

Emergency Phone Numbers:

Police, Fire and Rescue: 911

You are currently at: Expanding Horizons Children's Center, 46 Pleasant St., Norton, MA
(508) 222-3865

Building 1: 1 story yellow (I/T) **Building 2:** yellow house (SA) **Building 3:** rear (PS)

Poison Control Center 1-800-682-9211

DCF Hotline: 1-800-792-5200

Sturdy Memorial Hospital: (508) 222-5200 Emergency room ext. 3333

Emergency Backup: School Age and/or Preschool Program next door

General Business police/fire(508) 285-0200

Norton Board of Health (508) 285-0263
70 East Main St. Norton, MA 02766

Health Care Consultant: Emily Khirallah, BSN, RN (781) 361-3669
Norton, MA

Contingency Plans for Meeting Emergency Situations

In the case of **Fire, Natural Disaster or Emergency Situation** such as chemical spills or bomb threats, or other emergency that would call for immediate evacuation, children will be evacuated immediately from the building according to the evacuation diagrams posted in each classroom, in which each classroom and floor level have two escape routes, and proceed to their designated spot on the grounds. If the event requires us to leave the premises, we will meet at our designated spot in the large parking lot next to the center. We will then begin transporting the children to Norton's designated emergency shelter, Norton Middle School, beginning with the youngest children first. We will utilize staff vehicles to transport the children if the circumstances necessitate in order to keep all the children safe.

Classroom teachers are responsible for bringing each child's emergency contact information during any evacuation as well as their attendance sheet to assure that all children have been evacuated. Infants are evacuated in the designated evacuation cribs. Administrators are responsible for bringing the centers transportation cellular phones to be able to contact local authorities immediately to inform them of the situation that is happening as well receive any instructions they may offer. Once the children are safely cared for, center staff will begin to notify parents by phone as to the emergency, their child's welfare and where to pick their child up.

In the event that an emergency situation would result in a lock-down of the center, administrators would contact local authorities immediately and inform them of the situation and hand and follow their instructions till the threat is resolved.

In a situation that requires lock down or potential storm threat, the children will be directed to the safest area within each building, away from windows.

Expanding Horizons regularly keeps all the doors locked as they have push bars that always allow for emergency exit, and the main entrance is locked from 9:00 am – 3:00 pm daily.

In the case of a **Power Outage**, all buildings are equipped with emergency back-up lighting and many windows for natural lighting. The center has town water so the water supply should not be affected. The fire detection system is equipped with a battery back-up and center cellular phones can be used if the phone system goes down.

In the case of **Loss of Heat** during cold temperatures, we would begin non-emergency evacuation, at the discretion of the Director, by calling parents individually by youngest children first. During the evacuation process, children will be kept warm by using their own coat, hat and mittens as well as center and individual nap time blankets.

In the case of **Loss of Water** in a non-emergency, temporary situation, water can be obtained from neighbors or nearby staff homes. In the event of extreme, prolonged loss, the center would begin non-emergency evacuation. If water loss is due to a storm or natural disaster and the children could not leave the center, we have 2 cases of bottled water on the premises at all times, back up formula for infants and non-perishable snacks we could serve until the children could be safely evacuated.

Any report of a **Missing Child at Expanding Horizons** will result in;

- Immediate “lock down” of the facility
- Call to 911 for emergency search and rescue response
- Expanding Horizons will follow the directions of the Emergency Management team for the duration of the incident.

Staff and children will report to their classrooms for attendance check. They will remain indoors until the missing child has been found and/or the center closes for the day. Staff will continue their indoor activity schedule so as to minimize panic. The director will be responsible for releasing children to their parents while the center is in “lock down”.

The director will report the incident to the Department of Early Education and Care within 24 hours. Following a complete investigation of the incident, corrective actions to ensure accurate accountability of children will be implemented. Staff responsible for the incident will be subject to disciplinary action.

Any report of a **Missing Child while off the Expanding Horizons grounds** will result in;

- Immediate report of missing child to facility’s emergency office
- Contact all groups (children and staff) to gather at a designated area to take attendance and remain for further instructions from the facility’s emergency management team.
- Immediately report the Expanding Horizons administrators who will contact the missing child’s parent/guardian.
- Expanding Horizons will follow the direction of the emergency management authority for the duration of the incident.

