

MSUM EARLY EDUCATION CENTER

STAFF HANDBOOK

STATEMENT OF POLICIES



MINNESOTA STATE UNIVERSITY
MOORHEAD[®]

MSUM EARLY EDUCATION CENTER

1104 7th Avenue South | Moorhead, Minnesota 56563
Lommen Hall | Phone: 218.477.2214

The following is important information which is useful to staff members. These points are consistent with our program and will serve as a handy reference guide. If you work or sub at a time of day which includes nap time, mealtime, or diapering/ toileting refer again to that section. Review this information throughout the year.

THE CENTER HAS THESE PHONE LINES:

Most calls should be directed to 218-477-2214 (Director)

Center Cellphone
218-443-5268

3–4 year old
218-477-2398

Toddler
218-477-2028

Kitchen
218-477-2771

4–5 year old
218-477-2032

2–3 year old
218-477-2029

Gym
218-477-2770

Teachers' Office
218-477-2031

If you have an **emergency** call, please make that clear and ask that a message be delivered immediately.

Professional Responsibilities

PROFESSIONAL ETHICS

1. All employees, subcontractors, and volunteers are prohibited from using controlled substances, abuse of prescription medication, or the influence of a chemical that impairs the individual's ability to provide services or care. Disregard of this policy could lead to immediate dismissal. Training will occur on this matter at the time of the initial orientation.
2. If you are ill or have any serious reasons for not being able to come to the Center, you are responsible for finding a sub from the list you received. We depend on you and may have to cancel special activities if we do not have an adequate number of staff members. Let the Director know when you will be gone and the name and phone number of your replacement. When you are ill you need to call the Center office and TALK to the Director, if the Director is unavailable please call and TALK to the classroom teacher whose room you are in. Texting or sending an email is not adequate in this situation.
3. Do not discuss children's issues with parents. That is the duty of the Teachers who have been with the children most of the day. If parents ask questions of you, encourage them to speak to the Teacher or leave a note. Be friendly with parents, visit with them briefly and keep your remarks general. (Remember you are to give your attention to the children, first!)

****NOTE:** If a parent/guardian wishes to leave any medication please direct them to a Lead Teacher!!

Confidentiality

Under the Family Education Rights and Privacy Act (20 U.S.C. 1232g), records related to center children and their families, and information contained in those records, are to be shared with other staff or University officials only if that person has a legitimate educational interest (i.e., on a "need to know" basis only). Requests from third parties must have parental permission. (4.E.07) Categories of individuals that would have access to a child's file include the following: (4.E.07)

1. Child's teacher
2. Parents/Legal Guardians
3. Student teachers
4. Director
5. Consultants
6. Regulatory authorities

> All Lead Teachers are required to complete a security/privacy training course on-line.

> All children's records must remain in a locked filing cabinet.

> **All employees are prohibited from discussing children and families with or in the presence of other children and families.**

> **Information about the children should not be shared outside of the Center (in courses or in your personal lives).**

4. If you have any questions, be sure to ask them. The Teachers are also open to suggestions. You may have ideas we have overlooked. Any change that will benefit the children is worthwhile.
5. The Center follows the NAEYC Code of Ethics, this will be reviewed at orientation and is used to accompany decisions which are made at the Center. If you are not familiar with it the director can provide a copy to you. You should feel comfortable with the terms of it to work at the Early Education Center.
6. Being employed at the Early Education Center makes you a mandated reporter, as a mandated reporter you are asked to follow these responsibilities:

Maltreatment of Minors Mandated Reporting

This form may be used by any provider licensed by the Minnesota Department of Human Services, except family child care. The form for family child care providers can be found in eDocs #7634C.

What to report

- > Maltreatment includes egregious harm, neglect, physical abuse, sexual abuse, substantial child endangerment, threatened injury, and mental injury. For definitions refer to Minnesota Statutes, section 260E.03, and pages 3-6 of this document. Maltreatment must be reported if you have witnessed or have reason to believe that a child is being or has been maltreated within the last three years.

Who must report

- > If you work in a licensed facility, you are a “mandated reporter” and are legally required (mandated) to report maltreatment. You cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility.
- > In addition, people who are not mandated reporters may voluntarily report maltreatment.

Where to report

- > If you know or suspect that a child is in immediate danger, call 9-1-1.
- > Reports concerning suspected maltreatment of children, or other violations of Minnesota Statutes or Rules, in facilities licensed by the Minnesota Department of Human Services, should be made to the Licensing Division’s Central Intake line at 651-431-6600.
- > Incidents of suspected maltreatment of children occurring within a family, in the community, at a family child care program, or in a child foster care home, should be reported to the local county social services agency at 218-299-5200 or local law enforcement at 218-299-5104.

When to report

- > Mandated reporters must make a report to one of the agencies listed above immediately (as soon as possible but no longer than 24 hours).

Information to report

- > A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the maltreatment (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected maltreatment occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.

Failure to report

- > A mandated reporter who knows or has reason to believe a child is or has been maltreated and fails to report is guilty of a misdemeanor.
- > In addition, a mandated reporter who fails to report serious or recurring maltreatment may be disqualified from a position allowing direct contact with, or access to, persons receiving services from programs, organizations, and/or agencies that are required to have individuals complete a background study by the Department of Human Services as listed in Minnesota Statutes, section 245C.03.

Retaliation prohibited

- > An employer of any mandated reporter is prohibited from retaliating against (getting back at):
 - > an employee for making a report in good faith; or
 - > a child who is the subject of the report.
- > If an employer retaliates against an employee, the employer may be liable for damages and/or penalties.

Staff training

The license holder must train all mandated reporters on their reporting responsibilities, according to the training requirements in the statutes and rules governing the licensed program. The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

Provide policy to parents

For licensed child care centers, the mandated reporting policy must be provided to parents of all children at the time of enrollment and must be available upon request. The definitions section (p. 3-6) is optional to provide to parents.

The following sections only apply to license holders that serve children. This does not include family child foster care per Minnesota Statutes 245A.66, subd. 1.

Internal review

- > When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care.
- > The internal review must include an evaluation of whether:
 - > related policies and procedures were followed;
 - > the policies and procedures were adequate;

- > there is a need for additional staff training;
- > the reported event is similar to past events with the children or the services involved; and
- > there is a need for corrective action by the license holder to protect the health and safety of children in care.

Primary and secondary person or position to ensure reviews completed

The internal review will be completed by EEC Director. If this individual is involved in the alleged or suspected maltreatment, Dean of College of Education and Human Services will be responsible for completing the internal review.

Documentation of internal review

The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

Corrective action plan

Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan to correct any current lapses and prevent future lapses in performance by individuals or the license holder.

