FUMCN

HEALTH + SAFETY TRAINING FOR ASSIST VOLUNTEERS

INCLUDING FUMCN'S EMERGENCY PROCEDURES

LAST UPDATED: SUMMER 2021 IN COMPLIANCE WITH R400.8131 ISSUED BY MICHIGAN'S DEPARTMENT OF LICENSING & REGULATORY AFFAIRS

INTRODUCTION

This training is a mandated requirement of all assist parent volunteers and must be completed in compliance with our child care licensing regulations by the due date indicated in the email containing the link to this training.

You may read through this training at your convenience. It should take you approximately 1.5 hours to complete. Feel free to proceed through this in one sitting, or break it up into more manageable chunks for yourself.

You will not be legally able to perform your assist duties until this training is completed.

When finished, please sign the Google Form at the end of this presentation to verify that you have read and understand the content.

This training will not contain assignments, quizzes, or reflections.

Please email teacher.susan@fumcnpreschool.org should you require assistance or have any questions along the way!

CONTENT

The content for this training was provided by MiRegistry's Health and Safety Training for Licensed Child Care Providers, Courses 1 and 2.

This training will include the following mandated topics:

- **HEALTH**
  - Child Development (birth to 5 years)
  - Prevention and Response to Emergencies due to Food and Allergic Reactions
  - Prevention and Control of Infectious Diseases (including immunizations)
  - Administration of Medication
- **SAFETY**
  - Building and Premises Safety
  - Emergency Preparedness and Response Training **(FUMCN'S EMERGENCY PROCEDURES)**
  - Handling and Storage of Hazardous Materials and the Appropriate Disposal of Bio-Contaminants
  - Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment
  - Recognition and Reporting of Child Abuse and Neglect

DISCLAIMERS:

- The content in this training is sometimes addressed specifically to teachers and program directors. While you might find that some of this content does not apply to you, we are still required by law to cover it as you will be considered a "caregiver" as an assist parent volunteer at FUMCN. This training is fully aligned to LARA's licensing regulations and was chosen for use in our volunteer training at the recommendation of the State of Michigan.
- Additionally, some of the content details information specific to infants, toddlers, and school-age children. While this information may be helpful to understand, it is most important that you focus your attention on the preschool-specific age groups (ages 3-5) as this is what FUMCN is licensed for.

HEALTH

THIS SECTION WILL COVER:

- Child Development (birth to 5 years)
- Prevention and Response to Emergencies due to Food and Allergic Reactions
- Prevention and Control of Infectious Diseases (including immunizations)
- Administration of Medication

HEALTH

VIDEO: THE SCIENCE OF EARLY CHILDHOOD DEVELOPMENT (CLICK BELOW)

Twelve Principles of Child Development and Learning

NAEYC (The National Association for the Education of Young Children) has created 12 child development and learning principles that inform and guide decisions about developmentally appropriate teaching practices.

1. All areas of development are important.
2. Learning and development follow sequences.
3. Development and learning proceed at varying rates.
4. Development results from maturity and experience.
5. Early experiences have profound effects on development and learning.
6. Development moves to greater independence.
7. Children develop best with secure relationships.
8. Development is influenced by multiple social and cultural backgrounds.
9. Children learn in a variety of ways.
10. Play is important for developing self-regulation and promoting language, cognition, and social competence.
11. Development and learning advance when children are challenged.
12. Children's experiences shape their motivation and approaches to learning.

As you plan experiences for young children, consider how you might use the NAEYC Principles as a guide.

Poverty and Child Development

Did you know that one in five kids living in Michigan is living in poverty? While we may not always know about the home-life of the children with whom we work, understanding the effects of poverty can help us to better guide and support children. What effect can poverty have on children in our care?

Research has shown that poverty in early childhood appears to alter the physical make-up of a child's brain.

- Children living in poverty show smaller volumes of white matter and gray matter. Gray matter plays a role in muscle control, and sensory perception such as seeing and hearing, memory, emotions, speech, decision-making, and self-control. White matter is the part of the brain that helps messages pass from one area to another. (Joan Luby, M.D., of the Washington University School of Medicine, St. Louis)
- Stressful life events, often associated with poverty, led to smaller hippocampus volumes. This area of the brain plays a role in the processing of short-term memory into long-term memory, as well as spatial navigation.
- A smaller amygdale is associated with children who are exposed to the stresses and effects of poverty. This region of the brain plays a role in processing memories and emotions.

Sometimes certain behaviors, typical of children exposed to the stresses and effects of poverty, are perceived as "acting out," when often the behavior is a symptom of the effects of poverty. Children living in poverty may be more likely to be impatient, impulsive, lack self-control, have difficulty expressing emotions, lack empathy, and have short term memory difficulties. Finding ways to help and support these children will help them make better choices and also helps to restructure the brain.

Good News: Brains Can Change

In the previous chapter we learned that children living in poverty are more likely to be impatient, impulsive, lack self-control, have difficulty expressing emotions, lack empathy and have short-term memory difficulties. In this chapter we will learn about how the brain develops and changes. While most of the brain's development occurs before birth and during the early childhood years, there are strategies we can use to help school age children make new neural connections by teaching them new ways to deal with life's challenges. Neuroplasticity is the term that describes how changes can be made to certain areas of the brain as a result of experience. We can teach and encourage school-age children to use new strategies.

Here are a few ways to help children:

1. Teach children conflict resolution skills. Give them a step-by-step process for dealing with problems.
2. Help children recognize and name feelings such as anger, frustration, anxiety and even excitement.
3. Help children to understand how to respond when others show strong feelings.
4. Give children opportunities to make a wrong right. If a child is disruptive to the group, give them an opportunity to do something positive.
5. Help children to be responsible and take responsibility when problems arise.
6. Role model and solve real life problems as a group.
7. Teach social skills and have reasonable expectations for peer and group interactions.
8. Introduce ways to reduce stress.
9. Reinforce children's motivation and promote confidence.
10. Help children delay gratification.
11. Give children strategies to help them focus and engage, or even disengage, as necessary.

Physical Developmental Milestones

During the first years of life, there are dramatic changes in a child's physical abilities. Children are born with very little control over their bodies, but within a few short months, they can lift their heads, roll over, and crawl. As children reach their toddler and preschool years, their skills continue to develop and their world expands. A well-planned environment with lots of opportunities for young children to use all muscle groups helps physical skills develop rapidly.

Physical Development is divided into two categories.

- Gross Motor Skills- the movement and coordination of the arms, legs, and other large body parts and movements.
- Fine Motor Skills- the smaller movements that occur in the wrists, hands, fingers, and the feet and toes.

These milestones are addressed on the next three pages.

Infant Developmental Milestones

Infant's initial physical development involves reflexes. As they gain strength and grow, infants begin to control and coordinate their movement.

Age	Physical Developmental Milestones
0-3 Months	**Fine Motor** • Opens and shuts hands • Brings hand to mouth • Grasps and shakes toys **Gross Motor** • Raises head & chest when on stomach • Sits with and without support of hands • Moves head from side to side while on back • Kicks while lying on back
4-7 months	**Fine Motor** • Transfers object from hand to hand • Uses raking grasp • Reaches with one hand **Gross Motor** • Rolls both ways • Holds head up three inches when placed on • stomach • Moves head from side to side while on back • Supports whole weight on legs
8-12 months	**Fine Motor** • Reaches for small objects, like crumbs. • Picks up small toy with one hand • Picks up string with first finger and thumb. • Turns pages in a book **Gross Motor** • Gets to sitting position without help • Crawls forward on belly • Assumes hands-and-knees positions • Moves from sitting to crawling position • Pulls self-up to stand

Toddler Developmental Milestones

Fine Motor Skills

Toddlers are beginning to gain fine motor control. They are now able to control their hands and fingers with more precision and ease.

Gross Motor Skills – From Walking to Running

Toddlers are very active and ready to explore their surroundings. They can now run and climb stairs when holding someone's hand or a rail. Their new found coordination helps them to more easily balance and control the trunks of their bodies more.

Age	Physical Developmental Milestones
12-24 Months	**Fine Motor** • Stacks rings and blocks • Uses spoon to feed self • Makes marks on paper with crayons • Turns doorknobs • Flips switches **Gross Motor** • Walks • Walks backwards • Throws and kicks a ball • Maintains balance while dancing • Jumps with both feet
24-36 months	**Fine Motor** • Strings small items such as beads • Holds pencil or crayon between fingers and thumb **Gross Motor** • Pulls wagon • Stands on one foot • Jumps forward at least six inches • Throws ball overhand

Preschool Developmental Milestones

Fine Motor Skills

Preschoolers can draw with precision. As they continue to develop precision with writing, they refine their wrist and finger movement with decreased elbow and shoulder movement.

Gross Motor Skills – From Walking to Running

Preschoolers demonstrate coordination and balance in a variety of activities and can coordinate movements to perform a task.

Age	Physical Developmental Milestones
36-48 Months	**Fine Motor** • Uses a variety of drawing tools • Uses tongs to grasp objects • Tears off pieces of tape • Uses stapler • Draws complete circles • Strings beads or puts pegs in board • Assembles 5-7-piece puzzle **Gross Motor** • Walks up steps using one foot on each stair • Stands on one foot for one second unsupported • Catches a ball with both hands • Climbs rungs on ladder
48-60 months	**Fine Motor** • Unbuttons one or more buttons • Colors mostly within the lines • Traces straight line • Cuts in a straight line **Gross Motor** • Hops up and down either on right or left foot without losing balance • Jumps forward 20 inches • Stands on one foot for at least five seconds unsupported

Cognitive Developmental Milestones

Introduction

Cognitive development involves attention, memory, mental representation, logic and reasoning, and classification. Children construct their knowledge by interacting with all aspects of their environment. Children learn when they solve problems or conflicts. When children interact with unfamiliar objects and experiences, they exercise their developing skills and learn more about their world.

Infant Developmental Milestones

Infants' cognitive development begins through their interactions with adults. Infants' cognitive development is also influenced by sensory experiences and their ability to process sensory information.

Age	Cognitive Developmental Milestones
0-3 Months	• Follows moving objects • Recognizes familiar objects and people at a distance • Distinguishes smells and taste • Prefers sweeter smells
4-7 months	• Finds partially hidden object • Explores objects with hands and mouth • Struggles to get objects that are out of reach • Responds to affection • Recognizes familiar faces • Reaches towards sound of toys that make noise
8-12 months	• Explores objects in different ways • Finds hidden objects easily • Looks at correct picture when the image is named • Imitates gestures

Toddler Developmental Milestones

Toddlers can begin to solve simple problems, complete more difficult tasks, and explore unfamiliar objects.

Age	Cognitive Developmental Milestones
12-24 Months	• Repeats actions for cause and effect • Asks simple questions • Imitates actions, words, and sounds • Understands objects and people still exist when not in view • Interacts with objects and toys to solve problems
24-36 months	• Makes connections between ideas and objects • Makes predictions with adult assistance • Discusses how and why things occur • Experiments with objects for cause and effect • Attempts to problem solve without adult assistance

Preschool Developmental Milestones

Cognitive development in preschoolers enables them to coordinate and categorize their thoughts. With their new level of communication, they are able to effectively understand and problem solve when given new information. Preschoolers ask questions and take in facts. Unlike toddlers, preschoolers are able to recall past and anticipate future events.

Age	Cognitive Developmental Milestones
36-48 Months	• Carries out cause and effects actions • Uses objects as intended for activities • Identifies familiar objects and people in new situations • Utilizes clues to predict what will happen next • Discusses how new learning relates to concrete objects based on prior knowledge • Tests different possibilities to problem solve • Recognizes and comment on cause and effect
48-60 months	• Uses reasoning skills to explain events • Makes conclusions based on facts and evidence • Understands how to use objects in new situations • Counts up to the number 15 • Uses observation and imitation to transfer new experiences and facts

Cognitive Development: What Can You Do?

What can adults do to help children develop cognitive skills?

- Build caring relationships and environments where children feel safe to explore, practice, and make mistakes.
- Encourage children to reflect on experiences and interactions.
- Encourage children to use their imagination and visualize ideas and concepts.
- Encourage children to make connections with prior experiences.
- Encourage children to look for patterns and how things relate to one another.
- Help children learn to generalize ideas which can be applied to many situations.
- Encourage children to ask questions.
- Encourage children to find answers by asking open-ended questions.

Social-Emotional Developmental Milestones

Introduction

Through relationships and interactions with other children and adults, children develop self-awareness, self-regulation, and empathy. The process begins in infancy when a caregiver's voice and soft touch provide cues that help an infant learn to self-soothe. As children grow, they learn with the guidance of a loving adult to manage their emotions and their behavior. Children learn to wait their turn, share a favorite toy, follow rules, listen, and plan. These social-emotional skills are an important part of preparing them for success in school.

Infant Developmental Milestones

Infants are learning to feel safe and secure in the world. They are learning who they are by how parents and caregivers treat them. Infants are developing trust and showing interest in people and activities.

