptly. All children must be accompanied by a permanent staff member when leaving the playground to use the university or preschool bathroom.
- Staff members responsible for supervising children during program hours (i.e., as part of the above ratio) should not make personal calls or text on their cell phones, except in cases of emergency. Personal cell phones should be programmed for emergency calls only during work hours. Use of personal email, internet, or social networking is not permitted while supervising children.
- Staff members may not leave children alone with volunteers or campus personnel, nor may they leave an undergraduate in charge. Children must always be supervised by a member of the teaching staff or a researcher, all of whom have appropriate training and child protection clearances [10E.3].

- Use your cell phone to call the office for help if needed. Be sure to take it with you to the outdoor classroom and on campus explorations.
- Intentionally account for each child in your group at every transition.
- All staff members are responsible for knowing and consistently following the school's behavior expectations and management guidelines, outdoor classroom policies, family handbook policies, and field trip procedures.
- When on the stairs, use the right handrail when available, take one step at a time, typically single file. During greeting and dismissal of preschoolers, an adult may hold the child's hand on the stairs if needed. Children are monitored by an adult while walking on the stairs at all times.
- Ensure that the children wash their hands upon arrival at school, before and after eating, after toileting (or being changed), after working with the pets, before and after using the shared sensory materials (i.e., water, sand, playdough, Floam, etc.), and after coming into the school from the outdoor classroom.
- For hand washing, help children line up at the sink and use proper hand washing and drying procedures (1 squirt of soap, vigorous and thorough hand rubbing for 20 seconds, pulling a paper towel from the dispenser, and turning off the faucet with the paper towel. Doors to the bathroom must remain open. Be sure to monitor the cleanliness of the bathroom, correct any problems, and stock supplies as needed. (See the hand washing procedure in the Health & Safety Appendix.)
- For the few children in diapers, be sure to check them at least hourly, including prior to leaving the building and after a quiet / rest time, especially if they sleep [5.A.17]. Only use disposable diapers or pull-ups. When changing a child on the changing table, never leave the child unattended, always wear gloves, and be sure to sanitize the pad and wash your hands afterwards. (See the diapering procedure in the Health & Safety Appendix.) Also, always leave the changing table free of objects and ready for the next use. Diapers should be disposed in the locked diaper receptacle located in the Red Room.
- When a child has a bathroom accident, help the child get changed into extra clothes at the changing table or in the children's or private bathroom. Place wet clothes in a plastic bag in the child's backpack and notify the family so the clothes can be retrieved and cleaned.
- When leaving the Children's School facilities, notify the Administrative Team of the reason for departure and expected duration, take the class emergency backpack and your personal cell phone, have children walk single file or in pairs, and have one adult lead and one follow the group.
- When crossing a street, have an adult stop the traffic and stay in the street, have children cross with another adult in single file or pairs, and allow traffic flow to resume only after all the children have safely crossed.

- When children have known allergies, be sure to follow the procedures specified by the parent/guardian and/or health professional regarding foods served or environmental precautions taken. Keep EpiPens out of the reach of children but easily accessible for quick action, including outside; be sure to take them with other first aid supplies on outings.
- When a child has a fall or other accident, follow the emergency procedures appropriate for the situation. Administer basic first aid as appropriate or seek the help of an administrator or Carnegie Mellon EMT as necessary. Be sure to complete an incident report and place one copy in the office file, upload one copy in the student's FACTS file and give one to the parent.
- If a child ingests a poisonous substance, immediately bring the child to the office and have someone call the Poison Control Center. Follow the directions given by the Poison Control personnel.
- When a child is sick, bring the child to the Main Office to be assessed. If the illness interferes with the child's ability to participate in group activities or poses a risk to others such as a vaccine-preventable illness, the parent/ legal guardian/ caregiver will be notified. The child will be excluded from the group and cared for in the Main Office until a parent/ legal guardian/ caregiver arrives to transport the child home or to a medical professional. An Educational Administrator will determine the appropriate follow-up course of action on a case-by-case basis after consulting *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide* by Susan Aronson, our health consultant, or the child's doctor. If a child is excluded because of a reportable communicable disease, a doctor's note stating that the child is no longer contagious may be required to return to school. *Please note: Under immunized children are excluded during outbreaks of vaccine preventable illness as directed by the state health department [5A.13, 5A.14].*
- Release children only to adults who are listed in the child's file or on a signed note from the parent/guardian [10D.9]. Parents/guardians submit a list of adults to whom we may release their child. Oral changes are permitted if you can verify the identity of the individual. In that case, log the name of the parent, date, and time of the request, name of the individual, and name of the staff person taking the call.
- In the winter, special consideration must be given to the use of winter coats as the coat can impact the effectiveness of a harness-style car seat. ***Children's School educators will remove a child's coat prior to buckling the child into a harness-style car seat at dismissal time.*** During greeting, educators will also help children to put on coats after removing them from their car seats.
- Educators who greet or dismiss at the rotunda may only remove children from the curb side of the vehicle. It is a safety hazard to the adults and children to be in the street especially during winter months when the roads can be

icy. ***Children who have car seats on the driver's side of the car will need to be buckled by the vehicle's driver and not the educator [10.D.1].***

- Our goal is to ensure that all children are in safe hands as we release them to parents, guardians, or caregivers at dismissal. On rare occasions, educators may be faced with the delicate situation of wondering whether the person picking up the child is in some way impaired and therefore an unsafe caregiver for the child. If such a concern arises, begin by observing the individual carefully to assess his or her demeanor, speech, eyes, and movement. If possible, cue another staff person to observe as well, and/or to care for the children while you walk the person to the main office. If the concern remains, calmly state that you are concerned about the person's condition and ask if there are other arrangements that can be made for the child's care and transportation [10D.9].
- At all times, interact with children without using physical punishment or any form of psychological abuse.

Prohibited Practices Child Abuse [1B.8-10]

All staff members must satisfactorily complete the required Act 126 (child abuse and reporting) training at least every five years

If any staff member, family member, volunteer, or other person, while in the vicinity of the Children's School, engages in a practice prohibited by the program, the Director and/or Educational Administrator will take necessary steps to assure that there is no reoccurrence of the practice.

- Corporal or any type of physical punishment is not permitted. This includes shaking, hitting, spanking, slapping, jerking, squeezing, kicking, biting, pinching, excessive tickling, and pulling of arms, hair, or ears or other measures that produce physical pain; requiring a child to remain inactive for a long period of time.
- Any form of psychological abuse: shaming, name calling, ridiculing, humiliation, sarcasm, cursing at, making threats, or frightening a child; ostracism, withholding affection, seclusion.
- Any form of coercion: Rough handling (shoving, pulling, pushing, grasping any body part); physical restraint (forcing a child to sit down, lie down, or stay down) except when restraint is necessary to protect the child or others from harm; physically forcing a child to perform an action (such as eating or cleaning up).
- Any form of emotional abuse, including coercion, rejecting, terrorizing, isolating, or corrupting a child is not permitted.
- Any form of public or private humiliation, including threats of physical punishment, is not permitted.
- Withdrawal or the threat of withdrawal of food, rest, or bathroom opportunities is not permitted.
- Abusive, profane, or derogatory language, including yelling and belittling, is not permitted.

Appropriate use of restraint for safety reasons is permissible.

Reporting Child Abuse [6A.10]

All observations or suspicions of child abuse or neglect will be immediately reported to the child protective services agency no matter where the abuse might have occurred. The Director or an Educational Administrator will call ChildLine at 1-800-932-0313 and/or the Allegheny County CYS at (412) 473-2000 to report suspected abuse or neglect. The Director or an Educational Administrator will follow the direction of the child protective services agency regarding completion of written reports. If the parent or legal guardian of the child is suspected of abuse, the Director or an Educational Administrator will follow the guidance of the child protective agency regarding notification of the parent or legal guardian. Staff who report suspicions of child abuse or neglect are immune from discharge, retaliation, or other disciplinary action for that reason alone, unless there is proof that the report is malicious [10D.5].

In the case of a staff member who is accused of child abuse, the Director or an Educational Administrator will work directly with the CMU Human Resources Liaison and Legal Consultant to ensure due process and confidentiality for the staff member. A staff member who is accused of child abuse may be suspended or given leave without pay pending investigation of the accusation. Such caregivers may also be removed from the classroom and given a job that does not require interaction with children. The Director or an Educational Administrator will follow the guidance of the University officials regarding notification of the parent or legal guardian of the suspected abused child, as well as communication with parents or legal guardians of other children so that they may share any concerns they have had. However, no accusation or affirmation of guilt will be made until the investigation is complete. Caregivers found guilty of child abuse will be summarily dismissed or relieved of their duties.

Preparing and Serving Food [5B]

All snack and lunch foods for children are brought from home for individual use. Educators may include tasting and cooking activities in the classroom or kitchen.

- Food is prepared, served, and stored in accordance with the ServSafe training that is provided by our university dietician. All fruits and vegetables are thoroughly washed prior to eating, to avoid possible exposure to pesticides and bacteria [5B.8].
- Clean food preparation surfaces with Clorox Anywhere before and after use following the manufacturer's instructions, as well as between preparation of raw and cooked foods.
- Keep children safely away from any heat-producing appliances.
- Keep all liquids hotter than 110°F out of children's reach.
- Check utensils and dishes prior to use to ensure that they are not chipped or cracked.
- Use paper or washable cups or the child's water bottle for drinks between snack and meals.
- Do not re-use disposable products. Use no Styrofoam products in the kitchen. Never use plastic or polystyrene (Styrofoam™) containers, plates, bags, or wraps when microwaving children's food or beverages. [5B.9]
- Do not serve children younger than four any of the following foods: hot dogs, whole grapes, nuts, popcorn, raw peas, hard pretzels, spoonfuls of sun butter, or chunks of raw carrots or meat larger than can be swallowed whole.
- Store all non-perishable food in labeled, insect-resistant plastic containers with tight lids. Food should be dated when opened and /or purchased. All perishable foods such as fruit/vegetables should be dated when purchased.
- Items not meant for cooking/eating, such as playdough, should also be labeled and dated.
- Discard foods with expired dates [5B.4].
- Work with families to ensure that snack and lunch brought from home meet recommended nutritional guidelines.
- Make sure that food requiring refrigeration stays cold until served [5B.3].
- Provide food to supplement food brought from home if necessary.
- The program documents compliance and any corrections that it has made according to the recommendations of the program's dietician / health consultant that reflect consideration of federal and other applicable food safety standards.
- For each child with special health care needs or food allergies or special nutrition needs, the child's health care provider gives the program an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care [5B.5].
- All foods and beverages brought from home for storage at school are labeled with the child's name and the date and stored in re-sealable containers.
- The program protects children with food allergies from contact with the problem food. The program asks families of a child with food allergies to give consent for posting information about that child's food allergy and, if consent is given, then posts that information in the food preparation area and in the areas of the facility

the child uses so it is a visual reminder to all those who interact with the child during the program day.

- For children with disabilities who have special feeding needs, program staff members keep a daily record documenting the type and quantity of food a child consumes and provide families with that information [5B.5, 5B.6].

Cleaning, Sanitizing, and Disinfecting

- All cleaning, disinfecting, and sanitizing of the facility is carried out as recommended by NAEYC's "Cleaning, Sanitizing, and Disinfecting Frequency Table" [5C.5], using only the "green cleaning" products recommended by CMU's policy and ordered by the school as fragrance-free and least-toxic [5C.6].
- Carnegie Mellon's cleaning service is responsible for the following tasks.
 - Daily –
 - Clean & disinfect door and cabinet handles
 - Clean and disinfect sinks, faucets, surrounding counters
 - Clean and disinfect soap dispensers
 - Clean and disinfect toilet bowls, seats, handles, etc.
 - Clean & disinfect floors
 - Vacuum carpets and all area rugs
 - Clean & disinfect countertops and table IF they are totally clear
 - Clean and disinfect mops and cleaning rags
 - Quarterly - Shampoo carpets and area rugs
- All other classroom area cleaning and sanitizing / disinfecting tasks are the responsibility of the teaching staff. (See the guidelines for washing surfaces in the Health & Safety Appendix.)
 - Clean and disinfect any surface contaminated with body fluids immediately (e.g., saliva, mucus, vomit, urine, stool, or blood). If necessary, University cleaning will be contacted to support cleaning efforts.
 - Clean and disinfect changing table with Clorox Hydrogen Peroxide Disinfecting Wipes or a bleach solution after each child's use.
 - Drain, sanitize, and refill the water table for each session (morning and afternoon for preschool, daily for PreK/Kindergarten).
 - Clean and disinfect countertops and tables daily using Clorox Anywhere following the manufacturer's instructions.
 - Clean and sanitize utensils, surfaces, and toys that have been in contact with saliva or other bodily fluids after each child's use. Acceptable methods include use of the kitchen dishwasher or washing by hand with water and detergent, then rinsing, sanitizing, and air drying.
 - Clean dress-up clothes not worn on the head weekly.
 - Clean non-disposable hats after each child's use.
 - Clean lockers monthly.
 - The Administrative Team handles laundering of pillowcases, blankets, etc. after each sick child's use.
 - When using wading pools (typically during June camp), follow the guidelines for Disinfecting a Wading Pool (see Appendix). Empty the pools daily.

- Wash sheets after each use with a nap mat. NOTE that none of our programs include a regular rest time.

NOTE: The Children's School does not use walkers, potty chairs, cribs, mattresses, or sleeping bags.

Pets and Visiting Animals

- Pet reptiles are not permitted at the Children's School because of salmonella risk. Small mammals, birds, amphibians, fish, worms, and insects are permitted if secured from reputable dealers and cared for according to instructions in appropriate habitats.
- Only qualified animal handlers are permitted to bring visiting animals to school (e.g., blind society representative with a seeing eye dog, nature preserve representative with various animal friends, etc.).
- Take care to instruct children on safe behavior with animals, to supervise all interactions between children and animals, and to ensure that they wash their hands before and after contact.

EMERGENCY ACTION PLAN [10B.19]

The Children's School's Emergency Action Plan specifies four safety levels including one for normal operations, one for cases when children need to be kept away from a certain area (e.g., a hazardous spill that needs to be cleaned, an accident, etc.), one for emergencies that require a shelter in place/lockdown as determined by the situation (e.g., a chemical spill from the nearby railroad, etc.), and one for evacuation (e.g., in case of a fire). Our first evacuation sites are the reflection garden, parking lot, or outdoor classroom. For longer evacuations, we go to the University Center or The Cyert Center for Early Education. In the event of an emergency in which Carnegie Mellon main campus facilities require evacuation, we will be relocated to the Entertainment Technology Center (ETC) located at 700 Technology Drive, Pittsburgh, PA for shelter and safety. In the event of a long-term evacuation, we contact families as quickly as possible via text, email or phone to notify them of the plan for reuniting them with their children. If these services are not available, Carnegie Mellon officials use local broadcasting services to make announcements regarding status and procedures.

In an emergency or time-critical situation when the Director is not present or reachable by phone, the most senior Administrative Team member present will serve as the Acting Director. If none of the Administrative Team members is present at the time of an emergency, the most senior educator present will decide collaboratively with other staff on a course of action.

BEHAVIOR MANAGEMENT GUIDELINES [3B, 6D.3]

The Children's School's goals related to behavior management are listed for three-, four-, and five-year-olds on the Continuum of Developmental Objectives, primarily in the domains of Self-Esteem & Independence, Interaction & Cooperation, and the part of Discovery & Exploration focused on approaches to learning. The Children's School environment, schedules, routines, activities, etc. are all designed to foster positive behavior management. All staff members guide and support children throughout the day as they gain control of their bodies, learn to use language to communicate needs, practice persisting when frustrated, take turns, and play cooperatively with peers.

Experienced educators recognize the possibility of potential problems before they occur and can redirect the child's behavior before it becomes unacceptable. All Children's School staff will:

- Provide limits in a calm, consistent, and respectful manner, which allows the child to grow in self-control and self-esteem.
- Respond to a child's challenging behavior, including physical aggression, in a manner that provides for the safety of the child and the others in the classroom.
- Help children learn to identify both positive and negative emotions, as well as to express them appropriately.
- Work with children to develop conflict resolution skills necessary to solve their disagreements in an appropriate manner.
- Help children express and acknowledge their choices.
- Help children describe problems, evaluate their actions, verbalize alternatives, and consider the perspective of others. Children are guided and supported as they learn to accept the natural consequences of their actions.

Steps for Addressing Problem Behaviors as a Team [1E.1, 3B.2]

1. The behaviors of children shall be addressed by classroom staff as outlined by the Behavior Guidelines in the Family Handbook. Educational Administrators consult regularly with staff members to plan appropriate strategies, including positive reinforcement for appropriate behavior, redirection, reminders of classroom rules, modifying the classroom environment and/or daily schedule, and providing a supervised quiet time for the child to gain control. Staff members shall observe all children and use appropriate forms for documenting any atypical behavior to help ascertain any patterns re: events, activities, and interactions, as well as any precipitating contextual factors.

2. When a child exhibits a problem behavior on a continual basis that is not resolved through appropriate behavior management strategies, the educators will plan a meeting with the Director to discuss the problem behavior and ask for further guidance. If relevant, at least two staff members will independently complete the TABS assessment of the child (Temperament and Atypical Behavior Scale, Neisworth, Bagnato, Salvia, and Hunt, 1999) and the Director will observe the child to verify the TABS results. (See the Health & Safety Appendix for a list of the TABS questions and then consult the Director for the scoring guide.)

3. If the behavior problem is still not resolved, the staff shall request a meeting with the child's parent(s). If appropriate, parents will be asked to complete the TABS assessment of the child prior to the meeting so that results can be compared with the school results. At the meeting, staff and parent(s) will collaboratively develop individualized strategies to resolve the problem behavior. During this process, educators will keep the Director and parents informed of progress in resolving the behavior problem. Educators will provide information to the parent(s) in written form with copies kept in the child's file. If a child's behavior results in an injury to another child or staff member, the child's parents will be notified as soon as possible, and written documentation of the incident will be provided to the parents and placed in the child's file.

4. If the educators feel that they need further assistance in resolving the behavior problem, the Director may, with parental permission, request the assistance of an outside party. If she feels that the problem may be the result of a special need, she may request that the parents arrange for a professional evaluation of the child. The goal of this behavior management process is to support the child's inclusion and success while limiting or eliminating the use of suspension, expulsion, and other exclusionary measures. If, however, the parents refuse to pursue evaluation and the problem behavior continues, the continued enrollment of the child will be reconsidered in accordance with the provisions of paragraph 6 below.

5. If the results of an outside evaluation suggest the need for accommodations for special needs, the Children's School will provide these, or other appropriate, accommodations, as long as they are not an undue hardship on the Children's School as outlined in the Americans with Disabilities Act (ADA) or federal / state civil rights laws.

6. If all the above steps fail to resolve the behavior problem, the Children's School may ask the parents to find an alternative educational placement for their child. The Children's School will provide the parents with 4 weeks notice, except where such notice is not reasonable because of safety concerns, and administrators will try to assist the parents with alternative placement that is appropriate for the unique needs of the child.

7. Written documentation of all the above steps will be provided to the parents and placed in the child's file.

GUIDELINES FOR OUTDOOR CLASSROOM USE [9B]

(Designed for both the Playground and the Reflection Garden, with a focus on safety and in the spirit of developmentally appropriate risk)

NOTE: Natural elements include grassy areas, sandbox, mud kitchen, garden boxes, water play, and loose parts with logs/stumps.

