

HEALTH CARE POLICY

1. EMERGENCY TELEPHONE NUMBERS

Health Care Consultant: Stefan Topolski, MD

111 Bridge Street
Shelburne Falls, MA 01370
(413) 625-6240

Fire Department: 911

Police Department: 911

Ambulance: 911

Poison Prevention Center: 1-800-222-1222

Emergency Health Care Facility:

Baystate/Franklin Medical Center

164 High Street, Greenfield, MA 01301
(413) 773-0211

D.C.F. Greenfield: (413) 775-5000

D.C.F.- Hot Line (After 5p.m.) 1-800-792-5200

2. PROCEDURES FOR EMERGENCIES AND ILLNESS

A. FIRST AID AND TRANSPORT TO HOSPITAL

1. In the case of an emergency or illness (such as a seizure, a serious fall or serious cut), qualified teacher with first aid will begin administration of emergency first aid while the other teacher(s) take remaining children to another area of room. All staff members should respond in a calm and reasonable manner.
2. When parents cannot be reached, those listed as emergency contacts will be called as a further attempt to reach parents.
3. In the event a parent cannot be reached immediately, a designated staff person will continue to attempt to reach parents. If necessary, the child will be transported by two designated staff members (or by ambulance) and the child's file will be taken, including permission forms.

B. EMERGENCIES WHILE ON FIELD TRIP OR WHILE BEING TRANSPORTED FROM HOME OR SCHOOL (Greenfield Location Only)

On field trips, a first aid kit, cell phone, child emergency information, roll books, injury logs, health concerns, and incident reports will be brought by a designated adult. This adult will have current certification in first aid and CPR. Transport plan above is then followed. During transport from the public school, Kuzmeskus Bus Company (Travel Kuz) will be responsible for the health and safety of the child. If the child is being transported by The Learning Knoll van, the van is equipped with a First Aid kit, child emergency information and cell phone. The driver is trained in CPR and First Aid and will determine if the child can be brought home or to the Greenfield location. If it is determined the child is in immediate need of medical attention, the driver will transport the child directly to BFMC. The driver will phone ahead to BFMC if possible and the Greenfield site as soon as possible. A member of the administrative staff will then immediately contact parents.

If The Learning Knoll van becomes disabled for any reason (mechanical or accident), the driver will immediately contact the Greenfield site at 413-774-7407 and we will arrange for the pickup of remaining children back to the Greenfield location. Parents will be notified. Drivers will file a report to the Transportation Coordinator (Nichole Hurlburt) following any incident involving the van within 24 hours of said incident.

C. PROCEDURES FOR USE AND MAINTENANCE OF FIRST AID

1. Location of First Aid Kit is identified by American Red Cross symbol and sign located on red first aid cabinets.
2. Location of First Aid Manual is by First Aid Kits & Ann Marie and Nichole's office.
3. Group Health Care Policy is posted by the First Aid Kit.

4. First Aid is administered by any teacher with a valid first aid card. All staff must be first aid certified within (6) months of employment.

One staff member certified in CPR and First Aid must be on the premises during all hours of operation.

5. First Aid Kits are maintained by Lead Teacher and Executive Assistant. First Aid Kits will be inspected monthly but supplies will be replaced as needed. Staff should report missing items to the Executive Assistant.

6. First Aid Kits accompany each group on playground and all field trips.

D. EMERGENCY PREPAREDNESS & EVACUATION

Specific emergency plans are posted for each exit and each program.

1. Teachers have or will be provided access to working phones during all hours of operation, including when off site.

2. When evacuating, one of the teachers will take the roll book and lead the children out of the building according to approved escape routes.

3. One designated teacher will check for stragglers in her/his classroom.

4. Office staff and the cook will assist non-walkers, (infants, young toddlers and children with disabilities).

5. The designated meeting place will be at the rear of the playground at the fence line on Davis Street.

6. Evacuation drills are conducted every month.

7. The Site Director is responsible for assuring that evacuation drills are held at different times of the program day using alternative exits and are practiced with all groups of children. The Site Director will document date, time, exits used, total number of people and effectiveness.

