Dear Children’s School Team,

Welcome to the 2017-2018 school year!!

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

The materials in this handbook have been compiled as one means of clear communication. Please keep this notebook handy in order to add to it regularly as we refine these documents, distribute newsletters and memos, and work on enhancing our program. We have planned this year’s emphases for growth based on feedback from the individual, team, family, and administrative reviews in May, while we are also making final preparations for our NAEYC accreditation site visit. Specifically, we plan to build on the progress we made with our new conference reporting format by strengthening our collection of assessment evidence. We have begun discussing character education to clarify our priorities and will now align our library tagging and lesson planning accordingly. We will enhance this discussion by all reading Ellen Galinsky’s Mind in the Making to include facilitating “executive functions” more in our planning of learning experiences. Based on the whole school theme, we will learn more about ANIMALS IN THE WILD this year, and another professional development focus will be Anti-Bias Education because so many of your self-evaluations mentioned that.

As usual, we will renew our health and safety certifications. We made good progress last year on equitably distributing daily whole-school jobs, and we will aim to tackle the weekly / monthly jobs re: Make Shop and Playground better this year in response to our carousel brainstorming. Also, we will aim for more consensus on expectations for outdoor behavior and material use. Regarding outreach, we will continue our participation in PAUS, IALS, NCCCC, PAEYC, and NAEYC. In addition, we are hosting Dr. Byungho (Tony) Lee from Duksung Women’s University for a year’s sabbatical and co-hosting the IALS Annual Conference in May as part of our 2018 Children’s School 50th Anniversary celebrations.

I encourage each of you to engage fully in all of this year’s innovations and explorations so we can strive to offer our best to the learners at the Children’s School in a way that enables each learner to thrive!

Warm regards,

Sharon M. Carver, Ph.D., Director
TABLE OF CONTENTS

Strong Foundations *(green)*:
- Mission Statement 3
- Educational Philosophy 4
- Laboratory School 4
- NAEYC Accreditation 5
- Staff Teams 6
- Interaction Guidelines 6
- Developmental Objectives 16
- Curriculum and Assessment 16
- Professional Development 21

Smooth Operations *(white)*:
- Time Guidelines 24
- Purchasing Guidelines 28

Attention to Health & Safety *(salmon)*:
- Health and Safety Guidelines 31
- Behavior Management Guidelines 42
- Guidelines for Outdoor Classroom Use 44
- Staff Use of the Security System 46
- Staff Use of the Intercom 47
- Appendix – Health & Safety Techniques 48
- Appendix – TABS Behavior Scale 54

Note that the numbering throughout this handbook corresponds to the NAEYC accreditation standards reflected in that section.

Additional Staff Resources:
- Each staff member has a Staff Notebook, with contact information and sections for policies and procedures (included in this document, plus separate handouts for NAEYC’s ethical guidelines and the CMU Emergency Handbook), staff memos and meeting notes, curriculum and assessment, staff development, family information (newsletters, handbook, etc.), undergraduate information (schedules, handbook, etc.), and research information (schedules, assignments, etc.). Please be sure to add information to this notebook as it is distributed throughout the year.
- The Carnegie Mellon Human Resources Department provides helpful information for current employees regarding staff policies (10.E), benefits, professional development opportunities and equal opportunity services (http://www.cmu.edu/hr/).
- The Employee Assistance Program (EAP) is available to employees and their dependents at no cost. Use of any EAP services, from web surfing to materials requests to counseling, is always 100% confidential (https://www.cmu.edu/hr/benefits/healthy_living/eap/index.html).
MISSION STATEMENT (10.A.01)

Children’s School staff members work as a team, in partnership with the department, college, and university, to accomplish all aspects of the school’s mission. Utilizing annual evaluation input from all constituents, the Director prepares an annual report documenting our impact related to each aspect of our mission and setting objectives for advancement in the coming year. The report is shared in a variety of venues and formats with staff, families, and the university (10.F.02).

The Children's School
Department of Psychology
Dietrich College of Humanities and Social Sciences
Carnegie Mellon University
Mission Statement
(Adopted January 1995, Revised July 2012)

As a university laboratory school, we aim to lead through excellence and innovation as we:
1. facilitate interdisciplinary research in developmental psychology and related fields,
2. support undergraduate and graduate students studying child development theory, research, and applications,
3. create and implement developmentally appropriate, inclusive half-day preschool, full-day kindergarten, extended day, and camp programs for children ages 3-6,
4. collaborate with families in nurturing and educating their children, particularly as family challenges arise and developmental difficulties emerge,
5. organize professional development experiences and provide resources for practicing educators locally, nationally, and internationally, and
6. mentor students exploring careers in early childhood, elementary education, and related fields.

To model best practices that promote positive and productive learning for all members of our learning community, we foster a professional climate of hospitality, communication, trust, teamwork, and flexible problem solving. We strive to recruit a diverse staff and student population to provide a diverse subject pool for research, broad experiences for university students, and an enriched learning environment for our children and their families. By continually striving for quality improvement in all aspects of our mission, including the foundational finances and facilities, our laboratory school exemplifies progressive design in education and the learning sciences that can be utilized by professionals in various disciplines to meet the changing needs of society.
EDUCATIONAL PHILOSOPHY (2.A.01)

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

Goals -> Program -> Assessment

We use our developmental goals as a systematic framework for focusing our program and assessment design. Our teachers are well versed in a wide variety of educational approaches, and we choose teaching strategies, daily routines, classroom arrangements, and curriculum structure that will encourage each child’s development in all domains. Teacher observations and documentation of individual development are used to adjust the program to better promote individual growth, as well as to conference with parents about ways we can work as a team to support each child (4.A.01).

LABORATORY SCHOOL

As part of the Psychology Department (10.A.01), we serve as a laboratory for research in child development and related fields. Our Director and educators interact with researchers to strengthen studies so that our children eagerly participate in their "special games" and the resulting data meet scientific standards. Parents receive brief descriptions of ongoing studies and summary results of completed research. Please refer to the Research section of our web site for further information.

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

To support the professional development of both pre-service and practicing educators, the Children’s School staff models and shares the educational approaches that we develop. We offer workshops, consultation and seminars in a wide range of local and national venues, and we provide related resources on our web site.

Our program is strengthened by our relationship with Carnegie Mellon (8.B.02). As part of the University community, our classes have access to facilities such as the gym and track, can schedule walking field trips to interesting places such as the campus post office, food services, robotics lab, and Purnell Center for the Arts, and have visits from university musicians, security officers, construction workers, et cetera (8.B.04). The Psychology Department provides funding for computing services and part of our administrative costs, and the University provides facilities management, accounting,
human resources, legal, and security services, as well as managing environmental health and safety for the entire campus.

NAEYC ACCREDITATION

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

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

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

Each staff member is responsible for engaging fully in all professional practices related to maintaining the Children’s School’s status as a high-quality NAEYC Accredited program, as well as the NAEYC self-assessment process leading to renewal every 5 years. Our current accreditation is valid from 7/1/13 through 7/1/18, and we complete annual reports each spring to document our continuous quality improvement. The programs offered by the Children’s School also fall under the regulatory jurisdiction of the Pennsylvania’s Board of Private Academic Schools, so we are licensed as a Private Academic School (10.B.04). The Administrative Team collaborates to guide the documentation procedures and complete the required paperwork for our NAEYC annual reporting and renewal, as well as the annual PA licensing renewal.
STAFF TEAMS (10.B.01)

The Children’s School is staffed by five teams of educators – an Administrative Team, a Preschool 3’s Team, a Preschool 4’s Team, an Extended Day Team, and a Kindergarten Team – plus an educational intern who can substitute on any teaching team. All teachers and administrators have many years of experience in education, as well as a bachelor's degree and often an advanced degree in early childhood education, psychology, or a related field (see Staff Team Biographies, 6.A.05, 06). Undergraduate interns and student employees complement each team, and pre-service teachers from local colleges often do field placements or student teaching at our school.

Children’s School employees are hired and managed according to the Human Resource policies of Carnegie Mellon (10.E). They must provide current criminal record and child abuse clearances, an FBI fingerprinting report, certification documents, and health records. They are thoroughly oriented (6.A.03), earn a competitive salary, have paid planning time, and, if working full-time, receive full benefits, including tuition. The Children’s School provides an extensive professional development program of approximately 90 hours per year, as well as supporting each individual’s annual goals for growth via additional seminars, publications, and professional experiences.

Our experienced educators participate actively in the local, national, and international early childhood communities by serving in leadership capacities, giving regular presentations, providing consulting to other programs, and, partnering with high-quality programs to develop new avenues for early childhood professional development (8.C, 6.B.02.). All of our partner organizations are seeking ways to support each other and create synergies between their professional development initiatives that will enhance the quality of reflective training opportunities and serve as a resource for early childhood educators across the broad continuum of professional development.

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

INTERACTION GUIDELINES (7.A.01-14, 10.B.01)

Regardless of position, each staff member’s job description includes the following priorities for action and interaction: “Speak and behave in a professional manner with staff, children, parents, university partners, visitors, service people, et cetera, at all times. Strive to be a team player, taking initiative to help with tasks, share space and materials, offer support and constructive critique, etc. for the benefit of the whole staff. Keep the “big picture” of our school’s entire mission in mind to effectively balance competing demands. Follow the school and university policies and procedures carefully and with attention to timeliness. Be prepared to flexibly adapt to the diverse situations that arise in early childhood education, particularly in a university lab school. Use the
core values and standards of the National Association for the Education of Young Children (NAEYC) to guide all aspects of program implementation and enhancement. Abide by the ethical standards of NAEYC, with particular attention to confidentiality.”

Children’s School staff members follow the ethical principles of the National Association for the Education of Young Children (6.A.01). We share the following core values as guides for interactions among staff members, between staff and children, between staff and parents, between staff and undergraduates, researchers, university employees, etc. (1.A, 1.B).

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

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

Staff-Staff Interactions

The Children’s School staff uses a team approach (10.A.03,07), with hierarchical role relationships used only as much as necessary for smooth functioning of our diverse children’s, family, professional development, and university programs. We engage in ongoing reflection and professional development to evaluate and improve individual
and team performance, continuously strengthening our practice, leadership, and outreach.

In an emergency or time-critical situation when the Director is not present or reachable by phone, the Educational Administrators who are present serve as the Acting Director. If neither the Director nor either of the Educational Administrators is present at the time of an emergency, the most senior teacher present will decide collaboratively with other educators on a course of action.

**Staff-Child Interactions (1.B-1.D)**

We make every effort for all children to know and be known by all adults in our open school environment so that they are comfortable interacting with and seeking assistance from any adult. Each child is assigned to a primary teacher by age, but each team member works with all groups at a particular age level so that he or she is familiar with the children and routines for each group and can effectively substitute when a teacher is absent (10.B.11,13). In addition, we have an extra full-time intern who becomes familiar with all the groups in order to serve as a familiar substitute when necessary. In addition, we recruit substitutes who have long-term familiarity with our program, often former teachers or others who have trained at the Children’s School. We invite these individuals to have regular contact with the children and to participate in some of our staff development events to maintain their familiarity over the years.

Prior to the start of school, staff members review the files for children in their groups to familiarize themselves with new children. Our greeting and dismissal rotations and mixed-age activities (e.g., outdoor classroom time for preschoolers) help familiarize the whole staff with children in all groups. Interactions in the school’s open spaces and shared facilities (e.g., kitchen, make shop, outdoor classroom, and discovery area) encourage continuity of relationships between all staff and children, as well as among groups of children, so that they are comfortable learning in any of our indoor or outdoor spaces. We use a gradual familiarization process starting from the home base (i.e., the room where the child’s belongings are kept and the primary teacher leads) and then progress to tours and other strategies for gradual introduction to other spaces, people, and groupings. This approach broadens children’s opportunities for learning, particularly in areas where they may find a closer match with an older or younger child.

Because we strive to encourage diverse interactions and not gender stereotypes, we address children as frequently as possible by their individual names or we refer to groups of children as “friends” (i.e., as opposed to “boys and girls”). For example, a teacher might begin a sentence with, “Friends, it’s time for us to …” or indicate a subgroup of children as the “friends in the block area”, etc. Similarly, we refrain from commenting on children’s appearance and possessions rather than their actions or interactions. Even a friendly “What a pretty dress you’re wearing” focuses the child’s attention his or her clothing, which is often gender stereotyped, rather than on learning.
All staff members, students, researchers, observers, interns, student teachers, student employees and volunteers must sign a Statement of Commitment to Confidentiality before entering our classrooms (see page 14). According to the NAEYC Code of Ethical Conduct:

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

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

**Staff-Family Interactions (1.A., 7.A.01-14.)**

All staff members aim to communicate regularly and effectively with families and other caregivers so that their perspectives can be incorporated into our understanding of the child’s development, our curriculum planning, and our assessment process (3.F.03). In addition to the detailed family handbook and easily navigable web site, we have scheduled parent meetings and conferences, regular newsletters (typically for each month or each theme), a daily email or web message for each program, and frequent spontaneous interaction (7.B.01).

Staff members begin the school year with a parent orientation to facilitate introductions and to review school policies and procedures. They then collaborate with adult family members during the phasing in process to help the child transition smoothly to the new school year. For the three-year-old classes, we begin with a school visit, followed by having half of each class experience a shorter version of the school day on different days. For the four-year-old and Kindergarten classes, we have a shorter process with half days for the kindergarten during their first week. Consistent routines and behavior expectations are introduced gradually, and teachers adapt procedures to the individual needs of each child and family.

Adult family members can use the one-way-mirror facilities at any time or schedule classroom visits to observe their child in the program (7.A.11). Adults are expected to register in the office before entering the school to sign in and obtain a visitor’s badge. Staff members are expected to direct adults who are in the school without a badge to register in the office. Teachers are easily accessible by phone and/or email during planning time to answer questions, schedule classroom volunteering, or discuss effective ways for staff and parents to handle changes and challenges, such as a new sibling, a move, an extended illness, the parents’ separation, etc. Staff addresses may be released to parents upon request, but cell phone numbers are to be kept confidential.
The popular family events, including Open House, the Family Festival, and the Whole School Celebration, offer the whole family a chance to participate in the child’s school and interact with the staff. Many adult family members also contribute their talents to the school by coordinating our library, offering special programs and activities, organizing family social events, et cetera (7.A.12-14).

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

**Staff-Undergraduate Interactions**

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

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

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

**Researchers:** Familiarize with the children and then come to play research games with them. Often, they need a little help with the “It is your turn to play the game….” line.

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

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

**Volunteers:** These individuals are typically seeking experience with children so should be primarily interacting with the children. They can be asked to prepare snack and similar tasks.

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

**Start on Success (SOS) Students / City Charter School Interns:** These high school students are getting job experience as part of their graduation requirements. See Student Employees.

**Check the Undergrad Schedule:** Interns are indicated with an (I), volunteers with a (V), student teachers (S). Student employees have no letter indication. The Director handles placements related to training and an Educational Administrator handles the student employees and volunteers. In all cases, teachers serve as the students’ primary supervisors in the classroom, assigning classroom areas to supervise, delegating tasks, monitoring interactions and work, and providing feedback in oral and written form. If staff members do not receive notification of an undergraduate absence and the student does not report within 10 minutes of the scheduled time, please use the classroom walkie-talkie to notify the office.

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

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

**Staff-Researcher Interactions**

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

**Staff-Therapist Interactions (1.E.01)**

Therapists working with children at the Children’s School are not employees of Carnegie Mellon; nonetheless, they must abide by the policies in our Support Staff Handbook. We make every effort to coordinate and communicate effectively with the therapists and their supervisors so that children receive the best possible services during school hours in the smoothest possible manner, all while maintaining confidentiality. This approach necessitates broad involvement of classroom educators and administrators in planning meetings regarding individual children’s support. Initial therapy arrangements are typically made with the Director, who also handles relaying any concerns that arise at school. The Administrative Coordinator maintains contact information, addresses parking needs, and manages entry and exit. Even when a child has a full-time Therapeutic Staff Support professional (TSS), the teacher remains the child’s primary adult at school. Classroom educators should provide the initial directions and first prompts, as they would for other children, depending on the TSS only when the child needs additional support. Remember that the therapists’ goal is always to work themselves out of a job, so we want to build relationships and interaction patterns that will last beyond the therapists’ tenure here. Teachers and therapists should engage in frequent dialogue to coordinate use of strategies, alternate activities, etc. as needed. Though the goal is to include the child and related therapists in the regular routine of the classroom as much as possible, there are times when the best therapy approaches will necessitate work with the child in a space separate from the classroom. These decisions will be made as a team, including the teachers, parents, and therapists, with frequent involvement of the Director. We do not give therapists security codes because their tenure here is often short, and therapists only take children outside the security system when we cannot provide suitable space inside (e.g., need to practice on the stairs) and when there are at least two adults. Therapists are only permitted by their agencies to work with other children when their goal is to engage peers in interactions with the child they are serving. They are also not permitted to do tasks that would ordinarily be the responsibility of teachers or other classroom assistants. One of the biggest challenges is to find time and space to discuss children openly and frankly without compromising confidentiality by talking about children in the presence of other adults or children. Please contact an administrator for support or temporary coverage if necessary.
Ethics (6.A.01)

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

“Statement of Commitment to Professional Ethics

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

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

Confidentiality (4.E.07)

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

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

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

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

In accordance with Health Insurance Portability and Accountability Act (HIPAA) guidelines, official written records for each child are filed in the locked Educational Administrators’ office in the Children’s School and released only to the individuals listed above or those for whom parents sign a written release (7.C.08). These files include enrollment forms, final conference reports, health assessments provided by physicians, results of health screenings conducted at school after parent authorization, incident reports, reports of diagnostic assessments released to the school by parents, individual education plans, etc. Staff documentation of children’s behavior and development, including specialized records for children whose individual circumstances require extra classroom documentation are kept in classroom locations accessible to teachers but out of the reach of children and out of sight of classroom visitors. In addition, researchers follow ethical standards with respect to confidentiality of individual data and, therefore, cannot share children’s individual data with educators or families.