Definitions

Found in Minnesota Statutes, section 260E.03

Egregious harm (Minnesota Statutes, section 260E.03, subd. 5)

“Egregious harm” means harm under section 260C.007, subdivision 14, or a similar law of another jurisdiction. Minnesota Statutes, section 260C.007, Subd. 14:

“Egregious harm” means the infliction of bodily harm to a child or neglect of a child which demonstrates a grossly inadequate ability to provide minimally adequate parental care. The egregious harm need not have occurred in the state or in the county where a termination of parental rights action is otherwise properly venued. Egregious harm includes, but is not limited to:

1. conduct towards a child that constitutes a violation of sections 609.185 to 609.2114, 609.222, subdivision 2, 609.223, or any other similar law of any other state;
2. the infliction of “substantial bodily harm” to a child, as defined in section 609.02, subdivision 7a;
3. conduct towards a child that constitutes felony malicious punishment of a child under section 609.377;
4. conduct towards a child that constitutes felony unreasonable restraint of a child under section 609.255, subdivision 3;
5. conduct towards a child that constitutes felony neglect or endangerment of a child under section 609.378;
6. conduct towards a child that constitutes assault under section 609.221, 609.222, or 609.223;
7. conduct towards a child that constitutes solicitation, inducement, or promotion of, or receiving profit derived from prostitution under section 609.322;
8. conduct towards a child that constitutes murder or voluntary manslaughter as defined by United States Code, title 18, section 1111(a) or 1112(a);
9. conduct towards a child that constitutes aiding or abetting, attempting, conspiring, or soliciting to commit a murder or voluntary manslaughter that constitutes a violation of United States Code, title 18, section 1111(a) or 1112(a); or
10. conduct toward a child that constitutes criminal sexual conduct under sections 609.342 to 609.345.

Maltreatment (Minnesota Statutes, section 260E.03, subd. 12) “Maltreatment” means any of the following acts or omissions:

1. egregious harm under subdivision 5;
2. neglect under subdivision 15;
3. physical abuse under subdivision 18;
4. sexual abuse under subdivision 20;
5. substantial child endangerment under subdivision 22;
6. threatened injury under subdivision 23;
7. mental injury under subdivision 13; and
8. maltreatment of a child in a facility.

Mental injury (Minnesota Statutes, section 260E.03, subd. 13)

“Mental injury” means an injury to the psychological capacity or emotional stability of a child as evidenced by an observable or substantial impairment in the child’s ability to function within a normal range of performance and behavior with due regard to the child’s culture.

Neglect (Minnesota Statutes, section 260E.03, subd. 15)

- A. “Neglect” means the commission or omission of any of the acts specified under clauses (1) to (8), other than by accidental means:
1. failure by a person responsible for a child’s care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child’s physical or mental health when reasonably able to do so;
 2. failure to protect a child from conditions or actions that seriously endanger the child’s physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
 3. failure to provide for necessary supervision or child care arrangements appropriate for a child after considering factors as the child’s age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for the child’s own basic needs or safety, or the basic needs or safety of another child in their care;
 4. failure to ensure that the child is educated as defined in sections 120A.22 and 260C.163, subdivision 11, which does not include a parent’s refusal to provide the parent’s child with sympathomimetic medications, consistent with section 125A.091, subdivision 5;
 5. prenatal exposure to a controlled substance, as defined in section 253B.02, subdivision 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, medical effects or developmental delays during the child’s first year of life that medically indicate prenatal exposure to a controlled substance, or the presence of a fetal alcohol spectrum disorder;
 6. medical neglect, as defined in section 260C.007, subdivision 6, clause (5);
 7. chronic and severe use of alcohol or a controlled substance by a person responsible for the child’s care that adversely affects the child’s basic needs and safety; or
 8. emotional harm from a pattern of behavior that contributes to impaired emotional functioning of the child which may be demonstrated by a substantial and observable effect in the child’s behavior, emotional response, or cognition that is not within the normal range for the child’s age and stage of development, with due regard to the child’s culture.
- B. Nothing in this chapter shall be construed to mean that a child is neglected solely because the child’s parent, guardian, or other person responsible for the child’s care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child in lieu of medical care.
- C. This chapter does not impose upon persons not otherwise legally responsible for providing a child with necessary food, clothing, shelter, education, or medical care a duty to provide that care.

Physical abuse (Minnesota Statutes, section 260E.03, subd. 18)

- A. “Physical abuse” means any physical injury, mental injury under subdivision 13, or threatened injury under subdivision 23, inflicted by a person responsible for the child’s care on a child other than by accidental means, or any physical or mental injury that cannot reasonably be explained by the child’s history of injuries, or any aversive or deprivation procedures, or regulated interventions, that have not been authorized under section 125A.0942 or 245.825.
- B. Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian that does not result in an injury. Abuse does not include the use of reasonable force by a teacher, principal, or school employee as allowed by section 121A.582.
- C. For the purposes of this subdivision, actions that are not reasonable and moderate include, but are not limited to, any of the following:
1. throwing, kicking, burning, biting, or cutting a child;
 2. striking a child with a closed fist;
 3. shaking a child under age three;
 4. striking or other actions that result in any nonaccidental injury to a child under 18 months of age;
 5. unreasonable interference with a child’s breathing;
 6. threatening a child with a weapon, as defined in section 609.02, subdivision 6;
 7. striking a child under age one on the face or head;
 8. striking a child who is at least age one but under age four on the face or head, which results in an injury;
 9. purposely giving a child:
 - i. poison, alcohol, or dangerous, harmful, or controlled substances that were not prescribed for the child by a practitioner in order to control or punish the child; or

- ii. other substances that substantially affect the child's behavior, motor coordination, or judgment; that result in sickness or internal injury; or that subject the child to medical procedures that would be unnecessary if the child were not exposed to the substances;
- 10. unreasonable physical confinement or restraint not permitted under section 609.379, including but not limited to tying, caging, or chaining; or
- 11. in a school facility or school zone, an act by a person responsible for the child's care that is a violation under section 121A.58.

Sexual abuse (Minnesota Statutes, section 260E.03, subd. 20)

“Sexual abuse” means the subjection of a child by a person responsible for the child's care, by a person who has a significant relationship to the child, or by a person in a current or recent position of authority, to any act that constitutes a violation of section 609.342 (criminal sexual conduct in the first degree), 609.343 (criminal sexual conduct in the second degree), 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct in the fourth degree), 609.3451 (criminal sexual conduct in the fifth degree), or 609.352 (solicitation of children to engage in sexual conduct; communication of sexually explicit materials to children).

Sexual abuse also includes any act involving a child that constitutes a violation of prostitution offenses under sections 609.321 to 609.324 or 617.246. Sexual abuse includes all reports of known or suspected child sex trafficking involving a child who is identified as a victim of sex trafficking. Sexual abuse includes child sex trafficking as defined in section 609.321, subdivisions 7a and 7b.

Sexual abuse includes threatened sexual abuse, which includes the status of a parent or household member who has committed a violation that requires registration as an offender under section 243.166, subdivision 1b, paragraph (a) or (b), or required registration under section 243.166, subdivision 1b, paragraph (a) or (b).

Substantial child endangerment (Minnesota Statutes, section 260E.03, subd. 22)

“Substantial child endangerment” means that a person responsible for a child's care, by act or omission, commits or attempts to commit an act against a child under their care that constitutes any of the following:

1. egregious harm under subdivision 5;
2. abandonment under section 260C.301, subdivision 2;
3. neglect under subdivision 15, paragraph (a), clause (2), that substantially endangers the child's physical or mental health, including a growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
4. murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;
5. manslaughter in the first or second degree under section 609.20 or 609.205;
6. assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;
7. solicitation, inducement, and promotion of prostitution under section 609.322;
8. criminal sexual conduct under sections 609.342 to 609.3451;
9. solicitation of children to engage in sexual conduct under section 609.352;
10. malicious punishment or neglect or endangerment of a child under section 609.377 or 609.378;
11. use of a minor in sexual performance under section 617.246; or
12. parental behavior, status, or condition that mandates that the county attorney file a termination of parental rights petition under section 260C.503, subdivision 2.

