



LOCATION OF HEALTH CARE POLICY AND FIRST AID KITS

Health Care Policy located here (below) and in office
First Aid Kits located in red bags in each classroom and in office on shelf

Health Care Policy*

POST THIS POLICY*

Post this Health Care Policy by each telephone.*
Place copy in Emergency Binder & all First Aid travel bags*

Post in each room & outdoor program (post and binder)
Give copy to each teacher at orientation.*

EMERGENCY TELEPHONE NUMBERS

You Are At*

Discovery Schoolhouse

101 Blue Hills Parkway, Milton, MA
(617) 698-9876

ALL EMERGENCIES EXCEPT POISON*

(in case of poisoning call POISON CONTROL first at NUMBER BELOW)

911

Milton Police Business Line (617) 698-3800

Milton Fire Department Business Line (617) 698-1980

POISON CONTROL*

(in case of poisoning call THIS NUMBER FIRST, then call 911)

1-800-222-1222

Designated Adult, Address & Phone:*

(to be called for assistance as needed if only one adult is present at start and end of day):
Cynthia Smith, 85 Blue Hills Parkway, Milton, MA (617) 698-7107

Emergency Health Care Facility/Hospital:*

Milton Hospital, 92 Highland Street, Milton, MA Phone: 617-696-4600

Volunteer Health Care Consultant:*

Sydney Engel, [REDACTED]

PROCEDURES FOR EMERGENCIES AND ILLNESS:*

Distribute to Parents.

Procedures for medical emergencies:

During a medical emergency, proper first aid is the primary concern.

A trained staff member will administer first aid while another staff member contacts 911, or, in the case of poisoning, the Poison Control Center.

The child will be transported and cared for as directed by emergency medical personal with the child's Emergency Information Form & Authorization and Consent Form (found in the Emergency Binder). If possible, a staff member will accompany the child.*

The child's parent(s)/guardian will be notified as soon as possible. If the parent(s)/guardian are unable to be reached, one of their emergency contact(s) will be called. A staff member will continue to attempt to contact the parent(s)/guardian or emergency contacts until one of them can be reached.

In the event of a medical emergency during a field trip, the same procedures as above will be followed except that the nearest emergency personnel (police, fire, health care facility, or 911 as available) will be contacted.

A First Aid kit and Emergency Information Form/Authorization & Consent Form will be brought on all trips off the premises.

Procedures for NON-EMERGENCY medical conditions:

- A staff member will attempt to contact the parent(s)/guardian. If the parent(s)/guardian can be contacted, the staff will discuss with them how to proceed. In any case, the procedures for Mildly Ill Children will be followed.

- If, in the best judgment of the staff, treatment should not be delayed, the procedures for medical emergencies will be followed.

PROCEDURES FOR USING AND MAINTAINING FIRST AID SUPPLIES:*

Use & Maintenance

The first aid kit is maintained by the Assistant Director and is restocked as needed. Whenever any of the contents of the first aid kit are used, the Assistant Director will be informed by the person who used the kit.*

In general, for non-emergency situations at the school, the first aid kit is **not** used. Instead, bandages and other supplies are kept on hand for day-to-day use so that the first aid kit can be kept completely stocked at all times and ready for true emergencies.

Location of first aid kits

Post signs indicating location of first aid kits & Health Care Policy

In the School

First aid kits will be located in the office and on the lower level of the building.

On Field Trips

A first aid kit, and copies of children's Emergency Information forms & Authorization and Consent Forms (found in the Emergency Binder), will be taken on all trips off the school grounds.*

Administering first aid

First aid will only be administered by, or under the guidance of, staff members with first aid training.

First aid kit contents:*

- ☞ Paper & Pen (for noting items used and for taking notes about injuries);
- ☞ This Health Care Policy;
- ☞ Adhesive Tape;
- ☞ Band-Aids;
- ☞ Gauze Pads;
- ☞ Gauze Roller Bandage;
- ☞ Disposable non-latex Gloves;
- ☞ Cold Pack;
- ☞ Pair of Scissors
- ☞ Tweezers;
- ☞ Thermometer
- ☞ CPR Mouth Guard

The first aid kit may also include the following useful items:

- ☞ Duct Tape;
- ☞ Water;
- ☞ Triangular Sling;
- ☞ Emergency Blanket.
- ☞ Antiseptic Wipes
- ☞ Paper towel
- ☞ Compress

PLAN FOR EVACUATION OF THE CENTER IN EMERGENCY:*

Post at each exit*

Fire Alarms

Whenever the fire alarm sounds, the building will be evacuated. Children will remain out of the building until the Fire Department has indicated that it is safe to re-enter. For information about the fire alarm system see "In the Event of Fire" section of the Health Care Policy.

