Support Staff Handbook
2024-25
MMC 17 Carnegie Mellon University
Pittsburgh, PA 15213

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www.cmu.edu/dietrich/psychology/cs

2024-25 School Year Orientation [10E.2]

Greetings,
Welcome to the Children's School! We are excited to have you working in our school and office. As a volunteer, undergraduate, student teacher, intern, or itinerant therapist, you are about to become an important part of this school.

The orientation material in this handbook has been developed to help you meet the challenges and enjoy the rewards of your experience here. We hope that this handbook will answer some fundamental questions about the significance of your position on the Children's School team. If you have a question that is not answered in the following pages, please feel free to ask a teacher or educational administrator.

Your success will depend primarily on three factors:

- your desire to develop a positive working relationship with your cooperating teachers and educational administrators,
- your eagerness to learn the school routine and help it run smoothly, and
- your willingness to ask questions when you have them and pattern your interactions after the educators around you.

Your effort in these areas, along with a friendly and willing spirit, will bring you a priceless reward – the opportunity to help in the education of young children.

Everyone at the Children's School is working for the betterment of education for young children, and you have chosen to become part of the excitement. We look forward to having you as part of the team!

Sincerely,

Kathie Stilinovich
Educational Coordinator
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kstilino@andrew.cmu.edu

"The most precious thing a person can touch is the mind of a child...be cautious."
Michael Giammatteo

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CHILDREN'S SCHOOL STANDARDS [10E.2]

There are many responsibilities related to being involved in the educational process. What follows are essential guidelines to help you meet them.

Be Professional.

Keep confidential any discussions concerning the case of a specific child. The school staff trusts you to use such information and observations only to work more effectively with that child. Never discuss students with parents or in any situation other than with that child's teacher. **Please remember that you have signed a confidentiality agreement that is kept on file at the Children's School**.

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.

Leave all bags/book bags in the main office when you sign in.

Be a Model.

You are in our school as an adult model, not a playmate. If your behavior is calm and controlled and your tone of voice quiet and pleasant, the children's will be too. Provide a consistent, fair model of behavior for children, even when they are moody. A pleasant word from you may often change the direction of a situation. Children depend on you to be helpful, courteous and sincere.

Be Responsible.

Arrive and leave the school promptly as scheduled; email Mrs. Stilinovich (kstilino@andrew.cmu.edu) and Miss Hancock (lh37@andrew.cmu.edu) before classes begin if you will be absent.

Be Aware.

Orient yourself to follow the policies and procedures of the school.

- **Basic Behavior Expectations at the Children's School**

  Knowing and meeting expectations encourages **independent** action and fosters **self- esteem.**

Signals:
Lights Off means Stop, Look and Listen
Bell means Clean Up and Find the Teacher

School Rules:
Be a kind friend.
Listen the first time.
Stay in your own space.
Use your words.
Use inside voices.
Use walking feet.
Use things appropriately.
Follow the routine.
Put everything in its place.

The teachers and students in each class will discuss behavior expectations throughout the year. As appropriate, **each class will add specific examples** relating to each of the items listed above. For example, for "Be a kind friend," one

year a 4's class added "share", the Kindergartners added "respect the rights of others," and the 3's specified "if you put down your toy and move on to something else, another friend can use it."

Boundaries Around and Within the School

1. The office and main hallway are not play areas.
2. The observation booth is only for adult usage.
3. The office and kitchen are adult supervised areas only.
4. Children must stay within sight of adults.
5. Children must be accompanied by a teacher to leave the school and playground.

Recognize that teachers have a variety of teaching styles and work successfully in different ways. In the beginning, you may be very apprehensive about working with children (and teachers); but as you have new experiences with the children, your confidence will grow.

Be Open.

Take your direction from the teachers. Accept criticism as constructive, realizing that the teacher is trying to assist you in developing procedures and techniques for working with children.

Develop a willing attitude as you assume new and greater responsibilities.

As you gain experience and become confident of the classroom routines, teachers are open to students taking initiative in certain activities. Be proactive with daily tasks and activities within the classroom, while remaining conscious of the teacher's authority.

WORKING WITH YOUNG CHILDREN

Ways With Children* - In Speech

1. 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.

2. Use your voice as a teaching tool (calm, moderate tones).

3. Use a tone of voice that will help the child feel confident and reassured, not afraid or guilty or ashamed.

4. Speak in a very matter of fact manner and avoid baby talk with children.

5. Make suggestions or state directions in a positive rather than a negative form. Example: "Park your tricycle here." - rather than "No, don't do it that way."

