ABC PRESCHOOL
Arlington Boys & Girls Club
60 Pond Lane
Arlington, MA 02474-6586
781-648-1617

HEALTH CARE POLICY / EMERGENCY PROCEDURES POLICY

ABC Preschool will have a written health care policy which will address all health aspects of the program including staff responsibilities for emergency and preventative health care measures. Each staff member will receive a copy of this policy and will be trained in the program’s implementation of the policy during staff orientation. A copy of the health care policy will be available online and is available for viewing in the Preschool Office at any time.

A  EMERGENCY TELEPHONE NUMBERS

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Fire Department</td>
<td>911</td>
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<td>Police Department</td>
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<tr>
<td>Rescue Squad</td>
<td>911</td>
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<tr>
<td>Armstrong Ambulance</td>
<td>781-648-0612</td>
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<tr>
<td>DCF – Local</td>
<td>781-641-8500</td>
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<tr>
<td>DCF – Arlington</td>
<td>800-769-4615</td>
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<tr>
<td>DCF – MA</td>
<td>800-792-5200</td>
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<tr>
<td>Poison Prevention Center</td>
<td>617-232-2120 or 1-800-222-1222</td>
</tr>
<tr>
<td>Designated Adults</td>
<td>Judy Andrews</td>
</tr>
<tr>
<td></td>
<td>Becky Johnson</td>
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<tr>
<td></td>
<td>Denice Leary</td>
</tr>
<tr>
<td>Health Care Consultant</td>
<td>Marie McCune – Registration #215682RN</td>
</tr>
<tr>
<td></td>
<td>92 Wright Street</td>
</tr>
<tr>
<td></td>
<td>Arlington, MA 02474</td>
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<td>781-648-3615</td>
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B  PROCEDURES IN CASE OF ILLNESS OR EMERGENCY

In the event of an emergency, we will survey the incident and call 911 if needed.

Notification of Parents -- The parents or guardian will be contacted. If they are unavailable, the emergency contact will be called. All efforts will be made to contact the parents.

If Parents Cannot be Contacted -- The parents’ emergency contact will be called and rescue (911) will be called to transport the child to the nearest hospital or the hospital that was designated earlier (in writing) by the parents. A teacher or the director will accompany the child. Emergency release forms, along with the child’s folder will be brought to the hospital as well.

Hospitals Utilized for Emergencies

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Address</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Winchester Hospital</td>
<td>41 Highland Avenue, Winchester, MA 781-729-9000</td>
<td>781-729-9000</td>
</tr>
<tr>
<td>Mt. Auburn Hospital</td>
<td>300 Mt. Auburn Street, Cambridge, MA 617-492-3500</td>
<td>617-492-3500</td>
</tr>
<tr>
<td>Lahey Cinc</td>
<td>41 Mall Road</td>
<td>781-744-8100</td>
</tr>
<tr>
<td>Cambridge, MA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burlington, MA</td>
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</tbody>
</table>
When Outside the Preschool -- A first aid bag is taken on any off-site outings as well as trips to the gym upstairs and the playground outside. Included with the usual contents of the first aid bag are emergency health care telephone numbers and the children’s emergency forms. The same procedure for contacting parent/guardian/emergency contact is followed when off-site as is followed when on-site. When possible, a cell phone will be available for use.

C PROCEDURES FOR UTILIZING FIRST AID EQUIPMENT

Location of first aid kits

- Preschool Office: in a blue bag hanging behind the office door
- Room #1: in a red bag hanging inside the closet door
- Room #2: in a red bag hanging on the inside of the closet door
- Room #3: in a red bag hanging on the wall behind the classroom door
  *Epi pens are in the top drawer of the file cabinet*
- Room #4: in a red bag hanging inside the double closet door

MEDICAL/ALLERGY LISTS ARE POSTED IN EACH CLASSROOM AS WELL AS IN THE PRESCHOOL OFFICE

The first aid manual is located inside all the first aid bags in all classrooms and in the preschool office.

First aid is administered by the Director and all Staff Members. All staff members have First Aid certification and CPR certification. All staff members have medication training from EEC.

