Family Handbook: Child Health & Safety

Our health care policy reflects the current child care licensing regulations from the NYS Office of Children and Family Services (OCFS) as well as the NYS Department of Health’s division for infectious disease control. Our administration of medication policy directly reflects the regulations of OCFS that are required by law for anyone administering medicine in a group or school setting. A copy of these current regulations is available in the assistant director’s office. The Nursery School is committed to protecting and promoting the health of all children, parents and staff who participate in our program. The goal of our health care plan is to provide the best possible care for each child. By working together, we can achieve a healthy environment for all children, parents, college students and staff at the Nursery School.

**Wash hands!** Please help your child wash his or her hands upon entry into the nursery school program. Hand washing is required by all staff, volunteers and children. We wash your hands at transitions throughout the day - upon arrival, after toileting, after blowing nose/coughing, before snacks, before handling food and upon transition from one group to another.

**Confidentiality** Information about any child in the program is confidential and will not be given to anyone except OCFS, its designees or other persons authorized by law. Educators and volunteers and student workers at WNS are trained in code of ethics and confidentiality.

**Daily Health** Parents will provide daily written and verbal information on their child’s health via the sign-in sheets in the child’s classroom. Our need for this daily documentation stems not only from our professional concern for your child, but is also required to meet the New York State licensing regulations referred to as the “daily health check”, described below.

An ongoing partnership between a child’s parent(s) and teachers is important if both parties are to have a good understanding of the child’s general state of health and well-being.

We ask that you let us know about your child’s health each day. Is s/he taking any medications? Do you suspect s/he may have difficulty with allergies today? Is a sibling ill and you are not sure if your child might be showing early symptoms of the same illness? With this daily health information, teachers can observe your child for specific signs and symptoms of illness and can keep you informed of any significant health changes. A simple health check (HC column following your sign-in signature) will be included on your child’s classroom sign-in sheet. Please be sure to complete this daily. Your checkmark indicates that your child is well enough to attend Wimpfheimer that day.

**SICK POLICY (24 hour rule):** Children may not come to school with fevers or infections including diarrhea, vomiting, extreme coughing, impetigo, conjunctivitis, strep throat, or rashes. Children must be fever free for 24 hours (without fever reducing medication) before returning to school and/or have appropriate medication or medical care specific to the needs 24 hours before returning to school. Parents often report that a child who had a fever or vomiting on Sunday says he feels fine and wants to return to school on Monday (the following day) but our agreement
with Dutchess County Health Department requires that the child must be fever free and vomit free for 24 hours before returning. Our goal is to keep our school healthy and reduce the risk of spreading infections. Teachers and children follow hand-washing and sanitation routines regularly throughout the day.

**Medical Statement and Immunizations**
Upon enrollment, all children will provide a written statement signed by a health care provider verifying that the child is able to participate in group care and is currently free from contagious or communicable diseases. A Child in Care Medical Statement for each child must have been completed within 12 months preceding the date of enrollment. The program will accept a child who has not received all required immunizations only as allowed by regulation. The program will keep documentation that each child has received the immunizations required by NYS Public Law unless exempt by regulations. Parents will be notified in writing when records indicate immunizations need to be updated.

**COVID-19:** We keep in close contact with the Office of Children and Family Services and the local Health Department to update covid protocol as needed. We make announcements regularly and expect changes in health policies to remain relevant and safe. We also work under the guidance of Vassar College and refer to the CDC to operate group education and care while doing our best to support the wellness of children, teachers and our community.

**Isolating sick children**
When children become ill at school, they will be isolated from the others (usually in the director’s office) while parents are called (using numbers listed on the emergency card). Parents will be expected to pick up sick children as soon as possible.

**Planning ahead for when your child is ill:** As a parent choosing to place your child in a group setting, it is important to realize that young children are in the process of developing their immune systems. During the first year of attending a group setting, your child will have an average of six episodes of minor illness usually associated with viruses and colds. **It is important to anticipate the fact that you will need an alternate plan for childcare when your child is ill.** We realize that at times parents face a conflict between going to work and staying home with a sick child. This situation will be considerably less stressful if you think ahead and consider arrangements for when your child is not well enough to be at school.

**Incident Reports/Injuries:** If your child is injured at school, you will receive an *Incident Report*; this is a form required by our licensing agency that is filled out by the teachers. We provide these written reports to you to keep you informed of your child’s health, even for relatively minor occurrences. When a child is injured at school, the supervising teacher completes this report. The written report is discussed with the parent at pick-up time and the parent is asked to sign the report. If the injury happens shortly before pick-up or the teacher is unable to step aside to complete the report before pick-up, the parent is notified in person and the written report is provided to the parent on the following day that their child attends school. The assistant director or director reviews and signs each report before it is filed in our records. We also keep a log of these reports so that we can identify if there are any patterns for injuries (e.g.,
pinched fingers in a loose hinge; tripping hazards). In caring for your child, we also ask that you keep us informed of any health care needs.

