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To All Staff Members:

Welcome to the Anna Bing Arnold Children’s Center. It is my hope that your experience at the Center will be as rewarding for you as it is for the children in our program. You play an important role in the lives of young children and their families, and the Center will play an important role in your development as a teacher.

As we all know, communication in a full-day program, which is primarily staffed with part-time students, can be difficult. This teacher’s manual is not intended to solve this problem completely, but is rather an attempt to communicate some of the necessary routines and procedures that all teachers need to know for a smoothly running program. Hopefully, the information in this manual will establish the basics for good performance at the Center, as well as provide support for teachers’ continued professional growth through effective communication about children and program needs.

For more detailed classroom information, you will also receive a Classroom Manual which further outlines curriculum goals and procedures for you to follow. Together with staff meetings, these two handbooks are intended to support your learning and encourage your ideas as an essential team member of the Children’s Center.

Sincerely,

Director

* For purposes of this manual the word TEACHER will refer to all staff who work with children, and LEAD TEACHER will refer to staff who serve in a supervisory capacity.
INTRODUCTION

History
The Anna Bing Arnold Children’s Center was founded by California State University, Los Angeles (CSLA) students in 1968 for the purpose of providing child care for student parents. The CSLA children’s center was the first in the CSU system. Students have continued to support the Children’s Center since its inception through their associated student body fees. Donations from the student body, along with a sizable donation from Anna Bing Arnold, helped to build our present facility.

Licensing Information
The Anna Bing Arnold Children's Center is licensed by the State of California's Department of Health and Social Services to provide an enriched developmental program for infant, toddler and preschool children. The Center is equipped and staffed appropriately for these ages and meets or exceeds all State, County, and City regulations for health, sanitation, safety, and teacher/child ratios. The Center is owned and operated by the University Auxiliary Service Inc. (UAS) for use by students, faculty, and staff of Cal State L.A. Funding for the program is provided by the Associated Students, parent fees, and the State of California.

Accreditation
The Center has been accredited by the National Association for the Education of Young Children (NAEYC) since 1992. National accreditation is an honor which must be earned by a program by demonstrating high standards in the operation and implementation of its' children’s program. We are proud of our accreditation status and work hard to maintain our goal of providing a quality program for children and families.

Children and Families Served
The Center is open to children between the ages of four months and six years who are ready for the type of group experience offered and who can benefit from the program. Children who have physical or developmental disabilities will be accepted if it is determined that the Center can meet the individual needs of the child. The Center is operated on a non-discriminatory basis, according equal treatment and access to services without regard to sex, race, color, religious creed, national origin or ancestry, in accordance with applicable regulations.

Hours And Holidays
The Children’s Center is open from 7:30 a.m. to 6:30 p.m. Monday through Thursday, and until 5:30 p.m. on Friday. The Center operates on a year-round basis for full time children except for holiday closures. The Center observes all University holidays and additionally closes for two
weeks at Christmas, and four training days per year. A calendar of events and closures is provided for parents every quarter.
CHILDREN’S CENTER GUIDING PRINCIPLES

Program Philosophy
The educational philosophy of the Anna Bing Arnold Children's Center is based on the belief that each child is unique and deserves respect, consistency, caring, and challenge as they grow. Further, we believe that:

- Children develop at their own pace. They do not acquire knowledge by force. They are motivated by their own desire to make sense of their world.
- Children learn through interaction with the materials and people in their environment. Play provides this interaction and is the natural mode of learning for the young child.
- Children learn self discipline as they learn respect for themselves, others, and their environment. Pride in their abilities, family, and culture adds to their developing self esteem.
- Children need a balanced program which fosters independence, choice, and challenge. They also need structure and well defined limits in order to feel secure.

Young children's developmental tasks are to build trust, learn social skills, begin mastery of academic skills, and develop positive self esteem. These tasks are best supported by a program that provides developmentally appropriate activities, well trained and consistent staff, and a safe and healthy learning environment.

Goals
Our school has been established to meet the needs of the child from 4 months through eight years of age, whose parents must be away from home for part of the day. Our desire is to provide an environment in which children can thrive and find out for themselves who they are and what they can do. We feel that to do this a child needs an environment that is saying to him or her "you are loved here; we feel you are a unique and worthwhile person; we have faith in you as a growing individual". In this environment the child needs a great number and variety of experiences in order to find a basic way of dealing with life that is comfortable and satisfying.

Curriculum
The Center's curriculum is based on developmental theory. Children move through sequential stages of development in a variety of skill areas and at varying speeds. A child's development may be quick in some areas and slow in others, but all areas of growth are important and interrelated. Children need mastery at each level before moving on to the next. Therefore we place equal importance on all major areas of development and tailor our program to meet individual growth needs.
Teachers coordinate age appropriate curriculum for each group which is organized around the following areas: Physical (gross and fine motor); social (peer interaction, social skills and awareness); emotional (self-esteem, awareness and recognition of feelings, healthy balance); and cognitive (comprehension, language development, problem solving, and skill acquisition). Curriculum is carried out with the belief that children are learning at all times and that the teacher's role is to facilitate and enrich the learning process.

Play is the natural mode of learning for the young child. The child develops feelings of competency and motivation for learning when provided opportunities for play and individual choice. Learning occurs when the child is actively involved with the materials of the environment. Through careful observation of play, teachers are able to assess development and add challenges or direction as needed to further individual growth. The classroom environment is arranged to provide ample choices for children to encourage independent thinking and a gentle unfolding of abilities.

**Environment**

The physical environment of the Center has been set up to enhance our program goals. It offers challenges, choice, and encourages independence. It offers avenues for cooperative play and involvement with varied materials. It also offers the opportunity to be "messy". Getting involved in play activities without concern for clothing or appearance is an important aspect of a child's learning. It is through intense interaction with the environment that children learn about the physical properties of the real world. It is also how they test ideas, sort out feelings, and learn competency -- all important aspects of good development. We believe it is important to value this interaction with the environment.

**Discipline**

The key to effective discipline (from the word "disciple" which means "to teach") is consistency and setting clear reasonable limits. We set limits based on two guidelines: not hurting yourself or others, and respecting the physical environment. When disciplining a child, our goal is to guide the child in developing self-control as opposed to external or adult control. We believe that it is important for children to know that it is all right to have both negative and positive feelings. We help the child learn constructive ways to express emotions and settle conflicts with an emphasis of verbal problem solving.

In guiding children, our goal is to help them learn to trust the people around them and the environment, to feel good about themselves, and to develop self-discipline. Our discipline techniques are practiced to help children develop self-control; not behave according to adult-imposed control or fear. Your Classroom Manual contains important information about child development to help you understand children’s behavior and provide effective guidance. It is expected that you will ask questions at staff meetings and try out new ideas while working at the Center to further your appropriate use of effective discipline methods.
Staff

Staff members are comprised of CSLA students who work as student assistants, and full time teachers who are graduates in child development. Student assistants have varying backgrounds; some are near completion of their degree program in child development and some have just begun their academic careers. The one factor all student assistants have in common is their desire to work with children and grow in their understanding of child development.

You, as the teacher, play an important role in accomplishing our program goals for the young child. You enrich the environment by the materials and activities you bring that enable the child to experiment and explore. You also enrich the environment by bringing yourself. Who you are as a person has a significant effect on the child. Knowledge goes through us, influenced by our personalities, and in turn, influences those around us.

The children in our program are dependent on the adults around them to meet their needs. Their physical, emotional, social and cognitive growth is guided and nurtured by the adults who care for them. Add to this the long hours these young ones are in our care and it becomes clear what a special job we teachers have. We must see our interactions with these children as ultimately important in providing them with enough love and respect that they may go on to love and respect others.

Parents

Parent involvement is a critical component of our program. It adds to the quality of both the parent and child’s school experience. Children benefit tremendously when their parents are involved in their school. Parent involvement teaches children that their parents value their school and find it important enough to give of their time and energy. Parent participation further gives parents the opportunity to feel important and involved in their child’s education and supports open communication between teacher and parents. For these reasons we have mandatory parent participation which requires that each family contribute their time and skills for a minimum of one “job” per quarter.
EMPLOYMENT INFORMATION

The Children’s Center maintains a policy of nondiscrimination with employees and applicants for employment. The Center promotes the hiring of qualified individuals without regard to race, color, religious creed, national origin, ancestry, sex, sexual orientation, marital status, age, handicap, disability, medical condition or status as a veteran provided they meet the requirements established by the Center for the position.

Employment, retention and advancement of employees shall be based on merit and be responsive to the needs of the Children’s Center for quality and excellence.

Once hired, you are an employee of either California State University or University Auxiliary Service, depending on your position with the Center. Detailed personnel information will be provided you by the appropriate organization’s Personnel Manual.

Employee Requirements

Upon offer of employment at the Children’s Center all employees are required to provide the following information: (forms are provided by the Center)

1. Completed application
3. Tax exemption form
4. Health screening - (LIC 503) A routine physical signed by a physician.
5. Verification of clear TB test, completed within one year of date of employment.
6. Live Scan clearance
7. Emergency and Medical Release form (appendix)
8. Notice of Employee Rights (LIC 9052)
9. College transcripts (unofficial acceptable - to be updated every year)
10. Verification of training and certification in preventive health practices and pediatric CPR (for full-time positions)*

*CPR requirement: Effective January 1, 1995, the State Legislature amended the SDSS Health & Safety Code (§1596.866) to require all day care centers to have at least one staff member who has current certificates in pediatric CPR and pediatric first aid to be available at all times when children are present at the facility. All full time Teachers, Lead Teachers and the Director are mandated to meet this training requirement. Training must be provided by the American Red Cross, the American Heart Association or a training program approved by EMSA. Course completion certificates should be kept on file at the Center, and training must be renewed by the employee as shown on the course completion certificate.