6. Give children a choice only when you intend to leave the decision to them; do not offer the child a choice when there is none. For example: "It's your turn to play this game" instead of "Do you want to play this game?" "You may choose to do xx or yy."

7. Redirecting the child is likely to be most effective when it is consistent with the child's own motives or interests.

8. When young children are drawing, it is better to ask, "Would you like to tell me something about your drawing?" than "What is it?" since children may not always know what it is themselves.

9. Avoid trying to motivate a child by making comparisons between the child and another or by encouraging competition.

10. Avoid engaging in conversation with other assistants, therapists, observers, teachers, or parents while supervising children. If you are assigned to watch an activity, never turn your back on it.

Ways With Children* - In Action

1. Be alert to the total situation in the classroom.

2. Do not roughhouse with the children.

3. Encourage children to handle all materials with care.

4. Give the child the minimum of help in order that they may have the maximum chance to grow in independence.

5. When limits are necessary, clearly define and consistently maintain them.

6. If children become aggressive, put a stop to the action if someone is in immediate danger and consult with a teacher right away.

SPECIFIC RULES FOR PLAY AREAS [10E.2]

A. Whole School Rules
   1. Lights Out and/or the Quiet Sign means “Stop, Look, and Listen.”
   2. A Closed Sign means that those materials are not available for children’s use.

B. Safety
   1. With heavy blocks, children may build only as high as they are tall.
   2. Chairs are for sitting only; tables are not for sitting.

C. Art
   1. Return all art materials and tools to proper places.
   2. Put the child's ***name and date*** on the back of paper and articles, if they cannot print their own name. Please check class lists for proper spelling and print the name and date rather than using cursive.
   3. Cover workspace with newspaper.
   4. Encourage children to wear smocks when painting or doing other messy work, but it is not required.

D. Water Play
   1. Encourage children to wear smocks when using water, but it is not required.
   2. Keep water in the table.
   3. Only four children may use the water table at any one time.
   4. Hands must be washed before and after using the water tables.

E. Sand Table
   1. Keep the sand in the table.
   2. Do not throw sand.
   3. Only six children may use the sand table at one time.

F. Clean Up Time
   1. All children participate in clean up, with adult facilitation as needed.
   2. Children remain in the area where they were playing until the clean up is completely finished before moving to their next activity.

G. Outdoors
   1. Adults should remain alert to the events going on around them, even while they are facilitating the children’s play.
   2. Adults should refrain from conversation with other adults so their full attention is on the children.
   3. Children ride tricycles only on the path.
   4. Children can go down the slides in any position. Climbing up the slides is the teacher’s discretion.
   5. The playground equipment is put away at end of the day and the playground is locked.

DRESS GUIDELINES FOR SUPPORT STAFF

1. Dress comfortably and appropriately for working in a school with young children.
2. Closed-toed comfortable shoes are recommended. You may be on the playground or in the gym.
3. Bring seasonally appropriate clothing and outerwear. In the winter, it is cold and you may be outside.
4. Jeans are fine.
5. Wear jewelry at your own risk.
6. If you are a smoker or live with one, please make sure you do not smell like smoke when coming to work.
7. You may leave extra clothing and gym shoes, etc. at school if you wish to change. Label them please!

QUICK REFERENCE re: Top Twelve Things that You Need to Know About Working at the Children's School

1. Speak and behave in a **professional manner** with staff, children, parents, visitors, service people, et cetera, at all times.

2. Orient yourself to follow the **policies and procedures** of the school.

3. Take direction from your assigned supervising teacher (although taking initiative to complete routine tasks without being asked and offering to play additional roles are highly valued).

4. Never discuss students with parents or in any situation other than with that child's teacher or an administrator. **Please remember that you have signed a confidentiality agreement that is kept on file at the Children's School.**

5. Be responsible. Arrive and leave the school promptly as scheduled; email Mrs. Stilinovich (kstilino@andrew.cmu.edu) and Miss Hancock (lh37@andrew.cmu.edu) before 8 am if you will be late or absent. Remember to sign out at the end of your shift.

6. Model dress after staff members.

7. Silence your cell phone when you arrive. If you need to make/receive an important call, let your supervising teacher know and come to the office for the call.

8. **Be a model**. You are an adult model, not a playmate. Behave calmly and keep your voice quiet and pleasant.