Age	Social-Emotional Developmental Milestones
0-3 Months	• Smiles • Responds to facial expressions of others • Briefly calms self
4-7 months	• Enjoys social play • Interested in mirror images • Responds to expressions of emotions • Reacts differently with strangers than familiar faces • Imitates some movements & expressions
8-12 months	• Cries when parents leave • Enjoys imitating people in play • Prefers certain people and toys • Finger-feeds self • Plays with dolls

Toddler Developmental Milestones

As adults model and guide, toddlers learn how to use both verbal and nonverbal communication to express basic emotions and needs. They begin to demonstrate more self-control and show awareness of other's feelings.

Age	Social-Emotional Developmental Milestones
12-24 Months	• Identifies self in the mirror • Identifies abilities and preferences • Expresses emotions with verbal and nonverbal • communication • Self-soothes • Engages in solitary play and some parallel play • Shows awareness of other's feelings
24-36 months	• Uses gestures and actions to reference self when interacting • with others • Uses pronouns such as I, me, and mine • Regulates some impulses with adult guidance • Plays alongside other children for short periods of time • Recognizes and names feelings of peers with adult support

Preschool Developmental Milestones

Preschoolers have a new sense of independence and can define themselves by who they are as individuals and who they are within a group.

Age	Social-Emotional Developmental Milestones
36-48 Months	• Correctly identifies gender • Takes turns with other children • Recognizes self as an individual • Expresses a wide range of emotions • Remembers and follows simple rules • Recognizes and names feelings of peers independently • Initiates play with one or two children • Engages in mutual/cooperative play
48-60 months	• Can recite their own: telephone number, age, last name, gender, and city • Dresses and undresses with little assistance • Uses toilet independently • Engages in imaginative play • Independently follows rules and routines • Manages transitions and adapts to change in schedule and routines independently

Helping Children Build Social-Emotional Competence

There are many ways that you can help children develop social and emotional competence.

- Get to know each child's likes and dislikes.
- Be affectionate and nurturing.
- Respond promptly to the child's gestures or words with interest and affection.
- Incorporate home culture into the learning environment.
- Provide words to describe feelings.
- Model appropriate interactions.
- Ask children to assist each other.
- Offer games that require cooperation from two or more children.
- Read books about emotions and making friends.
- Give encouragement.
- Incorporate planned experiences that help children develop social and emotional competence.

Language Developmental Milestones

Introduction

Language development can be categorized by age into developmental milestones and should be assessed for each individual child.

Infant Developmental Milestones

Infants communicate needs and wants through nonverbal gestures and facial expressions. They respond to environmental sounds and to talking, singing, and reading.

Age	Language Developmental Milestones
0-3 Months	• Makes cooing sounds such as "ooo," "gah," and "aah" • Imitates sounds • Laughs
4-7 months	• Makes sounds when looking at toys or people • Makes sounds like, "da" "ga" "ka" and "ba" • Makes high pitched squeals • Babbles
8-12 months	• Responds and imitates sounds • Makes two similar sounds like, "ba-ba" "da-da" or "ga-ga" • Says words such as "mama," "dada" and "baba"

Toddler Developmental Milestones

Toddlers demonstrate their understanding of simple words through their actions. They are experimenting with nonverbal vocal sounds and are beginning to use one or two word phrases.

Age	Language Developmental Milestones
12-24 Months	• Can say 15 words Correctly uses the words "me" "I" "mine" and "you" • Says two words sentences such as, "see dog" or "all gone" • Listens to simple stories • Responds to adult questions
24-36 months	• Repeats back two word sentences such as, "what's this" or "daddy play" • Says first and last name • Makes three or four word sentences • Communicates through nonverbal gestures • Listens and imitates sounds in songs or nursery rhymes • Uses three to four word phrases

Preschool Developmental Milestones

Preschoolers demonstrate an understanding of vocabulary through their everyday conversations. They can describe experiences in detail and can speak clearly enough to be understood.

Age	Language Developmental Milestones
36-48 Months	• Listens and follows multi-step directions with support • Responds to complex questions with appropriate answers • Speaks clearly enough to be understood • Uses expanded sentence structure • Retells personal events and experiences
48-60 months	• Uses past tense words • Uses comparison words such as heavier, stronger or shorter • Extends/expands thoughts or ideas expressed • Connects new vocabulary from activities, stories, and books with prior experiences and conversations • Describes activities events and stories with detail

What is Language?

First, let us define the difference between language and speaking. They are two different processes. Both require that a child can hear well enough to distinguish meaningful sounds.

Process One

Language refers to a form of communication in which we learn to use complex rules to form and manipulate words and gestures that generate an endless number of meaningful sentences. Language allows us to convey our thoughts to others.

Receptive language - learning to listen to, recognize, and understand the communication of others.

Expressive language - communication by voice, gestures or facial expressions.

Process Two

Speaking is a motor process; getting the muscles of the tongue and mouth to function together in just the right way to produce the desired sound. This is often referred to as expressive language.

Children develop receptive language long before they develop expressive language. For this reason, it is critical to talk to a child from the moment of birth.

While children refine their ability to pronounce words and expand their vocabulary, they are learning to use language for different purposes. They are learning to adapt their language depending on the person or situation, and follow unspoken rules of conversation. These skills help them in both cognitive and social-emotional development.

Provide a rich environment of spoken language that surrounds each child and encourages frequent verbal exchanges. Engage infants, toddlers, and older children in back and forth conversations about daily events and experiences. Conversation with adults is one of the main channels through which children learn about themselves, others, and the world in which they live.

Adapted from Caring for Our Children

Supporting Language Development

Actively engage children daily in the development of language skills. Provide opportunities for children to speak freely, and offer multiple types of learning activities for them to practice emerging skills. Let us look at some appropriate and contrasting ways you can help.

Do's and Don'ts for Teachers and Caregivers

Infants and Toddlers

Do's	Don'ts
Respond to cries or calls of distress in ways that are calm, tender, and respectful.	Respond erratically, or not at all, to crying.
Observe and listen to infants and respond by imitating their sounds and gestures.	Overlook infant's vocalizations and cues to be held or touched.
Talk often and warmly with every child allowing plenty of time for a response.	Dominate the conversation and limit time for a response.
Label and name objects, describe events, and reflect feelings.	Use a limited range of vocabulary.

Preschool

Do's	Don'ts
Talk often and warmly with every child.	Use one-way communication often telling children what to do.
Take into account individual developmental stage when speaking with children.	Expect attentiveness from children when reading aloud for long periods.
Use different strategies to help children develop language depending on the child's developmental needs.	Use identical materials and activities to develop language skills for children who are at different developmental levels.
Allow for both teacher-directed and child-directed, individual and group learning experiences that support language development offering children choices.	Plan only teacher-directed language learning experiences, using worksheets, flashcards, or other materials that do not engage children's interests.
Encourage children's efforts to communicate.	Put a high priority on children remaining quiet.
Engage individual children and groups in real conversations about their personal experiences.	Insist children speak only using proper grammar, constantly correcting them when they communicate.
Use varying levels of vocabulary to add to conversations, including words that may be unfamiliar to children.	Miss the messages children are trying to communicate when their language skills are developing.
Provide several opportunities for children to communicate with peers.	Overlook children who are shy or quiet and need extra effort to engage in conversation.
Engage children in planning for class and reflecting on the day.	Use oversimplified speech and limited vocabulary when talking with children.
Ask open-ended questions with no "right" answer and allow children to elaborate.	Look for only one "right answer" when asking questions.

Nutrition Conscious Classroom

To give kids the best start with proper nutrition, incorporate healthy eating experiences in your classroom.

Adopt a holistic approach to nutrition in the classroom

- Be a role model for children.
- Create a pleasant environment for meals and snacks.
- Engage children in conversation during meals.
- Make nutritious self-serve snacks available throughout the day.
- Bring a variety of real fruits and vegetables for children to examine and try.
- Never use food as a reward or punishment.
- Let children eat at their own pace.
- Introduce cultural diversity by providing foods from different cultures and regions during mealtimes.
- Invite children to prepare new recipes with you.

Incorporating nutritional activities and materials in interest areas/learning centers is a way to include health in several areas of the curriculum.

Dramatic Play

- Provide menus with pictures and words

Library/Literacy

- Provide age appropriate books with realistic pictures of fruits and vegetables.
- Read books that encourage healthy eating.
- Introduce new foods with a story.

Science

- Provide food measurement tools.
- Chart and graph children's healthy food preferences.
- Cook a variety of healthy food with the children representing different countries and their home culture.

For older children

- Older children also benefit from every day nutrition experiences that connect to their lives and the world in which they live. Here are some examples from the Indiana Afterschool Standards to incorporate with school age children.
- Expose children to a variety of media (print, electronic, DVDs, CDs, audio books, Internet, etc.) eating healthfully.
- Present children with real-life healthy eating problems or issues as a task/activity that leads to possible solutions.

- Provide children opportunities to visit sites in the community that will help them make connections between healthy eating and real-life situations.
- Invite visitors/speakers to present information to show the link between situations, businesses, etc. in the community and healthy eating (e.g.: cooking classes, etc.)

Family Style Dining

Family style dining allows children to serve themselves. In family style dining, all food is placed in serving bowls on the table and children are encouraged to serve themselves or serve themselves with help from an adult. Preschoolers and toddlers can benefit from family style dining in a variety of ways. Children benefit when they:

- Practice social skills
- Develop fine motor skills
- Make choices and feel in control
- Practice self-help skills and independence
- Observe adult role-models for mealtime behaviors

Tips for Family Style Dining

- Start small with snack time.
- Be prepared! Have food ready for children in prepared containers before they sit at the table.
- Keep clean up supplies handy. Spills are inevitable when children are learning to serve themselves.
- Provide child-sized plates, utensils, and cups.
- Encourage but don't force children to try foods from each bowl.
- Help children who are learning to serve themselves.
- Be patient.

You Can Help Prevent Choking

Babies and young children are at the highest risk of choking on food and remain at high risk until they can chew better. Choking kills more young children than any other home accident. How can you make eating safer for young children?

Watch Babies and Children During Meals and Snacks to Make Sure They:

- Eat slowly.
- Chew food well before swallowing.
- Eat small portions and only one bite at a time.

Fix Table Foods So They Are Easy to Chew:

- Grind up tough foods.
- Cut soft food into small pieces or thin slices.
- Cut soft round foods, like cooked carrots, into short strips rather than round pieces.
- Remove all bones from fish, chicken, and meat before cooking.
- Cook food until it is soft.
- Remove seeds and pits from fruit.

Foods That Can Cause Choking and Should Not be Fed to Babies and Young Children:

Firm, smooth, or slippery foods that slide down the throat before chewing, such as:

- Hot dogs, sausages, or toddler hot dogs (even when cut in round slices)
- Peanuts or other nuts
- Hard candy, jelly beans
- Whole beans
- Whole grapes, berries, cherries, melon balls, or cherry and grape tomatoes

Small, dry, or hard foods that are difficult to chew and easy to swallow whole, such as:

- Popcorn
- Peanuts, nuts, and seeds (like sunflower or pumpkin seeds)
- Plain wheat germ
- Whole grain kernels (like rice, wheat berries)
- Small pieces of raw carrots or other raw or partially cooked hard vegetables or fruits
- Pretzels
- Cooked or raw whole kernel corn

- Potato and corn chips

Sticky or tough foods that do not break apart easily and are hard to remove from the airway, such as:

- Peanut butter or other nut or seed butters
- Raisins and other dried fruit
- Tough meat or large chunks of meat
- Marshmallows
- Chewing gum
- Caramels or other chewy candy

Adapted from "A Guide for Use in Child Nutrition Programs."

HEALTH

VIDEO: CHOKING CHILD FIRST AID (CLICK BELOW)

Allergy or Intolerance

Food Allergy

Food Allergies are serious reactions to foods that can lead to death. Allergic reactions can be triggered by even trace amounts of an allergen, and sometimes even from simply smelling or touching the food. A peanut allergy is the most common food allergy. The top eight food allergens are cow's milk, eggs, peanuts, tree nuts, fish, shellfish, soy, and wheat.

Food Intolerance

A Food Intolerance, while uncomfortable, is not nearly as serious as a food allergy. A food intolerance creates a reaction, such as gas, cramps, bloating, headache and irritability, when too much (which may be as little as a few bites) of the food is consumed. Both food allergies and food intolerance require diet modifications. To create a safe environment for all children, learn the causes and signs of an allergic reaction.

Definitions

Allergen—a substance that causes a negative reaction in the body.
Food Allergy—a reaction of the body's immune system to something in a food or a food ingredient.
Food Intolerance or Sensitivity—a reaction to food or a food ingredient that does not involve the body's immune system.
Hidden Allergen—an ingredient in food that is not evident from the product name or listed in a way that the purchaser does not easily recognize it as an allergen. For example, sodium casein ate and lacto albumin are two ingredients that people with milk allergy should avoid.
Anaphylaxis is a serious and potentially life-threatening allergic reaction. The symptoms of anaphylaxis can include skin rash, nausea, vomiting, difficulty breathing due to narrowed airways, and shock or a drop in blood pressure.