- Only open areas when there is sufficient coverage to monitor them (e.g., Imagination Playground, bikes, water play, etc.).
- Educators ensure that they maintain good lines of sight to cover all areas of the playground, from the grassy outer ring to the inner oval with rubber surfacing, using an “eyes up” approach. If there is enough coverage, an educator may do a more focused activity with children.
- Monitor the gates to make sure they stay closed and latched.
- Be vigilant for safety concerns in the outdoor classroom. Educators should carry their cell phone at all times.
- Monitor the fall zones around each piece of equipment.
 - Height of equipment is less than 30 inches = 6-foot distance between structures
 - Height of equipment is more than 30 inches = 9-foot distance between structures
 - Keep the alligator seesaw away from the slide or climbers.
 - The large adult size picnic table is the only picnic table to be inside the bike oval. All small child sized tables are to remain on the outside of the bike oval.
 - Monitor loose parts, such as logs, stumps, and tires, so that they are not creating hazards in the fall zones or slide exits.
 - Ensure that children keep their feet on the ground in the Music Exploration Area.
- Ensure that children wear helmets during use of any riding toy or scooter (whether as driver or passenger). Do not allow children to wear their helmets while playing in other areas because helmets change the children's head dimensions and increase the possibilities for entrapment.
- Educators focus on supervising and promoting productive play among children.
- Classes can use the *covered* blocks Pavilion and *shaded* Reflection Garden for dramatics, snack, etc. with supervision. In addition to these areas, the *sandbox pavilion* offers good shade for sunny days, and educators can add *umbrellas and canopies* to other areas as needed. Be sure to close umbrellas when leaving the playground so umbrellas don't get displaced by the wind.
- Picnic tables and chairs are for bottoms only. No standing. No jumping.
- Jumping is permitted from the Rock Climber, Climbing Tunnel, Beanstalk Climber, benches and platforms.
- Use sidewalk chalk only on the sidewalks, NOT on the Bluestone in the Reflection Garden.

NOTE: Educators use judgment re: supervising children's catch / chase games. Staff Members should NOT be chasing children or encouraging children to chase them.

- No climbing on the fence or on the adults.
- Bikes - Wear your own helmet, ride in the designated direction, no ramming, but pushing is allowed with adult supervision. Park bikes in the "parking lot" in the mulched area between the musical instruments and the double gate.
- Wagons – All potential passengers wear helmets, with only 2 passengers at a time (3 passengers ok for field trips).
- Scooters – With helmets and supervision only.
- Slides – All positions are fine as long as everyone pays attention for safety.
- Sandbox – Sand stays in the sandbox; sand toys stay in the sandbox. Water in the sandbox only with adult permission. Children may remove shoes for sandbox play. Notify an Educational Administrator to initiate a work order if the sand level nears less than half full.
- Mud Kitchen – Mud stays in the mud kitchen. Ensure that there is no standing water at the end of each session.
- Dig only in the sandbox and garden boxes (i.e., not the gray Eco-Trail or the wood chips).
- Imagination Playground (IP) - No climbing in the storage box. All loose blocks should be returned to their designated areas at the end of each session, though interesting structures may be left for the next group.
- Shed – No children in the shed without supervision.
- Clean Up – Park bikes in the "parking lot" between the musical instruments and the double gate, make sure sand toys are in the sandbox, and put other toys away.

Special Notes:

- Photos may be taken by outsiders only with permission of the office. The photographer should be wearing a nametag like other visitors.
- Dogs and other pets are not permitted on the playground.
- No children may leave playground without an adult. Permanent staff members must accompany children to the bathroom (i.e., not student employees or volunteers). Researchers with clearances on file may take children from the playground to participate in research sessions. Indoor classroom practices apply to children's use of the restroom in the preschool while their class is in the Reflection Garden.
- Educators close shed doors and lock gates when playground time is finished. Sheds are locked at the end of the day.

STAFF USE OF THE SECURITY SYSTEM

Installed Fall 1996

Updated with new keypads & video monitoring Summer 2006

Updated with new keypads and control pads Fall 2009 after the Flood

Updated with new cameras and video recording Summer 2014

Updated with new camera system that records to campus police Spring /
Summer 2022

Note: Staff members are given a code that is “privileged”, meaning that it can be used to program the system. PLEASE DO NOT GIVE YOUR CODE TO ANYONE.

CAUTION: The system processes commands VERY SLOWLY so it takes time for your key presses to register!

Personal Entry & Exit

Use the corridor doors.

Use the slimline number panels.

Press the access code and then the * button.

The red light will NOT turn green to signify that the magnet has been deactivated.

You have 30 seconds to get through the door and make sure it closes.

NOTE: Having the code only allows entry to the school corridor. Keys must still be used for access to other areas.

BEWARE: The system does not reactivate for 30 seconds, so anyone can enter or exit the school within the 30 seconds. The system also does not accept a code for entry until 30 seconds after the last time a code was entered into the system. If you have trouble entering, wait 15 seconds and try again. Sometimes people use the code to exit but it is not accepted, which makes the alarm ring anyway.

Class Entry and Exit (i.e., longer than 30 seconds)

“Ready to Arm” means that all doors are closed and unbypassed.

“Ready w/ Bypass” means that all doors are closed but at least one is bypassed.

There are now two separate processes for bypassing doors. Do not try to bypass if the keypad does not say ready. Press * if it does not say ready.

To bypass the Corridor Doors:

For the Stairwell, press the F1 key to bypass and the F3 key to unbypass.

For the Hallway (Front), press F2 to bypass and F4 to unbypass.

These presses must be firm and slightly extended. The system will beep three times and display Stair / Front Byp / Unbyp to let you know it worked.

To bypass the Outside Doors:

Use the major key panels (office, preschool, or PreK/Kindergarten).

Press the “Bypass” key.

Press the Door Number.

03: Preschool

04: PreK/Kindergarten

Press the "Bypass" key. The system will beep and ask for Authorization.

Press the code. The system will beep three times.

To "un-bypass" the Outside Doors:

Follow the same steps for bypassing.

To check what's bypassed,

Press the "Up Arrow" key. Each time you press it, you will see one more door that is bypassed, until you see them all.

NOTE: If you bypass a door, it is your responsibility to make sure that it is unbypassed as soon as possible. The school is not secure when the doors are bypassed because children could leave without the alarm ringing.

To STOP the ALARM from ringing or system from BEEPING

Press the code on one of the major keypads.

Press the * key to exit any function mid-stream. The "Elk" key also works.

STAFF USE OF THE INTERCOM

To Answer the Intercom when it rings

Look for the left-most red light.

Press the button beneath it to **open the channel**.

Press the **"Talk" button** and say, **"May I help you."**

Release the "Talk" button to hear the response.

Continue the conversation in the same manner, pressing the "Talk" button when you want to speak and releasing it when you want to listen.

*Many people think that they have to press the buzzer to talk. If you hear the buzzer again instead of the other person talking, you'll need to wait for your turn and then tell the person not to press the button again.

Once you are sure that the person should be admitted to the school, press the red button that corresponds to the door where they are standing: either #1 or #2.

To let people enter, you disengage the alarm for 30 seconds on the relevant door by pressing the corresponding **Red Button**. [Using the Red Button near the office door is also a good way for you to leave the school via Door 2 without having to press your code.]

When you're finished, press the **"Off" button** to close the channel (or you'll continue to hear noise from outside the doors).

Appendix – Health & Safety Techniques

Surface Cleaning

Cleaning Protocol

- Wear disposable gloves to clean and disinfect.
- Clean surfaces using soap and water, then use disinfectant. Cleaning with soap and water reduces number of germs, dirt, and impurities on the surface. Disinfecting kills germs on surfaces.
- Use a wipe or spray surface with premixed bleach solution or Clorox Anwhere.
 - If using a disinfecting wipe, wipe surface after dwell time to remove chemical residue.
 - 3.2 ounces bleach to 32 ounces of room temperature water
 - 1 part bleach 10 parts water
 - Bleach solutions will be effective for disinfection up to 24 hours.
 - **Leave solution** on the surface for **at least 1 minute**.

For the changing table, use Clorox Hydrogen Peroxide Disinfecting Wipes or mix a bleach solution of 1 tablespoon bleach to 1 quart of water each day so you can disinfect the changing table following each use.

NOTE that these products have been chosen to balance eco-friendly effectiveness with minimizing exposure to allergens and harmful chemicals [5C.6].

Hand-washing Technique

The following is the hand-washing procedure recommended by the National Association for the Education of Young Children: Rub hands vigorously for at least 20 seconds, including back of hands, wrists, areas between fingers, around nail beds, under fingernails and jewelry. The children are taught the much more detailed version below, along with the accompanying song composed by the Children's School minstrels.

Hand washing Technique:

Step 1: Put your hands together. Slide the tips of the fingers of the right hand to the left hand's wrist and then slide hands together in a wave-like motion until the left hand's fingertips are now touching the right wrist. Gently create a wave back and forth to wash the palms of your hands. (If you hold up your hands palms together and look, you can actually see a pocket between your hands. This is why the wave motion is effective in reaching the palms, which is a place that germs hide.)

Step 2: Build a bridge by placing right hand on top of the left hand. Interlock the fingers and gently move the right hand over the left hand several times. Switch hands and repeat.

Step 3: Create a bracelet with the fingers of your right hand over the wrist of your left hand. Slide the fingers of your right hand around and around your left wrist. Now slide your finger bracelet off and on your left hand several times. Switch hands and repeat. (This cleans the outside of the hands, paying special attention to the thumbs and little fingers).

Step 4: Pinch fingers together, place fingertips in the palm of the opposite hand and twist, twist, twist in a circle to gently clean your nails. Switch hands and repeat. (*Jeannie Simms, American Respiratory Alliance of Western Pennsylvania, November 2, 2009*).

Hand-washing Song

(sung to the tune of "Row, Row, Row Your Boat")

Slide, slide, slide your hands,



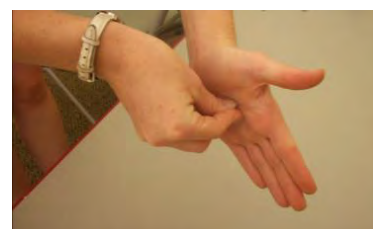
Make a bridge like this.



Don't forget both bracelets,



Then you have to twist!



CARING FOR OUR CHILDREN STANDARD: HANDWASHING PROCEDURE

Children and staff members should wash their hands using the following method:

- a. Check to be sure a clean, disposable paper (or single-use cloth) towel is available;
- b. **Turn on warm water**, between 60°F and 120°F, to a comfortable temperature;
- c. **Moisten hands with water and apply soap** (not antibacterial) to hands;
- d. **Rub hands together vigorously until a soapy lather appears**, hands are out of the water stream, and continue for at least twenty seconds (sing Happy Birthday silently twice) (2). Rub areas between fingers, around nail beds, under fingernails, jewelry, and back of hands. Nails should be kept short; acrylic nails should not be worn (3);
- e. **Rinse hands under running water**, between 60°F and 120°F, until they are free of soap and dirt. Leave the water running while drying hands;
- f. **Dry hands** with the clean, disposable paper or single use cloth towel;
- g. If taps do not shut off automatically, turn taps off with a disposable paper or single use cloth towel;
- h. **Throw the disposable paper towel into a lined trash container**; or place single-use cloth towels in the laundry hamper; or hang individually labeled cloth towels to dry. **Use hand lotion to prevent chapping of hands, if desired.**

The use of alcohol-based hand sanitizers is an alternative to traditional handwashing with soap and water by children over twenty-four months of age and adults on hands that are not visibly soiled. A single pump of an alcohol-based sanitizer should be dispensed. Hands should be rubbed together, distributing sanitizer to all hand and finger surfaces and hands should be permitted to air dry.

Situations/times that children and staff should wash their hands should be posted in all handwashing areas.

Use of antimicrobial soap is not recommended in childcare settings. There are no data to support use of antibacterial soaps over other liquid soaps.

Children and staff who need to open a door to leave a bathroom or diaper changing area should open the door with a disposable towel to avoid possibly re-contaminating clean hands. If a child cannot open the door or turn off the faucet, they should be assisted by an adult.

RATIONALE: Running water over the hands removes visible soil. Wetting the hands before applying soap helps to create a lather that can loosen soil. The soap lather loosens soil and brings it into solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap brought into solution. Warm water, between 60°F and 120°F, is more comfortable than cold water; using warm water also promotes adequate rinsing during handwashing (1).

Acceptable forms of soap include liquid and powder.

COMMENTS: Pre-moistened cleansing towelettes do not effectively clean hands and should not be used as a substitute for washing hands with soap and running water. When running water is unavailable or impractical, the use of alcohol-based hand sanitizer is a suitable alternative for children over 24 months and for adults on hands that are not visibly soiled.

Outbreaks of disease have been linked to shared wash water and wash basins (4). Water basins should not be used as an alternative to running water. Camp sinks and portable commercial sinks with foot or hand pumps dispense water as for a plumbed sink and are satisfactory if filled with fresh water daily. The staff should clean and disinfect the water reservoir container and water catch basin daily.

Single-use towels should be used unless an automatic electric hand-dryer is available.

The use of cloth roller towels is not recommended for the following reasons:

- a. Children often use cloth roll dispensers improperly, resulting in more than one child using the same section of towel; and
- b. Incidents of unintentional strangulation have been reported (U.S. Consumer Product Safety Commission Data Office, pers. comm.)

Hand Sanitizers:

The use of hand sanitizers by children over twenty-four months of age and adults in childcare programs is an appropriate alternative to the use of traditional handwashing with soap and water. For visibly dirty hands, rinsing under running water or wiping with a water-saturated towel should be used to remove as much dirt as possible before using a hand sanitizer.

a. Acceptable Conditions for Use of Hand Sanitizers:

- i. Alcohol-based hand sanitizers are those with 60% to 95% alcohol.
- ii. Any visible soil must be removed by hand washing or a wet wipe before applying the sanitizer.
- iii. To avoid ingestion, contact with eyes and mucous membranes, and inhalation of fumes, alcohol-based hand sanitizer dispensers are not accessible to children younger than 6 years.
- iv. Use of hand sanitizers requires 1:1 supervision by an adult to dispense and making sure that the chemical is used according to the directions on the product label. School-aged children may use hand sanitizers with close teacher/caregiver supervision.
- v. Users should pay special attention to the time the skin must stay wet with the hand sanitizer before being allowed to air-dry.

b. Procedure for Using a Hand Sanitizer:

- i. Dispense the amount recommended by the manufacturer of the alcohol-based sanitizer.
- ii. Rub hands together, distributing sanitizer to all hand and finger surfaces and keeping hand surfaces wet for the time specified on the product label.
- iii. Allow hands to air-dry.

Lifting Safety: Tips to Help Prevent Back Injuries (familydoctor.org) [10.D.1]
[CMU's Environmental Health & Safety website](#) provides additional training information.

Have you checked the object before you try to lift it?

- Test every load before you lift by pushing the object lightly with your hands or feet to see how easily it moves. This tells you about how heavy it is.
- Remember, a small size does not always mean a light load.

Is the load you want to lift packed correctly?

- Make sure the weight is balanced and packed so it won't move around.
- Loose pieces inside a box can cause accidents if the box becomes unbalanced.

Is it easy to grip this load?

- Be sure you have a tight grip on the object before you lift it.
- Handles applied to the object may help you lift it safely.

Is it easy to reach this load?

- To avoid hurting your back, use a ladder when you're lifting something over your head.
- Get as close as you can to the load. Slide the load towards you if you can.
- Don't arch your back--avoid reaching out for an object.
- Do the work with your legs and your arms--not your back.

What's the best way to pick up an object?

- Use slow and smooth movements. Hurried, jerky movements can strain the muscles in your back.
- Keep your body facing the object while you lift it. Twisting while lifting can hurt your back.
- Keep the load close to your body. Having to reach out to lift and carry an object may hurt your back.
- "Lifting with your legs" should be done only when you can straddle the load. To lift with your legs, bend your knees, not your back, to pick up the load. Keep your back straight.
- Try to carry the load in the space between your shoulder and your waist. This puts less strain on your back muscles.

How can I avoid back injuries?

- Warm up. Stretch your legs and your back before lifting anything.
- Pace yourself. Take many small breaks between lifts if you are lifting a number of things.
- Don't overdo it--don't try to lift something too heavy for you. If you have to strain to carry the load, it's too heavy.
- Make sure you have enough room to lift safely. Clear a space around the object before lifting it.
- Look around before you lift and look around as you carry. Make sure you can see where you are walking. Know where you are going to put down the load.
- Avoid walking on slippery, uneven surfaces while carrying something.
- Don't rely on a back belt to protect you. It hasn't been proven that back belts can protect you from back injury.
- Get help before you try to lift a heavy load. Use a dolly or a forklift if you can.

TABS (Behavior Scale)

Child:

Date:

Birthdate:

Name of person completing the checklist:

Relationship to child:

Directions:

For each of the 55 items listed below, check "No" if the behavior is not observed. Check "Yes" if the behavior is observed. For those items marked "Yes," check "Need Help" if there is a special concern and assistance is needed to cope with the behavior.

#	Item	No	Yes	Need Help
1	Consistently upset by changes in schedule			
2	Emotions don't match what is going on			
3	Seems to look through or past people			
4	Resists looking you in the eye			
5	Acts like others are not there			
6	Hardly ever starts on own to play with others			
7	Moods and wants are too hard to figure out			
8	Seems to be in "own world"			
9	Often stares into space			
10	"Tunes out," loses contact with what is going on			
11	Plays with toys in strange ways			
12	Plays with toys as if confused by how they work			
13	Makes strange throat noises			
14	Disturbed by too much light, noise, touching			
15	Overexcited in crowded places			
16	Stares at lights			
17	Overly interested in toy/object			
18	Flaps hands over and over			
19	Shakes head over and over			
20	Wanders around without purpose			
21	Upset by every little thing			
22	Often difficult to soothe when upset and crying			
23	Has wide swings in mood			
24	Gets angry too easily			
25	Too easily frustrated			
26	Has wild temper tantrums			
27	Frequently irritable, "touchy," or fussy			
#	Item	No	Yes	Need Help

28	Can't wait at all for food or toy			
29	Demands attention continually			
30	Controls adult's behavior, "is the boss"			
31	Jealous too often			
32	Mostly on the go, "in high gear"			
33	Doesn't sit still			
34	Too "grabby," impulsive			
35	Almost always refuses to do what is told			
36	Throws or breaks things on purpose			
37	Bites, hits, kicks others			
38	Rarely smiles, giggles, or laughs at funny things			
39	Doesn't pay attention to sights and sounds			
40	Doesn't seem to watch moving objects			
41	Shows no surprise to new events			
42	Doesn't react to own name			
43	Doesn't care when others are hurt			
44	Doesn't play much at all			
45	Doesn't enjoy playing with mother or caregiver			
46	Isn't upset when toy is taken away			
47	Almost never babbles or tries to talk			
48	Doesn't react to sounds			
49	Often cries too long			
50	Often frightened by dreams or the nighttime			
51	Screams in sleep and can't be comforted			
52	Can't comfort self when upset			
53	Wakes up often and doesn't fall back asleep			
54	Doesn't have a regular sleep schedule			
55	Too often needs help to fall asleep			
TOTAL				

Make Safe Choices When Buckling Up Children

Children who are correctly buckled in a car seat, booster seat, or seat belt benefit from the single most effective way to protect vehicle occupants and reduce fatalities in a crash. Securing children in age and size appropriate car seats is the best way to keep children safe. It is also important to increase booster seat/seat belt use among children age 8 through 13 and spread the message that they are safer in the back seat of a vehicle. By educating children and families on the importance of occupant protection, they will make buckling up a habit for life.