Staff Orientation

Prior to assuming job duties all employees will be provided with a paid orientation meeting which lasts approximately three hours and may be held in two sessions.
Orientation includes:
- Program philosophy
- Discipline policies
- Health and safety practices
- Personnel policies
- General classroom procedures
- Staff handbook

On the job orientation is provided by the classroom lead teacher and includes:
- Specific guidance in classroom procedures
- Curriculum planning and implementation
- Location of supplies
- Infection control and sanitation procedures
- Developmentally appropriate practices.

Program material given to you to review, to keep, to know, and to practice:
- Center Staff Handbook
- Classroom Manual
- Your specific job responsibilities as outlined in your job description plus the job descriptions of other staff in your area (see appendix)

Requirements for you to complete within first month of employment:
- Required reading:
  - Classroom Manual
  - Infectious Disease in Child Care Settings
  - Children’s Center Blood Borne Pathogen Plan
  - Teaching Preschoolers: It looks Like This...In Pictures by Jeannette G. Stone
  - Together We’re Better by Bev Bos
  - NAEYC Code of Ethical Conduct
- Viewing of videos provided for training.

Job Description And Responsibilities
Copies of staff job descriptions and responsibilities are located in the appendix of this handbook. Please review with your lead teacher and ask for clarification where necessary. Although job descriptions are provided to assist staff in communicating job responsibilities, they are only guidelines and are not intended to cover all tasks or duties you may be assigned. Job descriptions normally change over time as the Center adjusts the program to meet the individual needs of children, parents, and teachers. From time to time, all employees are expected to perform duties and handle responsibilities that are not part of their normal job. If, over the course of the quarter, the new duties and responsibilities remain a significant part of the assignment, the job description will be changed.
Designation Of Authority

In the Director’s absence the Assistant Director or designated Lead Teacher will assume full program responsibility. In her absence program responsibility is passed on to a second designated Lead Teacher. In the absence of any Lead Teacher a fully qualified Teacher (12 units ECE -- as defined by Title 22) will be in charge. (see Organizational Chart in Appendix). Full program responsibility means supervision and accountability for all teacher and assistant teacher actions, maintaining a safe environment, and protecting the physical safety of each child.

Designation of responsibility for program further entails familiarity with all emergency procedures in case of fire, earthquake or other natural disaster; or in the event of child injury, illness, or parent failure to pick up child. Supervisory staff are responsible for reporting all messages and activities to the Director.

AT NO TIME MAY SUPERVISORY STAFF LEAVE THE CLASSROOM OR BUILDING SITE WITHOUT VERBAL TRANSFERAL OF RESPONSIBILITY TO THE NEXT IN CHARGE.

Probationary Period

The trial period for new employees lasts up to 90 calendar days from date of hire. During this time, you have your first opportunity to evaluate the Children’s Center as a place to work, and management has the first opportunity to evaluate you as an employee. All employment with the Center is at will. This means both you and the Center are free to terminate employment at will at any time.

Each new employee will be evaluated after a three month period. The result of that evaluation will assist both the supervisor and the employee in determining the employee’s progress on the job. All employees, regardless of classification, status or length of service, are expected to meet and maintain Center standards for job performance and behavior.

Work Study students and Student Assistants are hired on a quarterly basis. Students may be re-hired each quarter based on prior quarter job performance, classroom staffing requirements and budgetary considerations.

Work Schedules and Assignments

Your hours of employment are determined each quarter based on classroom need and your school schedule. Unless otherwise requested to alter or extend these hours by your supervisor, you are expected to adhere to these hours. Overtime must always be authorized in advance by the Assistant Director. Time off for appointments must be cleared by your supervisor one week in advance if possible. If you must leave work early for any reason, notify your supervisor.

Staffing at the Center is directly related to the number of children enrolled. If the enrollment decreases, it is possible that the number of hours worked by staff would be reduced. In such a case the employee would be paid only for the actual number of hours worked. Student assistant
(SA) work schedules are designed to provide as much caregiver consistency as possible within the campus employment requirement of hiring part-time CSLA student employees. The shifts are between 2-8 hours per day for a total of 20 hours a week or less.

In the interest of providing consistent staffing for the Children’s Center the following guidelines will be used when assigning student staff work schedules:

1. SA’s must submit available work hours by the end of the 8th week of each quarter. After this deadline new employees will be considered for any hours not yet assigned.
2. Priority consideration will be given to employees who are available for:
   - 8 hour time blocks, 2 to 3 days per week;
   - 4 to 6 hour time blocks, 4 to 5 days per week;
3. Staff members must submit the full amount of hours they are available to work even if it exceeds 20 hours. Do not submit limited hours in a time slot you think will be needed in a particular classroom -- this severely limits options in staffing the Center for consistency.
4. SA’s must notify the Center if they are employed by other departments at CSLA. Employment in multiple departments may not exceed 20 hours in total.
5. Quarter break hours will be scheduled separately. Available work hours for quarter break must also be submitted by the 8th week of each quarter. Please designate quarter break availability separate from quarter schedules.
6. All vacations and personal need days must be planned during quarter breaks. Any time off during the quarter must be requested in writing two weeks in advance of leave and will be approved pending the Center's ability to find substitutes during your absence.

Each quarter staffing involves juggling up to 20 different schedules into a workable scheme. Please do your part by providing us with as many hours as you can. In return we will make every effort to assign the maximum hours possible to each SA.

**Lunch And Rest Periods**

Your supervisor is instructed to provide one 15 minute rest period for each four hours worked, scheduled, to the extent feasible, in the middle of the work period. Since the needs of the children are paramount, the supervisor is authorized to adjust rest periods as required by program needs. Budget permitting, the director will provide additional floor coverage during teacher break periods. We ask that you remain in the Center for your 15 minute breaks in case of an urgent need to call you back into the program. A half hour unpaid lunch period will be provided for all work periods lasting longer than 6 hours, except that an employee who works for not more than six hours can agree to waive the meal period.

Lunch and Rest Period schedule:
- 4 hour shift -- One 15 minute paid break.
- 6 hour shift -- One 15 minute paid break and one mandatory 30 minute meal period, unpaid (unless waived).
- 8 hour shift -- Two 15 minute paid breaks and one mandatory 30 minute meal period, unpaid.
**Time Sheets**
All employees are responsible for signing in upon arrival and signing out when leaving the Center. Hours for the time sheets are then transferred to payroll vouchers which you must review and sign prior to each pay period. Time sheets must be used by all non-exempt employees, and according to California law, preschool teachers are non-exempt. All teachers must sign in and out each day. You must sign out on your time sheet for any break over 15 minutes long, including lunch breaks. Any time you leave the Center you must sign out and sign in when you return (unless leaving on Center business by express permission of the Director).

**Salary Schedule**
All student assistants are assigned a step on the CSLA student assistant pay scale. This assignment is based on child development units and experience working with children. Full time employees are assigned a step on the UAS pay scale based on position, experience, and training. All employees are evaluated annually with the possibility of merit pay raises at that time.

**Keys**
Center building and room keys will be issued to persons authorized by the Director to have such keys. Under no circumstances may a key be duplicated or transferred to another individual without proper authorization. Charges will be assessed for lost keys and/or lock changes made necessary by the loss of keys.
PERSONNEL POLICIES

Staff Development

Staff meetings are conducted to facilitate communication concerning the Children’s Center program, early childhood theory and practice, child development, and teacher growth and development. Teacher meetings are held weekly and all-staff meetings are held monthly. Staff training is conducted periodically throughout the year to help renew staff energy and thinking about children. Staff meeting attendance and participation are an integral part of your job as a teacher. Open communication, on-going evaluation, sharing of ideas and active listening have a greater impact on the quality of our program than any other single component. Unless excused due to a scheduling conflict with your campus class schedule, attendance at staff meetings is mandatory. All staff are paid to attend any mandatory staff meetings not conducted during normal work hours. Workshop and conference attendance is provided for staff as budget permits.

Employee Benefits

All employees of UAS are provided with benefits as outlined in the UAS Employee Manual. These benefits may include paid holidays; paid time off for illness or vacation; medical; dental; and retirement benefits. Student Assistants are not provided with fringe benefits.

Child care is provided for Children’s Center employees as follows:
1. All employees must apply for childcare and follow waiting list priority rules. Full time employees receive priority in the faculty/staff category.
2. Full time employees are charged at the student rate.
3. Reduced child care rates are available only for the hours the employee is working at the Center and enrolled in CSLA classes. (Schedule of classes must be provided by employee)

Standards of Conduct

Groups of people who are working together for any purpose require certain guidelines pertaining to their conduct and relationships. Accordingly, we ask that all of our employees be aware of their responsibilities to the Center and to co-workers and engage in direct communication and constructive criticism. All staff must assume responsibility for following guidelines for the safety and well-being of everyone at the Center.

♦ Work time: Work time is for working! Any conduct which interferes with the work time of a staff person will not be tolerated. Also, staff is not permitted to leave work areas during work time without permission of their supervisor. Work time does not include recognized breaks.

♦ Work performance: Employees are expected to put in a fair day's work. Unsatisfactory work, poor performance, producing work below standard, loafing or excessive time away
from the job, permitting avoidable waste, and lack of cooperation jeopardizes our children and other staff.