When discussing behavior incidents with families (e.g., a child is bit, hit, etc. by another child), staff members use discretion regarding revealing the identity of the aggressor (e.g., writing separate incident reports for the aggressor and the victim). In most cases, the child reports identity information to the parent, so the parent may add that information to conversations with the teacher, particularly in cases of repeated aggression. The teacher’s responsibility is to focus any discussion with parents on their child only, to avoid violating confidentiality or engaging in gossip. Please note that with regard to the images on the school web sites and any photos or videos taken at school (e.g., during playground play dates, class birthday celebrations, etc.), families may only share photos that include their own child as the sole individual pictured (i.e., no other children, teachers, interns, etc. in the photo).
DEVELOPMENTAL OBJECTIVES (2.A.01)

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

1. **Self-Esteem & Independence** - encouraging each child's growing self concept and confidence, as well as increasingly independent self regulation and self care.

2. **Interaction & Cooperation** - promoting children's social skills for effective adjustment to school, group participation, classroom citizenship, and peer interactions.

3. **Communication** - facilitating comprehension and expression skills beginning with oral language (listening & speaking) and progressing to written language (reading & writing).

4. **Discovery & Exploration** - fostering a positive attitude toward learning through scientific and mathematical inquiry with varied materials to build strong concepts related to diverse themes.

5. **Physical Capabilities / Health & Safety** - giving children opportunities to develop small and large motor skills, healthy living habits, and essential safety practices.

6. **Artistic Expression & Appreciation** - cultivating each child's ability to express ideas and emotions through art, drama, and music and movement, as well as to appreciate the artistic expressions of others.

CURRICULUM and ASSESSMENT (2.A.02-06)

The Children's School’s Continuum of Developmental Objectives was developed and is revised every other year by the staff team to reflect our current understanding of young children's natural developmental progression. All staff members are responsible for being thoroughly familiar with all of the objectives and collaborating with their team to use the six categories of objectives as a flexible framework for planning learning experiences to promote the growth of each individual child (3.F.01) rather than using a fixed curriculum guide. We develop our own plans to provide children with a variety of opportunities for learning and encourage broad exploration. We support children in doing as much for themselves as possible, given the time constraints of a part-day, part-year program. In addition, we strive to support a variety of social experiences by organizing our time and space to balance individual, pair, small group, and large group activities, making accommodations as necessary for children with disabilities and providing all children with access to semiprivate areas to play or work alone or with a peer (9.A.12). All staff members serve as coaches while children practice social skills involved in peer interactions, friendship formation, and conflict resolution. Throughout the day, we engage children in conversation, with extra support for peer conversation at snack and lunchtime. Whenever timing permits, adults sit with children during snack and meal times to engage them in conversation and scaffold peer conversation (3.D.12).
Thematic Approach to Curriculum

The teachers prepare an engaging learning environment for exploring a theme, such as birds, artists, or transportation. We plan the themes for the year to include opportunities for integrating key areas of content, including life, earth and physical science, as well as social studies and the arts (2.A.10, 2.G.02a-c). Using the money from the materials fee, we choose a rich range of materials, including diverse technologies, to entice each of the children to engage in the thematic study (9.A.12). We use a group meeting time each day to set the stage for the investigation and introduce relevant concepts. Then the children pursue a variety of activities that reinforce the learning goals. We avoid commercial characters and prescribed products in favor of open-ended explorations that promote creativity and imagination. We also limit screen time to short periods of activity that is not otherwise possible in the classroom, such as child-controlled computer design or internet viewing of animals in their natural habitats. The educators monitor the activities, so that we may facilitate the children’s learning and challenge them at an appropriate level. Children’s explorations enrich their development of concepts related to the theme and strengthen their skills in all areas. We extend and apply their concepts by experimenting with various materials in the school, and they express their understanding by creating their own representations in a variety of media.

Teachers are responsible for developing weekly lesson plans in a format that clearly indicates their focus on all six developmental domains within the theme and their adaptations to the individual profiles of their students. The overall theme guide filed in the classroom portfolio (2.A.10) should include the following information:

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

During the unit, teachers communicate an overview of the day’s activities with families via email or a web update to promote family conversation and extension of the learning. At the end of the unit, a record of the actual thematic unit implementation should be shared with the parents and filed in the classroom portfolio. A classroom newsletter with rich documentation of all theme elements is sufficient to meet this requirement.
Explanations Enhance Skills

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

Assessment Plan (4.A.01-03)

Assessment is naturally integrated into the course of every day as ongoing teacher observation of group patterns and individual development is used to adjust the program to better support group and individual progress. Teaching teams meet weekly, typically on Friday afternoons, to identify children’s current interests and needs and then plan accordingly for the next week’s explorations (4.D.02). At times, these reflections indicate the need for altering the classroom environment, shifting the unit focus, trying new teaching strategies, etc. If concerns about individual children’s development arise and are not readily remedied via classroom adaptations, teachers initiate a dialogue with colleagues and parents to plan approaches to try at both home and school (7.C).

Twice per year, the teachers combine these informal assessment techniques with more systematic assessment of each child relative to the school’s developmental objectives for the purpose of describing each child’s developmental progress. Teaching teams work together to conduct these systematic assessments, though the child’s primary teacher takes the lead in summarizing the findings. The process is typically collaborative, with the primary teacher drafting the report and then getting input from the teaching team, the gym teacher, the Extended Morning teachers, etc., as appropriate. These descriptions are shared with parents in writing. Fall conference reports for the 3’s and 4’s include narrative descriptions of children’s progress in all six of the school’s identified developmental objective domains: self-esteem & independence, interaction & cooperation, communication, discovery & exploration, physical capabilities / health & safety, artistic expression & appreciation. Because of the longer time kindergartners spend in school, the fall conferences are more detailed, including bulleted descriptions for each of the four component skills in each developmental domain. Spring conference reports for all children have this latter format (4.B.02). Teacher-parent dialogue during conferences strengthens our understanding of each child’s developmental profile and often leads to ideas for individualizing both educator and parent support of children’s learning, as well as plans for smooth transitions into the next level of Children’s School programming or to elementary school.
Occasionally, educators and/or parents identify the need for additional screening and referral for professional diagnostic assessment (7.B.04, 7.C.01-04). In those cases, educators and parents typically include the Director in the dialogue for the purpose of more precisely identifying the focus for screening / diagnosis and to review the resources available to children and families in our community, which depends heavily on where the family lives (i.e., within Pittsburgh city limits or not, within Allegheny County or not, etc.), as well as what type of health insurance the family has.

Assessment Procedures (4.B.01)

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

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

Data from both informal and formal assessments are incorporated into the narrative conference reports written by the child’s primary teacher in the fall and the spring (4.E.02). During the face-to-face conference reports, teachers and parents review the narrative about children’s progress and dialogue to create strategies to support the child’s next developmental steps both at school and at home.

Children’s School assessments and conference forms are sensitive to diversity in the following ways (4.B.01, 05). Assessments involve only activities that are familiar to the children, and every effort is made to eliminate verbal directions that might not be understood by a child with a language disability or limited English proficiency. Teachers may note in the conference report any aspects of development that cannot be fairly assessed because of the child’s language abilities. Expectations for age-level progress
are routinely adapted for children with special needs at the level that qualifies them for the support of itinerant therapists or full-time therapeutic support staff, and narratives explain what the child can do independently as well as with adult support.

The Children's School does not conduct any norm-referenced or standardized assessments of preschool or kindergarten children for comparison purposes (4.B.03). At present, we use the Ages & Stages screening tools within 30 days of a child’s enrollment to gather developmental observations from parents that help in determining whether to recommend that further professional screening should be initiated (4.C.01). Eligibility for special services is determined by diagnostic assessments conducted by professionals after referral by Children’s School Staff. Standardized assessments may be conducted as part of research projects at the Children’s School, together with novel assessments and task measures designed by the researchers. All researchers closely follow ethical standards for treatment of research data, so no individual scores are given to the school, the teaching teams, or to the child’s parents. They are in no way connected to the child’s school records.

**Uses of Assessment Results (4.D)**

Results of Children’s School assessments are primarily used to shape the current year’s program planning and to discuss individual children’s developmental progress with parents so that we can work together to best support each child’s growth. In addition, the group results impact the school’s quality improvement process via each teaching team’s annual evaluation and the whole school annual evaluation, both of which are conducted each May in preparation for enhancements implemented for the next school year (10.B.07, 10.F.02).

Each fall, we offer a staff-parent discussion related to general school choice issues among public, private, parochial, and charter options, together with individual consultation related to choices for specific children (7.C.05-07). If parents initiate private elementary school applications for their children, they will be required to provide recommendations from the Children’s School. The Children’s School staff members are not permitted to complete the rating scales typically requested by the local private schools in the Pittsburgh area. Instead, when given a written request for recommendation by the parents, an Educational Administrator prepares a letter to the school indicating our policy and attaches a copy of the most recent conference report. If several months have passed since the conference, an Educational Administrator will first ask the primary teacher to check the report to determine whether there have been significant changes. If there have, then the teacher will prepare a revised conference report to be sent to the elementary school, with a copy given to the parents.
PROFESSIONAL DEVELOPMENT (10.B.01, 10.E.12)

Professional Development is a high priority at the Children's School because it supports our continuous quality improvement. We dedicate 1.5 to 2 weeks at the beginning of the school year, every Friday afternoon, and 1.5 to 2 weeks at the end of the year as paid professional development time. This time is separate from the 6 full days we schedule for teacher-parent conference preparation and conduct each year. Our time is divided approximately equally between advancement seminars, staff and team planning and reflection meetings, and independent activities. Seminars may be facilitated by the Director or another educator, other CMU professionals, or outside speakers, depending on the topics chosen. In all cases, we consistently focus on applying what we learn to enhance our program. Staff / team meeting time is essential for both maintaining and advancing our work because of the team-building, dialogue, and reflection emphasis. Finally, independent time is necessary to support the educators' curriculum development, conference planning, and outreach efforts. In addition, staff members often engage in professional development on their own time (i.e., evening, weekend, or summer experiences), and we make every effort to provide classroom coverage for staff members who wish to participate in professional development opportunities that are scheduled when school is in session. Families are informed of our professional development activities via our monthly school newsletter.

The Children’s School is a member of the following organizations (8.C.01), each of which provides on-line resources and publications that are used by the Director to keep abreast of developments in the fields of education and early childhood and to plan professional development opportunities for the staff.

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

Orientation & Performance Review

Initial staff orientation includes a review of everything in the staff handbook (see Table of Contents), together with all of the items listed in the Carnegie Mellon orientation procedure, which includes all of the benefits information (6.A.03).

During orientation, every staff member joins the National Association for the Education of Young Children (NAEYC) as an individual, which includes affiliate memberships with the local and regional affiliates (PAEYC and PennAEYC). The Children’s School pays for these memberships, as well as for registration at any PAEYC events that the staff member chooses to attend. All staff members are expected to review NAEYC’s bimonthly publication, “Young Children”; articles especially related to our context may become the subject of professional development sessions.

Because all staff members are hired on a provisional basis (10.E.05), the Director and employee will meet to review performance after several months so that adjustments can be made prior to the end of the 6-month probationary period. Thereafter, performance
reviews are conducted annually by the Director, typically in May (10.E.09). Prior to the review meeting, the staff member completes a self-evaluation form including a broad reflection on accomplishments and areas for improvement. The Director collects similar information based on each aspect of the staff member’s job description. The specific format for the reflections varies somewhat from year to year, simply to provide a fresh approach. The staff member and Director meet to discuss the reflections and plan the individual’s professional development focus for the coming year. After the meeting, the Director creates a summary document detailing planned improvements for each individual, each teaching team, and the staff as a whole (10.E.10&11). The Director then factors the overall results into the design of the professional development program for the subsequent year, which is summarized in the letter on the first page of this handbook.

Children’s School Staff Development

The Director is responsible for organizing meaningful professional development related to the school’s goals for continuous improvement and to the staff members’ identified interests and needs. Staff members are involved both in the setting of the goals and planning of professional development topics during the formal May program evaluation process, as well as informally throughout the year as needs change and opportunities arise. In addition, each year includes health and safety training for all staff in pediatric first aid & CPR, fire safety, and emergency procedures, plus reviews as necessary of the 5 R’s of Medication Administration and Epi-Pen Use in Child Care, handling of Bloodborne Pathogens, ServSafe, etc. Every five years, all staff renew their Mandated Reporter Training (10.D.03).

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

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

Opportunities for Collaborative Professional Development (8.C.02)

Beginning in the fall of 2000, the Children’s School worked with neighboring early childhood programs to co-develop the Alcoa Collaborative for Early Childhood Professional Development. This effort was initially funded by the Alcoa Foundation to strengthen the region’s early childhood professional development by encouraging collaboration. The most consistent partners included the University of Pittsburgh’s University Child Development Center (UCDC), Carnegie Mellon’s Cyert Center for Early Education, and Shady Lane. The leadership team for community events included the
directors from all four centers and for partner events involved the directors and educators from all four centers. The Collaborative’s most extensive efforts were to provide high quality leadership training for the whole region and to enhance the professional development opportunities for our own staff members by working together, which increases the possibilities because of having 125 educators involved as opposed to the smaller numbers at any one center. Through our collaboration, staff members have been involved in open houses, roundtable discussions, book clubs, local and national site visits, job shadowing and special interest groups, as well as participating in outreach events hosted by each of the centers. Though we no longer have grant funding for the project, the directors and educators are committed to continuing collaboration in support of professional development, particularly via the most popular growth opportunities and with funding from other professional development agencies.

In the spring of 2016, Children’s School administrators launched a similar, structured effort to engage all of the university-based early childhood and elementary schools in collaborative professional development for our educators. The first joint events for this new group – the Pittsburgh Alliance of University Schools (PAUS) were held this past year as each school hosted an Open House and dinner for the members of PAUS. Further collaborations are planned for the 2017-2018 academic year.

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

Additional Opportunities

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

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

In all of these ways, Children's School educators are better equipped to provide the best possible learning context for each of our students by being lifelong learners ourselves.
TIME GUIDELINES (10.B.01)

Work Schedule for Staff

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

Full-time staff members work 8am to 4pm and part-time staff work varying hours, as stated in their position offer. Occasionally, changes are made during the professional review process and documented in the review summary. The daily schedule for teaching staff members includes preparation and planning time prior to the children’s arrival, after the children’s departure (at least one hour total per day), and 4 hours on Friday afternoons. Full-time staffing schedules also include a designated lunch break, and bathroom breaks for all staff are negotiated among teaching teams to accommodate everyone’s needs while maintaining appropriate supervision of children.

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

Holidays & Paid Time Off

The Children’s School follows the Carnegie Mellon Time Off Policies as per The Staff Handbook. Feel free to visit the Human Resources web site (http://www.cmu.edu/hr/) or contact a Human Resources Representative if you have any questions about these policies.

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

**Holiday (H):** Each nine-month employee at Carnegie Mellon is entitled to nine paid holidays. In recent years, CMU has also given 3 additional holidays between Christmas and New Year’s. The University is closed on these days:
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving Day
- Day-Before-Christmas
- Christmas Day
- 3 Extra Holidays between Christmas and New Year’s in 2017
- Day-Before-New Year’s
- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day

**Floating Holidays (F):** In addition to these twelve paid holidays, each staff member may take 3 "floating holidays". The Children’s School calendar specifies that these floating holidays be taken the Wednesday before Thanksgiving and during winter break.

**Paid Time Off Days (PTO)**

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

<table>
<thead>
<tr>
<th>Years of Employment:</th>
<th>Accrual Rate:</th>
<th>9 Month Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to &amp; including year 3</td>
<td>1.42 days per month</td>
<td>12.75 days</td>
</tr>
<tr>
<td>Beginning year 4</td>
<td>1.67 days per month</td>
<td>15.00 days</td>
</tr>
<tr>
<td>Beginning year 8</td>
<td>2.08 days per month</td>
<td>18.75 days</td>
</tr>
<tr>
<td>Beginning year 16</td>
<td>2.50 days per month</td>
<td>22.50 days</td>
</tr>
</tbody>
</table>

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

In addition to the use of PTO as defined above, the Children’s School has the discretion to require the use of PTO for Children’s School vacations as specified in the annual Children’s School calendar. For the 2017-18 school year, there are 6 PTO Days specified for Presidents’ Day and spring break.

- Winter Break (in addition to the 7 H and 2 F days) 0 PTO Days
- Presidents’ Day 1 PTO Day
- Spring Break 5 PTO Days
Example: If you are a first year teacher you can accrue:

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

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

Part-Time Employees
According to University policy, part-time employees do not qualify for paid-time-off (PTO). Non-exempt part-time employees get paid for the hours they work and do not get paid for time off or holidays. Occasionally, there are opportunities for hourly employees to work extra hours at school vacation times to make up for lost income. Interested staff members should notify the Director.

Exempt part-time employees work closely with the Director to ensure that their schedules flexibly adjust to the different phases of the school calendar, particularly professional development days, days when school is in session, days when other staff members are taking PTO, and school vacations. Exempt part-time employees may be granted sick days when necessary and may have their pay docked for additional days absent.

Illness
When you know before 7:00am that you will not be in school due to an illness, call or text the designated Educational Administrator. Knowing about an absence before we arrive at school gives us extra time to make arrangements for coverage, as well as to contact a substitute if a change in work hours is necessary. Be sure to “request” the time off in the WorkDay system.