9. Avoid engaging in conversation with other assistants, observers, teachers, or parents while supervising children. If you are assigned to watch an activity, NEVER turn your back on it.

10. Refrain from eating in the classroom, other than at snack or lunch times with the children and after receiving permission from your cooperating teacher. Water bottles or coffee cups are permissible but should be placed out of children's reach.

11. Be sensitive to how you talk to children. Avoid typical gender stereotypes.

12. Do not hesitate to ask questions. Better to get direction than to do something incorrectly.

Learn lots and have fun!

All undergraduates working regularly with children MUST obtain criminal record and child abuse clearances, as well as an FBI background check, per Act 153. Please email act153@andrew.cmu.edu for instructions on obtaining Act 153 background certifications through CMU's Human Resources Service. Inform them that you will be working at the Children's School.

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 prepares an annual report documenting 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 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 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 teachers 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. Teacher 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, AND INCLUSION

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.

CMU Children's School Definitions of JEDI terms - 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 our web site.

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 provides funding for computing services and 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**.
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 7/1/18 through 7/1/23, 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.

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.

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. 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 (see https://www.cmu.edu/dietrich/psychology/cs/educators/index.html). Undergraduate interns and student employees complement each team, and pre-service teachers from local colleges do field placements or student teaching here.

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 a complete description of Carnegie Mellon's Commitment to Diversity, please see http://www.cmu.edu/diversity-guide/.

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-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 teacher 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 a teacher is absent. In addition, we have a full-time "floater" 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 teachers 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.

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."

Staff-Family Interactions

As undergraduates and/or support staff, please refer any parent questions or concerns to the child's primary teacher. When parents have questions or have experienced a problem at home or school, they should approach the child's primary teacher or one of the administrators directly. Recent potty-training efforts, changes in care-giving arrangements, the death of a pet, an extended absence of a parent, etc. can all cause changes in a child's demeanor and behavior at school, so timely communication helps the staff respond most effectively to the child. Teachers and Administrators make every

effort to dialogue with children and families in a positive manner to plan strategies, resolve issues, and provide assistance in a timely and effective manner.

SCHOOL HOURS

Preschool 3's *(Monday through Friday)*

8:30 AM – 1:00 PM (Monday - Thursday)
8:30 - 11:30 (Friday)

Preschool 4's *(Monday through Friday)*

8:30 AM – 1:00 PM or 8:30 AM – 2:30 PM *(Monday through Thursday)*
8:30 AM – 11:30 PM *(Friday)*

PreK/Kindergarten *(Monday through Friday)*

8:30 AM - 2:30 PM *(Monday through Thursday)*
8:30 AM – 11:30 PM *(Friday)*

HEALTH AND SAFETY GUIDELINES [10E.2]

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

The guidelines for exclusion of children who have infections that pose a risk to others apply equally to staff members. 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. 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

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].

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).*

Preparing the Environment

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.

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 (see www.cmu.edu/policies/)
- 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.

Surface Cleaning

Cleaning Protocol

https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

- 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.
    - 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.**

1. Wipe surface for debris.
2. Spray surface until it is thoroughly wet with Clorox Anywhere or bleach solution following the manufacturer's instructions. ***Do not re-wipe yet.***
3. Walk away and let surface air dry at least 2 minutes. This is to sanitize the surface. After 2 minutes, wipe the surface again.

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].

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 teachers 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.

Child Abuse and Neglect Policy [10E.2]

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

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.

EMERGENCY ACTION PLAN [10B.19, 10E.2]

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 lockdown / containment away from windows (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 phone to notify them of the plan for reuniting them with their children. If phone service is 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 teacher present will decide collaboratively with other staff on a course of action.

POLICIES AND PROCEDURES

* ***The following policies and procedures are included in the Undergraduate Handbook so that all adults interacting with children are aware of them and help ensure that everyone follows them. In most cases, a teacher or administrator is responsible for ensuring compliance. Nonetheless, undergraduates should feel free to raise questions or seek administrative support if policies and procedures are not being followed.***

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 entries and exits. All staff members are responsible for knowing and following the security system procedure. No undergraduates or families should be given entry and exit codes; they must use the buzzer to request entry and check in the office before exiting.

***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 provided the school with room air purifiers (one per 360 square feet of space) to reduce the risk of airborne coronavirus transmission. Be sure to turn the purifiers on each morning and off at the end of the day. Filter cleaning with 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 repellant [5A.16].

