

Risk Management Loss Control

Guidelines

For Early Childhood Programs in the Southern Union Conference of SDA

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INTRODUCTION & STATEMENT OF PURPOSE

INTRODUCTION

Today, child care is recognized as an essential in our society. Most families need, and will continue to use, some form of child care to help them raise their children. After much research and study, the Southern Union Conference has taken a stance of embracing the service and mission of providing safe, healthy Christian environments for the care and education of young children from birth to six years of age.

STATEMENT OF PURPOSE

The purpose of the standards contained in this document is to provide **minimum** guidelines of health and safety to be followed in the operation of Seventh-day Adventist early childhood programs. The standards should not interfere with:

1. any right or power of state or local social services that does not violate constitutionally protected rights;
2. any right or power of the state education department or county department of education that does not violate constitutionally protected rights;
3. any building code, fire code, health code or zoning provisions as set forth by civil authority.

Risk management forms and program administrative forms are not to be used in lieu of documentation required by local and/or state authorities. They are to be used where forms are nonexistent, or when program administration needs additional information recorded that local/state forms do not provide.

If codes/regulations by civil authorities or the licensing agency are more strict than those listed within this document and do not interfere with the Seventh-day Adventist beliefs, the strictest regulation must be complied with.

DEFINITIONS

DEFINITIONS

Administrator:

The highest level person in charge of the overall administration of the early childhood program.

Adventist Risk Management, Inc: (ARM)

A General Conference institution that serves the risk management needs of the Seventh-day Adventist institutions worldwide. These services include insurance coverage placement, claims management, risk management education programs, and risk control/loss prevention tools. Adventist Risk Management functions include helping the church to evaluate risks and to provide prudent risk financing solutions.

Director, Program Director, Associate Director, or Early Childhood Lead Teacher:

A qualified employee meeting conference criteria for a position of leading-out in the administration of an early childhood program or classroom.

Early Childhood Program (ECP):

A purposefully organized early childhood care and educational setting for young children from birth to age six or any combination thereof before entrance into a formal classroom. The ECP is operated by a Seventh-day Adventist church and/or school under the direction of trained personnel.

Executive Director:

A qualified employee meeting conference criteria for the position of overseeing the administration of two or more early childhood program facilities simultaneously.

Facility:

Any establishment for early childhood education and care, also referred to as a child care center, child development center, day care, preschool, pre-K3, K4, nursery school, or any other named groups of children ranging between ages birth and six operated by a Seventh-day Adventist church and/or school prior to formal school enrollment.

Human Resource Management:

The continual process of maintaining compliance with state and federal laws in areas such as employee relations, immigration, payroll, benefits, etc.

Loss Control:

The procedures intended to help reduce or minimize the frequency of losses; actions or activities to prevent loss/accidents from occurring.

Operating Board, Local Board, Governing Board:

A group of organized, elected members responsible for the operation of the early childhood program within the guidelines and policies adopted by the conference Board of Education and program constitution.

STATEMENT OF NON-DISCRIMINATION

Parent(s):

Any person or entity authorized by law to act on behalf of any child and may include, but not be limited to, a minor's parent, a legal guardian, a conservator, a public placement agency, or a guardian ad-litem.

Personnel:

All paid and non-paid persons approved to work full and/or part-time as staff, faculty, employees, teachers, assistants, caregivers, substitutes, volunteers, etc. for an Early Childhood Program (ECP).

Risk Management:

A process of identifying, controlling, and eliminating or minimizing uncertain events that may adversely effect an organization. It includes analysis for potential risk, cost benefit analysis, selection of proper and/or required methods, implementation and test, security evaluation, review of safeguards, and overall security review to help reduce accidents or injuries.

STATEMENT OF NON-DISCRIMINATION

Institutions of the Seventh-day Adventist Church, in all of their early childhood programs, make no discrimination on the basis of race, color, ethnic background, country or origin, or gender in the administration of education and care policies, admission, scholarship or loan programs, and extracurricular activities.

LICENSING RESPONSIBILITY/ INSURANCE

LICENSING RESPONSIBILITY

All early childhood programs in the Southern Union Conference must be licensed by the state in which they provide service. It is the responsibility of each early childhood program to ensure that all city, county and state regulations, codes and licensing requirements are met per Southern Union Conference Board of Education policy # 00:29. These requirements must be met prior to the opening.

The license must be posted in a prominent, publicly visible location and the facility must comply with the terms of the license. The building occupancy must not exceed the allotted capacity.

INSURANCE

Every program is required to carry the minimum insurance limits required by its local conference. These would include but not be limited to General Liability Insurance, Property Insurance, Workers' Compensation, Student Accident, Employment Liability, and Executive Risk Liability. A local Conference Risk Manager/Treasurer can provide more information regarding these coverages per state law and conference policy.

Workers' Compensation Injuries

All programs must carry Workers' Compensation Insurance for their employees, following their particular state guidelines.

Should an employee be injured while on the job, the program director must be notified immediately. The director must have the employee complete the First Notice of Injury claim form to be filed with the program's Workers' Compensation insurance carrier. Most states require that an injury be reported within seven days of the accident, otherwise a fine may be imposed.

