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**Staff Handbook – Sample**

**NOTE: All items in RED are required by licensing. Make sure you are reviewing your copy of the ND Early Childhood Services Rules while creating your program’s handbook. These are suggestions for creating your document and it is your responsibility to tailor it to align with your own program and be knowledgeable of the content.**

**It is advisable to have a resource binder for each classroom that has additional handouts for each topic.**

**Part One: Welcome to Our Program**

**Welcome**

* Include a ‘welcome’ paragraph

**Mission and Philosophy of the Program**

* Your program mission statement should be clearly defined. What is your purpose and what are your goals for the children and families in your program?

**Hours/Days of Operation**

List your program’s hours of operation. List all days/holidays you will be closed.

**Hiring Staff**

* List the hiring practices/policies for staff
	+ Educational requirements
	+ Continuing education requirements
	+ All staff must have CPR and First Aid
* How you obtain references and employment histories of staff members
	+ All staff are background checked and fingerprinted
* Staff under the age of 18 will be under the supervision of a staff over the age of 18 and will not be left alone with children.
* Describe programs performance evaluation procedure.
* Explain that your program will not discriminate based on age, gender, race, religion, national origin, marital status, veteran status, or disabilities.
* All staff members must complete an Authorization for Background Check and fingerprinting.
* List the program’s educational requirements for staff and continuing education requirements. These can be found in the ND Rule specific to position/type of facility
	+ All staff are required to have current CPR and First Aid certification within 90 days of employment and prior to staff member having unsupervised access to children under car.
	+ Each staff member must certify completion of Department approved Getting Started course within first 3 month.
	+ Completion of one hour on sudden infant death (SIDS) prevention prior to the staff member having unsupervised access to infants
	+ Staff must certify attendance at the specified amount of minimum department-approved training annually
* List the staff/child ratios for each group of children you care for and maximum group size requirements
* Staff members ensure safe care for children under supervision.
* A job description should be provided, reviewed, signed, and placed in the employee’s file.

**Orientation**

* Licensing requires all new employees of child care programs have a two-day, on-site orientation to the child care program during the first week of employment. Please explain your program’s orientation process.
* Items include:
	+ Program policies and licensing regulations
	+ Confidentiality of records, information, and photos
	+ Hand washing and sanitation procedures
	+ Individual child needs: health, nutrition, special needs
	+ Emergency health, fire & safety procedures handling and storage of hazardous materials
	+ Medication administration policies
	+ Child abuse and neglect laws
	+ Process for reporting and complaint or suspected licensing violation
	+ Transportation and child passenger safety, if applicable
* Additional recommended orientation topics – see checklist on Child Care Aware of ND website <https://ndchildcare.org/providers/staff.html>
	+ Infant Sleep – (recommend first day)
	+ Diapering
	+ Supervision
	+ Positive Discipline
* If your program has a coaching/mentoring process, explain how you match the new employee and mentor and the expectations of both employees.

**Grievance Policy**

* Create a flow chart showing your program’s chain of command. It refers to the different levels of command within your program in order to flow instructions downward and accountability upward by providing each level of workers with a supervisor. It provides a base for the grievance process.
* Explain your process for handling complaints/concerns
	+ Example: If you have any concerns or complaints about the program, please address them with the director as soon as possible. If you have a serious complaint that you feel is not being addressed, you may contact the licensing specialist,\_\_\_\_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_ (insert name and phone number)

**Media Release**

* It is recommended to have a written permission form on file for all children in order to have their picture taken. Pictures of the children are taken quite often for room display, bulletin boards or sometimes media. Children cannot be photographed without a permission form from their parent/guardians.
* **At no time** should staff take pictures of children and post them to their personal social media sites.

**Visitors**

* Explain your policy for allowing visitors in the building such as all visitors are required to check-in, so staff know who is always in the building. Explain visitor approval process.
* Explain that parents have unlimited access and at times may need to alert the program they would like to come in dependent on what may be going on in the program/community.
* Security Door Protocol – procedure for staff to follow when answering the door, questioning unknown visitors.
* All visitors will not be allowed unsupervised access to the children.

**Meetings**

* It is recommended to hold monthly staff meetings. It is also recommended to note that attendance at the meetings is mandatory.

**ND Early Childhood Services Rule**

* It is expected that all employees will be knowledgeable in the ND Child Care Rules specific to your license type.

**Part Two: Benefits**

**Insurance**

* If your program provides insurance list the type/availability guidelines.

**Child Care Benefits**

* If your program provides for free or discounted child care tuition for the children of staff, please explain the details.

**Paid Vacation**

* Explain your vacation policy.

**Paid Holidays**

* List all paid holidays.

**Sick Leave**

* Explain how your program handles sick leave.