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

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

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

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

1. **One Hour Delay**
   During a one-hour delay, we will greet the morning preschool classes and kindergarten at 9:30 AM. Dismissal will be at the normal times and the Extended and Afternoon Programs will be on normal schedule.

2. **Two Hour Delay/No Morning Preschool**
   During a two-hour delay, we will greet the Kindergarten Class at 10:30 AM and dismiss at the normal time. The Morning Preschool and Extended Morning Programs will be canceled and the Afternoon Programs will be on normal schedules.

3. **Close the School.**
   Morning and Afternoon Preschool and Kindergarten classes are canceled.

Option #1 enables us to conduct the morning preschool classes, while giving our staff and families time for the road conditions to improve. Either the Director or an Educational Administrator will text or call you when there is a school closing/delay. We announce our school closing/delay on both WTAE (1250 AM) and KDKA (1020 AM). We also inform the three local television stations of our delays/closings: WTAE, KDKA, WPXI. After calling the news stations, an Educational Administrator will send an email to our families. Families can also register for direct email notification from one of the station web sites.

**Relation of Snow Days to PTO**
Staff members can make their own decisions regarding attendance on severe weather days, but they will be charged PTO for absences when the University has not closed. Unfortunately, our ability to provide our services to Carnegie Mellon and the community depends heavily on having enough staff present in a timely fashion to do so. For that reason, we may cancel school for students on days that the University does not close. If school is canceled because of the weather, staff members are expected to either come to work or work at home. In either case, staff members will use the time without children to work on 1) unit development, 2) activity planning, 3) conference preparation, 4) newsletter writing, and/or 5) professional reading. Staff members are expected to keep a supply of work materials at home in the event of a snow day. In addition, the Director will designate a relevant professional project or projects at the beginning of each “snow season”, just in case. In some cases (typically when a major storm is predicted), she may assign particular reading and preparation for an upcoming staff seminar. Staff members who attend work or document work done at home during a school closure will not be charged a PTO day when school is closed for students.
PURCHASING GUIDELINES (10.C.01)

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

**Team Budget**

In August of each year, the staff collaboratively decides how to allocate the Materials Fee money that our families pay in addition to their tuition. For the 2017-2018 year, we allocated $25,000 (~ $330 for 78 children) as follows:

- **Music Teacher** $2,000 (15 days)
- **Playground & Playground Consumables** $3,500
  - ($1,000 for fresh mulch, $1,000 to resolve issue with water table drainage, $1,500 for other plans as the year unfolds)
- **Consumables** $5,000 (includes First Aid & other office supplies for children, plus $100 membership to Center for Creative Reuse)
- **Make Shop / Woodworking** $750
- **Special Events** (including Special Fridays) $2,000
- **Whole School Unit** $2,500
- **School Spirit / Hospitality** $1,750 (Need some new items for 50th Anniversary)
- **3's Preschool** $1,000
- **4's Preschool** $1,000
- **Kindergarten** $1,000
- **Extended Day** $500
- **& New Computer** $1,300
- **Discovery Area** $250
- **Gym** $100
- **Office** $350
- **New Desk for Maggie** $500
- **New area rugs for Preschool** $1,500

- **Kitchen covered by Snack Fee**
- **Library covered by proceeds from B&N Book Fair with ~$700 as of August 2017**
- **PLUS Gardening / Hillside** $1,700 (remaining in the fund from IALS grant)

The Snack Fee money is used for the weekly snack expenses, food for family events, and other kitchen supply and appliance purchases.

Each teaching team is responsible for making developmentally appropriate purchases that support their efforts to help children in their groups to advance in all six of the developmental domains, as well as to delve deeply into the thematic units being studied through play, sensory experiences, and activities across all content areas (9.A.04). The Gym Teacher is responsible for selecting a variety of age appropriate gross-motor equipment. The designated Educational Administrator tracks each team’s purchases and provides them with a budget sheet bimonthly.
Tax Exempt Status
The University is tax exempt and will not reimburse employees for the tax paid on items bought. For stores the staff members frequent, we have tax-exempt forms that can be taken to that store, and we can add any store to this file.

University Purchasing Card (PCard)
After attending credit card training sessions, each staff member is issued a tax-exempt PCard. It is the staff member’s responsibility to use the card according to the University credit card policy.

When using your PCard, be sure to check that you are not charged tax. When you return to school, immediately give the receipt and credit card slip to the designated Educational Administrator for processing. Please write your name and program on the receipt to indicate whose card was used for the purchase and which program should be charged.

Ordering from Standard Suppliers

Art Supplies and Learning Materials
Educational Administrator

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

Office Supplies
Administrative Coordinator/ Educational Administrator

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

Giant Eagle & University Dining Services
Associate Teachers

An Associate Teacher shops weekly at Giant Eagle for the snack program. This Associate Teacher is responsible for generating the snack menu and the weekly shopping list. Teachers may order items for cooking lessons and for anything found at the Giant Eagle. We also purchase many snack items through the CMU Dining Services supplier in order to reduce the Giant Eagle shopping load.

All catalogues are kept on the cabinet beside the mailboxes in the Teacher’s Room or you can search the Internet.
Purchasing from On-Campus Stores Directly

Employees can purchase items at the following stores on campus:

<table>
<thead>
<tr>
<th>Store</th>
<th>Items Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Center</td>
<td>Bookstore (books, office supplies, university clothing, cards)</td>
</tr>
<tr>
<td></td>
<td>Entropy (snacks)</td>
</tr>
<tr>
<td></td>
<td>Art Store (paper, paint, etc.)</td>
</tr>
<tr>
<td></td>
<td>Post Office</td>
</tr>
<tr>
<td>Penn Avenue</td>
<td>Printing and Mailing Services</td>
</tr>
</tbody>
</table>

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

Purchasing from Off-Campus Stores Directly

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

To be reimbursed for out-of-pocket expenses, give your original receipt to the designated Educational Administrator. Print your name on the receipt and circle the items purchased (if the amount you are being reimbursed is not the total amount on the receipt). For expenditures less than $25, you will be reimbursed with petty cash. For expenditures over $25, you will receive a check from the University approximately 7 to 10 days later. Sales tax is not reimbursed.
HEALTH AND SAFETY GUIDELINES (9.C.08, 10.D.01)

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

Preparing Yourself

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

The guidelines for exclusion of children who have infections that pose a risk to others apply equally to staff members. When you are sick, seek treatment and take steps to recover as quickly as possible. Discharging or infected wounds on exposed parts of the body are also cause for exclusion from the care of children. Staff members should follow the procedures listed under Paid Time Off when missing work because of illness.

Hand washing is the #1 preventive measure to avoid the spread of disease (5.A.09). Use the posted hand washing procedure and then turn off the faucet with your paper towel in all of the following circumstances: upon arrival at work and re-entry from the outdoor classroom, before and after eating or handling food, prior to serving food to children, after using the restroom, changing a diaper, assisting with toileting, treating a child’s injury, handling bodily fluids, touching the pets, playing in the water table (5.A.10) or with infants and toddlers, handling garbage or cleaning, and before and after preparing food, feeding a child or administering medication. Non-porous, latex free gloves are provided for use when diapering, cleaning, etc.

Courses in First Aid/ CPR, Bloodborne Pathogens, and 5 R’s of Medication Administration and Epi-Pen Use in Child Care are provided for staff each fall, and all staff must pass (5.A.03). A fire safety refresher is also provided annually, and courses like ServSafe and “restraint training” are offered occasionally. In addition, be sure that you know the location and proper use of all safety equipment, including the emergency pack, first aid supplies, walkie-talkie, fire extinguisher, and security system. Fire Drill and Emergency procedures are provided in separate documents. Staff members are responsible for reviewing them annually so that they are familiar and for keeping them handy in the classroom. In addition, use strategies to prevent back and other musculoskeletal injuries while at work (see Health & Safety Appendix).

Preparing the Environment

In conjunction with our monthly safety drills (2.K.04), an Educational Administrator coordinates a monthly Health and Safety Check using a streamlined version of the NAEYC checklist from the 2012 “Healthy Young Children” manual (5th Edition). The
Educational Administrator then requests that Children’s School or Carnegie Mellon staff rectify any problems identified. In addition, the Educational Administrator coordinates the provision of an emergency backpack for each teacher with supplies needed in case of evacuation. Educators are responsible for completing a monthly check of the backpacks and re-supplying them as needed.

Complete first aid backpacks are located in the Red Room, Blue Room (AM & PM), Green Room (2 AM & PM), Kindergarten (2), Kitchen, Outdoor Shed, and the Office (9.C.10). Extra supplies are stored in the office closet. Each backpack contains basic first aid supplies as well as the child emergency information and any allergy response supplies needed for the class. Teachers must keep this backpack with the class at all times, including in the outdoor classroom, in the gym, and on field trips. The administrative team is responsible for having extra supplies on hand so that staff members can add to their backpacks as needed. During our monthly Safety Week, staff members complete a checklist for the supplies in the first aid backpack and add as needed. Staff members are also responsible for ensuring that no additional items are added to the first aid kits so that they remain in compliance with health standards.

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

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

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

**Morning**
- Outdoor classroom gates are operational.
- The outdoor space is free of debris and hazards (e.g., ice, animal waste, insect nests, displaced surfacing, broken equipment, etc.).

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

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

- Tripping, slipping, choking, pinching hazards
- Elevated water temperature
- Physical plant problems (breaks, leaks, pests, etc.)
- Violations of Carnegie Mellon’s policy re: animals, no smoking / drugs / firearms (see [www.cmu.edu/policies/](http://www.cmu.edu/policies/))
- Outdoor classroom gates left open
If a member of the Administrative Team is not available and you cannot handle the problem yourself, please call the Service Response Center (8-2910) to report the problem and seek help.

Use procedures for standard precautions at all times (5.A.07, 5.C.02). Wear gloves when contamination with bodily fluids may occur. Do not use hand-washing sinks for bathing children or for removing smeared fecal material, and do not use kitchen sinks for cleaning anything besides food or kitchen equipment. In addition, immediately sanitize surfaces that come in contact with body fluids, use barriers and techniques that minimize contact with mucous membranes or with openings in the skin, clean and sanitize according to the established procedures or alert cleaning staff to do so, and dispose of contaminated materials and diapers in a plastic bag with a secure tie placed in a closed container.

**Operating the Security System**

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

**Responding to Environmental Conditions**

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

Heat and Cold: Use the Child Care Weather Watch chart to determine whether the heat index or wind-chill factor are within range for safe outdoor play and ensure that children wear clothing that is dry and layered for warmth in cold weather (5.A.07). Generally speaking, under 80°F is safe with any level of humidity, and under 90° is safe with relative humidity less than 50%. In similarly general terms, air temperatures above 10° are safe on calm days, but winds above 10 miles per hour make even a 30° day feel like it’s below 10°. Contact an Educational Administrator with questions.

Air Pollution: An Educational Administrator subscribes to an air quality alert system that provides notice of hazards in our area. The Educational Administrator will notify teaching staff if conditions prohibit outdoor education (9.D.03).

Sun and Insects: Our outdoor classroom is sunny for most of the day. However, there is always some shade available in the pavilion, under the climber, under the umbrellas, and in the sandbox. Families may apply sunscreen to the child prior to arrival at school. If families request a second application prior to the 30-minute playground time, they must provide the sunscreen and written permission for staff to apply it. During camp,
when children are outside for a longer time and wearing bathing suits, teachers apply sun block with a minimum UVB and UVA protection of SPF 15 if it is authorized in writing and provided by the family (5.A.07). At this time, our area is not designated by health authorities as high-risk of insect-borne disease; but if that changes, we will use daily application of repellent containing DEET when parents provide written authorization and appropriate repellent (5.A.07). We are not permitted to apply a product that combines sunscreen and insect repellent (5.A.07).

**Supervising Children**

- All staff members are responsible for knowing all children and should take appropriate action in response to any child’s needs or behavior.

- Maintain appropriate staff – child ratios at all times (10.B.12).
  
  Minimum of 1:8 for 3’s & Extended Day Program  
  (though we aim for 1:6 with undergraduate support)  
  Minimum of 1:10 for 4’s Programs  
  (though we aim for 1:6 with undergraduate support)  
  Minimum of 1:12 for Kindergarten  
  (though we aim for 1:8 with staff and undergraduate support)  

These ratios are applicable both indoors and outdoors. Off campus field trip ratios are 1:3 for preschool and 1:4 for kindergarten. Wading pool ratios are 1:5 for both preschool and kindergarten.

- Staff members, as a group, must supervise *preschool children* primarily by sight (3.C.04). Classroom space must be designed so that there are no areas of the room where children can hide. Supervision by sound is permissible for short intervals, such as when children go to the children’s or private bathroom from the classroom. For children new to the school, an adult should accompany the child to the bathroom. Once children are capable and comfortable toileting independently, they should signal an adult that they are going to the bathroom, and that adult should check frequently to ensure that the child is safe. Once *kindergarten children* are comfortable with the spatial layout of the school, they are permitted after notifying a teacher to go to the restroom, run errands to the office, or go check on a younger sibling independently (i.e., out of sight and sound supervision of the kindergarten staff but within the security system area 3.C.05). Other adults in the school will provide support as necessary (e.g., a preschool staff member could help a child in the restroom or an Administrative Team member could help a child in the hallway), and the kindergarten team will monitor the time a child is gone and check on the child if he or she does not return to the classroom promptly. All children must be accompanied by a permanent staff member when leaving the playground to use the university or preschool bathroom.
• Staff members responsible for supervising children during program hours (i.e., as part of the above ratio) should not make calls on the school or personal phones, except in cases of emergency. Personal cell phones should be kept on silent during work hours, and family members should be instructed to call the office in case of emergency. Use of personal email, internet, or social networking is not permitted while supervising children.

• Staff members may not leave children alone, nor may they leave an undergraduate in charge.

• Use the classroom walkie-talkie to call the office for help if needed. Be sure to take it with you to the outdoor classroom.

• Intentionally account for each child in your group at every transition.

• All staff members are responsible for knowing and consistently following the school’s behavior expectations and management guidelines, outdoor classroom policies, family handbook policies, and field trip procedures.

• When on the stairs, use the right handrail when available, take one step at a time, typically single file. During greeting and dismissal of preschoolers, an adult may hold the child’s hand on the stairs if needed. Children are monitored by an adult while walking on the stairs at all times.

• Ensure that the children wash their hands upon arrival at school, before and after eating, after toileting (or being changed), after working with the pets, after using the water table, and after coming into the school from the outdoor classroom (5.A.09).

• For hand washing, help children line up at the sink and use proper hand washing and drying procedures (1 squirt of soap, vigorous and thorough hand rubbing for 20 seconds, pulling a paper towel from the dispenser, and turning off the faucet with the paper towel (5.A.09). Doors to the bathroom must remain open. Be sure to monitor the cleanliness of the bathroom, correct any problems, and stock supplies as needed. (See the hand washing procedure in the Health & Safety Appendix.)

• Only use disposable diapers or pull-ups. When changing a child on the changing table, never leave the child unattended, always wear gloves, and be sure to sanitize the pad and wash your hands afterwards (5.A.08). (See the diapering procedure in the Health & Safety Appendix.) Also, always leave the changing table free of objects and ready for the next use.

• When a child has a bathroom accident, help the child get changed into extra clothes at the changing table or in the children’s or private bathroom. Place wet clothes in a plastic bag in the child’s backpack.
• When leaving the Children’s School facilities, notify the Administrative Team of the reason for departure and expected duration, take the class first aid backpack and walkie-talkie or personal cell phone (9.C.10), have children walk single file or in pairs, and have one adult lead and one follow the group.

• When crossing a street, have an adult stop the traffic and stay in the street, have children cross with another adult in single file or pairs, and allow traffic flow to resume only after all the children have safely crossed.

• When children have known allergies, be sure to follow the procedures specified by the parent and/or health professional regarding foods served or environmental precautions taken (5.C.04). Keep EpiPens out of the reach of children but easily accessible for quick action, including outside; be sure to take them with other first aid supplies on outings.

• When a child has a fall or other accident, follow the emergency procedures appropriate for the situation (10.D.09). Administer basic first aid as appropriate or seek the help of an administrator or Carnegie Mellon EMT as necessary. Be sure to complete an incident report and place one copy in the office file and give one to the parent.

• If a child ingests a poisonous substance, immediately bring the child to the office and have someone call the Poison Control Center. Follow the directions given by the Poison Control personnel.

• When a child is sick, bring the child to the Main Office to be assessed. If the illness interferes with the child’s ability to participate in group activities or poses a risk to others such as a vaccine-preventable illness (5.A.01), the parent/legal guardian/caregiver will be notified. The child will be excluded from the group and cared for in the Main Office until a parent/legal guardian/caregiver arrives to transport the child home or to a medical professional. An Educational Administrator will determine the appropriate follow-up course of action on a case by case basis after consulting Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide by Susan Aronson, our health consultant, or the child’s doctor. If a child is excluded because of a reportable communicable disease, a doctor’s note stating that the child is no longer contagious may be required to return to school. Please note: Under immunized children are excluded during outbreaks of vaccine preventable illness as directed by the state health department.

• Release children only to adults who are listed in the child’s file or on a signed note from the parent (10.D.06). Parents submit a list of adults to whom we may release their child. Oral changes are permitted if you can verify the identity of the individual. In that case, log the name of the parent, date, and time of the request, name of the individual, and name of the staff person taking the call.
• In the winter, special consideration must be given to the use of winter coats as the coat can impact the effectiveness of a harness-style car seat. **Children’s School educators will remove a child’s coat prior to buckling the child into a harness-style car seat at dismissal time.** During greeting, teachers will also help children to put on coats after removing them from their car seats.