- Attendance: Punctuality and dependability are of prime importance to the efficient running of the Children's Center. When employees are late or absent, the functions of the Center cannot continue with the same degree of efficiency that is possible if every employee is on time and at work. If it becomes necessary for you to be late to work for any reason or to be absent from work because of personal business, illness (self or family), or death in the family, you are expected to follow the procedures listed below:
  1. Obtain advance permission from your supervisor whenever possible. Arrange for your own substitute from the phone list provided to you.
  2. In the case of illness, call the assistant director or director at home between 6:30 and 7:30 a.m. If at all possible arrange for your own substitute when ill. However, you must still notify the school of your absence and who your replacement will be.
  3. Notify your supervisor as soon as possible when a death in the family requires you to be absent from work.
  4. When an absence will be longer than one day, notify your supervisor daily or as often as needed to keep him/her informed as to the date of your probable return to work.
  5. A doctor’s verification of illness may be required if an employee takes more than two consecutive days of sick leave or if, in the opinion of the employee's supervisor, the absenteeism has been excessive.

- Attitude: All children, parents and visitors should be treated with kindness, friendliness, patience and respect. Staff should refrain from gossip, loud talking and other unnecessary noise and forms of conduct which could disturb the program and detract from the professionalism of the center.

- Confidentiality: It is contrary to the interest of the center and those we serve to give out information regarding children and their parents. Such information should be held in strict confidence and should not be discussed with anyone outside of the center. Inside the center, such information should be discussed only when it will benefit the care we offer the children and the parent, and such discussions should take place only during staff meetings or privately with your supervisor. **At no time will staff discuss individual children or personnel issues with parents at the Center or outside the work environment.** You are also expected not to discuss any problems or concerns in the presence of any child. Maintaining professional conduct is expected of all child care employees. Refer any inquiries on children, their performance, and/or parents to the Director.

- Dress and Personal Appearance: As all employees of the Center are representatives of the Center, CSLA and UAS, it is important that your appearance and attire be neat, clean and appropriate for working with young children, as well as meeting with parents and campus representatives. Lead Teachers and/or the Center Director may set reasonable standards and will have the authority to relieve employees from duty who do not meet the appearance and attire standards.

- Smoking is prohibited in the building and on the grounds of the Child Care Center.
Telephone Use: Center telephones are to be used for business purposes in serving the interests of our clients and in the course of normal operations. Answer all calls promptly and courteously. We ask that you make personal calls during your break time.

Parking: The Center parking lot is designated by CSLA as a staff lot. Only people with faculty/staff parking permits and parents are allowed to use our lot.
1. Students, including student assistants, will be required to use the student lots on campus. There is Student Parking out in front of the Center or right across the street in parking lot 5 that is very close and usually empty.
2. All UAS employees – You must purchase a faculty/staff parking permit. Pick up a form from UAS Human Resources, fill it out and take it to the Cashiers office on campus. Your parking permit will be processed immediately and $14.50 will be deducted monthly from your paycheck.
3. Parking enforcement will be the same here as it is in all other campus lots. We will not be able to do anything for you if you are ticketed.
4. REMEMBER – parking rules apply 24/7! Officers will ticket any unauthorized use of the lot anytime – even on the weekends!

Disciplinary Action
The Center uses a constructive approach to disciplinary matters to insure that the professional standards of the Center are being met at all times. Any serious violation of Center policy or procedure, or continued unsatisfactory performance, will result in termination in accordance with the Center’s at will employment policy. The constructive approach to discipline for corrective action does not require specific steps but may consist of counseling, oral and written warnings, letter of reprimand, demotion, suspension, or dismissal. Although there is no way to identify every possible violation of standards of conduct the following is a partial list of infractions which will result in corrective action.

Actions requiring immediate discharge
Most rules involve common sense and accepted standards of good conduct. Violation of the following rules is considered serious and may result in discharge without prior warning:
1. Striking or abusing a child, humiliating a child, endangering the life of a child, withholding food from a child as punishment.
2. Abusive or inconsiderate treatment of parents, staff or visitors.
3. All program policies regarding child guidance and supervision must be followed. Any reported case of suspected child maltreatment, abuse or neglect perpetrated by a Children’s Center staff person will result in the immediate suspension of any contact with children at the Center. Suspension may be with or without pay.
5. Unauthorized removal of center confidential information.
6. Refusal to perform assigned work or follow instructions.
7. Gross carelessness or negligence.
8. Willful destruction of property.
9. Sleeping during the supervision of children.
10. Coercing or inciting others to limit work performance or engage in any practice in violation of center rules.

11. Unauthorized absence. Employees must notify supervisory personnel immediately upon necessity of absence. In order for the center to operate effectively, we ask that you keep us informed of your status when you are off work because of illness or injury. If you fail to notify us after three consecutive absences, we will presume you have resigned, and you will be removed from the payroll. Likewise, you must call your supervisor daily while off due to short-term illness or accident, or we will presume you have resigned, and you will be removed from the payroll. If you must leave work for any reason before the end of the day you must inform your supervisor.

**Code Of Ethics**

The Center adheres to the National Association for the Education of Young Children (NAEYC) Code of Ethical Conduct. Employees are expected to follow this code when making workplace decisions of an ethical or moral nature. Copies of the *NAEYC Code of Ethical Conduct* are provided for you in the appendix.

**Performance Evaluations**

You will be asked to complete a self evaluation annually along with the annual performance evaluation completed by your supervisor. Such evaluation will be based on your performance of duties and responsibilities as outlined in the job description along with all goals and objectives established by you and your supervisor. The joint performance evaluation process allows you and your supervisor to discuss your overall performance and summarize the formal and informal performance discussions held with you throughout the review period. This process will review your strengths and also point out ways to improve your performance.

**Personnel Files**

Child Care Licensing (Title 22 §101217 ) requires that employee records be maintained at the work site. Employee personnel files are maintained in the Campus Children's Center office. Performance review, change of status records, recommendations, reprimands, and transcripts are some of the records maintained. Employees are responsible for keeping their personnel records up-to-date and accurate. This includes certifications of training, education, permits, health screenings, etc. Employees should notify the Children’s Center Office and the Human Resource office of any changes such as: address, telephone number, and family status. These files are confidential; however, an employee may contact the Center Director and make an appointment to review his/her file. By law, your personnel file is kept for three years once you leave the Children’s Center.

**Grievance Procedures**

Staff are encouraged to discuss their concerns regarding the program with their lead teacher and/or the Director. In the event that the problem is not resolved, you may request a review
through the UAS Dispute Resolution Procedure. This request for a review must be presented within five days of a final decision by the Director.

**Resignation**

An employee who resigns should give at least 10 working days notice if he/she wishes to terminate his/her employment without prejudice. This time is required so that an orderly transition can be made.

**Social Media Policy**

All Children’s Center staff agrees to follow our social media policy as stated:

- Do not disclose any confidential, defamatory or sensitive information about Children’s Center staff, children, enrolled family members, students, interns or any other person connected to the Children’s Center.
- Please use caution when using social media sites that allow sharing personal information or photos. Be aware of all times of how you are representing yourself. If the content seems questionable it is better to err on the side of caution and not post the information.
- No photos of children, enrolled family members, staff, practicum students, interns or any other person connected to the Children’s Center without written permission of the person or parent/guardian.
MANDATED REPORTING RESPONSIBILITIES

Suspected Child Abuse Reporting
Child care providers are required by law (§11166 of the State Penal Code) to report suspected child abuse or neglect to the Department of Children’s Services (DCS). In the event of reasonable suspicion, both the DCS and the parent will be notified and an investigation will be made. DCS has the authority to "observe and/or interview children, or staff, and to inspect and audit child or facility records without prior consent.” As a mandated reporter, you have absolute immunity from criminal or civil liability for reporting suspected abuse as required or authorized. The statutory duty to report is not excused or barred by the professional privilege of confidentiality. The primary intent of the report is to protect the child and help the parent. You will be provided with in-service training on recognizing the signs of abuse so that we may function as responsible reporters, and you should review the handout Staff Concerns Regarding Abuse prepared by the Children’s Protective Services (see appendix).

Child abuse is defined as:
* a physical injury which is inflicted by other than accidental means on a child by another person.
* sexual abuse, including both sexual assault and sexual exploitation.
* willful cruelty or unjustifiable punishment of a child resulting in physical pain or mental suffering.
* corporal punishment or injury resulting in trauma.
* neglect, including both severe and general neglect.

In the event of reasonable suspicion of abuse the Center will notify both the Department of Children's Social Services and the parent. It is not our job to investigate or place blame. We function as a support system to the child and family during and after the investigation.

If you suspect child abuse or neglect:
1. Staff member will report to the Lead Teacher or Director within 24 hours of suspected abuse or neglect.
2. Within 36 hours the Director/Designee will make a verbal and written report to the Child Protective Agency (800-540-4000) and/or the University Police Department.
3. Parents will be notified by the Director/Designee or the Child Protective Agency.
4. No anonymous reports are to be made regarding children at the Child Care Center.
5. The Director/Designee will keep one copy of the reporting form for the child’s file and send one copy to the Executive Director of University Auxiliary Services. The Director will also make an oral report to the Auxiliary Executive Director. The Director will make an oral report to the Vice President for Student Affairs when a student parent is involved.
6. All child abuse reports are to remain confidential.
Notification of Communicable Illness

All classroom parents and staff will be notified in writing of any contagious illness exposure. The nature of the illness will be described along with suggestions for actions to be taken. You will receive training in infectious disease control during your staff orientation meeting, and you must call the Center office to report any illness you may contract while employed at the Center in order to determine if an exposure notice is required for your illness.

Health Department Reporting

Title 17, California Code of Regulations, §2500, requires child care centers to notify the local health authority immediately if they know or suspect a case of any of the following diseases or conditions:

- Hepatitis
- Meningitis
- Rabies
- Epilepsy
- Mumps
- Scarlet fever
- Measles
- Pertussis
- Tuberculosis

For outbreak reporting of occurrences of unusual and rare diseases, see §2502 and §2503 of above manual. The above is a partial listing of required reportable diseases. For a complete list, see §101212 of the SDSS Community Care Licensing Manual.

