Glenshaw Presbyterian Church Early Learning Center
Discipline and Health Policies

Discipline

Philosophy of Discipline

Caregivers will equally use positive guidance, redirection, planning ahead to prevent problems, encouragement of appropriate behavior, consistent and clear rules, and involving children in problem solving to foster the child's own ability to become self-disciplined. Where the child understands words, discipline will be explained to the child before and at the time of disciplinary action. Caregivers will encourage children to respect other people, to be fair, respect property, and learn to be responsible for their own actions.

Caregivers will guide children to develop self-control and orderly conduct in relationship to peers and adults. Aggressive physical behavior toward staff or children is unacceptable.

Caregivers will intervene immediately when a child becomes physically aggressive to protect all of the children and encourage more acceptable behavior. Caregivers will use discipline that is consistent, clear, and understandable to the child.

Permissible Methods of Discipline

For acts of aggression and fighting: (examples include but are not limited to biting and hitting) Staff will set appropriate expectations for children and guide them in solving problems. This positive guidance will be the usual technique for managing children with challenging behaviors rather than punishing them for having problems they have not yet learned to solve. In addition, staff may

- ✓ Separate the children involved
- ✓ Immediately comfort the individual who was injured
- ✓ Care for any injury suffered by the victim involved in the incident
- ✓ Notify parents or legal guardians of the incident
- ✓ Review the adequacy of caregiver supervision, appropriateness of the facility activities, and administrative corrective action if there is reoccurrence

Physical Restraint will not be used except as necessary to ensure a child's safety or that of others, and then in the form of holding by another person as gently as possible only for as long as is necessary for control of the situation.

Time-out will be used if other management techniques are ineffective. Time out or removal of a child from the environment may be used selectively for children over 18 months of age who are at risk of harming themselves or others. The period of time-out will be just long enough to enable the child to regain self-control. As a general rule this period will not exceed one minute per year of age. Caregivers will monitor the effectiveness of time out and seek help when approved behavior management strategies do not seem to be effective.

Cause for Dismissal of a Child

Our staff is dedicated to serving each child in our care as they develop. However, we will not tolerate any student action that can be harmful to another student, teacher, or themselves. If a student acts out violently and harms another person without cause,

leaders in the building may call parents and demand an immediate suspension from that present day of care. Parent will be charged for the time the child is in The Center. Before the child may return to care, parent(s) must meet with staff leader(s) to discuss the incident and preventative methods that will be used. Staff will begin to chart observations and may request a referral for a behavioral evaluation based on written observations and attempted modifications to the child's environment. It may also be requested that a single staff member be responsible for the child throughout the time in care. If the director, parent, and staff agree there will be a $15/hr. charge for individual care in the group setting in addition to the daily rate.
If the center observes a child who inappropriately touches another person or if the center observes a child who continues to harm others without cause, then that child may be dismissed from the care of GPC Early Learning Center. If a family does not agree to have a child evaluated and/or refuses the need for individual care in our group setting, then that child may be dismissed from care.

Prohibited Practices: **Caregivers will not use physical punishment or abusive language.**

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Suspected Child Abuse: All observations or suspicions of child abuse or neglect will be immediately reported to the child protective services agency no matter where the abuse may have occurred. The director will call to report suspected abuse or neglect. The director will follow the direction of the child protective services agency regarding completion of written reports. If the parent or legal guardian of the child is suspected of abuse, the director will follow the guidance of the child protective agency regarding notification of the parent or legal guardian. Reporters of suspected child abuse will not be discharged for making the report unless it is proven that a false report was knowingly made.
Staff members who are accused of child abuse may be suspended or given leave without pay pending investigation of the accusation. Such caregivers may also be removed from

the classroom and given a job that does not require interaction with children. Parents or legal guardians of suspected abused child will be notified. Parents or legal guardians of other children in the program will be contacted by the director if a caregiver is suspected of abuse so they may share any concerns they have had. However, no accusation or affirmation of guilt will be made until the investigation is complete. Caregivers found guilty of child abuse will be summarily dismissed and relieved of their duties.