• Educators who greet or dismiss at the rotunda may only remove children from the curb side of the vehicle. It is a safety hazard to the adults and children to be in the street especially during winter months when the roads can be icy. **Children who have car seats on the driver’s side of the car will need to be buckled by the vehicle’s driver and not the educator.**

• Our goal is to ensure that all children are in safe hands as we release them to parents, guardians, or caregivers at dismissal. On rare occasions, educators may be faced with the delicate situation of wondering whether the person picking up the child is in some way impaired and therefore an unsafe caregiver for the child. If such a concern arises, begin by observing the individual carefully to assess his or her demeanor, speech, eyes, and movement. If possible, cue another staff person to observe as well, and/or to care for the children while you walk the person to the main office. If the concern remains, calmly state that you are concerned about the person’s condition and ask if there are other arrangements that can be made for the child’s care and transportation.

• At all times, interact with children without using physical punishment or any form of psychological abuse.

**Prohibited Practices (Child Abuse 10.D.03-04)**

All staff members must satisfactorily complete the required Act 126 (child abuse and reporting) training at least every five years (completed 12/13 or 1/14 for most staff).

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

• Corporal or any type of physical punishment is not permitted. This includes hitting, spanking, beating, shaking, pinching, or other measures that produce physical pain. (1.B.09)
• Any form of emotional abuse, including rejecting, terrorizing, isolating, or corrupting a child is not permitted. (1.B.09)
• Any form of public or private humiliation, including threats of physical punishment, is not permitted. (1.B.09)
• Withdrawal or the threat of withdrawal of food, rest, or bathroom opportunities is not permitted. (1.B.10)
• Abusive, profane or derogatory language, including yelling and belittling, is not permitted. (1.B.10)

Reporting Child Abuse (10.D.03-04)
All observations or suspicions of child abuse or neglect will be immediately reported to the child protective services agency no matter where the abuse might have occurred (10.D.03). The Director or an Educational Administrator will call ChildLine at 1-800-932-0313 and/or the Allegheny County CYS at (412) 473-2000 to report suspected abuse or neglect. The Director or an Educational Administrator will follow the direction of the child protective services agency regarding completion of written reports. If the parent or legal guardian of the child is suspected of abuse, the Director or an Educational Administrator will follow the guidance of the child protective agency regarding notification of the parent or legal guardian. Staff who report suspicions of child abuse or neglect are immune from discharge, retaliation, or other disciplinary action for that reason alone, unless there is proof that the report is malicious.

In the case of a staff member who is accused of child abuse (10.D.04), the Director or an Educational Administrator will work directly with the CMU Human Resources Liaison and Legal Consultant to ensure due process and confidentiality for the staff member. A staff member who is accused of child abuse may be suspended or given leave without pay pending investigation of the accusation. Such caregivers may also be removed from the classroom and given a job that does not require interaction with children. The Director or an Educational Administrator will follow the guidance of the University officials regarding notification of the parent or legal guardian of the suspected abused child, as well as communication with parents or legal guardians of other children so that they may share any concerns they have had. However, no accusation or affirmation of guilt will be made until the investigation is complete. Caregivers found guilty of child abuse will be summarily dismissed or relieved of their duties.

Preparing and Serving Food (5.B, 10.D.01e)
• Food is prepared, served, and stored in accordance with the ServSafe training that is provided by our university dietician. All fruits and vegetables are thoroughly washed prior to eating, to avoid possible exposure to pesticides and bacteria (5.B.03).
• Clean food preparation surfaces with Clorox Anywhere before and after use following the manufacturer’s instructions, as well as between preparation of raw and cooked foods (5.C.01).
• Keep children safely away from any heat-producing appliances.
• Keep all liquids hotter than 110°F out of children’s reach.
• Check utensils and dishes prior to use to ensure that they are not chipped or cracked (5.B.03).
• Use paper cups or the water fountain for drinks between snack and meals.
• Do not re-use disposable products. Use no Styrofoam products in the kitchen.
• Do not serve children younger than four any of the following foods: hot dogs, whole grapes, nuts, popcorn, raw peas, hard pretzels, spoonful of sun butter, or chunks of raw carrots or meat larger than can be swallowed whole (5.B.14).
• Store all non-perishable food in labeled, insect-resistant plastic containers with tight lids. Food should be dated when opened and /or purchased. All perishable foods such as fruit/vegetables should be dated when purchased.
• Items not meant for cooking/eating, such as playdough, should also be labelled and dated.
• Discard foods with expired dates (5.B.03).
• Work with families to ensure that lunch brought from home meets recommended nutritional guidelines (5.B.02).
• Make sure that food requiring refrigeration stays cold until served (5.B.02).
• Provide food to supplement food brought from home if necessary (5.B.02).
• The program documents compliance and any corrections that it has made according to the recommendations of the program's dietician / health consultant that reflect consideration of federal and other applicable food safety standards (5.A.02, 5.B.03).
• For each child with special health care needs or food allergies or special nutrition needs, the child’s health care provider gives the program an individualized care plan that is prepared in consultation with family members and specialists involved in the child’s care (5.B.05).
• All foods and beverages brought from home for storage at school are labeled with the child’s name and the date and stored in re-sealable containers (5.B.02).
• The program protects children with food allergies from contact with the problem food. The program asks families of a child with food allergies to give consent for posting information about that child’s food allergy and, if consent is given, then posts that information in the food preparation area and in the areas of the facility the child uses so it is a visual reminder to all those who interact with the child during the program day (5.B.05).
• For children with disabilities who have special feeding needs, program staff members keep a daily record documenting the type and quantity of food a child consumes and provide families with that information (5.B.04).
Cleaning, Sanitizing, and Disinfecting (5.C.01, 9.C.06)

• Carnegie Mellon’s cleaning service is responsible for the following tasks.
  - Daily – Clean & disinfect door and cabinet handles
  - Clean and disinfect sinks, faucets, surrounding counters
  - Clean and disinfect soap dispensers
  - Clean and disinfect toilet bowls, seats, handles, etc.
  - Clean & disinfect floors
  - Vacuum carpets and all area rugs
  - Clean & disinfect countertops and table IF they are totally clear
  - Clean and disinfect mops and cleaning rags

Quarterly - Shampoo carpets and area rugs

• All other classroom area cleaning and sanitizing / disinfecting tasks are the responsibility of the teaching staff. (See the guidelines for washing surfaces in the Health & Safety Appendix.)
  - Clean and disinfect any surface contaminated with body fluids immediately (e.g., saliva, mucus, vomit, urine, stool, or blood).
  - Clean and disinfect changing table with Clorox Hydrogen Peroxide Disinfecting Wipes or a bleach solution after each child’s use.
  - Drain, sanitize, and refill the water table for each session (morning and afternoon for preschool, daily for kindergarten 5.A.10).
  - Clean and disinfect countertops and tables daily using Clorox Anywhere following the manufacturer’s instructions.
  - Clean and sanitize utensils, surfaces, and toys that have been in contact with saliva or other bodily fluids after each child’s use. Acceptable methods include use of the kitchen dishwasher or washing by hand with water and detergent, then rinsing, sanitizing, and air drying (5.C.03).
  - Clean dress-up clothes not worn on the head weekly.
  - Clean non-disposable hats after each child’s use.
  - Clean lockers monthly.
  - The Administrative Team handles laundering of pillowcases, blankets, etc. after each sick child’s use.
  - When using wading pools (typically during June camp), follow the guidelines for Disinfecting a Wading Pool (see Appendix). Empty the pools daily (5.A.10).
  - Wash sheets after each use with a nap mat. NOTE that none of our programs include a regular rest time.

NOTE: The Children’s School does not use walkers, potty chairs, cribs, mattresses, or sleeping bags.
Pets and Visiting Animals

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

EMERGENCY ACTION PLAN

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

In an emergency or time-critical situation when the Director is not present or reachable by phone, the most senior Administrative Team member present will serve as the Acting Director. If neither the Director nor either of the Educational Administrators is present at the time of an emergency, the most senior teacher present will decide collaboratively with other staff on a course of action.
BEHAVIOR MANAGEMENT GUIDELINES (1.E., 1.F.)

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

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

Steps for Addressing Problem Behaviors as a Team (1.E.01)

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

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

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

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

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

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

7. Written documentation of all the above steps will be provided to the parents and placed in the child's file.
GUIDELINES FOR OUTDOOR CLASSROOM USE (3.D.01, 10.D.01c)  
(Designed for both the Playground and the Reflection Garden, with a focus on safety and in the spirit of developmentally appropriate risk)

• Only open areas when there is sufficient coverage to monitor them (e.g., Imagination Playground, bikes, water play, etc.).

• Teachers ensure that they maintain good lines of sight to cover all areas of the playground using an “eyes up” approach. If there is enough coverage, a teacher may do a more focused activity with children.

• Monitor the gates to make sure they stay closed and latched.

• Be vigilant for safety concerns in the outdoor classroom. Teachers should carry their walkie-talkie at all times.

• Monitor the fall zones around each piece of equipment.  
  Height of equipment is less than 30 inches = 6-foot distance between structures  
  Height of equipment is more than 30 inches = 9-foot distance between structures  
  Keep the alligator seesaw on the blue surface, not near the slide or climbers.  
  The large adult size picnic table is the only picnic table to be inside the bike oval. All small child sized tables are to remain on the outside of the bike oval.  
  Monitor loose parts so that they are not creating hazards in the fall zones or slide exits.  
  Ensure that children keep their feet on the ground in the Music Exploration Area.

• Ensure that children wear helmets during use of any riding toy or scooter (whether as driver or passenger). Do not allow children to wear their helmets while playing in other areas because helmets change the children’s head dimensions and increase the possibilities for entrapment.

• Teachers focus on supervising and promoting productive play among children.

• Extended Day Teachers may also need to exchange information with Preschool Teachers at this time.

• Classes can use the Pavilion and Reflection Garden for dramatics, snack, etc. with supervision.

• Picnic tables and chairs are for bottoms only. No standing. No jumping.

• Jumping is permitted from the Rock Climber, Climbing Tunnel, Beanstalk Climber, benches and platforms.

• Use sidewalk chalk only on the sidewalks, NOT on the Bluestone in the Reflection Garden.
NOTE: Teachers use judgment re: supervising children’s catch / chase games. Staff Members should NOT be chasing children or encouraging children to chase them.

- No climbing on the fence or on the adults.

- Bikes - Wear your own helmet, ride in the designated direction, no ramming, but pushing is allowed with adult supervision. Park bikes in the “parking lot” in the grassy area between the musical instruments and the double gate.

- Wagons – All potential passengers wear helmets, with only 2 passengers at a time (3 passengers ok for field trips).

- Scooters – With helmets and supervision only.

- Slides – All positions are fine as long as everyone pays attention for safety.

- Sandbox – Sand stays in the sandbox, sand toys stay in the sandbox. Water in the sandbox only with adult permission. Children may remove shoes for sandbox play.

- Mud Kitchen – Mud stays in the mud kitchen. Ensure that there is no standing water at the end of each session.

- Dig only in the sandbox, garden boxes, and wood chips (i.e., not the gray Eco-Trail).

- Imagination Playground (IP) - No climbing in the storage box. Noodles are for building, not hitting. All loose blocks should be returned to their designated areas at the end of each session, though interesting structures may be left for the next group.

- Shed – No children in the shed without supervision.

- Clean Up – Park bikes in the “parking lot” between the musical instruments and the double gate, make sure sand toys are in the sandbox, and put other toys away.

**Special Notes:**

- Photos may be taken by outsiders only with permission of the office. The photographer should be wearing a nametag like other visitors.

- Dogs and other pets are not permitted on the playground.

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

- Teachers close shed doors and lock gates when playground time is finished. Sheds are locked at the end of the day.
STAFF USE OF THE SECURITY SYSTEM

Installed Fall 1996
Updated with new keypads & video monitoring Summer 2006
Updated with new keypads and control pads Fall 2009 after the Flood
Updated with new cameras and video recording Summer 2014

Note: Staff members are given a code that is “privileged”, meaning that it can be used to program the system. Parents, students, researchers, etc. are given a code that allows entry and exit only. PLEASE DO NOT GIVE YOUR CODE TO ANYONE. Also, all bypassing must be done by staff members, not students, interns, parents, etc.

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

Personal Entry & Exit
Use the corridor doors.
Use the slimline number panels.
Press the access code and then the * button.
The red light will NOT turn green to signify that the magnet has been deactivated.
You have 30 seconds to get through the door and make sure it closes.

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

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

Class Entry and Exit (i.e., longer than 30 seconds)
“Ready to Arm” means that all doors are closed and unbypassed.
“Ready w/ Bypass” means that all doors are closed but at least one is bypassed.

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

To bypass the Corridor Doors:
For the Stairwell, press the F1 key to bypass and the F3 key to unbypass.
For the Hallway (Front), press F2 to bypass and F4 to unbypass.
These presses must be firm and slightly extended. The system will beep three times and display Stair / Front Byp / Unbyp to let you know it worked.

To bypass the Outside Doors:
Use the major key panels (office, preschool, or kindergarten).
Press the “Bypass” key.
Press the Door Number.
03: Preschool 04: Kindergarten
Press the “Bypass” key. The system will beep and ask for Authorization.
Press the code. The system will beep three times.

To “un-bypass” the Outside Doors:
Follow the same steps for bypassing.

To check what’s bypassed,
Press the “Up Arrow” key. Each time you press it, you will see one more
door that is bypassed, until you see them all.

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

To STOP the ALARM from ringing or system from BEEPING
Press the code and on one of the major keypads.

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

STAFF USE OF THE INTERCOM

To Answer the Intercom when it rings

Look for the left-most red light.
Press the button beneath it to open the channel.
Press the “Talk” button and say, “May I help you.”
Release the “Talk” button to hear the response.
Continue the conversation in the same manner, pressing the “Talk”
button when you want to speak and releasing it when you want
to listen.

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

Once you are sure that the person should be admitted to the school,
ask “Are you at Door 1 or 2?”

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

When you’re finished, press the “Off” button to close the channel (or
you’ll continue to hear noise from outside the doors).
Appendix – Health & Safety Techniques

Surface Cleaning

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

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

Hand-washing Technique (5.A.09)

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

Hand washing Technique:

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

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

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

Step 4: Pinch fingers together, place finger tips in the palm of the opposite hand and twist, twist, twist in a circle to gently clean your nails. Switch hands and repeat. (Jeannie Simms, American Respiratory Alliance of Western Pennsylvania, November 2, 2009).
Hand-washing Song
(sung to the tune of “Row, Row, Row Your Boat”)

Slide, slide, slide your hands,

Make a bridge like this.

Don’t forget both bracelets,

Then you have to twist!
CARING FOR OUR CHILDREN STANDARD 3.2.2.2: HANDWASHING PROCEDURE

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

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

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

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

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

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

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

COMMENTS: Pre-moistened cleansing towelettes do not effectively clean hands and should not be used as a substitute for washing hands with soap and running water. When running water is unavailable or impractical, the use of alcohol-based hand sanitizer (Standard 3.2.2.5) is a suitable alternative for children over 24 months and for adults on hands that are not visibly soiled.

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

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

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

a. Children often use cloth roll dispensers improperly, resulting in more than one child using the same section of towel; and
b. Incidents of unintentional strangulation have been reported (U.S. Consumer Product Safety Commission Data Office, pers. comm.)
Hand Sanitizers CFOC3 Std. 3.2.2.5: The use of alcohol-based hand sanitizers is an acceptable alternative to traditional hand washing with soap and water by children older than 24 months and by adults on hands that are not visibly soiled.

a. Acceptable Conditions for Use of Hand Sanitizers:

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

b. Procedure for Using a Hand Sanitizer:

i. Dispense the amount recommended by the manufacturer of the alcohol-based sanitizer.
ii. Rub hands together, distributing sanitizer to all hand and finger surfaces and keeping hand surfaces wet for the time specified on the product label.
iii. Allow hands to air-dry.
Lifting Safety: Tips to Help Prevent Back Injuries (familydoctor.org)  
(see also http://www.cmu.edu/ehs/occupational-office/workplace-safety/safe-lifting.html)

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

Is the load you want to lift packed correctly?
• Make sure the weight is balanced and packed so it won't move around.
• Loose pieces inside a box can cause accidents if the box becomes unbalanced.

Is it easy to grip this load?
• Be sure you have a tight grip on the object before you lift it.
• Handles applied to the object may help you lift it safely.