Evacuating the Building

- In the event of an emergency which requires evacuation of the building the Center Administrator on duty will immediately be notified (see Plan for Center Administration). That staff member will supervise the evacuation and will leave the building last, if possible, checking for others in the building, if the situation allows. Each team will take with them their team first aid travel bags, cell phones/device with access to brightwheel app (or other attendance list), , and children's Emergency Info Forms (contained in first aid travel bags). Educators will guide children out of the building door through the nearest exit, if possible, as time and the situation permit; and walk with children to the back, left corner of the property. Staff will make a count of children and staff as they leave the building and en route, as well as accounting for each individual child after the initial count, and will and will repeat the count and accounting for each child by name immediately upon reaching the back, left corner of the property. All children and staff will be accounted for at that time. 911 will be called as soon as possible, if needed. If re-entering the building is not possible, staff and children will walk to the Tucker Elementary School.

Evacuating Specific Children

- Specific children, such as infants, younger children, and those with disabilities, may need additional assistance evacuating the building. Staff will consider what extra supports may be needed for specific children on an individual basis upon enrollment. During each Evacuation Drill, notes will be placed in the Evacuation Drill Log concerning which children may need additional supports. As needed, evacuation aprons will be used for infants, and, as possible, additional staff should help the infant-toddler group with evacuation. Other might children typical require hand-holding or help negotiating steps.

Evacuation Drills

Evacuation drills will be held according to a pre-planned schedule set by a Center Administrator (see Administrative Plan). Documentation of these drills can be found on the log next to the side (ramp) door. The schedule will be arranged such that all staff and children have a chance to participate by scheduling them at different times of the day, on different days of the week, and with different groups of children and staff. Evacuation Drills will take place at least monthly. Staff will follow the Plan for Evacuation of the Center in Emergency, above, which includes bringing the cell phones/device with access to brightwheel app (or other attendance list), individual team first aid travel bags, and children's Emergency Info Forms (contained in first aid travel bags) or the Emergency Info Binder.

EMERGENCY CONTINGENCY PLAN:*

Emergency Situations requiring evacuation or shelter-in-place

In the case of a fire, natural disaster, or other unusual situation (chemical spills, bomb threats, etc.) necessitating evacuation of the building, staff will follow the Plan for Evacuation the Building, above. Parents, or emergency contacts, will be notified by phone, text or the the brightwheel app, and, if necessary, asked to pick up their children. Staff will follow the advice of local authorities regarding whether to evacuate or shelter-in-place.

Outdoor/Nature-based Summer Program

The Outdoor/Nature-based Summer Program will use the school building as an emergency covered location in the event of an emergency which require taking shelter indoors.

Missing or lost child*

State licensing requires that Discovery Schoolhouse have a policy in place in the unlikely event that a child in our care is lost or missing. Children's safety is of paramount concern to Discovery Schoolhouse, and staff is meticulous about tracking children's arrival, departure, and where they are throughout the day. If a child becomes lost or missing while in our care, we will implement the following procedures. These ensure that a systematic approach to finding the child is taken, while the other children in the program are kept safe and calm.

Staff will immediately notify their supervisor and all other staff present of the situation including (a) when and where the child was last seen, and (b) what the child was wearing. The time will be noted. All available staff will immediately search for the child while maintaining proper supervision and normal routine for other children in the program. The search should be calm, quick, immediate, systematic, thorough, and efficient. The search should be completed in two (2) minutes *or less*. Regardless of whether the child was last seen inside or outside, the search will start with at least one staff person checking outside in the vicinity of the building by (a) going down the ramp (b) to the front of the building, (c) looking down the sidewalk carefully in each direction and across the street, (d) continuing clockwise around the building, and (e) looking behind the storage container and under, behind, and (as possible) in parked cars, and (f) finishing with the play yard. At the same time, another staff person will search the building starting with the classroom looking in and behind shelves, and under cushions tables, and toys, and then proceeding systematically to all other areas inside the building, both upstairs and downstairs, including the front vestibule, all bathrooms, the pantry, the art room, the boiler room, closets, and entryways. The attendance will also be checked and all staff consulted to confirm that the child was actually in attendance and/or was not already picked up for the day. If, after the search has been completed or 10 minutes has elapsed, whichever is first, the child still has not been found, 911 will be called immediately and child's parent(s) notified. In the event of a missing or lost child while on a trip, the same general procedures will be followed including, as possible, notifying facility staff (i.e. at zoo or museum) and posting DSI staff at the facility's exit(s).