Threatened injury (Minnesota Statutes, section 260E.03, subd. 23)

- A. “Threatened injury” means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury.
- B. Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child's care, as defined in subdivision 17, who has:
 1. subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm under subdivision 5 or a similar law of another jurisdiction;
 2. been found to be palpably unfit under section 260C.301, subdivision 1, paragraph (b), clause (4), or a similar law of another jurisdiction;
 3. committed an act that resulted in an involuntary termination of parental rights under section 260C.301, or a similar law of another jurisdiction; or
 4. committed an act that resulted in the involuntary transfer of permanent legal and physical custody of a child to a relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (d), clause (1), section 260C.515, subdivision 4, or a similar law of another jurisdiction.
- C. A child is the subject of a report of threatened injury when the local welfare agency receives birth match data under section 260E.14, subdivision 4, from the Department of Human Services.

Center Procedures

Procedures are reviewed and changes are made each year if necessary

ACCIDENT PROCEDURES

Because small children are active and busy, it is not unusual for them to receive scrapes, bumps, bites, cuts and bruises. As a caregiver, you must be prepared to deal calmly with both minor and major injuries. Remember the following points:

1. Do not become excited. Your behavior will affect the reaction of all the children present.
2. Accept the child's tears. Crying not only expresses pain but also fear, tension, and sometimes even relief, avoid such statements as, "Big boys don't cry," "Be brave" or "That doesn't hurt." Instead say things like, "I know you're scared - that's okay."
3. Be honest with the injured child. If treatment will hurt, say so. Explain what you'll be doing.
4. Make the treatment a learning situation, if possible. Explain why you are washing the cut or why the pad on the bandage should not be touched.
5. Be aware of the reactions of the other children and be prepared to help deal with their concerns also.
6. **Head Teachers are responsible for filling out accident reports and reporting to parents - make sure they know of all injuries.**

IF MEDICAL ATTENTION IS NECESSARY FOR CHILDREN:

- a. Notify the director or teacher in charge immediately.
- b. Contact the parents, if possible, so they can take the child to their own physician. In most cases this will be done by the child's teacher.
- c. If the child is transported by ambulance, the child must be accompanied by his/her teacher or the director if the parent cannot be reached. The adult must have the yellow card or the file containing the medical release form, before a doctor will give treatment. The insurance card should also be taken.

In a serious medical emergency do not hesitate to call 911. MSUM Early Education Center will not transport children in a medical emergency. If parents or emergency contacts cannot be reached an ambulance will be used.

All serious medical emergencies are reported to DHS via their serious injury report form.

If an illness prevents the child from participating comfortably in activities or creates a greater need for care than the staff can provide without compromising the health and safety of other children or if a child's condition is suspected to be contagious and requires exclusion as identified by public health authorities, the child will be asked to be picked up. Until this happens, the child is made comfortable in a location where she or he is supervised by a familiar caregiver. If the child is suspected of having a contagious disease, then until she or he can be picked up by the family, the child is located where new individuals will not be exposed. (5.A.04)

Emergency telephone numbers are posted on the wall by the telephone in each room and on the inside of the main door out to the playground. All accidents requiring treatment and all head injuries must be recorded with an accident report form. Include name of injured person, age, date, place of accident, type of injury, action taken by the staff and to whom it was reported. These accident reports are reviewed semiannually. If a child receives treatment from a physician, the Department of Human Services must be notified within 24 hours. It is important for all caregivers to be familiar with the basics of first aid. Refer to the first aid manual in the first aid kit or see charts posted in the rooms.

****Medication is only administered by trained Lead Teachers or the Director. All medications must be kept in a locked container and stored as the directions state on medication. (5.A.11)**

IF MEDICAL ATTENTION IS NECESSARY FOR STAFF:

- a. Notify the director or teacher in charge immediately.
- b. If necessary notify emergency contact person.
- c. Complete MSUM First Report Form.

****For less severe injuries contact the Human Resource Office before seeking medical treatment.**

To reduce staff injury please refrain from standing on tables, chairs, and other furniture which may be unsafe. Please also refrain from lifting children if possible, children should use the steps to climb on and off of the changing time and use a stool whenever possible. If you do need to lift a child please be sure to do it properly to prevent injury (10.D.01).

ILLNESS EXCLUSIONS FOR STAFF:

Staff with the following symptoms will be sent home until improved or until a doctor diagnoses the staff member as non-contagious:

- a. any indications of childhood illnesses—chicken pox, mumps, etc.
- b. fever (this usually indicates the presence of infection)
- c. pink eye
- d. stomach flu – staff will be excluded if they have vomited in the last 24 hours
- e. impetigo, lice, ringworm, scabies, or undiagnosed rash
- f. diarrhea
- g. significant respiratory distress (including RSV)
- h. under-immunized employees in the event of an outbreak of an immunization preventable disease (see Parent Handbook Immunization section for more information).
- i. Other

Staff members will be responsible for finding their own sub. in all situations. Staff are required to inform the center within 24 hours, exclusive of weekends and holidays when they are diagnosed with a contagious reportable disease or lice, scabies, impetigo, ringworm or chickenpox.

You may find the most recent listing at: health.state.mn.us/divs/idepc/dtopics/reportable/disease.html.

To report to the Center, please call: 218-477-2214 and leave a message if necessary. The center will in turn notify health authorities.

Medical information on stress management (6A-10.D.01):

Working with children can be very stressful. Staff are encouraged to ask for help when needed and let others know when you need a break away from the children during stressful times (6A-10.E.07). If you are a student worker and need assistance with stress management, prevention, and treatment of depression, and/or general wellness treatment can be found through Hendrix Health Clinic on campus. If you are a member of the Head Teaching staff your insurance includes providing wellness information if needed. If you are in need of further assistance please let the Director or Head Teacher know.

ALLERGIES:

- > If a child has a known allergy documentation is obtained before the child starts at the EEC.
- > For each child with special health care needs or food allergies or special nutritional needs, the child's health care provider gives the program an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care. (5.B.05). This individualized care plan must include but is not limited to: 1. Description of allergy, specific triggers, avoidance techniques, symptoms of an allergic reaction, and procedures for responding to an allergic reaction (medication, dose, doctor contact information). Individuals who are responsible for caring for children with allergies will review and follow Child's Individual Care plan at the start of enrollment and at least once per calendar year, documentation of this review will be kept in the child's file and on the plan itself.
- > If it is believed that there is an instance of exposure or allergic reaction parents and/or guardians will be contacted as soon as possible. If an EpiPen is administered emergency medical services will be called.
- > The program protects children with food allergies from contact with the problem food. The program asks families of a child with food allergies to give consent for posting information about that child's food allergy (name, allergy and photo) and, if consent is given, then posts that information in the food preparation area and in the areas of the facility the child uses so it is a visual reminder to all those who interact with the child during the program day. (5.B.05). Allergy information is available at all times, including on site, when on field trips, or during transportation. A child's food allergy information must be readily available to a staff person in the area where food is prepared and served to the child. **To protect children with allergies the Center is PEANUT FREE, this includes products made with peanuts and those made with peanut butter.**
- > Staff maintains areas used by staff or children who have allergies or any other special environmental health needs according to the recommendations of health professionals. (5.C.04).
- > Areas used by staff or children who have allergies to dust mites or to components of furnishings or supplies are maintained by the program according to the recommendations of health professionals. (9.D.07).