**Bereavement Leave**

* List how many days are given and qualifications to use bereavement.

**Jury Duty**

* Explain how your program handles jury duty.

**Part Three: Professionalism**

**Confidentiality and Right to Privacy**

* Explain that each employee’s records will be kept confidential.
* Explain your policy on gossip and only sharing information on a need-to-know basis.

**Confidentiality**

* All records, photos and information with respect to children receiving child care services are kept confidential.
	+ Explain that due to the sensitive nature of information you will know as a teacher, it is extremely important to keep sensitive information confidential. Information should be shared on a ‘need to know’ basis only.
	+ Sensitive information should not be shared in any public area of the program.
	+ Explain your social media policy.
	+ When documenting/discussing information on a child be sure not to include the names of other children.

**Mandated Reporter**

* Licensing requires all staff members are mandated reporters and they will report any suspected child abuse or neglect as required by North Dakota Century Code 50-25.1-03.

**Professional Demeanor**

* Explain the importance of using good judgment in each employee’s behavior.

**Explain your Dress Policy/Personal Belongings**

* Examples could be:
* Jewelry – should be conservative.
* Shoes must be neat and in good repair. Tennis shoes or flats are best since you are expected to engage the children in activities.
* Clothing – should be clean and in good repair. Clothing must be appropriate to engage children in all types of activities throughout the day. Clothes that are too revealing should be avoided. Clothes that have graphic designs should be avoided.
* Let staff know if they will be provided agency clothing.
* Provide information on where staff can store personal belongings (personal belongings must be kept out of reach of children)

**Nametags**

* If applicable, explain the importance of wearing employee nametag/identification.

**Smoking**

* Smoking is not permitted on the child care facility premises or during breaks off premises. To prevent third-hand smoke exposure, anyone who smokes is required to keep and wear clean clothing at the facility that has not been worn when individual was smoking and was not kept in an environment where smoking occurs.
* Cigarettes and lighters should not be stored in an area accessible to children.
* Recommend staff hair is pulled away from face so children cannot touch it.

**Fragrance**

* Limit or prohibit use of perfumes, scented lotions, etc.
* Explain policy on not having room fresheners, wax warmers, diffusers, oils, etc.

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**Food and Hot Beverages**

* Food brought from home may not be eaten in the presence of the children. Please consume all outside food on your designated lunch break.
* Staff should avoid drinking hot beverages around the children to avoid possible burns.
* All other beverages should be kept in a closed container away from children.
* Keep in mind any allergy restrictions when bringing food into the program (peanut free zones, etc.)

**Screen Time**

* It is recommended to not use screen time or at least limit it to very special occasions. If the screen time is used it is recommended on a very limited basis (20 minutes at a time) and age appropriate content.

**Phone Use**

* Explain program policy on personal cell phone use during child care hours
* Personal cell phones are occasionally used for emergency purpose.
* Discuss program’s policies on appropriate phone etiquette to use when answering program phone
* Outline procedures for taking and relaying messages

**Staff Schedules**

* Explain where schedules are posted and when they are posted
* Discuss policy on breaks/lunch (how long, where they can be taken)
* List the procedure for requesting time off
* Discuss your policy on signing in/out
* Explain your policy on having an alternate staff when you are absent

**Sick Time**

* Explain your procedure for staff sick time.
* It is recommended to have a policy for excessive absences that leads to disciplinary action.

**Payroll**

* Explain when pay periods are and how funds will be distributed.
* If your program offers direct deposit; explain the process to set it up.
* Explain process yearly reviews/increase in pay.

**Conduct**

* It is recommended to list offenses that may occur that would require immediate disciplinary action and quite possibly, termination.
* Discuss probation period
* Explain if your program does observations, goal setting, etc.

**Conflict Resolution**

* Create a policy for resolution of staff/staff, staff/parents, staff/director, etc.

**Part Four: Program Policies**

**Supervision**

* Children must always be accounted for.
* Supervision means a staff member responsible for caring for/teaching children being within sight or hearing range of an infant, toddler or preschooler at all times so the staff member is capable of intervening to protect the health and safety of the child. For the school-age child it means a staff member being available for assistance and care so that the child’s health and safety is protected. It is recommended to have children within sight AND hearing for all ages.
* Ensure that children do not depart from the child care premises unsupervised, except when the parent and provider consent that an unsupervised departure is safe and appropriate for the age and development of the child. The provider shall obtain written parental consent for the child to leave the child care premises unsupervised, which must specify the activity, time the child is leaving and length of time the child will be gone, method of transportation and parental responsibility for the child once the child leaves the child care premises.
* Children are never to be left unsupervised for the staff to leave the room. Discuss policy for when staff need to leave their room.
* Discuss expectations for staff on playground, eating, routine care, play, mealtimes, transition times, walks, field trips, when children use the bathroom independently, etc.
* Always consider supervision when arranging room and positioning staff in the classroom.