- ◆ Selection: Choose a car seat, booster seat, or seat belt based on the child's age, height, weight, and developmental level.
- ◆ Direction: Children should remain rear-facing as long as possible, until they reach the top height or weight limits allowed by the manufacturer.
- ◆ Location: Select a seating position with seat belts that can be locked or approved for LATCH (Lower Anchors and Tethers for CHildren) to secure the car seat. Children should remain in a back seat through age 12.
- ◆ Installation: Read and follow the car seat manufacturer's instructions and vehicle manual for guidance on correctly installing and using the car seat, booster seat, and seat belt.
- ◆ Harnessing: Place the harness through the correct slots and secure the child snugly with the harness retainer clip at armpit level. You should NOT be able to pinch excess webbing at the shoulder or hips once the harness is buckled.

Before Baby Arrives - Buckling up through all stages of pregnancy is the single most effective action to protect you and your unborn child in a crash. Place the shoulder belt across the chest (between the breasts) and the lap belt secured below the belly across the hips and pelvic bone. Move the vehicle seat back to keep as much distance as possible between the belly and the steering wheel.

Rear-Facing

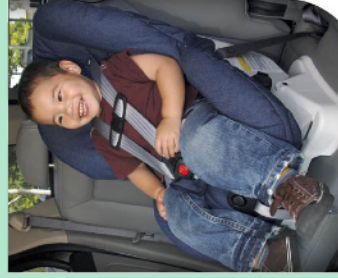


Under 2 years old?

Secure children in a rear-facing car seat until 2 years of age or until the maximum weight or height allowed by the manufacturer of the car seat. Children younger than 1 year should always ride in a rear-facing car seat. Never place a rear-facing car seat in the front seat with an active passenger-side front air bag.

Traveling rear-facing is 5 times safer than forward-facing.

Forward-Facing



Over 2 years old?

When children outgrow the rear-facing car seat, secure them in a forward-facing car seat with a harness for as long as possible, up to the highest weight or height allowed by the manufacturer of the car seat.

Forward-Facing car seats reduce the risk of injury for children by 71% compared to children using the seat belt only.

Belt-Positioning Booster



Once children outgrow the forward-facing car seat, secure them in a belt-positioning booster seat with a lap and shoulder belt until the seat belt fits properly, typically when a child is approximately 4 feet 9 inches and between 8 and 12 years of age.

Booster seats lower the risk of injury for children age 4 to 8 years by 45% compared to children using the seat belt alone.

Seat Belt



When children outgrow the belt-positioning booster seat, secure them in a properly fitted lap and shoulder belt. A lap and shoulder belt fits properly when the lap belt lays low and snug across the hips/upper thighs and the shoulder belt fits across the center of the chest and shoulder.

The lap and shoulder seat belts reduce the risk of injury by 45%.

Children younger than age 13 should ride in a back seat.

Any Age, Weight or Height, Always Buckle Your Family Right

Follow basic "correct use" principles to provide education and guidance to child restraint users without compromising the child's safety. Parents must become familiar with their safety belt systems, car seat and other vehicle safety features.

1. READ AND FOLLOW BOTH THE CAR SEAT AND VEHICLE OWNER'S MANUALS TO LEARN HOW TO INSTALL AND CORRECTLY USE A CAR SEAT.

- ♦ Labels on car seats provide important information:
- ♦ Basic instructions for correct installation and use
- ♦ Name, address, and contact information of manufacturer
- ♦ Model Number and Manufacture Date
- ♦ Expiration Date



2. Infants must ride rear-facing until two years of age or until the maximum weight or height allowed by the manufacturer of the car seat.

- ♦ Many convertible car seats are approved for rear-facing use up to 40 pounds and should be considered for children who have exceeded the limits of a rear-facing only car seat.



3. Infants always ride rear-facing at no greater than a 45-degree recline angle.

- ♦ The correct angle enables the infant to maintain an open airway.

4. NEVER place a rear-facing car seat in the front seat of a vehicle with an active passenger-side front air bag.

- ♦ A rear-facing car seat may be used in a front seat only when there is an air bag on/off switch when the switch is in the OFF position.
- ♦ To determine if air bags are present in the vehicle, check the:
 - ♦ sun visor
 - ♦ dashboard
 - ♦ owner's manual



5. Children younger than age 13 should ride in a back seat. Older children can ride in the front seat with an active passenger-side front air bag only when no other back seat position is available and properly secured. Always:

- ♦ push the vehicle seat back as far as possible.
- ♦ use the car seat harness or seat belt according to the manufacturer's instructions.

6. Children who have outgrown the rear-facing car seat should be secured in a forward-facing car seat with a harness for as long as possible, up to the highest weight or height allowed by the manufacturer of the car seat.

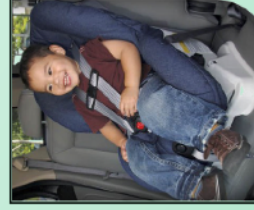
7. Place the car seat harness through the correct slots:

- ♦ at or below the shoulders for rear-facing.
- ♦ at or above the shoulders for forward-facing in a reinforced slot.

8. The car seat harness should not allow any slack.

A snug harness:

- ♦ lies in a relatively straight line without sagging.
- ♦ should not, however, be so tight as to press into a child's body.



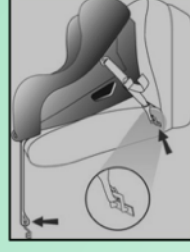
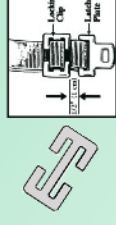
9. Seat Belt: Place the vehicle seat belt through the correct belt path following the car seat manufacturer instructions.

10. Tighten and LOCK the vehicle seat belt according to directions found in the vehicle owner's manual.

- ♦ Check for tightness at the seat belt path.
- ♦ The car seat should NOT move more than one inch when pulled side-to-side or front-to-back at the belt path.

11. When the seat belt cannot be locked, use one of the following approved methods as directed by the vehicle and/or car seat manufacturer:

- ♦ Locking Clip/Lock-Off
- ♦ Belt-Shortening Clip
- ♦ Flip the Latchplate
- ♦ Twist the Buckle Stalk



12. LATCH (Lower Anchors and Tethers for Children): Route the lower anchor connector webbing through the designated belt path following the manufacturer's instructions.

- ♦ Attach the lower anchor connectors on the car seat to the lower anchors in the vehicle following instructions in the car seat and vehicle owner's manual.

- ♦ Check for tightness at the lower anchor belt path.

- ♦ Attach the tether connector (if applicable) to the tether anchor and tighten.

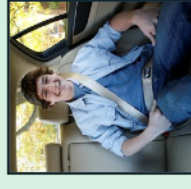
Car seat and vehicle manufacturers provide a maximum weight limit for lower anchor and tether use. Lower anchors and tethers should be discontinued when the weight limit is met.

13. Children who have outgrown their forward-facing car seat should be properly secured in a booster seat until the vehicle lap and shoulder belt fits correctly, at approximately 4'9" and between 8 and 12 years of age.



14. The vehicle lap and shoulder belt can be used safely when the child is able to:

- ♦ Sit with their back and hips against the vehicle seat back without slouching.
- ♦ Bend their knees over the front edge of the vehicle seat and their feet flat on the floor.
- ♦ Place the snug shoulder belt across the center of the chest and shoulder.
- ♦ Place the lap belt low and snug across the hips/thighs.
- ♦ Stay in position for the entire ride.



15. When in doubt, don't guess –

read instructions and/or call for technical assistance:

- ♦ TIPP: 1-800-CAR BELT or www.pakidstravelsafe.org
- ♦ NHTSA: 1-888-dash2dot or www.nhtsa.dot.gov
- ♦ www.safercar.gov/parents/index.htm



Appendix A: Signs and Symptoms Chart

Routine Exclusion Criteria Applicable to All Signs and Symptoms

- Child is unable to participate in program activities.
- Care would compromise staff's ability to care for other children.
- Child meets other exclusion criteria (see Chapter 4, "Call Emergency Medical Services [EMS] [911] Immediately If" and "Get Medical Attention Within 1 Hour" boxes and Conditions Requiring Temporary Exclusion section).

Sign or Symptom	Common Causes	Concerns or Symptoms	Notify Programs Health Consultant, If Program Has One	Notify Parent/ Legal Guardian	Temporarily Exclude?	If Excluded, Readmit When
Cold Symptoms	<i>Viruses</i> <ul style="list-style-type: none"> • Adenovirus • Coronavirus (including SARS-CoV-2, the virus that causes COVID-19) • Enterovirus • Influenza virus • Parainfluenza virus • Respiratory syncytial virus (RSV) • Rhinovirus <i>Bacteria</i> <ul style="list-style-type: none"> • Mycoplasma • Pertussis 	<ul style="list-style-type: none"> • Coughing • Hoarse voice, barks cough • Runny or stuffy nose • Scratchy throat • Sneezing • Fever • Watery and pink eyes 	Not necessary unless epidemics occur (ie, RSV or vaccine-preventable disease like measles or varicella [chickenpox])	Yes	No, unless <ul style="list-style-type: none"> • Fever accompanied by behavior change. • Child looks or acts very ill. • Child has difficulty breathing. • Child has blood-red or purple rash not associated with injury. • Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4). • During the COVID-19 pandemic, refer to the Centers for Disease Control and Prevention (CDC) recommendations: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html. 	Exclusion criteria are resolved.
Cough	<ul style="list-style-type: none"> • Common cold • COVID-19 • Lower respiratory infection (eg, pneumonia, bronchiolitis) • Croup • Asthma • Sinus infection • Bronchitis • Pertussis • Noninfectious causes like allergies 	<ul style="list-style-type: none"> • Dry or wet cough. • Runny nose (clear, white, or yellow-green). • Sore throat. • Throat irritation. • Hoarse voice, barking cough. • Coughing fits. • Irritation in any part of the respiratory tract, from nose and mouth to lung tissue, can cause coughing. 	Not necessary unless the cough is due to a vaccine-preventable disease, such as pertussis, which should be reported to the local public health department.	Yes	No, unless <ul style="list-style-type: none"> • Severe cough. • Rapid or difficult breathing. • Wheezing and not already evaluated and symptoms controlled by treatment. • Cyanosis (ie, blue color of skin or mucous membranes). • Pertussis is diagnosed and not yet treated. • Fever with behavior change. • Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4). • During the COVID-19 pandemic, refer to the CDC recommendations: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html. 	Exclusion criteria are resolved.



Appendix A: Signs and Symptoms Chart

Sign or Symptom	Common Causes	Concerns or Symptoms	Notify Programs Health Consultant, If Program Has One	Notify Parent/ Legal Guardian	Temporarily Exclude?	If Excluded, Readmit When
Diaper Rash	<ul style="list-style-type: none"> Irritation by rubbing of diaper material against skin wet with urine or stool Infection with yeast or bacteria 	<ul style="list-style-type: none"> Redness Scaling Red bumps Sores Cracking of skin in diaper region 	Not necessary	Yes	No, unless <ul style="list-style-type: none"> Oozing sores that leak body fluids outside the diaper. Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4). 	Exclusion criteria are resolved.
Diarrhea	<ul style="list-style-type: none"> Usually viral, less commonly bacterial or parasitic COVID-19 Noninfectious causes such as dietary (drinking too much juice), medications, inflammatory bowel disease, or cystic fibrosis 	<ul style="list-style-type: none"> Frequent loose or watery stools compared with child's normal pattern (Note that exclusively breastfed infants normally have frequent unformed and somewhat watery stools or may have several days with no stools.) Abdominal cramps Fever Generally not feeling well Vomiting occasionally present 	Yes, if 1 or more cases of bloody diarrhea or 2 or more children or educators in same group experience diarrhea within a week	Yes	Yes, if <ul style="list-style-type: none"> Directed by the local health department as part of outbreak management. Stool is not contained in the diaper for diapered children. Diarrhea is causing "accidents" for toilet-trained children. Stool frequency exceeds 2 stools above normal for that child during the time the child is in the program because this may cause too much work for early childhood educators and make it difficult to maintain good sanitation. Blood/mucus in stool. Black stools. No urine output in 8 hours. Jaundice (ie, yellow skin or eyes). Fever with behavior change. Looks or acts very ill. Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4). During the COVID-19 pandemic, refer to the CDC recommendations: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html. 	<ul style="list-style-type: none"> Cleared to return by pediatric health professional for all cases of bloody diarrhea and diarrhea caused by Shiga toxin-producing <i>Escherichia coli</i>, <i>Shigella</i>, or <i>Salmonella</i> serotype Typhi until negative stool culture requirement has been met. Diapered children have their stool contained by the diaper (even if the stools remain loose) and toilet-trained children do not have toileting accidents. Stool frequency is no more than 2 stools above normal for that child during the time the child is in the program, or what has become normal for that child when the child seems otherwise well. Exclusion criteria are resolved.



Appendix A: Signs and Symptoms Chart

Sign or Symptom	Common Causes	Concerns or Symptoms	Notify Programs Health Consultant, If Program Has One	Notify Parent/ Legal Guardian	Temporarily Exclude?	If Excluded, Readmit When
Difficult or Noisy Breathing	<ul style="list-style-type: none"> Common cold COVID-19 Croup Epiglottitis Bronchiolitis Asthma Pneumonia Object stuck in airway Exposed to a known trigger of asthma symptoms (eg, animal dander, pollen) 	<ul style="list-style-type: none"> Common cold: stuffy/runny nose, sore throat, cough, or mild fever. Croup: barking cough, hoarseness, fever, possible chest discomfort (symptoms worse at night), or very noisy breathing, especially when breathing in. Epiglottitis: gasping noisily for breath with mouth wide open, chin pulled down, high fever, or bluish (cyanotic) nails and skin; drooling, unwilling to lie down. Bronchiolitis and asthma: child is working hard to breathe; rapid breathing; space between ribs looks like it is sucked in with each breath (retractions); wheezing; whistling sound with breathing; cold/cough; irritable and unwell. Takes longer to breathe out than to breathe in. Pneumonia: deep cough, fever, rapid breathing, or space between ribs looks like it is sucked in with each breath (retractions). Object stuck in airway: symptoms similar to croup (listed previously). Exposed to a known trigger of asthma symptoms and the child is experiencing breathing that sounds or looks different from normal for that child. 	Not necessary except for epiglottitis	Yes	<p>Yes, if</p> <ul style="list-style-type: none"> Fever with behavior change. Child looks or acts very ill. Child has difficulty breathing. Rapid breathing. Wheezing if not already evaluated and symptoms controlled by treatment. Cyanosis (ie, blue color of skin or mucous membranes). Cough interferes with activities. Noisy, high-pitched breath sounds can be heard when the child is at rest (stridor). Child has blood-red or purple rash not associated with injury. Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4). During the COVID-19 pandemic, refer to the CDC recommendations: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html. <p><i>Note:</i> Emergency care may be needed for some of the conditions herein (see Situations That Require Medical Attention Right Away in Chapter 4).</p>	Exclusion criteria are resolved.
Earache	<ul style="list-style-type: none"> Viruses (common cold) followed by bacteria 	<ul style="list-style-type: none"> Fever Pain or irritability Difficulty hearing "Blocked ears" Drainage Ear tugging or pulling in young children 	Not necessary	Yes	No, unless child meets routine exclusion criteria (See Conditions Requiring Temporary Exclusion in Chapter 4.)	Exclusion criteria are resolved.

Appendix A: Signs and Symptoms Chart

Sign or Symptom	Common Causes	Concerns or Symptoms	Notify Programs Health Consultant, If Program Has One	Notify Parent/Legal Guardian	Temporarily Exclude?	If Excluded, Readmit When
Eye Irritation, Pinkeye	<ul style="list-style-type: none"> Bacterial infection of the membrane covering 1 or both eyes and eyelids (bacterial conjunctivitis) Viral infection of the membrane covering 1 or both eyes and eyelids (viral conjunctivitis) Allergic irritation of the membrane covering 1 or both eyes and eyelids (allergic conjunctivitis) Chemical irritation of the membrane covering the eye and eyelid (irritant conjunctivitis) (eg, swimming in heavily chlorinated water, air pollution, smoke exposure) 	<ul style="list-style-type: none"> Bacterial infection: pink color of the “whites” of eyes and thick yellow/green discharge. Eyelid may be irritated, swollen, or crusted. Viral infection: pinkish/red color of the whites of the eye; irritated, swollen eyelids; watery discharge with or without some crusting around the eyelids; may have associated cold symptoms. Allergic and chemical irritation: red, painful, tearing, itchy, puffy eyelids; runny nose, sneezing; watery/stringy discharge with or without some crusting around the eyelids. 	Yes, if 2 or more children have red eyes with watery discharge	Yes	<p><i>For bacterial conjunctivitis</i></p> <p>No. Exclusion is not required for this condition. Pediatric health professionals may vary on whether to treat this condition with antibiotic medication. The role of antibiotics in treatment and preventing spread is unclear. Most children with pinkeye get better after 5 or 6 days without antibiotics.</p> <p><i>For red eyes with intense pain</i></p> <p>Refer to pediatric health professional.</p> <p><i>For other eye problems</i></p> <p>No, unless child meets other exclusion criteria (See Conditions Requiring Temporary Exclusion in Chapter 4.)</p> <p><i>Note:</i> One type of viral conjunctivitis spreads rapidly and requires exclusion. If 2 or more children in the group have watery red eyes without any known chemical irritant exposure, exclusion may be required, and health authorities should be notified to determine if the situation involves the uncommon epidemic conjunctivitis caused by a specific type of adenovirus. Herpes simplex conjunctivitis (red eyes with blistering/vesicles on eyelid) occurs rarely and would also require exclusion if there is eye watering.</p>	<ul style="list-style-type: none"> <i>For bacterial conjunctivitis</i>, once parent has discussed with pediatric health professional. Antibiotics may or may not be prescribed. Exclusion criteria are resolved.