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

- 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 Kindergarten

  These ratios are applicable both indoors and outdoors. Field trip ratios are 1:3 for preschool and 1:4 for kindergarten. Wading pool ratios are 1:5 for both preschool and 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 **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 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 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 water table, 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.

- 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.

- 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, one copy in the student's 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.

• 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.

Preparing and Serving Food [5B]

- 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 cups or the 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, spoonsful 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).
  • 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 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.

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.).
- Teachers 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, a teacher 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. Teachers 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 and 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.
- Teachers 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 teachers 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: Teachers 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 grassy 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 if 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. Noodles are for building, not hitting. 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.

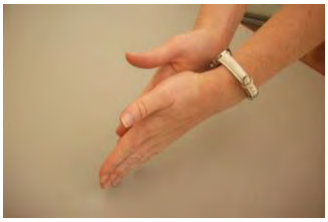
• No children may leave playground without an adult. Permanent staff members must accompany children to the bathroom (i.e., not student employees or volunteers). Researchers with clearances on file may take children from the playground to participate in research sessions. Indoor classroom practices apply to children’s use of the restroom in the preschool while their class is in the Reflection Garden.

• Teachers close shed doors and lock gates when playground time is finished. Sheds are locked at the end of the day.

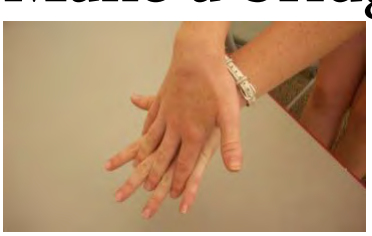
HAND WASHING SONG

***Sung to the tune of Row, Row, Row Your Boat**

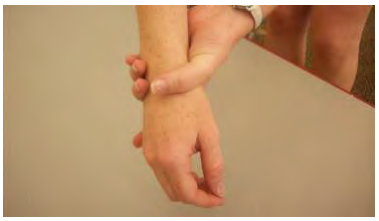
Slide, slide, slide your hands,

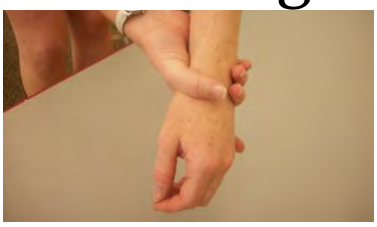


Make a bridge like this.

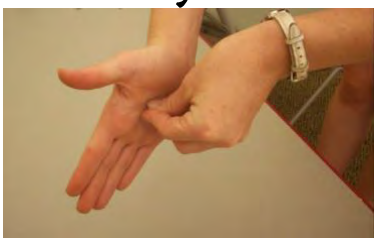


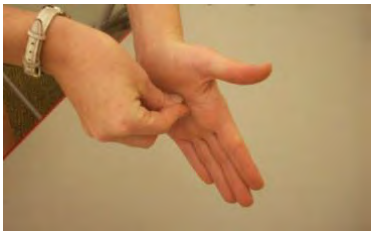
Don't forget both bracelets,





Then you have to twist!





CHILDREN'S SCHOOL JOB DESCRIPTION FOR UNDERGRADUATES

August 2023

Students working at The Children's School will be extra hands for the teachers in exchange for pay (student employees) and/or experience relevant to the students' program of study (typically psychology for interns and education for student teachers) or future career plans.

**Speak and behave in a professional manner at all times with staff, children, parents, undergraduates, university partners, visitors, service people, etc.

Model dress after the staff members. Choose clothes that are comfortable and professional. Working with young children may mean stains, running, stretching, and bending. ***Avoid revealing clothing*** *(e.g., no bare midriff tops, short skirts, or short shorts) and items with slogans or characters. Closed-toe shoes are highly recommended.* ***Please refrain from eating and drinking in the classroom, other than at snack or lunch times with the children. Never use cell phones while on duty.***

**Strive to be a team player, taking initiative to help with tasks, sharing space and materials, offering support, communicating and reflecting constructively, etc., for the benefit of the whole staff.
**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.
**Take direction from the supervising teacher (though taking initiative to complete routine tasks without being asked and offering to play additional roles are highly valued). Be sure to ask questions if you are uncertain what to do.

[Interns - observed & evaluated by the Director, with input from the teachers]
[Student Employees - observed & evaluated by the Educational Administrative Team, with input from the teachers]
[Student Teachers - observed & evaluated by the Supervising Teacher, with input from the other teachers and the Director]
Teachers provide input about the support staff in their classrooms via the attached form.