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

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

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

**Child:**

**Date:**

**Birthdate:**

**Name of person completing the checklist:**

**Relationship to child:**

**Directions:**

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

<table>
<thead>
<tr>
<th>#</th>
<th>Item</th>
<th>No</th>
<th>Yes</th>
<th>Need Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Consistently upset by changes in schedule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Emotions don’t match what is going on</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Seems to look through or past people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Resists looking you in the eye</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Acts like others are not there</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Hardly ever starts on own to play with others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Moods and wants are too hard to figure out</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Seems to be in “own world”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Often stares into space</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>“Tunes out,” loses contact with what is going on</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Plays with toys in strange ways</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Plays with toys as if confused by how they work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Makes strange throat noises</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Disturbed by too much light, noise, touching</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Overexcited in crowded places</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Stares at lights</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Overly interested in toy/object</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Flaps hands over and over</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Shakes head over and over</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Wanders around without purpose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Upset by every little thing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Often difficult to soothe when upset and crying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Has wide swings in mood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Gets angry too easily</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Too easily frustrated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Has wild temper tantrums</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Frequently irritable, “touchy,” or fussy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Item</td>
<td>No</td>
<td>Yes</td>
<td>Need Help</td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------------------------------------</td>
<td>----</td>
<td>-----</td>
<td>-----------</td>
</tr>
<tr>
<td>28</td>
<td>Can’t wait at all for food or toy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Demands attention continually</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Controls adult’s behavior, “is the boss”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Jealous too often</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Mostly on the go, “in high gear”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Doesn’t sit still</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Too “grabby,” impulsive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Almost always refuses to do what is told</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Throws or breaks things on purpose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Bites, hits, kicks others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Rarely smiles, giggles, or laughs at funny things</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Doesn’t pay attention to sights and sounds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Doesn’t seem to watch moving objects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Shows no surprise to new events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Doesn’t react to own name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Doesn’t care when others are hurt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>Doesn’t play much at all</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>Doesn’t enjoy playing with mother or caregiver</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>Isn’t upset when toy is taken away</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>Almost never babbles or tries to talk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>Doesn’t react to sounds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Often cries too long</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Often frightened by dreams or the nighttime</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>Screams in sleep and can’t be comforted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>Can’t comfort self when upset</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>Wakes up often and doesn’t fall back asleep</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>Doesn’t have a regular sleep schedule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>Too often needs help to fall asleep</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Recognizing Child Abuse and Neglect: Signs and Symptoms

The first step in helping abused or neglected children is learning to recognize the signs of child abuse and neglect. The presence of a single sign does not prove child abuse is occurring in a family, but a closer look at the situation may be warranted when these signs appear repeatedly or in combination.

If you do suspect a child is being harmed, reporting your suspicions may protect the child and get

What’s Inside:
- Recognizing child abuse
- Types of abuse
- Signs of physical abuse
- Signs of neglect
- Signs of sexual abuse
- Signs of emotional maltreatment
help for the family. Any concerned person can report suspicions of child abuse and neglect. Some people (typically certain types of professionals) are required by law to make a report of child maltreatment under specific circumstances—these are called mandatory reporters. For more information, see the Child Welfare Information Gateway publication, Mandatory Reporters of Child Abuse and Neglect: www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm

For more information about where and how to file a report, contact your local child protective services agency or police department. An additional resource for information and referral is the Childhelp® National Child Abuse Hotline (800.4.A.CHILD).

Recognizing Child Abuse

The following signs may signal the presence of child abuse or neglect.

The Child:

- Shows sudden changes in behavior or school performance
- Has not received help for physical or medical problems brought to the parents’ attention
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen
- Lacks adult supervision
- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home

The Parent:

- Shows little concern for the child
- Denies the existence of—or blames the child for—the child’s problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of emotional needs

The Parent and Child:

- Rarely touch or look at each other
- Consider their relationship entirely negative
- State that they do not like each other

Types of Abuse

The following are some signs often associated with particular types of child abuse and neglect: physical abuse, neglect, sexual abuse, and emotional abuse. It is important to note, however, that these
types of abuse are more typically found in combination than alone. A physically abused child, for example, is often emotionally abused as well, and a sexually abused child also may be neglected.

**Signs of Physical Abuse**

Consider the possibility of physical abuse when the **child**:
- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other marks noticeable after an absence from school
- Seems frightened of the parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver

Consider the possibility of physical abuse when the **parent or other adult caregiver**:
- Offers conflicting, unconvincing, or no explanation for the child’s injury
- Describes the child as “evil,” or in some other very negative way
- Uses harsh physical discipline with the child
- Has a history of abuse as a child

**Signs of Sexual Abuse**

Consider the possibility of sexual abuse when the **child**:
- Has difficulty walking or sitting
- Suddenly refuses to change for gym or to participate in physical activities
- Reports nightmares or bedwetting

**Signs of Neglect**

Consider the possibility of neglect when the **child**:
- Is frequently absent from school
- Begs or steals food or money
- Lacks needed medical or dental care, immunizations, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- States that there is no one at home to provide care

Consider the possibility of neglect when the **parent or other adult caregiver**:
- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Is abusing alcohol or other drugs
Caring for Our Children: National Health and Safety Performance Standards

Appendix M

• Experiences a sudden change in appetite
• Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
• Becomes pregnant or contracts a venereal disease, particularly if under age 14
• Runs away
• Reports sexual abuse by a parent or another adult caregiver

Consider the possibility of sexual abuse when the parent or other adult caregiver:

• Is unduly protective of the child or severely limits the child’s contact with other children, especially of the opposite sex
• Is secretive and isolated
• Is jealous or controlling with family members

Has attempted suicide
• Reports a lack of attachment to the parent

Consider the possibility of emotional maltreatment when the parent or other adult caregiver:

• Constantly blames, belittles, or berates the child
• Is unconcerned about the child and refuses to consider offers of help for the child’s problems
• Overtly rejects the child

RESOURCES ON THE CHILD WELFARE INFORMATION GATEWAY WEBSITE

Child Abuse and Neglect
www.childwelfare.gov/can/index.cfm

Defining Child Abuse and Neglect
www.childwelfare.gov/can/defining/

Preventing Child Abuse and Neglect
www.childwelfare.gov/preventing/

Reporting Child Abuse and Neglect
www.childwelfare.gov/responding/reporting.cfm

This factsheet was adapted, with permission, from Recognizing Child Abuse: What Parents Should Know. Prevent Child Abuse America. © 2003.

Signs of Emotional Maltreatment

Consider the possibility of emotional maltreatment when the child:

• Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
• Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example)
• Is delayed in physical or emotional development
Protective Factors Regarding Child Abuse and Neglect

how early childhood programs help prevent child abuse and neglect

Excellent early care and education programs use common program strategies to build the protective factors known to reduce child abuse and neglect.

**QUALITY EARLY CARE AND EDUCATION**

Program strategies that:

- Facilitate friendships and mutual support
- Strengthen parenting
- Respond to family crises
- Link families to services and opportunities
- Facilitate children’s social and emotional development
- Observe and respond to early warning signs of child abuse or neglect
- Value and support parents

**PROTECTIVE FACTORS**

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children

Protective factors that quality child care can enhance:

1. Parental resilience
   • value and support parents/guardians, assist development of parental self-efficacy, link to community resources including mental health professionals when needed

2. Social connections
   • provide a place where parents/guardians may develop positive social interactions in a child-friendly environment

3. Parenting skills and knowledge about normal child development
   • model and teach positive, effective parenting/discipline techniques, educate parents/guardians about child development and appropriate expectations

4. Support structures in place during times of need
   • identify needs and connect families stressed or in crisis with center and/or community resources

5. Children’s social and emotional competence
   • provide children with a healthy, nurturing environment that encourages trust and attachment


Additional Resources:
Even Plants Can Be Poisonous

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

Non-Poisonous Plants

<table>
<thead>
<tr>
<th>Common Name</th>
<th>Botanical Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>African violet</td>
<td>Saintpaulia ionantha</td>
</tr>
<tr>
<td>Begonia</td>
<td>Begonia</td>
</tr>
<tr>
<td>Christmas cactus</td>
<td>Schlumbergera bridgesii</td>
</tr>
<tr>
<td>Coleus</td>
<td>Coleus</td>
</tr>
<tr>
<td>Dandelion</td>
<td>Taraxacum officinale</td>
</tr>
<tr>
<td>Dracaena</td>
<td>Dracaena</td>
</tr>
<tr>
<td>Forsythia</td>
<td>Forsythia</td>
</tr>
<tr>
<td>Impatiens</td>
<td>Impatiens</td>
</tr>
<tr>
<td>Jade</td>
<td>Crassula argentea</td>
</tr>
<tr>
<td>Marigold Calendula</td>
<td>Tagetes</td>
</tr>
<tr>
<td>Petunia</td>
<td>Petunia</td>
</tr>
<tr>
<td>Poinsettia</td>
<td>Euphorbia pulcherrima (may cause irritation only)</td>
</tr>
<tr>
<td>Rose</td>
<td>Rosa</td>
</tr>
<tr>
<td>Spider plant</td>
<td>Chlorophytum comosum</td>
</tr>
<tr>
<td>Swedish ivy</td>
<td>Plectranthus australia</td>
</tr>
<tr>
<td>Wandering Jew</td>
<td>Tradescantia fluminesis</td>
</tr>
<tr>
<td>Wild strawberry</td>
<td>Fragaria virginiensis</td>
</tr>
</tbody>
</table>
### Poisonous Plants

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

Food Storage Chart

This chart has information about keeping foods safely in the refrigerator or freezer. It does not include foods that can be stored safely in the cupboard or on the shelves where quality may be more of an issue than safety. Remember this is a guide and you should always follow any “best before” dates that are on the product.

<table>
<thead>
<tr>
<th>FOOD</th>
<th>IN REFRIGERATOR</th>
<th>IN FREEZER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eggs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fresh, in shell</td>
<td>3 weeks</td>
<td>Don’t freeze</td>
</tr>
<tr>
<td>Raw yolks, whites</td>
<td>2-4 days</td>
<td>1 year</td>
</tr>
<tr>
<td>Hard-cooked (boiled)</td>
<td>1 week</td>
<td>Don’t freeze</td>
</tr>
<tr>
<td>Liquid pasteurized eggs or egg substitutes, opened</td>
<td>3 days</td>
<td>Don’t freeze</td>
</tr>
<tr>
<td>Liquid pasteurized eggs or egg substitutes, unopened</td>
<td>10 days</td>
<td>1 year</td>
</tr>
<tr>
<td><strong>Mayonnaise</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial, refrigerate after opening</td>
<td>2 months</td>
<td>Don’t freeze</td>
</tr>
<tr>
<td><strong>TV Dinners, Frozen Casseroles</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keep frozen until ready to heat and serve</td>
<td>3-4 months</td>
<td></td>
</tr>
<tr>
<td><strong>Deli and Vacuum-Packed Products</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Store-prepared or homemade egg, chicken, tuna, ham, macaroni salads</td>
<td>3-4 days</td>
<td>Don’t freeze</td>
</tr>
<tr>
<td>Pre-stuffed pork and lamb chops, stuffed chicken breasts</td>
<td>1 day</td>
<td>Don’t freeze</td>
</tr>
<tr>
<td>Store-cooked convenience meals</td>
<td>1-2 days</td>
<td>Don’t freeze</td>
</tr>
<tr>
<td>Commercial brand vacuum-packed dinners with USDA seal</td>
<td>2 weeks, unopened</td>
<td>Don’t freeze</td>
</tr>
<tr>
<td><strong>Hamburger, Ground, and Stew Meats (Raw)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hamburger and stew meats</td>
<td>1-2 days</td>
<td>3-4 months</td>
</tr>
<tr>
<td>Ground turkey, chicken, veal pork, lamb, and mixtures of them</td>
<td>1-2 days</td>
<td>3-4 months</td>
</tr>
<tr>
<td><strong>Hotdogs and Lunch Meats</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hotdogs, opened package</td>
<td>1 week</td>
<td></td>
</tr>
<tr>
<td>Hotdogs, unopened package</td>
<td>2 weeks</td>
<td>In freezer wrap, 1-2 months</td>
</tr>
<tr>
<td>Lunch Meats, opened</td>
<td>3-5 days</td>
<td></td>
</tr>
<tr>
<td>Lunch Meats, unopened</td>
<td>2 weeks</td>
<td>In freezer wrap, 1-2 months</td>
</tr>
<tr>
<td>Deli sliced ham, turkey, lunch meats</td>
<td>2-3 days</td>
<td>1-2 months</td>
</tr>
</tbody>
</table>
### Bacon and Sausage

<table>
<thead>
<tr>
<th>Food Item</th>
<th>Refrigerator Duration</th>
<th>Freezer Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacon</td>
<td>1 week</td>
<td>1 month</td>
</tr>
<tr>
<td>Sausage, raw from pork, beef, turkey</td>
<td>1-2 days</td>
<td>1-2 months</td>
</tr>
<tr>
<td>Smoked breakfast links or patties</td>
<td>1 week</td>
<td>1-2 months</td>
</tr>
<tr>
<td>Hard Sausage-Pepperoni, Jerky Sticks</td>
<td>2-3 weeks</td>
<td>1-2 months</td>
</tr>
</tbody>
</table>

### Food in Refrigerator

<table>
<thead>
<tr>
<th>Food Item</th>
<th>Refrigerator Duration</th>
<th>Freezer Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ham</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canned, unopened, label says keep refrigerated</td>
<td>6-9 months</td>
<td>Don't freeze</td>
</tr>
<tr>
<td>Fully cooked - whole</td>
<td>7 days</td>
<td>1-2 months</td>
</tr>
<tr>
<td>Fully cooked - half</td>
<td>3-5 days</td>
<td>1-2 months</td>
</tr>
<tr>
<td>Fully cooked - slices</td>
<td>3-4 days</td>
<td>1-2 months</td>
</tr>
</tbody>
</table>

### Fresh Meat

<table>
<thead>
<tr>
<th>Food Item</th>
<th>Refrigerator Duration</th>
<th>Freezer Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steaks, beef</td>
<td>3-5 days</td>
<td>6-12 months</td>
</tr>
<tr>
<td>Chops, pork</td>
<td>3-5 days</td>
<td>4-6 months</td>
</tr>
<tr>
<td>Chops, lamb</td>
<td>3-5 days</td>
<td>6-9 months</td>
</tr>
<tr>
<td>Roasts, beef</td>
<td>3-5 days</td>
<td>6-12 months</td>
</tr>
<tr>
<td>Roasts, lamb</td>
<td>3-5 days</td>
<td>6-9 months</td>
</tr>
<tr>
<td>Roasts, pork and veal</td>
<td>3-5 days</td>
<td>4-6 months</td>
</tr>
</tbody>
</table>

### Fresh Poultry

<table>
<thead>
<tr>
<th>Food Item</th>
<th>Refrigerator Duration</th>
<th>Freezer Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken or turkey, whole</td>
<td>1-2 days</td>
<td>1 year</td>
</tr>
<tr>
<td>Chicken or turkey pieces</td>
<td>1-2 days</td>
<td>9 months</td>
</tr>
<tr>
<td>Giblets</td>
<td>1-2 days</td>
<td>3-4 months</td>
</tr>
</tbody>
</table>

### Fresh Seafood

<table>
<thead>
<tr>
<th>Food Item</th>
<th>Refrigerator Duration</th>
<th>Freezer Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fish and shellfish</td>
<td>2 days</td>
<td>2-4 months</td>
</tr>
</tbody>
</table>

*Uncooked salami is not recommended because recent studies have found that the processing does not always kill the *E. coli* bacteria. Look for the label to say "Fully Cooked."

Choking Hazards

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

**Examples of Hazardous Foods**

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

**Easy Ways to Change Foods to Make Them Safer**

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

**Non-Food Causes of Choking**

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


STD 4.5.0.10: Foods that Are Choking Hazards; STD 6.4.1.2: Inaccessibility of Toys or Objects to Children Under Three Years of Age. Online at: [http://www.nrckids.org](http://www.nrckids.org)

ECELS-Healthy Child Care PA; PA Chapter, American Academy of Pediatrics 11/2011
Make Safe Choices When Buckling Up Children

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

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

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

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

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

Over 2 years old?
When children outgrow the rear-facing car seat, secure them in a forward-facing car seat with a harness for as long as possible, up to the highest weight or height allowed by the manufacturer of the car seat.

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

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

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

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

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

Children younger than age 13 should ride in a back seat.
Follow basic "correct use" principles to provide education and guidance to child restraint users without compromising the child's safety. Parents must become familiar with their safety belt systems, car seat and other vehicle safety features.

1. READ AND FOLLOW BOTH THE CAR SEAT AND VEHICLE OWNER’S MANUALS TO LEARN HOW TO INSTALL AND CORRECTLY USE A CAR SEAT.
   - Labels on car seats provide important information:
     ♦ Basic instructions for correct installation and use
     ♦ Name, address, and contact information of manufacture
     ♦ Model Number and Manufacture Date
     ♦ Expiration Date

2. Infants must ride rear-facing until two years of age or until the maximum weight or height allowed by the manufacturer of the car seat.
   - Many convertible car seats are approved for rear-facing use up to 40 pounds and should be considered for children who have exceeded the limits of a rear-facing only car seat.

3. Infants always ride rear-facing at no greater than a 45-degree recline angle.
   - The correct angle enables the infant to maintain an open airway.

4. NEVER place a rear-facing car seat in the front seat of a vehicle with an active passenger-side front air bag.
   - A rear-facing car seat may be used in a front seat only when there is an air bag on/off switch when the switch is in the OFF position.
   - To determine if air bags are present in the vehicle, check the:
     ♦ sun visor
     ♦ dashboard
     ♦ owner’s manual

5. Children younger than age 13 should ride in a back seat. Older children can ride in the front seat with an active passenger-side front air bag only when no other back seat position is available and properly secured. Always:
   - push the vehicle seat back as far as possible.
   - use the car seat harness or seat belt according to the manufacturer’s instructions.

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

7. Place the car seat harness through the correct slots:
   - at or below the shoulders for rear-facing.
   - at or above the shoulders for forward-facing in a reinforced slot.

8. The car seat harness should not allow any slack.
   - A snug harness:
     ♦ lies in a relatively straight line without sagging.
     ♦ should not, however, be so tight as to press into a child’s body.

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

10. Tighten and LOCK the vehicle seat belt according to directions found in the vehicle owner’s manual.
   - Check for tightness at the seat belt path.
   - The car seat should NOT move more than one inch when pulled side-to-side or front-to-back at the belt path.