The Director or designee shall be responsible for reporting all such occurrences to the Los Angeles Department of Public Health: 213-580-9800.

Community Care Licensing Reporting

Upon the occurrence, during the operation of the facility, of any of the events specified in section (a) below, a report shall be made to Community Care Licensing within the next working day during normal business hours (Title 22, §101212). In addition, a written report containing the information specified in section (b) below shall be submitted within seven days of the occurrence.

(a) Events reported shall include:

- Death of any child from any cause
- Any injury to any child which requires medical treatment
- Any unusual incident or child absence which threatens the physical or emotional health or safety of any child
- Any suspected physical or psychological abuse of any child
- Epidemic outbreaks
- Catastrophes
- Fires or explosions which occur in or on the premises

(b) Information provided shall include the following:

- Child’s name, age, sex, and date of admission
- Date and nature of event
- Attending physician’s name, findings and treatment, if any
- Disposition of case

The Director or designee shall be responsible for reporting all such occurrences. Our local child care licensing agency is located at:
To protect the safety and health of all employees, federal and state regulations require all safety and injury prevention procedures be posted and followed by all employees. You will find this information on the bulletin board in the staff lounge. Any injury that occurs on the job, no matter how insignificant an injury may seem when it occurs, must be reported to your supervisor or the Director to provide prompt evaluation and obtain medical attention if necessary. In no circumstance, except an emergency, should an employee leave his or her program without reporting an injury that has occurred.
HEALTH PROCEDURES

Daily Health Screening
Teachers are required to make an informal health inspection as each child arrives at school. (Title 22, §101326.1) While greeting the child, get on the child's level, touch her skin and look at her general appearance. If the child appears ill, talk to the parent to determine the child’s health status before the child is left at school for the day. Things to look for when doing a health screening include:

- listlessness
- visible rash
- excessive coughing or runny nose
- feverish appearance or warm to the touch
- verbal complaints of not feeling well
- parent reports child is not feeling well
- signs of injury such as noticeable bruises or cuts

Note: If the child is not well enough to participate fully in the day's activities, including outdoor play, the parent may not leave the child at school. Also, if the child has had any of the following symptoms or illness in the previous 24 hours the parent may not leave her at school:

- fever
- nausea or vomiting
- impetigo
- earache
- severe coughing
- strep throat
- diarrhea
- conjunctivitis (pink eye)
- head lice/eggs (untreated)
- rash of unknown origin

Exclusion Guidelines
In the event a child develops any of the symptoms listed below, a teacher will contact the parent to have the child picked up. While waiting for the parent to arrive, the teacher will isolate the child and complete a symptom record on an incident report. (Title 22, §101326.2).

To take a child's temperature, follow the instructions found in the appendix. For additional information, a list of Guidelines for Exclusion From Day Care appear in the appendix.

* Symptoms and signs of possible severe illness - such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficult breathing or wheezing
* Diarrhea - this means more than one abnormally loose stool that cannot be contained in underwear
* Severe Coughing - child gets red or blue in the face. Child makes high-pitched croupy or whooping sound after he/she coughs
* Conjunctivitis (pink eye) - tears, redness of eyelid lining, irritation, followed by swelling and discharge of pus
* Fever - 100F oral, 101F rectal
* Unusual spots or rashes
* Infected skin patches - crusty, bright yellow, dry or gummy areas of skin
* Vomiting
* Head lice or scabies (severe itching of body or scalp or scratching of the scalp) - lice treatment must be completed (shampooing with a proven pediculicide) and all nits removed from hair. Treatment must be repeated in 7-11 days but does not require removal from school as long as there is no reinfestation.
* Impetigo - until 24 hours after treatment has been initiated
* Strep Throat - until 24 hours after initial antibiotic treatment and cessation of fever
* Chicken pox - until 6 days after onset of rash or until all sores have dried and crusted
* Pertussis - until 5 days of appropriate antibiotic treatment (currently erythromycin) to prevent an infection have been completed
* Mumps - until 9 days after onset of parotid gland swelling
* Hepatitis A virus - until 7 days after onset of illness or as directed by health official
* Measles - until 6 days after onset of rash
* Rubella - until 6 days after onset of rash

If the child has any of the following symptoms and DOES NOT have a fever call the parents to ask if they are aware of the symptom and obtain any information they have about the child's condition or diagnosis.

- Unusual behavior - child is cranky or less active than usual. Child cries more than usual. Child feels general discomfort or just seems unwell.
- Yellowish skin or eyes
- Sore throat or trouble swallowing
- Unusually dark, tea colored urine
- Gray or white stool
- Headache and stiff neck
- Loss of appetite

**Illness First Aid**

* Fever - cool down without chilling. Remove child's outer clothing, wrap in light cloth that is damp with tepid water if necessary. Observe child closely, watch for signs of looking "poorly" and possible seizures.
* Vomiting - offer supportive care, give nothing by mouth. Encourage slow deep breathing if possible. Call parents.
* Cough and colds - two areas of concern:
  * -Croup (loud barking cough) -- call parents. Keep child near humidifier or in steamy room if possible (run hot water in sink to steam up bathroom).
* Epiglottis - child looks bad, drooling, won't lie down, difficulty breathing. Needs emergency treatment fast. Call paramedics or take directly to emergency room. Do not look in throat. Opening mouth can cause immediate closure of airway.

* Seizures - seizures are self-limiting, they will stop by themselves. Care is supportive. Keep child from hurting himself, lay on left side and aspirate if possible. Pay attention to how child looks, how long seizure lasts, and what happened just before. Call parents immediately.

* Coma - place child on left side, if injury is suspected immobilize torso. Contact paramedics. Try and find out events leading up to the coma.

When the Director is not in the office to assist with emergency or illness, use the emergency file in the office for information and procedures for contacting parents. Be familiar with emergency procedures so that you may act quickly in the event of a serious accident or illness.

**Re-Admittance To School**

Good communication with parents is essential when determining their child's health status. Upon the child's return to school the admitting teacher must question the parent regarding the child's symptoms to assess whether or not to readmit the child. It is important to follow common sense guidelines in this assessment. Tact and discretion are called for when assessing reentry to school.

Ask questions regarding the progression of symptoms, any medication given, and time the last medication was given. Consider the appearance of the child -- does he/she look well? Question the parent thoroughly on the previous day's symptoms. Did the child improve as the day went by or did the symptoms worsen? If a child went to bed with a temperature or vomiting that child should not be considered well just because he/she woke up symptom free. Temperatures often go up as the day progresses. Also, the child may be on a medication which masks symptoms.

It is important to decide on whether or not to readmit while the parent is present. If the teacher decides to not admit the child the parent must take the child at that time. If you are not sure about re-admission it may be helpful to point out your areas of concern to the parent and then ask, "do you feel your child is well enough to come back and have a good day?" Remember -- parents really do know whether or not their child is well. They may lose their objectivity because of concern for their child or job pressures, but when asked direct questions regarding their child's health they are usually helpful.

Please use this same assessment technique over the phone when parents call before bringing their child in. It can be especially helpful to a parent to be able to call school early and get accurate information about whether or not to bring their child in to school after an illness.

REMEMBER -- in most cases the decision to readmit is a co-decision involving parent, teacher, and child. However, the teacher is responsible for the health of the general classroom population and therefore must make the final decision when re-admission is questionable. When in doubt, request a second opinion from the Director.
Medication Policy

Lead teachers may administer medicine if requested by a parent and if the parent completes the permission form each time a medication is brought into the Center. All prescribed medications must, by law, be dispensed in child-resistive safety containers, labeled with the child's name, the name of the drug, and the directions for its use. Prescription and non-prescription medications will not be administered to a child without the written order of a physician that indicates the medication is for that specific child. No medicine, including vitamins, may be administered by a child. All medications will be centrally stored in a safe place inaccessible to children.

Medication will be administered at school only when the following guidelines are followed:

1. Prescription medication - the prescription must be made out for the child in question, dated pertinent to the current illness, and the dosage clearly marked. Prescriptions for siblings or other family members will not be given, nor will medication in "sample" bottles or bottles other than the prescription container.

2. Over-the-counter medication will be given only if the medication has a prescription label stating the child's name, dosage, and dates pertinent to illness. Pharmacists will type a label to clarify dosage, etc., without doctor's prescriptions.

For all situations involving medication, release forms must be filled out and signed by the parent.

All medications are to be kept locked in the refrigerator. At no time is medication to be left lying within reach of the children. When a parent asks you about giving medication to his child, please have him/her fill out a Medication Request Form. Give this form to child's Lead Teacher. She will post the information on the bulletin board and supervise the dispersal of any medicine.

Medication will be dispensed by authorized teachers only. Part-time or substitute staff may not give medication to children. The Lead Teacher in each area is responsible for making sure medication is given at the proper time and proper dosage, and that written record is made of that fact.

If there is ever any question regarding medication dispersal, please check with the Director.

Exclusion Of Ill Staff

Please inform your Lead Teacher if you are taking medication on your work day. Although aspirin is available in the office when necessary, it is best to avoid working with young children when you are on medication as it can make you drowsy. You also need to complete a medical emergency form for your file in the event that you become seriously ill at work and we need to contact someone on your behalf.

Essential Education Regarding Infectious Diseases

Teachers, parents and children must be educated regarding blood borne pathogens, contagious diseases and the health policy in effect at school. Educating parents and children with the following information will help assure a healthy environment and promote compassion for others. For a list of infection transmission in child care centers, see the appendix. Adults need an
understanding of typical childhood contagious diseases including transmission and symptoms; blood-borne pathogens; acceptance of the importance of notification; the school contagious disease policy; and how to positively reinforce children’s education regarding contagious disease. Children need to know that their body is special and private to them; the importance of washing away germs and following positive health habits; hygiene and sanitation practices. Under no circumstances should children share pacifiers, toothbrushes or “mouthed” personal items.