Task Categories (** indicates highest priority)

****Teachers**
serve as assistant as described above
****Children**
know and be known
treat children in developmentally appropriate ways
serve all children without bias or favoritism
greet children within the school
monitor children already greeted or waiting for dismissal
address children as "friends" rather than by "boys and girls"
focus comments on children's actions and interactions rather than appearance, clothing, or accessories
help with dressing, toileting, diaper changing, etc.
help set up and distribute snack
monitor children on playground, while taking walks, etc.

Since the goal is to foster children's independence and to facilitate their engagement in activities, adults at the Children's School refrain from having children sit in our laps, from playing with hair, clothing, or jewelry, and any other behaviors that encourage them to focus an inappropriate amount of attention on us. Note that it is fine to say, "No, thank you" in order to disengage from a clingy child.

Families

know and be known

To protect both the undergraduate and the school, please refer ALL questions regarding individual children, school policies, etc. to a teacher or administrator. Feel free to answer simple procedural questions (e.g., where should I put x, etc.). Also, for the same reasons, do not accept babysitting jobs with Children's School families.

Program

prepare materials for bulletin boards and activities (indoor and outdoor)
setup bulletin boards and classroom activities
do simple computer work, such as preparing nametags, printing photos, etc.
lead activities with individual children, small groups, and/or large groups as appropriate and under the supervision of a teacher (i.e., student teachers typically do more than student employees)
read stories to children
cleanup from activities (indoor and outdoor)

Special Events

setup and cleanup (decoration hanging, table covering, furniture moving, etc.)
setup and cleanup food
supervise activities and/or playground

Associate Teachers

offer assistance if time permits

****Administrative Coordinator/Educational Administrator**

sign in and out / make timely WorkDay entries
notify in case of absence / schedule change
carry messages / distribute mail to student lockers

Office Suite

type, copy, laminate, bind, etc. and other tasks as requested

Public Relations

model school philosophy (every staff member is an advertisement)

Space

light cleaning (e.g., tables, paintbrushes, sinks, etc.)
student employees may be asked to do heavier cleaning.

Carnegie Mellon University Children's School

STUDENT EMPLOYEE PERFORMANCE EVALUATION FORM

2024/2025 School Year

Department: Children's School / Psychology

Supervising Teacher:

Student: _____ Position: _____

Date:

Please indicate the activities in which the student has been engaged during this week. Check all those items that apply.

Lead activities with individual children

Lead activities with small groups

Help children with dressing, toileting, etc.

Playground duty

Office work (type, copy, laminate materials)

Prepare materials for bulletin boards and activities

Cleanup activities

Other _____

Please rate the student's performance on the following items where appropriate:

	Poor				Excellent	
1. Attendance	1	2	3	4	5	n/a
2. Punctuality	1	2	3	4	5	n/a
3. Performs Duties as Requested	1	2	3	4	5	n/a
4. Initiative / Motivation	1	2	3	4	5	n/a
5. Ability to Relate to Students	1	2	3	4	5	n/a
6. Appropriate Interaction with Children	1	2	3	4	5	n/a
7. Flexibility	1	2	3	4	5	n/a

Comments:

STUDENT EMPLOYMENT FEEDBACK FORM

2024/25
Please return to Mrs. Stilinovich

Student's Name (optional)

Term: Summer
Fall
Spring

Position Title (optional) Year:
Department Name:

STUDENT SECTION *(to be completed by the student worker named above)*

How satisfied are you with this job?
Very satisfied Satisfied Dissatisfied
Comments:

How would you rate the work? *(i.e., supervisor, coworkers, equipment, facilities)*
Very satisfied Satisfied Dissatisfied
Comments:

What are your responsibilities in this job?

What skill(s) did you use most in this job?

What skill(s) did you develop through this job?

Would you make any changes to improve the work experience?
Yes No

If so, what?

Lifting Safety: Tips to Help Prevent Back Injuries (familydoctor.org) [10.D.1]

(see also https://www.cmu.edu/ehs/Training/index.html)

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?

1)Be sure you have a tight grip on the object before you lift it.
2)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.

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.

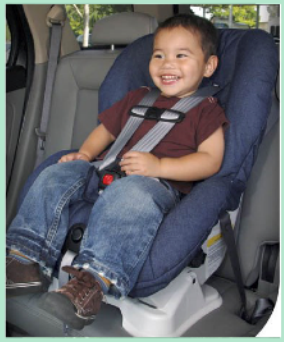
Rear-Facing

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 manufacture
  - 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.