11. When the seat belt cannot be locked, use one of the following approved methods as directed by the vehicle and/or car seat manufacturer:
   - Locking Clip/Lock-Off
   - Belt-Shortening Clip
   - Flip the Latchplate
   - Twist the Buckle Stalk

12. LATCH (Lower Anchors and Tethers for Children): Route the lower anchor connector webbing through the designated belt path following the manufacturer's instructions.
   - Attach the lower anchor connectors on the car seat to the lower anchors in the vehicle following instructions in the car seat and vehicle owner’s manual.
   - Check for tightness at the lower anchor belt path.
   - Attach the tether connector (if applicable) to the tether anchor and tighten.
   - Car seat and vehicle manufacturers provide a maximum weight limit for lower anchor and tether use. Lower anchors and tethers should be discontinued when the weight limit is met.

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

14. The vehicle lap and shoulder belt can be used safely when the child is able to:
   - Sit with their back and hips against the vehicle seat back without slouching.
   - Bend their knees over the front edge of the vehicle seat and their feet flat on the floor.
   - Place the snug shoulder belt across the center of the chest and shoulder.
   - Place the lap belt low and snug across the hips/thighs.
   - Stay in position for the entire ride.

15. When in doubt, don’t guess – read instructions and/or call for technical assistance:
   - TIPP: 1-800-CAR BELT or www.pakidstravelsafe.org
   - NHTSA: 1-888-dash2dot or www.nhtsa.dot.gov
   - www.safercar.gov/parents/index.htm
Winter Safety Tips for Children

The dangers of winter coats and car seats
How to keep your child warm and safe

As the coldest part of winter approaches, parents bring out their child’s bulky winter coats to keep children warm during vehicle travel. However, thick winter coats can reduce the safety of the child’s car seat. All coats and clothing will compress in a crash, but thicker winter coats can compress enough to create significant slack in the harness. The car seat harness keeps the child secure in the car seat and must be snug on the child’s body to provide the best protection in a crash.

Here are some steps you can use to determine if the child’s coat is too bulky and not safe to use under the harness while traveling in the car:

- Put the coat on the child and secure the child in the car seat. Fasten and adjust the harness to snugly fit the child. A snug harness does not allow the webbing to be folded between your thumb and forefinger when pinched at the shoulder.
- Without loosening the harness, unbuckle and remove the child from the car seat.
- Remove the coat and place the child back in the car seat. Buckle the harness straps. If you can pinch the webbing between your thumb and forefinger, the coat is too bulky to be worn under the harness.

Keep Children Warm and Safe

When a child’s winter coat can not be safely worn under the harness in the car seat, here are some tips to keep the child safe and warm during travel.

- Infants: dress child in warm clothing and buckle in the car seat. Place a blanket over the child to keep them warm.
- For older children, secure the child in the car seat, turn their coat around and put it on backward with their arms through the sleeves and the back of the coat acting like a blanket.
- If possible, warm up the car before children are secured in the vehicle.
- Select a winter coat that is warm but is not bulky and allows the harness to correctly fit the child.

Note: A common misuse for car seats is a loose harness. Wearing a bulky winter coat under the harness is just one of the causes for a loose harness. Extra slack in the harness can be very dangerous; it can lead to too much forward movement or even ejection during a crash.

Tips for installing a car seat properly

If a car seat is not installed correctly, your child’s safety could be in danger. Because every car seat and vehicle is different, it’s important to follow all instructions carefully. Here are key items to keep in mind when installing a car seat.

Installing the Car Seat:

- Read the car seat instruction manual and the portion of your vehicle’s owner’s manual on car seat installation. Every car seat needs to be installed using either the lower anchors of the LATCH system or the seat belt to secure the car seat in place. If you choose to use a seat belt to install the car seat, the vehicle owner’s manual provides information on how to lock the seat belt.
- Place the car seat in the back seat of your vehicle and follow the car seat manufacturer’s installation directions.
- Secure the car seat tightly in the vehicle. It should not move side-to-side or front-to-back more than 1 inch when pulled at the belt path.
- Install the rear-facing car seat at the correct recline angle. Most car seats have built in angle indicators or adjustors to help you determine the correct angle.
- Install the forward-facing car seat and secure the top tether strap to the tether anchor and tighten. Use the top tether when installing the car seat with the LATCH lower anchors or the seat belt. This step is very important as it limits forward head movement in a crash.

Fitting Your Child Correctly in the Car Seat:

- Properly position the harness on your child.
- Rear-facing: The harness straps should lie flat and be threaded through the slot that is at or below your child’s shoulders.
- Forward-facing: The harness straps should lie flat and be threaded through the reinforced slot that is at or above your child’s shoulders.
- Buckle the harness and close the chest clip. Tighten the harness until it is snug on the child.
- The harness is snug when the webbing cannot be pinched at the shoulder.
- Make sure the chest clip is at armpit level.
Leaving Kids Alone in Hot Cars — Know the Risks and Consequences

Prevent Vehicle Related Heatstroke!

As outside temperatures rise, the dangers for children being seriously injured or even dying from being left alone inside a hot car also rise. Heatstroke begins when the core body temperature reaches about 104 degrees and the thermoregulatory system is overwhelmed. Kids and hot cars are a deadly combination.

Vehicles heat up quickly - even with a window rolled down two inches, if the outside temperature is in the low 80s° Fahrenheit, the temperature inside a vehicle can reach deadly levels in only 10 minutes. Children’s bodies overheat easily, and infants and children under four years of age are among those at greatest risk for heat-related illness.

Children’s bodies absorb more heat on a hot day than an adult. Also, children are less able to lower their body heat by sweating. When a body cannot sweat enough, the body temperature rises rapidly. In fact, when left in a hot vehicle, a young child’s body temperature may increase three to five times as fast an adult. High body temperatures can cause permanent injury or even death.

Risks
- In 10 minutes, a car can heat up 20 degrees Fahrenheit.
- Cracking a window does little to keep the car cool.
- With temperatures in the 60s, your car can heat up to well above 110 degrees.
- A child’s body temperature can rise up to five times faster than an adult’s.
- Heatstroke can happen when the temperature is as low as 57 degrees outside!
- A child dies when his/her temperature reaches 107.

Warning signs of heatstroke include:
- Red, hot, and moist or dry skin
- No sweating
- Strong rapid pulse or a slow weak pulse
- Nausea

Prevention Tips to Avoid a Tragic Heatstroke
- Never leave a child alone in a car.
- Never let your kids play in an unattended vehicle. Teach them that a vehicle is not a play area.
- Never leave infants or children in a parked vehicle, even if the windows are partially open.
- Place your purse, briefcase, cell phone, or something you will need in the back seat so you will be sure to see a child left in the vehicle.
- Keep a large teddy bear or other stuffed animal in the car seat when it is empty. Move the item to the front seat when you place the child in the car seat as a visual reminder.
- If you are dropping your children off at childcare, but normally your spouse or partner drops them off, have them call you to make sure they were not left in the car.
- Become vigilant about looking in the vehicle before locking the door. Always look front and back before walking away — always!

If a child exhibits any of these signs after being in a hot vehicle, cool the child rapidly (not an ice bath but by spraying them with cool water). Call 911 or your local emergency number immediately.

http://www.safercar.gov/parents/heatstroke.htm
Bike Helmets: Quick-Fit Check
Use this easy, three-point check to test for a proper helmet fit

1. Eyes
Helmet sits level on your child’s head and rests low on the forehead, one to two finger widths above the eyebrows. Your child should be able to see the very edge of their helmet by looking up with their eyes only, while keeping their head still. A helmet pushed up too high will not protect the face or head well in a fall or crash.

2. Ears
The straps are even and form a “Y” under each earlobe. The straps are snug against the head.

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

Why are bike helmets needed?
Helmets provide the best protection against injury, whether your child is riding a bike, scooter or on skates. Wearing a helmet can prevent about 85 percent of head injuries from bike crashes. However, a helmet will only protect when it fits well.
Help your child get in the habit of wearing a helmet by starting when they’re young. Be a good role model and wear a helmet yourself.

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

Used with Permission of the Seattle Children’s Hospital, 2010.
How do I choose a helmet?

- Choose a helmet that meets safety standards. Look for a CPSC (U.S. Consumer Product Safety Commission) or Snell sticker inside the helmet.
- Helmet costs vary. Expensive helmets are not always better. Choose one that your child likes and will wear. Let your child help choose a helmet that fits well and looks good.
- Check used or hand-me-down helmets with care, and never wear a helmet that is cracked, broken or has been in a crash. Used helmets may have cracks you cannot see. Older helmets may not meet current safety standards.

What are the pads for?

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

How do I check the fit?

With one hand, gently lift the front of the helmet up and back. The helmet should not move up and back to reveal the forehead. If it does, tighten the strap in front of the ear. Now lift the back of the helmet up and forward from the back. Can you move the helmet more than an inch? If so, tighten the back strap. If you can move the helmet from side to side, add thicker pads at the side.

When done, the helmet should feel level, fit solidly on your child’s head and be comfortable. If it doesn’t fit, keep working with the fit pads and straps or try another helmet.

Safety tips

- Teach your child to take their helmet off before playing at the playground or climbing on equipment or trees. The straps can get caught on poles or branches and prevent your child from breathing.
- Leave hair loose or tie it back at the base of the neck.
- Bike helmets can be worn with inline roller skates or scooters. For skateboarding or snowboarding, you will need another type of helmet.
- If your child does aggressive, trick or extreme skating or skateboarding, look for a true multi-impact helmet that has a sticker inside saying it meets ASTM F1492.
- Helmets are good for only one crash. Replace the helmet after a crash.

To Learn More
- www.bhsi.org, Bicycle Helmet Safety Institute
- www.cbcef.org, Cascade Bicycle Club Education Foundation
- www.seattlechildrens.org
- Seattle Children’s Resource Line
  206-987-2500 or 866-987-2500
  toll-free Washington, Alaska, Montana, Idaho
- Your child’s healthcare provider
THE 4C'S OF PEDIATRIC FIRST AID

1. CHECK
Survey the Scene: Take a few seconds to look around. Evaluate the situation. Make sure the surroundings are safe for the injured, you and others. Determine who is involved and what has happened

Hands-off ABC’s: For a period of 15 to 30 seconds (or less) assess Appearance, Breathing and Circulation.

Hands-on ABCDE’s: Appearance, Breathing, Circulation, Disability and Everything else to help you determine what is wrong, how serious it is and what you should do next

2. CALL
Call for help (the most important step in handling an emergency). The assistance of other caregivers or another adult may be needed to help care for the ill or injured or to supervise other children. Access the child’s Special Care Plan, if available, and/or the Emergency Information Record. For any serious or life threatening emergency or if the Special Care Plan directs, call EMS. For simple problems or situation this step may only require that you contact a parent or guardian to make a decision about medical care.

3. CARE
Provide first aid care appropriate to the injury or illness.

4. COMPLETE
Notify the parent or guardian
Debrief by talking with the child who required first aid to address concerns, and talking with other children or adults who witnessed the situation or first aid activities
Document by completing an Incident Report Form

Source:
### Signs and Symptoms Chart

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Common Causes</th>
<th>Complaints or What Might Be Seen</th>
<th>Notify Health Consultant</th>
<th>Notify Parent</th>
<th>Temporarily Exclude?</th>
<th>If Excluded, Readmit When</th>
</tr>
</thead>
</table>
| **Cold Symptoms** | **Viruses (early stage of many viruses)** | • Runny or stuffy nose  
• Scratchy throat  
• Coughing  
• Sneezing  
• Watery eyes  
• Fever | Not necessary | Yes | No, unless  
• Fever accompanied by behavior change  
• Child looks or acts very ill  
• Child has difficulty breathing  
• Child has blood red or purple rash not associated with injury  
• Child meets other exclusion criteria | • Exclusion criteria are resolved. |
|               | • Adenovirus  
• Coxsackievirus  
• Enterovirus  
• Parainfluenza virus  
• Respiratory syncytial virus  
• Rhinovirus  
• Coronavirus  
• Influenza |               | | | | |
|               | **Bacteria**  | | | | | |
|               | • Mycoplasma | | | | | |
| **Cough**     | **Common cold**  
**Lower respiratory infection (e.g., pneumonia, bronchiolitis)**  
**Croup**  
**Asthma**  
**Sinus infection**  
**Bronchitis** | • Dry or wet cough  
• Runny nose (clear, white, or yellow-green)  
• Sore throat  
• Throat irritation  
• Hoarse voice, barking cough | Not necessary | Yes | No, unless  
• Severe cough  
• Rapid and/or difficult breathing  
• Wheezing if not already evaluated and treated  
• Cyanosis (i.e., blue color of skin and mucous membranes) | • Exclusion criteria are resolved. |
| **Diaper Rash** | **Irritation by rubbing of diaper material against skin wet with urine or stool**  
**Infection with yeast or bacteria** | | | Yes | No, unless  
• Oozing sores that leak body fluids outside the diaper | • Exclusion criteria are resolved. |
| **Diarrhea**  | **Usually viral, less commonly bacterial or parasitic** | • Frequent loose or watery stools compared to child’s normal pattern. (Note that exclusively breastfed infants normally have frequent unformed and somewhat watery stools, or may have several days with no stools.)  
• Abdominal cramps.  
• Fever.  
• Generally not feeling well.  
• Sometimes accompanied by vomiting. | | | | |
|               | | For one or more cases of bloody diarrhea or 2 or more children with diarrhea in group within a week | | Yes | Yes, if  
• Stool is not contained in the diaper for diapered children.  
• Diarrhea is causing “accidents” for toilet-trained children.  
• Stool frequency exceeds 2 or more stools above normal for that child, because this may cause too much work for the teacher/caregivers and make it difficult to maintain good sanitation.  
• Blood/mucus in stool.  
• Abnormal color of stool for child (e.g., all black or very pale).  
• No urine output in 8 hours.  
• Jaundice (i.e., yellow skin or eyes).  
• Fever with behavior change.  
• Looks or acts very ill. |  
• Cleared to return by health professional for all cases of bloody diarrhea and diarrhea caused by Shigella, Salmonella, or Giardia.  
• Diapered children have their stool contained by the diaper (even if the stools remain loose) and toilet-trained children do not have toileting accidents.  
• Able to participate. |
<table>
<thead>
<tr>
<th>Symptom</th>
<th>Common Causes</th>
<th>Complaints or What Might Be Seen</th>
<th>Notify Health Consultant</th>
<th>Notify Parent</th>
<th>Temporarily Exclude?</th>
<th>If Excluded, Readmit When</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Common Cold</strong></td>
<td>1. Common cold: Stuffy nose, sore throat, cough, and/or mild fever.</td>
<td></td>
<td>Not necessary</td>
<td>Yes</td>
<td>Yes, if</td>
<td>• Exclusion criteria are resolved.</td>
</tr>
<tr>
<td></td>
<td>2. Croup: Barking cough, hoarseness, fever, possible chest discomfort (symptoms worse at night), and/or very noisy breathing, especially when breathing in.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Epiglottitis: Gasping noisily for breath with mouth wide open, chin pulled down, high fever, and/or bluish (cyanotic) nails and skin; drooling, unwilling to lie down.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Bronchiolitis and Asthma: Child is working hard to breathe; rapid breathing; space between ribs looks like it is sucked in with each breath (retractions); wheezing; whistling sound with breathing; cold/ cough; irritable and unwell. Takes longer to breathe out than to breathe in.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Pneumonia: Deep cough, fever, rapid breathing, or space between ribs looks like it is sucked in with each breath (retractions).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Pneumonia: Deep cough, fever, rapid breathing, or space between ribs looks like it is sucked in with each breath (retractions).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Object stuck in airway: Symptoms similar to croup (2 above).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Earache</strong></td>
<td>• Bacteria or viruses</td>
<td></td>
<td>Not necessary</td>
<td>Yes</td>
<td>No, unless</td>
<td>• Exclusion criteria are resolved.</td>
</tr>
<tr>
<td></td>
<td>• Often occurs in context of common cold</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fever</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pain or irritability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Difficulty hearing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “Blocked ears”</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Drainage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Swelling around ear</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eye irritation, Pinkeye</strong></td>
<td>1. Bacterial infection of the membrane covering the eye and eyelid (bacterial conjunctivitis)</td>
<td></td>
<td>Not necessary</td>
<td>Yes</td>
<td>No, unless</td>
<td>• Exclusion criteria are resolved.</td>
</tr>
<tr>
<td></td>
<td>2. Viral infection of the membrane covering the eye and eyelid (viral conjunctivitis)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Allergic irritation of the membrane covering the eye and eyelid (allergic conjunctivitis)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Chemical irritation of the membrane covering the eye and eyelid (irritant conjunctivitis) (eg, swimming in heavily chlorinated water, air pollution)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Bacterial infection: Pink color instead of whites of eyes and thick yellow/green discharge. May be irritated, swollen, or crusted in the morning.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Viral infection: Pinkish/red, irritated, swollen eyes; watery discharge; possible upper respiratory infection.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 and 4. Allergic and chemical irritation: Red, tearing, itchy eyes; runny nose, sneezing; watery discharge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes, if 2 or more children have red eyes with watery discharge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**For bacterial conjunctivitis**

No. Exclusion is no longer required for this condition. Health professionals may vary on whether to treat this condition with antibiotic medication. The role of antibiotics in treatment and preventing spread is unclear. Most children with pinkeye get better after 5 or 6 days without antibiotics.

**For other forms No, unless**

• The child meets other exclusion criteria

Note: One type of viral conjunctivitis spreads rapidly and requires exclusion. If 2 or more children in the group have watery red eyes without any known chemical irritant exposure, exclusion may be required and health authorities should be notified.

**For bacterial conjunctivitis**

• Once parent has discussed with health professional. Antibiotics may or may not be prescribed.