Disease and epidemics are transmitted by microorganisms. A number of these microorganisms have the ability to adapt and resist common treatment, and this adaptability makes the goal of finding a cure very difficult. Blood borne pathogens are microorganisms (virus, fungus, bacteria, parasites) present in human blood capable of causing a variety of disease in humans. At the child care center, we are primarily concerned with the Human Immuno-deficiency Virus (HIV), the Hepatitis B Virus and the Tuberculosis bacilli. There is the possibility that students, teachers and parents could be exposed to disease while dealing with an injury at the child care center. Therefore, we have designated paid staff as the only persons allowed to perform first aid and personal care needs with children. No volunteers, practicum students, or parent volunteers are to provide first aid. All staff realize that rendering first aid is not their primary job assignment but a collateral duty (See Group I Employee in Center’s Blood Borne Pathogen Exposure Plan).

Universal precautions will be observed by all child care center employees to minimize/prevent exposure to blood and other infectious materials (CAL/OSHA regulations).

Group 1 employees are defined as all full time administrative and teaching staff. Only Group I employees are considered designated first aid providers. To further minimize potential infection, all Group I employees who have occupational exposure shall be offered the Hepatitis B vaccination series within 10 days of beginning classroom duties. Group II employees are all assistant teachers, office staff, cooking staff and volunteers. These employees shall not handle injuries under normal circumstances. If you are a group II employee and you see an injured child take them to a full time teacher for first aid.

Hand Washing

All staff, participating adults and children must wash their hands frequently while at the Center. Germs grow in warm, moist places, especially on palms, between fingers and under nails. Moist germs enter the body through the mouth or nose. Hand washing removes germs from hands before they touch food or utensils which go into the mouth. Surfaces and equipment handled by others contain germs and lead dust. In a group child care setting, the viruses responsible for colds circulate rapidly, especially during the winter months when we tend to remain indoors for longer periods of time. The virus concentration in respiratory secretions is usually highest 2 to 3 days before a person develops symptoms of illness. As a result, the classroom air and everything your bare hand touches picks up germs. Hand washing is the single most effective method of reducing illness and the spread of germs. Children should be instructed and assisted to wash hands just as adults. The proper hand washing procedure is:

1. Remove rings (Suggestion: wear rings on necklaces during work hours)
2. Wet hands with running water
3. Use liquid soap (antibacterial may be helpful during cold and flu season)
4. Wash from front to back of hands to finger tips using a scrubbing, over-and-under motion and rinse with running water
5. Continue washing for at least 20 seconds
6. Dry hands with paper towel (common towels may not be used)
7. Use paper towel for turn off faucet
8. Dispose of paper towel in a closed, lined trash can
Wash hands before:
* beginning work with children for the day
* any food assistance, preparation or consumption
* diaper changing or assisting with toileting
* setting out sheets and blankets for naptime
* leaving the school

Wash hands after:
* wiping/blowing noses
* diaper changing or assisting with toileting
* removing disposable latex gloves
* personal toileting
* yard supervision
* handling any soiled paper or clothing
* sneezing or coughing into one's hand
* contact with body fluids (vomitus, etc.)
* handling a pet to remove germs found in saliva and feces
* leaving work for the day

Sanitation Procedures
All staff must follow appropriate sanitation procedures for the health and safety of everyone attending the Center. For example, toxic materials, soaps, detergents and cleaning compounds must be stored where inaccessible to children and away from food supplies. All dishes and utensils used for eating must be cleaned and sanitized after each use. Each classroom stores one spray bottle of cleaning solution and one spray bottle of disinfectant in the locked cupboard above the sink. These are used in the sanitation of tables, chairs, counters, walls, and water tables.

Garbage cans should be lined and have lids (foot operated preferred). Any can without a lid must be for office paper use or art project paper scraps. Children and adults are to be instructed to place tissues, paper towels, napkins, food stuffs and Band-Aids in a can with a lid. Contaminated items (paper towels from wiping a contaminated surface, tissue with blood, etc.) must be placed into a sealed or tied plastic bag and deposited into a lined garbage can with a lid.

Items to be sanitized daily
* counter tops and edges
* table surfaces and edges
* sinks and toilets
* soiled areas
* items placed in mouth
* bathroom doorknobs
* all water tables used for water play

Items to be sanitized weekly
* trash can and lid
* mats and cots
* well-used toys

**Soiled laundry** should be bagged separately in a tied plastic bag and placed in the child's cubby. If possible, launder sheets on a daily basis. If not, separate sheets and launder weekly or when soiled. Launder blankets weekly or when soiled. When laundering, add a small amount of bleach to the water.

**Bedding** shall not be shared by different children. Bedding must be marked with individual child's name or fitted with a clean sheet daily to prevent contamination due to contact. Cots must be disinfected weekly or daily if soiled or wet. (Title 22, §101339.1)

**Latex Gloves**

The issue over whether and when to use disposable gloves in a child care setting has been a matter of controversy among health and child care experts. The American Academy of Pediatrics Task Force on Pediatric Aids does not recommend that gloves are mandatory for contact with urine, stool, vomit, nasal and oral secretions - provided they are not contaminated with blood. In preparation of this section many factors were considered including liability, child self-esteem, risk tolerance, budget, individual comfort levels, infection control and misconceptions. The following guidelines are therefore provided for your information. Gloves should be worn under the following circumstances:

- blood-related injuries
- when adult has a break or cut in the skin
- when assisting with toileting involving a stool*

*While hand washing provides protection against infection transmitted through feces, gloves are suggested as there are situations where blood may not have been anticipated or recognized.

Gloves used for infection control should be made of latex and be disposable. Gloves should never be washed or reused. A new pair of gloves should be used for every situation. Gloves should be turned inward by removing from wrist to fingers, wrapping one glove inside the other while removing, and disposed of immediately in a covered, lined trash can. Disposable latex gloves are located throughout the school and in the:

- children's bathroom
- staff fanny packs worn while supervising outdoor play
- first aid kits
- fanny packs for field trips

**Handling Blood-Related Injuries**

Be aware of broken or cut skin areas on your hands. Skin lesions or wounds should be covered with a bandage. Speak to injured children in a calm voice with reassuring messages. Educate children, parents and volunteers to get a teacher in case of blood injuries. Remind children not to touch another person's blood. For the safety of the children and yourself, only Group I staff are permitted to handle blood injuries at school. When a blood-related injury occurs:
1. Put on disposable gloves.
2. Calmly ask anyone who has come in contact with the blood to wash his or her hands.
3. To avoid having blood splashed or vomited into one's eyes, nose or mouth, turn the child away from your face.
4. Disinfect any surface that has been contaminated by blood.
5. Dispose of all soiled items in a sealed plastic bag.
6. Place sealed plastic bag into a lined garbage can with a lid.
7. When gloves are not available-create a barrier between your hands and the blood using any immediate items around you such as washcloth, paper towels, napkins, clothing (yours or the child's) and thoroughly wash hands with soap.

What to do if exposure to blood occurs? If direct contact occurs (person-to-person contact via infected blood, body fluid, mucous membranes or the skin) we will assume that blood is contaminated. Report the incident to the Center Director by the end of your work shift and follow the steps outlined in the Center’s Blood Borne Pathogen Exposure Plan. Employers must offer the Hepatitis B vaccine at this time to any employee believed to be exposed to contaminated blood, and if an employee refuses the vaccine, a waiver must be signed.

Note: Infection through the skin cannot take place unless you have a break in the skin, or a port of entry.

Biting
Clear guidelines for handling children who are persistent biters are established for the management and elimination of this difficulty. When dealing with a biting child lead teachers will:
♦ provide written information to parents
♦ provide any deadlines in connection with the guideline
♦ state clearly the manner in which staff will work with child
♦ state clear suggestions for parental follow-up at home
♦ educate staff regarding how to work with biters
♦ require consultation with therapist, if necessary

When a bite occurs:
1. Rinse area thoroughly
2. Monitor the bite (Call parent immediately if signs of infection)
3. If bite breaks the skin, contact parent of the injured child by telephone. Tell parent that her child has been bitten and the bite has broken the skin and suggest that the parent notify the child's pediatrician.
4. Document information concerning the bite, including telephone call to parent and action taken.

Note: The possibility of transmission of the AIDS virus through biting is remote, however for education and protection, this information is provided.
Handling Food

No one with signs of illness (including vomiting, diarrhea, open infectious skin sores) or who is known to be infected with bacteria or viruses that can be carried in food will be responsible for food-handling. Food preparers will not change diapers and vice versa. Hand washing routines of food preparers will be monitored by Lead Teachers at least once a week. Hand washing sinks will be separate from food-preparation sinks. Refrigerators will be maintained at a temperature below 40°F, and freezers below 0°F. Refrigerators will be kept clean, sanitary and maintained according to Health Department guidelines. All eating utensils will be washed in the dishwasher. Cutting boards must be made of a nonporous material, scrubbed with hot water and sanitized. All food storage will make use of air tight, labeled containers.