Care of Acutely Ill Children

Admission and Exclusion: The child care provider, not the child's family, makes the final determination about whether the acutely ill child can receive care in the early learning program. Children will be excluded if:

- Staff are unable to meet the needs of both the ill child and the other children in the group
- The child's illness prevents the child from participating comfortably in activities that the facility routinely offers for well children or mildly ill children
- Keeping the child in care poses an increased risk to the child or to other children or adults with whom the child will come in contact.
- A period of 24 hours has not passed since the child has been ill.
- Within the last 24 hours the child has had fever, vomit, diarrhea.

Children

- With antibiotics administered for a period of 24 hours may return who have been diagnosed with Impetigo, Pink Eye, and Strep Throat.
- Will be excluded who have lice, scabies, ringworm, shigella, pneumonia, rsv, mumps, measles, chicken pox, and rubella until we receive written Doctor's permission to return.
- With hand, foot, and mouth will be excluded for 3 days. Children with croup will be excluded for 3 days. Children with whopping cough must be on a minimum of 5 days of antibiotics. All 3 diseases must have a Doctor permission for child to return to the group setting.
- With mollescum, shingles, and warts must have area completely covered, and, if a child contracts mrsa they will be excluded until there is no drainage from the wound.

If the child care staff is uncertain about whether the child's illness poses an increased risk to others, the child will be excluded until a physician or nurse practitioner notifies in writing that the child may attend and interact with other children. A child whose illness does not meet any of these conditions listed above does not need to be excluded.

Admission and Permitted Attendance: Permitted attendance will be at the discretion of the staff.. Children will not be excluded if they carry HIV or hepatitis b.

Procedure for Management of Short Term Illness: The director, assistant to director, or a group supervisor will determine whether a child who appears mildly ill will be permitted to come for the day or remain in the program. If a child appears mildly ill, but will be staying for the day

1. The child's caregiver will complete a symptom record to document date, time, symptoms of illness

2. The caregiver and the parent or legal guardian will discuss treatment and develop a plan for the child's care. The staff may attempt to contact the child's health care provider only if the parent is unable to be contacted and the caregiver has questions or does not understand the instructions provided **by the health care provider.**
3. The caregiver will complete the symptom record during the period the child is in care and give a copy of the symptom record to the parent or legal guardian when the child leaves the program for the day.

If the child becomes ill during the time the child is in care:

1. The caregiver will notify group supervisor and director if possible. Caregiver will complete the symptom record.
2. The director, administrative assistant, or group supervisor will determining if the child may remain in the program or is too ill to stay in child care.
3. The director, administrative assistant, or group supervisor will call the parent or legal guardian.
4. The child symptoms will be treated as agreed upon with the parent or legal guardian. The treatment will be written on the symptom record. The child will be reassured by the caregiver.
5. A copy of the symptom record will be given to the parent or legal guardian so that the parent or legal guardian has the information needed to continue the child's care and, if necessary, to consult the child's health provider for management of the child's illness.
6. If the child is too ill to stay in child care, the child will be provided a place to rest until the parent, legal guardian, or designated person arrives. The child will be supervised at all times by someone familiar with the child. A child with a potentially communicable illness that requires that the child be sent home from child care will be provided care separate from other children with extra attention to hygiene and sanitation until the child leaves the facility.
7. A parent, legal guardian, or designated person must pick up the sick child within one hour of the request for pick up. If child is not picked up in this timely manner, the parent will be charged a flat rate of $15/hour in addition to their cost of daily care. The child will be excluded from interacting with other children.

Reporting Requirements

Some communicable diseases must be reported to public health authorities so that control measures can be used. The director will obtain an updated list of reportable diseases from the local or state health authorities annually. A copy of this list will be shared with each parent and legal guardian at the time of enrollment. In September, families and staff will be reminded to notify the director within 24 hours after the child or staff has developed a known or suspected communicable disease and to inform the director if any member of their immediate household has a reportable communicable disease. While respecting the legal boundaries of confidentiality of medical information, the director will notify the appropriate health department authority about any suspected or confirmed reportable disease among the children, staff, or family members of the children and staff.
The telephone number of the responsible local or state health authority to whom to report communicable disease is posted in the main upper hallway.