**Discipline and Guidance**

* Licensing requires you to have a written policy regarding discipline/guidance and that plan will be interpreted to staff before they begin working with children.
* Guidance must be constructive or educational in nature and may include diversion, separation from the situation, talking with the child about the situation or praising appropriate behavior.
* Explain the importance of never using physical punishment
	+ Examples could be any type of physical punishment, withholding things such as food, physical restraints (cannot use highchairs, pack and plays, or other restrictive environment), etc.
	+ If you do use time out explain how you expect it to be used (never on a child under age 2, one minute per age of the child, etc.)
* Explain the importance of tone/volume of voice and staying positive

**Curriculum**

* Describe the curriculum the program follows
* The program must provide and post a written daily routine of individual or small group activities appropriate to age and needs of children.
* The program must include activities that foster social, intellectual, emotional and physical growth.
* If applicable, explain the expectations of lead teachers and assistant teachers as far as planning time lesson plans which may include planning of transitional activities, diversity, family activities, primary caregivers and parent teacher conferences, etc.
* For more information consult the North Dakota Core Competencies for Early Education and Care Practitioners manual. <https://www.nd.gov/dhs/info/pubs/docs/cfs/nd-core-competencies-early-educ-care-practitioners-rev3-17-10.pdf>
* Additional topics to consider addressing:
	+ Interest Areas and Learning activities
	+ Organizing and Displaying materials
	+ Language Development and Literacy activities
	+ Interactions with Children
	+ Free play and whole group activities
	+ Assessment and Planning for Individual Needs
	+ Creative Art/Music activities

**Equipment, Materials and Purchasing**

* Explain teacher’s roles in rotating resources
* It is recommended to list an expecting rotation schedule such as ‘toys, books and wall display must be changed at the very minimum on a monthly basis”.
* If applicable explain how resources/equipment are purchased.
* Do individual classrooms have a monthly/yearly budget?
* Do classrooms keep an ongoing wish list and turn it in to the director at specified times?
* Discuss room arrangements, setting up interest areas in classroom/outside area.

**Daily Schedule**

* A copy of the rooms daily schedules must be available to parents/guardians
* It is recommended to explain that daily schedules are very flexible and used for a guideline for infants.
* The daily routine fosters development of good health habits, self-discipline, adequate indoor/outdoor play, rest/sleep with time and opportunity for various experiences.
* The environment protects children from physical harm without restricting physical, intellectual, emotional, and social development. Environment and interactions requirements are complied with and reviewed.

**Outdoor Play**

* Define clear expectations for staff/child activities and interactions (roaming playground, not sitting on benches, not on phone, counting children, returning equipment to where it should be stored).
* Share your outdoor policy according to the day’s outdoor temperature. National Standards for Child Care recommend that children are taken outside when temperatures are above 15 degrees F (wind chill or temperature) and below 90 degrees F (heat index). Use caution when temperature/wind chill is 0-15 degrees F.
* Recommend a health care provider’s written order if parents request that their child does not go outside for play.
* Staff and children need weather appropriate clothing and shoes (rubber soled, closed toe, back strap, etc.) for active play.
* Make sure a first aid kit will always be accessible outside.
* Bring a variety of indoor play activities outdoors (art, reading, music, dramatic play, blocks, etc.) make sure you are following licensing requirements for square footage and number of children.
* Define a schedule for each classroom to have outdoor play.
* Create a non-mobile infant activity kit for outdoor play.
* For more guidance refer to the Health and Safety checklist at: <https://ndchildcare.org/providers/health-safety.html>

**Arrival and Departure**

* List procedure for arrival and departure (parent/guardian/approved adult must walk child to and from the facility at arrival and departure, helping them with their coats, helping them wash their hands, verbal exchange with parents required at both arrival and departure to ensure staff are aware child has arrived and has departed and essential information is exchanged.
* Parents should remove their infant from the car seat as well as any outerwear upon arrival.
* Upon departure parents should secure the child into their car seat.
* If the program suspects the person picking up the child is under the influence, staff will call one of the alternative people the parent has listed to transport the child.
* Explain the importance of signing in and out:
	+ Explain the sign in/out procedure. Consider using an electronic system for more accurate and consistent information.
	+ Keep written log of attendance as back-up in an emergency in the event the electronic system is not working.
* Explain that staff must greet parents and children
* Procedure for staff to follow if staff are made aware that anyone picking up the child has failed to provide a car seat/seat belt for their child.