8. Daily Attendance Monitoring Procedure: The attendance record will show what children are in actual attendance at all times, when they arrived, and when they left. A designated adult will monitor any child entering building when others are out at play.

E. SEVERE STORMS, LIFE THREATENING DISASTERS AND HEALTH ALERTS

In the event of public health or safety alert, The Learning Knoll is on the CodeRED emergency notification service for the Town of Greenfield. This system notifies the individual sites directly if there are any public health alerts, severe weather warnings, hazardous traffic conditions or any other situation that could impact the safety or welfare of its citizens. A public service announcement is also made on WHAI (community radio) notifying parents when the Greenfield or Shelburne Falls will close (or open) at a specified time. The same information will be posted on Facebook, Bear Country (95.3) and Western Mass News. Parents will be contacted directly by staff when necessary.

The **Learning Knoll** will listen for directions from local authorities to determine whether to evacuate or shelter in place. If the Greenfield site evacuates, we will notify the Greenfield Fire Chief and WHAI, and the Kuzmeskus Bus Company will transport all people in attendance to Greenfield Community College. **The Shelburne Falls site** will alert the Shelburne Falls Fire Chief when they are evacuating to the Shelburne Community Center on Main Street.

In the event that there is:

1) loss of water, the Center will close.

2) loss of heat for an extended period of time and /or we are not able to maintain the required 65 degrees, the Center will close.

3) loss of power, the Center will stay open, unless it was for an extended period of time. Then we would close.

F. SECURITY MEASURES, SHELTERING IN PLACE & LOCKDOWNS

The Greenfield entrance will be open for pickups and drop-offs between the hours of 7:15-9:30am and 3:30-5:30pm. All hours in between, the front door will remain locked and visitors will be required to buzz in after being identified by office personnel. If the individual at the door is deemed to be unsafe for any reason, a signal will sound communicating to classrooms that they must shelter in place until they hear otherwise. Office personnel will contact the police. If a more immediate threat occurs where it is deemed that evacuation through

a rear entrance is more prudent, a different signal will sound indicating evacuation should occur. At that time, police will be notified and all classrooms will evacuate the building using their secondary exits and move to another location until they are told they can return. When there is a potential threat from an intruder outside the program that public officials are aware of, the Greenfield site will receive notification from the City of Greenfield instructing us to shelter in place and/or lock down, or evacuate.

G. PLAN FOR MISSING CHILDREN

Teachers will report when a child is missing to office personnel. Office personnel will conduct a thorough search of grounds and building before contacting family members and police. In the event of a child missing during an emergency (fire or other disaster), emergency authorities will be contacted immediately.

H. PLAN FOR MILDLY ILL CHILDREN

Children who are mildly ill may remain in school if they are not contagious (refer to Plan for Infectious Disease) and they can participate in the daily program including outside time. Symptoms may include low grade fever, runny nose, mild cough, mild stomach upset, and teary eyes. Children who are mildly ill but can participate may be offered quiet spaces in which to work, play or rest as well as a reduction in activity level.

If a child's condition worsens or if it is determined that the child poses a threat to the health of the other children, or if the classroom staff cannot care for the child, the child's parents will be contacted to pick up the child. The child will be cared for in a quiet area or in the Center's office by a teacher qualified staff member until the parent(s) arrives to take the child home.

Any toys, blankets, or mats used by an ill child will be cleaned and disinfected before being used by other children.

I. PLAN FOR ADMINISTRATION OF MEDICATION

Prescription Medication

1. Prescription medication must be brought to school in its original container and include the child's name, the name of the medication, the dosage, the number of times per day and the number of days the medication is to be administered. This prescription label will be accepted as the written authorization of the physician.
2. The Center will not administer any medication contrary to the directions on the label unless so authorized by written order of the child's physician.
3. The parent must fill out the "Authorization for Medication Form" before the medication can be administered.
4. A list of possible side effects must be provided by the parent.
5. Any staff authorized to administer medication will receive an annual evaluation of their ability to administer medication and follow medication administration procedures as set forth by EEC 7.11(2), 7.11(19).
6. All medications are kept in a locked cabinet. All medications are stored in a safe manner, inaccessible to children, while allowing staff the proper access in case of emergency.
7. Any unused medication will be returned to the parent and such return will be documented in the child's file. When return is not possible, unused medication will be destroyed and such destruction will be recorded in the child's file with the date, time and name of staff member responsible.