A staff member in each classroom, designated by the director, checks the first aid kit during the first week of every month. The staff member will check to make sure that the appropriate items are included. Expiration dates on sterile items will be checked and contents will be restocked and replaced as needed. Extra supplies are always on hand.

The first aid kit in the preschool office is maintained by the Director.

Contents of the first aid kit include the following but are not limited to: band-aids, scissors, thermometer, roll of gauze, non-latex gloves, gauze pads, adhesive tape, tweezers and a cold pack.

Supplies are used to treat minor injuries incurred by a child while at preschool or off-site under the care of the preschool.

D EMERGENCY PLAN FOR EVACUATION OF THE PRESCHOOL

In the event of an emergency situation, we will evacuate the premises immediately. We have set up evacuation routes that are clear and straightforward. We have minimized potential “hiding” places and cleared pathways in order to aid in the efficiency of exiting the building. Upon leaving the building, all staff will take attendance books and first aid bags along with the children to the nearest shelter. Staff will take a head-count upon leaving the building and take attendance once a safe location has been reached. If at this time they need to proceed to an Emergency Shelter they will remain accompanied by the caregivers while parents/emergency contact are notified of the situation and arrangements are
made for transporting the children home. 911 will be called when necessary. Other appropriate agencies will be notified as needed depending upon the emergency (ie – Nstar if the power goes out).

Emergency situations include but are not limited to Fire, Loss of Power in the building, Loss of Heat in the building, Flooding, Water loss in the building, Snowstorms, Exposure to Toxic Materials.

Locations of Emergency Shelters –

Rogers-Pierce Children’s Center
75 Pleasant Street
Arlington, MA 02476
781-646-5280

Robbins Library
700 Massachusetts Avenue
Arlington, MA 02476
781-316-3200

OR ANY OTHER SAFE LOCATION AS DIRECTED BY FIRST RESPONDERS.

E  INJURY PREVENTION

1. The Director will monitor or direct the staff to monitor the environment daily to immediately remove or repair any hazard which may cause injury. The Director will routinely monitor the safety record of the center.

2. It is the responsibility of all staff, in conjunction with the Director, to keep a safe and healthy environment for the protection of the preschool children. ABC Preschool will request from parents the current medical histories of the preschool children, including but not limited to the following: immunization records, records of illnesses and allergy information. All medical information will be kept with the children's current school records and is strictly confidential.

3. An injury log is kept on file in the preschool office. The Director, in conjunction with the reporting teacher, is responsible for filing the injury report as well as including it with the child’s records. Parents are notified at pickup time of any minor injuries incurred while at preschool as well as any first aid that was provided. Major injuries follow the emergency policies/procedures.

4. Storage locations are as follows:
   Toxic Substances – in locked closet
   Hazardous items – in locked closet
   Medications -- in containers in the top drawers of file cabinets in each class

F  PLAN FOR MANAGING INFECTIOUS DISEASE

1. Contagious illnesses should be reported to the Arlington Board of Health at 781-316-3170. If you are unsure, call the Arlington Board of Health or the Massachusetts Department of
Public Health, Division of Communicable Disease Control at 617-522-2700 ext.420, or the Division of Childhood Disease at 617-727-5089 for advice.

2. Parents will be informed that the Preschool’s Health Policy and Emergency Procedures upon their request. We ask that parents become familiar with the policy and guidelines to help minimize the spread of infectious disease.

3. It is the parents responsibility to notify the Preschool when your child is ill or will be absent from school. It is imperative that the educator know of any contagious illness your child has contracted. All parents will be notified in writing, as well as email, when their child has been exposed to an infectious disease. Also, the preschool will post on each classroom bulletin board any communicable diseases that they may have been exposed to.

4. Parents should not send children to school who have symptoms of fever, nausea, vomiting, cough, diarrhea or any other symptoms of acute illness. If your child has experienced any vomiting, diarrhea, or fever within the last 24 hours of school, do not send him/her in for 24 non-infectious hours. A medical letter may need to accompany parent/child on their return to preschool depending upon the severity of the illness and duration the child was absent.