PLAN OF OPERATION

Each ECP governing board should have and maintain on file a current master plan of operation which should contain, but not be limited to the following:

1. Statement of purpose, program methods and goals.
2. Statement of admission policies and general operational procedures to include but not limited to:
 - a) Written criteria designating those children whose needs can be met by the program and available services (NOTE: In addition to regular services, provisions for children with special needs may be required by law. Ask your state or county licensing agent for details.)
 - b) Ages of children who will be accepted
 - c) Program curriculum
 - d) Supplementary services provided, if any
 - e) Field trip procedures
 - f) Transportation arrangements, if transportation is offered to parents by the program administration or school
 - g) Food service provisions (regular and special diet menus, times served, etc.)
 - h) Medical assessment requirement
 - i) Payment provisions including
 - Basic rate
 - Payer plans
 - Optional services rates
 - Payment schedule and due dates
 - j) Refund conditions
 - k) Arrangements for holding positions in the program for children who are absent due to extended illness or family vacation
 - l) Emergency plans for fire evacuation, severe weather conditions, accidents and mass casualties
 - m) Statement of policies related to the checking - in and - out of a child.
3. Program or school constitution and bylaws
4. Statement regarding budget, capital improvements, and restricted reserves.

ADMISSION PROCEDURES

Safety Commission

Every program is required to have a safety committee. A designated safety officer would chair this committee and also report to the operating board. This committee would review and make recommendations to the board regarding safety issues, accidents, and claims concerning the facility.

The safety officer functions would include the following:

- 1) Conduct quarterly inspections of the facility and equipment as required by the Southern Union Conference, local conference and/or risk management safety and loss control regulations and policies.
- 2) Monitor and report safety issues to the local operating board.

ADMISSION PROCEDURES

Each ECP administration is required to develop, implement and maintain an admission procedure that supports the early childhood program, its policies and needs, thus enabling the person in charge of admissions to:

- 1) Determine that each applicant meets the program's admission requirements
- 2) Conduct one or more personal interviews with a parent to:
 - a) Enable the admissions officer to understand the state of the child's health, physical and emotional development, and whether or not his/her needs can be met by the program.
 - b) Provide the parent with information about the ECP. The information given should include but not be limited to the following:
 - Admission policies and procedures
 - Program regulations and services
 - Disciplinary procedures
 - Days and hours of operation
 - All fees
 - Means of determining, and procedures followed, if child should become ill or injured during the program day
 - Usual activities to be expected
 - Conditions under which agreement may be terminated
- 3) Obtain all health information as specified under the section MEDICAL ASSESSMENTS.
- 4) Obtain the parent's signature and date stating that he/she agrees to accept the policies and procedures of the ECP. Any later modifications of the original agreement should be dated and signed by the parent. The program administration should retain the originals and provide the parent with copies.

AMERICANS WITH DISABILITIES ACT (ADA)

AMERICANS WITH DISABILITIES ACT (ADA)

The Americans with Disabilities Act (ADA) requires under the U.S. Federal Government, Department of Justice, all privately-run early childhood facilities including schools, must comply with title III of the ADA. It applies to the interactions with the children, parents, guardians, and potential customers that the programs serve regardless of size or number of employees.

The ADA states that early childhood program providers may not discriminate against persons with disabilities on the basis of disability. They must provide children and parents who have disabilities an equal opportunity to participate in the program.

The term disability includes such conditions as HIV or AIDS, severe allergies, mental retardation, diabetes, physical or emotional limitations, etc. Depending on the disability, a parent or guardian may be responsible for providing appropriate equipment, training and/or special food, if necessary.

If the early childhood facility does not currently have any disabled persons, there is an on-going obligation to make the facility accessible for people with disabilities. Examples of such action would include widening door openings, installing grab bars in toilet stalls, rearranging furniture, etc.

New facilities under construction must be built in strict compliance with the ADA Standards for Accessible Design.

The ADA Home Page, which is updated frequently, contains the Department of Justice's regulations and technical assistance materials. Their internet address is www.usdoj.gov/crt/ada/adahom1.htm.

If you have further questions regarding the ADA in relation to private-run early childhood programs, you are encouraged to consult with a local attorney. You may call the U.S. Department of Justice's toll-free ADA Information Line at: (800) 514-0301 (voice) or (800) 514-0383 (TDD).

MEDICAL ASSESSMENTS

MEDICAL ASSESSMENTS

Children:

Requirements vary between jurisdictions with respect to evidence of immunization before admittance. Consult local authorities when drawing up policies to ensure accuracy of immunization requirements.

Assessments must be performed by, or under the supervision of, a licensed physician. The date of exam must be within the previous 12 months, or as stipulated by local jurisdiction.

Medical assessments should include, but not be limited to the following:

- 1) Record of all infectious or contagious diseases including any which would preclude care of the child in the early childhood program.
- 2) Identification of a child's special problems and needs.
- 3) Identification of any prescribed medications being taken.
- 4) Tuberculosis test results.
- 5) Any other requirements of the local authority having jurisdiction.
- 6) Record of immunizations and/or legal exemptions from such.
- 7) Identification of any conditions that would require provision(s) under ADA.

School-aged children enrolled in after-school and/or summer programs must also comply with the above medical assessments requirement for admission.

Staff:

Employees who have received a conditional offer of employment must provide official results from a current tuberculosis test. These documents must be kept in a confidential file as required by law.

RECORDS

Facility and Program Files

The following records must be maintained and kept available for inspection:

- 1) List of all children currently enrolled with full names, current addresses and telephone numbers of their parents.
- 2) Daily attendance record of all children, staff and volunteers.
- 3) Daily check- in and - out logs.
- 4) Weekly menus and snacks as actually served must be kept for an eight-week period.
- 5) Staffing reports indicating staff-to-child ratio in relation to the daily schedule/activities.
- 6) All payroll records (including actual hours worked by non-exempt employees) must be maintained on file.
- 7) Invoices, checks, receipts, etc. pertaining to operating business.
- 8) Operating license and all documentation of communications and inspections pertaining to said license.
- 9) Insurance policies.
- 10) Disaster plan and log of emergency drills.
- 11) Building occupancy permit, fire inspection reports, quarterly safety inspection reports, health department certificates, etc.
- 12) Minutes from staff meetings, governing board meetings, etc.
- 13) Any other documents as required by law.