Closing the school

We try very hard to keep the school open, and we do not follow local school closures or emergency declarations, etc. However, we do have to close the school at times, particularly if we cannot guarantee that we have enough staff to run the program. In the event of a situation such as loss of power, heat, water, telephone service, hot water, air conditioning, lighting, etc. the Center Administrator on duty will decide if it is necessary to close the school for the day.

Due to the unpredictable nature and variety of circumstances of such events, judgments must be made at that time. In general, the school should remain open unless the specific circumstances absolutely necessitate closing.

In making the determination to close the school the following will be taken into consideration: The time of day, knowledge of the probable duration of the situation, the severity of the situation, the weather forecast, the availability of appropriate staffing, the inconvenience to, and safety of, parents and staff (especially if forced to travel to pick-up children), the comfort and wellbeing of the children, and the ability to continue operating the program in a safe manner.

Fire - evacuate the building according to the Plan for Evacuation of the Building. The alarm will automatically alert authorities. The alarm should not be silenced or re-set until after the Fire Department or Center Administrator has authorized re-entry into the building. Any false alarms should be reported to a supervisor.

Natural Disaster - listen for any announcements on the emergency radio (Emergency Broadcast System) or Internet for recommendations from governmental authorities. Closing the school does not necessarily guarantee that parents will be able to pick up their children by a certain time.

Bomb Threats or other Threats of Violence - call 911 and ask for assistance and advice. Depending on the situation, it may be prudent to either keep the children in the locked building or evacuate the center according to the Plan for Evacuation of the Building.

Power Outage or Loss of Phone Service - call NSTAR for power outages at 800-340-9822. Inform them that the service is for a *school*. Check for a tripped circuit breaker, and notify the Center Administrator. The alarm system and emergency lighting will function for many hours on backup batteries.

Loss of Heat or Hot Water - Inform the Center Administrator and/or contact James Devaney Fuel Co. at 1-800-DEVANEY or 617-964-8383. Discovery Schoolhouse, Inc. maintains a service contract with the oil company, and they should be able to respond to any problem quickly.

Loss of Water - contact St. Inform the Center Administrator and/or contact the Town of Milton Water Department

INJURY PREVENTION PLAN:*

Monitor environment daily*

All staff members will monitor the environment for any hazard which may cause injury. Hazards should be immediately repaired or removed and brought to the attention of the Executive Director. Some routine hazards outdoors are broken glass, bees nests, sharp or potentially infectious litter, noxious plants, and damaged fencing or other equipment. Some routine hazards indoors are damaged equipment, glass or sharp utensils left in the classroom, extremely hot liquids, broken electrical cords, missing outlet covers, upturned chairs, unlocked or opened doors, and unsecured heavy furniture. No smoking is allowed in the building or on the grounds. Staff will inform anyone found smoking of this policy.

Accident Reports

A central log of all injuries will be kept and will be reviewed periodically*. A log entry will be made each time an Accident Report is completed. Accident reports will be completed each time a child requires first aid. The parent will receive the original Accident Report within 24 hours*, and preferably the same day. A copy will be placed in the child's file (in Medical Folder)*. The EEC designed Accident Report form will be used.*

Safe storage of toxic substances*

- Toxic substances, and hazardous objects and substances are stored the pantry, except in the case of disinfectant solution and Windex. Disinfectant solution and Windex, which are used throughout the day, are stored in the classroom out of reach of children.* All plants kept in the building must be clearly identified and their safety for children assessed using the book Baby Safe Houseplants & Cut Flowers (Storey Publications) or other reliable reference as a guide.
- Non-topical and all Prescription Medications are stored either on the designated (1) shelf in the refrigerator, (2) in the child's medication basket on the pantry shelf, or (3) the child's individual emergency medications bag (attached to their team first aid kit), as appropriate. Unused medication will be disposed of or returned to the parent*
- Topical, Non-prescription medications (such as insect repellent, sunscreen, diaper rash ointment, and moisturizers) may be stored where handy in the classroom or bathroom, and out of reach of children.