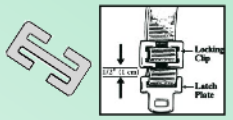
9. Seat Belt: Place the vehicle seat belt through the correct belt path following the car seat manufacturer instructions.

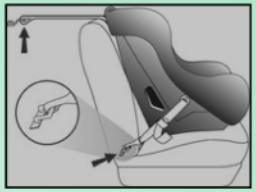
10. Tighten and LOCK the vehicle seat belt according to directions found in the vehicle owner's manual.

- 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.

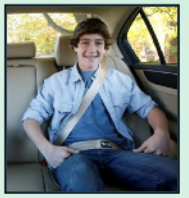
- **Attach the lower anchor connectors on the car seat to the lower anchors in the vehicle following instructions in the car seat and vehicle owner's manual.**
- Check for tightness at the lower anchor belt path.
- Attach the tether connector (if applicable) to the tether anchor and tighten.

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

7/2016

Traffic Injury Prevention Project
Pennsylvania

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	*Viruses* • Adenovirus • Coronavirus (including SARS-CoV-2, the virus that causes COVID-19) • Enterovirus • Influenza virus • Parainfluenza virus • Respiratory syncytial virus (RSV) • Rhinovirus *Bacteria* • Mycoplasma • Pertussis	• Coughing • Hoarse voice, barky 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** • 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	• Common cold • COVID-19 • Lower respiratory infection (eg, pneumonia, bronchiolitis) • Croup • Asthma • Sinus infection • Bronchitis • Pertussis • Noninfectious causes like allergies	• 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** • 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.

Shope, T.R., Hashikawa, A.N. (2023). Managing Infectious Disease in Child Care and Schools: A Quick Reference Guide, 6th Edition. American Academy of Pediatrics.

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	• Irritation by rubbing of diaper material against skin wet with urine or stool • Infection with yeast or bacteria	• Redness • Scaling • Red bumps • Sores • Cracking of skin in diaper region	Not necessary	**Yes**	**No, unless** • 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	• 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	• 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** • 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.	• Cleared to return by pediatric health professional for all cases of bloody diarrhea and diarrhea caused by Shiga toxin–producing *Escherichia coli, Shigella*, or *Salmonella* 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	• 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)	• 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**	**Yes, if** • 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. *Note:* Emergency care may be needed for some of the conditions herein (see Situations That Require Medical Attention Right Away in Chapter 4).	Exclusion criteria are resolved.
Earache	• Viruses (common cold) followed by bacteria	• 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	• 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)	• 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**	*For bacterial conjunctivitis* **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. *For red eyes with intense pain* Refer to pediatric health professional. *For other eye problems* **No, unless** child meets other exclusion criteria (See Conditions Requiring Temporary Exclusion in Chapter 4.) *Note:* 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.	• *For bacterial conjunctivitis,* 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	• Any viral, bacterial, or parasitic infection • Vigorous exercise • Reaction to medication or vaccine • Other noninfectious illnesses (eg, rheumatoid arthritis, malignancy)	Flushing, tired, irritable, decreased activity *Notes* • 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. **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).	Not necessary	**Yes**	**No, unless** • 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. *Note:* 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). *Get medical attention* 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.	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	• Any bacterial/viral infection • Other noninfectious causes	• Tired and irritable • Can occur with or without other symptoms	Not necessary	**Yes**	**No, unless** child meets routine exclusion criteria (See Conditions Requiring Temporary Exclusion in Chapter 4.) *Note:* 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.	Exclusion criteria are resolved.
Itching	• Ringworm • Chickenpox • Pinworm • Head lice • Scabies • Allergic (hives) or irritant reaction (eg, poison ivy) • Dry skin or eczema • Impetigo	• 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**	*For chickenpox* **Yes, until lesions are fully crusted** *For ringworm, impetigo, scabies, and head lice* 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. *For pinworm, allergic or irritant reactions like hives, and eczema* **No, unless** • Appears infected as a weeping or crusty sore. 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.	• 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*)		• Impetigo: areas of crusted yellow, oozing sores. Often around mouth or nasal openings or areas of broken skin (insect bites, scrapes).			*Note:* 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. *For any other itching* **No, unless** the child meets routine exclusion criteria (See Conditions Requiring Temporary Exclusion in Chapter 4.)	
Mouth Sores	• Oral thrush (yeast infection) • Herpes or coxsackievirus infection • Canker sores	• 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**	**No, unless** • 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	Many causes • Viral: roseola infantum, fifth disease, chickenpox, herpesvirus, molluscum contagiosum, warts, cold sores, shingles (herpes zoster), and others	• 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. *However, if the child appears well other than the rash, a pediatric health professional visit is not necessary.*	For outbreaks, such as multiple children with impetigo within a group	**Yes**	**No, unless** • 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. Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).	• 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*)	• Skin infections and infestations: ringworm (fungus), scabies (parasite), impetigo, abscesses, and cellulitis (bacteria) • Scarlet fever (strep infection) • Severe bacterial infections: meningococcus, pneumococcus, *Staphylococcus* (methicillin- susceptible *S aureus*; methicillin-resistant *S aureus*), *Streptococcus* • Noninfectious causes: allergy (hives), eczema, contact (irritant) dermatitis, medication related, poison ivy, vasculitis	• 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 pufy hands or feet.			• 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)	• Viral: common cold viruses that cause upper respiratory infections, including SARS-CoV-2, the virus that causes COVID-19 • Strep throat	• 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 associates 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 *not* 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 of the infection.	Not necessary	**Yes**	**No, unless** • 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. *Note:* 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.	• Able to swallow. • If strep, on medication at least 12 hours. • Exclusion criteria are resolved.