Retention of Facility and Program Records:

A schedule for the retention of records should be adopted by the local governing board. The following schedule is provided by the Southern Union Education Code for elementary/secondary schools. Please note however, that retention requirements may vary from state-to-state. The state licensing agent should be consulted for identifying compliance to state statues, and the strictest requirements should be followed.

RECORDS

RECORD	RETENTION	MICROFILM	
		Permissible	Not Recom'd
Corporate Papers: Charter, Articles of Incorporation, Minute Books, etc.	Permanent		x
Property Records: Deeds, Abstracts of Title, Mortgages, etc.	Permanent		x
Contracts, Building	Permanent		x
Trust Agreements, Annuities, Wills, etc.	Permanent		x
Insurance Policies (after expiration)	6 Years	x	
Correspondence, Departmental	3 Years	x	
Correspondence, Administrative	6 Years	x	
Audit Reports, Financial	Permanent		x
Audit Reports, Labor, Salary, Expenses	Permanent		x
Ledgers, General	Permanent		x
Journals, General	Permanent		x
Receipts, Cash	6 Years	x	
Vouchers, Journal	6 Years	x	
Vouchers, Purchase and Disbursement	6Years	x	
Canceled Checks, General	6 Years	x	
Canceled Checks, Payroll	4 Years	x	
Bank Statements and Reconciliations	6 Years		x
Payroll Journals	Permanent		x
Ledgers, Accounts Receivable	10 Years	x	
Sales Invoices	6 Years	x	
Purchase Orders	6 Years	x	
Capital Assets Ledger	Permanent	x	
Securities Ledger	Permanent	x	
Incident Reports	6 Years		x
Enrollment, Daily Attendance, Check-in and-out logs	1 Year	x	
License to Operate, Building Occupancy Permit	Permanent	x	
Health and Safety Inspection Reports	1 Year	x	
Video Surveillance Tapes	1 Month		

Children's Personal Files*:

A separate record/file for each enrolled child containing, but not limited to, the following:

- 1) Full legal name of child.
- 2) Current photo of child.
- 3) Verification of place and date of birth.
- 4) Date of admission to program.
- 5) Names, addresses and telephone numbers of authorized representatives with whom the child lives or stays on a regular basis such as the parents, relatives, legal guardian, conservator, or public placement agency. Copies of current drivers' licenses may also be maintained.
- 6) Legal documents proving restraining orders, authorized child custody, etc.
- 7) List of persons authorized to pick-up the child. No deviation from this list is allowed without written authorization from the parent. Written authorizations should be kept with child's records. No child will be permitted to enter or exit the center without an escort.
- 8) Signed admissions agreement.
- 9) Signed medical consent form including preferred source of emergency service; form must include:
 - a) Names, addresses and telephone numbers of relatives or others who can assume responsibility for the child if the parent cannot be reached.
 - b) Instructions for the action to be taken in case the parent, or the physician designated by the parent, cannot be reached in an emergency.
 - c) Names, addresses and telephone numbers of physician, dentist and other medical or mental health providers, if any.
- 10) Medical assessments, proof of immunizations or allowable exception of.
- 11) Records from medical providers documenting any special needs requiring ongoing therapy or treatment for which the program needs to accommodate or provide.
- 12) List of current medication(s), including prescribing physician name and phone number, instructions regarding control, custody of medication(s) and log of medication(s) as actually dispensed.
- 13) Notice of allergies, modified diet needs, and special feeding procedures.
- 14) Date of withdrawal or termination of services for the child must be filed with signed release by the parent confirming the end of the program's responsibility for the child.
- 15) Fieldtrip / transportation authorization forms.
- 16) Documentation of all accidents / injuries while enrolled in the program.
- 17) Documentation of all parent conferences regarding classroom behavior, academic development, etc.
- 18) Infant and toddler daily function logs.

RECORDS

Retention of Children’s Personal Records*

A schedule for the retention of records should be adopted by the local governing board. While the following schedule is provided by the Southern Union Conference, please note that retention requirements may vary from state-to-state. The state licensing agent should be consulted for identifying compliance to state statues, and the strictest requirements should be followed.

Record	Retention
Fieldtrip/Transportation Authorization	1 year following date of excursion.
All health, medical, accident and behavioral reports	May be transferred to another program or elementary school. If no transfer is requested, records should be kept for 7 years.
Yearly progress reports of cognitive development	May be transferred to another program or elementary school. If no transfer is requested for a child eligible for Kindergarten, records should be kept for 3 years.
All personal information required for admission and termination of enrollment	1 year following date of withdrawal.
All family legal documents	1 year following date of withdrawal.
Infant daily sleeping checks	1 month from date of record.

Personnel Records*:

A separate file for each staff and volunteer containing, but not limited to, the following:

- 1) Application that includes:
 - a) Employee/volunteer's full legal name.
 - b) Employee/volunteer's home address and phone number.
 - c) Release statements for those who provide employment/character references.
- 2) Driver's questionnaire form if the employee/volunteer will be transporting enrolled children showing driver's license information, proof of insurance.
- 3) Documentation of pre-service orientation.
- 4) A statement signed by a minor that she/he is at least 16 years of age.
- 5) Official documentation of education, training, and credentials.
- 6) List of work/employment history and former employers.
- 7) Past experiences relating to current application.
- 8) Position title and job description.
- 9) Photocopy of certificates or transcripts documenting completion of required coursework or continuing education hours.
- 10) Signed statement of advisement regarding child abuse reporting protocol.
- 11) Performance reviews.
- 12) Record of service
 - a) Date of hire or first day of service.
 - b) Dates and hours of service.
 - c) Termination date, if applicable.