Non-prescription Medication

1. Non-prescription medication will be given only with written consent of the child's physician. The Center will accept a signed statement from the physician listing the medication(s), the dosage and criteria for its administration. This statement will be valid for one year from the date it was signed.
2. Along with the written consent of the physician, the Center will also need written parental authorization. The parent must fill out the "Authorization for Medication Form" which allows the Center to administer the non-prescription medication in accordance with the written order of the physician. The statement will be valid for one year from the date it was signed.

3. When written permission is given, on an as needed basis, the Center will make every attempt to contact the parent prior to the child receiving the non-prescription medication unless the child needs medication urgently or when contacting the parent will delay appropriate care unreasonably.

Topical Ointments and Sprays

1. Topical ointments and sprays such as petroleum jelly, sunscreen, bug spray, etc. will be administered to the child with written parental permission. The signed statement from the parent will be for one year and include a list of topical non-prescription medication.
2. The Center will maintain a written record of the administration of any medication on the "Authorization for Medication Form." This form will be placed in the child's form at the end of the administration period.
3. All unused medication will be returned to the parent.

J. PLAN FOR MEETING SPECIFIC HEALTH CARE NEEDS

Parents identify all allergies on the face sheet. These allergies are posted in each classroom and communicated to teaching staff. All food allergies are given to the Cook and adjustments are made to accommodate the child's nutritional needs. Non-food allergies are considered and items are removed or adjustments to the classroom or outdoor space are made whenever possible.

With written permission of their child's health care practitioner, parents will be allowed to train staff in the implementation of their child's individual health care plan.

K. PLAN FOR MANAGING MAINTENANCE WORK

Any work that is done by contractors, painters or maintenance workers that includes the use of chemical substances for any purpose will be scheduled during weekends or Friday evenings when children are not in attendance and the area can be well ventilated prior to use or entry of children and staff.

L. PROCEDURE FOR IDENTIFYING AND REPORTING SUSPECTED CHILD ABUSE AND NEGLECT

All staff members are mandated reporters according to Massachusetts General Law C119, Section 51A.

The following procedure will be followed:

- A. A staff member who suspects abuse or neglect should discuss her/his concerns with the Site Director.
- B. The Site Director will make a verbal report to the Department of Children and Families (DCF), to be followed by a required written report (51A) within 24 hours.
- C. If a staff member feels an incident should be reported to DCF and the Site Director disagrees, the staff member may report to DCF directly.

The Learning Knoll shall cooperate in all investigations of abuse and neglect. Cooperation includes identifying parents of children currently or previously enrolled in a Learning Knoll child care program, providing consent for disclosure to the Department of Early Education and Care (EEC) and allowing EEC to disclose this information to any person and/or agency EEC may specify as necessary to the prompt investigation of allegations and the protection of children. Failure to cooperate may be grounds for suspensions, revocation, or refusal to issue or renew a license.

Procedure for Identifying and Reporting Child Abuse/Neglect *While in the Care of the Center*

It is the Center's commitment to protect all children in care from abuse and neglect. The following are procedures for reporting suspected child abuse/neglect while the child is in the Center's care.

The EEC and the Department of Children and Families will be called by the Site Directors in the event that a staff member is accused of abuse. In the event that the Site Directors are not available, the responsible of calling

EEC and DCF will be the responsibility of the Executive Director. The staff member in question will not work directly with children until the investigation is complete. If the complaint is screened out by DCF, then the organization will determine if the staff member will return to the classroom.

M. INJURY PREVENTION PLAN

During the orientation process, each staff person is instructed to be aware of any safety hazard and promptly report it to Site Director.