BEHAVIOR GUIDANCE

Discipline is not to be confused with punishment, but rather considered to be behavior guidance. The purpose of discipline is to teach children appropriate behaviors. Staff members are to provide a positive model of acceptable behavior. Behavior guidance will be tailored to the developmental level of the child. We will attempt to redirect children and groups away from problems and toward constructive activity in order to keep conflict to a minimum. The staff will teach children how to use acceptable alternatives to problem behavior in order to reduce conflict. We will help children learn appropriate behavior through logical and natural consequences when there are no safety concerns. **Absolutely no form of verbal abuse or physical punishment will be tolerated and it is means for immediate dismissal from your employment at the Early Education Center.**

Certain techniques have been found to be more successful in teaching the desired behavior:

1. Value each child as a capable person, responsible for his or her own behavior. Try to enhance the child's self-concept.
2. Be positive, recognize the desired behavior with comments or a smile.
3. When appropriate, ignore negative behavior. However, protect the safety of other children. Let children find solutions for their problems. If there is a serious disagreement, find out all the facts—hear both sides of the story, allow them the opportunity to offer suggestions as to how their problem could be avoided next time.
4. Follow-through with children. It is difficult to be consistent. However, it is extremely important. When you are getting acquainted with the children, they may try to test you. Establish your authority by being friendly and consistent.
5. As often as possible, allow for natural consequences. If a child's carelessness causes a spill, the child should clean it up.
6. If you are supervising a group of children, you must be aware of all the children within that group. Even though you may be involved in an activity with a small number of children you can still span the group as a whole with your eyes. Often you can diffuse a problem in another area by staying alert to the total situation.
7. Time out or taking a break- we try to use other methods of guidance before the child is asked to take a break or is put into time out, but this method is used if needed. Each classroom has a "Calm down" area with tools that can be used by the children to help them calm down and regulate their bodies. Children are taught about these tools and this area beforehand, during a time when they are not upset. Then as needed they may be brought to the area or asked to go to the area to regulate their bodies. Our overall goal is that the children will know how to use the area and/or tools from the calm down area and will recognize when they might need to take a break or go to the calm down area on their own. If a child is separated from the group and asked to take a time out the teacher will note this on the separation report log for that classroom. This information will include the child's name, teacher's name, time, date, and other methods used prior to separating the child.

CLEANING DUTIES

We have visitors coming through our Center at all times of the day. We need every staff member to help keep the rooms in order. Put away clutter, wipe the tables and counters, and clean sinks whenever you see the need, not only at the end of the day. Toys and equipment that are likely to be mouthed must be cleaned and sanitized when soiled or at least daily. (5.C.03) **SEE Appendix A for cleaning solutions.**

Cleaning and Disinfecting Procedures

Definitions:

Cleaning: a mechanical process (scrubbing) using soap or detergent and water to remove dirt, debris, and large numbers of germs. It also removes debris that interferes with disinfection.

Sanitizing: the process of reducing the number of disease-causing germs on cleaned services to a safe level. The term is usually used in reference to food contact surfaces or items likely to be mouthed.

Disinfecting: the process that destroys harmful germs (except bacterial spores) on environmental surfaces using specific products.

Each room has one bottle for bleach 1, bleach 2, and one with soap and water.

For Surfaces that will NOT have contact with the mouth or food (immediately after each time it is used).

1. For routine disinfection of contaminated surfaces (play tables, toys that cannot be placed in the dishwasher.)
 - a. Clean first with soap and water
 - b. Rinse
 - c. Spray with Bleach Solution 1
 - d. Allow surface to air dry
 - e. Wash your hands

2. Water Tables

- a. Spray table with Bleach Solution 1 and let dry before filling with water.
- b. Soak all water toys in Bleach Solution 2 for 2 minutes prior to use
- c. Have children and staff wash hands before and after play.
- d. Exclude any child with open sores from play
- e. Watch carefully so children do not drink the water.
- f. Drain the water after play is over and between groups of children.
- g. Clean with soap or detergent and water.

3. Sanitizing Lunch Tables (immediately before and after each use)

- a. Clean first with soap and water
- b. Rinse
- c. Spray with Bleach Solution 2
- d. Allow surface to air dry
- e. Wash your hands

4. Small toys

- a. Clean and Sanitize in our NSF dishwasher

5. Washable items like towels, sheets

- a. Use HOT Water in Washing Machine

6. Cots will be washed with soap and water and then sprayed with bleach solution 2 since it is possible that children will put their mouths on the cot

For Blood and Body Fluid Spills or Soiling

1. Put on gloves prior to any cleanup
2. Always clean objects and surfaces contaminated with blood and body fluids (stool, urine, vomit) **immediately**.
 - a. Use disposable towels to wipe up the blood or body fluid from the surface and discard in a plastic-lined, covered waste container or biohazard bags if there is a large amount of fluid involved. Then take container or bag to the dumpster for disposal.
 - b. Scrub the area with soap or detergent and water to remove blood or body fluids and discard paper towels. Rinse the area with clean water.
 - c. Items and surfaces contaminated with blood and body fluids (stool, urine, vomit) must be **disinfected immediately** using **BLEACH solution 1** after the cleaning procedure.

See appendix B for more cleaning and disinfecting guidelines.

CONTROLLING ODORS

Odors within the Center should be controlled using ventilation. The use of air fresheners, deodorizers, or scented candles is not prohibited anywhere within the Center.

DIAPERING PROCEDURES - these are also posted by the changing tables

WASH HANDS BEFORE YOU START (see Hand washing in the previous section)

1. Involve the child in the changing procedure—talk about what you're doing, how it feels etc.
2. ****Never**** leave the child unattended on the changing table, or turn your back. **ALWAYS** have at least one hand on the child.
3. Line table with paper.
4. When you start, take all the diaper wipes you will need to thoroughly wipe the child's bottom. (WIPE FROM FRONT TO BACK!!) Place any cream that is needed on a tissue
5. Put the soiled diaper in a plastic bag, tie it off, and put it in the diaper pail. Several times a day this container will be emptied in the outdoor disposal area.

6. If the child has wet clothes, using gloves, put them in a plastic bag and leave them in the child's cubby. (Put a note on the parent bulletin board to remind parents to take wet clothes home). Before you dress the child again, wash him/her thoroughly with a wipe and dispose of the wipe in the diaper trash.
7. Clean changing pad with spray disinfectant after each change.
8. Wash your hands and help the child wash her/his hands after each change.
 - > Staff need to check children for signs that diapers or pull-ups are wet or soiled at least every 2 hours when children are awake and when children awaken. (Parents are welcome to check the diapering charts in the two younger age groups.) (5.A.08)
 - > Staff need to make sure that diapers or pull-ups are changed when wet or soiled. (5.A.08)
 - > Surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects, and especially not for any object involved with food or feeding. (5.A.08)
 - > Staff only change children's diapers or soiled clothing in designated changing areas (changing tables and bathrooms) and not elsewhere in the facility. (5.A.08)

MAINTAINING STAFF TO CHILD RATIOS:

Developmentally appropriate staff to child ratios should be maintained by the groups at the Center at all times, this includes during all hours of operations, in classrooms and in other indoor settings, and in outdoor learning environment. Ratios should be as follows:

Toddler 1 to 6

Preschoolers 1 to 10

HAND WASHING (5.A.09) Handwashing information is posted near each sink in the center.