RECORDS

While early childhood programs and schools are not a regulated entity by the federal government with regards to the American Health Insurance Portability and Accountability Act (HIPAA) and privacy regulations, sensitivity to privacy concerns in all areas has increased and should be maintained. Therefore it is recommended that the processes of ‘Best Practices’ stated here be adopted by the administrator for maintaining the following records:

- 1) A separate file for each staff and volunteer containing medical or health-related information such as immunization records, official results from a current tuberculosis test, required medical assessments, or physical exams, if required, be kept in a locked, fireproof file drawer or equivalent.*
- 2) A separate file for each staff and volunteer containing references for employment or volunteer work should be stored in a locked, fireproof file cabinet or equivalent. *
- 3) A separate file for each staff and volunteer containing written authorization/ consent form and results from background checks and screenings should be locked in a fireproof file cabinet drawer or equivalent.*
- 4) Immigration forms (I-9 and supporting documents)

Only the director and/or one designated person should have access to these files.

Retention of Personnel Records*

Records	Retention
Entire personnel file(s)	Permanent
Legal Information	Permanent
I-9 Form	If inactive, then 3 years from date of hire, or one year after termination, whichever is greater.

* HIPAA and Best Practices:

All information and records obtained from or regarding personnel, children and families must be kept confidential. The program administrator is responsible for safeguarding the confidentiality of record contents using “Best Practice” recommendations as previously stated in regards to HIPAA. The program administrator and all employees must not reveal or make available confidential information except as authorized by law. No records may be disclosed or released to a worker or a child’s parent without his or her prior written authorization.

CHILD'S RIGHTS AND DISCIPLINE

Each child may expect:

- 1) The staff to have appropriate expectations of behavior based on his/her age and developmental level.
- 2) Dignity in his/her personal relationships with staff and other persons; the basic purpose of discipline is to correct inappropriate behavior and should not be punitive.
- 3) Use of positive discipline techniques free from corporal or unusual punishment, humiliation, ridicule, mental abuse or frightening techniques. For example, discipline techniques should not:
 - a) impede with normal functions of daily living such as eating, drinking water, resting or using the bath room.
 - b) withhold clothing, shelter, medical attention or assistance to physical functioning.
 - c) include locking a child in any room or building, nor place a child in a room unattended or alone. "Time-out" is only acceptable with proper supervision and accompaniment.
 - d) include use of medication to alter behavior.

PROGRAM DIRECTOR GUIDELINES

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No attempt is being made in this document to list all the director's duties and guidelines for administration of early childhood programs. (For more information regarding duties and guidelines, see the ECP Board Manual.) The guidelines contained herein will focus on ECP administration and director's responsibilities in relation to risk management and loss control. Other sources must be sought to receive a complete overview of the director's required qualifications, duties, role and program guidelines in totality.

All early childhood programs must have a director. A program offering evening and/or nighttime care in addition to the regular day program, should employ an associate director to oversee the evening/nighttime program.

Anyone considered "in charge of" or responsible for two or more ECPs will be permitted to serve as either, A) the director of one of the programs provided she/he meets the required director qualifications, or B) the executive director for all programs provided a qualified director is employed at each.

A clear, written statement of the administrative responsibility and authority delegated to the program director must be made, approved by the board, and made available to the licensing agency upon request. The program director should receive a copy of this statement upon accepting the role.

The following must be included in the statement of administrative responsibility and authority:

- 1) The director is responsible for the operation of program compliance with all applicable laws. The director has the authority to acknowledge receipt of deficiency notices and to correct deficiencies that constitute immediate threats to the children's health and safety.
- 2) The director has the authority to delegate responsibilities to a substitute who is deemed qualified and authorized by action of the operating board. The substitute must be at least 21 years of age to act in the director's place. The director must inform the substitute of current program operations such as, but not limited to, total enrollment and day's attendance, menu, special planned events, staff and volunteers on site. In addition, the substitute director should be designated as an authorized person to correct operational deficiencies that constitute immediate threats to staff and children's health and safety.
- 3) Either the director or an approved substitute must be on the premises during the hours of program operation.
- 4) If the director's absence will be for more than 30 consecutive calendar days, the approved substitute must meet the qualifications of a director.

PROGRAM DIRECTOR GUIDELINES

- 5) The director must not accept outside employment which interferes with duties as director.
- 6) To hold the position of director, an individual must meet and maintain the educational criteria as required by the Southern Union policy and state licensing agency.
- 7) The director must consult with the local conference human resource director regarding any employment situation that may result in termination.
- 8) The director and ECP administration must follow the due process procedures as voted by its ECP operating board in consultation with the local conference Human Resource Director.

PERSONNEL REQUIREMENTS

PERSONNEL REQUIREMENTS

Facility personnel must be competent to provide the services necessary to meet the needs of the children. All personnel of ECPs must follow the educational/professional requirements, including but not limited to, college degree, required credentials, work experience and continuing education in accordance with the Southern Union Conference and local conference policies.

The Southern Union K-12 Codebook guidelines reflect the standards set forth by the Southern Union Conference Board of Education. It is required that the employing entity compare the state/ local county's licensing requirements to the Southern Union / Local Conferences guidelines and policies. The stricter regulations must be followed.

All personnel must be at least 16 years of age and demonstrate proficiency in working with children. State child labor laws must be followed for under-aged staff as defined by state laws and regulations. Such personnel working as employees and/or volunteers must not be left alone with any children enrolled in the program. All under-aged personnel must be accompanied at all times by an adult employee.

All personnel must be free from past record of felony convictions. Personnel must not engage in or have a history of behaviors injurious to or which may endanger the health or morals of the children in care. All personnel must be screened by a credible, independent agency and pass the background check.