**Medication Policies and New York State Laws**
When your child is in the recovery stages of an illness and is well enough to return to a group setting, we will give them any necessary medications if we have your written authorization and that of your child’s pediatrician, as required by law. Please request that your child’s pediatrician complete this form at the time the medication is prescribed. The form must specify the amount, dosage, and time the medication should be given. State law prohibits us from administering any medication unless we have this authorization. Likewise, we may not give over-the-counter medications (acetaminophen, cough syrup, etc.) without this same authorization. We have included the necessary forms for this authorization in your parent binder and they are available in Beth or Kathy’s office. We suggest that you always take one with you to pediatrician, or keep a few in the glove compartment of your car. (We provide our handy-dandy glove compartment form kits on parent orientation night.)

**Children with special health care needs**
Children with special health care needs means children who have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more who require health and related services of a type beyond that required by children generally.

Any child identified as a child with special health needs will have a written Individual Health Care Plan developed with the child’s parent and health care provider.

Any child with a known allergy will have a written individual allergy and anaphylaxis emergency plan attached to the individual health care plan with clear instructions of actions when/if an allergic reaction occurs.

**Infectious outbreak**
Should our regional area experience an outbreak of an infectious disease (e.g., H1N1/Swine Flu), we follow all Dutchess County Department of Health guidelines and mandates pertaining to child care centers. We keep parents closely informed of precautions, regulations, and changes in procedures throughout this period.

**If your child is diagnosed with a contagious illness, it must be reported to Wimpfheimer Nursery School** so we can keep a record of it in our master health log and inform others that their child may have been exposed to the illness. This plan of action is required by our licensing regulations. This log also allows us to monitor the entire school and to track health patterns and follow up with any required reports to both the Dutchess County and New York State Health Departments.

**When children are sick.** Children or adults suffering from or suspected of suffering for any communicable disease or having acute symptoms of respiratory, gastrointestinal or skin infections shall not be in attendance at nursery school. With any of the following should be kept home from school:
• Fever, diarrhea or vomiting in the previous 24-hour period
• Extreme coughing that prevents the child from participating in the program.
• impetigo
• Mouth sores (herpes simplex, coxsackie virus)
• Ear infection if accompanied by fever and pain.
• Bacteria or virus that causes them can be. See antibiotic use below.
• Conjunctivitis (pink eye)
• chicken pox – until all lesions have dried and crusted
• Strep – until 24 hours after treatment has begun.
• Infection with head lice, scabies, or pinworms – until 24 hours after treatment has begun.
• Head lice. The Nursery School has a no-nits policy for attending school.
• Skin rashes- if associated with fever, behavior change or fungal infection -(ex. Ring worm)-should be diagnosed and treated for 24 hours before child returns to school.
• Measles, mumps, rubella, pertussis, hib and tuberculosis.
• Antibiotic use- child being treated for infection (ear infection, strep throat, etc.) should be kept home until 24 hours after first dose.

Infection Control Procedures
All employees will be trained in proper protocol for hand washing, diapering, safety precautions related to blood and bodily fluids, cleaning, disinfecting and sanitizing equipment, gloving.

Childhood Lead Poisoning Prevention
All parents should be informed about lead poisoning and the child’s wellness visits to the pediatrician should include lead testing. Information about Lead Poisoning Prevention can be found here https://www.health.ny.gov/environmental/lead/

How is lead tested?
A small amount of blood is taken from a finger prick or vein and tested for lead. Blood can be drawn at a doctor's office, hospital, clinic or lab. If you don't know where to bring your child for testing, call your local health department.

What causes lead poisoning in children? The most common cause is dust from old lead-based paint. If floors have dust from old painted walls, or paint chips, a baby could suck on lead-dusted hands or toys or breathe in lead dust. Some toddlers eat paint chips, soil, or chew on lead-painted window sills and stair rails.