The director will report the incident to the Department of Early Education and Care within 24 hours and all field trips will be cancelled until a full investigation is completed and corrective

measures are implemented to ensure the accountability of every child while on field trips. Staff responsible for the incident will be subject to disciplinary actions.

Expanding Horizons Children's Center will review their plan annually or sooner if there are any circumstances which arise.

HEALTH CARE POLICY

Training

Educators who are current in First Aid and CPR will be available at all times while the center is open. Only trained educators who are currently certified may administer First Aid and/or CPR.

Any educator who administers prescription or non-prescription medication must be trained in the "5 Rights of Medication Administration". They must complete their training annually and show competency in medication administration. Any medication other than oral, topical or epinephrine auto injectors, an educator must be trained by a licensed health care practitioner or an alternative method approved by the Massachusetts Department of Public Health.

All educators must be trained in the program's emergency and evacuation procedures, medication adverse and side effects as well as general health and safety precautions in and outside the buildings and grounds.

Medication Administration

No **first dose** of any medication may be administered to a child at the center. Any medication to be dispensed must be provided by the child's parent/guardian only. Signatures from the parent and licensed health care provider are necessary for any oral, non prescription medication and topical medication if it is applied to open wounds or broken skin. Blanket permission from the licensed health care practitioner to dispense non-prescription medication must be renewed annually. All medications must be in their original manufacturer's packaging. All prescription medication must be in the container which they were originally dispensed with their original labels affixed. No prescription may be dispensed contrary to the original directions without written consent from the child's licensed health care practitioner.

All medication will be administered by a trained educator and stored in the First Aid Room (with the exception of the infant room) which is located in the infant/toddler building. A refrigerator and locked box is available for use to store medications which require refrigeration or are on the DEA's II-V list. Any educator administering medication must wash their hand before and after any medication administration. The educator will document the name of medication, dosage, time, method and who administered the medication in the log book and the child's individual health file. Missed doses must be recorded and why. Any missed doses or errors must be reported to the parent and logged in the medication log. Errors include child refused medication, vomited, spit it out, giving medication over an hour late / early. Any overdose of medication or medication given to the wrong child must be reported to EEC as well as the parent.

Medication Disposal

All prescription medication must be returned to the parent upon completion. Any non-prescription medication that has expired must be returned to the parent and recorded in the child's medication record. In the instance that a child is no longer enrolled and the parents can not be reached to return the medication, it will be disposed of according to the directions of the Department of Public Health drug control program and documented in the child's file.

Individual Health Care Plan (IHCP)

An IHCP must be on file for any child with an identified chronic health problem by a licensed health care provider. The plan must include a description of the diagnosis, its symptoms, any necessary medical treatment that needs to be provided while in care, potential side effects of the treatment and consequences to child's health if treatment is not provided. This plan must be updated annually.

Any child that requires an emergency medication, such as an epinephrine auto injector, will be stored in the child's classroom, out of reach of children, for quick access in the event of an emergency.

Children with Disabilities

An IHCP is needed for a child with diagnosed disabilities so necessary accommodations to our program or staff training on specific health needs can be made as long as it does not cause financial hardship to the program.

Allergies

Parent/Guardian must identify allergies on the children's enrollment forms. An allergy list is posted in each classroom with the child's name and what their allergic to so educators may protect them from which they are allergic. An information sheet from the child's licensed health care provider that provides a description of the allergy, how the allergy was discovered, side effects from treatment and what would happen if the child goes untreated must be maintained in the child's file.

Procedures for Emergency, Illness and/or Injury

In cases of illness or injury, a first aid trained educator will properly assess the injury or illness and apply appropriate first aid. An accident report will be completed and presented to the parent at pickup. In the case of a face or head injury treated with first aide by a trained educator, a parent will be notified by phone call in advance of presenting the accident report.

If medical attention is required but not an emergency situation, the educator will contact the parents for transportation to a hospital or licensed health care provider of their choice. If medical or emergency treatment occurs, EEC must be notified as soon as possible

In cases of serious illness/injury, such as uncontrollable bleeding, inappropriate eye movement, dizziness and/or vomiting after injury, irregular breathing patterns, extremely elevated pulse/temperature or a situation where a child should not be moved, 911 will be called immediately. Parents will be contacted by telephone immediately to make arrangements to meet the child at the ambulance's destination. If the parents cannot be reached, we will call their emergency contact. An educator or administrator will accompany the child in the ambulance

with their emergency treatment forms and stay with the child until the parents or their emergency designee arrives.