Appendix A: Signs and Symptoms Chart

Sign or Symptom	Common Causes	Concerns or Symptoms	Notify Programs Health Consultant, If Program Has One	Notify Parent/ Legal Guardian	Temporarily Exclude?	If Excluded, Readmit When
Fever	<ul style="list-style-type: none"> Any viral, bacterial, or parasitic infection Vigorous exercise Reaction to medication or vaccine Other noninfectious illnesses (eg, rheumatoid arthritis, malignancy) 	<p>Flushing, tired, irritable, decreased activity</p> <p><i>Notes</i></p> <ul style="list-style-type: none"> Fever alone is not harmful. When a child has an infection, raising the body temperature is part of the body's normal defense against germs. Children can have higher than normal temperatures if they are outside doing vigorous exercise. Rapid elevation of body temperature sometimes triggers a febrile seizure in young children; this usually is outgrown by age 6 years. The first time a febrile seizure happens, the child requires medical evaluation. These seizures are frightening but are usually brief (less than 15 minutes) and do not cause the child any long-term harm. Parents should inform their child's health professional every time the child has a seizure, even if the child is known to have febrile seizures. <p>Warning: Do not give aspirin. It has been linked to an increased risk of Reye syndrome (a rare and serious disease affecting the brain and liver).</p>	Not necessary	Yes	<p>No, unless</p> <ul style="list-style-type: none"> Behavior change or other signs of illness in addition to fever or child meets other routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4). Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4). During the COVID-19 pandemic, refer to the CDC recommendations: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html. <p><i>Note:</i> A temperature considered meaningfully elevated above normal, although not necessarily an indication of a significant health problem for infants and children older than 2 months, is above 101 °F (38.3 °C) from any site (axillary, temporal/forehead, oral, or rectal).</p> <p><i>Get medical attention</i> when infants younger than 4 months have unexplained fever. In any infant younger than 2 months, a temperature above 100.4 °F (38.0 °C) is considered meaningfully elevated and requires that the infant get medical attention promptly, within 1 to 2 hours if possible. The fever is not harmful; however, the illness causing it may be serious in this age group.</p>	Exclusion criteria are resolved.



Appendix A: Signs and Symptoms Chart

Sign or Symptom	Common Causes	Concerns or Symptoms	Notify Programs Health Consultant, If Program Has One	Notify Parent/ Legal Guardian	Temporarily Exclude?	If Excluded, Readmit When
Headache, Stiff or Painful Neck	<ul style="list-style-type: none"> Any bacterial/viral infection Other noninfectious causes 	<ul style="list-style-type: none"> Tired and irritable Can occur with or without other symptoms 	Not necessary	Yes	<p>No, unless child meets routine exclusion criteria (See Conditions Requiring Temporary Exclusion in Chapter 4.)</p> <p><i>Note:</i> Notify pediatric health professional in the case of sudden, severe headache with fever, vomiting, or stiff neck that might signal meningitis. A stiff neck would be concerning if the back of the neck is painful or the child can't look at their belly button (putting chin to chest)—different from soreness in the side of the neck.</p>	Exclusion criteria are resolved.
Itching	<ul style="list-style-type: none"> Ringworm Chickenpox Pinworm Head lice Scabies Allergic (hives) or irritant reaction (eg, poison ivy) Dry skin or eczema Impetigo 	<ul style="list-style-type: none"> Ringworm: itchy ring-shaped patches on skin or bald patches on scalp. Chickenpox: blister-like spots surrounded by red halos on scalp, face, and body; fever; irritable. Pinworm: anal itching. Head lice: small insects or white egg sheaths that look like grains of sand (nits) in hair. Scabies: severely itchy red bumps on warm areas of body, especially between fingers or toes. Allergic or irritant reaction: raised (hives), circular, mobile rash; reddening of the skin; blisters occur with local reactions (poison ivy, contact reaction). Dry skin or eczema: dry areas on body. More often worse on cheeks, in front of elbows, and behind knees. In infants, may be dry areas on face and anywhere on body but not usually in diaper area. If swollen, red, or oozing, think about infection. 	Yes, for infestations such as lice and scabies; if more than 1 child in group has impetigo or ringworm; for chickenpox	Yes	<p><i>For chickenpox</i></p> <p>Yes, until lesions are fully crusted</p> <p><i>For ringworm, impetigo, scabies, and head lice</i></p> <p>At the end of the day, the child should see a pediatric health professional and, if any of these conditions are confirmed, the child should start treatment before returning. If treatment is started before the next day, no exclusion is necessary. However, the child may be excluded until treatment has started.</p> <p><i>For pinworm, allergic or irritant reactions like hives, and eczema</i></p> <p>No, unless</p> <ul style="list-style-type: none"> Appears infected as a weeping or crusty sore. <p>There is a concern for food allergy when hives are accompanied by breathing difficulties (eg, wheezing, noisy breathing), severe irritability, explosive diarrhea, or vomiting within 15 to 30 minutes of food exposure.</p>	<ul style="list-style-type: none"> Exclusion criteria are resolved. On medication or treated as recommended by a pediatric health professional if treatment is indicated for the condition.

Appendix A: Signs and Symptoms Chart

Sign or Symptom	Common Causes	Concerns or Symptoms	Notify Programs Health Consultant, If Program Has One	Notify Parent/ Legal Guardian	Temporarily Exclude?	If Excluded, Readmit When
Itching (continued)		<ul style="list-style-type: none"> • Impetigo: areas of crusted yellow, oozing sores. Often around mouth or nasal openings or areas of broken skin (insect bites, scrapes). 			<p><i>Note:</i> Although exclusion for these conditions is not necessary, families should seek advice from the child's health professional for how to care for these health problems.</p> <p><i>For any other itching</i></p> <p>No, unless the child meets routine exclusion criteria (See Conditions Requiring Temporary Exclusion in Chapter 4.)</p>	
Mouth Sores	<ul style="list-style-type: none"> • Oral thrush (yeast infection) • Herpes or coxsackievirus infection • Canker sores 	<ul style="list-style-type: none"> • Oral thrush: white patches on tongue, on gums, and along inner cheeks • Herpes or coxsackievirus infection: pain on swallowing; fever; painful, white/red spots in mouth; swollen lymph nodes (neck glands); fever blister, cold sore; reddened, swollen, painful lips • Canker sores: painful ulcers inside cheeks or on gums 	Not necessary	Yes	<p>No, unless</p> <ul style="list-style-type: none"> • Drooling steadily related to mouth sores. • Fever with behavior change. • Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4). 	Exclusion criteria are resolved.
Rash	<p>Many causes</p> <ul style="list-style-type: none"> • Viral: roseola infantum, fifth disease, chickenpox, herpesvirus, molluscum contagiosum, warts, cold sores, shingles (herpes zoster), and others 	<ul style="list-style-type: none"> • Skin may show similar findings with many different causes. Determining cause of rash requires a competent pediatric health professional evaluation that takes into account information other than just how rash looks. <i>However, if the child appears well other than the rash, a pediatric health professional visit is not necessary.</i> 	For outbreaks, such as multiple children with impetigo within a group	Yes	<p>No, unless</p> <ul style="list-style-type: none"> • Rash with behavior change or fever. • Has oozing/open wound that can't be covered. • Has bruising not associated with injury. • Has joint pain and rash. • Rapidly spreading rash consisting of pinpoint round spots with reddish-purple color. • Tender, red area of skin, especially if it is increasing in size or tenderness. <p>Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).</p>	<ul style="list-style-type: none"> • On antibiotic medication for required period (if indicated). • Infestations (lice and scabies) and ringworm can be treated at the end of the day with immediate return the following day. • Exclusion criteria are resolved.

Appendix A: Signs and Symptoms Chart

Sign or Symptom	Common Causes	Concerns or Symptoms	Notify Programs Health Consultant, If Program Has One	Notify Parent/ Legal Guardian	Temporarily Exclude?	If Excluded, Readmit When
Rash (continued)	<ul style="list-style-type: none"> • Skin infections and infestations: ringworm (fungus), scabies (parasite), impetigo, abscesses, and cellulitis (bacteria) • Scarlet fever (strep infection) • Severe bacterial infections: meningococcus, pneumococcus, <i>Staphylococcus</i> (methicillin- susceptible <i>S aureus</i>; methicillin-resistant <i>S aureus</i>), <i>Streptococcus</i> • Noninfectious causes: allergy (hives), eczema, contact (irritant) dermatitis, medication related, poison ivy, vasculitis 	<ul style="list-style-type: none"> • Viral: usually signs of general illness such as runny nose, cough, and fever (except not for warts or molluscum). Some viral rashes have a distinctive appearance. • Minor skin infections and infestations: see Itching. • More serious skin infections: redness, pain, fever, pus. • Severe bacterial infections: rare. These children usually have fever with a rapidly spreading blood- red rash and may be very ill. • Allergy may be associated with a raised, itchy, pink rash with bumps that can be as small as a pinpoint or large welts known as hives. See also Itching for what might be seen for allergy or contact (irritant) dermatitis or eczema. • Vasculitis rash can be itchy, with small or large red or purple spots that resemble bruises, sometimes with red puffy hands or feet. 			<ul style="list-style-type: none"> • Diagnosed with a vaccine-preventable condition, such as chickenpox. 	

► continued

Appendix A: Signs and Symptoms Chart

Sign or Symptom	Common Causes	Concerns or Symptoms	Notify Programs Health Consultant, If Program Has One	Notify Parent/ Legal Guardian	Temporarily Exclude?	If Excluded, Readmit When
Sore Throat (pharyngitis)	<ul style="list-style-type: none"> • Viral: common cold viruses that cause upper respiratory infections, including SARS-CoV-2, the virus that causes COVID-19 • Strep throat 	<ul style="list-style-type: none"> • Viral: verbal children will complain of sore throat; younger children may be irritable with decreased appetite and increased drooling (refusal to swallow). Often see symptoms associated with upper respiratory illness, such as runny nose, cough, and congestion. • Strep throat: red tissue with white patches on sides of throat, at back of tongue (tonsil area), and at back wall of throat. Unlike viral pharyngitis, strep throat infections are <i>not</i> typically accompanied by cough or runny nose and usually occur in children older than 3 years. • Tonsils may be large, even touching each other. Swollen lymph nodes (sometimes called "swollen glands") occur as body fights off the infection. 	Not necessary	Yes	<p>No, unless</p> <ul style="list-style-type: none"> • Inability to swallow. • Excessive drooling with breathing difficulty. • Fever with behavior change. • Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4). • During the COVID-19 pandemic, refer to the CDC recommendations: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html. <p><i>Note:</i> Most children with red back of throat or tonsils, pus on tonsils, or swollen lymph nodes have viral infections. If strep is present, 12 hours of antibiotics is required before return to care. Tests for strep infection are not usually necessary for children younger than 3 years because children younger than 3 years do not typically develop rheumatic heart disease—the primary reason for treatment of strep throat.</p>	<ul style="list-style-type: none"> • Able to swallow. • If strep, on medication at least 12 hours. • Exclusion criteria are resolved.

Appendix A: Signs and Symptoms Chart

Sign or Symptom	Common Causes	Concerns or Symptoms	Notify Programs Health Consultant, If Program Has One	Notify Parent/ Legal Guardian	Temporarily Exclude?	If Excluded, Readmit When
Stomachache	<ul style="list-style-type: none"> • Viral gastroenteritis or strep throat • COVID-19 • Problems with internal organs of the abdomen such as stomach, intestine, colon, liver, spleen, or bladder • Nonspecific, behavioral, and dietary causes • If combined with hives, may be associated with a severe allergic reaction 	<ul style="list-style-type: none"> • Viral gastroenteritis or strep throat: vomiting and diarrhea or cramping are signs of a viral infection of the stomach or intestine. Strep throat may cause stomachache with sore throat, headache, and possible fever (see Sore Throat). • Problems with internal organs of the abdomen: persistent severe pain in abdomen. • Nonspecific stomachache: vague complaints without vomiting/ diarrhea or much change in activity. 	If multiple cases in same group within 1 week	Yes	No, unless <ul style="list-style-type: none"> • Severe pain causing child to double over or scream. • Abdominal pain after injury. • Bloody/black stools. • No urine output for 8 hours. • Diarrhea (see Diarrhea). • Vomiting (see Vomiting). • Yellow skin/eyes. • Fever with stomachache and/or behavior change. • Looks or acts very ill. • Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4). • During the COVID-19 pandemic, refer to the CDC recommendations: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html. 	<ul style="list-style-type: none"> • Pain resolves. • Exclusion criteria are resolved.

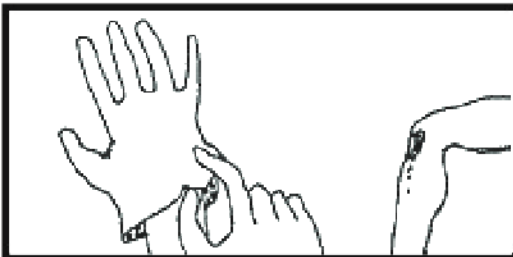


Appendix A: Signs and Symptoms Chart

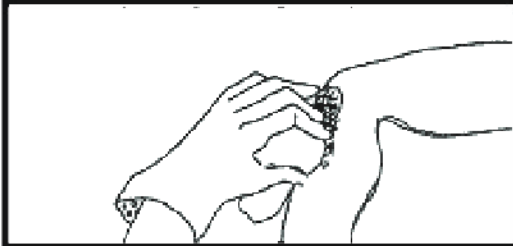
Sign or Symptom	Common Causes	Concerns or Symptoms	Notify Programs Health Consultant, If Program Has One	Notify Parent/ Legal Guardian	Temporarily Exclude?	If Excluded, Readmit When
Swollen Glands (properly called swollen lymph nodes)	<ul style="list-style-type: none"> Viruses: normal body defense response to viral infection in the area where lymph nodes are located (ie, in the neck for any upper respiratory infection). Bacteria: lymph nodes may be enlarging, one-sided, and painful. 	<ul style="list-style-type: none"> Normal lymph node response: swelling at front, sides, and back of the neck and ear; in the armpit or groin; or anywhere else near an area of an infection. Usually, these nodes are less than 1" across. Bacterial infection of lymph nodes: swollen, warm lumps under the skin with overlying pink skin, tender to the touch, usually located near an area of the body that has been infected. Usually, these nodes are larger than 1" across. 	Not necessary	Yes	No, unless <ul style="list-style-type: none"> Difficulty breathing or swallowing. Red, tender, warm glands. Fever with behavior change. Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4). 	<ul style="list-style-type: none"> Child is on antibiotics (if indicated). Exclusion criteria are resolved.
Urinating Frequently, Unusually Having Urine Accidents	<ul style="list-style-type: none"> Urinary infection Irritation of urogenital tissues by chemicals such as bubble bath 	Wet underclothing, uncomfortable while sitting, pulling at underclothing	Not necessary	Yes	No	Exclusion criteria are resolved.
Vomiting	<ul style="list-style-type: none"> Viral infection of the stomach or intestine (gastroenteritis), including COVID-19 Coughing strongly Other viral illness with fever Noninfectious causes: food allergy (vomiting, sometimes with hives), trauma, ingestion of toxic substance, dietary and medication related, headache 	Diarrhea, vomiting, or cramping for viral gastroenteritis	For outbreak	Yes	Yes, if <ul style="list-style-type: none"> Vomited more than 2 times in 24 hours Vomiting and fever Vomiting with hives Vomit that appears green/bloody No urine output in 8 hours Recent history of head injury Looks or acts very ill Child meets routine exclusion criteria (See Conditions Requiring Temporary Exclusion in Chapter 4.) During the COVID-19 pandemic, refer to the CDC recommendations: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html. 	<ul style="list-style-type: none"> Vomiting ends. Exclusion criteria are resolved.

Gloving

Wash hands prior to using gloves if hands are visibly soiled.



Put on a clean pair of gloves.



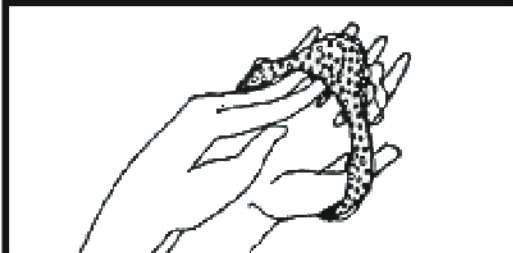
Provide the appropriate care.



Remove each glove carefully. Grab the first glove at the palm and strip the glove off. Touch dirty surfaces only to dirty surfaces.



Ball-up the dirty glove in the palm of the other gloved hand.



With the clean hand strip the glove off from underneath at the wrist, turning the glove inside out. Touch dirty surfaces only to dirty surfaces.



Discard the dirty gloves immediately in a step can. Wash your hands.

Note that sensitivity to latex is a growing problem. If caregivers/teachers or children who are sensitive to latex are present in the facility, non-latex gloves should be used.

Adapted with permission from: California Department of Education. 1995. *Keeping kids healthy: Preventing and managing communicable disease in child care*. Sacramento, CA: California Department of Education.

Bike and Multi-sport Helmets: Quick-Fit Check

Use this easy, three-point check to test for a proper helmet fit

1. Eyes

Helmet sits level on your child's head and rests low on the forehead, one to two finger widths above the eyebrows. A helmet pushed up too high will not protect the face or head well in a fall or crash.

2. Ears

The straps are even, form a "Y" under each earlobe, and lay flat against the head.

3. Mouth

The buckled chin strap is loose enough so that your child can breathe. There should be enough room so you can insert a finger between the buckle and chin. It should be tight enough that if your child opens their mouth, you can see the helmet pull down on top.

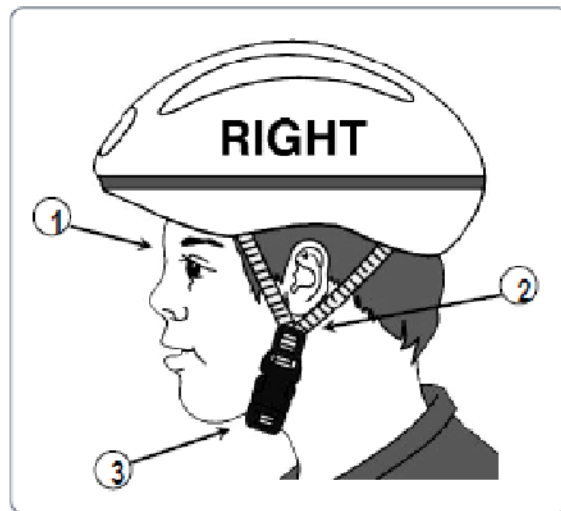
Why are helmets needed?

Helmets provide the best protection against injury, whether your child is riding a bike, scooter or skateboard, or using skates. Wearing a helmet can prevent about 85 percent of head injuries from bike crashes. However, a helmet will only protect when it fits well.

Help your child get in the habit of wearing a helmet by starting when they're young. Be a good role model and wear a helmet yourself.

How do I choose a helmet?

- Choose a helmet that meets safety standards. For biking, riding a scooter, recreational rollerskating and in-line skating, look for a helmet with a CPSC (Consumer Product Safety Commission) or Snell sticker inside.



The "Eyes, Ears, Mouth Test" is courtesy of the Bicycle Coalition of Maine.

Bike and Multi-sport Helmets: Quick-Fit Check

- For skateboarding, or aggressive, trick or extreme skating, look for a helmet that has a sticker inside saying it meets ASTM F1492. It is not enough for the helmet just to look like a skate helmet.
- There are some helmets that meet both the CPSC and ASTM F1492 standards. They are multi-sport helmets and can be used for biking, skating, riding a scooter and skateboarding. Don't be fooled into thinking that helmets that look "skate-style" are always multi-sport. Look for the two safety standard labels to be sure they are dual-certified.
- Helmet costs vary. Expensive helmets are not always better. Choose one that fits properly, and that your child likes and will wear.
- Check used or hand-me-down helmets with care, and never wear a helmet that is cracked or broken. Used helmets may have cracks you cannot see. Older helmets may not meet current safety standards.

solidly on your child's head and be comfortable. If it doesn't fit, keep working with the fit pads and straps or try another helmet.