Food Intolerances

- Delayed onset
- Generally, is not life threatening.
- Involves the digestive system
- People with food intolerance may be able to ingest some versions of the food that causes a reaction

Allergies

- Rapid onset
- Could possibly be life threatening
- Can cause anaphylaxis
- Involve the immune system
- Could require epinephrine for treatment
- People with allergies cannot ingest any of the allergen Similar symptoms
- Nausea
- Diarrhea
- Vomiting

Food Allergy Research and Education

Common Food Allergies

- **Cow's milk** - cheese, cottage cheese, ice cream, buttermilk, butter, milk chocolate, cream
- **Eggs** - mayonnaise, custards, pudding, egg noodles, most fresh pasta, many baked goods
- **Peanuts** - peanut butter, peanut oil, peanut sauce, some baked goods
- **Tree nuts** - walnuts, pecans, almonds, cashews, hazelnuts, pistachios, Brazil nuts, nut butters, nut oils, baked goods, and candy.
- **Fish** - tuna, salmon, cod, tilapia, halibut, fish sticks
- **Shellfish** - crab, crab claws, shrimp, lobster, crawfish, clams, mussels, scallops, and squid
- **Soy** - soybeans, soy flour, soybean oil, tempeh, texturized vegetable protein, vegetable starch, tofu, miso, soy sauce, teriyaki sauce, Worcestershire sauce, soy milk, soy based infant formulas, some margarines, and soy nuts
- **Wheat** - bread, pasta, graham flour, enriched flour, most baked goods, crackers, and fried food coating.

Signs and Symptoms

Signs and Symptoms

To create a safe environment for all children it is essential to learn the causes and signs of an allergic reaction. A reaction can range from mild to severe and could be fatal.

When a child has been exposed to food allergens, symptoms can begin occurring from seconds or up to a few hours after eating the allergen. Even a trace amount of the allergy causing food can trigger signs and symptoms. Anaphylaxis is a severe, life threatening allergic reaction to a food allergy that occurs quickly and can cause death. Anyone with a food allergy can experience anaphylaxis. The foods most likely to cause a severe reaction are peanuts, tree nuts, fish and shellfish. People who have both asthma and a food allergy are at greater risk for anaphylaxis.

Food Allergy Symptoms:

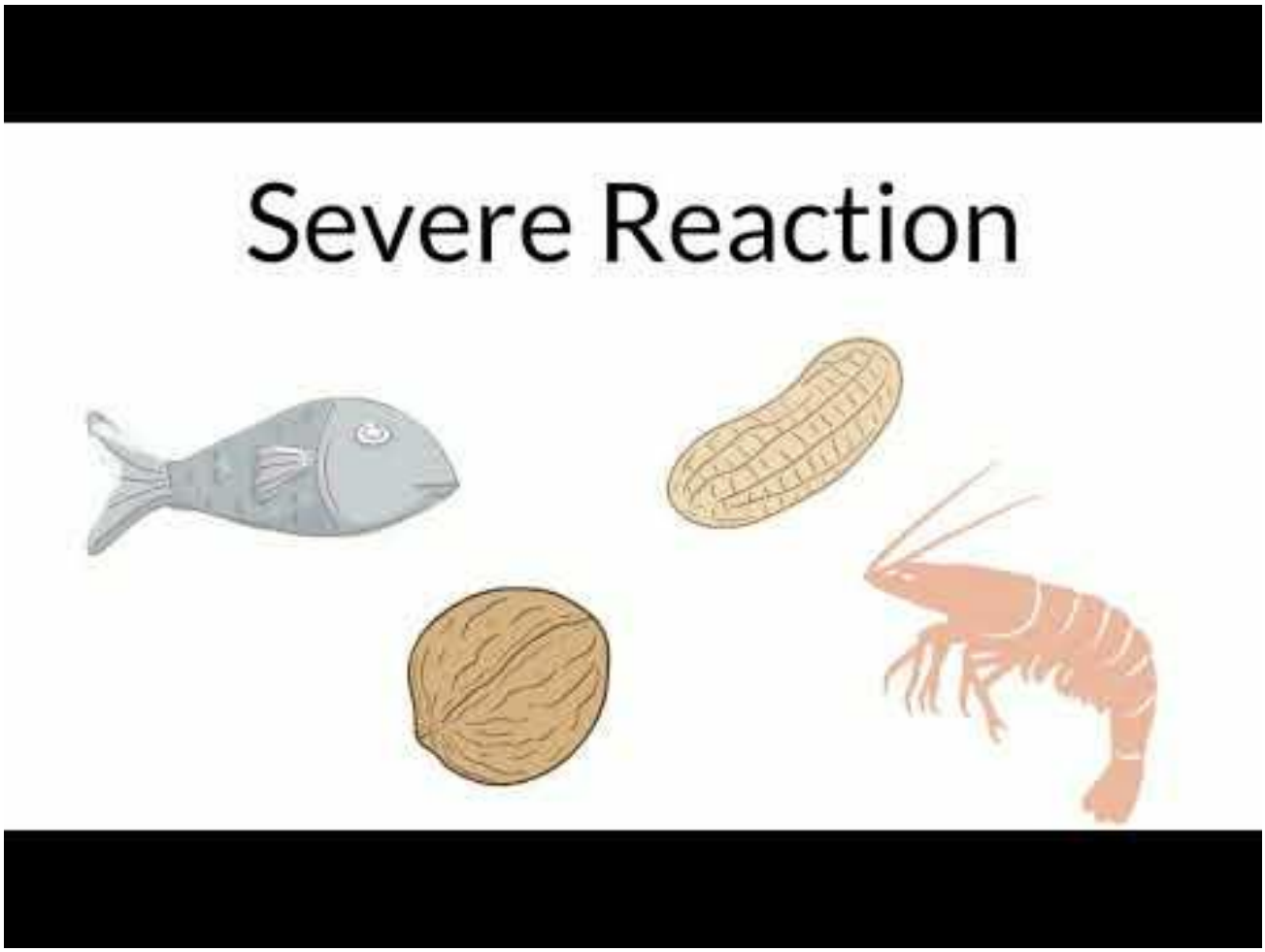
- Skin symptoms include hives, swelling, and skin rash.
- Gastrointestinal symptoms include stomach cramps, nausea, vomiting, and diarrhea.
- Respiratory symptoms include runny nose, trouble breathing, and swelling of the throat.
- Oral symptoms include itching, swelling, and hives in the mouth, on the tongue, or on the roof of the mouth.
- Systemic symptoms include a rapid drop in blood pressure and anaphylactic shock.

Here are some ways a child might describe a reaction:

- "It feels like something's poking my tongue."
- "My tongue tingles/itches."
- "My tongue is hot/burning."
- "My tongue feels full/heavy."
- "My tongue feels like there is hair on it."
- "My lips feel tight."
- "My throat feels thick."
- "It feels like a bump is on the back of my tongue [throat]."
- "My mouth feels funny."
- "There's something stuck in my throat."
- "It feels like there are bugs in my eyes."

HEALTH

VIDEO: FOOD ALLERGY SYMPTOMS (CLICK BELOW)



What Can You Do? Food Allergies

Help children avoid allergic reactions:

- Check ingredient labels.
- Prevent cross contamination.
- Involve the school and family.
    - Educate parents about food allergies and intolerances by providing pamphlets, reading materials, workshops, and support groups.
    - Ask parents at enrollment to provide a written list of their child's allergens and a plan of action. Inform other parents that a child in the class has a food allergy.

In case an allergic reaction happens:

1. Administer a doctor-prepared care plan.
2. Notify the parents about the suspected allergen and the reaction.
3. Encourage the family to let their physician know about the reaction.
4. Notify the guardians of all children in the class about restrictions on foods that may be brought into the classroom.
5. Post information about allergies where it can be seen by all staff.
6. In case an Epinephrine pen is used, contact emergency services. (Epinephrine is a prescribed auto-injector device and is the only medication that can reverse the symptoms of anaphylaxis.)
7. Ensure that the care plan and all medication is brought on all field trips.

Create a Care Plan

Each child with a food allergy should have a care plan prepared by the child's primary health care provider and parents and should include:

1. Written instructions that identify the food allergy and specific symptoms
2. A treatment plan that includes both the name and dosage of medication needed to be administered if an event occurs
3. Parents and program staff should arrange for necessary medications, proper storage, equipment, and training for staff

**Adapted from Caring for Our Children*
***Adapted from Food Allergy Research and Education*

HEALTH

VIDEO: HOW TO USE AN EPIPEN (CLICK BELOW)

NOTE: FUMCN keeps individual allergy action plans posted for our children with food allergies in the A Room. Labeled EpiPens are also stored in the A Room. All teachers are trained in appropriate emergency response to allergic reactions.

What is a Disease?

Communicable diseases are illnesses that can be spread from one person to another either directly or indirectly. Infectious diseases are caused by pathogens, such as viruses, bacteria, funguses, and parasites. Infectious diseases that commonly occur among children are often communicable and may spread very easily from person to person.

Pathogens

Types

- A virus is a microscopic organism that only reproduces in living cells. Viruses can grow or reproduce only in living cells with a limited ability to survive outside of the body. Very few medications can treat viruses. Some examples of viruses include: measles, hepatitis B, the common cold, and chicken pox.
- Bacteria are organisms that can reproduce and grow on inanimate surfaces, and are larger than a virus. Bacteria can survive in or out of the body. Some examples include: salmonella and shigella.
- A Fungus is an organism that receives nutrients from living or dead organisms. Fungi are able to reproduce and grow on inanimate surfaces. Some examples of fungi include molds, mildew, ringworm, and yeast.
- A parasite is an organism that survives on or in another living organism. Some examples of parasites include pinworms, giardia, mites, lice, and tapeworms.

Illnesses can be contagious even before the onset of symptoms and even after someone has recovered from an illness.

American Academy of Pediatrics

Implications for Infectious Disease

Pathogens, diseases, and illnesses are everywhere and can affect everyone! Children in particular are at a greater risk of getting an infection and spreading it to others. The implication from transmission affects the child, family, and everyone they come in contact with. Four to seven million childcare related infections per year among seven million children under the age of five attend out-of-home care.

The Bad News: Illness Frequency

Children who attend out-of-home care:

- Are two to three times more likely to contract an infectious disease than children not in out of home care.
- Have illnesses that last longer.
- Have more ear infections and are more likely to have tubes placed in their ears.
- Contract more antibiotic-resistant bacterial infections.

The Good News

- As children age, the incidence of illness decreases from 12 per year to 4 per year by the time the child is 5 years old.
- 90% of infections are mild, self-limited, and require no treatment.
- Illness incidences decrease after children's first full year of attendance in out-of-home care.
- Kindergartners who were previously enrolled in out-of-home care have fewer infections and therefore fewer absences.

Implications for Younger Children in Group Care

The reasons that children are more vulnerable to infectious disease include:

1. Frequent hand-to-mouth contact.
2. They are still learning appropriate hygiene skills (keeping fingers out of nose, covering coughs, proper hand washing, etc.).
3. Some children may not be fully immunized.
4. Children have close physical contact and do not practice social distancing.

Common Symptoms Reported in Youth and Child Care Settings

- Respiratory symptoms (cough, congestion, runny nose) are the most common symptoms seen in early education settings. They comprise 66% of the total reported symptoms.
- The second most common is fever (14%).
- The third most common is gastrointestinal (vomiting and diarrhea) (9%).

Symptoms that Cause the Most Absences

- Although respiratory symptoms are the most common (65%), they only cause 11% of the absences.
- Symptoms that are more likely to cause absence are rash, gastrointestinal (vomiting and diarrhea) and pinkeye.
- The difference between which symptoms are common and which ones cause absences can be attributed to a program's exclusion policies.
- New vaccines like rotavirus and pneumococcal may change these statistics.

Transmission

How are diseases most commonly spread?

- Respiratory (through mouth, nose, eye contact): Germs can be spread by breathing the air close to someone who has coughed or sneezed. Most pathogens, however, are spread when a person's hands are contaminated by touching moist secretions from an infected person's nose, eye, or mouth, and then touching his or her own eyes, nose or mouth.
- Gastrointestinal (through fecal to oral contact): Pathogens are spread from the feces to the mouth, usually via the hands. This most typically occurs with diaper changing and mouthing behaviors. Toilet and faucet handles, diaper changing areas, toys, and counter tops are frequently contaminated with fecal matter.
- Dermatological (through direct skin contact): Pathogens are spread by touching the person or the object that has live pathogens on it.
- Bodily Fluids: Pathogens are spread through infected blood, urine, and saliva that are transferred through open skin, mouth, nose or other mucous membranes. In most cases, intimate contact is required for transmission and usually does not occur in child care settings.

*It's important to note that not everyone with flu will have a fever.

Prevent the Spread

If we understand the types of diseases and how they are transmitted, we can take preventive measures to minimize the spread of disease. In group care situations, there is no way to completely eliminate disease, but there are precautions we can take.

