

FIRE SAFETY & EMERGENCY EVACUATION PLAN

Please provide the following information to establish your programs preparedness to respond to emergency situations:

- Evacuation Route

Describe your secondary means of egress: The secondary means of egress is on the side of the building close to the front. To evacuate through the secondary means of egress, students will walk the short hall to the secondary staircase, down the stairs, and straight out of the side entrance door.

Describe how children and staff will exit the building: The head teacher will exit the building down the main staircase through the front door with all the students and with the assistance of the assistant teacher. If the assistant teacher is helping students in the bathroom she will check to make sure all students are out of the bathroom and follow the class outside, making sure no students are left behind. Students are to walk to the sidewalk of Arthur Kill Road in a line.

Identify the location of all exits and fire extinguishers, and identify an assemblage (safe) area where they will remain during the emergency (or attach a floor and site plan that identifies areas and locations):

Fire extinguishers are found throughout the building, specifically one is located in the preschool under the light switch near the door. Students will remain in the lobby as a safe area during an emergency.

- Supervision of children during an evacuation

Please describe your process of accounting for each child before and after reaching your safe area:

The Front Desk Person/Receptionist/Assistant Teacher is to bring the roster and attendance sheet when exiting the building. That person is to take attendance with a head count, face count, or name count, and record the drill/alarm in the log. All children and adults must be accounted for in order to end a fire drill procedure. The Director or designated person in charge must insure everyone is accounted for, and verify the receptionist's attendance. In all non-drill evacuations, parents will be notified via both email and phone calls. A record of emails and phone calls will be kept.

- Fire drill schedule (please provide your intended fire drill schedule):

Fire drills will occur twice each month for the first 2 months of school, and once a month after.

- Process for notifying DOHMH and parents of emergency situations. Please include a description of process:

Means of communication: Phone calls will be made to parents and to the DOHMH as soon as immediate safety is secured and emails to parents will be sent out.

Individual(s) responsible for communication: The Educational Director

Timeframes for notification: DOHMH will be notified as soon as immediate safety is secured, within 24 hours. Parents will be notified by phone as soon as immediate safety is secured and follow up emails will be sent.

HEALTH CARE POLICIES AND PROCEDURES

The program's health care plan must establish policies and procedures used to assure the following:

- Method for maintaining children's health records

Initial health screening: Before beginning school, all children are required to submit a standard health form completed by the student's doctor every year.

Children's medical histories – include immunization tracking: A standard health form completed by the student's doctor must be submitted each year before each child begins. The administration will review all health forms to insure they are complete including a physical, immunizations required a lead test, and required hearing and vision tests. Incomplete forms will be returned to families to resubmit completed in order to attend school.

Process for addressing individual children's special needs and restrictions on activities: Children who have activity restrictions must receive a note from their pediatrician submitted to the school. If a child appears injured or has an activity restriction, the school has to receive clearance from a child's doctor to resume activities.

- Daily health surveillance procedures

Staff responsible for observing child's health: Lead teacher and Director

Documentation procedures for observed injuries: Teachers will keep a record log of all observations of injuries. They will fill out accident reports for all accidents and injuries that occur during school time. The lead teacher will conduct daily health checks. Children will be noted on the sign-in sheet and their attendance will be confirmed. Teachers will write concerns on the daily health check and report them immediately to the Director. The Director will follow up with the parents, and with health care consultant if needed. Children who have signs or symptoms of illness will be cared for. Children with observed injuries must have a return to school/restricted activity note from their physician. If there is suspected child abuse, the witness or person who received the disclosure will call in a report as a mandated reporter and follow up with the required written form within 48 hours. Staff members are required to inform the Director of any child with signs or symptoms of illness or child abuse.

- Procedures for supervision of ill and injured children

1. Assessment and evaluation of children: If the child (or adult) is experiencing any symptoms that signify an emergency such as loss of consciousness, trouble breathing, or seizures call 911 immediately.
Area of isolation: If there is evidence that a child has a communicable disease, that child needs to be separated from other children. The child will be assigned a member of the teaching staff or Director, and will be provided with a comfortable place to rest/read while he/she is waiting to be picked up.

Parent notification procedure: Parents will be contacted by phone. Students who are symptomatic must be picked up as soon as possible. Students will not be released to caregivers unless there is explicit parent permission.

- Procedures for providing basic first aid:

RN or LPN on staff: Yes No

If no, staff title and role of person responsible for administering first aid:

- Name: Caryl Stingo
- Title/Role: Director

Procedure: The first aid/CPR certified staff should take care of the situation. If the child is bleeding, apply direct pressure and bandage. Investigate the cause of the injury. Gloves should be worn at all times.

- Identification of staff certified in first aid and CPR

Certified staff member(s):

Certification Date:

Director, Caryl Stingo

3/24/15

Procedures for handling and reporting medical emergencies and outbreaks: If the child is experiencing any symptoms that signify an emergency such as loss of consciousness, trouble breathing, or seizures 911 will be called immediately. In all situations, the child should be cared for. If there is evidence that a child has a communicable disease, that child will be separated from other children and assigned a member of the teaching staff or Director, to care for them in a comfortable place to rest/read while waiting to be picked up. Parents will be contacted. After the student leaves, all areas the child came in contact with must be disposed of or thoroughly sanitized. The student must be cleared with a doctor's note to return to school. Parents will be notified by a newsletter regarding any outbreaks.