A central injury log will be kept in each classroom. Each teacher who cares for the injury will log the injury, time of day, and location. One accident report will be placed in child's file and a copy given to the parent within 24 hours. The Site Director monitors the log to check it for safety issues that need to be addressed. An injury report for any incident that requires first aid or emergency care will be maintained in the child's file. Only staff that has current first aid will be allowed to administer first aid no matter how minor the injury. EEC will be notified if a child needs medical attention as a result of an injury or illness that occurred at the program.

N. PLAN FOR MANAGING OUTDOOR PLAY

Outdoor play is part of our daily curriculum. Children will be on the playground or on neighborhood walks all mornings, weather permitting, and often in the afternoon after snack time. Proper clothing is necessary to keep children both comfortable and protected. Teachers will ensure that children are dressed properly for the current weather conditions. In cold weather, that will include layers with hats and mittens or gloves. Parents will supply these items and the agency will have extras for children that are missing these items. In the warmer weather, parents are asked to provide sunscreen for their child in a labeled container with a signed parental authorization form. An SPF of 30 or higher is recommended. Teachers will apply sunscreen to all children before going outside. Bug repellent is also permitted with written parental authorization. Teachers will apply bug repellent containing DEET no more than once daily. If there is a public health concern about insect borne disease, the agency will adhere to public health recommendations.

O. PLAN FOR INFANT SLEEP & SUPERVISION

Children younger than six months of age at the time of enrollment up to young toddler age must be under direct visual supervision at all times, including while napping, during the first six weeks they are in care. Teachers and staff will position themselves so that they can hear and see sleeping infants or toddlers as well as interacting with children who are awake.

In order to protect the health and welfare of children and in keeping with the intent of regulations regarding SIDS risk reduction practices, every infant twelve months of age or younger must be initially placed on his/her back for sleeping, unless the children's health care professional orders otherwise in writing. If an infant rolls over on their own, repositioning on their backs is unnecessary.

Children will nap in an individual crib. No child under 12 months of age will be placed in a crib containing pillows, comforters, stuffed animals or other soft, padded materials. Infant sleep positioners will not be used unless ordered by a physician.

Examples of Infant Sleep Positioner: Sleep bolsters, wedge-style positioners, rolled up blankets placed under the infant, elevated crib mattresses.

No child shall be confined or left unattended in a swing, high chair, crib, playpen or any other piece of equipment for an extended period of time in lieu of supervision.

The crib should be safety approved and marked with a tracking label and registration form. Slats should not be spaced more than 2 3/8" apart. The sides must always be up and locked when child is in crib. A firm mattress should be a snug fit for the crib. The space between the mattress edge and crib frame should not be more than the width of 2 adult-sized fingers and the mattress should have a tight-fitting sheet. Bumper pads should **not** be used. Sleepers and sleep sacks will be used instead of blankets.

If an infant arrives to the program asleep or falls asleep in equipment not specifically designed for infant sleep (stroller, high chair, bouncer, etc.), the infant will be removed and placed in appropriate infant sleep equipment.

Examples of Infant Sleep Equipment: Cribs, play yards, cots, mats, sleeping bags or pads, Montessori floor beds.

Teachers should not disrupt their program activities if an infant falls asleep while outside, as long as they are safely in a stroller. Teachers should take proper precaution to not over-bundle children in the winter or overheat children in the summer.

Teachers will receive safe sleep training every two years. New teachers must be trained in safe sleep practices PRIOR to caring for infants.

The Learning Knoll will train staff to follow these policies and provide a copy to parents.

P. PLAN FOR MANAGING INFECTIOUS DISEASE

In any group of children, it is very important that each child is protected as much as possible from communicable diseases. Proper immunization is required unless the child is exempt due to family beliefs or medical reasons. Children who are under immunized can be admitted under the following criteria:

- 1) **A medical exemption** is allowed if a physician certifies that immunization is medically contraindicated. This must be renewed annually at the start of the school year.
- 2) **A religious exemption** is allowed if a parent or guardian provides a written statement that immunizations conflict with their sincere religious beliefs. This should be renewed annually at the start of the school year.
- 3) Homeless children and children in foster care are protected from exclusion by the **McKinney-Vento Act**, which allows school administrators time to secure immunization records from other school or health systems.