There are steps parents can take to prevent children from lead poisoning.
• Keep children away from peeling paint and broken plaster. x Wash their hands often, to rinse off any lead dust or dirt.
• Wash your child's toys often, especially teething toys.
• Use cold water - not hot - for infant formula or cooking. Let the cold water tap run for at least a minute before using to flush lead picked up from pipes.
• Store food from open cans in glass or plastic containers.
• Use lead-free dishes. Some dishes may have lead in their glazes. Don't use chipped dishes to store or serve food.
• Be careful with hobbies. Some crafts call for use of paints, glazes and solder. Many of these may contain lead.
• Don't bring lead home with you from work. People who work at construction, plumbing, painting, auto repair and certain other jobs can be exposed to lead. x Wash work clothes separately.
• Keep children away from remodeling and renovation sites. Old paint can have lead in it.
• Avoid having children play in soil especially around the foundations of older buildings and near roadways. Use a sandbox instead.
• When windows are open in warm weather, wash the sills and window wells any time you see dust, but at least once a month.
• Call your local health department for information about professionals who handle lead-based paint problems.

**Child Abuse**  
Our licensing inspector requests that we provide all parents the regulations in writing concerning the reporting of suspected child abuse. All employees of New York State licensed child care facilities are, by law, mandatory reporters of child abuse or maltreatment. The law states that if a child care worker has “reasonable cause to suspect” child abuse or maltreatment, they are obligated to make a report. Our licensing regulations read as follows:

In accordance with the provisions of sections 413 and 415 of the Social Services Law, day care center workers must report any suspected incidents of child abuse or maltreatment concerning a child receiving child day care to the State Central Register of Child Abuse and Maltreatment or cause such a report to be made when such workers have reasonable cause to suspect that a child coming before them in their capacity as day care center workers is an abused or maltreated child. The source of abuse does not need to be known in order to file a report. Childcare employees are required to report suspected abuse whether that suspected abuse is thought to be occurring on the premise of the school or elsewhere. The hotline number to report suspected child abuse is 1-800-635-1522 and is posted on the bulletin board directly outside of the office.

1. Immediately make or cause to be made an oral report to the mandated reporter hotline (1-800-635-1522)
2. File a written report using form LDSS-2221A, Report of Suspected Child Abuse within 48 hours of making the oral report
3. After making the initial report, the reporting staff person must immediately notify the director or licensee of the center that the report was made.
4. The program must immediately notify OCFS upon hearing of a serious incident involving a child which occurred while the child was in care of the program or being transported by the program.

The Nursery School staff members are all mandated reporters of suspected cases of child abuse or maltreatment. Any Nursery School employee who suspects that a child is being abused, neglected and/or maltreated must report their concerns with probably evidence. In the event that an employee is the subject of a complaint, that person will be immediately suspended pending an investigation. If the employee is found guilty, he or she will be terminated from their employment at the Nursery School.
Fire Drills: Fire drills are conducted once per month under the direction of the nursery school Director and Vassar fire and safety personnel as a way to practice safe evacuation.

Emergency Evacuations: In cases of emergency which requires evacuations of the Nursery School, the director or the teachers in charge will pull the fire alarm, gather the attendance records and emergency numbers and join the staff in the process of evacuation. We will contact Campus Security who will notify the appropriate authorities and respond on site. The staff and children will gather on the outer edge of the circle yard near Blodgett Hall.

Car Seat Laws
Children under the age of 4 are required to be restrained in a federally approved child safety seat when riding in a motor vehicle. If the weight of a child under the age of 4 exceeds 40 pounds, the child may be restrained in an appropriate child restraint system, allowing the child to use a booster seat. Children ages 4, 5, and 6, riding in any seating position of a motor vehicle will be required to be restrained in an appropriate child restraint system. A child restraint system is any device, used in conjunction with safety belts, designed for use in a motor vehicle to restrain, seat, or position children. It may be a child safety seat or harness/vest or booster seat. (The vehicle's safety belts are not a child restraint system.) More detail information can be found at http://www.nysgtsc.state.ny.us/boost-new.htm

Transportation
We do not provide transportation for children at WNS and teachers are not allowed to transport children. Most of our special events are brought into the school (such as special story tellers, yoga, music or dance specialist) thus minimizing the need to travel. Another special aspect of our program includes walking field trips on campus to the many wonderful landmarks such as the lake, museum, library and labyrinth. If a field trip is schedule off campus, children will be required to ride in parent provided appropriate permission forms and restraint devises in parent driven vehicles.

Parking
Our parking lots are busy, active places where many cars enter and exit daily, especially at Wimpfheimer. While many cars are driven by parents commuting with their children, others are faculty, administrators, staff, and students who may not be fully aware that young children are arriving or departing from school. We need to work together as a community to provide for each child’s safety when entering and exiting school grounds. Please follow these guidelines for parking lot safety and share this important information with anyone who brings your child to or from WNS or ITC.