Appendix A: Signs and Symptoms Chart

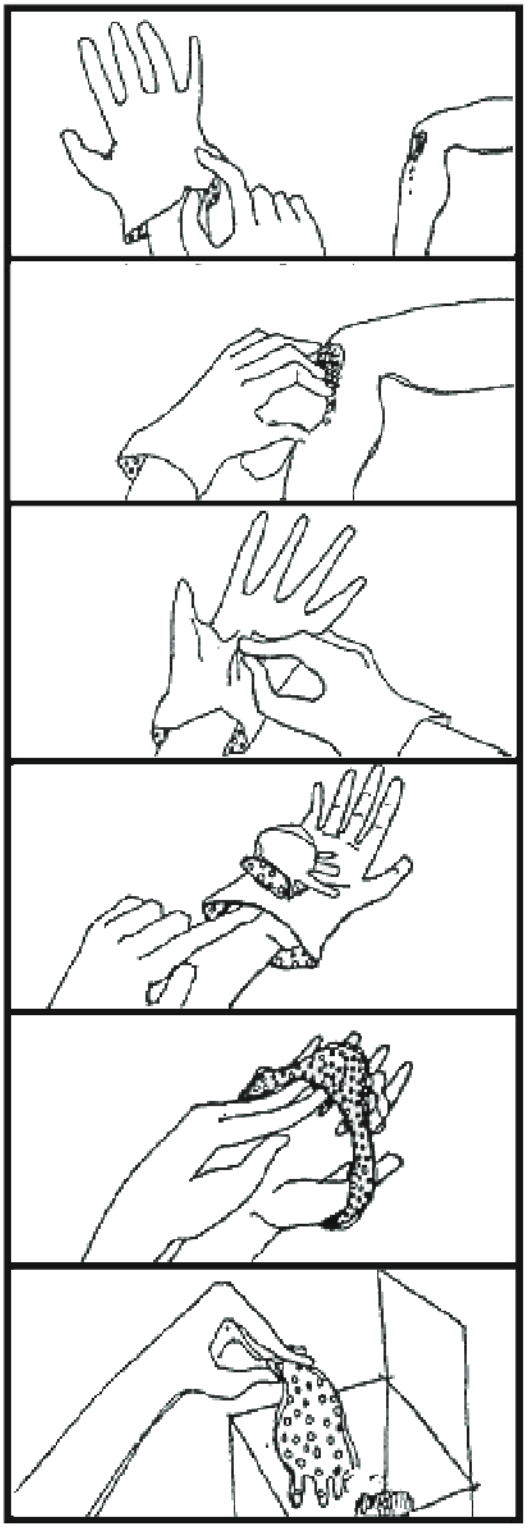
Sign or Symptom	Common Causes	Concerns or Symptoms	Notify Programs Health Consultant, If Program Has One	Notify Parent/ Legal Guardian	Temporarily Exclude?	If Excluded, Readmit When
Stomachache	• Viral gastroenteritis or strep throat • COVID-19 • Problems with internal organs of the abdomen such as stomach, intestine, colon, liver, spleen, or bladder • Nonspecific, behavioral, and dietary causes • If combined with hives, may be associated with a severe allergic reaction	• 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** • 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.	• 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)	• 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.	• 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** • 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).	• Child is on antibiotics (if indicated). • Exclusion criteria are resolved.
Urinating Frequently, Unusually Having Urine Accidents	• 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	• 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** • 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.	• 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.