The Learning Knoll cannot provide care for children who are too sick to participate in all aspects of our day. Children who exhibit symptoms of the following types of infectious diseases, such as gastro-intestinal, respiratory and skin or direct contact infections, or children who are known to be under-immunized may need to be sent home if it is determined that any of the following exist:

- the illness prevents the child from participating in the program activities or from resting comfortably;
- the illness results in greater care needed than the staff can provide without compromising the health and safety of the other children;
- the child has any of the following conditions: fever, unusual lethargy, irritability, persistent crying, difficulty breathing, or other signs of serious illness;
- a vaccine-preventable disease occurs in the program (for under-immunized children only)

Partial Exclusion Guide for Select Vaccine-Preventable Diseases in a School Setting

Depending on the specific circumstances related to the exposure, case and contact to any disease or condition listed in 105 CMR 300.200 (A) or (B), additional control measures may be required.

This list is not exhaustive. See 105 CMR 300.000 for the complete Isolation and Quarantine Requirements

Disease	Case and Symptomatic Contacts	Asymptomatic Contacts
Measles	Exclude student/staff through 4 days after onset of rash. (Count the day of rash onset as day zero.)	<p>If one case: exclude susceptibles¹ from work or classes from the 5th through the 21st day after their exposure.</p> <p>If multiple cases or continuous (two or more days) exposure: exclude susceptibles¹ through the 21st day after rash onset in the last case.</p> <p>These restrictions remain even if the contact received immune globulin (IG).</p>
Mumps	Exclude student/staff through 5 days after onset of gland swelling. (Count the initial day of gland swelling as day zero.)	<p>If one case: exclude susceptibles² from work or classes from the 12th through the 25th day after their exposure.</p> <p>If multiple cases: exclude susceptibles² through the 25th day after the onset of the last case at the school or workplace.</p>
Rubella	Exclude student/staff through 7 days after rash onset. (Count the day of rash onset as day zero.)	<p>If one case: exclude susceptibles³ from work or classes from the 7th through the 23rd day after last exposure.</p> <p>If multiple cases: exclude susceptibles³ through the 23rd day after the onset of the last case at the school or workplace.</p>
Pertussis	Exclude student/staff until 21 days from onset of cough or 5 days after initiation of appropriate antibiotic therapy.	<p>If a susceptible⁴ exposed within the last 21 days, receives antibiotic prophylaxis, then no exclusion is required in the school setting.</p> <p>In certain situations deemed to be high risk, the MDPH may require exclusion of asymptomatic contacts not receiving antibiotic prophylaxis and may extend the exclusion period beyond 21 days up to a maximum of 42 days.</p>
Varicella	<p>If vesicles are present, exclude until all lesions have dried and crusted over, or until no new lesions appear, usually by the 5th day after rash onset. (Count the day of rash onset as day zero.)</p> <p>If no vesicles are present, exclude until the lesions have faded (i.e., the skin lesions are in the process of resolving; lesions do not need to be completely resolved) or no new lesions appear within a 24-hour period, whichever is later.</p>	<p>Susceptibles⁵ shall be excluded from work or classes from the 8th through the 21st day after their exposure to the case while infectious.</p> <p>If the exposure was continuous, susceptibles shall be excluded from the 8th through the 21st day after the case's rash onset.</p> <p>Anyone receiving varicella zoster immune globulin (VARIZIG®) or intravenous immune globulin (IVIG) shall extend their exclusion to 28 days post exposure.</p>

Definition of Susceptibles

¹ **Measles** - Susceptibles includes all those born on or after 1957 without) written documentation of 2 doses of measles-containing vaccine; or 2) laboratory evidence of immunity or laboratory confirmation of disease. In an outbreak setting, all those with 0 or 1 dose **may** avoid exclusion if they promptly receive a dose. Those born in the United States before 1957 are considered immune; however, this should **not** be considered evidence of immunity for health sciences students and health care workers.*