- Always hold hands in parking-lot and while crossing the street
- While loading and unloading children, we recommend the “touch the car” rule. Children who are already unloaded from the car but waiting for siblings are required to be touching the car while waiting. This gives the child a positive, concrete direction on what they should be doing to be safe while waiting. Many children know about “safe bases” in games, and you can use this analogy to your parked car being a safe base during loading and unloading in any parking lot.
• Ask another parent with a free hand to help you for a moment when unloading or loading several children. Likewise, offer a free hand to another parent in need of assistance.

• Drive slowly upon entering and exiting the lot. The campus speed limit is 15 mph.

• Use your turn signal to enter and leave the lot. Pay close attention in the WNS lot, as the entrance crosses a sidewalk.

• Please do not double park at anytime, anywhere in the parking lot. Please use the marked drop off zones whenever possible. If you have a concern about parking lot safety, please tell an administrator at WNS or ITC. We will call Vassar College Security to assist, as needed.

Supervision of Children
No child is left alone without competent, adult supervision. All staff who have regular contact with children have met state regulations concerning health, employment eligibility and criminal record checks. Adult: child staffing ratios by age and group size meet or exceed state licensing regulations.

Supervision and Training of Staff

Supervision
All Wimpfheimer staff is under the supervision of the director. For typical, daily matters, the assistant teachers report to each program’s co-teachers. In matters involving the care of children, staff report to the director (or the assistant director if the director is unavailable). The secretary and the assistant director report to the director. The director reports to the Dean of the Faculty at Vassar College. The number for this office is 845-437-5300. There are weekly meetings between each teaching team and the director and/or assistant director. In addition, there is a monthly staff meeting. Training. Every staff member who has regular contact with children is required by law to have 30 hours of training per licensing period (2 years). Training opportunities are posted at each monthly staff meeting. Vassar College is the employer of all Wimpfheimer staff, and provides partial funding for expenses associated with training.

Supervision and Training of Staff
Our licensing requirements from the New York State Office of Children and Family Services state: Thirty (30) hours of training are required for all providers/staff every two years. This training must include the following topics: 1) principles of early childhood development; 2) nutrition and health needs of infants and children; 3) child day care program development; 4) safety and security procedures; 5) business record maintenance and management; 6) child abuse and maltreatment identification and prevention; 7) statutes and regulations pertaining to child day care; 8) statutes and regulations pertaining to child abuse and maltreatment; 9) education and information in the identification, diagnosis, and prevention of shaken baby syndrome.
Termination of Enrollment
The following termination of enrollment policy is stated on each child’s contract for enrollment at Wimpfheimer Nursery School. The Wimpfheimer Nursery School reserves the right to terminate the enrollment of a child under the following circumstances: a) The child requires care beyond the scope of what the school can offer. The director feels that the nursery school can no longer provide adequate care for the child even with minor adjustments; b) The director has requested that the parent(s) seek additional assessment or support services for the child and the parent(s) refuse(s) to act upon this request; or c) The child poses a consistent danger to himself/herself, the teaching staff, and/or other children. The Wimpfheimer Nursery School will not exclude qualified children with disabilities from either enrolling or participating in the school on the basis of their disability. It is the practice of the school to take into account the needs of its students in determining the aid, benefits or services to be provided to each student participating in the school.

Allergy and Anaphylaxis Policy
Upon enrollment and whenever there are changes, parents/guardians will be required to provide the program with up to date information regarding their child’s medical conditions including any allergies the child may have and any emergency medications prescribed for potential anaphylaxis.

The parent and guardians will work in conjunction with WNS and the child’s physician to complete the documents required for any allergy that the child may have. These documents will be signed by the child’s doctor and will outline the necessary actions to take during an allergic or anaphylactic reaction.

WNS will keep these documents and any emergency medication in the Site Director’s office – in a designated area known to all staff.

Documents
Once parents communicate with WNS about a child’s known allergy, we will provide the following documents which will be completed by the child’s parents and the child’s physician immediately.

NYS OCFS form 7006 – Individual Health Care Plan
NYS OCFS form 6029 – Individual Allergy ad Anaphylaxis Emergency Plan
NYS OCFS form 7002 – Medication Consent Form

Call 911
In the event of an anaphylactic reaction, staff will call 911 and follow the instructions outlined in documents signed by the child’s physician and parent.

Teacher Training
All educators will be trained in the prevention, recognition and response to food and other allergic reactions and anaphylaxis upon hire and at least annually thereafter. In addition, at least one staff member will complete the required NYS training on allergies and anaphylaxis.
There will always be at least one teacher in each classroom who maintains certification in CPR and First Aid.