- Encourage adults and children to receive proper vaccinations
- Involve Children
- Perform daily health checks
- Clean, sanitize, and disinfect
- Frequently wash hands
- Follow the correct diaper changing steps

Create and follow infectious disease control policies and procedures

Clean, Sanitize, Disinfect

Young children explore their world when they touch, put objects in their mouths, and come in close contact with people. These behaviors can easily lead to the spread of pathogens. Routine cleaning with soap and water is the most useful method for removing pathogens from surfaces in the child care setting. However, some items and surfaces require an additional step after cleaning to further reduce the number of pathogens on a surface to a level that is unlikely to transmit disease.

Cleaning, sanitizing, and disinfecting surfaces and materials remove pathogens that have been potentially spread by children.

- Clean - To physically remove all dirt and contamination using soap and water. When cleaning, the friction removes most pathogens and exposes any remaining pathogens to the effects of a sanitizer or disinfectant.

- Sanitize - To reduce, not eliminate pathogens to a level that is unlikely to cause disease

- Disinfect - To destroy or inactivate infectious fungi, viruses, and bacteria, not necessarily spores.

For more detailed information about when to clean, sanitize, and disinfect, click the link to view the NAEYC Cleaning, Sanitizing, and Disinfection Frequency Table. (http://bit.do/NAEYC-Table)

Hand Washing

Many people infected with diseases do not realize they are infected until after the onset of symptoms, leaving themselves and those around them vulnerable. One of the most important steps in reducing the spread of infectious diseases in childcare settings is through washing hands.

When?

Children

- Arrival/re-entering the classroom
- After using the bathroom
- After making contact with bodily fluids
- Before/After lunch
- Before/After bottle feeding (if child is holding bottle)
- After wiping their nose/coughing/ sneezing
- After messy play (sand, paint, glue, play dough)
- After outside time After touching contaminated objects (pets, trashcans)
- After diaper changing
- When hands are re-contaminated
- Before/After water play

Adults

- Arrival/re-entering the classroom
- After using the bathroom
- After making contact with bodily fluids
- Before/After lunch
- Before/After spoon and bottle feeding each child
- After wiping each child's nose
- After messy play (sand, paint, & etc.)
- After outside time
- After sanitizing
- After touching contaminated objects (pets, trashcans)
- Before/After diapering each child
- When hands are re-contaminated

How?

- Prepare a disposable paper towel or single use cloth.
- Turn on warm water (between 60 and 120 F to a comfortable temperature)
- Wet hands with running water and apply soap (not antibacterial**) to hands.
- Rub hands together vigorously until lathered and remove from water stream.
- Continue for 20 seconds rubbing areas between fingers, around nail beds, under fingernails, jewelry, and the back of hands.
- Rinse hands under warm running water until they are free of soap and dirt. Leave the water running while drying hands.
- If taps do not automatically shut off, use the disposable paper towel or single use cloth to turn off the faucet.
- Throw away the disposable paper towel into a lined trash container or place the single use cloth towel in the laundry hamper.

**Note Pre-moistened cleansing towelettes do not effectively clean hands and should not be used as a substitute for washing hands with soap and running water.*

***"The use of antimicrobial soap is not recommended in child care settings. There are no data to support the use of antibacterial soaps over other liquid soaps." Caring for Our Children*

How Vaccines Work

Immunity from Disease and Immunity from Vaccines

Immunity can be achieved through contracting a disease or through vaccination. Both methods of achieving immunity are effective; the only difference is that vaccination is the intentional exposure to an inactive or harmless version of the disease in a small dosage.

When disease pathogens enter your body your immune system goes to work, doing three important things:

1. It recognizes the disease pathogens as being "foreign invaders."
2. It responds by producing antibodies, which help destroy these pathogens. The antibodies can't act quickly enough to stop you from getting sick, but they help you get well.
3. It remembers the pathogens that previously made you sick or were injected in a vaccination, and, if they ever try to infect you again, your immune system will come to your defense again. But now they are able to stop the invading pathogens before they can make you sick. This is called immunity. It is what keeps you from getting sick from diseases like measles or chickenpox.

With vaccination, killed or weakened germs are introduced into the body, usually through injection.

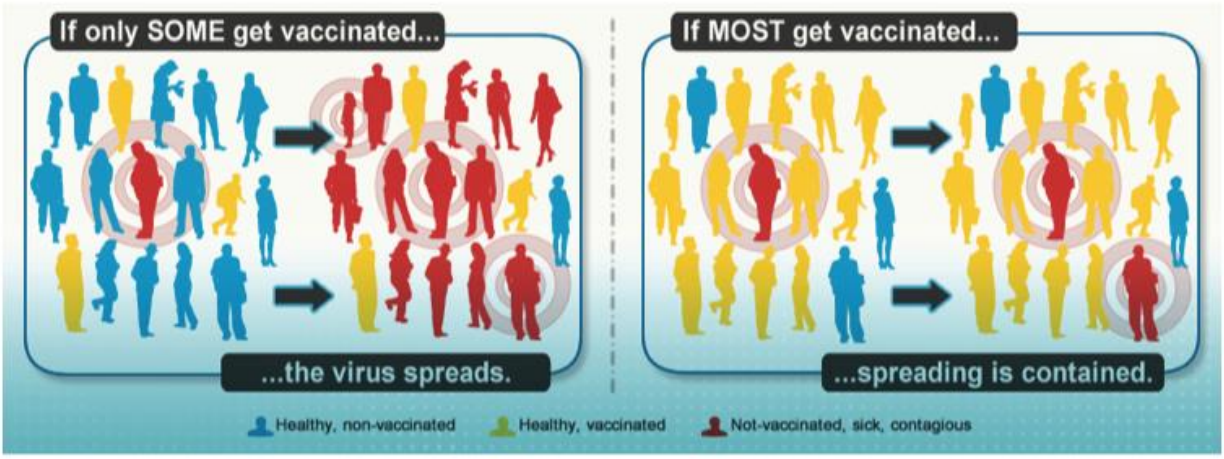
The immune system goes to work, just as if you were exposed to the disease "foreign invader" germs.

- But there is a difference.
- The pathogens in the vaccine are weakened or killed, so they won't make you sick. However, you will still develop immunity.
- So if the pathogens from that disease try to infect you, your immune system will come to your defense and stop them from making you sick.

Remember, the goal is to achieve immunity without actually contracting the disease. That's why vaccinations are so important.

Vaccines Protect Everyone

Most vaccine-preventable diseases are spread from person to person. If one person in a community gets an infectious disease, he can spread it to others who are not immune. But a person who is immune to a disease because she has been vaccinated can't get that disease and can't spread it to others. The more people who are vaccinated, the fewer opportunities a disease has to spread.



CHILD CARES AND PRESCHOOLS

VACCINES REQUIRED FOR CHILD CARE AND PRESCHOOL IN MICHIGAN

MDHHS Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Whenever infants and children are brought into group settings, there is a chance for diseases to spread. Children must follow state vaccine laws in order to attend child care and preschool. These laws are the minimum standard for preventing disease outbreaks in group settings. The best way to protect the children in your care from other serious diseases is to promote the recommended vaccination schedule at www.cdc.gov/vaccines. Encourage parents to follow CDC's recommended schedule; by doing so, child care and preschool requirements will be met.

	2-3 months	4-5 months	6-15 months	16-18 months	19 months–4 years	5 years
Diphtheria, Tetanus, Pertussis (DTaP)	1 dose DTaP	2 doses DTaP	3 doses DTaP		4 doses DTaP	
Pneumococcal Conjugate (PCV13)	1 dose	2 doses	3 doses or Age-appropriate complete series	4 doses or Age-appropriate complete series		None
H. influenzae type b (Hib)	1 dose	2 doses		1 dose at or after 15 months or Age-appropriate complete series		None
Polio	1 dose	2 doses			3 doses	
Measles, Mumps, Rubella (MMR)*	None			1 dose at or after 12 months		
Hepatitis B*	1 dose	2 doses			3 doses	
Varicella (Chickenpox)*	None			1 dose at or after 12 months or Current lab immunity or History of varicella disease		

These rules apply to children who are the above ages upon entry into child care or preschool. During disease outbreaks, incompletely vaccinated children may be excluded from child care and preschool. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at www.michigan.gov/immunize.

*If the child has not received these vaccines, documented immunity is required. All doses of vaccines must be valid (correct spacing and ages) for child care and preschool entry purposes.

Updated March 1, 2017

Medication Guidelines

The American Academy of Pediatrics (AAP) and the National Association for the Education of Young Children (NAEYC) have provided teachers/caregivers with the following detailed guidelines for the management, administration and storage of medication.

Parental Authorization

Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician and parent. Such authorization will include when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent. (See the attached sample authorization for medication form).

All prescription medication should be dated and kept in the original, child-safe container. The container should be labeled by a pharmacist with:

1. The child's first and last names;
2. The date the prescription was filled;
3. The name of the prescribing health professional who wrote the prescription
4. The prescription's expiration date;
5. The manufacturer's instructions or prescription label with specific, legible instructions for administration, storage, and disposal;
6. The name and strength of the medication.

Over-the-counter medications should be kept in the original container as sold by the manufacturer, labeled by the parent/guardian, with the child's name and specific instructions given by the child's prescribing health professional for administration.

Dispensing Medication

Written authorization to dispense medications is limited to two weeks unless otherwise prescribed by a physician. Medication can only be dispensed out of its original container that is labeled with the child's name.

Non-Emergency Injections

Non-emergency injections can be administered by appropriately licensed persons, a teacher or caregiver trained by the parent of the child, or administrator of the childcare.

Dispensing Record

The center must maintain a record of all medications dispensed to children by personnel to include the date, time and amount of the medication that was administered; any noticeable adverse reactions to the medication; and the signature or initials of the person administering the medication.

Storage

Store medications in a locked cabinet, or container, that is not accessible to the children and stored separately from cleaning chemicals, supplies, or poisons. Medications that require refrigeration should be placed in a leak-proof container in a refrigerator that is not accessible to the children.

5 Rights and Wrongs of Medication Administration

Before giving medication, have a co-worker verify with you:

1. Right Child
2. Right Medication
3. Right Dose
4. Right Time
5. Right Route and Administration Procedure

Procedures

1. Wash hands before preparing medications
2. Verify (Using the 5 Rights)
3. Prepare medication on a clean surface away from diapering or toileting areas.
4. For liquid medications, use clean medication spoons, syringes, droppers, or medicine cups that have measurements on them (not table service spoons) provided by parent/guardian to administer.
5. For capsules/pills, medication is measured into a paper cup and dispensed as directed by the health care provider/legal guardian to administer.
6. Wash hands after administering medication.
7. Record on the child's Medication Record
8. Observe the child for side effects of medications and document on the child's Medication Authorization Form.
9. When a medication error occurs, the Regional Poison Control Center and the child's parents will be contacted immediately. The incident should be documented in the Medication Log and in the child's record.

Rights Gone Wrong

What to do if you get one of the "rights" wrong:

- Always call 911 if the child is in distress.
- Always notify the parent/guardian.
- Always complete an incident report.
- Always notify the Center Director, if applicable.
- May need to contact Poison Control.
- May need to contact a Health Care Professional.
- May need to consult a Child Care Health Consultant.

If You Call Poison Control, Have the Following Information:

- The medication container
- Medication log
- Child's Health Assessment Form
- Child's current weight Medication Incident Report:

- Make a documentation in the Medication Log of the error
- Complete an additional incident report for details
- Follow-up according to child care facility policy

Adapted from the American Academy of Pediatrics

SAFETY

- **THIS SECTION WILL COVER:**
  - Building and Premises Safety
  - Emergency Preparedness and Response Training **(INCLUDING FUMCN'S EMERGENCY PROCEDURES)**
  - Handling and Storage of Hazardous Materials and the Appropriate Disposal of Bio-Contaminants
  - Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment
  - Recognition and Reporting of Child Abuse and Neglect

Factors to Consider When Assessing Risk

From a scientific perspective, injuries can be better understood when three factors are examined: the child, the cause, and the environment. Injuries happen when there is an unsafe interaction between the child and the cause of the injury. To assess the possibility for injury, consider the three factors.

Child

- Is there a child (or children) with developmental or physical abilities that are not typical for their age?
- Are there children who are curious, impulsive, or high-energy who require supervision that is more intensive?

Cause

- Are the adult materials and equipment inaccessible to an unsupervised child?
- Are older children's items inaccessible to younger children?
- Are there hard surfaces or areas into or onto which a child could fall?

Environment

- Are your facilities near bodies of water, construction sites, pools, cliffs, garages, etc.?
- Are you prepared for natural disasters such as: floods, tornadoes, blizzards, hurricanes, and extreme heat or cold?
- Are you aware of the times of day that create increased risk (late morning, late afternoon or evening) when children are hungry and tired, or when the routine is interrupted?
- Are you aware of staffing issues such as inadequate adult supervision and lack of knowledge of child development and safety rules?

The Child

Children grow rapidly, constantly acquiring new skills and knowledge. When caregivers know what children are able to do, as well as what injuries may occur at each stage of development, they can set up safe environments and supervise children to protect them from injury.