All personnel must be given on-the-job training as appropriate to the assigned job. For example, training in:

- 1) Safety procedures
- 2) Housekeeping and sanitation principles
- 3) Principles of nutrition, food preparation and storage
- 4) Communication skills
- 5) Illness care and medication usage procedures
- 6) Emergency plans and evacuation procedures
- 7) Child abuse / negligence awareness and reporting
- 8) Grievance and due process procedures
- 9) Acceptable behavior management and disciplinary techniques
- 10) Record keeping and documentation procedures

Record Keeping and Documentation Procedures

Personnel must provide for the care and safety of children without physical or verbal abuse, exploitation or prejudice. All assistants, aids, and minors must be under visual observation by a qualified supervisor.

STAFFING

Personnel must be employed in numbers necessary to meet the needs of and services provided for each enrolled child. A minimum of at least two staff must be on the premises at all times when the center is opened and at least one staff person must be within sight and sound of the children at all times. Provisions should be made for overlap of staff working different shifts, so continuity of care is assured.

Teacher-Child Ratio

- 1) Ratios that must be maintained for the specific age groups are as follows. However, if codes/regulations by civil authorities, the licensing agency, or accreditation standards are more strict than those listed here, the strictest regulation must be met:

Birth to 12 months	1 to 4
13 months to 24 months	1 to 5
25 months to 36 months	1 to 8
37 months and up	1 to 12

Figure 1

These ratios must be maintained at all times including opening and closing hours, and drop in service.

Activities away from the center can pose an additional hazard to the children. Therefore, it is encouraged that the adult ratio to the number of children in the chart above be doubled. This can be achieved through the use of qualified adult volunteers.

- 2) Should the teacher-to-child ratio exceed the requirements above there must be a qualified full-time teacher's aide to assist the teacher. Each aide may not be responsible for more than the adult to child ratio above.
- 3) The program is allowed to include the director or substitute director in the teacher-child ratio if they are actually engaged in teaching a group of children.
- 4) Each program administration must maintain an up-to-date list of qualified teacher substitutes who can be called immediately in case of emergency or illness of a teacher to meet the teacher-child ratio.
- 5) Teachers must not be required to perform housekeeping or maintenance duties which prevent them from performing duties related to providing care and supervision during the programs operating hours.
- 6) Persons employed for clerical, food preparation, housekeeping, and maintenance functions may not be counted as teachers in the teacher-child ratios. However, the program may be allowed to use such persons as emergency substitutes for teachers while a qualified teacher substitute is being secured.

STAFFING

Water Activities Supervision

- 1) There must be at least one adult with current Professional CPR, First Aid, and Life Guard certifications (recognized by a national agency) on file, present during the following water activities:
 - a) Sprinklers, wading pools, swimming pools, oceans, lakes, rivers, streams, etc.
 - b) Any portable pool, of which the sides are so high that the children using it cannot step out unassisted by a person or device (including a ladder).
- 2) The ratio of teacher-to-children maintained during water activities should be double of that listed in Figure 1 during normal operation.
 - a) Lifeguards at the water activity site may not be included in this ratio.
 - b) When water depth is over a child's chest and the child cannot swim, a 1 to 1 staff/child ratio must be maintained at all times. This ratio includes all ages.
- 3) Written permission signed by each child's parents must be on file in the center for each child participating in any type of water activities.

Playground Supervision

The teacher-child ratios that are maintained in the classrooms must also be maintained as minimum ratios on the playground at all times.

HEALTH RELATED SERVICES

Each facility must have several staff members with a valid certificate for administering First Aid and Infant/Child CPR procedures. This certificate must be issued by an organization approved by local state licensing agency and kept on file by the program administration. At least one staff member with these qualifications must be present at all times children are in the care of the program, both onsite and on field trips.

All infants and toddlers must be alert, responsive in a good physical condition upon arrival and check-in each morning. Toddlers with mild conditions (such as runny nose, minor bruise or scratch) must be reported and documented with the parent's signature before the child is checked-in. Caregivers need to document each day any marks or conditions with which the child arrives that are not disclosed by the parent.

Injuries

The director must immediately notify parents of any serious injury to their children. The parents must give specific instructions regarding the action they want taken.

The director must obtain emergency medical treatment without specific parental instruction in the event the parents cannot be reached immediately, or the nature of the injury is such that there should be no delay in getting medical treatment.

Documentation of all injuries must be maintained and kept on file. Documentation needs to include type of injury, how it occurred, any corrections to the facility that may be necessary, and any witnesses to the accident and their statements.

Sleep Safety and SIDS

Early childhood programs that care for infants 12 months old or younger must follow sleep safety regulations. Early childhood programs should establish a written sleep safe policy based on state law and licensing regulations to reduce the risks of Sudden Infant Death Syndrome (SIDS). Parents should be informed of the policy and all employees trained to maintain it. Caregivers should place babies on their backs to sleep with their heads uncovered throughout all sleep times. The sleeping infant must be checked by a caregiver who should record the baby's sleep position, date and time, and sign the record.

Communicable Conditions

1) The program administration should develop a policy that complies with state law regarding communicable illness/disease such as the following examples: mumps, measles, head lice, chicken pox, aids, impetigo, flu, etc.

HEALTH RELATED SERVICES

Communicable Conditions - Continued

When a child is found to have lice the following procedure will be implemented: The child must be isolated and picked up as soon as possible by the parent. The child may return the following day provided he/she receives necessary treatment and passes a head check by an authorized staff member, physician, or nurse.

2) Occupational Safety and Health Administration (OSHA) requirements regarding bloodborne pathogens (viruses, bacteria, and micro-organisms found in blood and other body fluids) must be complied with.

All personnel should be trained in the handling of bloodborne pathogens and a log of the training kept in each one's file.