² **Mumps** - Susceptibles includes all those born on or after 1957 without) written documentation of 2 doses of mumps-containing vaccine; or 2) laboratory evidence of immunity or laboratory confirmation of disease. In an outbreak setting, those with 0 or 1 dose **may** avoid exclusion if they promptly receive a dose. Those born in the United States before 1957 are considered immune; however, this should **not** be considered evidence of immunity for health sciences students and health care workers.*

³ **Rubella** - Susceptibles includes all those born on or after 1957 without) written documentation of 2 doses of rubella-containing vaccine; or 2) laboratory evidence of immunity or laboratory confirmation of disease. In an outbreak situation, those with 0 or 1 doses **may** avoid exclusion if they promptly receive a dose. Those born in the United States before 1957 are considered immune; however, this should **not** be considered evidence of immunity for health sciences students and health care workers.*

⁴ **Pertussis** - Susceptibles include all those exposed, regardless of their age, immunization status, or past history of the disease.

⁵ **Varicella** - Susceptibles includes all those born in the United States in or after 1980 without) written documentation of 2 doses of varicella vaccine; or 2) laboratory evidence of immunity or laboratory confirmation of disease; or 3) a health care provider diagnosis of varicella or health care provider verification of history of varicella disease; or 4) history of herpes zoster based on health care provider diagnosis. In an outbreak situation, those with 0 or 1 doses **may** avoid exclusion if they promptly receive a dose. Those born in the United States before 1980 are considered immune; however, this should **not** be considered evidence of immunity for health sciences students or health care workers.*

* Health care workers and health sciences students should have 2 doses of MMR and varicella, laboratory evidence of immunity or laboratory confirmation of disease.

Pregnant and immunocompromised persons: It is **not** recommended to use the year of birth as evidence of immunity for pregnant women and immunocompromised persons. For their protection, these individuals – regardless of their year of birth or other documentation of immunity – should be referred to their health care providers for evaluation.

These are exclusion guidelines for typical school settings only. There are other guidelines for non-school settings. In addition, MDPH may need to implement more rigorous criteria for immunity and other control measures depending on the situation and the individuals exposed and these recommendations are outlined in other MDPH documents.

Requirements to Return from Illness

Diarrhea: Persistent diarrhea or diarrhea accompanied by other symptoms will result in child being sent home. May return after 24 hours of having no diarrhea.

Vomiting: May return after 24 hours of no vomiting.

Fever: A child with a fever of greater than 100°F will be sent home. The child may return once they have been fever free for 24 hours **without medication**.

Conjunctivitis: Defined as pink or red with white or yellow discharge. With persistent symptoms, child will be sent home. Child can return when symptom-free or approved for readmission by physician.

Impetigo: Until 24 hours after treatment has started or all sores are covered.

Hand, Foot, & Mouth: May return 24 hours after being fever free **and** not showing signs of open blisters.

Head lice: May return when free of all nits.

Scabies: May return 24 hours after treatment has been started.

Strep infection: May return 24 hours after treatment and the child is free of fever.

Chicken pox: Until last blister has healed over and no sooner than 6 days after rash first appeared.

A child who has been excluded from the Center may return after being evaluated by a physician. *However, the Center will make the final decision concerning the inclusion or exclusion of the child.* When a communicable disease has been introduced into the Center, parents will be notified immediately. Whenever possible, information regarding the communicable disease shall be made available to parents.

Q. PLAN FOR INFECTION CONTROL

1. The center shall ensure that staff and children wash their hands with liquid soap and running water using friction for at least 10 seconds. Hands shall be dried with disposable towels. Staff and children shall wash their hands at least at the following times:

- a. upon entering the classroom in the morning;
- b. before eating or handling food;
- c. before and after feeding a child;
- d. after toileting or diapering;
- e. after coming into contact with body fluids and discharges;
- f. after handling center animals or their equipment;
- g. after cleaning or handling garbage,
- h. after playing in water table,
- i. after visiting with infants or toddlers (for preschool and school agers),
- j. before and after administering medication

2. The center shall ensure that the specific equipment, items or surfaces are cleaned and sanitized using the following schedule:

a. **Before each use:**

1. food preparation surfaces;
2. tables and highchair trays
3. mixed use tables;

b. **After each use:**

1. food preparation surfaces;
2. eating utensils and dishes;
3. tables and highchair trays;
4. countertops cleaned
5. food prep appliances cleaned
6. computer keyboards;
7. pacifiers, cleaned