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Bike and Multi-sport Helmets: Quick-Fit Check

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

1. Eyes

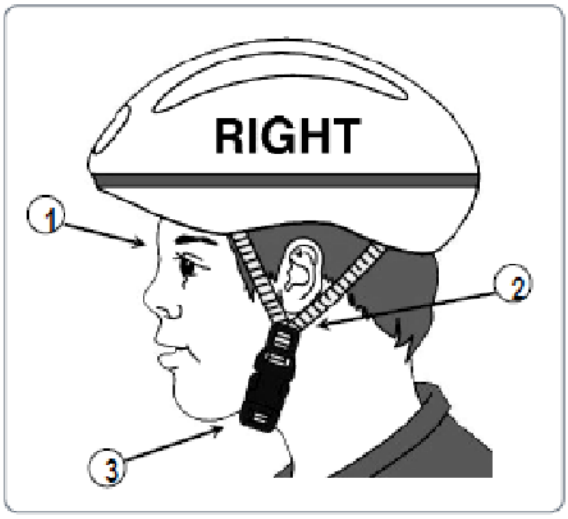
Helmet sits level on your child's head and rests low on the forehead, one to two finger widths above the eyebrows. A helmet pushed up too high will not protect the face or head well in a fall or crash.

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.



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

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.

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.

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 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.

To Learn More

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

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Cleaning Up Body Fluids

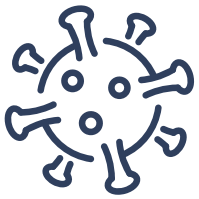
What are body fluids?

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.

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

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.

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

Wash the bedding at the warmest temperature (≥160°F [≥71°C]), and dry completely. Use a dryer on a high heat setting when possible.

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

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, facuets, 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.

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.

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.

Tongs and a dustpan.

An EPA-registered, DfE-certified disinfectant.

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 Precautions[2] 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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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 *E. coli* 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 thePoison Center at 1-800-2221222 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	*Saintpaulia ionantha*
Begonia	*Begonia*
Christmas cactus	*Schlumbergera bridgesii*
Coleus	*Coleus*
Dandelion	*Taraxacum officinale*
Dracaena	*Dracaena*
Forsythia	*Forsythia*
Impatiens	*Impatiens*
Jade	*Crassula argentea*
Marigold Calendula	*Tagetes*
Petunia	*Petunia*
Poinsettia	*Euphorbia pulcherrima* *(may cause irritation only)*
Rose	*Rosa*
Spider plant	*Chlorophytum comosum*
Swedish ivy	*Plectranthus australia*
Wandering Jew	*Tradescantia fluminesis*
Wild strawberry	*Fragaria virginiensis*

Poisonous Plants

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

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.

Pennsylvania Early Learning Keys to Quality

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:

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
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.

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

Mandatory Reporting of Child Abuse

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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Human Resources

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.

ECELS
Early Childhood Education Linkage System
Healthy Child Care Pennsylvania

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Pennsylvania Chapter

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.

naeyc®

Code of Ethical Conduct and Statement of Commitment

**Revised April 2005,
Reaffirmed and Updated May 2011**

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 committed 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)

1-4.1—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

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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

Mary Ambery, Ruth Ann Ball, James Clay, Julie Olsen Edwards, Harriet Egertson, Anthony Fair, Stephanie Feeney, Jana Fleming, Nancy Freeman, Marla Israel, Allison McKinnon, Evelyn Wright Moore, Eva Moravcik, Christina Lopez Morgan, Sarah Mulligan, Nila Rinehart, Betty Holston Smith, and Peter Pizzolongo, NAEYC Staff

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 Bleach$_2$ (/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 Bleach$_2$ (/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 Bleach$_2$ (/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 Bleach$_2$ (/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	1⅝ cups
2 ft	1/4 cup	1/2 cup	1 cup	1½ cups	3¼ 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

Definitions[1]

- **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.

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Cleaning, Sanitizing, and Disinfecting Frequency Table[1]

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 keyboards[7]		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 ½ 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.