**Exclusion criteria are resolved.**
<table>
<thead>
<tr>
<th>Symptom</th>
<th>Common Causes</th>
<th>Complaints or What Might Be Seen</th>
<th>Notify Health Consultant</th>
<th>Notify Parent</th>
<th>Temporarily Exclude?</th>
<th>If Excluded, Readmit When</th>
</tr>
</thead>
</table>
| Fever   | • Any viral, bacterial, or parasitic infection  
         • Overheating  
         • Reaction to medication (eg, vaccine, oral)  
         • Other noninfectious illnesses (eg, rheumatoid arthritis, malignancy) | Flushing, tired, irritable, decreased activity  
Notes:  
• Fever alone is not harmful. When a child has an infection, raising the body temperature is part of the body's normal defense against outside attacks.  
• Rapid elevation of body temperature sometimes triggers a febrile seizure in young children; this usually is outgrown by age 6 years. The first time a febrile seizure happens, the child requires evaluation. These seizures are frightening, but do not cause the child any long-term harm. Parents should inform their child's health professional every time the child has a seizure, even if the child is known to have febrile seizures.  
Warning: Do not give aspirin. It has been linked to an increased risk of Reye syndrome (a rare and serious disease affecting the brain and liver). | Not necessary | Yes | No, unless  
• Behavior change.  
• Unable to participate.  
• Care would compromise staff's ability to care for other children.  
Note: Temperatures considered meaningfully elevated above normal, although not necessarily an indication of a significant health problem, for children older than 4 months are  
• 100°F (37.8°C) axillary (armpit)  
• 101°F (38.3°C) orally  
• 102°F (38.9°C) rectally  
• Aural (ear) temperature equal to oral or rectal temperature  
Get immediate medical attention when infant younger than 4 months has unexplained temperature of 101°F (38.3°C) rectally or 100°F (37.8°C) axillary. Any infant younger than 2 months with fever should get medical attention within an hour. | • Able to participate  
• Exclusion criteria are resolved. |
| Headache | • Any bacterial/viral infection  
         • Other noninfectious causes | Tired and irritable  
• Can occur with or without other symptoms | Not necessary | Yes | No, unless  
• Child is unable to participate  
Note: Notify health professional in case of sudden, severe headache with vomiting or stiff neck that might signal meningitis. The stiff neck of concern is reluctance and unusual discomfort when the child is asked to look at his or her "belly button" (putting chin to chest)—different from soreness in the side of the neck. | • Able to participate |
### Itching

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Common Causes</th>
<th>Complaints or What Might Be Seen</th>
<th>Notify Health Consultant</th>
<th>Notify Parent</th>
<th>Temporarily Exclude?</th>
<th>If Excluded, Readmit When</th>
</tr>
</thead>
</table>
| Itching | 1. Ringworm | 1. Ringworm: Itchy ring-shaped patches on skin or bald patches on scalp. | Yes | Yes | For chickenpox, scabies, and impetigo
|         | 2. Chickenpox | 2. Chickenpox: Blister-like spots surrounded by red halos on scalp, face, and body; fever; irritable. |                |              | for ringworm and head lice
|         | 4. Head lice | 4. Head lice: Small insects or white egg sheaths (nits) in hair. | | | For pinworm, allergic or irritant reactions, and eczema
|         | 5. Scabies | 5. Scabies: Severely itchy red bumps on warm areas of body, especially between fingers or toes. | | | No, unless
|         | 6. Allergic or irritant reaction (eg, poison ivy) | 6. Allergic or irritant reaction: Raised, circular, mobile rash; reddening of the skin; blisters occur with local reactions (poison ivy, contact reaction). | | | Appears infected as a weeping or crusty sore
|         | 7. Dry skin or eczema | 7. Dry skin or eczema: Dry areas on body. More often worse on cheeks, in front of elbows, and behind knees. In infants, may be dry areas on fronts of legs and anywhere else on body, but not usually in diaper area. If swollen, red, or oozing, think about infection. | | | Note: Exclusion for hives is only necessary to obtain medical advice for care, if there is no previously made assessment and care plan for the hives.
|         | 8. Impetigo | 8. Impetigo: Areas of crusted yellow oozing sores. Often around mouth or nasal openings. | | | For outbreaks

### Mouth Sores

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Common Causes</th>
<th>Complaints or What Might Be Seen</th>
<th>Notify Health Consultant</th>
<th>Notify Parent</th>
<th>Temporarily Exclude?</th>
<th>If Excluded, Readmit When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth Sores</td>
<td>1. Oral thrush (yeast infection)</td>
<td>1. Oral thrush: White patches on tongue and along cheeks</td>
<td>No, unless</td>
<td>No, unless</td>
<td>Able to participate.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Herpes or coxsackievirus infection</td>
<td>2. Herpes or coxsackievirus infection: Pain on swallowing; fever; painful, yellowish spots in mouth; swollen neck glands; fever blister, cold sore; reddened, swollen, painful lips</td>
<td></td>
<td></td>
<td>Exclusion criteria are resolved.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Canker sores</td>
<td>3. Canker sores: Painful ulcers on cheeks or gums</td>
<td></td>
<td></td>
<td>On medication or treated as recommended by a health professional if indicated for the condition and for the time required to be readmitted for conditions that require application of antibiotics to lesions or taking of antibiotics by mouth, the period of treatment to reduce the risk of spread to others is usually 24 hours. For most children with insect infestations or parasites, readmission as soon as the treatment has been given is acceptable.</td>
<td></td>
</tr>
</tbody>
</table>

### Rash

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Common Causes</th>
<th>Complaints or What Might Be Seen</th>
<th>Notify Health Consultant</th>
<th>Notify Parent</th>
<th>Temporarily Exclude?</th>
<th>If Excluded, Readmit When</th>
</tr>
</thead>
</table>
| Rash | Many causes | • Skin may show similar findings with many different causes. Determining cause of rash requires a competent health professional evaluation that takes into account information other than just how rash looks.
  1. Viral: Usually signs of general illness such as runny nose, cough, and fever (except for warts or molluscum). Each viral rash may have a distinctive appearance.
  3. Severe bacterial infections: Rare. These children have fever with rash and may be very ill. |
<p>|         | 1. Viral: roseola infantum, fifth disease, chickenpox, herpesvirus, molluscum contagiosum, warts, cold sores, shingles (herpes zoster), and others | | No, unless | No, unless | Able to participate in daily activities. |
|         | 2. Skin infections and infestations: ringworm (fungus), scabies (parasite), impetigo, abscesses, and cellulitis (bacterial) | | | | On antibiotic medication at least 24 hours (if indicated). |
|         | 3. Severe bacterial infections: meningococcus, pneumococcus, Staphylococcus aureus (MSSA, MRSA) | | | | Exclusion criteria are resolved. |</p>
<table>
<thead>
<tr>
<th>Symptom</th>
<th>Common Causes</th>
<th>Complaints or What Might Be Seen</th>
<th>Notify Health Consultant</th>
<th>Notify Parent</th>
<th>Temporarily Exclude?</th>
<th>If Excluded, Readmit When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sore Throat (pharyngitis)</td>
<td>1. Viral—common cold viruses that cause upper respiratory infections 2. Strep throat</td>
<td>1. Viral: Verbal children will complain of sore throat; younger children may be irritable with decreased appetite and increased drooling (refusal to swallow). May see symptoms associated with upper respiratory illness, such as runny nose, cough, and congestion. 2. Strep throat: Strep infection usually does not result in cough or runny nose. Signs of the body’s fight against infection include red tissue with white patches on sides of throat, at back of tongue (tonsil area), and at back wall of throat. Tonsils may be large, even touching each other. Swollen lymph nodes (sometimes incorrectly called “swollen glands”) occur as body fights off the infection.</td>
<td>Not necessary</td>
<td>Yes</td>
<td>No, unless • Inability to swallow. • Excessive drooling with breathing difficulty. • Fever with behavior change. • The child meets other exclusion criteria</td>
<td>• Able to swallow. • Able to participate. • On medication at least 24 hours (if strep). • Exclusion criteria are resolved.</td>
</tr>
<tr>
<td>Stomachache</td>
<td>1. Viral gastroenteritis or strep throat 2. Problems with internal organs of the abdomen such as intestine, colon, liver, bladder</td>
<td>1. Viral gastroenteritis or strep throat: Vomiting and diarrhea and/or cramping are signs of a viral infection of stomach and/or intestine. Strep throat may cause stomachache with sore throat, headache, and possible fever. If cough or runny nose is present, strep is very unlikely. 2. Problems with internal organs of the abdomens: Persistent severe pain in abdomen.</td>
<td>Not unless multiple cases in same group within 1 week.</td>
<td>Yes</td>
<td>No, unless • Severe pain causing child to double over or scream. • Abdominal pain after injury • Bloody/black stools • No urine output for 8 hours • Diarrhea • Vomiting • Yellow skin/eyes • Fever with behavior change • Looks or acts very ill</td>
<td>• Pain resolves. • Able to participate. • Exclusion criteria are resolved.</td>
</tr>
<tr>
<td>Swollen Glands (properly called swollen lymph nodes)</td>
<td>1. Normal body defense response to viral or bacterial infection in the area where lymph nodes are located (ie, in the neck for any upper respiratory infection) 2. Bacterial infection of lymph nodes that become overcome and infected by bacteria they are responding to as part of the body’s defense system</td>
<td>1. Normal lymph node response: Swelling at front, sides, and back of the neck and ear, in the armpit or groin, or anywhere else near an area of an infection. 2. Bacterial infection of lymph nodes: Swollen, warm lymph nodes with overlying pink skin, tender to the touch, usually located near an area of the body that has been infected.</td>
<td>Not necessary</td>
<td>Yes</td>
<td>No, unless • Difficulty breathing or swallowing • Red, tender, warm glands • Fever with behavior change</td>
<td>• Child is on antibiotics (if indicated). • Able to participate. • Exclusion criteria are resolved.</td>
</tr>
<tr>
<td>Vomiting</td>
<td>• Viral infection of the stomach or intestine (gastroenteritis) • Coughing strongly • Other viral illness with fever</td>
<td>Diarrhea, vomiting, and/or cramping for viral gastroenteritis</td>
<td>For outbreak</td>
<td>Yes, if</td>
<td>Yes, if • Vomited more than 2 times in 24 hours • Vomiting and fever • Vomit that appears green/bloody • No urine output in 8 hours • Recent history of head injury • Looks or acts very ill • Vomit that appears green/bloody</td>
<td>• Vomiting ends.</td>
</tr>
</tbody>
</table>
Gloving

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

1. Put on a clean pair of gloves.
2. Provide appropriate care.
3. Remove each glove carefully. Grab the first glove at the palm and strip the glove off. Touch dirty surfaces only to dirty surfaces.
4. Ball up the dirty glove in the palm of the other gloved hand.

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

Changing Diapers, Pull-ups and Soiled Underwear

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

### Soiled/Wet Diapers*

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Adult washes their hands. (Only if prior to changing the diaper, pull up or underwear it is “checked” by reaching into it to see if a change is needed)</td>
</tr>
<tr>
<td>2.</td>
<td>Gather all supplies for the diaper change and place on or near the changing surface above the child’s head. (Enough wipes for the process removed from container, clean diaper, a plastic for soiled clothing, and clean clothes if needed) <strong>If used</strong>: disposable gloves, dab of diaper cream on disposable towel, changing table paper (enough to reach from child’s shoulders to their feet)</td>
</tr>
<tr>
<td>3.</td>
<td>Place the child on the changing table and remove clothing to access diaper keeping the clothing out of the contaminated area. Never leave the child unattended on a changing table or countertop. If clothing is soiled place in a plastic bag to send home.</td>
</tr>
<tr>
<td>4.</td>
<td>Unfasten diaper leaving it under the child.</td>
</tr>
<tr>
<td>5.</td>
<td>Use wipes to clean child’s bottom from front to back and place inside the soiled diaper or directly into a lined, hands-free covered trash can. Use each wipe for only one swipe.</td>
</tr>
<tr>
<td>6.</td>
<td>Fold the soiled surface of the diaper inward over the used wipes and place the bundle in the trash can. If gloves were used discard them at this time into the same trash can.</td>
</tr>
<tr>
<td>7.</td>
<td>Use a wipe to remove soil from your hands and throw it in the trash can. Use another wipe to remove soil from the child’s hands and throw it in the trash can.</td>
</tr>
<tr>
<td>8.</td>
<td>If paper liner was used, check for soil under the child and fold paper up from the child’s feet to cover the area and create a clean surface under child’s bottom.</td>
</tr>
<tr>
<td>9.</td>
<td>Put on the clean diaper and diaper cream if needed and redress the child.</td>
</tr>
<tr>
<td>10.</td>
<td>Wash the child’s hands and return them to the group without touching other surfaces. Store bagged, soiled clothing for parents in an area inaccessible to children.</td>
</tr>
<tr>
<td>11.</td>
<td>Dispose of paper liner in trash can if used. Clean visible soil from changing table and disinfect the surface with bleach/water solution or an EPA approved product according to directions.</td>
</tr>
<tr>
<td>12.</td>
<td>Adult washes hands. Record the change in the child’s log.</td>
</tr>
</tbody>
</table>

### Handwashing Procedure:

1. Moisten hands with water and use liquid soap
2. Rub hands together away from water for 20 seconds
3. Rinse hands free of soap under running water
4. Leaving water running, dry hands with a clean paper towel or an air blower
5. Turn off faucet using paper towel
6. Throw the used paper towel into a hands-free trash can

### Soiled/Wet Pull-ups and Underwear*

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Gather supplies for the change process and place on or near the changing surface outside the contaminated area. (Enough wipes for the process removed from container, clean pull up or underwear, clean clothes and a plastic bag for soiled clothing if needed) <strong>If used</strong>: Paper liner (large enough to stand on and fold over if needed), disposable gloves</td>
</tr>
<tr>
<td>3.</td>
<td>Consider whether to change the child lying down or standing up. (If child will be changed lying down follow the procedure for diapers)</td>
</tr>
<tr>
<td>4.</td>
<td>If using paper liner, have child stand on paper.</td>
</tr>
<tr>
<td>5.</td>
<td>To avoid contamination of clean shoes, socks and clothing, remove unsoiled clothing and set aside. (If the child’s shirt is clean it is helpful to have them hold their shirt up above their waist during the change.)</td>
</tr>
<tr>
<td>6.</td>
<td>Remove soiled clothing and place in a plastic bag to send home. If a pull-up was used, remove by pulling the sides apart and discard it in a lined, hands-free covered trash can. If underwear was used remove from the child doing your best to avoid contamination of surfaces and place with clothes in the bag.</td>
</tr>
<tr>
<td>7.</td>
<td>If paper liner was used check for soil around the child and fold paper over if needed so there is a clean surface to stand on.</td>
</tr>
<tr>
<td>8.</td>
<td>Clean the child’s skin around their pull-up/underwear area, wiping from front to back using each wipe for only one swipe. Place each used wipes in the trash can. If gloves were used discard them at this time in the trash can.</td>
</tr>
<tr>
<td>9.</td>
<td>Use a wipe to remove soil from your hands and throw it in the trash can. Use another wipe to remove soil from the child’s hands and throw it in the trash can.</td>
</tr>
<tr>
<td>10.</td>
<td>Assist the child, as needed, in putting on a clean pull-up or underwear and getting redressed, including socks and shoes. Supervise the washing of the child’s hands and their return to the group without touching other surfaces.</td>
</tr>
<tr>
<td>11.</td>
<td>Store bagged, soiled clothing for parents in an area inaccessible to children. Dispose of paper liner in trash can if used. Clean visible soil from changing area and disinfect the surface with bleach/water or an EPA approved product according to directions.</td>
</tr>
<tr>
<td>12.</td>
<td>Adult washes hands. Record the change in the child’s log.</td>
</tr>
</tbody>
</table>

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

PA Early Learning Keys to Quality - 2012
Cleaning Up Body Fluids

Treat urine, stool, vomit, blood, and body fluids, except for human milk, as potentially infectious. Spills of body fluid should be cleaned up and surfaces disinfected immediately.

a) For small amounts of urine and stool on smooth surfaces, wipe off and clean away visible soil with a little detergent solution. Then rinse the surface with clean water.

b) Apply a disinfectant following the manufacturer's instructions. See Appendix J.

For larger spills on floors, or any spills on rugs or carpets:

c) Wear gloves while cleaning. While disposable gloves can be used, household rubber gloves are adequate for all spills except blood and bloody body fluids. Disposable gloves should be used when blood may be present in the spill;

d) Take care to avoid splashing any contaminated material onto the mucous membranes of your eyes, nose or mouth, or into any open sores you may have;

e) Wipe up as much of the visible material as possible with disposable paper towels and carefully place the soiled paper towels and other soiled disposable material in a leak-proof, plastic bag that has been securely tied or sealed. Use a wet/dry vacuum on carpets, if such equipment is available;

f) Immediately use a detergent, or a combination detergent/disinfectant to clean the spill area. Then rinse the area with clean water. Additional cleaning by shampooing or steam cleaning the contaminated surface may be necessary;

g) For blood and body fluid spills on carpeting, blot to remove body fluids from the fabric as quickly as possible. Then disinfect by spot-cleaning with a combination detergent/disinfectant, and shampooing, or steam-cleaning the contaminated surface;

h) If directed by the manufacturer's instructions, dry the surface;

i) Clean and rinse reusable household rubber gloves, then apply disinfectant. Remove, dry and store these gloves away from food or food surfaces. Discard disposable gloves;

j) Mops and other equipment used to clean up body fluids should be:
1) Cleaned with detergent and rinsed with water;
2) Rinshed with a fresh disinfectant solution;
3) Wrlung as dry as possible;
4) Air-dried.

k) Wash your hands afterward, even though you wore gloves;

l) Remove and bag clothing (yours and those worn by children) soiled by body fluids;

m) Put on fresh clothes after washing the soiled skin and hands of everyone involved.