Adults and children in the classroom should wash their hands:

- > On arrival for the day
- > After diapering or assisting in the use the toilet (or using the bathroom personally)
- > After handling bodily fluids(e.g. blowing or wiping a nose, coughing, or touching any mucus, blood or vomit)
- > Before and after meals and snacks, before preparing or serving food, or after handling any raw food that requires cooking (e.g. meat, eggs, poultry)
- > After playing in water that is shared by two or more people
- > After handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals
- > When moving from one group to another (e.g. visiting) that involves contact with infants and toddlers/twos

Adults should also wash hands:

- > Before and after diapering a child
- > Before and after administering medication
- > After handling garbage or cleaning
- > Before and after feeding a child

**The use of soap as well as rubbing hands with friction under running water for ten seconds in the washing process is effective in stopping the transmission of germs.

**Except when handling blood or body fluids that might contain blood (when wearing gloves is required), wearing gloves is an optional supplement, but NOT a substitute, for hand washing in any required hand washing situation listed above.

NOTE: The use of alcohol-based hand rubs in lieu of hand washing is not recommended for early education and child care settings. If these products are used as a temporary measure, a sufficient amount must be used to keep the hands wet for 15 seconds. Since the alcohol-based hand rubs are **toxic and **flammable**, they are not allowed in the Center.

MEALTIME

Mealtime should be a pleasant, sociable time for all involved. If you are eating with the children, set a good example by trying all foods served. Encourage the children to try all foods but do not make an issue of it. Never withhold food as a punishment or use it as a reward. Teach manners through example, as well as discussing them while using them. Children are responsible for clearing away their dishes and for wiping up spills. Tables and counters are cleaned and sanitized after each meal. Teachers will update meal activity information in Procure for families report once meal is complete. This will include type and quantity of the meal.

Food Concerns (5.A.14) and information we follow:

- > Toddlers/twos do not carry sippy cups, or regular cups with them while crawling or walking
- > Teaching staff offers children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.
- > The program serves whole milk to children of ages 12 months to 24 months.
- > Staff does not offer children younger than four years of age these foods: hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas and hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole. (5.B.14)
- > Staff cut foods into pieces no larger than ½ inch square for toddlers/twos, according to each child's chewing and swallowing capability. (5.B.14)
- > Food that comes from home for sharing among the children must be either whole fruits or commercially prepared packaged foods in factory sealed containers. (5.B.02)
- > All fruits and vegetables are washed prior to eating.
- > All foods and beverages brought from home are labeled with the child's name and the date.
- > If foods are microwaved plastic or styrofoam containers, plates, bags, or wrap is not used.
- > Children are kept away from liquids and foods until they have been checked by an adult. The temperature must be under 110 degrees Fahrenheit. (5.B.07).
- > Any food with expired expiration dates is discarded
- > Refrigerator must have temperature of 40°F or less
 - ◆ **Peanuts or peanut products are not allowed in the Center.**

MISSING CHILD

The Teacher should see that the group has proper supervision. Call the Director for help. If the director is not available contact the CEHS Dean's office to help organize people to look for the child. After a brief search (5-10 minutes) call parents. If parents have not picked up the child, call the police at 911.

NAP TIME

Cots should be set up so that there is the least amount of interaction between children. Leave a pathway on at least one side of the cot. Remind children to use the bathroom before lying down. At rest time the environment should be made as conducive to resting as possible with shades pulled, lights out, and soft music playing. Teachers and teacher aides can help children get settled on their cots with their blankets and/or cuddle buddy. If the child does not have one of these items the Center has extras which they can use. Rubbing children's backs while they lie on their cots may help children relax. However, make sure that you rub only on top of their clothing. Reassure children that they need only to rest; they do not need to sleep unless they feel like it. **DO NOT CONVERSE** with them at this time, just whisper quietly that it is rest time now. The children should remain on their cots for thirty minutes. At that time, those that are awake can fold their blankets, put them away, and choose a quiet table activity. The cots should be disinfected and put away. If you are having trouble, check with a teacher or Director for some suggestions on how to make it go more smoothly.

Children should still be supervised by sight even when they are sleeping. Position yourself within the room so that all of the children are visible at all times. If mirrors, video, or sound monitors are used they should **NOT REPLACE** the direct sight and sound supervision required by staff. (NAEYC 3C)

PHYSICAL NEEDS OF CHILDREN

1. When going outside, children must be dressed suitably. In winter, caps must cover ears, boots should be fastened and snow pants or extra slacks should be worn. There are extra boots, mittens, scarves, etc. in the blue cabinet in the Center's hallway. Help the children dress for play if they need it, but do not do it for them. Encourage these skills. (5.A.07)
2. If a child seems ill, bring her/him to the teacher for further care. Be aware of signs of illness (irritability, withdrawal, feverish to the touch, lack of appetite.)

3. Sometimes children wait too long to use the bathroom and need to be reminded. If the child has an accident, help find extra clothes in his/her cubby. The child should be washed before putting on clean clothes. Wet clothes should be placed in a bag with the child's name on it and then put in the cubby. Staff member should wear gloves while removing soiled clothes and washing the child.
4. Be aware of the child's cleanliness throughout the day. If necessary, help the child wash hands and face.
5. Drinks should be available to the children frequently; they may use the drinking fountains as they wish.

PICK-UP INFORMATION

Children are to be released ONLY to parents or designated persons listed in the child's file. Photos may also be available in the file. The parents are to contact the Center each time someone different will be picking up their child, unless the parent has informed the staff that an alternate person will regularly come for the child. If a parent calls regarding a change for the day, this information should always be passed along to the closing teacher. If someone comes to pick up the child who you do not recognize ask to see their identification. If needed call parents to be sure they should be picked up by someone else.

If a child has not been picked up at the Center's closing time, and the parents cannot be reached, an alternate person from the file will be called. If no person from the file is able to be contacted by 6:00pm, child protection services requests that we call the Moorhead Police Department. Call Public Safety to remain with the child until the parents or police department have arrived. The director should be notified how late the child stayed if it is after 5:30pm.

If a person who is not an authorized pick up person comes to pick up a child from the Center let them know that you cannot let them take the child. Notify parents immediately. If a person suspected of abuse, who is an authorized pick up person, comes to pick up a child from the Center, have an aide notify the director to call public safety, if the Director is not present have the aide call public safety for assistance. Try to stall the person from taking the child until public safety or police arrive to help with the situation. Call another person authorized to pick up the child. If at any point the person seems persistent or becomes violent call public safety or push the panic button for immediate assistance.

If a parent or person authorized to pick up arrives incapacitated, inform him/her of the Center's concern for the child's safety. Ask if they want you to call a taxi or an alternate pick-up person from their list. If the parent becomes belligerent, contact the police. Call public safety or push the panic button for immediate assistance.