PLAN FOR MANAGING INFECTIOUS DISEASE:*

Exclusion from school & child already at school

Discovery Schoolhouse follows the recommendations of the Department of Public Health Health in Day Care manual with regard to notifying parents of serious illnesses, contagious diseases, and reportable diseases; as well as when, and for how long, to exclude a child from the program.*

For quick reference, a chart (figure 17-5 from Health in Day Care) is attached to this policy. The chart is for quick reference only, and the actual section in the manual should be referred to before making decision regarding exclusion of a child from the program.

Children should not attend school if they have a temporary medical condition which would not allow them to participate in the regularly planned program; have a temperature of over 100°F; require treatment which cannot be administered at the school; or if they have a temporary infectious disease which would pose a risk to others. If a child becomes ill while at school, the parent(s)/guardian will be notified and may be asked to pick-up the child. If the child needs to be sent home, and the parent(s)/guardian cannot be reached, then one of the child's emergency contacts will be called and asked to pick-up the child.

Return of children who have been excluded

Children who were excluded from school usually may return when they are well, when they are non-contagious (usually 24 hours after being placed on antibiotics), **or** with a physician note. Some specific medical conditions may require different re-admission policies, and each will be discussed individually with the parent(s)/guardian after consulting, as needed, the local Public Health Department, the child's physician, other reliable resources (such as the AAP), and/or the school's Health Care Consultant. All children must be well enough to participate in the regularly planned program.

Notification of parents

Notice will be posted when any serious communicable disease which poses a risk of infection to others has been introduced into the school population as soon as such a disease has been diagnosed by a physician.

Notice of diagnosed communicable disease will be posted for parents by sending a brightwheel or email message to all parents, which should include basic information about the illness, group exposed (as applicable), and web links to reliable resources, as appropriate.

PLAN FOR INFECTION CONTROL*

Universal Precautions & Hand Washing*

Staff will wash their hands with liquid soap and running water using friction* at least at the following times:

- before eating or handling food*,
- after toileting or diapering each child*,
- after coming into contact with body fluids and discharges (including blood spills)*,
- after handling center animals or their equipment*, and,
- after cleaning*.

Staff will dry hands using disposable towels.*

Disposable gloves are provided for staff to use in the cleanup of blood spills and bodily fluids. After use, gloves will be disposed of in a lined, covered container* and hands will be washed*.

Bloody clothing will be placed in a plastic bag which will be sealed in a another plastic bag labeled with the child's name and returned to the parent at the end of the day.*

Procedures for cleaning certain equipment

Certain specified equipment, items, and surfaces must be monitored for cleanliness, washed and disinfected according to the following schedule and procedures*. In place of a bleach solution, either WINDEX® Disinfectant Cleaner Multi-Surface or Force of Nature Multipurpose Cleaner may be used *cleaning, sanitizing, and disinfecting*. *Disinfecting* exceeds the requirements for *sanitizing*. Either WINDEX® Disinfectant Cleaner Multi-Surface, Force of Nature Multipurpose Cleaner, or a bleach solution is used whenever *disinfecting* is required. Force of Nature Multipurpose Cleaner must be prepared before use, but once prepared, can be used for up to fourteen days. WINDEX® Disinfectant Cleaner Multi-Surface is *yellow*, and should not be confused with regular WINDEX®, which is blue. Regular WINDEX® can be used for routine cleaning, but not for *sanitizing* or *disinfecting**

If a bleach solution is used, it will be prepared and used according to the guidelines of the Department of Public Health (DPH). DPH recommendations are as follows:

- **for dishes, baby toys, thermometers, tables, countertops and sleep mats – use 1 tbsp of bleach in 1 gallon of cool water**
- for sinks, toilets, diapering tables and pails – use 4 tbsp (1/4 cup) of bleach in 1 gallon of cool water
- for blood and vomit spills – use 1 part bleach in 10 parts warm water

Tables* shall be washed and *disinfected* before and after children eat, as described below:

1. Wash the Table

Remove all debris and crumbs and then clean the surface (using plain water, soap and water, household surface cleaner, Windex, WINDEX® Disinfectant Cleaner Multi-Surface or other cleanser as appropriate).

