

XI. Health and Safety

The following Health and Safety standards are based on the Health and Safety regulations of the Department of Early Education and Care (formerly Office of Child Care Services) and on Caring For Our Children: National Health and Safety Performance Standards: Guidelines for Out-Of-Home Care, developed by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care. Caring For Our Children can be accessed and fully utilized on line at <http://nrc.uchsc.edu/CFOC/>. For additional information/resources on health and safety, please visit the Massachusetts Department of Public Health website at www.mass.gov/dph/.

Note: The entire Health and Safety section has been formatted as a checklist and can be used as a stand-alone section for facility checks and general supervision monitoring.

A. Health Care Consultant

The Early Intervention program has either a physician or registered nurse with pediatric or family health training and/or experience, as the program's health care consultant. The consultant assists in the development of the program's health care policy and approves and reviews the policy at least every two years. The consultant approves the first aid training for the staff, is available for consultation as needed, and approves any changes in the health care policy. The Health Care Consultant's name and contact information is readily available. (See E.1.b. of this section).

B. Health Care Policies

The program has written health care policies and procedures that protect the health and welfare of children, staff and families. All staff members are trained in such procedures and families receive copies of appropriate policies and procedures as requested. The written health care policy includes, but is not limited to, the following plans and/or procedures:

1. A plan for the management of infectious diseases. The plan includes:

- a. Criteria regarding signs or symptoms of illness which will determine whether a child or staff member will be included or excluded from activities.
 - b. Policies for when a child or staff member who has been excluded from activities may return.
 - c. Policies regarding the care of mildly ill children in attendance at a non-home-based activity including special precautions to be required for the following types of infectious diseases: gastro-intestinal, respiratory and skin or direct contact infections, until the child can be taken home or suitably cared for elsewhere.
 - d. Procedures for notifying parents when any communicable disease, such as measles or salmonella, has been introduced to the group
2. A plan for infection control. Procedures are written to include:
- a. directions for proper hand washing techniques
 - b. instructions on the care of toys and equipment
3. A plan for the control of diseases spread by blood products and body fluids. Procedures are written to include:
- a. Universal precautions, including the requirement that staff use single-use latex-free gloves when they are in contact with bodily fluids and that contaminated materials are cleaned or disposed of properly.
 - b. Annual training in blood-borne diseases including hepatitis B, C and HIV
 - c. An exposure control plan
 - d. Staff are offered a hepatitis B vaccine series at the time of hire
4. A procedure for reporting suspected child abuse or neglect to the Department of Social Services. The procedure includes assurances that:
- a. As mandated reporters all staff will immediately report suspected child abuse or neglect to the Department of Social Services pursuant to M.G.L. c. 119 § 51A, and to the program's director or designee
 - b. The program director or designee will notify the Department of

Public Health, Early Intervention Services, immediately after filing a 51A report, or learning that a 51A report has been filed, alleging abuse or neglect of a child by a member of the EI program's staff.

- c. The program develops and maintains written procedures for addressing any suspected incident of child abuse or neglect that includes but is not limited to ensuring that an allegedly abusive or neglectful staff member does not work directly with children until the Department of Social Services investigation is completed or for such a time as the Department of Public Health requires.

C. Staff Requirements

- 1. Within the first six months of hire, all direct care staff members obtains and maintains current certification in CPR that specifically addresses infants and toddlers. The CPR curriculum includes the management of a blocked airway and rescue breathing.
- 2. Within the first six months of hire, all direct care staff members obtain and maintain current certification in pediatric first aid. The core elements of pediatric first aid training are outlined in Caring For Our Children, Standard 1.027.
- 3. Prior to the initiation of any direct contact with families, new staff, regularly scheduled volunteers and student interns must present to the program director evidence of:
 - a. A physical examination within one year prior to employment. The physical examination is valid for two years from the examination date and will be repeated every two years thereafter.
 - b. Immunity for measles, mumps, and rubella in accordance with MDPH regulations. (See www.mass.gov/dph). Such evidence is not required of any person who states in writing that vaccination or immunization conflicts with his/her sincere religious beliefs, or if it is medically contra-indicated.
 - c. Negative Mantoux TB test in accordance with current Department of Public Health regulations

d. Statement of physical limitations in working with children.