Families of children who may have been exposed to a child with a communicable disease or reportable condition will be informed about the exposure according to the recommendations of the local health department. This information will be posted on the parent communication bulletin board as all children in The Center have risk of exposure.

Obtaining Immediate Medical Help

All caregivers will obtain immediate medical help for the following situations:

- They believe a child's life is at risk or there is a risk of permanent injury.
- The child is acting strangely, much less alert, or much more withdrawn than usual.
- The child has difficulty breathing or is unable to speak.
- The child's skin or lips look blue, purple, or gray.
- The child has rhythmic jerking of arms and legs and a loss of consciousness or seizure.
- The child is unconscious.
- The child is less and less responsive.
- The child has any of the following after a head injury: decrease in level of alertness, confusion, headache, vomiting, irritability, or difficulty walking.
- The child has increasing or severe pain anywhere.
- The child has a cut or burn that is large, deep, and/or won't stop bleeding.
- The child is vomiting blood.
- The child has a severe stiff neck, headache, and fever.
- The child is significantly dehydrated: sunken eyes, lethargic, not making tears, not urinating.

The caregiver should alert another member of the staff to call the parents or legal guardian immediately.

Some children may have urgent situations that do not necessarily require ambulance transport but still need medical attention. The list below includes situations that need to be treated within one hour. The legal guardian must be informed of the condition immediately. If the guardian or early learning center cannot reach the physician within one hour, the child should be taken to a hospital.

- Fever in any aged child that looks more than mildly ill
- A quickly spreading purple rash
- A large volume of blood in the stools
- A cut that may require stitches
- Any medical condition specifically outlined in a child's care plan requiring parental notification

Health Plan

Child Health Services:

Immunizations will be required according to the current schedule recommended by the U.S. Public Health Service and the American Academy of Pediatrics (see www.aap.org). Every January, the ELC administrative assistant will check with the public health department or the American Academy of Pediatrics for updates of the recommended immunization schedule. The Pennsylvania Department of Health regulations regarding attendance of children who are not immunized due to religious or medical reasons will be

followed. Unimmunized children will be excluded during outbreaks of vaccine preventable illness as directed by the state health department.

Routine preventive health services will be required according to the current recommendations of the American Academy of Pediatrics (see www.aap.org). According to the child care center's policy, documentation of an age appropriate health assessment should be obtained before the child starts receiving care. A visit to the doctor for a special health assessment or new documentation is not required for admission if documentation of an age-appropriate health assessment is current (within one year and 90 days) and provided. Parents or legal guardians are responsible for assuring that their children are kept up-to-date and that a copy of the results of the child's health assessment is given to the program each year no later than one year and 90 days from the date of the last documented health assessment according to the Pennsylvania Department of Welfare. A child whose immunizations are not kept up-to-date will be dismissed after proof of immunization lapses one year and 90 days.

Questions raised about the child's health will be directed to the family or (with written permission of the parent or legal guardian) to the child's health care provider for explanation and implications for child care. The ELC administrative assistant will check annually with the public health department or the American Academy of Pediatrics for updates of the schedule for routine preventive health services.

The ELC administrative assistant will check the facility's records a minimum of every three months to be sure each child's immunization and other routine preventive health services are current. She will remind parents and legal guardians to provide documentation of health assessments.

Health Education

Health education will be a part of the curriculum for staff, families and children. Topic areas for staff and families may include: nutrition, stress management, exercise, child development, prenatal care, management of chronic disease, substance abuse, safety, first aid, control of infectious disease, HIV/AIDS, and other topic areas based on community needs and interests.

Speakers and materials may be obtained from community hospitals, children's hospitals, voluntary health organizations, public health departments, health consultants, drug and alcohol programs, medical/oral health/nursing/mental health providers and organizations, health agencies, and local colleges and universities.