SAFETY INFORMATION

1. All adults are responsible for putting any medication (prescription or over the counter) or personal items that are sharp in a child proof area while in the center. Staff will be responsible for daily inspection for any potential hazards in the classroom, gym, playground or any other area children would enter. Do not allow children to participate in unsafe activities, i.e. playing on unsteady apparatus, running with pointed objects, throwing hard objects.
2. Daily each teacher will check to see that electrical outlets are covered with safety caps when not in use.
3. Liquids and foods that are hotter than 110 degrees Fahrenheit are kept out of children's reach. (5.B.07)
4. Toys are picked up throughout the day.
5. Floor spills are wiped up immediately.
6. Any toys coming from home are checked for safety hazards. Except for soft toys at nap time, toys are returned to cubbies to be taken home.
7. Cleaning supplies are to be returned to the child proof storage area after use and during use they should be closely monitored.

Other:

8. Children leaving the center should walk on the sidewalk, not across the parking lot.
9. Any cooking lessons are to be closely supervised. There is a plexiglass shield available for those times when you are using a heat source.
10. Procedures for CPR and choking are posted in each room.
11. When walking with groups of children:
 - a. an adult is at the head of the group and towards the end
 - b. designated crosswalks are to be used whenever possible
 - c. sidewalks are to be used whenever possible
 - d. an adult always supervises crossing streets

12. In case of a fire, tornado, or a practice drill, follow procedures and emergency exit diagram as indicated on the wall beside the classroom door.
13. Teachers are encouraged to teach safety lessons to the children in areas such as fire safety, poison, pets, etc. throughout the year.
14. If the children are in cars or a van, everyone in the vehicle should have safety belts fastened. Only adults should close car doors, always being cautious of children's fingers.
15. Do not allow a child to leave the center with anyone other than the parent unless we have been given permission by the parent. Always check with a Teacher or Director if you are unsure. A note in the sign-in information may have this information. The name of anyone allowed to pick up the child is listed on the yellow cards or on the master list of this information in the Director's office. When someone comes to pick up who you haven't seen before you need to ID the person and make sure they are on the approved pick up list.
16. If a Teacher requires emergency first aid, her/his emergency medical information is in the Director's office above the phone and also under the phone in the center's main hallway.
17. Toddlers/twos should NEVER have access to large buckets that contain liquid. ALWAYS put them on a high counter. (5.A.15)
18. The Director or administrative aid will check and replenish all first aid kits each month. (9.C.10)
19. Children should be kept safe from objects that could cause suffocating (e.g. plastic bags or ropes will be kept out of the children's reach and not given to them)
20. Monthly Fire and Tornado (April - Sept.) drills are done and recorded with date and time by the Director.
21. Drinking water is available to children throughout the day, drinking fountains are located in all classrooms.
22. When leaving spaces (gym, classroom, layground, etc.) a final check of area should always be made for any children.

SANITARY CLEAN UP AND DISPOSAL

Hygienic procedures should be practiced by all center personnel when disposing of human secretions and excretions including, blood and vomit.

1. Wear disposable gloves (found in each classroom, kitchen, or in the janitor's room) when cleaning up blood and vomit.
2. If the body fluid reached the floor or furniture, clean with soap and water then use the proper bleach solution to sanitize the area (see Appendix A). Supplies for this can be found in the janitor's room near the kitchen. If the floor needs to be washed, use a paper cup filled to the line with bleach added to a pail of water.
3. Dispose of all saturated waste in a Biohazard Bag (found in each classroom, bathroom, kitchen, and janitors rooms). Tape the bag shut when you are finished or secure it with a rubber band.
4. Biohazard bags should be taken directly to the dumpster.
5. New gloves and biohazard bag should be taken to the classroom.

**Staff use barriers and techniques that minimize contact of mucous membranes or of openings in skin with potentially infectious disease. (5.C.02)

Toxic substances (used only as directed by the manufacturer) are: (9.D.09)

- > Stored in original labeled container
- > Kept in a locked room or cabinet, inaccessible to children, and away from medications and foods.
- > Matches and lighters are not accessible, and gasoline and other flammable materials are not stored in the center.

STAFF SCHEDULING

Student staff scheduling will be done on a by semester basis. You will be responsible for working (or finding a replacement) for all your scheduled times within that time period. Over winter break two separate schedules will be made. All staff who are scheduled over 4 hours will receive at least a 15 minute break for each 4 hour time block worked. Staff may request a short and immediate break at any time if they are feeling mentally or physically stressed (6A-10.E.07).

SUBSTITUTE PROCEDURE

If you are unable to work your designated shift you will be responsible for finding a substitute who can work at that time. It is very important that we always have the correct number of staff to remain within our licensing ratios.

We have a sign up system in place to help find substitutes and make things easier (this procedure is gone through at orientation & it is expected that you follow it), but you are responsible for making sure that your shift is covered and if it is not you are responsible for working that shift.

When looking for a substitute you must talk to other staff members in person or call them on the phone to ask them to cover your shift for you. Sending an individual or group text message is considered not following the substitute procedure.

TOILETING PROCEDURES

Help the children with buttons and snaps only when they are not able to manage. After the child has used the toilet, he/she should wash hands according to the procedure under HAND WASHING. Clean toilet seat with disinfectant wipe if it has been soiled.

**Clothing that is soiled by urine or feces are to be immediately placed in a plastic bag (WITHOUT RINSING or AVOIDABLE HANDLING) and sent home that day for laundering. (5.A.08)

TECHNOLOGY USE

Technology (including Ipad use) may be used in the classroom to enhance the classroom experience for the children. This is at the discretion of the Classroom Teacher or Center Director. The ipad may contain private information Student staff are not allowed to use when in the classroom. If the Head Teacher is gone paper notes will be used in place of Procure for the day.

WATER BOTTLE AND REUSABLE CUP PROCEDURE

Due to licensing guidelines water bottles are not allowed for children to use at the Center; instead drinks from the classroom and gym water fountains are encouraged throughout the day. When traveling away from the Center (e.g. on a park field trip) the Center will provide single-use water bottles which are individually labeled to be used by each child.

When on the playground reusable cups will be provided and used by the children. The following procedure will be used to ensure the cups are cleaned properly and used by individual children:

1. Each child will be provided with a reusable cup which is labeled individually for that child using their first and last name.
2. Cups will be kept in a “drawer tote” that can be brought to the playground area with the children. Cups will be able to be single stacked in the tote so they are not touching each other and can be stored in that way. To ensure the correct cup is used by each child cups will be stored and labeled by groups and teachers or aides will help children when serving.
3. At the end of each day the cups will be washed in the sanitizing dishwasher, air dried, and replaced in the tote to be ready for the next use.
4. Cups will be used for water only. They will only be used to make water available on the playground or in other areas where a drinking fountain is not accessible.
5. As cups are washed each day labels will be checked to ensure they are remaining on and replaced as needed.

CENTER POLICIES

Policies are reviewed by the Center Director and health consultant and changes are made each year

CELL PHONE POLICY:

The use of cell phones is not allowed within the Center classrooms or at any time when you are responsible for the children of a group. Using a cell phone puts you out of ratio according to licensing. The only exception to this rule is that the Center’s cell phone (or a personal cell phone) should be taken with when you leave the Center on walks or field trips. Cell phones can NEVER be used to take pictures of the children of the Center; each of the Center’s classrooms has a digital camera and iPad for this purpose.

DRESS CODE- WHAT YOU SHOULD WEAR?