Safety tips

- Teach your child to take their helmet off before playing at the playground or climbing on equipment or trees. The straps can get caught on poles or branches and prevent your child from breathing.
- Leave hair loose or tie it back at the base of the neck.
- For skiing or snowboarding, you will need another type of helmet.
- Bike helmets are only good for one crash. Replace the helmet after a crash and when the manufacturer suggests. Follow the instructions from the manufacturer to know when to replace your multi-impact helmet.

What are the pads for?

Helmets come with fit pads to help ensure a proper fit. Use the pads where there is space at the front, back and/or sides of the helmet to get a snug fit. Move pads around to touch your child's head evenly all the way around. Replace thick pads with thinner ones as your child grows.

How do I check the fit?

If you can move the helmet from side to side, add thicker pads on the sides or adjust the universal fit ring on the back if the helmet has one.

When done, the helmet should feel level, fit

To Learn More

- www.MakeSureTheHelmetFits.org
- www.bhsi.org, Bicycle Helmet Safety Institute
- www.cascade.org, Cascade Bicycle Club
- Your child's healthcare provider

Seattle Children's will make this information available in alternate formats upon request. Call Marketing Communications at 206-987-5205.

This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

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Cleaning Up Body Fluids

What are body fluids?

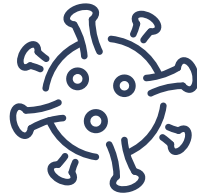
Body fluids refer to any fluid that the human body makes or excretes. Bacteria and viruses (“germs”) are found in our body fluids. The following body fluids are commonly seen in early care and education programs:

- Blood
- Mucus
- Saliva
- Vomit
- Stool (feces)
- Urine
- Discharge from the eyes
- Open or wet skin lesions



A good rule to remember: If it's wet and comes from someone's body, it can be infectious!

Infectious diseases are illnesses caused by germs that get into our bodies and grow. These germs can cause symptoms and make you sick.¹ Infectious diseases can spread from one person to another when germs leave one body and get into another. Sometimes infectious diseases are also called communicable or contagious diseases. Infectious diseases are common in early care and education programs.



Body fluids in early care and education programs

Infectious diseases spread easily in early care and education programs, since children, staff, and families are all in close contact. Close contact in schools and early care and education programs is one of the main causes of the spread of diseases like the flu to the rest of the community.

- Young children touch one another and hard surfaces more than older children or adults. While this is developmentally appropriate, they also put their fingers in their mouth, eyes, or nose before and after touching objects and other children.
- Young children cough, sneeze, and drool on one another and their toys.
- Young children are in diapers or in the early stages of toileting and often have toileting accidents. Touching fecal matter and then the mouth (fecal-oral route) is a common way to transfer germs that cause gastrointestinal diseases.
- Young children need to be reminded to wash their hands before and after toileting and before and after meals.



Developing effective cleaning strategies and policies are important steps to reduce the risk of illness in early care and education programs. Early childhood is a critical time for children to form important health and hygiene habits. Research shows when you teach children the importance of personal hygiene, and how to keep their environments clean, you help them set up healthy habits that last a lifetime!

Cleaning up body fluids

Treat all body fluids, except for human milk, as potentially infectious. Clean up spills of body fluids and disinfect surfaces at once. Disinfecting works by using chemicals to kill almost all the germs on surfaces or objects. Vomit and diarrhea include germs that may travel through the air, so it is important to clean up quickly.

Unlike most other spills, spills of body fluids (i.e., blood, feces, vomit) need more careful cleaning methods. The following guidelines are meant to make sure that body fluids are cleaned in a way that prevents any possibility of spreading an illness. This procedure is also part of the Centers for Disease Control and Prevention's [Standard Precautions](#) for preventing the spread of infectious disease.² This means that you must treat all blood and other body fluids as if they are contaminated by germs.



Cleaning Body Fluids on Porous and Nonporous Surfaces

When an incident happens involving body fluids, it is important to keep children and staff safe. Follow these guidelines when cleaning up a body fluid spill:

1. Begin with these steps:

- Let early care and education program staff know about the spill.
- Make the area safe, block the contaminated area, and keep everyone away from the spill.
- Put on gloves before touching the child, soiled clothing, or spills. Move the child who had the body fluid spill to a separate area away from the other children. Remove and double-bag potentially contaminated clothing. Clean and change the child into new clothing. Be sure to wash the child's hands thoroughly.
- Thoroughly clean and change into clean clothes any other children who came in contact with the body fluid. Wash their hands thoroughly too.

2. Prepare to clean up.

- Bring a spill kit to the body fluid spill site (see following pages for spill kit contents). If the program does not have a spill kit, use disposable paper towels to clean up the body fluid spill. Then use a wet or dry vacuum on carpets if this equipment is available.
- Choose a disinfectant that is registered by the U.S. Environmental Protection Agency (EPA) and certified by Design for the Environment (DfE), to disinfect blood spills. Look for this information on the label.
- Choose a fragrance-free, third-party certified (e.g., Green Seal, Ecologo, or EPA's Safer Choice) cleaner for carpets, and a DfE-certified disinfectant for hard surfaces.
- Always wear gloves when cleaning up a body fluid spill. Use other personal protective equipment (PPE) such as eye protection, masks, and aprons as appropriate.

3. Remove contaminated objects, spill, and spill waste.

- Cover all spills with an absorbent powder and/or disposable paper or cloth towels. Use the spill kit dustpan to remove these materials.
- Soak up any liquid absorbed into porous surfaces (like carpet) with disposable rags. Wash the surface thoroughly with an EPA-approved detergent, and rinse.
- Use nonporous equipment such as a dustpan or tongs (not your hands or a vacuum) to pick up contaminated sharp objects such as needles or broken glass.
- Dispose of food or utensils that had contact with the body fluid spill. Separate toys or other objects that can be cleaned and sanitized or disinfected.

4. Disinfect hard, nonporous surfaces.

- Apply DfE-certified disinfectant, and leave the disinfectant visibly wet on the surface for the required contact time (also called "dwell time"). Check the product label for the number of minutes it needs to stay visibly wet. Follow the manufacturer's instructions for use and safe handling of products.
- For horizontal surfaces, pour disinfectant directly on the spill area.
- For vertical surfaces, spray the disinfectant on a cloth and wipe the surface.

5. Dispose of spill waste.

- Place all the cleaning materials (including the PPE and sharp objects) in the spill kit bucket with a double-lined plastic bag. If the program does not have a spill kit, use a double-lined plastic bag and securely tie or seal it. Dispose of all waste in a dumpster or trash collection area separate from the regular classroom or kitchen trash cans.

6. Follow up.

- The staff member should change out of the contaminated clothing, double-bag it, and label it so that it can be washed on site or sent home with the staff member.
- Right after cleaning up the spill, wash your hands and other parts of your body that came into contact with the disinfectant or body fluid spill; wash for at least 20 seconds with fragrance-free liquid soap, and rinse under warm running water.
- If soap and water are unavailable, use waterless hand sanitizer right away, and then wash hands as soon as possible. The hand sanitizer will not work effectively with blood. Even though you wore gloves, it is still very important to wash your hands after removing the gloves.
- If you have had an unprotected exposure, contact your program director and your health care provider at once. To prevent unprotected exposures to body fluids, always wear gloves when cleaning up or when in contact with any body fluids.



Allow reentry to the area with the body fluid spill when you have removed all materials and when the area is clean, properly disinfected, and dry.

Cleaning Body Fluids on Clothing, Sheets, and Blankets

Bedding in early care and education programs should only be made of washable materials. When cleaning clothing or bedding that is soiled with body fluids, it is important to use these guidelines:³



Use personal protective equipment (PPE) when touching soiled clothing or bedding. Wash soiled items separately from other dirty bedding or linens. Never use a sink to spot-wash or hand-wash items soiled with body fluids. Use a washing machine.



Follow the instructions on the (fragrance-free) laundry detergent container.



Wash the bedding at the warmest temperature ($\geq 160^{\circ}\text{F}$ [$\geq 71^{\circ}\text{C}$]), and dry completely. Use a dryer on a high heat setting when possible.



Besides cleaning the bedding, always clean and disinfect the crib, cot, mat, and sleep surface if they are soiled with body fluids.



If you use low-temperature laundry cycles ($< 160^{\circ}\text{F}$ [$< 71^{\circ}\text{C}$]), launder with a disinfectant (for example, non-chlorine bleach (preferred)) and dry completely.



Remove body fluid solids such as vomit or feces as much as possible before putting the items in the washing machine. Place these body fluids in a double-lined plastic bag that you securely tie or seal. Dispose of this bag with other waste from the body fluid spill.



If the program does not have laundry equipment on site, it is important to remove and double-bag the child's soiled clothing to be sent home with the child. Clean and change the child into new clothing. Be sure to wash the child's hands thoroughly. Use gloves when changing the child's soiled clothing.

Important Points

Programs that have laundry equipment in the kitchen must also make sure not to do laundry at the same time as preparing food. Clean and disinfect surfaces before preparing food and after laundering.

Mops and other equipment used to clean up body fluids should be:

- Cleaned with fragrance-free detergent and rinsed with water
- Rinsed with a fresh DfE-certified disinfectant solution
- Wrung as dry as possible
- Air-dried



Bathrooms and toileting areas are a major source of contamination. Unsanitary practices can put children and staff at risk for illness and infection. Disinfect bathroom sinks, diaper pails, sinks, faucets, countertops, and floors daily, with DfE-certified disinfectant. Disinfect changing tables with a DfE-certified disinfectant after each use.



What is a Spill Kit?

It is important for early care and education programs to have a spill kit. Use a spill kit to clean and decontaminate areas that have blood and other body fluid spills.

Having a spill kit makes it less stressful to clean up a spill. Spill kits are safe for staff to use, and they include personal protective equipment (PPE) for staff, and special cleaning and decontamination items.

You can buy or make a kit. It is important to refill spill kits after each use and properly clean items that you can reuse. This will help make sure you are prepared for a future body fluid spill.

You will need the following items:



A bucket to hold all items in the spill kit.



Tongs and a dustpan.



Personal protective clothing that is disposable, including gloves, goggles, and an N95 mask. Include a paper gown to protect your clothing from cross-contamination where there is a large spill.



An EPA-registered, DfE-certified disinfectant.



Paper towels and an absorbent material. You can buy absorbent material for spill kits. You can also use cat litter. It is fairly inexpensive and works well, although it is messy.



Plastic bags (red will help identify the contaminated contents.)



More Information and Resources

[CFOC Appendix K](#) is a great resource for early care and education programs to refer to for routine schedules and information about cleaning, sanitizing, and disinfecting.

[CFOC Appendix J](#) contains more information to help early care and education programs choose a cleaning, sanitizing, or disinfecting product. This appendix also has important information about the use of bleach products, how to prepare bleach solutions, and health and safety precautions. Never mix bleach with household cleaners, especially those that have ammonia.

Child care staff should learn about Standard Precautions² to prevent transmission of blood-borne pathogens before beginning to work in an early care and education program and at least annually, in compliance with Occupational Safety and Health (OSHA) personal requirements.⁴

Using products that have safer (less toxic) chemicals helps reduce health and environmental concerns. Manufacturers may claim that their products are “green,” “natural,” or “earth friendly,” but these claims are often misleading and might not be about a chemical’s safety. Organizations now certify and label products that meet certain health and environmental standards. These certifications can help you find less hazardous cleaning, sanitizing, and disinfecting products. CFOC Appendix J has more information on Third Party Certifications logos for cleaning products and these safer (less toxic) chemicals. Safer disinfectant choices can be found at <https://www.epa.gov/pesticide-labels/dfe-certified-disinfectants>. Using the least hazardous products available will help protect the health of children, and early care and education program staff and custodial personnel.

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4. American Academy of Pediatrics. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. Shope TR, Hashikawa, AN, eds. 6th ed. Itasca, IL: American Academy of Pediatrics; 2023.

Food Storage Chart

This chart has information about keeping foods safely in the refrigerator or freezer. It does not include foods that can be stored safely in the cupboard or on the shelves where quality may be more of an issue than safety. Remember this is a guide and you should always follow any “best before” dates that are on the product.		
FOOD	IN REFRIGERATOR	IN FREEZER
Eggs		
Fresh, in shell	3 weeks	Don't freeze
Raw yolks, whites	2-4 days	1 year
Hard-cooked (boiled)	1 week	Don't freeze
Liquid pasteurized eggs or egg substitutes, opened	3 days	Don't freeze
Liquid pasteurized eggs or egg substitutes, unopened	10 days	1 year
Mayonnaise		
Commercial, refrigerate after opening	2 months	Don't freeze
TV Dinners, Frozen Casseroles		
Keep frozen until ready to heat and serve		3-4 months
Deli and Vacuum-Packed Products		
Store-prepared or homemade egg, chicken, tuna, ham, macaroni salads	3-4 days	Don't freeze
Pre-stuffed pork and lamb chops, stuffed chicken breasts	1 day	Don't freeze
Store-cooked convenience meals	1-2 days	Don't freeze
Commercial brand vacuum-packed dinners with USDA seal	2 weeks, unopened	Don't freeze
Hamburger, Ground, and Stew Meats (Raw)		
Hamburger and stew meats	1-2 days	3-4 months
Ground turkey, chicken, veal pork, lamb, and mixtures of them	1-2 days	3-4 months
Hotdogs and Lunch Meats*		
Hotdogs, opened package	1 week	
Hotdogs, unopened package	2 weeks	In freezer wrap, 1-2 months
Lunch Meats, opened	3-5 days	
Lunch Meats, unopened	2 weeks	In freezer wrap, 1-2 months
Deli sliced ham, turkey, lunch meats	2-3 days	1-2 months

Bacon and Sausage		
Bacon	1 week	1 month
Sausage, raw from pork, beef, turkey	1-2 days	1-2 months
Smoked breakfast links or patties	1 week	1-2 months
Hard Sausage-Pepperoni, Jerky Sticks	2-3 weeks	1-2 months
FOOD	IN REFRIGERATOR	IN FREEZER
Ham		
Canned, unopened, label says keep refrigerated	6-9 months	Don't freeze
Fully cooked - whole	7 days	1-2 months
Fully cooked - half	3-5 days	1-2 months
Fully cooked - slices	3-4 days	1-2 months
Fresh Meat		
Steaks, beef	3-5 days	6-12 months
Chops, pork	3-5 days	4-6 months
Chops, lamb	3-5 days	6-9 months
Roasts, beef	3-5 days	6-12 months
Roasts, lamb	3-5 days	6-9 months
Roasts, pork and veal	3-5 days	4-6 months
Fresh Poultry		
Chicken or turkey, whole	1-2 days	1 year
Chicken or turkey pieces	1-2 days	9 months
Giblets	1-2 days	3-4 months
Fresh Seafood		
Fish and shellfish	2 days	2-4 months
*Uncooked salami is not recommended because recent studies have found that the processing does not always kill the <i>E. coli</i> bacteria. Look for the label to say "Fully Cooked."		

Graves, D.E., Suitor, C.W. & Holt, K.A. (eds) *Making Food Healthy and Safe for Children: How to Meet the National Health and Safety Performance Standards Guidelines for Out of Home Child Care Programs*. Arlington, VA: National Center for Education in Maternal and Child Health; 1997.



Even Plants Can Be Poisonous

Learn the names of your plants and label them. Below is a list of some of the more common indoor and outdoor plants that you may have in your home. This list is not a complete list. If you have a plant around your home that is not on the list, you may call the Poison Center at 1-800-222-1222 to find out how poisonous it may be. You must know either the common name or the botanical name in order for the Poison Center to determine if it is poisonous. It is not possible to do plant or berry identifications over the phone, so check with a nursery for identification of all unknown plants. Carefully supervise children playing near poisonous plants. Call 1-800-222-1222 immediately if a child samples a mushroom or possibly poisonous plant.

Non-Poisonous Plants

Common Name	Botanical Name
African violet	<i>Saintpaulia ionantha</i>
Begonia	<i>Begonia</i>
Christmas cactus	<i>Schlumbergera bridgesii</i>
Coleus	<i>Coleus</i>
Dandelion	<i>Taraxacum officinale</i>
Dracaena	<i>Dracaena</i>
Forsythia	<i>Forsythia</i>
Impatiens	<i>Impatiens</i>
Jade	<i>Crassula argentea</i>
Marigold Calendula	<i>Tagetes</i>
Petunia	<i>Petunia</i>
Poinsettia	<i>Euphorbia pulcherrima</i> (may cause irritation only)
Rose	<i>Rosa</i>
Spider plant	<i>Chlorophytum comosum</i>
Swedish ivy	<i>Plectranthus australis</i>
Wandering Jew	<i>Tradescantia fluminensis</i>
Wild strawberry	<i>Fragaria virginiana</i>

Poisonous Plants

Common Name	Botanical Name
Azalea, rhododendron	<i>Rhododendron</i>
Caladium	<i>Caladium</i>
Castor bean	<i>Ricinis communis</i>
Daffodil	<i>Narcissus</i>
Deadly nightshade	<i>Atropa belladonna</i>
Dumbcane	<i>Dieffenbachia</i>
Elephant Ear	<i>Colocasia esculenta</i>
Foxglove	<i>Digitalis purpurea</i>
Fruit pits and seeds	contain cyanogenic glycosides
Holly	<i>Ilex</i>
Iris	<i>Iris</i>
Jerusalem cherry	<i>Solanum pseudocapsicum</i>
Jimson weed	<i>Datura stramonium</i>
Lantana	<i>Lantana camara</i>
Lily-of-the-valley	<i>Convalleria majalis</i>
Mayapple	<i>Podophyllum peltatum</i>
Mistletoe	<i>Viscum album</i>
Morning glory	<i>Ipomoea</i>
Mountain laurel	<i>Kalmia latifolia</i>
Nightshade	<i>Solanum spp.</i>
Oleander	<i>Nerium oleander</i>
Peace lily	<i>Spathiphyllum</i>
Philodendron	<i>Philodendron</i>
Pokeweed	<i>Phytolacca americana</i>
Pothos	<i>Epipremnum aureum</i>
Yew	<i>Taxus</i>

Source: National Capital Poison Center (www.poison.org). Photos of selected plants in this appendix are available at <http://www.poison.org/prevent/plants.asp>.

Chapter 3: Health Promotion and Protection

3.2 Hygiene

3.2.1 Diapering and Changing Soiled Clothing

3.2.1.4: Diaper Changing Procedure



The following diaper-changing procedure should be posted in the changing area, followed for all diaper changes, and used as part of staff evaluation of caregivers/teachers who diaper. The signage should be simple and in multiple languages if caregivers/teachers who speak multiple languages are involved in diapering. All employees who will change diapers should undergo training and periodic assessment of diapering practices. Caregivers/teachers should never leave a child unattended on a table or countertop, even for an instant. A safety strap or harness should not be used on the diaper-changing table. If an emergency arises, caregivers/teachers should bring any child on an elevated surface to the floor or take the child with them. Use a fragrance-free bleach that is US Environmental Protection Agency (EPA) registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA registered (1). All cleaning and disinfecting solutions should be stored to be accessible to the caregiver/teacher but out of reach of any child. Please refer to [Appendix J: Selecting an Appropriate Sanitizer or Disinfectant](#) and [Appendix K: Routine Schedule for Cleaning, Sanitizing, and Disinfecting](#).