For guidance on sanitizers and disinfectants, please refer to Appendix J, Selecting an Appropriate Sanitizer or Disinfectant.

References:
Selecting an Appropriate Sanitizer or Disinfectant

One of the most important steps in reducing the spread of infectious diseases in child care settings is cleaning, sanitizing, and disinfecting surfaces that could possibly pose a risk to children or staff. Routine cleaning with detergent and water is the most useful method for removing germs from surfaces in the child care setting. However, some items and surfaces require an additional step after cleaning to further reduce the number of germs on a surface to a level that is unlikely to transmit disease.

What is the difference between sanitizing and disinfecting?

Sometimes these terms are used as if they mean the same thing, but they are not the same.

Sanitizer is a product that reduces germs on inanimate surfaces to levels considered safe by public health codes or regulations. A sanitizer may be appropriate to use on food contact surfaces (dishes, utensils, cutting boards, high chair trays), toys that children may place in their mouths, and pacifiers.

Disinfectant is a product that destroys or inactivates germs on an inanimate object. A disinfectant may be appropriate to use on non-porous surfaces such as diaper change tables, counter tops, door and cabinet handles, and toilets and other bathroom surfaces.

The U.S. Environmental Protection Agency (EPA) recommends that EPA-registered products be used whenever possible. Only a sanitizer or disinfectant product with an EPA registration number on the label can make public health claims that they are effective in inactivating germs. Major manufacturers of chlorine bleach and hydrogen peroxide products offer products that are EPA-registered and described as a sanitizer or disinfectant. This includes pre-cleaning, how long the product needs to remain wet on the surface or item, whether or not the product should be diluted or used as is, and if rinsing is needed. Please note that the label instructions on most sanitizers indicate that the surface must be pre-cleaned before applying the disinfectant.

Are there alternatives to chlorine bleach?

If a product that is not chlorine bleach is registered with the EPA and described as a sanitizer or as a disinfectant and is used according to the manufacturer’s instructions, it can be used in child care settings. Check the label to see how long you need to leave the sanitizer or disinfectant in contact with the surface you are treating, whether you need to rinse it off before contact by children, and for any precautions when handling.

Some child care settings are using products with hydrogen peroxide as the active ingredient instead of chlorine bleach. Hydrogen peroxide breaks down into water and oxygen.

Check to see if the product has an EPA registration number and follow the manufacturer’s instructions for use and safe handling. Remember that EPA-registered products will also have available a Material Safety Data Sheet (MSDS) that will provide instructions for the safe use of the product and guidance for first aid response to inadvertent exposure to the chemical.

If you are looking for environmentally friendly products, one EPA-registered product is a botanical-based disinfectant whose active ingredient is thymol which requires a ten minute contact time and, if applied to toys or food contact surfaces, a water rinse is required before use.

In addition, some manufacturers of sanitizer and disinfectant products are working towards developing “green cleaning products” that can attain EPA registration. As new environmentally friendly cleaning products appear in the market, check to see if they are EPA-registered.

Household Bleach and Water

If purchasing an EPA-registered product for sanitizing or disinfecting is not an option, then household bleach diluted with water is a practical alternative. It is economical, convenient, and readily available. It is effective if the proportional amount of bleach to water is appropriate for the task. Using too little bleach may make the mixture ineffective. However, using too much bleach may create a potential health hazard.

When purchasing chlorine bleach, make sure that the bleach concentration is for household use, and not for industrial applications. Household chlorine bleach is typically sold in retail stores as 5-10% hypochlorite solution (regular strength). Use only unscented bleach.

Some chlorine bleach products sold in retail stores may be EPA-registered and described as a sanitizer or disinfectant. Check the label to see if the product has an EPA registration number and follow the manufacturer’s instructions.

If the chlorine bleach product is for household use and does not have an EPA registration number, here are two recipes that you can use. Which recipe you choose will depend on whether you need to sanitize or disinfect a surface.

To safely prepare bleach solutions:

• Dilute bleach with cool water and do not use more than the recommended amount of bleach.
• Select a bottle made of opaque material.
• Make a fresh bleach dilution daily; label the bottle with contents and the date mixed.
• Wear gloves and eye protection when diluting bleach.
• Use a funnel.
• Add bleach to the water rather than the water to bleach to reduce fumes.
• Make sure the room is well ventilated.
• Never mix or store ammonia with bleach or products that contain bleach.
To safely use bleach solutions:

- Apply the bleach dilution after cleaning the surface with soap or detergent and rinsing with water.
- If using a spray bottle, adjust the setting to produce a heavy spray instead of a fine mist.
- Allow for a two minute contact time or air dry.
- Apply when children are not present in the area.
- Ventilate the area by allowing fresh air to circulate and allow the surfaces to completely air dry or wipe dry after two minutes of contact with the surface before allowing children back into the area.
- Store all chemicals securely, out of reach of children and in a way that they will not tip and spill.


A Final Note

Remember that any cleaning, sanitizing, or disinfecting product must always be safely stored and out of reach of children. Always follow the manufacturer's instruction for safe handling to protect yourselves and those in your care.

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Recipe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanitizer</td>
<td>1 tablespoon of bleach + 1 gallon of cool water</td>
</tr>
<tr>
<td>For food contact surface sanitizing (dishes, utensils, cutting boards, high chair trays), toys that children may place in their mouths, and pacifiers.</td>
<td>Let stand for 2 minutes or air dry.</td>
</tr>
<tr>
<td>Disinfectant</td>
<td>¼ cup of bleach + 1 gallon of cool water</td>
</tr>
<tr>
<td>For use on non-porous surfaces such as diaper change tables, counter tops, door and cabinet handles, toilets.</td>
<td>(or 1 to 3 tablespoons of bleach + 1 quart of cool water) applied as a spray or poured fresh solution, not by dipping into a container with a cloth that has been in contact with a contaminated surface</td>
</tr>
</tbody>
</table>

References:

** Corrected to “1/4” from “1/2” in second printing, August 2011.
### Definitions

**Cleaning**
- Physically removing all dirt and contamination, oftentimes using soap and water. The friction of cleaning removes most germs and exposes any remaining germs to the effects of a sanitizer or disinfectant used later.

**Sanitizing**
- Reducing germs on inanimate surfaces to levels considered safe by public health codes or regulations. Sanitizing may be appropriate for food service tables, high chairs, toys, and pacifiers.

**Disinfecting**
- Destroying or inactivating most germs on any inanimate object, but not bacterial spores. Disinfecting may be appropriate for diaper tables, door and cabinet handles, toilets, and other bathroom surfaces.

**Detergent**
- A cleaning agent that helps dissolve and remove dirt and grease from fabrics and surfaces. Soap can be considered a type of detergent.

**Dwell Time**
- The duration a surface must remain wet with a sanitizer/disinfectant to work effectively.

**Germs**
- Microscopic living things (such as bacteria, viruses, parasites and fungi) that cause disease.

---

**Cleaning, Sanitizing, and Disinfecting Frequency Table**

(Referenced in guidance for Criteria 5.A.08, 5.C.01, 5.C.02, and 9.C.06)

<table>
<thead>
<tr>
<th>Areas</th>
<th>Before Each Use</th>
<th>After Each Use</th>
<th>Daily (End of the Day)</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food Areas</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food preparation surfaces</td>
<td>Clean, and then Sanitize</td>
<td>Clean, and then Sanitize</td>
<td></td>
<td></td>
<td></td>
<td>Use a sanitizer safe for food contact</td>
</tr>
<tr>
<td>Eating utensils &amp; dishes</td>
<td>Clean, and then Sanitize</td>
<td>Clean, and then Sanitize</td>
<td></td>
<td></td>
<td></td>
<td>If washing the dishes and utensils by hand, use a sanitizer safe for food contact as the final step in the process; use of an automated dishwasher will sanitize</td>
</tr>
<tr>
<td>Tables &amp; highchair trays</td>
<td>Clean, and then Sanitize</td>
<td>Clean, and then Sanitize</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Countertops</td>
<td>Clean</td>
<td>Clean, and then Sanitize</td>
<td></td>
<td></td>
<td></td>
<td>Use a sanitizer safe for food contact</td>
</tr>
<tr>
<td>Food preparation appliances</td>
<td>Clean</td>
<td>Clean, and then Sanitize</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed use tables</td>
<td>Clean, and then Sanitize</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Before serving food</td>
</tr>
<tr>
<td>Refrigerator</td>
<td></td>
<td>Clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Cleaning, Sanitizing, and Disinfecting Frequency Table
(Referenced in guidance for Criteria 5.A.08, 5.C.01, 5.C.02, and 9.C.06)

<table>
<thead>
<tr>
<th>Areas</th>
<th>Before Each Use</th>
<th>After Each Use</th>
<th>Daily (End of the Day)</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Toilet &amp; Diapering Areas</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changing tables</td>
<td>Clean, and then Disinfect</td>
<td>Clean, and then Disinfect</td>
<td></td>
<td></td>
<td></td>
<td>Clean with detergent, rinse, disinfect</td>
</tr>
<tr>
<td>Potty chairs</td>
<td>Clean, and then Disinfect</td>
<td>Clean, and then Disinfect</td>
<td></td>
<td></td>
<td></td>
<td>Use of potty chairs is not recommended, but if used should be cleaned and disinfected after each use.</td>
</tr>
<tr>
<td>Hand washing sinks &amp; faucets</td>
<td>Clean, and then Disinfect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Countertops</td>
<td>Clean, and then Disinfect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilets</td>
<td>Clean, and then Disinfect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diaper pails</td>
<td>Clean, and then Disinfect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floors</td>
<td>Clean, and then Disinfect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Damp mop with a floor cleaner/disinfectant</td>
</tr>
<tr>
<td><strong>Child Care Areas</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plastic mouthed toys</td>
<td>Clean</td>
<td>Clean, and then Sanitize</td>
<td></td>
<td></td>
<td></td>
<td>Reserve for use by only one child; use dishwasher or boil for one minute</td>
</tr>
<tr>
<td>Pacifiers</td>
<td>Clean</td>
<td>Clean, and then Sanitize</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hats</td>
<td>Clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Clean after each use if head lice present</td>
</tr>
<tr>
<td>Door &amp; cabinet handles</td>
<td>Clean, and then Disinfect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floors</td>
<td>Clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sweep or vacuum, then damp mop, (consider micro fiber damp mop to pick up most particles)</td>
</tr>
<tr>
<td>Carpets(^{v}) and Large Area Rugs</td>
<td></td>
<td>Clean</td>
<td></td>
<td>Clean</td>
<td></td>
<td>Daily: Vacuum when children are not present; clean with a carpet cleaning method consistent with local health regulations and only when children will not be present (until the carpet is dry) Monthly: Wash carpets at least monthly in infant areas and at least every three months in other areas when soiled</td>
</tr>
<tr>
<td>Small Rugs</td>
<td>Clean</td>
<td>Clean</td>
<td></td>
<td></td>
<td></td>
<td>Daily: Shake outdoors or vacuum</td>
</tr>
</tbody>
</table>

©2016. National Association for the Education of Young Children. All other rights reserved. Revised October 2016
# Cleaning, Sanitizing, and Disinfecting Frequency Table

(Referenced in guidance for Criteria 5.A.08, 5.C.01, 5.C.02, and 9.C.06)

| Areas | Before Each Use | After Each Use | Daily (End of the Day) | Weekly | Monthly | Comments
|-------|-----------------|----------------|------------------------|--------|---------|----------
| Machine washable cloth toys | Clean | Launder |
| Dress-up clothes | Clean | Launder |
| Play activity centers | Clean | |
| Drinking Fountains | Clean, and then Disinfect | |
| Computer keyboards | Clean, and then Sanitize | Use sanitizing wipes, do not use spray |
| Phone receivers | Clean | |

## Sleeping Areas

| Bed sheets & pillow cases | Clean | Clean before use by another child |
| Cribs, cots, & mats | Clean | Clean before use by another child |
| Blankets | Clean | |

---

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

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

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

Follow manufacturer instructions for how to mix chlorine bleach / water solutions for sanitizing and disinfecting. Refer to Caring for Our Children, Appendix J, [http://cloc.nrckids.org/WebFiles/AppendicesUpload/AppendixJ.pdf](http://cloc.nrckids.org/WebFiles/AppendicesUpload/AppendixJ.pdf) for instructions on how to identify EPA-registered sanitizing and disinfecting products (including chlorine bleach), and how to safely prepare chlorine bleach solutions.

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

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

7. All area rugs and carpeted areas should be vacuumed with a HEPA filtered vacuum and according to instructions for the vacuum. Use proper vacuuming technique: (1) push the vacuum slowly; (2) do a double pass—vacuum in 2 directions, perpendicular to each other; (3) start at the far end of a room and work your way out (to avoid immediate re-contamination); (4) empty or replace vacuum bags when ½ to 2/3 full.

8. Each Use” of computer keyboards should be defined as use by each group of children, not each individual child. Keyboards connected to computers should be cleaned daily if one group is in the room all day, or after each different group of children uses the room. These guidelines do not apply to keyboards that are unplugged and used for dramatic play.
Disinfecting a wading pool

Can I use Clorox® Regular-Bleach to disinfect a children’s wading pool?

It is July and heat waves are hitting all over the country! Many of us want to cool off in a backyard pool, but we also want to make sure there is no dangerous bacteria lurking in these pools that do not have any filtration system in place. Thankfully, you can use Clorox® Regular-Bleach to treat the water in a children’s wading pool. Below is information about this from the product’s EPA Master Label that should help you determine how much bleach to add for your specific situation. You will need to know the diameter of the kiddie pool in feet, and the depth of water you fill it with in inches.

WADING POOL DISINFECTION

This product – a 6.0% sodium hypochlorite solution containing approximately 5.7% available chlorine by weight – is a convenient, economical source of chlorine for water treatment in swimming and wading pools. Also, because this product is a liquid with no insoluble particles, it is especially suitable for this use.

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

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

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

<table>
<thead>
<tr>
<th>Pool Diameter:</th>
<th>4 Ft</th>
<th>6 Ft</th>
<th>8 Ft</th>
<th>10 Ft</th>
<th>15 Ft</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depth of Water</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 inches</td>
<td>1/16 cup</td>
<td>1/8 cup</td>
<td>1/4 cup</td>
<td>3/8 cup</td>
<td>3/4 cup</td>
</tr>
<tr>
<td>1 foot</td>
<td>1/8 cup</td>
<td>1/4 cup</td>
<td>1/2 cup</td>
<td>3/4 cup</td>
<td>1 5/8 cups</td>
</tr>
<tr>
<td>2 feet</td>
<td>1/4 cup</td>
<td>1/2 cup</td>
<td>1 cup</td>
<td>1 1/2 cups</td>
<td>3 1/4 cups</td>
</tr>
<tr>
<td>3 feet</td>
<td>3/8 cup</td>
<td>3/4 cup</td>
<td>1 1/2 cups</td>
<td>2 1/4 cups</td>
<td>5 cups</td>
</tr>
</tbody>
</table>

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

TABLE OF LIQUID MEASURES:

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

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

Stabilized pools should maintain a residual of 1.0 to 1.5 ppm available chlorine. Test the pH, available chlorine residual and alkalinity of the water frequently with appropriate test kits. Frequency of water treatment will depend upon temperature and number of swimmers.
Children and Skin Cancer

Did you know the chances for getting skin cancer increases, as we get older? Are you doing all you can to promote CHILDREN'S sun-safety awareness?

Skin cancer is the most common form of cancer in the United States and yet it's the most preventable. The main reason people get skin cancer is they were exposed to too much sun on their skin, especially when they were young!

The better we protect children's skin from the sun now, there's a better chance they won't get skin cancer in the future. Pediatric melanoma is an important and steadily increasing problem among young adults. Females are more likely to sustain melanoma early in life most notably on their trunk and lower legs. Young women are more likely to participate in activities that increase the risk for melanoma, including using tanning beds.

Gigi the Giraffe is here to help you educate children on how to be safe in the sun! You can have fun in the sun and decrease your risk of skin cancer with these simple steps:

- Minimize summer sun exposure between 10:00 am – 2:00 pm
- Wear a wide brimmed hat, sunglasses and UV protective clothing. Even while swimming, wear a UV swim shirt.
- Apply sunscreen that provides UVB and UVA protection with a sun protection factor (SPF) of at least 30.
- Apply sunscreen 30 minutes BEFORE sun exposure and reapply after swimming or excessive sweating.
- Seek shade.
- Check the UV index daily in the summer.
- Check your birthday suit on your birthday.
- Avoid tanning beds.
How to Select a Sunscreen

Choosing the right sunscreen can help reduce the risk of skin cancer and early skin aging caused by the sun.

Sunscreen is an Important Tool
in the fight against skin cancer, including melanoma, the deadliest form of skin cancer.

1 in 5 Americans will develop skin cancer in their lifetime.

The American Academy of Dermatology recommends consumers choose a sunscreen that states on the label:

- Broad Spectrum
  Means a sunscreen protects the skin from ultraviolet A (UVA) and ultraviolet B (UVB) rays, both of which can cause cancer.

- SPF 30 or Higher
  How well a sunscreen protects you from sunburn.

- Water Resistant or Very Water Resistant
  For up to 40 or 80 minutes. Sunscreens are not waterproof or sweatproof and need to be reapplied.

One ounce of sunscreen, enough to fill a shot glass, is considered the amount needed to cover the exposed areas of the body.

To learn more visit SpotSkinCancer.org