Other Areas of Concern:

* any open or draining lesions e.g. impetigo
* any child who has head lice will not be admitted back into the program until there is no head lice or nits present, after treatment
* any child who has symptoms of conjunctivitis may return after being checked by a physician or local health department and has been on treatment for 24 hours

G PLAN FOR INFECTION CONTROL

This is a summary of the infection control procedures already in effect across the Commonwealth of Massachusetts. Detailed guidelines for managing illnesses are given in Health in Day Care: A Guide for Day Care Providers in Massachusetts, published by the Massachusetts Department of Public Health in 1988. The existing summery guidelines will ensure that programs that serve young children protect the health of the children and adults in the programs. Infectious diseases can spread easily among young children because they “mouth” objects as part of their developmental learning process, do not have control of body fluids, and are in close contact with children and adults for long periods of time. These infection control procedures will protect the spread of all infections, whether they are spread by direct contact, respiratory, intestinal or blood borne routes.

The physical environment in our preschool plays a big role in the health of all children and adults who spend time there. The general environment – the air you breathe, the surfaces you touch, the space around you, the toys you handle, the food you eat – all affect your health and your resistance to illness. To aid in the promotion of a healthy work environment, we need to think about the following basic concepts:

1. Frequent and proper hand washing and proper cleaning of the center will help to prevent the spread of disease and aid in infection control. This is the “first line of defense” against the spread of infections.
2. Air quality (proper temperature, ventilation and humidity) and open space help prevent illness and injury.
3. Some play activities and materials carry health risks which must be considered.
4. Food handling requires special sanitation precautions.
5. Toileting and handling of contaminated items at the center bring particular risks for spreading illness. Specific sanitation procedures are necessary to prevent spread of disease.
6. ABC Preschool is properly taken care of and monitored daily to ensure adequate environmental control.

Handwashing -- is the “first line of defense” against infectious disease. Numerous studies have shown that unwashed hands are the primary carriers of infections. When you wash, how often you wash, and how you wash your hands are as important as what you wash your hands with.

When you wash your hands –
   1. Upon arrival to the center
   2. Before eating or preparing food
   3. Before and after feeding a child
   4. After toileting self or child
   5. After handling body fluids and/or discharges whether or not gloves were uses (e.g. cleaning blood, cleaning up a child who has vomited or spit up, handling soiled clothing or contaminated items, blowing noses)
   6. After handling or cleaning center animals or their equipment
   7. After wiping your nose or a child’s nose
   8. After handling or cleaning center animal’s or their equipment

When you wash the children’s hands –
   1. When they arrive at the center
   2. After they have used the toilet
   3. After they have touched a child who may be sick or handled soiled items
   4. Before and after they eat or drink
   5. Before and after playing with water, sand or play dough
   6. After playing outside in the playground or in the large motor area
   7. Before and after food projects

The six most important concepts to remember when hand washing –
   1. Use running water, preferably warm, which drains out – do not use a stopped up sink or container – common containers spread germs
   2. Use soap, preferably liquid
   3. Use friction, rubbing your hands together for 15-30 seconds, this action helps remove germs
   4. Turn off the faucet with a paper towel – the faucet is considered “dirty” at all times – if you touch the faucet with clean hands, you will re-contaminate your hand
   5. Throw the paper towel into a lined and covered trash container that has a foot pedal
   6. Hand lotion should be available for staff to use to prevent dry or cracked skin

Detailed instructions for adult/child hand washing –
   1. Turn on water to comfortable temperature – make sure that a disposable towel is available
   2. Wet hands with water and apply liquid soap
   3. Work up a lather using friction for approximately 15-30 seconds
   4. Wash all parts of hands, paying particular attention to the areas between fingers, around nail beds, under fingernails and backs of hands
   5. Rinse thoroughly
6. Dry hands with paper towel
7. Use paper towel to turn off faucet and discard paper towel
8. Use hand lotion if available

Signs must be posted to remind staff and children to wash their hands. These signs should be posted in the toilet room and at the sinks in the classrooms. Adults should supervise all children when they are washing their hands.

Specific Play Materials and Activities -- some materials and activities carry specific health risks. The goal is not to create a sterile, hospital-like environment but rather to find a balance between a challenging environment and one that is safe and healthy for staff and children. In order to do this, one should know potential risks and how to handle them.