All meals will be served “family style” with each food item being made available to each child. Teachers are to check for food allergies and post in the classroom. Food returned from individual plates and family-style serving bowls is discarded. Drinking water is accessible to children who can serve themselves and offered between meals to all children, while indoors and outdoors. Water will be dispensed by drinking fountains or individual drinking cups. (Title 22, §101227 and §101427)

Handling Pets

Any pet or animal present at the facility, indoors or outdoors, shall be in good health, show no evidence of carrying any disease, and be a friendly companion for the children. No ferrets, turtles, birds from the parrot family, or any wild or dangerous animals may be kept at the center due to the increased possibility of spread of illness and/or bites from these animals. All pets shall be cared for properly and animal cages shall be of an approved type with removable bottoms which must be kept clean and sanitary. The living quarters of animals shall be enclosed and kept clean of waste to reduce the risk of human contact with this waste. Animal litter boxes are not to be located in areas accessible to children. Caregivers must always be present when children are handling pets. Children are to be instructed on safe procedures to follow when in close proximity to pets, such as learning how to handle them gently, and how not to provoke them or remove their food. Pet food supplies must be kept out of reach of the children. Pets shall be prohibited from food preparation, food storage, and eating areas. Children and adults shall wash their hands immediately after handling any animals or animal wastes.
ACCIDENT PREVENTION AND FIRST AID

The Children’s Center policies of health and safety are based on the belief that the health and safety of children are part of the learning process. By establishing limits and standards within the daily routine, the health and safety of the children is maintained. Staff should always be alert to the total situation and make sure that all areas are supervised.

Injury

If a child is injured while at the Child Care Center the parent or guardian will be notified of the injury and specific instructions regarding action to be taken will be elicited at this time. If the parent or guardian cannot be reached the Center will notify the person designated as the child's emergency contact for information. The Center maintains first aid supplies sufficient to care for minor injuries. Minor injuries will be noted on an Incident Report Form and a copy will be given to the parent.

Incident Report Forms

This form is used to inform parents of any minor injuries the child has received at school. The form must be completed by the teacher who witnessed the episode and signed by the lead teacher. The original is placed in the parent’s mailbox, and the copy goes to the office. The intent of the form is to notify parents of what happened, how the accident occurred and what steps were taken to aid the child. It is inappropriate to include the name(s) of other children involved on the form. Give the form to the Lead Teacher to sign. One copy is to be placed immediately in parent mail box. Leave the other copy for the secretary to file.

First Aid

In case of minor accidents while at school, each classroom is equipped with a first aid kit. All Group 1 employees (full time staff) may treat minor wounds and abrasions providing you wear gloves if blood is present. Any time a child is involved in an accident, the attending teacher must complete an Incident Report. The following first aid supplies are located in the classroom cupboards, over the sink area:

- Band-Aids
- Liquid soap (Ivory)
- Thermometer
- Cotton gauze
- Alcohol (for disinfecting thermometer only)
- Disinfecting ointment (not to be used under general circumstances)
- Tweezers

* Remember to record all injuries on Incident Report Forms *

First Aid Procedures:
1. For minor cuts and abrasions: cleanse with soap on moist cotton ball and rinse with running water. Band-Aid if bleeding persists. If it is a bad scrape, such as on the knee, be sure to get the area clean, then apply a small amount of medicated ointment (Neosporin) and a Band-Aid. Take note of where and how the accident occurred.

2. More severe cuts with bleeding: apply pressure with cotton or a clean paper towel. Extreme bleeding elevate area if possible and apply pressure at pulse point. Notify the Director and follow Emergency procedures.

3. If a child falls... a little fall or a big one... allow him/her to get up by him/herself. Go to the child calmly and reassure him/her. If the child is seriously hurt he/she will know what part can be moved and what part can’t. If the child isn’t seriously hurt, getting out of his/her own predicament will help greatly.

4. When the child is seriously hurt, conscious or unconscious, do not move him/her.

5. If any hard bumps are received, even though the child seems to recover spontaneously, report immediately to the Director.

6. Nosebleed: place cool cloth on forehead and apply pressure to lower sides of nostrils (on bumps) for a full 5 to 10 minutes uninterrupted. Have child sit up and lean slightly forward.

7. Human bites: clean area with soap and apply cold compress.

8. Insect bites: if you can see the stinger pull it out. Apply cold compress -- nothing else. Watch for allergic reaction (coughing, shortness of breath, hyperactivity, flushed, progressive reddening of area). Allergic reactions can be very swift and dangerous -- get medical help immediately.

9. Splinters: do not bother any that will not come out readily with tweezers (in the first aid cabinet). Wash area thoroughly with soap and leave alone.

10. Burns: apply cool water and then dry the area. Never apply ointments of any kind. Severe burns or electrical burns -- call paramedics.

11. Foreign bodies: eyes -- flush with water from inner to outer corner of eye. Ear and nose -- (beans, seeds, bugs, etc.) leave alone. Contact parent.

12. Fractures, dislocations: there will be point tenderness at place of injury. Check the joints above for movement and color. Splint it where it lies including joints above and below injury. Apply ice. Contact parents and/or Paramedics.

13. Head injuries: if unconscious check Airway, Breathing, and Circulation. Assume neck is broken and immobilize entire torso. Call Paramedics. If conscious but shows signs of vomiting, sleepiness, or pale color contact parents.

**Accident Prevention Policies**

Common sense and close observation lead to a safe environment for children. Familiarize yourself with the following suggestions for providing children with a safe program.

**Supervision:**

* Always keep in mind the number of children in your immediate group. Know where each one is and what she is doing.
* Children are not to go out of, or play on, the gates or fence around the playground.
* Do not leave a group for whom you have assumed responsibility without telling another adult that you are going.
* Never leave a group of children unattended by a designated adult in authority.
* Pets are to be handled only with a teacher in attendance. Teachers must instruct children in careful and appropriate handling of pets.
* No children are allowed in the kitchen unless accompanied by an adult.
* There are prescribed areas for various activities and generally, they should be conducted there. (Example: painting at the easel or table, clay at the clay table, sand in the sand box, bikes in the wheel toy area, etc.)

Movement:
* Always be alert to prevent children from running in front of trikes, slide, swings, etc.
* Help keep the floor free of scattered blocks or toys not in use.
* An adult should be available to guide movement flow of children in one direction on balance beam, tumbling mat, ladder, slide, trikes and other equipment to prevent bumping into one another.
* No throwing of anything that could injure others or damage property.
* No banging into things with wheel toys. Children should sit on bikes.
* Block building should not go higher than the child's head.
* Children must have both hands free when climbing. You may need to show a child where to place her hands and feet when climbing in order to teach her the safest way to get up and down.
* Wipe up spills on floor as soon as noticed to prevent falls.
* Do not permit children to stand on chairs or table tops.

Sharp Objects:
* Remind children to always walk while holding scissors, sticks, shovels, or other sharp objects.
* Scissors are to be used at the table only.
* Sharp knives, adult scissors, and work tools are to be regarded as potential sources of injury and need to be kept out of children's reach.
* Knives used by children in cooking projects will need to be supervised by an adult.
* Remove broken toys; watch for splinters, protruding nails, etc.
* Use non-breakable dishes in the sandbox.

Choking:
* Children need to be instructed to keep small objects out of their mouths.
* No peanuts or other nuts should be served to children under three years of age.
* Children are to remain seated while eating, for choking can occur if they run or fall while eating.
* No balloons are allowed in the program because of choking hazard, should they burst.

Poisoning:
* Store all chemical products out of reach of children, and keep them in their original containers for identification purposes.
* Keep phone number of poison control center by school phones for emergency use.

Warm and Cold Weather:
* On warm sunny days, don't allow children to get overheated. Encourage them to drink extra water. Teach appropriate use of drinking fountain.
* In cold weather make sure children wear warm protective clothing before allowing them outdoors.

**Guidelines For Preventing Sunburn**
Young children are more likely to get sunburned than adults but everyone should avoid prolonged skin exposure to sun. Areas such as the face, shoulders and backs of knees are more likely to burn than other areas, and children susceptible to burn should use sun block. Sun block should be kept in the first aid cupboard and the product should contain a number of 15 or more. Do not apply sun block to broken skin.

It takes several hours for a sunburn to show, therefore watching for reddening of the skin is not a dependable way to tell when a child has been in the sun too long. The sun's rays are most intense from 11 AM to 2 PM. Clouds won't stop the sun from burning either. Plan playtime in the shade, and provide frequent fluid intake and skin cooling measures such as a cool bath or cold compresses applied 3-4 times a day for 10 minutes during hot weather.

**Guidelines For Heat Exhaustion And Dehydration**
After prolonged exposure to high temperatures, children may have one or more of these symptoms of heat exhaustion:

- pale and clammy skin
- heavy sweating
- fatigue
- headache
- nausea
- vomiting
- weakness
- dizziness
- muscle cramps

Avoid heat exhaustion and dehydration by encouraging children to drink liquids and cool off frequently. Provide small amounts of clear liquids at least every 2 hours. Achieve quick and sanitary cooling by having children play under a sprinkler or using cool water on paper towels to remove perspiration and oil from their skin. Thirst is not a good indicator of dehydration because a child can become dehydrated before becoming thirsty. Check a child's frequency of urination and urine color (concentration) to determine fluid needs. Normally, the urine of a child should be pale yellow or colorless, and urination should occur every 2-3 hours. Dark yellow (concentrated) urine is a sign the body is dehydrated. If dehydration or heat exhaustion symptoms occur, move the child to a cool, shaded area and call the parent immediately.
EMERGENCY PROCEDURES

Each adult in charge shall assume responsibility for care in any emergency that occurs on school property or during school functions. If the Lead Teacher is not available contact should be made with another classroom adult or with the Director for back up. Emergencies are not pre-planned events. Therefore know these policies well and be prepared to act in advance of emergency situations.

All staff members are responsible for learning the emergency procedures for the school, and familiarizing themselves with the evacuation plan (see appendix).

Emergency Medical Information

It is the policy of the Center to immediately attempt to reach either the parent or identified authorized individual whenever a child is either sick or injured. All parents enrolling children in the Center must complete an Emergency Form which supplies the following information:

1. Parent locator information (class schedule or work information)
2. Parent telephone numbers
3. An authorized adult other than parent who can act in an emergency situation
4. A statement authorizing the Center to seek emergency treatment in the absence of the parent or other authorized individual
5. Authorized individuals who may pick-up the child from the Center

Dire Emergency

If the nature of the sickness or injury is such that the staff believes that immediate medical attention is necessary, the University Police will be called immediately and told to send an ambulance.