4. A CORI evaluation is completed on, and documented in the personnel file of each person with the potential for unsupervised contact with children in accordance with current DPH requirements 105 CMR 950.: Criminal Offender Record Information Checks

D. Staff Health and Safety

1. The program provides for the reasonable safety of staff while providing services. This may include recommendations to staff regarding phoning families before visits, providing staff in-service training on safety issues.
2. The program provides updated information to staff regarding communicable diseases, preventive health policies, and environmental health risks.
3. The program provides a copy of the Health and Safety section of these standards at annual staff trainings on health and safety issues.

E. Community Based Program Policies

Early Intervention services, not including those services provided in children's homes, are provided in settings that are safe, that support the optimal development of infants and toddlers, and that are conducive to community collaboration. Such settings are welcoming to young children and their families, and are often part of a naturally occurring family routine. It is critical that settings where young children spend time be carefully evaluated to ensure the health and safety of children, staff, and families participating in EI activities

1. All EI programs, regardless of where activities take place, must have the following information readily available:

a. The current DPH Early Intervention program certification **and**

The Department of Early Education and Care (EEC) (formerly OCCS) license or written documentation of exemption. The program must be licensed by EEC if it meets the current EEC requirements. If the program does not meet these requirements and does not have an EEC license, an Early Intervention Program facility check must be completed by DPH for any site where non-home based services are provided. It is the program's responsibility to notify EEC in the event their status changes and licensing is required. For a lead site, the Early Intervention Program facility check must be completed. For a shared or participatory site, the Community Group Facility Approval Form must be completed when caregivers will not be present.

b. There is a telephone/intercom system readily available for emergencies. The following information is immediately visible at each telephone:

the name, and telephone number of the health care consultant; the telephone numbers of the

fire department

police department

Poison Control Center

ambulance service

nearest emergency health care facility

DPH central and regional offices

telephone number and address of the program, including the location of the program in the facility

c. Location of the health care policy and first aid kit.

d. Updated allergy and/or other emergency medical information for each child.

e. Emergency preparedness plan.

f. Evacuation procedures next to each exit.

g. Diapering and toileting procedures.

h. Weekly snack menu. (Not required if provided by individual parent for his/her own child.)

i. Current activity schedule.

j. Behavior management policy.

- k. The Program maintains daily attendance records for EI-enrolled and community children that indicate each child's attendance, arrival and departure times.
2. EI staff obtain or have access to information from parents regarding:
- a. The child's daily schedule, developmental history, sleeping and play habits, favorite toys, accustomed mode of reassurance and comfort
 - b. Procedures for toilet training of the child, if appropriate
 - c. The child's eating schedule and eating preferences, where appropriate, including handling, preparation and feeding for unique dietary needs
3. The program has written procedures in place to be followed by EI staff to communicate with parents on a regular basis.
4. The program has written procedures to be followed in case of illness or emergency. These procedures include method of transportation and notification of parents, as well as procedures when parent(s) cannot be reached. In addition programs shall obtain:
- a. An emergency phone contact for every child whose caregiver is not present
 - b. An emergency contact for caregivers who are present
 - c. Written parental consents for emergency first aid and transportation to a specific hospital in emergencies
 - d. Written parental consent specifying any person authorized to take the child from the program or receive the child at the end of an activity
 - e. If parent not present, parental permission must be obtained for child to participate in activities at various community locations (e.g. library, playground)
 - f. Additional parental consent for any field trips not on list above
5. The program maintains adequate first aid supplies and

has a procedure for the use, storage and transportation of first aid supplies. A portable first aid kit must accompany staff on all non-home based activities. (See Standard 5.093, First Aid Kits, Caring For Our Children).

6. The program has a written injury reporting policy that includes, but is not limited to:
- a. An injury report that includes the name of child, date, time and location of accident or injury, description of injury and how it occurred, name(s) of witness(es), name(s) of person(s) who administered first aid or medical care and first aid or medical care required
 - b. The written policy for informing parents, in writing, within 24 hours, of any first aid administered to their child and immediately informs them of any injury or illness that requires care other than first aid
 - c. The assurance that the injury report shall be maintained in the child's file
 - d. The maintenance of a central log or file of all injuries which occur during program hours and the policy for periodically monitoring the safety record of the program to identify problem areas

The following sections apply only when services are being provided in a lead site (as defined in Section II of these standards).