2. Disinfect the Table

Spray mist the surface with the WINDEX® Disinfectant Cleaner Multi-Surface and allow

the surface to remain wet for at least 10 minutes in order to allow the product to disinfect. Alternatively a diluted bleach solution can be used and allowed to stand for 3 minutes. Staff will not spray either solution while children are in the immediate vicinity to avoid the possibility of accidental spraying into the eyes. Children will not wipe off the spray.

After each use:

Mops used for cleaning body fluids. Staff will clean body fluids with disposable paper towels whenever possible.

Thermometers will be cleaned with a paper towel and disinfectant, and allowed to air dry.

At least daily:

Toilets and toilet seats will be cleaned nightly. Staff will monitor for cleanliness and clean more often when needed.

Diaper pail and lid will be cleaned nightly. Staff will monitor for cleanliness and clean more often when needed.

Sinks and faucets will be cleaned nightly. Staff will monitor for cleanliness and clean more often when needed.

Water table and water toys will be cleaned by staff at closing time by spraying with disinfectant and allowing to air dry.

Floors will be cleaned nightly. Staff will monitor for cleanliness and clean more often when needed (such as after blood spills and after contact with bodily fluids* and after meals or messy activities).

Mops used for cleaning will be cleaned after use and allowed to dry.

At least weekly, or before use by another child:

cots will be cleaned by staff by spraying with disinfectant solution and allowing to air dry. Staff will monitor for cleanliness and clean more often when needed.

At least monthly, or before use by another child:

Sheets, blankets and other coverings will be sent home regularly to be cleaned by the parent.

Machine washable fabric toys will be laundered by staff as needed.

HEALTH CARE TRAINING

All teaching staff will receive, within six months of hire, first aid training at a course approved by our health care consultant.*

At least one staff trained in CPR and one staff trained in first aid will be on the premises whenever children present*, and all staff will receive CPR training at an approved course.

Staff will receive training in universal precautions (see Plan for Staff Orientation, Training, Meetings, & Development) and at annual first aid training*.

Staff receive training in their responsibilities as mandated reporters, specific procedures for reporting suspected child abuse or neglect, and indicators of child abuse and neglect.

Staff will receive training in this Health Care Policy at orientation and at least annually thereafter.

FOOD PREPARATION

In order to ensure that the food we serve children is free from spoilage and safe for consumption*:

- all food and drink is stored in clean, *covered* containers such as Tupperware, zip lock bags, or covered pitchers;*
- all utensils, cups, and dishes are washed in the dishwasher;*
- eating utensils and dishes are safe and appropriate for children such as no glass, no sharp knives, no large pitchers on the table, no hot foods left unattended, and broken items should be thrown away.*
- any food served to children must be thrown away. * Any food placed within reach of children is considered *served*. Keep large quantities of food on the cart or on reserve so the remainder can be kept. Serve children smaller quantities in small pitchers, plates, and baskets at table.
- tables are washed and disinfected before and after each meal as directed above.*
- floors around tables and preparation areas are swept free of food debris after all snacks and meals.
- the food preparation area is made reasonably clean after each use. The cart, counters, and sink, are washed and disinfected at the end of each day. The refrigerator, microwave, sink, fronts of cabinets, dishwasher, toaster, and cupboards are cleaned as needed.
- the refrigerator temperature is kept between 32° F and 45° F;*
- The diapering area will not be used for any other purpose, and will be smooth, intact, impervious to water, easy to clean, and separate from food preparation area*

CARE OF MILDLY ILL CHILDREN.*

When a child becomes mildly ill or injured while at school, staff will attempt to inform parent(s)/guardian of the child's condition. Mildly ill children do not necessarily need to leave the school immediately for the day. The decision to send a child home is made in conjunction with the child's parent/guardian, and takes into account the nature of the child's illness, the comfort of the child, the ability of the child to participate in the program, the ability of the program to continue to care for the child, the time of day that the child became ill, and the recommendations in the Department of Public Health Health in Day Care manual

For children with gastro-intestinal, respiratory, and skin or direct contact infections staff will follow any special precautions recommended in the Department of Public Health Health in Day Care manual.*

Until the mildly ill child leaves the school, staff will attempt to make the child feel as comfortable as possible (have the child rest in a quiet place* or on cot, play a low-key activity, etc.). Staff will monitor the child's condition. If a child at school shows symptoms which may require exclusion from school, the child will be isolated from the group as reasonable, considering the nature of the suspected illness until the child leaves the school or until a qualified medical professional determines that they pose no serious health risk.*

PLAN FOR REGULAR TOILETING, TOILET TRAINING & DIAPERING*

Post in diapering and toileting area (children's bathroom)*

Toilet Training & Diapering

Children's diapers are changed at regular toileting times and as soon as reasonably possible when soiled or wet (including children who have had toileting accidents). All teaching staff assume responsibility for children's toileting.