Fever Policy

If a child becomes ill with a fever of 100.4 or higher, vomiting, diarrhea more than once or shows signs of a contagious illness such as pink eye, spreading skin irritation or lethargy, a parent or emergency contact will be called to pick up the child within one hour. The child cannot return to care till they are symptom free for 24 hours with no fever / pain reducer administered during this period. If a child is sent home and returns to care and shows the same symptoms for which he was sent home, the child may not return without a Doctor's note.

A child is considered ill if they cannot fully participate in the program. That includes going outside on a daily basis. No child may be left inside because he is too sick to go out.

The same procedures are to be followed when the children are off the property on field trips. Educators must take cell phones, first aid kit and all emergency contact and treatment consent forms of every child in their care. Emergency medications such as inhalers and epinephrine auto injectors will be taken by a medication administration trained Educator to accompany the child off the premises for use in the event of an emergency situation.

COVID-19 Policies: Covid-19 policies change according to the most up to date guidance from the Department of Early Education and Care, in conjunction with the Department of Public Health. These policies are conveyed through our Brightwheel messaging system any time Covid updates are required.

Fever policy is now reduced to 100.00, while Covid policies are still relevant. All isolation, quarantine guidelines and testing guidance will be based on the most current guidance available from EEC.

Back to Sleep

All infants under the age of 12 months must be placed on their backs to sleep unless a written note is provided by their licensed health care provider. This greatly reduces the risk of SIDS (Sudden Infant Death Syndrome). A child 12 months or under may not be placed on their stomachs for sleeping, however, if they roll over on their own, they do not need to be repositioned.

All infants less than 12 months sleep in individual cribs, which are documented safe by CPSC. No bumpers, stuffed animals, mobiles or comforters are allowed in cribs due to suffocation and entrapment hazards. All infant cribs and cots are under visual supervision for safe sleeping.

Per the Department of Early Education and Care, we are now allowed to swaddle infants or use sleep sacks that restrain the natural movements of an infant.

Child Abuse and Neglect

Every educator and administrator in the center is mandated reporter under M.G.L. c. 119, 51A and must make a report to the Department of Children and Families (DCF) if he/she has reasonable cause to believe a child in the program is suffering from serious physical or emotional

injury resulting from abuse inflicted upon the child. All staff are required to complete training on being a mandated reporter.

If an educator or person regularly on the childcare premises is an alleged perpetrator of any form of child abuse, EEC must be notified immediately after a report is filed or learning of a report that has been filed. An educator or person regularly on the premises must be suspended from working with children immediately, per EEC, while under investigation by the DCF and EEC. They may return upon clearance from EEC.

Hand Washing Procedures / Infection Control

All educators must role model and educate children about hand washing and infection control. Hands must be washed with liquid soap and running water, using friction to wash front and back of hands, between fingers and under fingernails. Individual paper towels must be used to dry hands, then use paper towel to shut off water. Educators and children must wash their hands at least the following times:

1. Before and after water play
2. Before eating or handling food;
3. After toileting or diapering
4. After coming into contact with bodily fluids or discharges (coughing, sneezing);
5. After handling caged animals or their equipment

In addition, educators must wash their hands upon entering a classroom, before and after medication administration and after performing cleaning tasks, handling trash or using cleaning products.

Educators are responsible for maintaining a clean environment for all children. This includes, but not limited to, washing with soap and water then sanitizing/disinfecting after each use, areas such as lunch and activity tables, high chairs and diapering tables. Toys that are mouthed by individual children must be taken from the play area and placed in a bucket clearly marked for dirty toys. They must be washed and sanitized before returning for future use.

Cots, cribs, play equipment and shelves are washed and sanitized weekly. Blankets are sent home weekly for parents to wash and return on the child's first day back. Pillows, machine washable fabric toys and dress up clothes will be washed as needed to maintain cleanliness.

Disposable gloves are provided for use with every diaper change, and cleaning up blood, bodily fluids and discharges. Protective gloves must be worn by educators when feeding breast milk to an infant.

Disinfectant/sanitizing solution is made daily with a bleach solution according to the guidelines provided by EEC. It is stored out of reach of children in the med room.

All staff are required to wear non-latex gloves while diaper changing, come into contact with blood or body fluids, including handling of breast milk. Gloves are to be discarded after each use. All staff is required to complete the infectious disease training annually.