You contact campus police by dialing 911 directly.

When the University Police or a supervisor arrives, relate what information you have and remain available to assist as necessary. The Police will assume responsibility for summoning additional assistance, moving or removing the individual, or taking any other action that is necessary.

Parents should be contacted as soon as possible with information regarding their child's condition and location.

Consultation

In situations where the appropriate cause of action is unclear, call the Student Health Center at ext. 3-3300 for additional guidance.
After the incident

Be sure your supervisor receives a full report on the event. Make notes if necessary to help you recall time and circumstances.
**Emergency Procedures In The Event Of Fire**

The Center has developed emergency procedures in accordance with the University Police in the event of a fire or an earthquake. These procedures will be practiced with the children at regular intervals, and you need to make sure you understand your role. A copy of the Center *Evacuation Plan* follows in the appendix.

In case of fire, children evacuate the building under the direction of their teachers quickly yet calmly. When the alarm sounds:

- **Teachers** -- direct children nearest to you out of the building and be alert for fearful children. Help children walk in an orderly fashion to the meeting place on the central grass strip in the front parking lot.

- **Lead Teachers** -- take role sheet and direct assistants to move children outdoors. Check restrooms and classrooms to make sure all children have exited. Close all doors behind you as you leave to contain the fire. Move all children to meeting area in front parking lot and contain in a group until you receive “all clear” signal. Check sign-in sheets to be sure all children are present.

- **Administrative Assistant (or “A” room Lead Teacher)** -- take sign-in sheets and parent locator file box from desk in office. Check restroom and copy room as you evacuate building through the front lobby doors.

- **Kitchen Personnel** -- Check kitchen and kitchen restroom to be sure everyone has exited. Close kitchen doors behind you as you leave. Check hallway restroom and exit through the lobby doors to meeting area in front parking lot.

- **Director (or designee)** -- Notify campus police (911) to alert fire department and to direct trucks. Check office area and exit through lobby. Check with Lead Teachers for roll call. Check safety of building and provide teachers with the OK to re-enter the building.

**Last person to exit each room should close doors behind them. Do not open smoking or hot doors.** If fire spreads or smoke becomes heavy, move children to a safe area away from fire and out of traffic patterns of fire fighters. Stay calm - check for injuries and apply first aid. In the event that you may not reenter the building send a designated staff member to take the parent locator information to the campus police to notify all parents for pick up.

Water and gas shut-off’s are on south side of building next to Staff Lounge door. Electrical shut-off is located in back of preschool in locked utility closet.

**Procedures in Case of an Earthquake**

After the shaking stops:

. During shaking children and teachers must “duck and cover”.

After shaking:

- If classrooms are outside, they are to stay where they are (do not leave the yard until directed to do so) and move away from the building.
• If classrooms are inside they are to meet in the following locations (avoid overhanging ceilings and buildings whenever possible):
  • Eucalyptus, Maple, Magnolia leave the classroom and meet in the courtyard.
  • Mulberry is to move to their back yard with the possibility of exiting out the front gate at the top of the hill.
  • Bamboo is to move to their backyard close to the gate away from the building.
  • Bonsai is to meet in the side yard if they are in the small room side. If they are in the center room then they are to move to the front area near the creek.
  • Kitchen is to meet in the courtyard.
  • Office takes the emergency box outside and then delivers the sign in sheet notebook to each classroom.
  • If the alarm goes off during the earthquake then everyone is to remain evacuated until it is checked. Staff is not authorized to reset the alarm—it must be checked by the alarm company. The building must be authorized for entrance before anyone enters again.
  • Whenever there is an aftershock, the school must follow the same evacuation procedures each time.

In Case of Lock Down

- If it becomes necessary for a lock down, Assistant Director and Program Coordinator will notify everyone to go inside their classroom. We will say “inside” to the children.
- Director will contact campus police (call 911).
- Teachers are to take all of the children into the classroom quickly and calmly.
- Teachers should close all the blinds, try to keep the children calm and lock their doors.
- Administrators will check that all classroom doors are locked (if possible).
- Office Staff and Kitchen staff should all meet in the Program Coordinator’s Office. This door will be locked.
- Everyone is to remain in the classroom or office until an “all clear” is received from campus police.

♦ Remain with children until all children have been called for. Keep written information on the identity and destination of each person picking up a child in order to pass this information on should a second person come for the child at a later date. The last staff to leave should leave this information posted for any child who was called for by someone other than the parent. Post by taping the information on the front door, or any obvious undamaged area.
♦ Do not use phone except for emergencies.
♦ In the event that you must leave the children’s center area go to the central evacuation site in parking lot 5. Take children’s files and any necessary supplies with you.

In Case of Active Shooter

- Call Campus Police 323-343-3700 (please program on cell phone)
- **RUN** – if it is safe and possible based on the location of intruder, plan to run in the other direction. Look for alternate exits (Mulberry gate, upper yard gate). Run and get to a safe location.
- **HIDE** – If it is not safe to run you may need to barricade (use furniture, secure doors with flip flops, belts, shoe strings).
- **FIGHT** – break things, throw things, use anything as a weapon.

**In Case of Power Failure**

In the event of power failure the school is equipped with battery operated backup lights in key traffic areas. In addition each classroom and office area has a battery operated lantern for portable lighting. In the event that the building becomes too dark for safe program operation parents will be called to pick up their children. Call campus police at 343-3700 for assistance in this matter. If the office phones do not work use the pay phone in the hall to notify facilities (343-3440) and campus police (343-3700) of the power failure.

**Procedure In The Event Of A Missing Child**

In the event of a missing child or children, notify the director immediately and conduct a search of the entire building and grounds. If this search does not discover the child, the campus police should be immediately notified and provided with a detailed description of the child. Next, the child’s parent(s) should be alerted. All staff will cooperate in search efforts in every way possible as long as the safety of the remaining children is secure, and until such time as their help is no longer required.

*A good and necessary general rule for safety:* prohibit any activity which will cause injury (physical or emotional) to self or others, or will damage property.
SAFETY PROCEDURES

Field Trip Safety Procedures

We believe it's important to enhance children's learning through exposure to the outdoor environment. Walks are part of our curriculum, and the rules vary depending on the age of the child. These walks offer children an opportunity to participate in a small group activity full of natural wonder. Field trips at the Center are confined to walking trips around the University grounds or to nearby locations. These walks provide a change of pace for the children and are taken only when there is enough adult supervision to safely supervise the group. When leaving the school grounds the Lead Teacher must fill out a Campus Walk Form stating where the class is going, the time that they are leaving, the approximate time they expect to return, and the number of children and teachers going on the walk.

Procedure for walks:

♦ Complete Campus Walk form and attach to parent sign-in.
♦ Xerox a copy of the daily sign-in sheet to take with you.
♦ Wear a fanny pack with tissue, sunscreen, first-aid items and change for telephone for an emergency.
♦ Wear a watch and return promptly.
♦ At least one teacher must remain at the Center if all children have not arrived, or arrangements must be made with another class to receive late children.
♦ Any field trip which requires children to cross a street must have the children holding hands and the teacher standing in the center of the crosswalk with arms outstretched as the children walk in between the white lines. At no time may any child run across the street or walk across a street alone.
♦ Ratios will be 6:1 at a minimum for the “B” and “C” room; 4:1 for the “A” room. The classroom teacher may determine the ratio if, in the teachers judgment, more adults are needed.

Procedure for driving trips:

♦ Only Magnolia, Maple and Eucalyptus groups will take trips requiring driving off campus
♦ All vehicles must have a seat belt for each child
♦ State vans will be used if driven by state employees
♦ Budget permitting, buses will be used for transportation
♦ Parents permission and emergency information forms will be signed and taken on the trip
♦ Each vehicle will be equipped with a first aid kit
♦ Each vehicle will have at least one staff person with CPR and First Aid training
♦ Ratios will be 4:1 at a minimum
Visitors
Parents are encouraged to visit the Center. This facilitates communication between home and school and makes the child feel very special. While parent notification of visits is helpful, parents are free to come and go from the Center exclusively at their own discretion.

All other visitors to the Center must check in at the office first before going to the classroom, or with the Lead Teacher in the event that there is no one available in the office. This includes relatives of the child unless they are visiting with the parent in attendance or unless they are designated to pick the child up from school. Practicum students and students visiting to observe the program must sign in at the office and wear a name tag. Child Care Center staff members' friends or relatives must check in at the office before visiting.

Classroom Cooking
The kitchen has equipment available for cooking projects. All classroom cooking activities are to be closely supervised. Cooking and art activities involving appliances should be limited to four or five children with one adult. When in use, both the appliance and the cord should be out of the flow of traffic and an adult must sit next to the appliance at all times. Electric cords should be unplugged when not in use. It is advisable to have a fire extinguisher or baking soda near when using a hot plate or electric skillet, particularly during candle making and batik activities.

Outdoor Play Areas
Outdoor play is a key ingredient in our curriculum and the health and education of young children. When you are outdoors, the safety of the children is your primary responsibility at all times. In order for you to supervise effectively, you need to (1) position yourself near the action but not in it, (2) be aware of the entire outdoor area and who is “in charge” and (3) refrain from chatting with co-workers. To ensure safety, you also need to sweep and remove the sand from all hard surfaces every day including the play structure and ramps.
RELEASING A CHILD FROM THE CENTER

Procedure For Releasing A Child From The Center

All staff must be familiar with procedures for releasing a child to a person other than the parent. In the event that a person not cleared to pick up a child refuses to leave or insists on taking the child the teacher must call campus police immediately.