There will always be at least one educator or administrator in the building who is certified to administer medication.

If a child with an allergy requires the administration of epinephrine or other emergency medication, the parents will be required to train any staff member caring for that child on the administration of the prescribed medication.

**Strategies to reduce the risk of exposure to allergic triggers**
Each classroom will post a list of individual children’s allergies that is visible to all teachers, staff and volunteers caring for the child. All teachers and classroom helpers will take steps to prevent exposure to a child’s know allergy, including but not limited to reading food labels. Handwashing, cleaning and all other regulations related to allergies and anaphylaxis as outlined in the OCFS child Care Regulations will be followed by all teachers, helpers, volunteers.

**Communication**
Upon enrollment of a child with a known allergy – all staff, volunteers and teaching team members will be made aware of the child’s allergy and associated medications needed, as well as ways to reduce the risk of exposure to said allergen. All parents and children will be made aware of any allergies in the classroom, as well as the actions being taken to reduce exposure. Confidentiality will be maintained when discussing any child’s allergy with parents or other children.

**Annual Notification**
Families will be given a copy of the WNS allergy and anaphylaxis policy upon enrollment and the policy will be updated annually and included in the family handbook. Families will receive updated policies whenever changes are made.

**Stinging Insects/allergies.** When most people are stung by an insect, the site develops redness, swelling and itching. However, some people are actually allergic to insect stings. This means that their immune systems overreact to the venom.

*If you are insect-allergic, after the first sting, your body produces antibodies called Immunoglobulin E (IgE). If stung again by the same kind of insect, the venom interacts with this specific IgE antibody, triggering the release of substances that cause an allergic reaction.*

**Symptoms of a Severe Reaction**
For a small number of people with venom allergy, stings may be life-threatening. This reaction is called anaphylaxis (an-a-fi-LAK-sis). Symptoms may include two or more of the following: itching and hives, swelling in the throat or tongue, difficulty breathing, dizziness, stomach cramps, nausea or diarrhea. In severe cases, a rapid fall in blood pressure may result in shock and loss of consciousness. Anaphylaxis is a medical emergency and may be fatal. If any of these symptoms are present after an insect sting, emergency medical treatment must be sought.
immediately. After this treatment, it is important ask for a referral to an allergist / immunologist, often referred to as an allergist, to learn how to stay safe in the future.

**Consult Your Allergist.** If your child has had a serious reaction to an insect sting, make an appointment with an allergist. With proper testing, your allergist can diagnose allergies and determine the best form of treatment. With a proper diagnosis, treatment plan and careful avoidance, people with an insect allergy can feel more confident and enjoy being outdoors.

**Serious Accidents and Concussion Protocol Preparation**

- Always have access to at least one phone.
- Know where the wall phone is located in Kenyon gym
- Have first aid bag with you
- Have copy of emergency cards with you

**Steps**

- One teacher immediately attends to child. Other teacher(s) attend to other children.
- Teacher assesses situation by doing the following.
  - If child is unresponsive or shows other signs of immediate distress, call 911 immediately.
  - Check for immediate signs of head trauma
    - unresponsiveness
    - unequal dilation of pupils
    - contact wounds such as bumps, bleeding
    - nausea/vomiting
    - slurring words, change in communication
    - lethargy
  - Engage child in conversation.
    - Do they know their name? Where they are?
    - Do they recognize their teacher(s)?
    - Can they tell you what happened?
- Same or different teacher calls **x4534** (‘teacher only’ line at WNS). Administrator on call will come immediately to provide support and help with assessment of child.
- Administrator will contact child’s caregiver after assessment of child. Administrator will use phone numbers listed on the child’s emergency white card, followed by an email.
- If child returns to the classroom, he/she will be continuously monitored for signs of concussion/head trauma. Symptoms include:
  - nausea
  - loss of appetite
  - slurring words, any change in typical communication
  - child becomes lethargic
  - child quickly falls asleep or struggles to stay awake
• If child shows any changes in behavior, parent will be contacted by an administrator and updated.

Follow up. Incident report will be written by teachers who witnessed head trauma. Other teachers or adults who witnessed the fall or collision should be asked if they have additional observations to add. Copy will be given directly to an administrator. Follow up email or notes will be stapled to the original incident report.

*Modified Plan: The child could be placed on a modified plan meaning he/she is cleared to start participating in activities; yet may have restrictions. This will be outlined in a doctor’s note and shared with the teachers and administrators. When full activity may resume, an additional doctor’s note will be provided.