Water Play -- a container of water shared by many children, carries the risk of spreading germs via the water itself and the water toys – germs grow in warm and wet environments – if a water table is used, the following steps should be followed

1. Be sure the water table is cleaned and disinfected with the standard bleach solution and filled with fresh water at least daily
2. Children should wash their hands before and after playing at the table
3. Wash and disinfect all toys daily – wash with soap and water and soak for at least two minutes in bleach solution or wash in dishwasher
4. Air–dry water table and toys

Some experts recommend using individual basins within the water table. The basins can be cleaned and sanitized between the children more easily.

Dress-Up Clothes – All clothes should be washable since shared clothing carries the risk of spreading disease, particularly head lice and certain skin infections. Any clothing soiled by stools or other body secretions (mucus, vomit, blood, etc.) should be removed immediately and not returned to the classroom until laundered. Hats which are not washable should not be used in the classroom. If there is an outbreak of head lice or scabies, the following steps should be followed –

1. Take away all play clothing until the outbreak has stopped
2. Launder and clean all items according to the directions below (choose one or a combination of the following methods for cleaning items)
   a. Wash in HOT water in washing machine and dry as usual
   b. Put in HOT dryer for 20 seconds
   c. Store in sealed plastic bags for two weeks – this method is especially good for blankets, pillows, toys, and clothing that are difficult to wash
   d. Boil combs, brushes, curlers, etc. for ten minutes
   e. Soak in a bleach solution (1/4 cup bleach to one gallon water) for one hour
   f. Vacuum carpets, floors and furniture carefully, dispose of vacuum cleaner bag in plastic trash bag and remove from site

Sand -- All toys used for sand play must be cleaned and disinfected daily. Sand boxes outside the classroom (outside playground, etc.) must be covered when not in use. Animals (cats, mice, etc.) can get into sand boxes left uncovered. Animal waste products (feces) carry bacteria and germs which can be harmful to young children. Purchased sand must be asbestos-free.
Toileting -- toileting is presented because it carries distinct health risks to the day care environment. It should be handled with extreme care from both sanitation and child development viewpoints.

Toileting is one of the most basic physical needs of young children. How toileting is handled can have major emotional effects as well. Children should not be punished for lapses in using the toilet. If you expect some backslide, you will be more apt to accept a child’s behavior as normal. Children need understanding and patience when they are having difficulty in toileting. Support should actually shorten the time for children to regain their toileting patterns. Punishment will prolong the struggle.

1. Equipment needs – some children will need no special equipment other than a good supply of extra underpants and clothing. Extra clothing is to be labeled with the child’s name and will be kept in the child’s cubby. Some children are insecure or frightened on an adult-sized toilet and may need a stool to step up to the toilet. (you can use a wooden block or any inexpensive step so that the children can easily reach the toilet. A step also acts as a firm footrest for pushing. This is recommended for all young children who use the toilet.)

2. Hygiene – when children are learning to use the toilet, place any soiled clothes in a plastic bag for parents to take home at the end of the day. (explain to parents that washing soiled clothes at the center can spread germs) Help the child use the toilet. Help the child wash his/her hands. Tell the children that washing their hands will “stop germs that might make him/her sick”. When children use the toilet, make sure they wash their hands correctly (see hand washing procedures on pages 6&7) Show the children how to wash their hands or watch and supervise the children washing their hands after they use the toilet.

3. Toilet Facilities – the toilet room is to be kept clean and sanitized and the fixtures are to be in good working condition.
   a. Toilet paper and holders, towels and soap dispensers with liquid soap should be provided
   b. Trash containers should be lined with double plastic bags and lidded
   c. Trash containers should be emptied and disinfected regularly (use the recommended bleach solution of ¾ bleach to one gallon water)
   d. Toilet room fixtures should be washed at least daily when contaminated by feces, vomit, etc.
   e. Facilities used for handwashing after diapering or toileting shall be separate from facilities and areas used for food preparation and food service.