- Availability of medical and nursing services: We do not provide in school nursing services.
- Procedural precautions for protecting against blood borne pathogens: Implementation of Standard Precautions, which includes using protective equipment such as gloves to reduce exposure to potentially infectious bodily fluids and proper hand hygiene by staff and children.
- Location and procedures for storage of medication and first aid supplies: Inside the classroom, high enough so students cannot reach it but within easy grasp for adults. Teacher with first aid training will administer aid to those who are in need.
- Process for reporting staff illness and injuries: Staff is to submit documentation from their physician regarding serious illnesses and permission to return to work. Without written consent staff will not be allowed back to work.
- **Process for responding to child abuse/maltreatment allegations:**

Obtaining and documenting information regarding allegation: If there is suspected child abuse, the witness or person who received the disclosure will call in a report as a mandated reporter and follow up with the required written form within 48 hours. Staff members are required to inform the Director of any child with signs or symptoms of illness or child abuse. Report number and summary will be submitted to the Director as well, along with a written and dated documentation of what was observed regarding the allegation.

Assessing if there is reasonable cause to suspect if the alleged incident occurred: Err on the side of caution. If there is any reason to suspect possible child abuse, teacher can discuss the situation with the Director but should also be reported. Talk with the student as well.

Reporting the alleged incident to the State Central Register and the DOHMH – Bureau of Child Care: Staff are mandated reporters and are required to notify the director, call in child abuse reports to the State Central Registry, and send in the required follow-up LDSS-2221A form.

CORRECTIVE ACTION PLANS

All child care programs must submit a corrective action plan that identifies the steps taken to protect children in their care, in the event that a staff member: is alleged to have abused or maltreated a child, has a substantiated incident of child abuse or maltreatment, has an arrest or criminal conviction, has been involved in the death or serious injury of a child or at such time that the Department determines that corrective action is required. Corrective action plans must include the following:

- A general description of the alleged incident and the date it occurred.
- Age and gender of child/children involved.
- The staff member involved and their responsibilities related to child supervision or potential for unsupervised contact with children.
- Steps taken to protect the well being of children in your care while the alleged incident is under investigation

The Department will provide a separate guideline with more detailed information for the development, content, and submission of corrective action plans.

GENERAL SAFETY PROCEDURES:

A program's general safety procedures must provide a description of activity taken to eliminate safety hazards and provide for injury prevention. The procedures shall also include staff schedules that allow the program to maintain supervision of children at all times and comply with the staff to child ratios required by Article 47. *The plan of supervision must address both on and off site activities and include:*

- Supervision during child development activities; both recreational and academic: Children will be supervised at all times by a lead teacher and a teacher's assistant both during recreational and academic periods.

- Rest and sleep hours: 45 minutes of rest/nap time after lunch. Children will be supervised by at least one staff member while the other goes on break. Students will never be left unsupervised at any time.
- Transportation of children: Children will be transported to school privately and individually by their parents, guardians, or parentally approved personnel.
- Handling and Storage of hazardous materials and other products: All Hazardous Materials must be locked or out of reach from children at all times. All maintenance materials and cleaning supplies must be in locked closets/the designated storage area. Additionally, areas that have been recently painted, carpeted, tiled, or otherwise renovated are ventilated before they are used by children. Pesticide application is done in accordance with Article 47 and the Department of Health and Integrated Pest Management Systems. Environmental friendly and mechanical controls such as traps are preferred. Any chemical applications/gels/sprays are done when children and staff are not working, and with sufficient time for ventilation. Food areas are always protected.
- Fall Prevention Devices: Floor coverings are secured to keep staff and children from slipping or tripping

STAFF TRAINING

All program staff, volunteers, and other people who have, will have, or have the potential for substantial contact with children must be trained in Child Abuse/Maltreatment Identification and Prevention every 24 months. Infant/toddler and night staff must also receive Sudden Infant Death Syndrome (SIDS) and Shaken Baby training. All teachers must receive training in infection control and reporting infectious diseases. Additionally, all Assistant Teachers must receive a total of 15 hours of training in health and safety, and early childhood development every 24 months. Each program must provide a plan for how staff will meet the training requirements of Article 47. *The plan must include:*

- Schedule for staff training: Staff will have 4 days of professional development (PD). Documentation must be provided if they individually receive certification as a mandated reporter, CPR/first aid, infection control or other related certifications privately. Teacher's Assistants will receive 15 hours of early childhood training as part of their PD.
- The number of staff to be trained and their roles within the program: 1 lead teacher and 1 teacher's assistant. Lead teacher is also the Education Director. She fulfills the roll by being certified to handle responsibilities in areas including CPR/First Aid, Mandated Reporter (Child Abuse workshops), and Infection Control. The Teacher's Assistant will also be required to be trained in First Aid and be certified to teacher early childhood education or be on a education plan to become certified.
- Process for monitoring staff's compliance with training requirements: Staff will be required to re-submit all certifications annually to verify.