Parents provide disposable diapers and wipes for children who wear diapers, and the school will keep a back up supply on hand. A changing table is not used for toddlers and preschoolers. Instead, children are either changed standing up or, especially for younger children, laying down on the floor and/or changing pad, with a disposable sheet of paper under them. As the teacher changes the diaper, the child is encouraged to assume as much responsibility as they are able to, as teachers guide them towards an understanding of the process. Some children are able to undress themselves and attempt to use the toilet, while others are just beginning to recognize that they need changing. As needed, children's individual routines are posted in the bathroom or other changing area so that staff can use consistent language and procedures for each child. Toilet training will be in accordance with parents' requests when consistent with child's physical abilities and development. Children wash their hands after diapering.

Infants are changed on a changing table or laying down on the floor and/or changing pad, with a disposable sheet of paper under them. Infants can never be left unattended on a changing table, and the staff person changing the diaper will keep one hand on the child at all times.

All children have occasional toileting accidents. All soiled clothing is placed in a plastic bag and put in the child's cubby to be taken home. When a child has a toileting accident at school, they will be encouraged to change and clean themselves independently, as appropriate for their development and with appropriate supervision.

When changing a diaper or changing a child's soiled or wet clothing, teachers will **for each child**:

- use a new pair of disposable gloves;
- bag soiled diapers and place in covered container with the used disposable gloves;
- for clothing soiled with fecal matter, the stool will be emptied into the toilet.*
- Soiled or wet clothing, linen, or blankets will be put into a sealed plastic bag and labeled with the child's name to be taken home at the home at the end of the day.*
- follow the child's posted routine, if any;
- teach children to wash their hands effectively using soap and running water and to dry hands using one paper towel;
- wash their own hands in the bathroom sink using soap and running water and drying hands with a paper towel. (see Universal Precautions);
- clean, sanitize, and disinfect area and toilet seats as needed;
- notify parents when supplies of diapers, wipes, or extra clothing are running low.

Regular Toileting

Children who use the toilet independently, may use the bathroom as needed, generally without asking a teacher. Teachers should be situated so that they can monitor the children's bathroom and assist children as needed. Teacher's should be sure that the toilet has been flushed, the seat is clean, and that the child has washed and dried their hands.

PLAN FOR MEETING SPECIFIC HEALTH CARE NEEDS*:

The parent(s)/guardian will be asked about children's allergies and specific health care needs at intake and should list them on their child's Emergency Information Form.

Children's allergies and special health care needs are posted on the board next to the refrigerator, and all staff will be verbally informed.*

For children with a chronic medical condition (such as asthma or serious allergies) that have been diagnosed by a licensed health care provider, an Individual Health Care Plan (IHCP) will be placed in their file, posted on their medication clipboard in the pantry, and also attached to their Emergency Info Form in their team first aid kit. When children might require medication (such as an EpiPen or inhaler) during an off-site trip, it will be brought on the trip.

PLAN FOR ADMINISTERING MEDICATION INCLUDING PRESCRIPTION, NON-PRESCRIPTION AND TOPICAL MEDICATIONS* *

distribute to parents

Storage:

Non-topical and all Prescription Medications are stored either (1) on the designated shelf in the refrigerator, (2) in the child's medication basket on the pantry shelf, or (3) the child's individual emergency medications bag (attached to their team first aid kit, as appropriate). Unused medication will be disposed of or returned to the parent*

Topical, Non-prescription "medications" (such as insect repellent, sunscreen, diaper rash ointment, and moisturizers) may be stored where handy in the classroom or bathroom, and out of reach of children.