All health education activities and materials for children will be developmentally appropriate. Topic areas for children include: physical health, oral health, social health, emotional health, medication and substance abuse, safety, first aid, and preventing infectious diseases.

Programs will notify parents and legal guardians if sensitive topic areas are included in the health education plan. Parents or legal guardians must notify the staff of the facility if they do not want their children to be involved in activities related to a specific topic.

Medication Policy

Principle: This facility will administer medication to children with written approval of the parent for any child in the facility for whom a plan has been made and approved by the director. Because administration of medication poses an extra burden for staff, and having medication in the facility is a safety hazard, medication administration in child

care will be limited to situations where an agreement to give medicine outside child care hours cannot be made. Whenever possible, the first dose of medication should be given at home to see if the child has any type of reaction. Parents or legal guardians may administer medication to their own child during the child care day.

Procedure: The director, administrative assistant, or group supervisor will administer medication only if the parent or legal guardian has provided written consent and the medication is available in an original labeled prescription or manufacturer's container that meets these safety check requirements:

1. Child resistant container
2. Original prescription or manufacturer's label with the name and strength of the medication and physician's directions for use (phone or written)
3. Name of child on container is correct for both first and last names
4. Current date on prescription/expiration label covers period when medication is to be given
5. Name and phone number of licensed health professional who ordered medication on container or on file
6. Instructions are clear for dose, route, and time to give medication.

The facility must have on file the written instructions from a parent to administer the specific medication. If it is a prescription medication, formal instructions and permission by a Pediatrician must be on file.

1) For prescription medications, parents or legal guardians will provide caregivers with the medication in the original, child-resistant container that is labeled by a pharmacist with the child's name, the name and strength of the medication; the date the prescription was filled; the name of the health care provider who wrote the prescription; the medication's expiration date; and administration, storage and disposal instructions. For over-the-counter medications, parents or legal guardians will provide the medication in a child-resistant container. The medication will be labeled with the child's first and last names; specific, legible instructions for administration and storage supplied by the manufacturer; and the name of the health care provider who recommended the medication for the child.

2) Instructions for the dose, time, method to be used, and duration of administration will be provided to the child care staff in writing (by a signed note or a prescription label) or dictated over the telephone by a physician or other person legally authorized to prescribe medication. This requirement applies to prescription medications only.

3) A physician may state that a certain medication may be given for a recurring problem, emergency situation, or chronic condition.

The instructions should include the child's name; the name of the medication; the dose of the medication; how often the medication may be given; the conditions for use; and any precautions to follow. Example: children may use sunscreen to prevent sunburn; children who wheeze with vigorous exercise may take one dose of asthma medicine before vigorous active (large muscle) play; children who weigh between 25-35 pounds may be given 1 teaspoon of acetaminophen 160 mg/5cc (1 teaspoon) for up to two doses every four hours for fever. A child with a known serious allergic reaction to a specific substance who develops symptoms after exposure to that substance may receive epinephrine from a staff member who has practiced with the self-practicing epi-pen (e.g., Epipen®).

4) Medications will be kept at the temperature recommended for that type of medication, in a sturdy, child-resistant, closed container that is inaccessible to children and prevents spillage.

5) Medication will not be used beyond the date of expiration on the container or beyond any expiration of the instructions provided by the physician or other person legally permitted to prescribe medication. Instructions which state that the medication may be used whenever needed will be renewed by the parent or, if prescribed, by the physician at least annually.
6) A medication log will be maintained by the facility staff to record the instructions for giving the medication, consent obtained from the parent or legal guardian, amount, the time of administration, and the person who administered each dose of medication. Spills, reactions, and refusal to take medication will be noted on this log.
7) Medication errors will be controlled by checking the following 5 items each time medication is given:
a. Right child
b. Right medicine
c. Right dose
d. Right time
e. Right route of administration
When a medication error occurs, the Regional Poison Control Center and the child's parents will be contacted immediately. The incident will be documented in the child's record at the facility.