Each facility should be equipped with a bloodborne pathogen clean-up kit to assist in the removal of any blood, body fluids, or other possible infectious materials. Additional protective gloves should always be kept available for first aid and clean-up situations.

See Appendix for more information regarding bloodborne pathogens from Adventist Risk Management.

Illness

The director must notify parents of any signs of illness in their children and obtain instructions for their care. The children must be isolated until the parent can pick up them up. Documentation of the conversation with the parent should be maintained in the child's personal file.

Documentation describing any unusual behavior or signs of illness should be logged and kept in the child's personal record.

A program must be equipped to isolate and care for any child who becomes ill. The isolation area should be located to afford easy supervision, but not in the kitchen area, general use areas, or toilet area. It should be equipped with cots, couches, or beds.

Medications

- 1) All prescription, non-prescription and pharmaceutical sample medications must be controlled and administered only when approved by the child's parent and in accordance with the local county health department regulations.
 - a) Medication must be in the original container with a measuring device, if applicable.
 - b) Prescription medication must have a label stating the name of the physician, child's name, name of the medication, strength and quantity dispensed, date prescription was filled, directions for taking the medication and an expiration date.
 - c) Pharmaceutical sample medications must be stored in the original packaging, labeled with the child's name and date prescribed. It must be accompanied by the physician's name, telephone number, written instructions for administration, and the physician's signature.
 - d) Non-prescription medications must be labeled with the child's full name and accompanied by written instructions for administration.
 - e) All medication should have child-resistant caps.
 - f) A refrigerator must be available to store any medications that require refrigeration. All medication must be kept in a safe place, locked and inaccessible to children.
 - g) All medications must be returned to the parent when it is no longer needed by a child or if the child withdraws from the program.
 - h) Prescription medications that are not taken by the parents upon termination of services must be destroyed by the director and documentation made on the child's record of medication.
- 2) The director must ensure that a record of the administration of prescription medication for each child. It must be retained for at least one year after the last day the child received the medication and include the following:
 - a) Name and phone number of the prescribing physician.
 - b) Name of the medication, strength and quantity.
 - c) Prescription number and name of issuing pharmacy.

HEALTH RELATED SERVICES

- d) Expiration date.
 - e) Signed authorization form from the parent including times and dates to be administered, dosage, storage instructions, and specific directions for administering the medication such as by mouth, apply to skin, drops in eyes, etc.
 - f) Time and date of all medication dosages or medical procedures administered must be documented in writing and signed by the staff who administered the medication. A copy of this log must be provided daily to the parent.
- 3) The director must ensure that a record of administration of non-prescription medication for each child. It must be retained for at least one year after the last day the child received the medication and include information listed above in # 2 b, d, e, and f.

First Aid

Each building of the program facility and any vehicle used for transportation of children must have and maintain a first aid kit. The kit should at least contain the following:

- 1) Antibacterial hand sanitizer
- 2) Band-aids
- 3) Medical tape
- 4) Sterile gauze
- 5) Disposable latex gloves
- 6) Scissors
- 7) Tweezers
- 8) Thermometer
- 9) Pre-moistened wipes
- 10) Chemical-cold pack
- 11) Cardiopulmonary resuscitation mouthpiece protector
- 12) Snake bite kit
- 13) Benzocaine (for bee sting relief, used with parental permission)
- 14) Current resource guide for first aid and CPR procedures

Food Service

Fresh, potable water must be readily available. Separate cups must be used for each child. Bottled or portable water containers must be kept free of contamination. Staff must wash their hands prior to handling water containers and cups. Drinking fountains/fixtures may not be placed in a restroom area.

In programs providing snacks and/or meals the following must apply:

- 1) Prior to employment, all cooks and food handlers (including teachers serving snacks) must be trained as required by the local Health Department and Licensing Agency regarding the health and safety of food services.
- 2) Adherence to the local Health Department regulations and licensing agency requirements regarding food storage, preparation, and service is required.
- 3) If a program chooses not to provide meals and/or snacks, arrangements must be made with the parent to provide nutritional food each day for the child.
- 4) Meals and snack menus must be planned, written and posted by each Friday for the following week. Menus must be dated and posted in a conspicuous place accessible to parents. After posting, menus may not be changed.
- 5) Weekly snack and meal menus as actually served must be kept for a minimum of eight weeks.
- 6) If a special diet, e.g. diabetic, celiac, etc., is required for a child by a physician, a copy of the physician's order, a copy of the diet, and a sample meal plan must be maintained in the child's file. Special dietary needs must be shared with all staff and be posted in a conspicuous location.
- 7) When a child requires a modified diet for allergy or religious reasons, written documentation by the parent must be maintained in the child's file. Special requirements or needs must be shared with all staff and be posted in a conspicuous location.
- 8) All food and formulas brought from home shall be labeled with the child's name and date and stored according to local Health Department codes. Food not consumed by the date on the label should be returned to the parent. Previously opened baby food jars shall not be accepted by the program.
- 9) Infants must be held with their head elevated for bottle feeding. A child must not be given a bottle while lying flat. Bottles must never be propped.
- 10) Food should never be used as a punishment or reward.

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- 11) Children must never be left unattended while eating.
- 12) Approved drinking fountains and drinking utensils must be provided. Drinking water must be freely available to children at all times, or offered to children at frequent intervals.
- 13) Pesticides, cleaning compounds, and other similar substances must not be stored in food store-rooms or food preparation areas.
- 14) Children and unauthorized adults are not allowed in food preparation areas except for food education programs.