Think MODESTY! You are here in a professional role. Please dress accordingly. Listed below are a few things you will be asked to follow at all times:

- > You will be bending and moving and your pants and tops must provide full coverage at all times.
- > No halter, crop tops, spaghetti straps or low cut tops. Bra strap should not show.
- > T-shirts should not have slogans or advertising. (Only MSUM college clothing should be worn if supporting a University.)
- > Jeans may be worn, leggings are also allowed as long as your shirt is an appropriate length. Your butt or undergarments should not be able to be seen through the leggings.

- > If shorts or skirts are worn, they must be an appropriate length to move and play in.
- > Shirts and shoes are required at all times.
- > The appropriate foot wear for moving around and possibly running is needed, flip-flops are not allowed and if sandals are worn they must have a back on them.
- > We go outside in the winter so proper clothing should always be with you.

During your time at the Center, you may be involved in such activities as painting, water and sand play, cleaning, outdoor play, and other somewhat messy activities. You will also be sitting on the floor, holding children on your lap, and comforting occasionally sad children. Your clothes should be appropriate for these activities. They should be washable, comfortable, and neat. They should also reflect the weather. The children play outside in all kinds of weather, and you will be asked to go out also. Boots, mittens, caps, and warm coats are a must in winter.

Remember: Your clothes reflect your attitude. If you come dressed in nylons, high heels and your best dress, you may pull away from those activities and children that are messy. If you dress only in sweats, your attitude says this is not a professional occupation. Choose your clothes wisely.

Staff Orientation Requirements:

Each employee (full-time or substitute) completes an orientation that covers the following topics (see staff personal file for specific dates):

- ◆ (6.A.01) All teaching staff know and use ethical guidelines in their conduct as members of the early childhood profession. (Staff read and review code of ethical conduct and are asked questions about)
- ◆ Before working with children a background check is completed on each of the Center employees.
- ◆ Before working with children and annually each employee must complete abusive head trauma training, mandated reporter training, and review the Center's Risk Reduction Plan.
- ◆ (10E.-6.A.03) Before working alone with children, and annually there after, teaching staff are given an initial orientation that introduces them to fundamental aspects of program operation, including:
 - Program philosophy, values and goals
 - Expectations for ethical conduct
 - Health, safety, and emergency procedures
 - Individual needs of children they will be teaching or caring for (including child growth and development)
 - Accepted guidance and classroom management techniques
 - Daily activities and routines of the program
 - Preventing and responding to allergic reactions
 - Handling and disposal of bodily fluids
 - Emergency preparedness and response information
 - Child abuse and neglect reporting procedures (Mandated Reporter information)
 - NAEYC Early Childhood Program Standards and
 - Regulatory requirements

Follow up trainings expanding on the initial orientation and are done throughout the year. These trainings will include but are not limited to:

- > 12 hours of additional training annually (by calendar year) for part-time staff.
- > 24 hours of additional training annually (by calendar year) for full-time staff.
- > Training on Cultural dynamics at least every other year.
- > Training on accommodating children with disabilities at least every other year.

Training on the Center's Drug and Alcohol policy will take place at the initial orientation and annually thereafter. Each employee and volunteer will be asked to sign off on this as part of their information kept on file.

Pediatric First Aide and CPR training must be completed by all employees before having unsupervised direct contact with children and then every 2nd calendar year after that. Please see personal files for information on when training was last completed.

Training of Child Development must be completed within 90 days of starting at the Center and then again every 2nd calendar year. Please see personal files for information on when training was last completed.

SUPERVISION POLICY (NAEYC 3C)

Staff should be positioned at all times so they are able to supervise children by sight and sound. This include when staff are engaged with other children who are awake. As children wake up in the toddler room do not leave the group to take children to bathroom unless there is another staff present in the classroom who can see and hear all the children within the room.

In the gym, playground, and classroom staff should center themselves so supervision is spread out and all children are within view of a staff member.

Full-time staff are with and supervising volunteers and support staff at all times, support staff and volunteers will not be left alone with the group of children (10E-6.A.04).

PROHIBITED ACTIONS:

The following actions are prohibited by all staff members at the Early Education Center. These actions are:

1. Subjections of child to corporal punishment, which includes but is not limited to: rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting, and spanking.
2. The subjections of a child to emotional stress, which includes but is not limited to: name calling, ostracism, shaming, making derogatory remarks about a child or the child's family, using language that threatens, humiliates, or frightens the child.
3. Separation of a child from the group except within rule requirements.
4. Punishment for lapse in toileting.
5. Withholding food, light, warmth, clothing, or medical care as punishment for unacceptable behavior.
6. The use of physical restraint other than to physically hold a child where containment is necessary to protect a child or others from harm.
7. The use of mechanical restraints, such as tying.

CENTER RULES

In general at the EEC we want to be sure that we are teaching the children to be responsible and respectful.

We show respect by:

- We respect others personal space
 - We respect the school space
 - We respect our choices and our friend's choices
 - We use a quiet & kind voices
- We have listening ears when others are talking
- We are honest and truthful

We are responsible by:

- We take care of ourselves, our things, & our space
- We are responsible for our learning & others learning

You can find posters that focus on what respect and responsibility look like in different areas at the Center. We will also train on in more detail at orientation.

In addition to the respect and responsibility guiding rules here is a list of additional rules would like the children to follow at the EEC. Please read, learn, and follow as well so you can teach the children.

1. Children are responsible for putting away their own toys and supplies. Offer to help them with this task, rather than asking them to help you. In general, you shouldn't do for a child what they can do for themselves.
2. Children should be encouraged to walk when in the Center.

3. Do NOT make pictures or models for children. All children are creative in their own way. Your model stifles this creativity.
4. Shoes are to be worn at all times.
5. All children are to wash their hands before and after eating, before and after using the water table, before a cooking experience and after going to the bathroom, or anytime that they come back into a room (for example if they were in the gym and are returning to their classroom).
6. Block structures are to be built no higher than shoulder level.
7. Gun play is not allowed at the Center. Encourage more constructive play.
8. Cubbies are private. Other children should not be allowed to take things from another person's cubby.
9. Children may need to be reminded to use an inside voice when they get overly loud.
10. Sit on the chairs, not the tables (this should include teacher behaviors as well).
11. Opening doors is a teacher job; the children should not do it.
12. Always walk beside or behind a Teacher, the Teacher should always go first, do not let the children run in front of you.

PLAYGROUND RULES

1. If outside but not in the playground fence area, children must stay in a designated area-the teachers will decide where that is. Watch that a child does not wander off or go on the road or parking lot. Make sure the children know what the limits are.
2. DO NOT allow children to climb on the fence. This is dangerous and can cause physical injury or may break the fence.
3. Deliberate sand throwing should be dealt with in the following ways:
 - a. Remind the child that sand is for digging.
 - b. Direct the child to an alternate activity.
 - c. If using the shovels, warn the children that they won't be allowed to use the shovels if they are throwing sand with them. If it continues, take the utensils away or ask to leave the sandbox area.
4. Keep an eye on the door. Nobody should go in without permission. If a child needs to use the bathroom or get a drink, be sure he/she is accompanied by an adult.
5. Be aware of safety at all times.
6. Stand near children who are using the climbing structures and hanging bars.
7. Playground safety *requires staff to space themselves so all areas and children are supervised*. Station yourself close to problem areas such as the climber.
8. Toys are not to be taken on the climbing structure.
9. Children should not be lifted onto an apparatus they cannot climb by themselves, because they probably will not be able to get down.
10. Child should go up the climber and down the slide feet first.
11. Toddlers are not allowed on the climber without an adult next to them.
12. Children are not allowed in the shed attached to the building.
13. Children are not allowed on the climber in the winter months.
14. Children must wear helmets when riding bikes.
15. When leaving the area a face-to-face count should be done and area should be checked for children one final time.