- There is a staff person certified in first aid and CPR on site when children are present.
- The program has a procedure for the care of mildly ill children at the site. The plan shall include, but not be limited to, meeting individual needs for food, drink, rest, play materials, comfort and appropriate indoor activity.
 - (1) The program shall provide a quiet area for mildly ill children.
 - (2) Where mildly ill children are cared for in a separate space or room, the program is permitted to care for mixed age groups of children, provided that the staff ratio for the youngest child in the group is met at all times.

(3) Staff who are assigned to care for mildly ill children in a separate space or room are trained in the following areas:

- (a) general practices and procedures for the care and comforting of the mildly ill children
- (b) recognition and documentation of symptoms of illness
- (c) taking children's temperature

- e. The program does not permit smoking in the EI site.
- f. The program does not permit hot liquids in the presence of children.
- g. The program has developed procedures for injury prevention and management of medical emergencies during field trips.
 - The program ensures that a first aid kit and the list of emergency numbers for the children are available on any field trip.

7. The program has a written plan for administration of medication. The program may accept written parental authorization for specific non-prescription topical medications to be administered.

a. Topical medications such as petroleum jelly, diaper rash ointments, and anti-bacterial ointments which are applied to wounds, rashes, or broken skin must be stored in the original container, labeled with the child's name, and used only for that individual child.

b. Topical medications such as sunscreen, bug spray, and other ointments which are not applied to open wounds, rashes, or broken skin may be generally administered to children with written parental authorization.

8. The program develops with the family a written medical care plan for meeting individual children's specific health care needs, including the procedure for identifying children with allergies and protecting children from exposure to foods, chemicals, or other materials to which they are allergic.

9. The program has written Preventive Health Care Procedures which address the following:

a. The program does not admit a child or staff member who has a diagnosed communicable disease (which cannot be contained by Universal Precautions) during the time when it is communicable. The program notifies all parents and participants when any communicable disease, such as measles, mumps and chicken pox has been introduced to the group.

b. The program monitors the environment daily to immediately remove or repair any hazard that may cause injury.

c. The program keeps all toxic substances, poisonous plants, medications, sharp objects, matches, and other hazardous objects in a secured place out of reach of children.

d. Program health records include each child's annual physical and immunization records. (See Appendix Z, Caring For Our Children).

(1) All children enrolled in EI are up to date on immunizations according to the recommendation of the Massachusetts Department of Public Health, unless the child's parent has stated in writing that vaccination or immunization conflicts with his/her sincere religious beliefs or if the child's physician has stated in writing that the vaccination or immunization is medically contraindicated.

(2) The program enrolls a child in community-based Early Intervention activities only if provided with a written statement from a physician which indicates that the child has had a complete physical examination (which includes screening for lead poisoning) within one year prior to admission, or obtains one within one month of admission or obtains written verification from the child's parent(s) that they object to such an examination on the ground that it conflicts with their sincere religious beliefs.

(3) All EI-enrolled children are screened for lead at least once between the ages of nine and twelve months and annually thereafter until the age of

thirty-six months. For all children enrolled in Early Intervention prior to nine months of age, a statement signed by a physician that the child has been screened for lead is obtained by the EI program.

10. The program has written procedures for regular toileting and diapering of children and for disposal/cleaning of soiled clothing, diapers and linens. The program maintains at least one toilet and washbasin in one or more well ventilated bathrooms.

a. Handwashing procedures are posted. (Handwashing Procedure, Standard 3.021, Caring For Our Children).

b. A diapering plan is posted. (Diaper Change Procedure, Standard 3.014, Caring For Our Children).

c. There is a disposable diapering surface.

d. There is a covered, lined trash container for soiled diapers.

e. When adult toilets and washbasins are used, the program provides non-tippable stairs to permit access by those children who are able to use them. In addition to toilets, portable “potty chairs” may be used in the bathroom or separate room for children unable to use toilets.

f. Potty chairs, if used, are cleaned and disinfected after each use.

g. If cloth diapers are used, a flush sink or toilet for rinsing diapers and a hand washing facility is provided convenient to the diaper changing area.

h. Special handrails or other aids shall be provided if required by special needs children.

i. The program provides both hot and cold running water in washbasins and for water used by children.

j. There is a temperature control to maintain a hot water temperature at no more than one hundred twenty (120) degrees Fahrenheit.