4. Handling contaminated items – Heavily contaminated materials such as tissues, toilet paper, soiled diapers, bandages, soiled clothing, and vomit are a natural way to spread disease. In general, as few people as possible should handle contaminated items. Be sure that clean-up areas are completely separate from food handling areas.
   a. Wear disposable gloves when handling contaminated items
   b. Dispose of soiled items immediately into covered containers that are lined with two plastic bags
   c. Wash hands immediately
   d. Do not rinse or wash soiled cloth diapers or clothing – place in a plastic bag, close it tightly, and keep it out of reach of children – label plastic bag with child’s name – ask the parent to take the soiled items home for laundering – changes of clothing should be kept at the center
Personal Items -- Personal items (eating utensils, toothbrushes, towels, washcloths, bedding, hats, combs, etc) should not be shared. Such items should be stored so that commonly-used surfaces are not in contact with other children's personal items.

Sanitation Guidelines -- Commonly-used surfaces and toys should be sanitized with a standard bleach solution (1/4 cup bleach to one gallon water). Make the solution fresh daily and keep it in a labeled spray bottle out of the children’s reach. Use spray on highchairs, countertops, toys, toilets, sinks, etc. after each use. Air-dry. The solution is to be sprayed on tables before and after every food use and then air-dried.

Blood Precautions -- Disposable gloves will be used at all times when contact with blood is anticipated, particularly if you have open cuts or scrapes on your hands or when cleaning surfaces that have been contaminated with blood. Disposable gloves are provided and available in your first aid kit. If blood has been spilled, you should wear gloves for the clean-up of the bloodied area. Gloves should also be worn when coming in contact with body fluids and discharges. Disinfect contaminated areas with a strong bleach solution of one part bleach to ten parts water. Disposable gloves for the cleaning procedure will be removed and thrown away in a lined and covered container. Wash your hands thoroughly with soap and water. Bloody clothing should be sealed in a plastic bag and sent home with the parent for laundering. All cleaning supplies and disinfectants shall be stored in a secure place and out of reach of children.

ALL STAFF SHALL BE TRAINED IN INFECTION CONTROL PROCEDURES

(H) PLAN FOR THE CARE OF MILDLY ILL CHILDREN IN THE CENTER
If a child appears to be mildly ill during the course of the school day, the parents will be called immediately. If the parents are not available, the emergency contact person will be called and the school will continue their efforts to reach the parents. In the preschool office, there is a warm carpeted place where the child will be able to rest with a pillow and a blanket to remain warm and comfortable, accompanied by a staff member, until a parent arrives.

(I) PLAN FOR DISPENSING MEDICATION (PRESCRIPTION AND NON-PRESCRIPTION)
We cannot administer any medication, whether prescription or non-prescription, without written parental authorization. Prescription medications must be accompanied by a written order of a physician (which must include the label), indicating the child’s name, name of the drug, and the directions for its administration. Before dispensing medication, teachers will complete a Medication Administration Training as provided and required by EEC. All staff and teacher have completed this training.

(J) PROCEDURES FOR IDENTIFYING AND PROTECTING CHILDREN WITH ALLERGIES
The preschool’s administrative assistant shall review the children’s files for allergies and shall post, in plain sight, an allergy list in each classroom. Each teacher shall also review their children’s files for existing allergy and/or medical concerns.

(K) INDICATORS OF CHILD NEGLECT
1. Lack of Supervision
   a. very young children left unattended
   b. children left in the care of other children too young to protect them
c. children inadequately supervised for long periods of time or when engaged in dangerous activities

2. Lack of adequate clothing and good hygiene
   a. children dressed inadequately for the weather
   b. persistent skin disorders resulting from improper hygiene
   c. children chronically dirty or not bathed

3. Lack of medical or dental care
   a. children whose needs for medical or dental care are not met
   b. children whose needs for medication or health aids are not met

4. Lack of adequate nutrition
   a. children lacking sufficient quality or quantity of food
   b. children consistently complaining of hunger and/or rummaging for food
   c. children suffering severe developmental lags

5. Lack of adequate shelter
   a. structurally-unsafe housing or exposed wiring
   b. inadequate heating
   c. unsanitary housing conditions

When identifying issues of neglect, be sensitive to the following: differing cultural expectations and values, differing child-rearing practices, and issues of poverty vs. neglect. Neglect is not necessarily related to poverty. Neglect reflects a breakdown in household management, resulting in a lack of concern for and care of the child.

Physical Indicators of Child Abuse -- The injuries and conditions listed below are often seen in cases of abuse or neglect. These “warning signs” or indicators should be considered in light of explanations provided, medical histories (especially if inconsistent), as well as the developmental abilities of the child to engage in activities that might have caused the injury.