Children are to be released for pick-up only to parents, or persons designated on the child’s registration form and emergency information card. In the event that any other person is to pick up the child, a release form must be filled out in advance. Parents are requested not to phone this information in. Release forms should be filled out by the parent on the day the child is to be picked up by someone other than the designated persons in the child’s file and given to the teacher on duty. Parents are responsible for notifying the person who will pick up the child that they will be asked for identification before the child will be released to them. Teachers are responsible for checking identification on any adult with whom they are not familiar who is picking up a child from the Center. Make sure this identification matches with the person designated on the release form or registration form.

In case of emergency, parents may need to call in a request to release the child to someone other than the parent. In this event the person picking up the child must be PREVIOUSLY listed on the child's registration sheet and/or emergency information card. DO NOT RELEASE THE CHILD UNLESS THE PARENT HAS DESIGNATED THIS PERSON PREVIOUSLY IN WRITING. NO CHILD IS TO BE RELEASED TO ANYONE WITHOUT A SIGNED CONSENT BY PARENT OR LEGAL GUARDIAN. WHEN THERE IS ANY CAUSE FOR DOUBT CHECK WITH THE DIRECTOR BEFORE RELEASING THE CHILD.

Note: At no time may a staff member sign-out and/or remove a child from the Center.

Intoxicated Parent

It is difficult to predict under what circumstances a court would impose liability on a provider for releasing a child to an authorized but intoxicated (under the influence of drugs or alcohol) person. It is unclear whether the provider's duty to protect the child's health and safety over-rides the parent's right to take the child away from the facility. Recommended actions are:
1. Delay the person's departure until she or he is sober
2. Volunteer to call either another person on the child's emergency form or a friend, relative or taxicab to pick-up the child and parent
3. If the person refuses to cooperate or acts threateningly, it will be necessary for you to make a judgment as to what a reasonable person would do under similar circumstances concerning releasing the child
4. In the event that the child is released to the suspected parent, write down the license plate number and report the information to police immediately
5. If the problem continues, discuss the matter with the parent and advise them that if corrective steps are not taken, the child will have to be withdrawn from the center
Unauthorized Person

When an unauthorized person demands release of a child, in order to avoid civil or criminal liability, a provider should take all reasonable steps to resist the person's demands. Recommended actions:

1. Stay calm
2. Explain that both the law and the center rules prevent the release of a child to any unauthorized person
3. Explain that the only exception would be if the parent has signed a written authorization and verified orally with the provider
4. Call the custodial parent and inform him or her about the situation
5. If the parent confirms that the person is unauthorized, try to stall the person until the parent arrives without releasing the child
6. If the person abducts the child by force, get a detailed description of the unauthorized person, record the person's license plate and take note of the direction in which they went and immediately notify police

Procedure For Children Left At Center

Within 10 minutes after the normal closing hour of the Center, the teacher in charge is to begin calling persons identified on the Emergency Card supplied to the Center at the time of the child's enrollment. Both primary and secondary numbers will be called repeatedly. This procedure will be followed until one hour after the Center's closing or earlier depending on season or circumstances.

If the parent or other authorized person cannot be reached within that time, and/or if the child has not been picked up by that time, the teacher in charge is instructed to call the University Police (ext. 3-3700).

By prior agreement with Campus Police, a police vehicle will be dispatched to the Center and both the teacher and the child will return to the Security Office with the officer. The teacher will have left a note in a prominent location at the Center indicating where the child has been taken.

The teacher and child are taken to the Security Office primarily for safety reasons. One and one half hours after closing time, both the teacher and the officer in charge are authorized to contact Child Protective Services (1-800-540-4000). The teacher and the officer in charge are authorized to release the child to these authorities upon their arrival.

Checklist For Staff When Going To Campus Police:

- Take identification and emergency information from the child's file
- Notify Director or Lead Teacher, if possible.
EMPLOYEE HEALTH AND SAFETY

No employee wants to have an accident or cause someone else to have one, but carelessness on the part of an employee can result in accidents and personal injury. Safety, on the other hand, is the proof of an employee's skill and good judgment. When employees perform their work in a safe way, they have accepted the personal responsibility of protecting themselves, their fellow workers, and Center equipment from accidents and injury.

In order to form the habit of working safely, you as an employee should do the following:
1. Always use personal safety equipment provided.
2. Report all dangerous conditions.
3. Report all accidents, even minor ones.
4. Suggest ways to prevent accidents.
5. Watch the bulletin board for safety information.

Safety Practices

It is the policy of CSLA and UAS to provide safe working conditions for all employees and to promote continuous, vital safety awareness at all levels of administration. The Children’s Center is responsible for: (1) providing a safe environment for children, teachers and parents, (2) maintaining a safe environment, (3) developing and providing ongoing staff training, (4) enforcing all regulatory regulations and (5) providing safety information in writing to all employees. Employees are responsible to read and understand all Center safety and health regulations to assure their own personal safety and a concern for the safety of others. Employees who take safety seriously, report potential dangers, request a review of conditions, etc. are held in the highest regard by management. Under no circumstances would an employee be reprimanded, demoted, fired or discriminated against for reporting safety issues. Employees who do not treat safety seriously, do not follow Center policies and practices, or who operate in an unsafe manner are subject to established disciplinary action. The following areas require your attention:

Storage
Proper storage is essential for safety purposes as well as ease of locating specific materials when needed. Remember to:
1. Stack all materials safely inside and on shelves
2. Never stack on the tops of wall unit shelving which is above your head
3. Always return items to their proper storage area
4. Keep tools in a locked area inaccessible to children
5. Maintain any staff storage area in a safe and orderly fashion

Housekeeping
The foundation for a safe and pleasant place to work is good housekeeping:
1. Materials will be kept out of aisles and not be stored against doors
2. Equipment will be returned to its proper storage area after each use
3. All spills will be cleaned immediately (refrigerator, shelf, floor, etc.)
4. Good housekeeping will be exercised within employee’s work area
5. All employees are responsible to see that the classroom is thoroughly cleaned and materials properly stored at the end of each day.

Lifting and Carrying
Extreme caution is necessary whenever you are lifting and carrying heavy children and objects. Employees need to be aware of the proper methods to use when lifting and carrying to avoid injury or stress. In general, moving heavy objects (furniture & equipment) is to be avoided by Center staff. When lifting heavy objects is necessary and a professional mover is unavailable:
1. Prior written approval must be given by your supervisor.
2. Caution will be exercised to avoid injury when carrying objects.

Machine Operating
1. Use of machines or equipment is restricted to those employees who have been trained in their use.
2. Immediate notification must be given to your supervisor regarding any unsafe equipment
3. At no time may parents or children be allowed to use office equipment

Handling of Hazardous Chemicals
Cleaning materials, detergents, aerosol cans, pesticides, health and beauty aids, poisons, and other toxic materials shall be stored in the original labeled containers and shall be used according to the manufacturer’s instructions and for the intended purpose. They shall be used only in a manner that will not contaminate play surfaces, food, or food preparation areas, and that will not constitute a hazard to the children. When not in actual use, such materials shall be kept in a place inaccessible to children and separate from stored medications and food.

The children’s center shall provide workers with hazard information, as required by the Occupational Safety and Health Administration (OSHA), about the presence of toxic substances. This information includes the identification of the ingredients of art materials and disinfectants. This information may be found at the center’s Right to Know Station which is located in the kitchen by the employee rest room. Any new employee must be trained before starting to work with hazardous chemicals, and any affected employee should have a training update to cover new products being introduced. All training will be documented.

On The Job Injuries
If you have an on-the-job injury, you must comply with the following:
1. Report the accident as soon as possible to your supervisor.
2. Do not seek medical assistance until you have first notified your supervisor or CSLA Health Center (ext. 3-3300).
3. For first aid go the campus Health Center for treatment.(call first, ext. 3-3300).
4. Call Campus police to transport injured employee to the Health Center.
5. **UAS employees:** For more serious injury, or if the Health Center is unavailable, go to Alhambra Hospital at 100 South Raymond. Report to Alhambra Industrial Health, located in the hospital. (Phone 818-570-1606 or 818-458-4792.)

6. Notify the UAS Human Resource Office immediately to make an injury report (ext.3-2528).

7. **CSLA Student Assistants:** Follow same procedures through step 3. If Health Center is unavailable report to Orthopedic Hospital, 2400 South Flower St., Los Angeles; 2130742-1161.

8. **Student Assistants** notify CSLA Human Resource Management immediately to make an injury report (ext.3-3657; Denise Watson-Cross)

9. **Notify all medical providers that this is a work related injury.**

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**Children’s Center Record Keeping**

We will keep the following information on file indefinitely:

1. Documentation of staff health and safety training (name, date, signature)
2. Routine facility inspection log for fire, earthquake drills and supplies
APPENDIX

NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN’S (NAEYC) CODE OF ETHICAL CONDUCT

SOUTHERN CALIFORNIA AEYC MEMBERSHIP INFORMATION

CHILDREN’S CENTER ORGANIZATIONAL CHART

STAFF CONCERNS REGARDING CHILD ABUSE REPORTING

JOB DESCRIPTIONS

SAMPLE EMPLOYEE EVALUATION FORMS (STUDENT ASSISTANT AND UAS)

UAS DISPUTE RESOLUTION PROCEDURE

EVACUATION PLAN

HOW TO OPERATE A FIRE EXTINGUISHER

SAMPLE CHILD INCIDENT REPORT

SAMPLE CAMPUS WALK FORM

SAMPLE MEDICATION FORM
ILLNESS GUIDELINES FOR EXCLUDING FROM DAYCARE

INFECTION TRANSMISSION IN CHILD CARE

HEPATITIS B INFORMATION

UNIVERSAL PRECAUTIONS

CLEANING AND SANITIZING INSTRUCTIONS