

6. Contents of first aid kit: adhesive tape, gauze pads, band aids, thermometer, rolled bandages, bandage compress, disposable gloves, instant cold packs, scissors, tweezers, first aid book, bottled water and antibacterial soap.

D. Plan for evacuation of school in emergency

Daily attendance records of children are maintained by the site coordinator of each group. Upon evacuation, the coordinator carries the attendance book out of the building with them, and leads the children out through the front door towards the "safe spot", baseball field on the side of the school. Once safely out, the coordinator confirms the number of children in attendance that were safely evacuated. The Fire/Police Departments are contacted after we have evacuated.

Evacuation Drills:

The Director/Coordinator is responsible for assuring Evacuation drills are practiced every month (last Monday of each month). The Director/Coordinator documents the date, time, exit route used, number of children evacuated and effectiveness of each drill and posts it on the wall in the classroom. The drills are held at different times of the day, alternating the exit routes in the front and back.

In The Event of a Natural Disaster, Loss of Power, Heat or Water:

Children will be evacuated to The 99 restaurant 32 Boston Post Road West Marlborough Ma, 01752. The children will remain in the care of the Coordinator and group leaders until the parents can be notified. Parents are notified by using the attendance book which contains the children's emergency information.

1. Shelter in Place:

A call to the local Police/Fire Department determines when to shelter in place or evacuate.

Tornado or high winds:

Teachers and children take shelter in games room, bottom floor of club.

Flood: Teachers and children take shelter on top 3rd floor of club.

Missing Child:

In the event of a lost/ missing child, attendance is taken immediately to check records. The remaining children are gathered together in one room with the teachers. After checking the two preschool rooms and bathrooms and the child is still not found, the site coordinator immediately informs the school age director & President of the Boys & Girls Clubs. A search of the building and outside areas would be initiated. The Director will call 911 and parents will be notified, if child is not located. If the child is located, parents will be called to inform them.

E. Injury prevention plan

1. Procedure for monitoring the school for removal/repair of hazards:
The director/coordinator checks at the end of each day for repairs that need to be made. If a problem or repair cannot be fixed by the director, and has not been rectified by the start of the next school day, the object is removed from the program area.
2. Procedures for maintaining and monitoring the injury log:
The injury and report forms are kept on file in the program area. If a child is injured while at the program, the group leader who reports the accident is the individual who completes the injury report form. The accident is entered into the log, a copy of the injury report is given to the child's parents, and a copy placed in the child's folder, all on the same day. If the signature of the parent cannot be obtained on the first day of the accident, by the completion of the next following class, it must be obtained.
3. Procedures for informing the parent of a child's injury:
Depending upon the severity of the accident, the parent will be notified at once by telephone call, or the completion of the school day.
4. Procedures for informing Department of Early Ed and Care:
If an injury requires medical attention, and a child is hospitalized, Department of Early Ed and Care will be notified immediately. A written report will be sent within 48 hours.

F. Plan for Managing Infectious Disease

If a child exhibits a fever, or voices his/her discomfort/illness, the child is taken out of the group of children, and placed with a teacher in a quiet area. The parent is then called to come and take the child home. Each parent is given a Sick Child Care Policy, which is located in the Handbook.

1. Procedures for notifying parents when a communicable disease has been introduced into the school:
A notice is posted on the classroom door, and sent home with each child.

G. Plan for Infection Control

1. All children and staff wash their hands with liquid soap and water after toileting, before handling food, or after handling school animals or their equipment. Individual paper towels are provided for each child's use.
2. Disposable gloves will be used for clean-up of blood spills and bodily fluids. Trash bags containing this, will be removed from the classroom immediately. All affected areas shall be disinfected. Used gloves shall be thrown away in a closed bag and removed from the room.
3. All staff shall wash their hands with soap and water upon entering the classroom at the start of the day.
4. All staff shall wash their hands with soap and water after cleaning up a bloodied area.
5. Soiled clothing shall be sealed in a bag, labeled with the child's name, and returned to the parent.

6. The following pieces of equipment, items, or surfaces are washed with disinfectant:
Monthly: Large school equipment / small equipment
Daily: Toilets, sinks, faucets, water table, play tables, snack tables, and counter tops.
7. The disinfectant solution we use is Zep Lemon X. At times we will use 1/4 cup bleach to 1 gallon of water. It is placed in a spray bottle, and kept on a top shelf in a closet.

H. Plan for meeting individual needs of mildly ill children while in care.

If a child exhibits a fever, or voices his/her discomfort/illness, the child is taken out of the group of children, and placed with a teacher in a quiet area. The parent is then called to come and take the child home.

I. Plan for administering medication

1. Each family will receive our policy on administering prescription and Nonprescription medicine.
2. Written parental authorization, which indicates that the medicine is for the specific child, is needed in order to administer the medicine.
3. A written order from the child's physician which may include the label on the medicine, which must include the medicine is for the specific child, and specify the dosage, number of times per day, and number of days the medicine should be administered, is needed before administering medication.
4. All coordinators and group leaders are trained annually by the health care consultant to administer medication.
5. Medicine will be kept in its original container, with the child's name, the name of the drug, and the directions for its administration. All over the counter medication must be left in their original packaging.
6. A written report shall be maintained on the administering of the medicine, for each child, which includes the time and date, the dose, the name of the staff member who administered, and the name of the child. The medication record should be made part of the child's file. This does not apply to topical medications.
7. Medicine shall be stored out of reach of the children, and under proper conditions for sanitation, preservation, security and safety. All unused medication shall be returned to the parent, when no longer needed.
8. Medication Disposal: All unused or outdated prescription medication shall be returned to the parent and documented in the child's record. When return to the parent is not possible, prescription medication will be disposed of in accordance with the Department of Public Health, Drug Control Program.

- a. Contact area pharmacies for their drug take back program. If this is not available take the following steps.
- b. The prescription drug is taken out of original container, mix the drug with used coffee grounds, placed into a disposable container with a lid or into a sealed bag. All personal information, including the Rx number are concealed by a permanent marker, or removed. The sealed container with the mixture and the empty drug container are then placed in the trash.

J. Plan for Meeting Individual Health Care Needs

An allergy chart is posted in the program area, listing any allergy or medical concerns the children may have. The chart is checked daily. If an allergy to a particular kind of food is present, snack will be substituted for another.

An individual health care plan is maintained for each child with a chronic medical condition, which has been diagnosed by a licensed health care practitioner describing the condition. This should include; The symptoms, any medical treatment that may be necessary while the child is in our care, the potential side effects of that treatment and the potential consequences to the child's health if the treatment is not administered.

Coordinators may administer routine, scheduled medication or treatment to the child with written parental consent and licensed health care practitioner authorization.

1. Coordinators must have completed training given by the child's doctor, the child's parent or the preschools health consultant, that addresses the child's medical condition medication or other treatment needs.
2. Any unanticipated administration of medication or unanticipated treatment for a non-life threatening condition, requires that the teacher must make an attempt to contact the parents, prior to administering. If the parents cannot be reached in advance, as soon as possible after such medication or treatment is given.
3. Coordinators document all medication and treatment administration in the child's medication log.
4. Individual Health Care Plans need to be updated yearly.