Step 1: Get organized. Before bringing the child to the diaper changing area, perform hand hygiene if hands have been contaminated since the last time hand hygiene was performed(2), gather, and bring supplies to the diaper changing area.

- a. Nonabsorbent paper liner large enough to cover the changing surface from the child's shoulders to beyond the child's feet
- b. Unused diaper, clean clothes (if you need them)
- c. Readily available wipes, dampened cloths, or wet paper towels for cleaning the child's genitalia and buttocks
- d. A plastic bag for any soiled clothes or cloth diapers
- e. Disposable gloves, if you plan to use them (put gloves on before handling soiled clothing or diapers; remove them before handling clean diapers and clothing)
- f. A thick application of any diaper cream (e.g., zinc oxide ointment), when appropriate, removed from the container to a piece of disposable material such as facial or toilet tissue

Step 2: Carry the child to the changing table, keeping soiled clothing away from you and any surfaces you cannot easily clean and sanitize after the change.

- a. Always keep a hand on the child.
- b. If the child's feet cannot be kept out of the diaper or from contact with soiled skin during the changing process, remove the child's shoes and socks so the child does not contaminate these surfaces with stool or urine during the diaper changing.

Step 3: Clean the child's diaper area.

- a. Place the child on the diaper-changing surface and unfasten the diaper but leave the soiled diaper under the child.
- b. If safety pins are used, close each pin immediately once it is removed and keep pins out of the child's reach (never hold pins in your mouth).
- c. Lift the child's legs as needed to use disposable wipes, a dampened cloth, or a wet paper towel to clean the skin on the child's genitalia and buttocks and prevent recontamination from a soiled diaper. Remove stool and urine from front to back and use a fresh wipe, dampened cloth, or wet paper towel each time you swipe. Put the soiled wipes, cloth, or paper towels into the soiled diaper or directly into a plastic-lined, hands-free covered can. Reusable cloths should be stored in a washable, plastic-lined, tightly covered receptacle (within arm's reach of diaper changing tables) until they can be laundered. The cover should not require touching with contaminated hands or objects.

Step 4: Remove the soiled diaper and clothing without contaminating any surface not already in contact with stool or urine.

- a. Fold the soiled surface of the diaper inward.
- b. Put soiled disposable diapers in a covered, plastic-lined, hands-free covered can. If reusable cloth diapers are used, put the soiled cloth diaper and its contents (without emptying or rinsing) in a plastic bag or into a plastic-lined, hands-free covered can to give to parents/guardians or laundry service.
- c. Put soiled clothes in a plastic-lined, hands-free plastic bag.

- d. Check for spills under the child. If there are any, use the corner of the paper that extends beyond or under the child's feet to fold over the soiled area so a fresh, unsoiled paper surface is now under the child's buttocks.
- e. If gloves were used, remove them using the proper technique (see Appendix D) and put them into a plastic-lined, hands-free covered can.
- f. Whether or not gloves were used, use a fresh wipe to wipe the hands of the caregiver/teacher and another fresh wipe to wipe the child's hands. Put the wipes into the plastic-lined, hands-free covered can.

Step 5: Put on a clean diaper and dress the child.

- a. Slide a fresh diaper under the child.
- b. Use a facial or toilet tissue or wear clean disposable gloves to apply any necessary diaper creams, discarding the tissue or gloves in a covered, plastic-lined, hands-free covered can.
- c. Note and plan to report any skin problems such as redness, cracks, or bleeding.
- d. Fasten the diaper; if pins are used, place your hand between the child and the diaper when inserting the pin.

Step 6: Wash the child's hands and return the child to a supervised area.

- a. Use soap and warm water, between 60°F and 120°F (16°C and 49°C), at a sink to wash the child's hands, if you can.

Step 7: Clean and disinfect the diaper-changing surface.

- a. Dispose of the disposable paper liner used on the diaper-changing surface in a plastic-lined, hands-free covered can.
- b. If clothing was soiled, securely tie the plastic bag used to store the clothing and send the bag home.
- c. Remove any visible soil from the changing surface with a disposable paper towel saturated with water and detergent, and then rinse.
- d. Wet the entire changing surface with a disinfectant that is appropriate for the surface material you are treating. Follow the manufacturer's instructions for use.
- e. Put away the disinfectant. Some types of disinfectants may require rinsing the changing table surface with fresh water afterward.

Step 8: Perform hand hygiene according to the procedure in Standard 3.2.2.2 and record the diaper change in the child's daily log.

- a. In the daily log, record what was in the diaper and any problems (e.g., a loose stool, an unusual odor, blood in the stool, any skin irritation) and report as necessary (3).

RATIONALE

The procedure for diaper changing is designed to reduce the contamination of surfaces that will later come in contact with uncontaminated surfaces such as hands, furnishings, and floors (4). Posting the multistep procedure may help caregivers/teachers maintain the routine.

Assembling all necessary supplies before bringing the child to the changing area will ensure the child's safety, make the change more efficient, and reduce opportunities for contamination. Taking the supplies out of their containers and leaving the containers in their storage places reduces the likelihood that the storage containers will become contaminated during diaper changing.

Commonly, caregivers/teachers do not use disposable paper that is large enough to cover the area likely to be contaminated during diaper changing. If the paper is large enough, there will be less need to remove visible soil from surfaces later and there will be enough paper to fold up so the soiled surface is not in contact with clean surfaces while dressing the child.

If the child's foot coverings are not removed during diaper changing and the child kicks during the diaper changing procedure, the foot coverings can become contaminated and subsequently spread contamination throughout the child care area.

Some experts believe that commercial baby wipes may cause irritation of a baby's sensitive tissues, such as inside the labia, but currently there is no scientific evidence available on this issue. Wet paper towels or a damp cloth may be used as an alternative to commercial baby wipes.

If the child's clean buttocks are put down on a soiled surface, the child's skin can be re-soiled.

Children's hands often stray into the diaper area (the area of the child's body covered by a diaper) during the diapering process and can then transfer fecal organisms to the environment. Washing the child's hands will reduce the number of organisms carried into the environment in this way. Infectious organisms are present on the skin and diaper even though they are not seen. To reduce the contamination of clean surfaces, caregivers/teachers should use a fresh wipe to wipe their hands after removing the gloves(5) or, if no gloves were used, before proceeding to handle the clean diaper and clothing.

Some states and credentialing organizations may recommend wearing gloves for diaper changing. Although gloves may not be required, they may provide a barrier against surface contamination of a caregiver/teacher's hands. This may reduce the presence of enteric pathogens under the fingernails and on hand surfaces. Even if gloves are used, caregivers/teachers must perform hand hygiene after each child's diaper changing to prevent the spread of disease-causing agents. To achieve maximum benefit from use of gloves, the caregiver/teacher must remove the gloves properly after cleaning the child's genitalia and buttocks and removing the soiled diaper. Otherwise, retained contaminated gloves could transfer organisms to clean surfaces. Note that sensitivity to latex is a growing problem. If caregivers/teachers or children who are sensitive to latex are present in the facility, non-latex gloves should be used. See Appendix D for proper technique for removing gloves.

A safety strap cannot be relied on to restrain the child and could become contaminated during diaper changing. Cleaning and disinfecting a strap would be required after every diaper change. Therefore, safety straps on diaper changing surfaces are not recommended.

Prior to disinfecting the changing table, clean any visible soil from the surface with a detergent and rinse well with water. Always follow the manufacturer's instructions for use, application, and storage. If the disinfectant is applied using a spray bottle, always assume that the outside of the spray bottle could be contaminated. Therefore, the spray bottle should be put away before hand hygiene is performed (the last and essential part of every diaper change) (6).

Diaper changing areas should never be located in food preparation areas and should never be used for temporary placement of food, drinks, or eating utensils.

If parents/guardians use the diaper changing area, they should be required to follow the same diaper changing procedure to minimize contamination of the diaper changing area and child care center.

TYPE OF FACILITY

Center, Early Head Start, Head Start, Large Family Child Care Home, Small Family Child Care Home

RELATED STANDARDS

3.2.1.1 Type of Diapers Worn

3.2.1.2 Handling Cloth Diapers

3.2.1.3 Checking For the Need to Change Diapers

3.2.2.1 Situations that Require Hand Hygiene

3.2.2.2 Handwashing Procedure

3.3.0.1 Routine Cleaning, Sanitizing, and Disinfecting

5.2.7.4 Containment of Soiled Diapers

5.4.4.2 Location of Laundry Equipment, Laundry Detergent, and Water Temperature for Laundering

Appendix D: Gloving

Appendix J: Selection and Use of a Cleaning, Sanitizing or Disinfecting Product

Appendix K: Routine Schedule for Cleaning, Sanitizing, and Disinfecting

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NOTES

Content in the STANDARD was modified on 10/16/2018.

Changing Diapers, Pull-ups and Soiled Underwear

The following guidelines are for use in child care centers, group homes and family day care homes where diapering and toilet training occurs. The ERS Authors, *Caring for Our Children 3rd Edition Standards*, DPW Certification Regulations and ECELS guidance were used in the creation of this document.

Soiled/Wet Diapers*	Soiled/Wet Pull-ups and Underwear*
1. Adult washes their hands. (Only if prior to changing the diaper, pull up or underwear it is "checked" by reaching into it to see if a change is needed)	
2. Gather all supplies for the diaper change and place on or near the changing surface above the child's head. (Enough wipes for the process removed from container, clean diaper, a plastic for soiled clothing, and clean clothes if needed) If used: disposable gloves, dab of diaper cream on disposable towel, changing table paper (enough to reach from child's shoulders to their feet)	2. Gather supplies for the change process and place on or near the changing surface outside the contaminated area. (Enough wipes for the process removed from container, clean pull up or underwear, clean clothes and a plastic bag for soiled clothing if needed) If used: Paper liner (large enough to stand on and fold over if needed), disposable gloves
3. Place the child on the changing table and remove clothing to access diaper keeping the clothing out of the contaminated area. Never leave the child unattended on a changing table or countertop. If clothing is soiled place in a plastic bag to send home.	3. Consider whether to change the child lying down or standing up. (If child will be changed lying down follow the procedure for diapers)
4. Unfasten diaper leaving it under the child.	4. If using paper liner, have child stand on paper.
5. Use wipes to clean child's bottom from front to back and place inside the soiled diaper or directly into a lined, hands-free covered trash can. Use each wipe for only one swipe.	5. To avoid contamination of clean shoes, socks and clothing, remove unsoiled clothing and set aside. (If the child's shirt is clean it is helpful to have them hold their shirt up above their waist during the change.)
6. Fold the soiled surface of the diaper inward over the used wipes and place the bundle in the trash can. If gloves were used discard them at this time into the same trash can.	6. Remove soiled clothing and place in a plastic bag to send home. If a pull-up was used, remove by pulling the sides apart and discard it in a lined, hands-free covered trash can. If underwear was used remove from the child doing your best to avoid contamination of surfaces and place with clothes in the bag.
7. Use a wipe to remove soil from your hands and throw it in the trash can. Use another wipe to remove soil from the child's hands and throw it in the trash can.	7. If paper liner was used check for soil around the child and fold paper over if needed so there is a clean surface to stand on.
8. If paper liner was used, check for soil under the child and fold paper up from the child's feet to cover the area and create a clean surface under child's bottom.	8. Clean the child's skin around their pull-up/underwear area, wiping from front to back using each wipe for only one swipe. Place each used wipes in the trash can. If gloves were used discard them at this time in the trash can.
9. Put on the clean diaper and diaper cream if needed and redress the child.	9. Use a wipe to remove soil from your hands and throw it in the trash can. Use another wipe to remove soil from the child's hands and throw it in the trash can.
10. Wash the child's hands and return them to the group without touching other surfaces. Store bagged, soiled clothing for parents in an area inaccessible to children.	10. Assist the child, as needed, in putting on a clean pull-up or underwear and getting redressed, including socks and shoes. Supervise the washing of the child's hands and their return to the group without touching other surfaces.
11. Dispose of paper liner in trash can if used. Clean visible soil from changing table and disinfect the surface with bleach/water solution or an EPA approved product according to directions.	11. Store bagged, soiled clothing for parents in an area inaccessible to children. Dispose of paper liner in trash can if used. Clean visible soil from changing area and disinfect the surface with bleach/water or an EPA approved product according to directions.
12. Adult washes hands. Record the change in the child's log.	12. Adult washes hands. Record the change in the child's log.
Handwashing Procedure: <ol style="list-style-type: none"> 1. Moisten hands with water and use liquid soap 2. Rub hands together away from water for 20 seconds 3. Rinse hands free of soap under running water 	
<ol style="list-style-type: none"> 4. Leaving water running, dry hands with a clean paper towel or an air blower 5. Turn off faucet using paper towel 6. Throw the used paper towel into a hands-free trash can 	

*Note: All changes must be completed on a surface that can be disinfected after use. Because changing a child from the floor level or on a chair puts the adult in an awkward position and increases the risk of contamination it is recommended that a changing table be used when possible. (CFOC, 3rd Edition)

Chapter 3: Health Promotion and Protection

3.4 Health Protection in Child Care

3.4.4 Child Abuse and Neglect

3.4.4.1: Reporting Suspected Child Maltreatment



Child maltreatment including physical abuse, sexual abuse, emotional abuse, exploitation, and neglect puts children at risk for behavioral, physical, and mental health problems. Staff and volunteers in early care and education programs are mandated reporters of child maltreatment. Programs should have written policies for reporting any suspected child maltreatment to reporting hotlines, department of social services, child protective services, or police as required by state, local, tribal, or territorial laws.

Program staff should have access to information and education on reporting child maltreatment including:

- **Reporting:** How to report child maltreatment and how to complete the required reporting forms. Programs should have the required forms available to easily document accurate and detailed information.
- **Liability:** All program staff are mandatory reporters and must report any suspected maltreatment regardless of staff or supervisor action or inaction. Staff are liable for reporting in all cases whether their supervisor tells them not to or that another staff will report it. Failure to report child maltreatment can result in loss of professional license, loss of ability to work with children in the future, or fines depending on state, local, tribal, or territorial laws.
- **Protection:** Mandated reporters are protected when reporting in good faith.

Instructions on how to report child maltreatment in the program's state, local, territory, or tribe should be posted where all staff can see them. Almost all states have hotlines, but they may not operate 24 hours a day, and some toll-free numbers may only work in a specific state. [Childhelp](#) has a national hotline: 1-800-4-A-CHILD (1-800-422-4453).

Early care and education programs should tell all parents and guardians about the program's child maltreatment reporting and procedures when a child enrolls.

See CFOC Standard 1.4.5.2 ([Child Maltreatment Education](#)) for more information on child maltreatment recognition and education for staff.

RATIONALE

Each state, territory, and tribe have laws for reporting child maltreatment and include program providers as mandatory reporters. Educators make one fifth of all child maltreatment reports and are important advocates for child safety.¹ Program policies and education can support staff to be familiar with reporting requirements, processes, and mandates. All early care and education staff are mandated reporters and must report suspected child maltreatment even if a supervisor does not agree, and they must not wait for another staff member to report it.^{2,3}

COMMENTS

For more information on child welfare information and laws by state, local, territory, or tribal, visit [Child Welfare Information Gateway](#).

For more information on child protective services, visit [ChildCare.gov](#).

TYPE OF FACILITY

Center, Early Head Start, Head Start, Large Family Child Care Home, Small Family Child Care Home

RELATED STANDARDS

[1.6.0.1](#) Child Care Health Consultants

[1.7.0.5](#) Stress Management for Staff

[3.4.4.2](#) Immunity for Reporters of Child Abuse and Neglect

[3.4.4.3](#) Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma

[3.4.4.4](#) Care for Children Who Have Experienced Abuse/Neglect

[9.4.1.9](#) Records of Injury

[Appendix N: Protective Factors Regarding Child Abuse and Neglect](#)

[Appendix M: Recognizing Child Abuse and Neglect](#)

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NOTES

Content in the STANDARD was modified on 05/29/2018 and 5/16/2024.

Responding to Crossed Boundaries

It is normal for minors to try to cross boundaries. We must gently remind them what is and is not appropriate.

Do:

- DO inform the minor that they have crossed a boundary. Be clear about rules and what is/is not appropriate.
- DO give examples of appropriate alternatives. Explain to the student that a better way of doing/saying/acting is to _____.
- DO document crossed boundaries. Talk to a teacher or parent if a student crosses a boundary that makes you uncomfortable. It may be more than just testing boundaries, and may indicate something is wrong in the minor's personal life.
- DO recognize your role with the minor you are working with and be clear about your boundaries.

Don't:

- DO NOT ignore a situation a boundary is crossed. Tell a teacher, parent, or supervisor if you are uncomfortable addressing it.

Keeping Situations Safe

Follow the below tips to have positive, safe interactions with minors.

- As a best practice, have at least two adults supervising activities with minors when possible.
- Avoid one-on-one situations. If you must be alone with a student, make sure you are working in a public setting. If you are in a classroom with a single student, leave the door open.
- Have adults of both sexes present in settings where children must be escorted to the bathroom. Wait outside while students use the bathroom. If a situation occurs where you must enter the bathroom, avoid being alone with a student in the bathroom.
- If you see something between any individuals that makes you uneasy, report it.

For questions or to schedule an information session:

CHILD PROTECTION OPERATIONS

Office of Human Resources
childpro@andrew.cmu.edu
412-268-3291

Boundaries when working with minors

Boundaries are limits in what we talk about, and how we interact with others, while respecting each other's limits.

Boundaries are necessary for normal and healthy interpersonal relationships. Different relationships require different boundaries. There are specific boundaries you must set when working with K-12 youth. Setting and maintaining appropriate boundaries will help to keep both you and the minor you work with safe.

Verbal Communication

Words can be easily misinterpreted by minors. Follow the verbal guidelines below when speaking with minors.

Do:

- DO be respectful. You are modeling how respect is given.
- DO give praise. As a rule of thumb, praise publicly.
- DO remind students of the rules and consequences, but this should not be made into a spectacle.
- DO use humor. Humor is a great way to build rapport with minors, but be careful that any humor you use will not be offensive or misunderstood by others.
- DO engage in casual conversation to get to know the student.

Don't:

- DO NOT use harsh or derogatory language. Do not use any language that would embarrass or humiliate others. Do not tease or poke fun.
- DO NOT engage in any sexually-focused conversations.
- DO NOT discuss your personal life or problems.
- DO NOT ask about the minor's personal life (significant others, socioeconomic status, sexual orientation, etc.).

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Non-Verbal Communication

How we physically interact with minors is very different from how we interact with family and friends. It is important to be aware of body language (eye contact, posture, sighing, etc.) and our physical interactions.

Do:

- DO make appropriate eye contact.
- DO be aware of your body language, and what you may be saying through your actions.
- DO give handshakes, high-fives, and gentle fist-bumps.
- DO gently pat or tap on shoulder if necessary.
- DO stick to the above appropriate ways of showing physical affection and affirmation. When in doubt, less is better.

Don't:

- DO NOT touch behind closed doors or in isolated areas.
- DO NOT give lengthy hugs.
- DO NOT touch on or near sexual areas of the body.
- DO NOT hit, slap, tickle, kick, kiss, massage, or carry someone.
- DO NOT give gifts, or items that are not program affiliated. (It is okay to give a program affiliated pencil or pen, for example).
- DO NOT give a gift to just one student.