Administering Medications

No medication (whether topical, non-topical, prescription or non-prescription, etc.) will be administered without a signed consent form from the parent/guardian. All medications must be in their original container*, labeled with the child's name*, and administered in accordance with the labeling* or as otherwise authorized and instructed by the child's physician*. Staff will keep a log (on back of Authorization for Medication form) of each time any medication is administered, except for BOX (C) below. The log will be placed in the child's Medical folder when complete.*

Box A – Log Every Time

PRESCRIPTION MEDICATIONS may be administered with parent/guardian's signed consent (the prescription label serves as the physician's authorization and instructions). Ask the pharmacist to put medication into two separately labeled bottles - one for school, one for home.

Box B – Log Every Time

NON-PRESCRIPTION, NON-TOPICAL MEDICATIONS (i.e. Tylenol, Ibuprofen) require written authorization and instructions from the child's physician*. Staff will attempt to contact parent before administering medication, unless giving the medication should not be delayed.*

Box C – Do Not Log except when applied to open wounds, rashes, or broken skin.

NON-PRESCRIPTION, TOPICAL MEDICATIONS (such as ointments, creams, sun-screen, petroleum jelly, etc.) require only written authorization from the child's parent/guardian and do not require authorization from the child's physician.

Handling Medications

Read authorization, prescription label, and/or instructions each time before administering medication.

If child left too early or arrived too late to receive medication or if parent instructed you not to give medication, note this on log, date, and sign.

PROCEDURE FOR IDENTIFYING AND REPORTING SUSPECTED CHILD ABUSE OR NEGLECT TO THE DEPARTMENT OF CHILDREN AND FAMILIES AND TO THE DEPARTMENT OF EARLY EDUCATION AND CARE:*

The staff at Discovery Schoolhouse will protect children from abuse and neglect while in the program's care and custody.*

Day Care teachers are mandated by state law to report suspected child abuse or neglect to the Department of Children and Families (DCF).* Staff receive training in their responsibilities as mandated reporters, specific procedures for reporting suspected child abuse or neglect, and indicators of child abuse and neglect.

Department of Children and Families: (781) 331-6600HOTLINE: 1-800-792-5200

Suspicious of Abuse or Neglect

Any staff member who suspects child abuse or neglect should immediately inform their supervisor and/or report it to the DCF*. Either the Executive Director or the Director/Lead Teacher, as appropriate, shall call the DCF and file a 51A report* (if one has not already been filed). The Department of Early Care and Education (EEC) will be notified immediately after filing a 51A report or learning that a 51A report has been filed alleging abuse or neglect of a child while in the care of the program.*

Cooperating with Investigating Authorities

With representation of legal council, Discovery Schoolhouse will cooperate in all investigations of alleged abuse or neglect of a child while in the care of the program, including identifying parents of children currently or previously enrolled in the program, providing consent for disclosure from, and allowing EEC to disclose information to, any person and/or agency EEC may specify as necessary for the investigation of allegations and protection of children* providing such cooperation does not violate any law protecting the rights of parents or employees.

In the event of an allegation of suspected abuse or neglect against a staff member, that staff member shall not work directly with children until the DCF investigation is completed and for such further time as required by EEC*. Recognizing that an innocent person may be unjustly accused or suspected, Discovery Schoolhouse will attempt to provide all reasonable and appropriate support as determined by the school. Discovery Schoolhouse will take reasonable actions to assess the validity of the allegations and will respond as it deems appropriate.

All information pertaining to children and staff at discovery schoolhouse is strictly confidential. No staff person shall answer any question during any investigation without the school's attorney present. Staff members will immediately document their actions and observations of the relevant time period.

HEALTH CARE CONSULTANT*

The Health Care Consultant must sign a Health Care Consultant Agreement form (Form GDC-07), which is attached to this Health Care policy.

Attach signed Health Care Consultant Agreement to this Health Care Policy

Name & Address:*

Name

Address

Phone

*

Description

The Health Care Consultant helps in the development and review* of this health care policy, approves any changes, and is available for consultation as needed*. This policy is reviewed at least upon renewal of the regular license, and more frequently as needed.. The Health Care Consultant also approves the first aid training* for staff. The Health Care Consultant may be consulted for general health related issues from time to time. At Discovery Schoolhouse, the Health Care Consultant is a volunteer position.

Approval

I have reviewed and approve this health care policy.

(on file)

Signature

Date

Note: An asterisk (*) anywhere in this document indicates either specific wording or the inclusion of a policy statement required by state regulations.