GYM RULES

1. Be aware of safety at all times.
2. Stand near children who are using the climbing structures and hanging bars.
3. Toys are not to be taken on the climbing apparatus.
4. Space yourselves so that all areas are supervised. Station yourself close to problem areas.
5. Riding toys should stay off mats and should not crash into walls, people or other objects.
6. Children should be accompanied to the bathroom, door should remain partially open. It is best if the aides take children so that the Head Teacher can continue supervising the majority of the children.
7. At times it may be necessary to remove a toy, until the children can reach an agreement on how it is used.
8. Bikes are to remain on one side of the climbing structure and balls on the opposite.

SWIMMING POOL RULES FOR NEMZEK

1. Minimum of one adult to every four swimming children (if attending the pool as a Center group- at swimming lessons Center staff does not go in the water with children).
2. No children alone in the bathroom.
3. Supervisor, please flush toilets and wipe off seats as necessary.
4. No running in locker or shower rooms or in pool area.
5. Children must wear a suit and bring a towel.
6. Any equipment used must be put away properly.
7. All children MUST use the bathroom before going into the pool.

ANIMALS IN THE CENTER (5.C.05)

1. Classroom pets or visiting animals appear to be in good health.
2. Pets or visiting animals have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized (if the animal should be so protected) and that the animal is suitable for contact with children.
3. Teaching staff supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals.
4. Program staff make sure that any child who is allergic to a type of animal is not exposed to that animal.
5. Reptiles are NOT ALLOWED in the classroom because of the risk for salmonella infection.

Personal Belongings:

Your personal belongings are to be kept in the workstudy room, you may bring a lock to use on the lockers if you wish. The MSUM Early Education Center is not responsible for an item that is lost or stolen.

Revised July 2022

Minnesota State University Moorhead is an equal opportunity educator and employer and is a member of the Minnesota State system. This information will be made available in alternate format, or if a disability-related accommodation is required, please contact Accessibility Resources at 218.477.2167 (voice) or 1.800.627.3529 (MRS/TYY).

Attitude

Your attitude will make the difference between success and failure as a child educator. A positive outlook toward all situations, enthusiasm, and initiative, as well as willingness to carry out your assigned duties plus a little extra, will make you a valuable member of our staff. Remember to keep your sense of humor during those moments (or days) that seem disastrous. If you are having a problem with another staff person, a child/parent, or any other aspect of your responsibilities, please bring it to the attention of the Director/Teacher right away. The situation can be remedied much more quickly and tension is less likely to build up. It is important that we have good morale among the staff members. The rewards you will receive, if you can do these things, will far outweigh the hard work of the job.

> **Parent handbook** is available online at www.mnstate.edu/childcare, click on the enrollment forms tab to find the link.

> **Staff handbook** is available in the classrooms, workstudy room, or online at www.mnstate.edu/childcare

Appendix A:

HOW TO MIX BLEACH SOLUTIONS

<i>BLEACH SOLUTION 1</i> (disinfectant) Use for hard surfaces		<i>BLEACH SOLUTION 2</i> (sanitizer) Use for mouthed toys and food contact surfaces	
Water	6.0 - 6.25% Bleach	Water	6.0 - 6.25% Bleach
1 gallon (16 cups)	¼ cup	1 gallon (128 ounces)	2 teaspoons
1 quart (4 cups)	1 tablespoon	1 quart (32 ounces)	½ teaspoon
1 pint (2 cups)	1 ½ teaspoons	1 pint (16 ounces)	¼ teaspoon

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| <ul style="list-style-type: none"> * Make solutions fresh daily, label with date and contents. * Test <i>bleach solution 2</i> daily using a test kit. * Date bleach when opened; do not keep longer than 30 days. * Date bleach when purchased; do not keep longer than 3 months. | <ul style="list-style-type: none"> * Always follow the manufacturer's instructions exactly. * Store bleach safely out of reach of children. * NEVER MIX bleach with any other household product. |
|--|--|

NOTE: Mix the bleach solution in an airtight, cloudy plastic container and label container with the date made and bleach solution contents.

If you have a private septic system, call your local environmental health agency to determine the impact of putting bleach solutions into the septic system on a daily basis. (It is generally not advised.)

Prepared by Hennepin County Human Services and Public Health Department (HSPHD)

June 2008

Appendix B: CLEANING AND DISINFECTING GUIDELINES FOR SPECIFIC ITEM

ITEM TO BE CLEANED	HOW OFTEN	DISINFECTION PRODUCT TO USE
Surfaces and objects contaminated with blood, urine, or stool	Immediately after each soiling	BLEACH solution 1 If mouthed items, BLEACH solution 2 Soak for 2 minutes, let air dry
Objects handled by young children, examples: Toys, mouthed objects, food utensils, crib rails, and high chair trays	At least daily and when soiled; remove from use if mouthed	BLEACH solution 2 , soak for 2 minutes, let air dry; or dishwasher if appropriate
Diapering area	After each diaper change	BLEACH solution 1 , let air dry
Diaper pull	Clean and disinfect daily when visibly soiled	BLEACH solution 1 , let air dry
Bathroom toilets and sinks	Daily and when obviously soiled	BLEACH solution 1 , let air dry
Potty chairs (sanitary handling of chairs very difficult)	Empty, clean, and disinfect after each use, then store in bathroom, put rinse water in toilet not handwashing sink.	BLEACH solution 1 , let air dry
Handwashing sinks/ faucet handles	At least daily and when soiled	BLEACH solution 1 , let air dry
Indoor surfaces where children's activities occur	At least daily and when soiled	BLEACH solution 1 , let air dry
Bottles, bottle caps, nipples, pacifiers	Clean insides of bottles, caps, and nipples with a bottle brush and soapy water; squirt water through nipple; disinfect after cleaning	Dishwasher, OR boiling for 5 minutes just prior to filling, OR wash , rinse, then soak in BLEACH solution 2 , for 2 minutes, let air dry
Thermometers	After each use	BLEACH solution 2 , let air dry
Water play table	Before adding water to table; discard water after play is done	BLEACH solution 1 , let air dry
Uncarpeted floors	Vacuum or sweep and mop at least daily and when soiled	BLEACH solution 1 , let air dry
Mops	After each use, clean thoroughly, disinfect, wring out, and air dry	Soak for 10-30 minutes in BLEACH solution 1
Carpet	Vacuum daily; shampoo every six months, for infant/toddler rooms shampoo every 3-4 months, immediately spot clean following a body fluid spill	Carpet shampoo cleaners; commercial spot removers
Utility gloves	Clean then dip in disinfectant up to wrist, hang to dry	Soak in BLEACH solution 1 for 2 minutes for disinfection, let air dry

All items must be cleaned with soap or detergent and water, then rinsed before disinfecting.





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