DAILY ARRIVAL AND DEPARTURE

- 1) The program administrator must develop, maintain, and implement a written procedure for transferring the supervision responsibility of each child from parent to personnel or vice-versa upon drop-off and pick-up.
- 2) Each child must be escorted by a parent or authorized person into or out of the facility. Upon entrance, a sleeping infant or child must be awakened by the parent and display alertness and responsiveness before the child is accepted for the day. Upon entrance and exit the child must be checked-in and -out accordingly; the time, date, and signature of authorized person must be documented with each action.
- 3) Written authorization by the parent is required to release any child to a person other than those designated on the child's pre-admission form. Unfamiliar authorized persons must provide photographic identification to be photocopied and filed with child's personal records before child is released.
- 4) Any child who walks to the facility or is transported to/from the facility by bus must be checked- in and -out by a program staff member showing full name, signature, date and times.
- 5) Program administrator must maintain a clear policy concerning the release of a child to anyone whose behavior may place a child at immediate risk.
- 6) All check - in/out logs must be kept at a minimum of one year and available for review upon request.
- 7) Employees may not transport enrolled children to and from the facility with the exception of their family members and authorized field trips.

PLANNED ACTIVITIES

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A plan of scheduled daily activities must be posted in a place accessible to parents.

Children with special needs should be integrated into the daily schedule unless physically or medically unable or by parental agreement.

Field trips

Parents should be advised at least one week in advance of each field trip activity. The date, time, and location of the field trip must be posted in a conspicuous location at least two working days prior to each field trip.

Written parental permission must be obtained for each child prior to each off campus activity. Signed forms must be maintained in the child's personal file.

Teacher-child ratios for off-campus activities must be followed. See section: "Staffing, Teacher-Child Ratio" for guidelines.

See Appendix for Field Trip / Outing Planner form. This form should be completed prior to each field trip.

TRANSPORTATION

- 1) The use of privately owned vehicles to transport children is highly discouraged. However, if it is necessary to use private vehicles, they must have a minimum limit of \$100,000 per person and \$300,000 per occurrence of liability insurance. A copy of the driver's completed Volunteer Driver's Questionnaire form, insurance policy, and valid driver's license must be on file with the administrator prior to transportation.
- 2) ECP owned vehicles must be covered with primary liability limits of \$1,000,000 and a copy of the policy kept on file with the administrator.
- 3) Fifteen passenger vans may not be used to transport children at any time. Conference risk management approved vans and buses may be used for transportation. However, under no circumstances can children ride in an open truck.
- 4) Each vehicle used to transport children must be properly maintained. Prior to each usage every vehicle should undergo a pre-trip inspection. See Appendix for Pre-Trip Inspection Form.
- 5) The manufacturer's rated seating capacity must not be exceeded.
- 6) Appropriate stationary seating space must be provided for each child as required per state law. This would include a child passenger restraint seat or seatbelt.
- 7) Teacher-child ratios while transporting children may not include the driver as a supervisor of the children.
- 8) All children must have written permission from the parent on file with the ECP administration prior to being transported on field trips.
- 9) A list of names of the children being transported in each vehicle must be made and maintained throughout each field trip. This checklist must be kept on file with the ECP administrator.
- 10) Driver qualifications: All drivers must meet the following criteria before they can be approved to drive for the ECP.
 - A) Must be a minimum of 21 years of age and must have at least 3 years driving experience in the United States.
 - B) May have no more than 2 driving citations and no at-fault accidents within the last 3 years.
 - C) Must hold a valid license for the class of vehicle to be driven.
- 11) Drivers may be asked to submit a periodic review of their driving record as required by insurance, local and/or state regulations.

FACILITY

Buildings and Grounds

- 1) There must be a minimum of 35 square feet of usable floor space per child. Corridors, kitchens, bathrooms, offices, isolation rooms or areas, storage space and permanent sleeping areas may not be included in this calculation.
- 2) The facility should be maintained in good repair and kept clean at all times.
 - A) All area rugs must have a non-skid backing.
 - B) All carpeting must be kept free of tears, frays, loose seams or any flaw that could be a tripping hazard.
- 3) Smoking must not be permitted on the premises.
- 4) All exit paths must be kept clear of obstruction. All exit doors must be marked with functioning exit lights.
- 5) All renovations and additions to facility must comply with local and state codes. The local conference, insurance carrier and licensing agent must be notified of proposed change. Facility administration must maintain a safe environment for all personnel and children during the process.
- 6) Anchored steps or broad platform may be utilized when a drinking fountain is too high for the children.
- 7) Approved fire extinguishers must be maintained throughout the facility.
- 8) Emergency lighting should be installed throughout the facility.

Chemicals

- 1) Cleaning with chemicals should not be conducted while children are present.
- 2) Cleaning equipment, combustibles, and chemicals must be stored in an area separate from food supplies. They must be kept in a locked cabinet or location inaccessible to children.
- 3) Chemicals and all cleaning products must be disposed of properly.
- 4) Every facility must maintain the Material Safety Data Sheets (MSDS) on the chemicals that are used. These sheets must be kept available near the storage of the chemicals in case of an emergency. This is an OSHA requirement.

Sanitation, Heating & Electrical

- 1) Sewage disposal, water sources, garbage storage and disposal must all conform to state and local health codes.
- 2) Space heaters are prohibited.
- 3) Chimneys, flues and pipes should be in proper operating condition at all times. They should be checked and cleaned annually.
- 4) All gas appliances must be connected by an authorized individual. Unused gas connections should be removed or properly capped.
- 5) All electrical wiring must conform to electrical codes. Open electrical sockets must be capped or plugged.
- 6) Electrical extension cords may not be used in the facility. Only power surge protector strips can be used as an extension if necessary.
- 7) Ground fault interrupter protection should be provided for all electrical outlets that are within six feet of a sink or water area.
- 8) Portable fans must be kept out of the reach of children and must have proper guards around the blades.
- 9) At a minimum there must be one toilet and one wash bowl provided for every 15 children. Height of toilet and sink must comply with health and safety regulations as required.
- 10) Diapering should be done for each child in his or her own crib. If a common changing table is used, the cover must be changed after each use. Disposable paper towels or changing pads may also be used for this purpose. An unpaddinged surface must be cleaned after each use.
- 11) Containers must be available for proper disposal of diapers.
- 12) If training chairs are used, they must be emptied promptly and sanitized daily.
- 13) Washing of hands, bottles, dishes, etc. must be in compliance with local health department regulations.