Morrongiello, B., & Corbett, M. (2008). Elaborating a Conceptual Model of Young Children's Risk of Unintentional Injury and Implications for Prevention Strategies. Health Psychology Review, 2(2).

Young Infants

Infants depend on their caregivers for food, warmth, and care, and for meeting basic needs such as eating, diapering, sleeping, and bonding. A caregiver develops a responsive relationship with an infant by responding to the baby's cries, coos, and other communication attempts, and then providing what the infant needs. Responsive caregiving is at the heart of young children's development.

Here are a few key things to remember to keep infants safe:

1. In the first months, an infant's body and neck are not strong enough to support the weight of the head. Gently hold and position the infant's body, head, and neck to prevent injury.
2. Infants need a safe space and close supervision during "tummy time" to build strength in their arms and legs.
3. Infants often have jerking, stretching movements and move in unexpected ways. They also learn to roll over during their early months. Hang on tight when you are carrying them and supervise them carefully when they are on an elevated surface.
4. As infants learn to grasp, and move things toward their mouth, ensure that materials are large enough to prevent a choking hazard.

Young infants are constantly reacting to the world around them. Brightly colored objects, toys that make noises, and soothing music may stimulate or calm babies. Observe their reaction to different types and levels of stimulation and respond by providing a nurturing and safe environment with enough stimulation to meet each child's needs and interests.

Mobile Infants

Mobile infants are developing more control of their head, torso, arms, and legs, and are beginning to coordinate those movements. They sleep less and are more active during the day, eager to engage in everything around them. As they learn to stand, crawl, cruise, and walk, they begin to move around more independently and explore their environment. They may suddenly grab, chew, or try to climb on

objects that were once out of reach. Their brains are developing rapidly as they begin to understand how the world works.

1. Mobile infants watch where you place objects, and they may try to go and get them; so cabinets, toy chests, and things that open and close become more interesting. Caregivers need to pay close attention to the mobile infant, anticipate newly developing skills, and adapt preventive strategies.
2. Choose age-appropriate food that does not pose a choking hazard as mobile infants begin to eat semisolid food and eventually feed themselves.
3. Mobile infants begin to respond to simple requests and one-step directions.

Create safe environments and individualize for each child, depending on their temperament. Some infants are cautious while others are more likely to take risks. All infants need to feel emotionally safe and secure as a result of a strong relationship with their caregiver.

Excerpted from Early Head Start National Resource Center.(N.d.). Serving mobile infants. Retrieved from Serving Mobile Infants: Sharing Knowledge with Infant-Toddler Teachers and Home Visitors

Toddlers

The toddler years are a time when children are building skills in all areas. They understand things, make choices, and engage with the world in new ways. The changes in their physical, cognitive, and social-emotional development help them build new skills that prepare them for later learning. During these years, children are constantly testing and building their strength and agility with their large and small muscles. They like to go fast and practice running, jumping, kicking, and throwing. With practice, many children learn to climb stairs and will begin to climb more challenging playground equipment. As their mobility increases, so do the safety hazards.

1. All learning requires some level of risk. Until they understand what is safe, toddlers may take risks that can lead to injury. Caregivers need to teach children how to explore and engage in activities safely.
2. As toddlers learn to climb more challenging climbing equipment, make sure the indoor and outdoor surface around climbing equipment is resilient.
3. New mobility and heightened awareness of the world lead to the need for safety gates to keep toddlers away from areas that are unsafe.
4. Toddlers learn how to play with other children but they have little ability to share. They lack the language skills to express their feelings. Toddlers depend on a trusted adult to teach them how to play with other children, to take turns, and to interact safely with both children and adults.

Toddlers need consistent routines and clear expectations to help them learn how to manage their bodies and emotions, and reduce the risk of behaviors that may result in injuries. Caregivers need to tune into the temperament and personality of each child to provide just the right kind of support during this time of newly growing independence.

Excerpted from Early Head Start National Resource Center.(N.d.). Serving mobile infants. Retrieved from Serving Mobile Infants: Sharing Knowledge with Infant-Toddler Teachers and Home Visitors

Preschoolers

Preschoolers are more accomplished in their play and their ability to meet their own needs; they focus on learning rules and routines to know what is safe and appropriate. Preschoolers move and play with ease. Climbing, running, and jumping are still favorite activities, and they are becoming much better at them. Many children also begin to pedal tricycles, play sports, and attempt more difficult climbing equipment. They have the confidence to constantly try new things and they challenge themselves and have a better understanding of consequences. Their cognitive and language abilities help them identify and avoid risks.

Dialogue with caregivers and peers helps preschoolers to form specific ideas about what is safe and why.

Some preschoolers like to talk about new challenges before trying them, while others are more impulsive. Get to know each child in your care to understand how best to support their need for challenge, while keeping them safe.

Many children are able to discuss safety rules and can understand possible consequences. Through conversations, they learn to identify guidelines that will help them make safe choices.

Adapted from National Center on Early Childhood Health and Wellness

School-age Children

School-age children (kindergarten to adolescence) are more mature and better able to regulate their behavior. Because school-age covers such a broad range of ages and developmental stages, school-age children require different levels of supervision. While kindergarteners may need close supervision during certain activities, a fourth grader may require more independence and less supervision.

1. Involve school-age children when making rules and allow them to help with implementation.
2. Plan different levels of supervision based on individual children's age, needs, and developmental level.
3. Allow older children to mentor younger children during activities.
4. Encourage independent exploration, while still providing supervision.

Encourage school-age children to become more responsible.

School-Age Care Environmental Rating Scale and After School Matters: Enhancing Program Quality and Care through Supervision.

The Role of the Caregiver

Safety prevention strategies alone are not enough to keep children safe from injury. Focused observation of children referred to as Active Supervision is the key. Active supervision requires focused attention and intentional observation of children at all times. Teachers position themselves so that they can observe all of the children: watching, counting, and listening. They also use their knowledge of each child's development and abilities to anticipate what they will do, then get involved and redirect them when necessary.

Strategies

The following strategies allow children to explore their environments safely. This includes daily routines such as sleeping, eating, and changing diapers or using the bathroom. Programs that use active supervision take advantage of all the available learning opportunities and never leave children unattended.

Set Up the Environment

- Set up the environment so that children can be supervised at all times.
- Ensure furniture is at waist height or shorter, in order to see and hear all children.
- Keep small spaces clutter-free, and set up big spaces so that children have clearly defined play spaces.

Position Staff

- Plan where you will position yourself so that you can see and hear all of the children in your care.
- Make sure you always have a clear path to where children are playing, sleeping, and eating in order to react quickly when necessary.
- Stay close to children who may need additional support.

Scan and Count

- Be able to account for all of the children in your care at all times.
- Continually scan the entire environment to know where everyone is and what they are doing.
- Count the children frequently. This is especially important during transitions, when children are moving from one location to another.

Listen

- Specific sounds or the absence of them may signify reason for concern. Listen closely to children in order to immediately identify signs of potential danger.
- Think systemically to implement additional strategies to safeguard children. For example, bells added to doors help alert teachers when a child leaves or enters the room.

Anticipate Children's Behavior

- Use what you know about each child's individual interests and skills to predict what they will do.
- Create challenges that children are ready for and support them in succeeding.
- Recognize when children might wander, get upset, or take a dangerous risk.

Engage and Redirect

- Use active supervision skills to know when to offer children support.
- Wait until children are unable to solve problems on their own to get involved.
- Offer different levels of assistance or redirection depending on each individual child's needs.

Playground Injuries

Each year in the United States, emergency departments treat more than 200,000 children ages 14 and younger for playground-related injuries (Tinsworth 2001).

Occurrence and Consequences

About 45% of playground-related injuries are severe–fractures, internal injuries, concussions, dislocations, lacerations, or amputations (Tinsworth 2001).

Between 1990 and 2000, 147 children age 14 and younger died from playground-related injuries. Of them, 82 (56%) died from strangulation and 31 (20%) died from falls to the playground surface. Most of these deaths (70%) occurred on home playgrounds (Tinsworth 2001).

Groups at Risk

- While all children who use playgrounds are at risk for injury, girls sustain injuries (55%) slightly more often than boys (45%) (Tinsworth 2001).
- Children ages 5 to 9 have higher rates of emergency department visits for playground injuries than any other age group. Most of these injuries occur at school (Phelan 2001).

Types of Incidents Reported

- 67% involved falls or equipment failure
- 8% hazards around but not related to the equipment
- 7% collisions with other children or the equipment
- 7% entrapments
- 11% other

Top Four Injury Related Equipment Pieces

- Climbers- 23%
- Swings- 22%
- Slides-17%
- Overhead ladders- 9%

Source: Consumer Product Safety Commission October 29, 2009

What does this mean for teachers and caregivers?

Treat outside time as a time for fun and a time to focus extra attention on the environment, the cause, and the children. Playgrounds are the number one site of accidents for children in out of-home care. A protected outdoor play area that is safely enclosed should be provided for children in care.

Supervision Spotlight

During outdoor play may seem more difficult to maintain proper supervision. With proper procedures in place protecting children's safety can be seamless. Here are some tips:

- Keep a count of the children in your care and take attendance sheets outside.
- Prevent dangerous situations before they occur with proper, ongoing, assessment of the environment.
- Teach children rules about how to properly use outdoor equipment.
- Work with other teachers/caregivers while outside to maintain zones of supervision.
- Pay close attention to areas that may be potentially dangerous.
- Stay alert and attentive.

EMERGENCY PROCEDURES

The following pages will cover FUMCN's Emergency Response and Crisis Management Plans. As these procedures are posted in each classroom and teachers will take the lead in the event of an emergency, you do not need to have these plans memorized; however, we do ask that you read through them carefully. They will be reviewed at orientation and again halfway through the school year. In compliance with licensing regulations, you will be asked to verify that you have read these procedures on the Google Form at the end of this training.

Emergency Response Plans: Posted openly in each classroom + inside each classroom's emergency box

Crisis Management Plans: Located in each classroom's emergency box

EMERGENCY PLANS

LAST EDITED: SUMMER 2021

CONTENTS

FUMCN INFORMATION & EMERGENCY NUMBERS

Licensee: First United Methodist Church
Licensee Designee + Program Director: Susan Sowder
Address: 120 South State Street Ann Arbor, MI 48104
Nearest Cross Streets: Promenade entrance on State exiting to Washington; Parking lot entrance on Washington exiting to Huron
Point of Reference: Downtown Ann Arbor across from and just north of The State Theater on State St.

EMERGENCY PHONE NUMBERS

EMERGENCY	911
POLICE (NON-EMERGENCY)	734-994-2911
POISON CONTROL	1-800-222-1222
MICHIGAN UNION (Relocation Site)	734-763-5750
FUMC GREENWOOD (Secondary Relocation Site)	734-665-8558
WASHTENAW COUNTY HEALTH DEPARTMENT	734-544-6700
FUMC RECEPTIONIST	734-662-4536
Cassie Espich, Sib-Care & FUM-Friends	330-398-0885
Susan Sowder, Program Director **(CPR+First Aid)**	734-383-2326
Lisa Hirsch, Assistant Teacher **(CPR+First Aid)**	734-904-5427
Mary Page, Assistant Teacher **(CPR+First Aid)**	734-277-5387