11. Food provided at the site is nutritionally and developmentally appropriate for children.

a. The program follows parental or physician’s orders in preparation or feeding of special diets to children and follows the directions of the parents in

regards to any food allergies of the child or where vitamin supplements are required.

- b. The program prepares nutritious and tasteful snacks in a manner that makes them appetizing.
- c. The program stores, prepares and serves all food and beverages in a manner that ensures that it is free from spoilage and safe for human consumption.
 - The program provides refrigeration and storage for food at not less than 32°F or more than 45°F for food requiring refrigeration.
 - The program stores all food in clean, covered containers.
 - The program disposes milk, formula or food unfinished by a child.
- d. The program provides tables and chairs for use by children while eating which are of a type, size and design appropriate to the ages and needs of the children. When feeding tables or highchairs are used, they are designed to prevent children from falling or slipping. The program washes and disinfects the tables or highchair trays used by the children for eating before and after each meal. The eating area is clean, well-lit and well-ventilated.
- e. The program provides eating and drinking utensils that are appropriate to the age and developmental needs of the children.
 - (1) Eating and drinking utensils are free from defects, cracks and chips.
 - (2) Disposable cups and plates may be used, but if plastic silverware is used, it shall be heavy duty and dishwasher safe.
 - (3) All reusable eating and drinking utensils are thoroughly washed and sanitized before reuse.
- f. The program provides a source of sanitary drinking water located in, or are convenient to, rooms occupied by children.

12. Requirements for Pets

- The program selects pets for the center that are developmentally appropriate for children. Before children are exposed to any animal, staff shall consider the effect on children's health and safety, with special attention to children with

compromised immune systems and other vulnerabilities. **Under no circumstances should children come into contact with reptiles at the EI program.** (See Public Health Fact Sheet – Salmonellosis from Reptiles, www.mass.gov/dph).

13. Physical Facility:

All lead sites must have the following:

(1) A current Building Certificate of Inspection. The Building Certificate of Inspection:

is signed by the building inspector in conjunction with the local fire inspector

states capacity of room

lists an expiration date.

If the program site offers toddler groups (without caregivers present), the Building Certificate of Inspection:

is specific to those rooms used for services and

specifies “Code I-2 Usage” (indicating children under 2.9 years) and “E Usage” (children over 2.9 years) or states “infants and toddlers.”

The certificate of inspection certifies that the program’s site complies with the State Building Code (780 CMR 633.0)

(2) Documentation that the site is lead free.

(a) For a facility built prior to 1978, the program provides evidence of a lead paint inspection from the local board of health, or the Massachusetts Department of Public Health, or a private lead paint inspection service and compliance with 105 CMR 460.000 (Department of Public Health Prevention and Control of Lead Poisoning regulations).

(b) For a facility built after 1978, the program provides documentation of the construction date.

(c) The program removes and covers any chipping, flaking or otherwise loose paint or plaster.

(3) Programs are required to have at least one site that is accessible as defined in the Americans with Disabilities Act (ADA). The site must be accessible in all areas (including bathrooms) to children, staff and caregivers. If not accessible, an action plan with timelines to address the deficiency is filed with the Department of Public Health.

The program has at least one site that is accessible as defined in the Americans with Disabilities Act **OR**

The program has an action plan with timelines to address the accessibility issue.

(4) The program has a policy and procedures for regularly scheduled evacuation drills.

The program holds practice evacuation drills at least every other month, at different times of the group schedule.

The program documents the date, time and effectiveness of each drill.

The program develops specific procedures to be followed for evacuating children with disabilities, and for infants and toddlers.

The program develops specific written contingency plans and procedures to deal with fire, natural disasters, and loss of power, heat, or water.

There is documentation that each staff person has participated annually in at least one evacuation drill.

(5) The program facilities are asbestos safe.

(6) Indoor space meets the following requirements:

The program shall have a minimum of 40 square feet of **activity space** per child, exclusive of hallways, lockers, wash and toilet rooms, isolation rooms, kitchens, closets, offices or areas regularly used for other purposes.

There is a comfortable, non-intrusive space where parents and visitors can observe play groups.

The exit from each room is clearly marked and clear of obstructions.

(a) Floors of rooms used by children are clean, unslippery, smooth and free from cracks, splinters and sharp or protruding objects and other safety hazards.

(b) Ceilings and walls are maintained in good repair, and are clean and free from sharp or protruding objects and other safety hazards.