MANDATORY REPORTING OF CHILD ABUSE

Anyone at the university who works with minors is a mandatory reporter.

That means that if a student discloses suspected child abuse, or you witness child abuse, you must alert Childline (717-783-8744) AND the university through campus police, the Office of the General Counsel, or your supervisor.

As employees and volunteers working with minors at Carnegie Mellon, you are legally obligated to report suspected child abuse.

REMEMBER:

All Carnegie Mellon programs/events that involve minors must be registered with Child Protection Operations within the Office of Human Resources.

Challenges of Social Media

Social media apps and websites can include a trove of personal information that breaches healthy boundaries that we set with minors.

It also can offer up information that parents are uncomfortable with, and allow direct communication that exceeds the bounds of the work you do together. Here are things to consider regarding social media:

Do:

- DO keep all communications focused on the task at hand.
- DO communicate to the entire group, when possible, instead of individual students.
- DO copy parents on all messages sent to students.
- DO inform the CMU program staff immediately if you receive any inappropriate, worrisome, or strange communication from a student.
- DO tell the students that you are happy to work with them, but will not be accepting friend requests on social media.

Don't:

- DO NOT use your personal accounts on social networking to communicate with students, or send or accept friend requests to or from minors.
- DO NOT send private messages to students.
- DO NOT give your cell phone number to students.
- DO NOT share details about your personal life.
- DO NOT take photographs for personal use, or for purposes unrelated to the program.

About Photographs: Parents or guardians may decide that they do not want anyone to take a photo of their child. Be sure to check that a signed release form has been obtained before taking photographs for any program.

Mandatory Reporting of Child Abuse

Child abuse also includes certain acts in which the act itself constitutes abuse without any resulting injury or condition. These acts include any of the following:

- Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child.
- Unreasonably restraining or confining a child, based on consideration of the method, location or the duration of the restraint or confinement.
- Forcefully shaking a child under one year of age.
- Forcefully slapping or otherwise striking a child under one year of age.
- Interfering with the breathing of a child.
- Causing a child to be present during the operation of a methamphetamine laboratory, provided that the violation is being investigated by law enforcement.
- Leaving a child unsupervised with an individual, other than the child's parent, who the parent knows or reasonably should have known was required to register as a Tier II or III sexual offender or has been determined to be a sexually violent predator or sexually violent delinquent.

For information about professional development for mandatory reporting of child abuse, please contact:

CHILD PROTECTION OPERATIONS

Office of Human Resources
childpro@andrew.cmu.edu
412-268-3291

Carnegie Mellon employees are mandatory reporters of child abuse. Employees are obligated by law to report suspected child abuse. Volunteers who are responsible for the welfare of a minor or who have direct contact with minors are also mandatory reporters.

When to File a Report

A mandatory reporter must immediately file a report if he/she has reasonable cause to suspect that a minor is the victim of child abuse in the following circumstances:

- The mandatory reporter comes into contact with the minor in the course of employment, occupation and practice of a profession or through a regularly scheduled program, activity or service;
- The mandatory reporter is directly responsible for the care, supervision, guidance, or training of the minor, or is affiliated with an agency, institution, organization, school, regularly established church or religious organization or other entity that is directly responsible for the care, supervision, guidance or training of a minor;
- A person makes a specific disclosure to the mandatory reporter that an identifiable minor is the victim of child abuse;
- An individual 14 years of age or older makes a specific disclosure to mandatory reporter that the individual has committed child abuse.

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How to File a Report

If you suspect child abuse, you must report externally AND internally.

External Reporting

Report to Childline at www.compass.state.pa.us/cwis or 1-800-932-0313.

ChildLine is available 24 hours a day/7 days per week. Under Pennsylvania law, mandatory reporters must make an immediate and direct report of suspected child abuse to ChildLine.

Internal Reporting

In addition, mandatory reporters must file an internal report with their employer. Volunteers must file an internal report with the organization for which they are volunteering. At Carnegie Mellon, internal reports of child abuse may be submitted to the following:

- Carnegie Mellon University Police at 412-268-2323
- Office of the General Counsel at 412-268-7367
- Your supervisor

For questions about mandatory reporting obligations and/or assistance with filing external reports please contact:

- Carnegie Mellon University Police at 412-268-2323
- Office of the General Counsel at 412-268-7367
- Child Protection Operations at 412-268-3291

What Happens if I Don't File a Report?

The penalties for a mandatory reporter who willfully fails to report child abuse range from a misdemeanor of the second degree to a felony of the second degree.

What is Child Abuse?

Under Pennsylvania law, child abuse means intentionally, knowingly or recklessly doing any of the following:

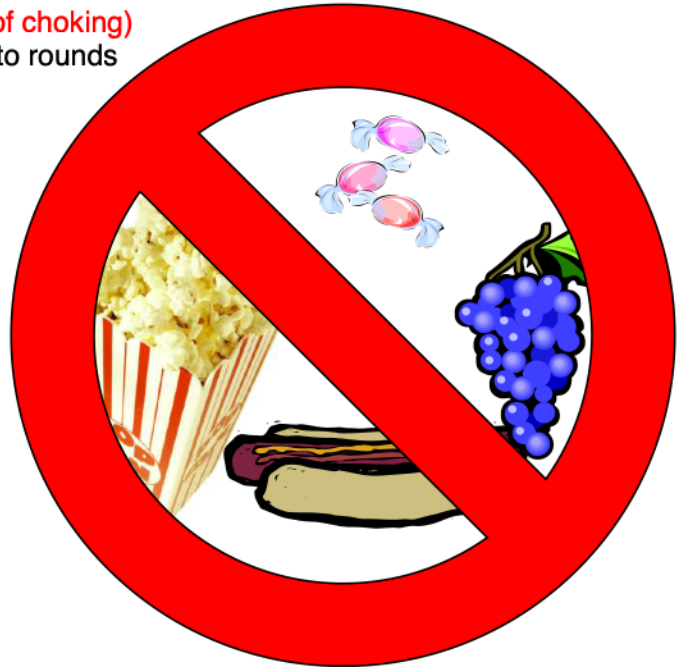
- Causing bodily injury to a child through any recent act or failure to act.
- Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act.
- Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act.
- Causing sexual abuse or exploitation of a child through any act or failure to act.
- Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.
- Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.
- Causing serious physical neglect of a child.
- Causing the death of the child through any act or failure to act.

FACT SHEET: Choking Hazards

Children under the age of 4 should not be offered foods that are round, hard, small, thick and sticky, smooth, compressible, dense, or slippery. Caring for Our Children Standard 4.5.0.10

EXAMPLES OF HAZARDOUS FOODS

- **hot dogs (food that is the most common cause of choking)** and other meat sticks, whole or sliced into rounds
- hard candy
- peanuts and other nuts
- seeds
- raw peas, raw carrot rounds
- hard pretzels or chips
- rice cakes
- whole grapes
- popcorn
- spoonfuls of peanut butter
- marshmallows
- chunks of meat larger than can be swallowed whole



Remember: Children should be seated and supervised while eating.

EASY WAYS TO MAKE FOODS SAFER

Food

Kind of Change

Hot dog	Substitute a more nutritious food; if hot dogs must be served, cut them in quarters lengthwise, then cut the quarter lengths into small pieces.
Whole grapes	Cut in half lengthwise
Nuts	Chop finely
Raw carrots	Chop finely or cut into thin strips
Peanut butter	Spread thinly on inch sized pieces of cucumber, fruit or bread mix with applesauce and spread thinly on bread
Fish or meat with bones	Carefully remove the bones and cut into small pieces

NON-FOOD CAUSES OF CHOKING Caring for Our Children Standard 6.4.1.2



- **latex balloons (the most common cause of a non-food item causing choking)**
- small objects, toys, and toy parts (per Consumer Product Safety Commission, less than 1.25" in diameter and between 1" and 2.25" deep; some recommend a more stringent limit of keeping objects away from young children that have a diameter of less than 1.75")

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, Itasca, IL: American Academy of Pediatrics; 2019. <http://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf>. Accessed 2-12-19. STD 4.5.0.10: Foods that Are Choking Hazards; STD 6.4.1.2: Inaccessibility of Toys or Objects to Children Under Three Years of Age. Online at: <http://nrckids.org>.



Code of Ethical Conduct and Statement of Commitment

Revised April 2005,
Reaffirmed and Updated May 20 1

A position statement of the National Association for the Education of Young Children

Endorsed by the Association for Childhood Education International and

Southern Early Childhood Association

Adopted by the National Association for Family Child Care

Preamble

NAEYC recognizes that those who work with young children face many daily decisions that have moral and ethical implications. The **NAEYC Code of Ethical Conduct** offers guidelines for responsible behavior and sets forth a common basis for resolving the principal ethical dilemmas encountered in early childhood care and education. The **Statement of Commitment** is not part of the Code but is a personal acknowledgement of an individual's willingness to embrace the distinctive values and moral obligations of the field of early childhood care and education.

The primary focus of the Code is on daily practice with children and their families in programs for children from birth through 8 years of age, such as infant/toddler programs, preschool and prekindergarten programs, child care centers, hospital and child life settings, family child care homes, kindergartens, and primary classrooms. When the issues involve young children, then these provisions also apply to specialists who do not work directly with children, including program administrators, parent educators, early childhood adult educators, and officials with responsibility for program monitoring and licensing. (Note: See also the "Code of Ethical Conduct: Supplement for Early Childhood Adult Educators," online at www.naeyc.org/about/positions/pdf/ethics04.pdf, and the "Code of Ethical Conduct: Supplement for Early Childhood Program Administrators," online at http://www.naeyc.org/files/naeyc/file/positions/PSETH05_supp.pdf)

Core values

Standards of ethical behavior in early childhood care and education are based on commitment to the following core values that are deeply rooted in the history of the field of early childhood care and education. We have made a commitment to

- Appreciate childhood as a unique and valuable stage of the human life cycle
- Base our work on knowledge of how children develop and learn
- Appreciate and support the bond between the child and family
- Recognize that children are best understood and supported in the context of family, culture,* community, and society
- Respect the dignity, worth, and uniqueness of each individual (child, family member, and colleague)
- Respect diversity in children, families, and colleagues
- Recognize that children and adults achieve their full potential in the context of relationships that are based on trust and respect

* The term culture includes ethnicity, racial identity, economic level, family structure, language, and religious and political beliefs, which profoundly influence each child's development and relationship to the world.

Conceptual framework

The Code sets forth a framework of professional responsibilities in four sections. Each section addresses an area of professional relationships: (1) with children, (2) with families, (3) among colleagues, and (4) with the community and society. Each section includes an introduction to the primary responsibilities of the early childhood practitioner in that context. The introduction is followed by a set of ideals (I) that reflect exemplary professional practice and by a set of principles (P) describing practices that are required, prohibited, or permitted.

The **ideals** reflect the aspirations of practitioners. The **principles** guide conduct and assist practitioners in resolving ethical dilemmas.* Both ideals and principles are intended to direct practitioners to those questions which, when responsibly answered, can provide the basis for conscientious decision making. While the Code provides specific direction for addressing some ethical dilemmas, many others will require the practitioner to combine the guidance of the Code with professional judgment.

The ideals and principles in this Code present a shared framework of professional responsibility that affirms our commitment to the core values of our field. The Code publicly acknowledges the responsibilities that we in the field have assumed, and in so doing supports ethical behavior in our work. Practitioners who face situations with ethical dimensions are urged to seek guidance in the applicable parts of this Code and in the spirit that informs the whole.

Often “the right answer”—the best ethical course of action to take—is not obvious. There may be no readily apparent, positive way to handle a situation. When one important value contradicts another, we face an ethical dilemma. When we face a dilemma, it is our professional responsibility to consult the Code and all relevant parties to find the most ethical resolution.

Section I

Ethical Responsibilities to Children

Childhood is a unique and valuable stage in the human life cycle. Our paramount responsibility is to provide care and education in settings that are safe, healthy, nurturing, and responsive for each child. We are commit-

ted to supporting children’s development and learning; respecting individual differences; and helping children learn to live, play, and work cooperatively. We are also committed to promoting children’s self-awareness, competence, self-worth, resiliency, and physical well-being.

Ideals

- I-1.1**—To be familiar with the knowledge base of early childhood care and education and to stay informed through continuing education and training.
- I-1.2**—To base program practices upon current knowledge and research in the field of early childhood education, child development, and related disciplines, as well as on particular knowledge of each child.
- I-1.3**—To recognize and respect the unique qualities, abilities, and potential of each child.
- I-1.4**—To appreciate the vulnerability of children and their dependence on adults.
- I-1.5**—To create and maintain safe and healthy settings that foster children’s social, emotional, cognitive, and physical development and that respect their dignity and their contributions.
- I-1.6**—To use assessment instruments and strategies that are appropriate for the children to be assessed, that are used only for the purposes for which they were designed, and that have the potential to benefit children.
- I-1.7**—To use assessment information to understand and support children’s development and learning, to support instruction, and to identify children who may need additional services.
- I-1.8**—To support the right of each child to play and learn in an inclusive environment that meets the needs of children with and without disabilities.
- I-1.9**—To advocate for and ensure that all children, including those with special needs, have access to the support services needed to be successful.
- I-1.10**—To ensure that each child’s culture, language, ethnicity, and family structure are recognized and valued in the program.
- I-1.11**—To provide all children with experiences in a language that they know, as well as support children in maintaining the use of their home language and in learning English.
- I-1.12**—To work with families to provide a safe and smooth transition as children and families move from one program to the next.

* There is not necessarily a corresponding principle for each ideal.

Principles

P-1.1—Above all, we shall not harm children. We shall not participate in practices that are emotionally damaging, physically harmful, disrespectful, degrading, dangerous, exploitative, or intimidating to children. This principle has precedence over all others in this Code.

P-1.2—We shall care for and educate children in positive emotional and social environments that are cognitively stimulating and that support each child's culture, language, ethnicity, and family structure.

P-1.3—We shall not participate in practices that discriminate against children by denying benefits, giving special advantages, or excluding them from programs or activities on the basis of their sex, race, national origin, immigration status, preferred home language, religious beliefs, medical condition, disability, or the marital status/family structure, sexual orientation, or religious beliefs or other affiliations of their families. (Aspects of this principle do not apply in programs that have a lawful mandate to provide services to a particular population of children.)

P-1.4—We shall use two-way communications to involve all those with relevant knowledge (including families and staff) in decisions concerning a child, as appropriate, ensuring confidentiality of sensitive information. (See also P-2.4.)

P-1.5—We shall use appropriate assessment systems, which include multiple sources of information, to provide information on children's learning and development.

P-1.6—We shall strive to ensure that decisions such as those related to enrollment, retention, or assignment to special education services, will be based on multiple sources of information and will never be based on a single assessment, such as a test score or a single observation.

P-1.7—We shall strive to build individual relationships with each child; make individualized adaptations in teaching strategies, learning environments, and curricula; and consult with the family so that each child benefits from the program. If after such efforts have been exhausted, the current placement does not meet a child's needs, or the child is seriously jeopardizing the ability of other children to benefit from the program, we shall collaborate with the child's family and appropriate specialists to determine the additional services needed and/or the placement option(s) most likely to ensure the child's success. (Aspects of this

principle may not apply in programs that have a lawful mandate to provide services to a particular population of children.)

P-1.8—We shall be familiar with the risk factors for and symptoms of child abuse and neglect, including physical, sexual, verbal, and emotional abuse and physical, emotional, educational, and medical neglect. We shall know and follow state laws and community procedures that protect children against abuse and neglect.

P-1.9—When we have reasonable cause to suspect child abuse or neglect, we shall report it to the appropriate community agency and follow up to ensure that appropriate action has been taken. When appropriate, parents or guardians will be informed that the referral will be or has been made.

P-1.10—When another person tells us of his or her suspicion that a child is being abused or neglected, we shall assist that person in taking appropriate action in order to protect the child.

P-1.11—When we become aware of a practice or situation that endangers the health, safety, or well-being of children, we have an ethical responsibility to protect children or inform parents and/or others who can.

Section II

Ethical Responsibilities to Families

Families* are of primary importance in children's development. Because the family and the early childhood practitioner have a common interest in the child's well-being, we acknowledge a primary responsibility to bring about communication, cooperation, and collaboration between the home and early childhood program in ways that enhance the child's development.

Ideals

I-2.1—To be familiar with the knowledge base related to working effectively with families and to stay informed through continuing education and training.

I-2.2—To develop relationships of mutual trust and create partnerships with the families we serve.

I-2.3—To welcome all family members and encourage them to participate in the program, including involvement in shared decision making.

* The term family may include those adults, besides parents, with the responsibility of being involved in educating, nurturing, and advocating for the child.

I-2.4—To listen to families, acknowledge and build upon their strengths and competencies, and learn from families as we support them in their task of nurturing children.

I-2.5—To respect the dignity and preferences of each family and to make an effort to learn about its structure, culture, language, customs, and beliefs to ensure a culturally consistent environment for all children and families.

I-2.6—To acknowledge families' childrearing values and their right to make decisions for their children.

I-2.7—To share information about each child's education and development with families and to help them understand and appreciate the current knowledge base of the early childhood profession.

I-2.8—To help family members enhance their understanding of their children, as staff are enhancing their understanding of each child through communications with families, and support family members in the continuing development of their skills as parents.

I-2.9—To foster families' efforts to build support networks and, when needed, participate in building networks for families by providing them with opportunities to interact with program staff, other families, community resources, and professional services.

Principles

P-2.1—We shall not deny family members access to their child's classroom or program setting unless access is denied by court order or other legal restriction.

P-2.2—We shall inform families of program philosophy, policies, curriculum, assessment system, cultural practices, and personnel qualifications, and explain why we teach as we do—which should be in accordance with our ethical responsibilities to children (see Section I).

P-2.3—We shall inform families of and, when appropriate, involve them in policy decisions. (See also I-2.3.)

P-2.4—We shall ensure that the family is involved in significant decisions affecting their child. (See also P-1.4.)

P-2.5—We shall make every effort to communicate effectively with all families in a language that they understand. We shall use community resources for translation and interpretation when we do not have sufficient resources in our own programs.

P-2.6—As families share information with us about their children and families, we shall ensure that families' input is an important contribution to the planning and implementation of the program.

P-2.7—We shall inform families about the nature and purpose of the program's child assessments and how data about their child will be used.

P-2.8—We shall treat child assessment information confidentially and share this information only when there is a legitimate need for it.

P-2.9—We shall inform the family of injuries and incidents involving their child, of risks such as exposures to communicable diseases that might result in infection, and of occurrences that might result in emotional stress.

P-2.10—Families shall be fully informed of any proposed research projects involving their children and shall have the opportunity to give or withhold consent without penalty. We shall not permit or participate in research that could in any way hinder the education, development, or well-being of children.

P-2.11—We shall not engage in or support exploitation of families. We shall not use our relationship with a family for private advantage or personal gain, or enter into relationships with family members that might impair our effectiveness working with their children.

P-2.12—We shall develop written policies for the protection of confidentiality and the disclosure of children's records. These policy documents shall be made available to all program personnel and families. Disclosure of children's records beyond family members, program personnel, and consultants having an obligation of confidentiality shall require familial consent (except in cases of abuse or neglect).