EMERGENCY RESPONSE PROCEDURES

POSTED OPENLY

FIRE + EVACUATIONS

NOTIFY

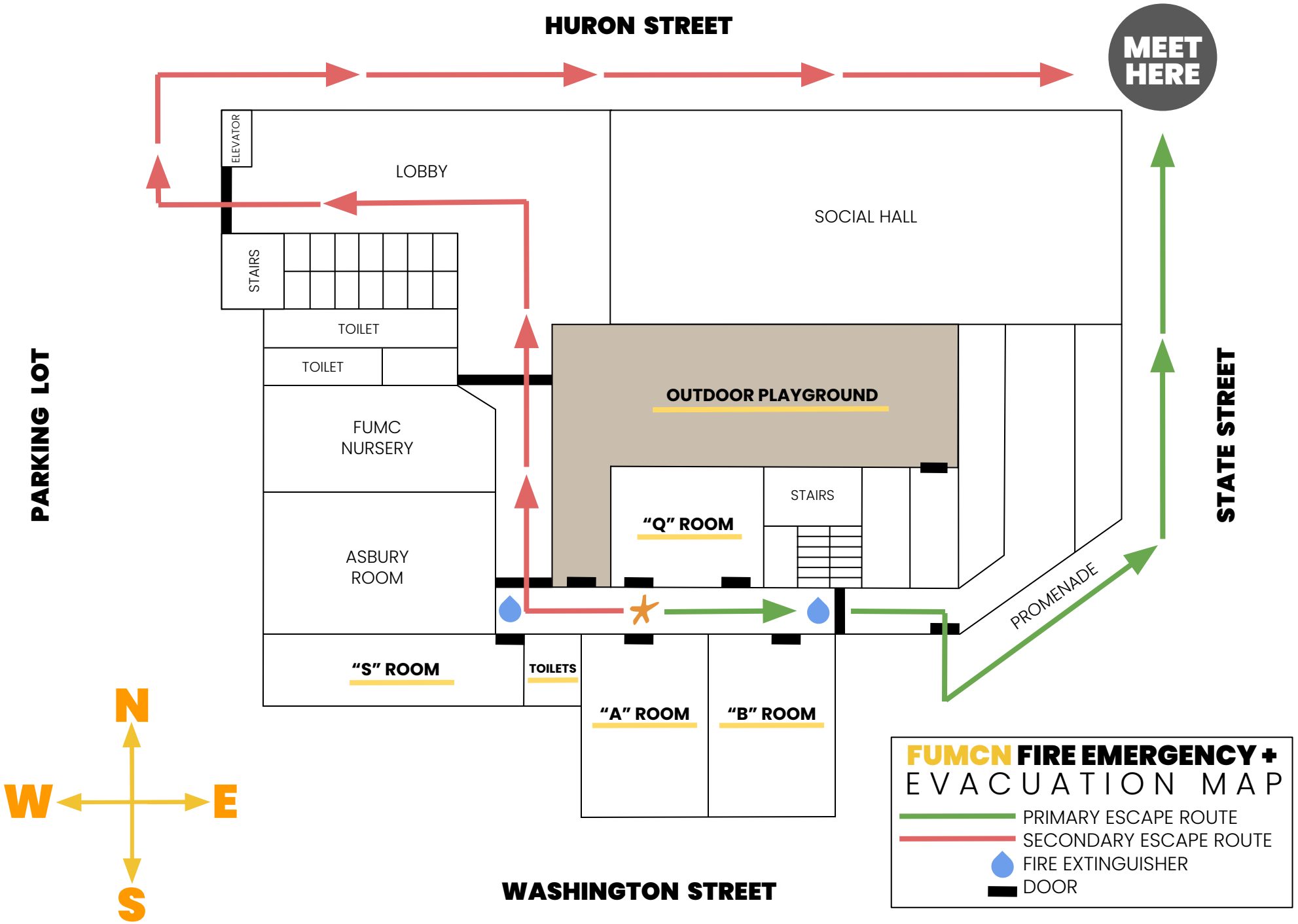
1. In the event of fire or other building hazard, the teacher will signal the fire alarm from the FUMCN corridor.
2. The teacher will call 911 and church staff to report the hazard.

EVACUATE

1. The adult in each classroom will grab the emergency bag, walkie talkie, and their cell phone. The adult in the A room will grab the medications from the labeled medications cupboard and labeled medications box from the refrigerator.
2. A teacher will line up the children in the main corridor and lead them out the exit at the end of the hall to the promenade level. The alternative exit will be the main FUMC door out to the parking lot. Children on the playground will be led out the promenade gate and to the designated meeting spot (on the grassy area on the State/Huron corner of the church inside the hedges). ***SEE FIRE EVACUATION MAP**
3. Children with special needs will be led out with 1-1 assistance by a caregiver.
4. Sib-Care/FUM-Friends will follow same procedures, will stay in contact via walkie talkie, and will ensure children are holding hands/carried.
5. A second teacher will follow the last child out of the school.
6. Assist parents will sweep classrooms and bathrooms and close all doors.
7. If any child is unaccounted for, a teacher will notify the emergency personnel immediately upon their arrival.
8. Once all children are out of the building, they will proceed to the grassy area on the State/Huron corner of the building where the teacher will take roll call.
9. If it becomes necessary to move farther away from the building at the direction of emergency personnel, we will follow our **RELOCATION PLANS (PAGE 16).**
10. After the immediate emergency has passed, a teacher will contact parents to inform them of the emergency and to provide instructions on the plan for child pick-up if necessary.

ASSIST ROLES

1. **Teacher:** Lead the children and stay with them at the ASSEMBLY PLACE.
2. **Sibling Care Provider:** Lead the sibling nursery with evacuation.
3. **Assistant Teacher:** Meet with emergency personnel.
4. **Assist Parent/guardian:** "Sweep" person: check A and S room, closet, hiding space for any child.
5. **Assist Parent/guardian:** "Sweep" person: check Q and B room, under tables for any child.


HURON STREET
MEET HERE
ELEVATOR
LOBBY
SOCIAL HALL
STAIRS
TOILET
TOILET
FUMC NURSERY
ASBURY ROOM
OUTDOOR PLAYGROUND
"Q" ROOM
STAIRS
PROMENADE
PARKING LOT
STATE STREET
"S" ROOM
TOILETS
"A" ROOM
"B" ROOM
N
W
E
S
WASHINGTON STREET
FUMCN FIRE EMERGENCY + EVACUATION MAP
PRIMARY ESCAPE ROUTE
SECONDARY ESCAPE ROUTE
FIRE EXTINGUISHER
DOOR

TORNADO EMERGENCIES

MONITORING TORNADO CONDITIONS

- Upon learning of a **TORNADO WATCH** in the area, teachers will immediately begin monitoring weather conditions on their cell phones and walkie talkies until the watch is canceled or until the facility is closed and all children have been picked up.
- If a **TORNADO WARNING** is issued, teachers and assist parents will immediately **SHELTER-IN-PLACE** following the Tornado Shelter Procedures.

TORNADO SHELTER PROCEDURES

- Bring any students from outside indoors using **3 WHISTLE BLASTS** (whistle located inside by recess door).
- The adult in each classroom will grab the emergency bag, walkie talkie, and their cell phone. The adult in the A room will grab the medications from the labeled medications cupboard and labeled medications box from the refrigerator.
- Assist parents will sweep classrooms and bathrooms and close all doors.
- All adults will escort the children to the **tornado shelter area** – against the walls between the A and Q rooms.
- Children with special needs will receive 1-1 assistance from a teacher.
- Sib-Care/FUM-Friends will follow same procedures and will ensure children are held if necessary.
- A teacher will take roll to account that all children are in the shelter area.
- Children assembled during a Tornado Warning should crouch on elbows and knees with heads down. Hands should cover the back of the head. "Keep your heads down!" should be strictly enforced. Heads should face interior walls.
- If necessary, activities may be provided to children to help them remain quiet and occupied until the warning is lifted.
- If it becomes necessary to move farther away from the building at the direction of emergency personnel, we will follow our **RELOCATION PLANS (PAGE 16).**
- Church staff will notify the teacher when it is safe for children to return to the classrooms.
- After the immediate emergency has passed, a teacher will contact parents to inform them of the emergency and to provide instructions on the plan for child pick-up if necessary.

CHILDREN MUST ONLY BE RELEASED TO THEIR OWN PARENT/GUARDIAN OR OTHER AUTHORIZED ADULT DURING A TORNADO WARNING

ACCIDENTS + INJURIES + ILLNESS

IMMEDIATE PROCEDURES

1. The adult in-charge immediately calls "MEDICAL EMERGENCY" on the walkie talkie, followed by the location and child.
2. To prevent complicating the medical emergency, the injured/ill child should not be relocated.
3. All other children will be moved and kept away from the emergency environment and attended to by the assist parents/guardian(s).
4. Assistant teacher immediately calls 911 and/or **Poison Control (1-800-222-1222)** followed by the parent/guardian of injured/ill child to notify of symptoms.
5. If the child has a medical or allergy action plan, it will be brought to the teacher providing emergency care ASAP. **ALL MEDICAL AND ALLERGY ACTION PLANS ARE POSTED IN THE A ROOM.**
6. A Teacher (CPR/FIRST Aid Trained) attends to injured child, serving as the first responder and administering first aid/CPR as needed following FUMCN's Policy on Universal Precautions + Blood-borne Pathogens.
    a. The teacher will:
        i. Ensure and maintain an open airway.
        ii. Control any bleeding with direct pressure.
        iii. Ensure proper circulation as necessary (CPR)
        iv. Reassure and calm the child until medical personnel take over the child's care.
7. If the parent/guardian of the injured/ill child cannot be reached or arrive at FUMCN before emergency personnel, the teacher first responder will accompany the child to the hospital in the ambulance. The child's White Card and medical/allergy action plan will travel with the child. The assistant teacher will remain with the other children and will serve as the substitute Program Director if needed.

COMMUNICATION + DOCUMENTATION

1. As soon as possible, the Teacher writes down the facts of the accident. Lists the date, time, people present, and any special circumstances.
2. As soon as possible, the Teacher notifies the LARA Licensing Consultant, President of the Board, Church Staff Liaison, and FUMC Business Manager.
3. As soon as possible, the Teacher follows appropriate insurance procedures and forms must be filed per direction of FUMC Business Manager.
4. In any injury case an accident form must be completed by the Teacher, reported to a parent or guardian and filed in the Accidents/Injuries folder..

UNIVERSAL PRECAUTIONS

BLOOD BORNE PATHOGENS + OSHA STANDARDS

The following guidelines have been established by the Preschool Board to meet OSHA standards for blood-borne pathogens. All children and/or adults requiring first aid or assistance with toileting and/or vomiting at FUMCN will be considered potentially infectious and Universal Precautions shall be followed under the direction of the teacher.

UNIVERSAL PRECAUTIONS: An approach to infection control that involves placing a barrier between the caregiver and potentially infectious substances (blood, vomit, stool, urine, saliva) to prevent the transmission of pathogens.

BLOOD BORNE PATHOGENS: Pathogenic organisms that are present in human blood and can cause disease in humans.

1. Disposable gloves will be worn when there is potential for exposure to blood and other potentially infectious materials (vomit, urine, and feces).
2. Gowns and masks are to be worn with gloves when there is serious injury that involves spurting blood or when there is potential for splashing during the disinfection process.
3. All materials used in treating the victim (e.g. tissue, gauze) shall be placed in a biohazard bag, sealed and disposed of.
4. All areas involved in the incident shall be disinfected (floors, tables, bins) using a 1:10 solution of bleach/water made fresh for each incident. Carpeting involved should be disinfected with liquid Lysol.
5. After completing clean up, hands shall be washed using liquid, antibacterial soap, and a 10 second rinse.
6. Any garments penetrated with blood/urine/stool/vomit shall be removed as soon as possible and placed in a plastic Ziploc bag, sealed and sent home with parent for laundering.
7. Broken glass will be disposed of using instruments such as scoop and scraper, tongs, broom and dustpan, or two pieces of cardboard. Place broken glass in the sharps container to prevent exposure or possible puncture wounds.
8. Teacher will call the City for disposal of biohazard bag and complete incident form per licensing protocols.
9. If caregiver's eyes or mouth come in contact with potentially infectious substances, the area will be flooded with running tap water for 15 minutes.
10. Carpeting involved should be disinfected with Lysol and air dried.

NATURAL OR PERSON-MADE DISASTERS

HAZARDOUS MATERIALS + GAS LEAK

OUTSIDE OF BUILDING | SHELTER-IN-PLACE

*If teachers become aware (via sirens, media broadcast, emergency workers, church staff, etc.) of a chemical event outside of the building, we will immediately **SHELTER-IN-PLACE** according to the plans below unless advised otherwise.*

- The adult in each room will grab the room's emergency bag. An adult will grab all medications from the A room Med Cupboard and labeled box in the refrigerator.
- Gather all children and close all doors.
  - Bring any students from outside indoors using **3 WHISTLE BLASTS** (whistle located inside by recess door).
  - Sib-Care/FUM-Friends will follow FUMCN procedures and will receive assistance from FUMCN caregivers.
  - Assist parents will sweep all rooms, closets, and bathrooms.
  - Children with special needs will receive 1-1 assistance from a caregiver.
- Proceed to a room above ground if possible (most chemicals are heavier than air and will seek low lying areas). **FIRST CHOICE: CHOIR ROBE ROOM IN THE SOCIAL HALL.**
- Communicate with church staff of the following:
  - FUMCN's location
  - Lock building down (secure mode). Tightly close and latch all doors and windows. Do not allow people to come into the building.
  - Turn off fans, heating, and cooling units.
- Stuff damp towels in bottom door cracks and seal doors and windows with duct tape from emergency bags.
- If you smell chemicals, breathe through wet clothes or towels.
- Keep cell phones close and use to listen for updates and communicate with emergency personnel.
- Be prepared to listen to emergency personnel and evacuate quickly upwind/uphill if advised.
- Inform parents of the emergency via mass text, but take guidance from emergency personnel regarding procedures for child pick-up.

INSIDE OF BUILDING (GAS LEAK) | EVACUATE OR RELOCATE

Natural gas is lighter than air and will dissipate into the room as opposed to settling in low spots. If the "rotten egg" smell or hissing sound is recognized, or if teachers are informed of a known gas leak, the school will evacuate immediately according to our ***FIRE + EVACUATION PLANS (Pages 4-5)***

- Do not use any electrical device, light switch, phone, or cell phones indoors as they can create a spark. Do not shut off gas valves or appliances. Do not try to locate the gas source
- Once outdoors, a teacher will call **1-800-947-5000 and 911.** Teachers and assist parents will follow the guidance of emergency personnel.
- Do not attempt to start any vehicles or re-enter the building until given the all clear by emergency personnel.