1. Bruises and/or welts
   a. Bruises or welts, especially facial, on an infant
   b. Bruises or welts on the posterior side of the child’s body
   c. Bruises or welts in unusual patterns that might reflect the shape of the instrument used
   d. Human bite marks
   e. Clustered bruises or welts indicating repeated contact with a hand or instrument
   f. Bruises in various stages of healing

2. Burns
   a. Immersion burns indicating dunking in a hot liquid (“sock” or “glove” burns on the legs or arms or “donut-shaped” burns on the buttocks or genitalia)
   b. Cigarette burns
   c. Rope burns that indicate confinement
   d. Dry burns indicating that a child has been forced to sit upon a hot surface or has had a hot instrument applied to the skin

3. Lacerations and Abrasions
   a. Lacerations of the lips, eyes, or any portion of an infant’s face
   b. Any laceration or abrasion to the external genitalia
4. Skeletal injuries
   a. Rib fractures
   b. Fractures of the mandible, sternum or scapulae
   c. Skull trauma
   d. Spinal shaft fracture or spinal trauma
   e. Recurrent injury to the same site
   f. Injuries caused by twisting or pulling
   g. Metaphysical or corner fractures of long bones
   h. Epiphyseal separation
   i. Periosteal elevation
   j. Spiral fractures

5. Head Injuries
   a. Absence of hair due to vigorous hair pulling
   b. Hemorrhaging beneath the scalp due to vigorous hair pulling
   c. Subdural hematomas or hemorrhaging beneath the outer covering of the brain due to shaking or hitting
   d. Retinal hemorrhages or detachments due to shaking
   e. Loosened or missing teeth

6. Internal injuries caused by blows to midline of abdomen
   a. Duodenal or jejunal hematomas
   b. Rupture of the inferior vena cava
   c. Peritonitis (inflammation of the lining of the abdominal cavity)
   d. Laceration of liver, spleen, or pancreas
   e. Renal injury
   f. Rigid abdomen or tenderness in abdomen

Behavioral Indicators of Child Abuse

Children who are abused physically or emotionally display certain types of behavior. Many of these behaviors are common in most children at one time or another but when they are present consistently enough to affect a child’s overall personality, these behaviors may indicate abuse. More than simple reactions to the abuse itself, these behaviors reflect the child’s response to the dynamics of the family. Children learn to deny, suppress or exaggerate parts of themselves as they struggle to have their needs met the best way they can when living in a disturbed and stressful household. These learned survival mechanisms become the child’s “mode of operation” used to cope with the world-at-large. The behaviors that characterize abused children fall into the four categories below.

Overly compliant, passive, undemanding behaviors -- aimed at maintaining a low profile, avoiding any possible confrontation with a parent which could lead to abuse. The child has adapted to the abusive situation by trying to avoid any behavior which the parent notices at all.
Extremely aggressive, demanding and rageful behaviors -- sometimes hyperactive, caused by the child’s repeated frustrations at not getting his/her basic needs met. The child has adapted by seeking to provoke the needed attention with whatever behavior it takes to get attention.

Role-reversed “parental” behavior or extremely dependent behavior -- abusive parents have been unable to satisfy certain needs of their own appropriately and turn to their children for fulfillment which can produce two opposite sets of behavior in children. If a parent needs parental attention, the child may be expected to assume this task and thus becomes inappropriately adult and responsible. Other parents, with a need to keep their children dependent, will produce clinging, babyish behavior in the child long after the child, in a healthy family setting, would become more self-reliant.

Lags in development -- children who are forced to siphon off energy, normally channeled towards growth, to protect themselves from abusive parents, may fall behind the norm for their age in toilet training, motor skills, socialization and language development. Developmental lags may also be the result of central nervous system damage caused by physical abuse, medical or nutritional neglect, or inadequate stimulation. There may, of course, be organic or congenital causes for such lags in development.

Most abused children live in uncertain environments where requirements for behavior are inconsistent and unclear. Frequently, discipline is meted out arbitrarily in response to the parent’s needs and feeling at the moment rather than punishing the child for transgressing limits. Children may receive some affection and security from their parents but they are also often frustrated in attempts to fulfill their needs. This inconsistency creates anger and frustration in the child which is frequently expressed indirectly with the parents or by explosions with others outside the home.