(c) All steam and hot water pipes and radiators are protected by permanent screens, guards, insulation or any other suitable device which prevents children from coming in contact with them.

(d) All electrical outlets that are within the reach of children are covered with a safety device when not in use. If the covering is a shock stop, it shall be of adequate size to prevent a choking hazard.

The play space is well-ventilated.

(e) Room temperature in rooms occupied by children are maintained at a draft-free temperature of not less than sixty-five (65) degrees Fahrenheit at zero degrees temperature outside; and at not more than outside temperature when the outside temperature is above eighty (80) degrees Fahrenheit.

(f) There is designated space, separate from children's play or rest areas, for administrative duties and staff or parent conferences.

There is an individual workspace for each fulltime staff person.

(g) There is sufficient space, accessible to children for each child to store clothing and other personal items.

(h) The interior of the building is clean and maintained free from rodents and/or insects. The program employs integrated pest management as necessary, and notifies families in advance of any pest management that is planned.

(i) The program provides suitable guards across the insides of any windows that are accessible to children and present a hazard. The program provides suitable guards across the outside of basement windows abutting outdoor play areas.

(j) Guards are placed at the top and bottom of stairwells opening into areas used by children. **Pressure gates may not be used at the top of stairs.**

(k) Routine, major housekeeping activities such as vacuuming, washing floors and windows are not be carried on in any room while it is occupied by children.

(l) The program provides a barrier, such as a door or gate, which prevents children's access to the kitchen while unsupervised.

(m) The kitchen is maintained in a sanitary condition and garbage receptacles used in the kitchen are emptied and cleaned daily.

(n) All toileting and diapering areas are away from food handling areas.

(o) The program maintains eating areas that are sufficiently large to fit tables and seats for children eating in an uncrowded manner, and are clean, well-lit and ventilated.

(p) Working smoke detectors are present.

(q) Fire extinguishers are present and are
 accessible and charged.

(r) Automatic sprinkler system is present (not required).

7. The program maintains, or has access to, an outdoor play area of at least 75 square feet per child using it at any one time, including those with disabilities. (The outdoor play area is not a requirement when children are in attendance at the program site less than 4 hours per day). Outdoor play areas are accessible to young children and to children with disabilities.

(a) The outdoor play area is accessible to both direct sunlight and shade.

(b) The average width of such a play area is not less than eight feet.

(c) The outdoor play area is free from hazards including but not limited to: a busy street, poisonous plants, water hazards, debris, broken

glass, and any such hazard is fenced by a sturdy, permanently installed barrier which is at least four feet high or otherwise protected.

(d) If the outdoor play area is located on a roof, it is protected by a non-climbable barrier at least seven feet high.

(e) The outdoor play area is not covered with a dangerously harsh or abrasive material and the ground area under swings, slides climbing equipment, seesaws, etc., is not paved or is covered with mats.

(f) Pea gravel and wood chip nuggets are not used.

(g) The ground area and fall zones under swings, slides, and climbing structures are covered with an adequate depth of an impact absorbing material.

14. Equipment:

a. The program uses only equipment, materials, furnishings, toys and games that are appropriate to the needs and developmental level of the children. They are sound, safely constructed, flame retardant, easily cleaned, and free from lead paint, protruding nails, rust and other hazards that may be dangerous to children.

b. The program keeps all equipment, materials, furnishings, toys and games clean and in safe workable condition.

c. Equipment is sturdy, stable and non-tippable.

d. Water play containers and toys are sanitized daily.

e. Some materials and equipment are visible and readily accessible to the children in care and shall be arranged so that children may select, remove and replace the materials either independently or with minimum assistance.

f. There is adequate storage for playgroup materials and equipment.

g. The program provides equipment and materials that reflect the racial and ethnic composition of the children enrolled.

15. Transportation:

a. EI Staff members are familiar with DPH Transportation Standards

- b. Transportation drop of point is
 - off street with loading/unloading zone **OR**
 - on street with enforces designated parking space for handicapped loading/unloading
- c. There is adequate, interior protected, secure storage space for car seats.
- d. The car seat storage space is readily accessible to drivers.
- e. The drop off point is within view of program staff or there is a system for drivers to communicate (i.e., buzzer).
- f. Staff meets transportation vehicles at the drop off point.
- g. Transportation concerns are promptly reported.