NATURAL OR PERSON-MADE DISASTERS

WATER MAIN BREAK

If there is a water main break in or near the building, or a total loss of water for any reason, the preschool MUST CLOSE because compliance with licensing rules cannot be maintained (such as running water, flushable toilets, etc.). The teachers along with emergency responders will determine if the preschool needs to be evacuated or if the children can shelter-in-place until parents can arrive for pick-up.

- If it is determined that children can shelter-in-place, then parents will be contacted and informed that children MUST be picked up **within the hour.**
- If it is determined that children must be evacuated, then the **FIRE + EVACUATION PLANS (Page 4-5)** will be followed.

POWER OUTAGE

- Immediately upon discovery of a power outage, a teacher will:
  - contact church staff
  - check the circuit breaker
  - contact the local power company to see if the problem is widespread or localized, if necessary
- If compliance with the licensing rules cannot be maintained (such as running water, flushable toilets, room and fridge temperatures, visibility of children, etc.) then parents will be contacted and informed that all children must be picked up **within the hour.**
- Children scheduled to arrive will be informed not to come. A notice will be posted on the entrance door.

WINTER STORM

Should a winter storm occur or be predicted while children are present, teachers will determine if the preschool can stay open or if it must close. If the preschool must close:

- Parents/guardians will be called to inform them that children must be picked up **as soon as possible.**
- Parents/guardians of children scheduled to arrive will be notified not to come.
- A notice will be posted on the door.

CRISIS MANAGEMENT PROCEDURES

POSTED CONSPICUOUSLY

LOST, MISSING, OR ABDUCTED CHILD

SEARCH

- Upon discovery of a missing child, all caregivers will be notified via walkie talkie to begin searching the room they are in. A teacher will search the bathrooms, maintenance closet, and playground.
- If all children are already together, a teacher will immediately search all classrooms, bathrooms, closets, and corners within FUMCN, as well as the playground. A second caregiver will assist if ratios are able to be maintained per licensing regulations.
- If the child is not found within the FUMCN wing or playground, the search will extend into the church and church grounds with the assistance of church staff who will be notified.

NOTIFY

- If the child is not found anywhere on church grounds, or if the situation warrants emergency assistance at any point, then 911 will be called ASAP.

FACILITY: First United Methodist Church

State Street between Huron and Washington

120 South State Street, Ann Arbor

734-662-7660

- Notify the missing child's parent(s)/guardian(s) and follow the guidance of emergency personnel.
- The program director will notify our licensing consultant and follow all guidelines for reporting outlined in our licensing regulations.

BOMB THREAT OR SUSPICIOUS PACKAGE

SUSPICIOUS PACKAGE

Anyone that believes a box or other type of package/container appears to be suspicious should not touch the item.

- A teacher will call 911 and church staff to report the package/container to police.
- Teachers and assist parents will evacuate the building following our **FIRE + EVACUATION PLANS (Page 4-5).**
- If instructed to do so by emergency personnel, we will relocate following our **RELOCATION PLANS (Page 16).**

BOMB THREAT

The person receiving the bomb threat call should engage the caller in a conversation to get as much info as possible.

- Use the bomb threat checklist located inside the A room cupboard above the telephone. Take this checklist with you if evacuating to give to the authorities.
- Get another caregiver's attention to alert church staff and call 911 on another open line. **Hang up with the caller when instructed to do so by the authorities.**
- Perform a room clear of the A room, if necessary.
- Determine with authorities if evacuation is appropriate. Think tactically, is evacuation putting you closer to harm?
    - **If evacuation is not yet recommended:**
        - Immediately lock perimeter outside doors (promenade, playground) and all interior hallway doors.
        - Check for suspicious objects in the classrooms.
        - Take attendance.
        - Await further instructions from church office or emergency personnel.
    - **If evacuation is warranted (package is observed, instructed by authorities, etc.)**
        - Do not use cell phones or walkie talkies.
        - Leave light switches alone and doors open.
        - Staff and students may take immediate personal items in their possession with them.
        - Teachers will place **GREEN cards** at doors if no suspicious packages were observed.
        - Teachers will place a **RED card** at the door of a room where a suspicious package is observed.
        - Teachers and assist parents will follow the **FIRE + EVACUATION PLANS (Page 4-5)** to evacuate the building (without use of cell phones or walkie talkies), and our **RELOCATION PLANS (Page 16)** if warranted or instructed to do so.

CODE RED: INTRUDER OR ACTIVE SHOOTER
THREAT OF VIOLENCE IN THE BUILDING

SHELTER-IN-PLACE (Secure Mode: Internal Threats)

***CODE RED* is announced (by church staff, teacher, caregiver, etc.) when there is known or suspected threat of violence in the building.**

- Teachers will ensure that all caregivers, including Sib Care/FUM-Friends, are aware of the **CODE RED**.
- A teacher or church staff member will call 911 immediately upon learning of the emergency.
- ALL CAREGIVERS, INCLUDING SIB CARE/FUM-FRIENDS, WILL FOLLOW THE PROCEDURES BELOW.
- Children with special needs will receive 1-1 support from a caregiver, if possible.
- If outside, prepare to relocate following the **RELOCATION PLANS (Page 16)**.
- If indoors, gather the children that are in your room away from but on the same wall as the door.
- If safe, check the hallway and bathrooms for other children and pull them into your room.
- Lock and barricade the door.
- Place a poster board over the door window.
- Turn off the lights.
- Account for the children in your care.
- Remain calm and quiet.
- Grab the emergency bag. If there is a caregiver in the A room, they should grab all medications from the labeled Med Cupboard and labeled box in the fridge.
- Turn the volume down on your phone and stay connected with other rooms/caregivers via text.
- Place the **GREEN card** under your door if all is secure and everyone is safe. Place the **RED card** under the door if not secure or someone needs help.
- Remain where you are until emergency personnel instruct otherwise.
- After the immediate emergency has passed, a teacher will contact parents to inform them of the emergency and to provide instructions on the plan for child pick-up if necessary.

RELOCATION

- If the classroom is being attacked or emergency personnel instruct you to do so, exit the classroom by any means possible with your emergency bag.
- Account for your students.
- Follow the **RELOCATION PLANS (Page 16)** unless instructed otherwise.

OFF-CAMPUS CRITICAL INCIDENT
THREAT OF VIOLENCE OUTSIDE OF BUILDING

LOCKDOWN (Secure Mode: External Threats)

When the potential for external threats arise from a nearby location or parking lot, the following actions will commence to secure the building and members:

- Bring any students from outside indoors using **3 WHISTLE BLASTS** (whistle located inside by recess door).
- Remain calm to protect both staff and children from outside threats.
- Lock and secure all windows, classroom doors, and hallway exits, including the FUMC Nursery if Sib Care/FUM-Friends is in session.
- Continue activities within the building/classrooms unless instructed otherwise.
- If necessary, caregivers will prepare to give children with special needs 1-1 assistance.
- Caregivers in each room will have that room's emergency bag on hand. The caregiver in the A room will prepare to grab the medications from the labeled Med Cupboard and labeled box in the fridge, if necessary.
- Assigned church staff will ensure all church entrances are secure.
- The building entry will be at a control point assigned by the church office.
- Outdoor activities will only be allowed upon church office approval.
- Church offices will coordinate with the authorities to determine when normal activities may resume.

RELOCATION PLANS

FOR OFF-CAMPUS RELOCATIONS

FUMCN's **evacuation site** is at the corner of Huron St. and State St. Next to the FUMC sign.
If it becomes necessary to move away from the building at the instruction of emergency responders or the nature of the emergency, then all children and staff will proceed south on State Street to the **relocation site**:
Michigan Union (530 S. State Street, 734-936-0869)
If deemed necessary, FUMCN may be evacuated to
Greenwood (1001 Green Road, 734-665-8588)
via school/city bus as provided by emergency personnel.

- Grab the Emergency Bag in the room you're currently in.
  - A Room teacher/parent will grab all medications from the medication cupboard and refrigerator.
- Instruct the children on how to safely move to the new location (as determined by emergency personnel) and offer guidance along the way.
  - Sib-Care/FUM-Friends will follow same procedures, will stay in contact via walkie talkie or cell phone, and will ensure children are holding hands/carried.
  - Children with special needs will have 1-1 support from an assistant teacher.
- A teacher will remain in contact with local authorities.
- A teacher will contact families via group text notifying them of the emergency and plans for relocation and/or pick-up following the guidance of emergency responders.

Toxic Substances, Poison Control, and Injury Reporting

Toxic Substances – A Possible Cause

All children are at risk for poisoning; however, children under the age of five are more vulnerable to poisoning. Young children are still using taste to explore the world around them and are likely to put substances in their mouths. Poisoning can occur from ingestion, absorption, inhalation, and animal and insect bites.

The same materials and substances that are needed to maintain cleanliness and prevent illness can be toxic to children. Identifying substances that are harmful to children will enable proper storage that is away from children.

The following items should be used as recommended by the manufacturer, be stored in the original labeled containers, and used in a manner that will not contaminate play surfaces, food, or food preparation areas:

- Cleaning products
- Detergents
- Automatic dishwasher detergents
- Aerosol cans
- Pesticides
- Health and beauty aids with chemicals
- Medications
- Lawn care chemicals
- Hand sanitizers

Store poisonous products safely by placing all cleaning products, other chemicals, medications, and classroom materials that could be harmful to children in locked cabinets out of reach. Save all of the needed product documentation and review steps to take in the event that a child is exposed.

Poison Control

If a teacher/caregiver suspects a child has been exposed to toxic substances or any potential poisoning, they should call Poison Control immediately. (800-222-1222)

Have the following information ready when you call the poison control center:

- The child's age and sex.
- The substance involved.
- The estimated amount.
- The child's condition.
- The time elapsed since ingestion or exposure.

The caregiver/teacher should not induce vomiting unless instructed to do so by the Poison Control Center.

Poison Prevention

95% of poisonings are preventable. Poisonings can be prevented through the education of children, staff, and parents.

Caring for Our Children and California Childcare Health Program

What are some other ways to prevent poisonings?

- Inspect your environment throughout the day and remove (or store in a locked container) any potential poisons and items labeled: "Keep out of reach of children."
- Do not take medicine in front of children.
- Do not put non-food items in food containers.
- Do not turn your back on a child when a hazardous product is in use.
- Label indoor and outdoor plants for quick and easy identification. Avoid highly toxic plants, such as Geraniums, Daffodils, Poinsettia, and palms.
- Display the National Poison Control Center phone number near telephones and post on walls: 800-222-1222.
- Educate children and parents on poison prevention throughout the year.

*Adapted from Texas Department of Family and Protective Services

Injury Report

Even with careful planning, injuries can still occur. When a child or adult suffers an injury (needing first aid or medical attention) while in out-of-home care, the incident should be documented on an "Injury Report Form." Complete three copies of the Injury Report Form for the parent/guardian (or injured adult), the child's (or adult's) file, and the third copy should be kept in an injury log.

There is a sample Injury Report on the Chapter Resource page.

SAFETY

VIDEO: MANDATED REPORTERS: HELPING PROTECT MICHIGAN'S MOST VULNERABLE (CLICK BELOW)

NOTE: R400.8125 of Michigan's Licensing Rules for Child Care Centers states that all employees and volunteers (including minors) of a child care center are mandated reporters. Under Child Protection Law, center employees and volunteers must contact Children's Protective Services immediately when they suspect child abuse and/or neglect. If you have a suspicion, contact Ms. Susan immediately and privately. She will walk through the process with you. DO NOT attempt to investigate or communicate your suspicions to the parent in question or another parent. More information on this, as well as FUMCN's complete policy in connection with FUMC, can be found in the A room.

Mandatory Reporting - FAQs

Who is required to report suspected child abuse or neglect?

You are responsible for making the report because as a childcare provider you are a mandated reporter. Any mandated reporter that has reason to believe that a child is a victim of abuse or neglect is required to report it. Even if your program has internal policies that include the report being made by one particular person, it is still your personal responsibility to make sure the suspected abuse or neglect is reported to authorities. For more information, visit Michigan's Mandatory Reporting website. (http://bit.do/MI-MandatoryReporting)

What if someone told me about suspected abuse or neglect in confidence?

Privileged communication is not grounds for failing to report. This is one place where you are required to report regardless of your relationship to the child or the abuser.

Do I have to give my name and contact information if I make a report?

In Michigan, non-mandated reporters do not need to give their name. However child care providers are mandated reporters and all mandated reporters do need to give their name.

What if the situation is not safe for me to call and report?

Childcare providers MUST report child abuse and neglect, but REMEMBER: *Safety Comes First*! If you feel that your safety or the safety of the child would be threatened if you try to intervene, leave it to the professionals. You may be able to provide more support later after the initial professional intervention. Call 911.

What if I'm not sure if the situation really is abuse or neglect?

It does not matter. You must report it. Experts will determine whether it is abuse or neglect, so you don't have to worry about that. You just need to make the report.

What if I don't report?

A person who knowingly fails to make a report commits a class B Misdemeanor. In other words, if you don't report when you should, you are breaking the law.