3. The center shall ensure that the specific equipment, items or surfaces are washed with cleaning solution and disinfectant using the following schedule:

a. **After each use:**

1. toilet training chairs which have been emptied into a toilet;
2. sinks and faucets used for handwashing after the sink is used for rinsing a toilet training chair;
3. diapering surfaces;
4. toys mouthed by children, cleaned and sanitized;
5. mops used for cleaning body fluids;
6. bibs;
7. thermometers.

b. **At least daily:**

1. toilets and toilet seats;
2. containers, including lids, used to hold soiled diapers;
3. sinks, faucets, drinking fountains;
4. water table and play equipment; children with open sores are excluded from water table play;
5. play tables;
6. smooth surface non-porous floors;
7. mops used for cleaning; and

8. individual cloth washcloths and towels;
9. countertops, cleaned and sanitized
10. door and cabinet handles
11. food prep appliances, cleaned and sanitized;
12. pacifiers, cleaned and sanitized
13. hats in play areas, cleaned
14. phone receivers, cleaned

c. **At least weekly** (or more frequently as needed to maintain cleanliness, when wet or soiled, and before use by another child):

1. cribs, cots, mats, or other approved sleeping equipment;
2. sheets; blankets **monthly**
3. machine washable fabric toys; dress up clothes and play activity centers;
4. refrigerators. **Monthly**

4. Staff ensures that spills and surfaces coming in contact with bodily fluids are cleaned and sanitized; carpeting is spot cleaned and shampooed.

a. The **sanitizing** solution shall be 2 tsp. of bleach to 1 gallon of water; the **disinfectant** solution shall be ½ cup of bleach to each gallon of water (1 tablespoon per quart) They shall be prepared daily, labeled and placed in a bottle that is sealed with a cap, or a commercially prepared disinfectant which shall be used in accordance with label instructions. All such solutions shall be stored in a secure place and out of reach of children.

5. Staff also have access to fragrance-free cleaning products to support staff and students with breathing difficulties. The Learning Knoll uses Force of Nature as an eco-friendly alternative to bleach when appropriate.

6. The organization shall provide disposable gloves to use for the clean-up of blood spills and other bodily discharge. The affected area shall be disinfected. Used gloves shall be thrown away in a lined covered container. The licensee shall ensure that staff washes their hands thoroughly with soap and water after cleaning up the contaminated area. Soiled clothing shall be sealed in a double plastic bag, labeled with the child's name and returned to the parent at the end of the day. Staff is not responsible for cleaning soiled clothing or other personal possessions.

7. Each staff member will be trained in the above Infection Control Procedures upon employment and before working with the children.

8. Any deviation from the above policies should be reported promptly to the Site Director or Executive Director. The Site Director and Executive Director will be responsible for monitoring infection control procedures at least once monthly and provide or secure (re) training for staff as needed.

Revised 07/23

Health Care Policy Signature Page

By signing the signature page, the parent/guardian acknowledges the following:

1. If my child(ren) is showing symptoms of the flu or COVID-19 (Fever or feeling feverish/having chills, cough, shortness of breath or difficulty breathing, fatigue (tiredness), sore throat, runny or stuffy nose, muscle pain or body aches, headache, vomiting, diarrhea, or change in or loss of taste or smell), the centers respectfully ask that you keep your children home until they are asymptomatic.
2. If my child(ren) has a fever, they can return to the center 24 hours the fever has stopped without medication.
3. The Learning Knoll (Greenfield and Shelburne Falls) do not have the facilities to house children with illness. The parent/guardian will need to pick up their sick child(ren).
4. All prescribed medications must be in the original container and have a medication administration form signed by a licensed medical professional on file.
5. The Learning Knoll cannot administer any over the counter medication without authorization from a licensed medical professional.
6. In the event of a vaccine preventable illness, the center will follow all recommendations and guidelines established by the local board of health and Center for Disease Control (CDC).

Parent/Guardian Signature _____

Date _____