Other abused children have learned to do what the abusive parent wants or expects. At the other end of the spectrum from overly aggressive children, some adapt quickly to other’s expectations. Unlike children who act out their frustration and rage, these children have learned not to expect anything in way of love and support. Their best efforts are directed at avoiding conflict which, in the context of the abusive family, can be triggered by expressing almost any personal need, curiosity, anger or playfulness.

Ultimately, a list of specific behaviors to identify, verbal and physical, indicate both the survival techniques the child has learned in order to exist in the family and attempts, frequently inappropriate in kind or intensity, to get from others what the parents do not provide. The greater the abuse, the less the child will trust other people and the greater the child’s difficulty in responding to love and care.

(L) PROCEDURE FOR IDENTIFYING AND REPORTING SUGGESTED CHILD ABUSE OR NEGLECT TO THE DEPARTMENT OF CHILD AND FAMILY

All staff are mandated reporters of suspected child abuse or neglect. If, in the opinion of a staff member, there is reasonable cause to believe that a child is suffering from serious physical or emotional injury as a result of abuse or neglect by a caretaker, he/she will immediately make a verbal complaint to the Department of Child and Family, 30 Mystic Street, Arlington, MA 02476 at 1-800-792-5200. Within 48 hours, the director will complete a written report and send it to the Department of Child and Family. Papers for reporting abuse or neglect are on file in the ABC Preschool’s Office.
PROCEDURE FOR IDENTIFYING AND REPORTING SUGGESTED CHILD ABUSE OR NEGLECT TO DEPARTMENT OF CHILD AND FAMILY

In a case of an employee’s alleged abuse of a child reported to either the Executive Director, School Administrator, or staff member under their direction, said employee will first be questioned. Said employee shall have equal opportunity for explanation. The allegedly abusive or neglectful staff member will not work directly with children until the DCF investigation is complete and for such further time as DCF requires.

The following steps shall be taken by the Executive Director or the School Administrator:

1. File a “51a” report
2. Administrator shall notify DCF immediately after filing the “51a” or learning that a “51a” has been filed alleging abuse or neglect of a child while in the care of ABC Preschool or during a program – related activity
3. Write a report of the incident and filing
4. Suspend the employee, with or without pay at the discretion of the Executive Director, until the DCF investigation is complete and for such further time as DCF requires
5. The licensee shall cooperate in all investigations of abuse and neglect, including identifying parents of children currently or previously enrolled in the center, providing consent for disclosure to DCF of information from, and allowing DCF to disclose information to, any person that DCF may specify as necessary for the prompt investigation of allegations and the protection of children

Each staff member will be trained yearly (September) for universal precautions regarding how to treat any injured person. The training will be provided through OSHA or a state agency. This information will be discussed monthly during staff meetings to help refresh what was learned. Each staff member will receive a copy of the policy including universal precautions and implementation of the policy during staff orientation. Prior to admitting a child to the center, the parents shall be notified of the policy and shall receive a copy of the policies pertaining to the care of the mildly ill children, administration of medications, and the procedures for providing emergency health care. A complete copy of the policy can be viewed online at abgclub.org and shall be furnished to the parents upon request.
Missing Child Policy for ABC Preschool

Having a missing child is one of the worst feelings an educator or a parent can experience. If the need arises, the classroom teacher will take attendance, do a head count, and let the co-teacher know. One teacher will conduct class, the other will notify the preschool office and let all staff members know of the situation. The teacher, Administrators, and staff will notify the entire building. All indoor areas will be checked as well as outside the building.

While trying not to create an atmosphere of panic and to ensure that all the other children remain safe and supervised we will continue our search. After a reasonable time (5-7 minutes) we will call the Arlington Police Department and will notify the parents.

While waiting for the police and other personnel to arrive, searching will continue.

Once the child is found, the policy will be reviewed, and will be re-evaluated to see if any procedures should be modified or changed. Discussions will take place as to how to avoid such a situation from reoccurring.

All incidents will be recorded in the incident log book and reported to EEC.