FACILITY

Fixtures, Furniture, Equipment and Miscellaneous

- 1) Tables, chairs, play equipment, etc. should be age-appropriate and scaled to the size of the children.
- 2) Furniture and equipment should be maintained in good condition, free of sharp, loose or pointed parts, and with non-toxic finishes.
- 3) Furniture and equipment, including napping cots and mats, may not block exits.
- 4) Tall shelves or metal cabinets should be properly secured to avoid falling over.
- 5) Materials and surfaces accessible to children, including toys, must be free of toxic substances.
- 6) All facilities must have telephone service and intercom system throughout the premises.
- 7) All facilities must keep a weather alert radio activated at all times.
- 8) Consideration should be given to having portable phones, cell phones, 2-way radios, and/or a close circuit camera system throughout the facility for communication and security reasons.
- 9) Approved mats or cots should be disinfected weekly or when soiled.
- 10) Bedding should be individually stored and not shared by different children without laundering the bedding. The bedding should be washed weekly or when soiled.
- 11) Towels, face cloths, brushes and combs may not be shared by children.
- 12) First-aid supplies must be kept available to replenish classroom and fieldtrip kits when needed. All first-aid supplies must be maintained in locations accessible to staff but inaccessible to children.
- 13) If microwaves are used in an area with children, they must be placed out of the reach of all children and used only by a staff member. The microwave interior must be kept clean and sanitary at all times.
- 14) If televisions are used, they must be properly secured with a safety belt.
- 15) Blinds and cords hanging from window treatments must be secured and inaccessible to children in cribs, play pens, classrooms, on cots, and throughout the facility.
- 16) Healthy pets/animals which present no apparent threat to the health and safety of the children may be permitted provided they are kept clean, properly housed, fed and cared for, have had required vaccinations

and permitted on-site by local civil authority guidelines. Parents must be informed in writing of all pets being kept at the facility.

Isolation for Illness Area

A program must be equipped to isolate and care for any child who becomes ill. The isolation area should be located to allow easy supervision, equipped with cots, couches or beds, and not located in the kitchen area, general use area, or restroom areas. However, it is advisable that the isolation area be located within easy access to a toilet.

Outdoor Activity Space

- 1) Outdoor play areas should be a minimum of 75 square feet per child.
- 2) Playground and outdoor activity spaces should be properly maintained, free of hazards such as holes, broken glass, rocks, and yard debris.
- 3) The playground area must be enclosed by a fence at least four feet in height.
- 4) Consideration should be given to fencing the property surrounding the center if located on a busy road.
- 5) The outdoor activity space should include shaded rest areas accessible to all children.
- 6) Play equipment and activity areas must be arranged so that there is no hazard from conflicting activities on the premises.
- 7) Playground equipment must be securely anchored to the ground unless it is portable by design or purpose.
- 8) Playground equipment should be properly maintained in safe condition, free of sharp, loose, or pointed parts. Wood structures must be inspected frequently and kept free of splintering wood.
- 9) Merry-go-rounds are prohibited.
- 10) Areas under and around climbing equipment, swings, slides, etc. must be cushioned a minimum of 9 inches of approved resilient material.
- 11) Fencing must be used to separate a swimming pool or other body of water on or near facility property.
- 12) Sandboxes should be covered when not in use. They should be inspected frequently and kept free of hazardous materials including animal wastes.
- 13) Any construction or equipment including, but not limited to, air conditioning units, incinerators, water heaters, or fuse boxes that are located in the outdoor activity space should be inaccessible to children.

CRISIS MANAGEMENT PLAN

CRISIS MANAGEMENT PLAN

Before the early childhood program is in operation, it must develop a written Crisis Management Plan designed specifically for its location. The plan must be in-serviced with ALL personnel and implemented no later than opening day. Once the ECP is opened for business, the plan must then be reviewed at least annually with revisions made as necessary to keep it current and shared with all personnel. Each scenario in the plan must be practiced with the children and personnel at least twice a year with the exception of fire drills which must be conducted at least monthly.

The written plan should include but is not limited to the following:

- 1) Designate who is in charge during a crisis, and a substitute in the event that person is not present.
- 2) Select the crisis response team and outline each member's direct duties.
- 3) Outline policies and procedures for each situation that could occur such as a fire, medical emergencies, tornadoes, severe weather, an intruder, a hostage situation, etc.
- 4) Address any necessary training for the crisis team.
- 5) Establish a law enforcement liaison and a media liaison.
- 6) Establish communication guidelines and procedure for the personnel, parents and community.
- 7) Develop necessary forms or information sheets that may be needed.
- 8) Establish code words or phrases to be used to alert personnel of crisis situations.

Fire Evacuation Procedures

Fire Evacuation Procedures must be included in the Crisis Management Plan. This must include details of how the children are to exit from the facility, how infants are to be removed from the facility, taking role, and contacting the fire department.

Fire drills must be conducted at least monthly and a written record kept of the dates accomplished with the time it took to evacuate the facility. The fire drill record should be kept for a minimum of one year or as required by law.

The local Fire Department should be contacted at least once a year and asked to observe and/or participate in a fire drill and offer any suggestions.

Risk Management Loss Control Guidelines

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Early Childhood Education

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