P-2.13—We shall maintain confidentiality and shall respect the family's right to privacy, refraining from disclosure of confidential information and intrusion into family life. However, when we have reason to believe that a child's welfare is at risk, it is permissible to share confidential information with agencies, as well as with individuals who have legal responsibility for intervening in the child's interest.

P-2.14—In cases where family members are in conflict with one another, we shall work openly, sharing our observations of the child, to help all parties involved make informed decisions. We shall refrain from becoming an advocate for one party.

P-2.15—We shall be familiar with and appropriately refer families to community resources and professional support services. After a referral has been made, we shall follow up to ensure that services have been appropriately provided.

Section III

Ethical Responsibilities to Colleagues

In a caring, cooperative workplace, human dignity is respected, professional satisfaction is promoted, and positive relationships are developed and sustained. Based upon our core values, our primary responsibility to colleagues is to establish and maintain settings and relationships that support productive work and meet professional needs. The same ideals that apply to children also apply as we interact with adults in the workplace. (Note: Section III includes responsibilities to co-workers and to employers. See the “Code of Ethical Conduct: Supplement for Early Childhood Program Administrators” for responsibilities to personnel (employees in the original 2005 Code revision), online at http://www.naeyc.org/files/naeyc/file/positions/PSETH05_supp.pdf.)

A—Responsibilities to co-workers

Ideals

- I-3A.1**—To establish and maintain relationships of respect, trust, confidentiality, collaboration, and cooperation with co-workers.
- I-3A.2**—To share resources with co-workers, collaborating to ensure that the best possible early childhood care and education program is provided.
- I-3A.3**—To support co-workers in meeting their professional needs and in their professional development.
- I-3A.4**—To accord co-workers due recognition of professional achievement.

Principles

- P-3A.1**—We shall recognize the contributions of colleagues to our program and not participate in practices that diminish their reputations or impair their effectiveness in working with children and families.
- P-3A.2**—When we have concerns about the professional behavior of a co-worker, we shall first let that person know of our concern in a way that shows respect for personal dignity and for the diversity to be found among staff members, and then attempt to resolve the matter collegially and in a confidential manner.

P-3A.3—We shall exercise care in expressing views regarding the personal attributes or professional conduct of co-workers. Statements should be based on firsthand knowledge, not hearsay, and relevant to the interests of children and programs.

P-3A.4—We shall not participate in practices that discriminate against a co-worker because of sex, race, national origin, religious beliefs or other affiliations, age, marital status/family structure, disability, or sexual orientation.

B—Responsibilities to employers

Ideals

- I-3B.1**—To assist the program in providing the highest quality of service.
- I-3B.2**—To do nothing that diminishes the reputation of the program in which we work unless it is violating laws and regulations designed to protect children or is violating the provisions of this Code.

Principles

- P-3B.1**—We shall follow all program policies. When we do not agree with program policies, we shall attempt to effect change through constructive action within the organization.
- P-3B.2**—We shall speak or act on behalf of an organization only when authorized. We shall take care to acknowledge when we are speaking for the organization and when we are expressing a personal judgment.
- P-3B.3**—We shall not violate laws or regulations designed to protect children and shall take appropriate action consistent with this Code when aware of such violations.
- P-3B.4**—If we have concerns about a colleague’s behavior, and children’s well-being is not at risk, we may address the concern with that individual. If children are at risk or the situation does not improve after it has been brought to the colleague’s attention, we shall report the colleague’s unethical or incompetent behavior to an appropriate authority.
- P-3B.5**—When we have a concern about circumstances or conditions that impact the quality of care and education within the program, we shall inform the program’s administration or, when necessary, other appropriate authorities.

Section IV

Ethical Responsibilities to Community and Society

Early childhood programs operate within the context of their immediate community made up of families and other institutions concerned with children's welfare. Our responsibilities to the community are to provide programs that meet the diverse needs of families, to cooperate with agencies and professions that share the responsibility for children, to assist families in gaining access to those agencies and allied professionals, and to assist in the development of community programs that are needed but not currently available.

As individuals, we acknowledge our responsibility to provide the best possible programs of care and education for children and to conduct ourselves with honesty and integrity. Because of our specialized expertise in early childhood development and education and because the larger society shares responsibility for the welfare and protection of young children, we acknowledge a collective obligation to advocate for the best interests of children within early childhood programs and in the larger community and to serve as a voice for young children everywhere.

The ideals and principles in this section are presented to distinguish between those that pertain to the work of the individual early childhood educator and those that more typically are engaged in collectively on behalf of the best interests of children—with the understanding that individual early childhood educators have a shared responsibility for addressing the ideals and principles that are identified as “collective.”

Ideal (Individual)

I-4.1—To provide the community with high-quality early childhood care and education programs and services.

Ideals (Collective)

I-4.2—To promote cooperation among professionals and agencies and interdisciplinary collaboration among professions concerned with addressing issues in the health, education, and well-being of young children, their families, and their early childhood educators.

I-4.3—To work through education, research, and advocacy toward an environmentally safe world in which all children receive health care, food, and shelter; are nurtured; and live free from violence in their home and their communities.

I-4.4—To work through education, research, and advocacy toward a society in which all young children have access to high-quality early care and education programs.

I-4.5—To work to ensure that appropriate assessment systems, which include multiple sources of information, are used for purposes that benefit children.

I-4.6—To promote knowledge and understanding of young children and their needs. To work toward greater societal acknowledgment of children's rights and greater social acceptance of responsibility for the well-being of all children.

I-4.7—To support policies and laws that promote the well-being of children and families, and to work to change those that impair their well-being. To participate in developing policies and laws that are needed, and to cooperate with families and other individuals and groups in these efforts.

I-4.8—To further the professional development of the field of early childhood care and education and to strengthen its commitment to realizing its core values as reflected in this Code.

Principles (Individual)

P-4.1—We shall communicate openly and truthfully about the nature and extent of services that we provide.

P-4.2—We shall apply for, accept, and work in positions for which we are personally well-suited and professionally qualified. We shall not offer services that we do not have the competence, qualifications, or resources to provide.

P-4.3—We shall carefully check references and shall not hire or recommend for employment any person whose competence, qualifications, or character makes him or her unsuited for the position.

P-4.4—We shall be objective and accurate in reporting the knowledge upon which we base our program practices.

P-4.5—We shall be knowledgeable about the appropriate use of assessment strategies and instruments and interpret results accurately to families.

P-4.6—We shall be familiar with laws and regulations that serve to protect the children in our programs and be vigilant in ensuring that these laws and regulations are followed.

P-4.7—When we become aware of a practice or situation that endangers the health, safety, or well-being of children, we have an ethical responsibility to protect children or inform parents and/or others who can.

P-4.8—We shall not participate in practices that are in violation of laws and regulations that protect the children in our programs.

P-4.9—When we have evidence that an early childhood program is violating laws or regulations protecting children, we shall report the violation to appropriate authorities who can be expected to remedy the situation.

P-4.10—When a program violates or requires its employees to violate this Code, it is permissible, after fair assessment of the evidence, to disclose the identity of that program.

Principles (Collective)

P-4.11—When policies are enacted for purposes that do not benefit children, we have a collective responsibility to work to change these policies.

P-4.12—When we have evidence that an agency that provides services intended to ensure children's well-being is failing to meet its obligations, we acknowledge a collective ethical responsibility to report the problem to appropriate authorities or to the public. We shall be vigilant in our follow-up until the situation is resolved.

P-4.13—When a child protection agency fails to provide adequate protection for abused or neglected children, we acknowledge a collective ethical responsibility to work toward the improvement of these services.

Glossary of Terms Related to Ethics

Code of Ethics. Defines the core values of the field and provides guidance for what professionals should do when they encounter conflicting obligations or responsibilities in their work.

Values. Qualities or principles that individuals believe to be desirable or worthwhile and that they prize for themselves, for others, and for the world in which they live.

Core Values. Commitments held by a profession that are consciously and knowingly embraced by its practitioners because they make a contribution to society. There is a difference between personal values and the core values of a profession.

Morality. Peoples' views of what is good, right, and proper; their beliefs about their obligations; and their ideas about how they should behave.

Ethics. The study of right and wrong, or duty and obligation, that involves critical reflection on morality and the ability to make choices between values and the examination of the moral dimensions of relationships.

Professional Ethics. The moral commitments of a profession that involve moral reflection that extends

and enhances the personal morality practitioners bring to their work, that concern actions of right and wrong in the workplace, and that help individuals resolve moral dilemmas they encounter in their work.

Ethical Responsibilities. Behaviors that one must or must not engage in. Ethical responsibilities are clear-cut and are spelled out in the Code of Ethical Conduct (for example, early childhood educators should never share confidential information about a child or family with a person who has no legitimate need for knowing).

Ethical Dilemma. A moral conflict that involves determining appropriate conduct when an individual faces conflicting professional values and responsibilities.

Sources for glossary terms and definitions

- Feeney, S., & N. Freeman. 2005. Ethics and the early childhood educator: Using the NAEYC code. Washington, DC: NAEYC.
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- Kipnis, K. 1987. How to discuss professional ethics. *Young Children* 42 (4): 26–30.

The National Association for the Education of Young Children (NAEYC) is a nonprofit corporation, tax exempt under Section 501(c)(3) of the Internal Revenue Code, dedicated to acting on behalf of the needs and interests of young children. The NAEYC Code of Ethical Conduct (Code) has been developed in furtherance of NAEYC's nonprofit and tax exempt purposes. The information contained in the Code is intended to provide early childhood educators with guidelines for working with children from birth through age 8.

An individual's or program's use, reference to, or review of the Code does not guarantee compliance with NAEYC Early Childhood Program Standards and Accreditation Performance Criteria and program accreditation procedures. It is recommended that the Code be used as guidance in connection with implementation of the NAEYC Program Standards, but such use is not a substitute for diligent review and application of the NAEYC Program Standards.

NAEYC has taken reasonable measures to develop the Code in a fair, reasonable, open, unbiased, and objective manner, based on currently available data. However, further

research or developments may change the current state of knowledge. Neither NAEYC nor its officers, directors, members, employees, or agents will be liable for any loss, damage, or claim with respect to any liabilities, including direct, special, indirect, or consequential damages incurred in connection with the Code or reliance on the information presented.

NAEYC Code of Ethical Conduct 2005 Revisions Workgroup

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Statement of Commitment*

As an individual who works with young children, I commit myself to furthering the values of early childhood education as they are reflected in the ideals and principles of the NAEYC Code of Ethical Conduct. To the best of my ability I will

- Never harm children.
- Ensure that programs for young children are based on current knowledge and research of child development and early childhood education.
- Respect and support families in their task of nurturing children.
- Respect colleagues in early childhood care and education and support them in maintaining the NAEYC Code of Ethical Conduct.
- Serve as an advocate for children, their families, and their teachers in community and society.
- Stay informed of and maintain high standards of professional conduct.
- Engage in an ongoing process of self-reflection, realizing that personal characteristics, biases, and beliefs have an impact on children and families.
- Be open to new ideas and be willing to learn from the suggestions of others.
- Continue to learn, grow, and contribute as a professional.
- Honor the ideals and principles of the NAEYC Code of Ethical Conduct.

* This Statement of Commitment is not part of the Code but is a personal acknowledgment of the individual's willingness to embrace the distinctive values and moral obligations of the field of early childhood care and education. It is recognition of the moral obligations that lead to an individual becoming part of the profession.



How to Disinfect a Child's Wading Pool

Make sure there are no dangerous bacteria lurking in your pool.

Many of us want to cool off in a backyard pool, but we also want to make sure there are no dangerous bacteria lurking in these pools that do not have any filtration system in place.

You can use [Clorox® Regular Bleach₂](#) (/products/clorox-concentrated-regular-bleach/) to treat the water in a child's wading pool. Below is information about this that should help you determine how much bleach to add for your specific situation. You will need to know the diameter of the kiddie pool in feet, and the depth of water you fill it with in inches.

WADING POOL DISINFECTION

[Clorox® Regular Bleach₂](#) (/products/clorox-concentrated-regular-bleach/) — a 6.0% sodium hypochlorite solution containing approximately 5.7% available chlorine by weight — is a convenient, economical source of chlorine for water treatment in swimming and wading pools. Also, because this product is a liquid with no insoluble particles, it is especially suitable for this use.

When chlorinating wading pools, use 1/8 cup per 100 gallons of new water. Mix required amount of [Clorox® Regular Bleach₂](#) (/products/clorox-concentrated-regular-bleach/) with 2 gallons of water and scatter over surface of pool. Mix uniformly with pool water. Empty small pools daily. ([Clorox® Regular Bleach₂](#) (/products/clorox-concentrated-regular-bleach/) will not harm plastic pools.)

Do not reenter pool until the chlorine residual is between 1 to 3 ppm.

The chart below is a guide to the amount of this product to add to various sized round pools.

Pool diameter	4 ft	6 ft	8 ft	10 ft	15 ft
Depth of water					
6 in.	1/16 cup	1/8 cup	1/4 cup	3/8 cup	3/4 cup
1 ft	1/8 cup	1/4 cup	1/2 cup	3/4 cup	1½ cups
2 ft	1/4 cup	1/2 cup	1 cup	1½ cups	3¾ cups
3 ft	3/8 cup	3/4 cup	1½ cups	2¼ cups	5 cups

Use the following table to be sure you measure the appropriate amount of bleach:

TABLE OF LIQUID MEASURES:

3 tsp = 1 Tbsp = 1/2 Ounce = 1/16 Cup

16 Tbsp = 8 Ounces = 1 Cup = 1/2 Pint

Test the pH, available chlorine residual and alkalinity of the water frequently with appropriate test kits. Frequency of water treatment will depend upon temperature and number of swimmers.

Cleaning, Sanitizing, and Disinfection Frequency Table



Definitions¹

- › **Cleaning**² –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.
- › **Sanitizing**³ –Reducing germs on inanimate surfaces to levels considered safe by public health codes or regulations. Sanitizing may be appropriate for food service tables, high chairs, toys, and pacifiers.
- › **Disinfecting** –Destroying or inactivating most germs on any inanimate object, but not bacterial spores. Disinfecting may be appropriate for diaper tables, door and cabinet handles, toilets, and other bathroom surfaces.
- › **Detergent** –A cleaning agent that helps dissolve and remove dirt and grease from fabrics and surfaces. Soap can be considered a type of detergent.
- › **Dwell Time** –The duration a surface must remain wet with a sanitizer/disinfectant to work effectively.
- › **Germs** –Microscopic living things (such as bacteria, viruses, parasites and fungi) that cause disease.



Cleaning, Sanitizing, and Disinfecting Frequency Table¹

Relevant to NAEYC Standard 5 (Health), especially Topic C: Maintaining a Healthful Environment

Areas	Before each Use	After each Use	Daily (End of the Day)	Weekly	Monthly	Comments ⁴
Food Areas						
Food preparation surfaces	Clean, and then Sanitize	Clean, and then Sanitize				Use a sanitizer safe for food contact
Eating utensils & dishes		Clean, and then 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, and then Sanitize	Clean, and then Sanitize				
Countertops		Clean	Clean, and then Sanitize			Use a sanitizer safe for food contact
Food preparation appliances		Clean	Clean, and then Sanitize			
Mixed use tables	Clean, and then Sanitize					Before serving food
Refrigerator					Clean	
Toilet & Diapering Areas						
Changing tables		Clean, and then Disinfect				Clean with detergent, rinse, disinfect
Potty chairs		Clean, and then Disinfect				Use of potty chairs is not recommended, but if used should be cleaned and disinfected after each use.
Hand washing sinks & faucets			Clean, and then Disinfect			
Countertops			Clean, and then Disinfect			
Toilets			Clean, and then Disinfect			

Areas	Before each Use	After each Use	Daily (End of the Day)	Weekly	Monthly	Comments ⁴
Diaper pails			Clean, and then Disinfect			
Floors			Clean, and then Disinfect			Damp mop with a floor cleaner/disinfectant
Child Care Areas						
Plastic mouthed toys		Clean	Clean, and then Sanitize			
Pacifiers		Clean	Clean, and then 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, and then Disinfect			
Floors			Clean			Sweep or vacuum, then damp mop, (consider micro fiber damp mop to pick up most particles)
Carpets ⁵ and Large Area Rugs			Clean		Clean	Daily: Vacuum ⁶ 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 Monthly: Wash carpets at least monthly in infant areas and at least every three months in other areas, or when soiled
Small Rugs			Clean	Clean		Daily: Shake outdoors or vacuum Weekly: Launder
Machine washable cloth toys				Clean		Launder
Dress-up clothes				Clean		Launder
Play activity centers				Clean		

Cleaning, Sanitizing, and Disinfection Frequency Table

Areas	Before each Use	After each Use	Daily (End of the Day)	Weekly	Monthly	Comments ⁴
Drinking Fountains			Clean, and then Disinfect			
Computer keyboards⁷		Clean, and then Sanitize				Use sanitizing wipes, do not use spray
Phone receivers			Clean			
Sleeping Areas						
Bed sheets & pillow cases				Clean		Clean before use by another child
Cribs, cots, & mats				Clean		Clean before use by another child
Blankets					Clean	

1 Definitions and table adapted from: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*. <http://cfoc.nrckids.org>.

2 Routine cleaning with detergent (see definition above) and water is the most useful method for removing germs from surfaces in the child care setting. Safer cleaning products are not only less-toxic and environmentally safer, but they also often cost the same or less than conventional cleaners. **Green Seal** and **UL/EcoLogo** are non-profit companies that research and certify products that are biodegradable and environmentally friendly.

3 Sanitizing and disinfecting can be achieved with a solution of chlorine bleach and water. However, the use of chlorine bleach for disinfecting and sanitizing is not a requirement; there are other EPA-approved sanitizing and disinfecting agents that can be used instead of chlorine bleach/water solutions. When purchasing products, look for an EPA registration number on the product label, which will describe the product as a cleaner, sanitizer, or disinfectant. When using sanitizing and disinfecting agents, it is important that manufacture instructions for 'dwell time' (see definition above) is adhered to.

When sanitizing or disinfecting is warranted, staff use EPA-registered least-toxic disinfecting and sanitizing products. The easiest way to find least-toxic cleaning products is to use products that have been tested and certified by a third party group such as Green Seal, UL/EcoLogo, and/or EPA Safer Choice. For alternative methods and products to be used in lieu of chlorine bleach, please refer to the ***Green Cleaning Toolkit for Early Care and Education***, a set of resources developed by the EPA.

Follow manufacturer instructions for how to mix chlorine bleach / water solutions for sanitizing and disinfecting. Refer to *Caring for Our Children*, Appendix J, (http://cfoc.nrckids.org/files/CFOC3_updated_final.pdf) for instructions on how to identify EPA-registered sanitizing and disinfecting products (including chlorine bleach), and how to safely prepare chlorine bleach solutions.

4 In addition to the frequencies listed here, all items should be cleaned when visibly dirty.

5 It is best practice to use alternatives to installed carpets in the child care environment.

6 All area rugs and carpeted areas should be vacuumed with a HEPA filtered vacuum and according to instructions for the vacuum. Use proper vacuuming technique: (1) push the vacuum slowly; (2) do a double pass—vacuum in 2 directions, perpendicular to each other; (3) start at the far end of a room and work your way out (to avoid immediate re-contamination); (4) empty or replace vacuum bags when 1/2 to 2/3 full.

7 "Each Use" of computer keyboards 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.