What if a false report is made?

Knowingly making a false report is also breaking the law. Your suspicion of child abuse and neglect is enough to make a report. You are not required to provide proof, but your report must be made in good faith. Knowingly making multiple false reports can lead to a felony charge.

Who do I call to report suspected abuse or neglect?

Call the Michigan Hotline number at **855-444-3911** to make a verbal report. Then follow up in less than 72 hours with a written report. The individual that takes the telephone complaint from you can provide information on what needs to be included in the written report.

What resources or other places to call are there?

Again, the best place to call is the Michigan Child Abuse and Neglect Hotline at **855-444-3911**. For other assistance you can call any of these numbers listed below:

- Childhelp National Child Abuse Hotline: 1-800-4-A-CHILD (1-800-422-4453)

Help for child sexual abuse:

- Stop It Now: 1-888-PREVENT (1-888-773-8368)
- Rape, Abuse & Incest National Network (RAINN): 1-800-656-HOPE

Warning Signs of Abuse and Neglect

Child abuse is not always obvious. Learning common warning signs can help you catch the problem early. However, not all warning signs mean abuse is happening. Documentation is important too. It is helpful to keep a confidential book of observances so that everyone can document the little that things they notice.

Signs of Physical Abuse

Here are some possible signs of physical abuse:

- The child has frequent injuries such as unexplained bruises, welts or cuts or the injuries appear to have a pattern such as marks from a hand or belt.
- The child might be overly watchful or on alert as if waiting for something bad to happen.
- The child may shy away from touch, may flinch at sudden movements, or is afraid to go home.
- The child wears inappropriate clothing to cover injuries such as long sleeves on hot days.

Care must be taken to consider that some children, especially those who may be on the autism spectrum may be seen as watchful; they may shy away from touch, flinch at sudden movement or noises, and have lots of unexplained bruising from self-harm in another disliked environment, and wear clothing that may be inappropriate for the season. These behaviors many be due to sensory issues, rather than possible signs of physical abuse.

Signs of Emotional Abuse

Here are some possible signs of emotional abuse.

- The child seems excessively withdrawn, fearful, or anxious. The child may show extremes in behavior.
- The child doesn't seem to be attached to the parent or caregiver.
- The child may show inappropriately adult or infantile behavior.

Signs of Sexual Abuse

Here are some possible signs of sexual abuse.

- The child has trouble walking or sitting or has blood in underwear or diapers which is not resulting from a large or difficult bowel movement.
- The child displays knowledge of or interest in sexual acts or shows seductive behaviors. The child avoids a specific adult or peer without a particular reason.
- The child does not want to participate in physical activities.
- The child does not want change clothes in front of others.
- The child has an unhealthy or extremely close relationship with a specific adult or peer, or has an STD or pregnancy, or runs away from home.

Signs of Child Neglect

Lastly, here are some possible signs of neglect.

- The child may have unkempt clothing or poor hygiene.
- The child may report being unsupervised or left alone or may talk about being allowed to play in unsafe situations and environments.
- The child may be frequently late or missing from school or may have untreated illnesses and physical injuries.

Possible Signs of Shaken Baby Syndrome

It is important for caregivers of young children to also know the signs of Shaken Baby Syndrome. Most often there is no outward sign of injury. Here you can see a list of some signs to watch for in infants and older children. The symptoms will vary based on where the injury occurs in the brain.

- Change in sleeping pattern or inability to be awakened
- Confused, restless, or agitated state
- Convulsions or seizures
- Loss of energy or motivation
- Slurred speech
- Uncontrollable crying
- Inability to be consoled
- Inability to nurse or eat

Myths and Facts about Child Abuse and Neglect

There are many myths about child abuse and neglect, and beliefs that may affect the way people think or act about it. Let's take a look at some of the most common ones.

Myth #1 – It's only abuse if it's violent. The fact is, physical abuse is just one type of child abuse. Neglect and emotional abuse can be just as damaging, and since they are more subtle, people might be less likely to intervene.

Myth #2 - Only "bad" people abuse their children. The fact is, while it's easy to say that only "bad people" abuse their children, it's not always so. Not all abusers are intentionally harming their children. Many have been victims of abuse themselves, and just don't know any other way to parent. Others may be struggling with mental health issues or a substance abuse problem.

Myth #3 - Child abuse doesn't happen in "good" families. The fact is, there is no such thing as a "good" or "bad" family and child abuse crosses all racial, economic, and cultural lines. Sometimes, families who seem to have it all together from the outside are hiding a different story behind closed doors.

Myth #4 - Most child abusers are strangers. The fact is, while abuse by strangers does happen, most abusers are family members or others close to the family, including parents, friends or even peers.

Myth #5 - Abused children always grow up to be abusers. The fact is, being abused as a child does not mean that you will definitely be an abuser as an adult. Many adult survivors of child abuse and neglect have strong motivation to protect their children against what they went through and they become excellent parents. It is true, however, that many abusers were abused as children and unconsciously repeat what they experienced.

Myth #6 - It is not abuse if someone is disciplining a child. The fact is, in physical abuse, unlike discipline, the following elements are present:

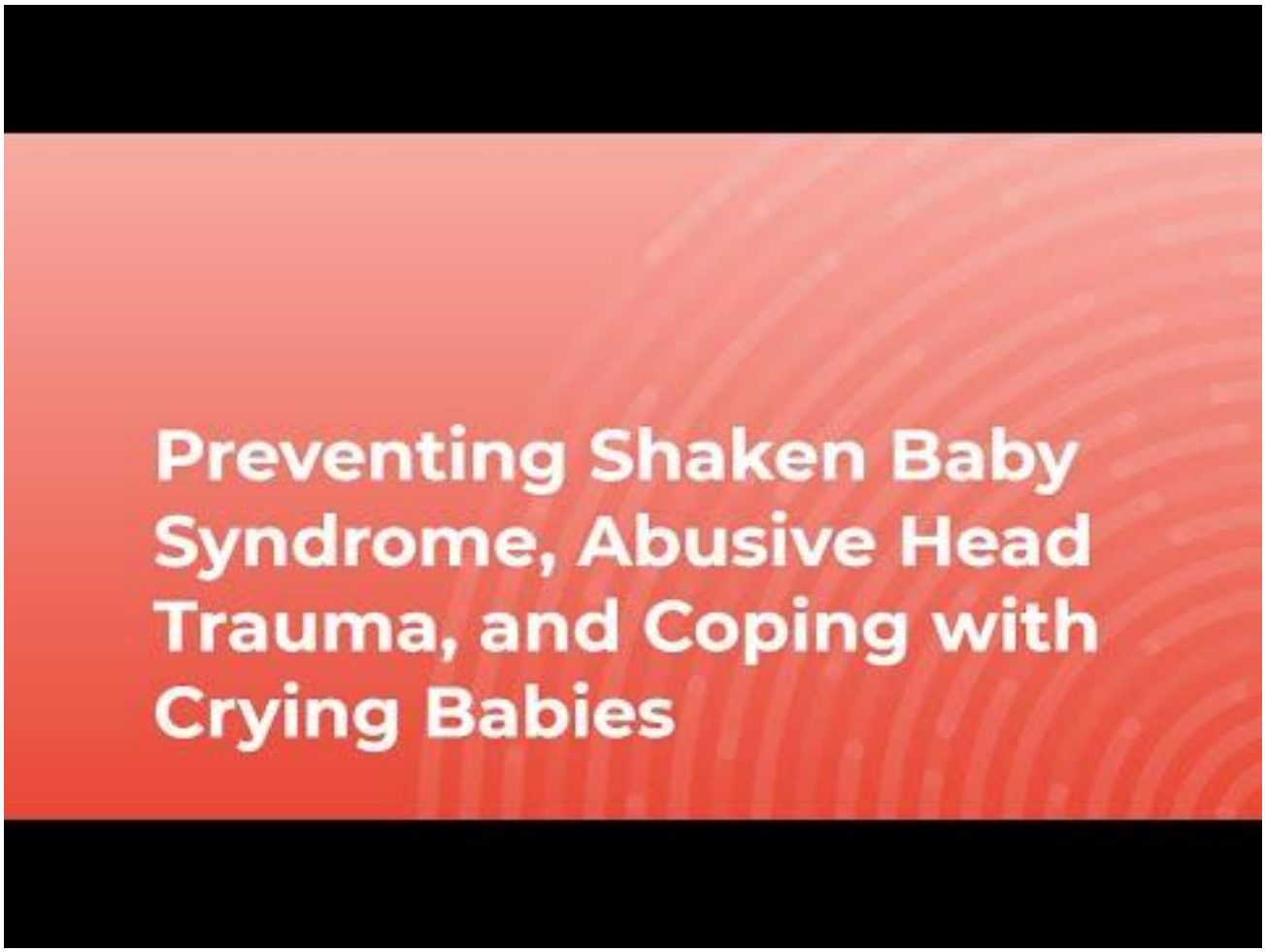
- *Unpredictability* - the act does not follow any particular behavior by the child, and may occur when the child is not misbehaving.
- *Lashing out in anger* - When we're angry our actions are far more impulsive and we are far less likely to consider consequences of our actions, even if a request is reasonable and has nothing to do with the reason for our angry state.
- *Using fear to control behavior* - Idle threats of frightening consequences that you will never carry out, do not create an environment for the child to learn to correct behavior. Children who behave because they are afraid are not really learning positive techniques for self-control. Yes, children need redirection, limits and sometimes correction, but these can be done in a way

that is conducive to the child learning how to improve his or her own behavior.

Myth #7 - Only adults abuse children. The fact is, children who have witnessed sexual or abusive situations or who have been victimized themselves are at risk for copying these behaviors with same age or younger peers or siblings. Bullying could be a sign that a child is being, or was, abused – watch for it and intervene.

SAFETY

VIDEO: PREVENTING SHAKEN BABY SYNDROME AND ABUSIVE HEAD TRAUMA (CLICK BELOW)



NOTE: You can find more information on the prevention and reporting of child abuse and neglect, including FUMCN's complete policy in partnership with FUMC, in the A room.

How You Can Help Prevent Child Abuse and Neglect

According to the US Department of Health and Human Services, Administration for Children and Families, there are 6 protective factors that can help prevent child abuse and neglect. We will look at each of them here.

Nurturing and Attachment

Nurturing and attachment are important protective factors. Parents who have positive attachment relationships with their children are less likely to abuse or neglect them. As child care providers, we can help model good attachment and encourage parents to develop strong, nurturing relationships with their children. For example, Shaken Baby Syndrome is completely preventable and can be impacted by nurturing, attachment and knowledge of child development. Home visits bring community resources to families in their homes. Health professionals provide information, healthcare, psychological support, and other services that can help people to be more effective parents and caregivers. Home visitation programs are shown to prevent child abuse in general. Because the child's father or the mother's partner often causes Shaken Baby Syndrome, they should be included in home visitation programs.

Knowledge of Child Development

Knowing what to expect from child behavior at certain developmental stages can reduce parental frustration and stress, thus reducing the chances of child abuse. Provide families with information about typical child development, have parent information nights where you either present information or have an outside presenter, or create a newsletter that gives a bit of child development information each month. Families who spend time with others who have things in common with them reduce the chances of child abuse and neglect. As a program, provide examples of positive parenting techniques, and reduce social isolation. Get involved! Provide opportunities for families to get together and socialize. After all, your program is the perfect place for them to feel a sense of community.

Providing Concrete Support

When families are struggling, it is time for you to intervene with concrete support. Make sure you are aware of all the resources available in your community, including those for food, employment, substance abuse treatment, mental health and childcare.

Building Community

Families who spend time with others who have things in common with them reduce the chances of child abuse and neglect. As a program, provide examples of positive parenting techniques, and reduce social isolation. Get involved! Provide

opportunities for families to get together and socialize. After all, your program is the perfect place for them to feel a sense of community.

Self-Confidence and Positive Attitudes

Parents who see themselves as capable and resilient are less likely to abuse or neglect their children. Encourage parents to seek support and take a positive attitude in times of stress. Sometimes a little encouragement from a trusted person can make a big difference in how parents face stressful situations and treat their children as a result.

Social Skills Development for Children

Make sure your program includes plenty of opportunities for children to develop their social skills. Children with strong social and emotional skills are better able to handle situations using their words and problem-solve on their own. This social competence can reduce some of the stressful child behaviors that can be frustrating for parents to handle. Of course, children are never to blame or be held responsible for abuse or neglect.

YOU'RE FINISHED!

THANK YOU for taking the time to complete this training! While mandated by Michigan law in compliance with our child care licence, this training also ensures that we are all unified in our understanding of health and safety protocols, expectations, and best practices.

PLEASE COMPLETE THE GOOGLE FORM LINKED BELOW INDICATING THAT YOU HAVE READ AND UNDERSTAND THE CONTENTS OF THIS TRAINING.

Please reach out to Ms. Susan at teacher.susan@fumcnpreschool.org with any questions!

CLICK HERE FOR GOOGLE FORM

CLICK HERE FOR REFERENCES