**Accountability**

* Program must establish procedures for when a child fails to arrive as expected
* If a child will not be attending or child is going to be more than 10 minutes late, the parent must notify the program. The director/staff member **(program designates responsibility**) will call the parent or emergency designee if the parent cannot be reached.

**Communication**

* List expectations for communication between parents and staff
* Staff should learn all parent names for their classroom
* A parent may request a daily report for the child/children including details regarding napping, eating and diapering.
* Identify where parent information boards are located. It is recommended to have a parent board for each classroom to communicate with parents and a program information board located near the entrance of the building for general information.
* List other forms of communication such as newsletters, e-mails, texting, etc.

**Authorization to Pick Up a Child**

* Only the authorized people listed on the Child Information Sheet may pick up the child from the program.
* Staff must ask unknown adults for a photo ID before releasing the child/children to them
* Explain the process to release the child(ren) to adults not on the list
* If there is a court order (such as a divorce settlement or restraining order) that limits the rights of one of the child’s biological parents to pick up child(ren), they must provide the program with a copy of that court order. Unless court order is provided, both parents have legal rights to access child/children.
* Let staff know if there is an age requirement for picking up children (example: Must be 18 years or older).

**Toilet Training/Learning**

* It is recommended to have discussion with parents before starting. It is important to consider if the child is developmentally/physically ready (toileting readiness checklist); importance of consistency between home and child care, etc.
* Do not leave them unsupervised in case they need guidance or need assistance.
* It is important to ask parents to provide several changes of clothing as well as undergarments in case of accidents.
* It is not recommended to allow underwear until the child has mastered toileting. Sanitary conditions cannot be maintained if children are having more than an occasional toileting accident while in childcare.

**Sensory Tables**

* Sensory tables are not recommended to use with children under 18 months of age.
* Only sand or water is recommended to use with toddlers.
* If water is used, it should be safe to drink, drained and sanitized daily.
* Only use approved play sand
* Plain dirt should be used instead of potting soil containing harmful chemicals.
* It is not recommended to use food as a sensory material.
* Children’s hands should be washed before and after use.
* It is recommended to keep floors dry and swept under and around sensory tables.
* Uncooked kidney beans are toxic to a child. Do not use in sensory play, art, shakers, etc.

**Pets**

* If your program allows pets, explain that all North Dakota Early Childhood Services Rule must be followed.
* If staff would like a pet for their classroom, they must get approval from the director
* Children are not allowed to do the cleaning and feeding of pets
* Chemicals/supplies/food for a pet cannot be within reach of the child
* The program shall ensure parents are aware of the presence of pets and animals in the child care.
* Parents must be notified immediately if a child is bitten or scratched and skin is broken
* The operator shall ensure that indoor and outdoor areas accessible to children are free of animal excrement
* Explain procedure if a visitor brings in an animal for show and share
* Any pet brought to the program would have to follow the guidelines for pets that would be a part of the program.
* Explain handwashing procedure for handling pets

**Clothing**

* Explain that parents are responsible for providing extra clothing (appropriate size and for the season) for each child in case they become soiled.
* Explain to staff when children should change clothing (i.e. Wet from handwashing/drool/liquids; soiled from lunch or outdoor play, art activities, etc.)
* Staff should notify parents when the child needs additional clothing, seasonal change, or size change.
* Share with staff where child’s extra clothing is stored in an enclosed container
* Discuss with staff the location and policy for extra clothes provided by the program

**Personal Possessions**

* Explain the programs storage of personal belongings and how storage is labeled
* Explain your policy for toys brought from home
	+ Most programs do not allow this due to the possibility of the toy being broken or misplaced. The exception to this rule could be nap or comfort items or toys brought specifically for show and share.

**Field Trips**

* If your program will be going on field trips, explain the permission slip policy and any fees for the field trip
* Explain how children will be transported to/from field trips. (walking/driving)
* It is our policy that staff will take along a first aid kit, recent photo of each child, emergency contact information and any emergency medication along with a copy of the care plan for children with special needs

**Transportation**

* Explain your transportation policy (maintain child/staff ratio, not on cell phone, no music, children are not allowed to eat while transporting) if you provide any type of transportation.
* Children will never be left in a vehicle unattended
* Children will be placed in age appropriate, compliant child safety restraints
* It is recommended to label each car seat with the child’s name and contact information in the event of an accident when transporting.
* Staff should have knowledge on proper usage and installation of car seats. (Check with Safe Kids or ND Department of Health for training information)
* Explain the insurance coverage your program carries if transporting and any additional program policies such as all drivers must be at least 18 years of age or older
* Recommended to have a first aid kit along when transporting
* Keep vehicles locked when not in use/safety locks engaged when moving
* Provide a daily vehicle safety check before transporting
* Check all vehicles for children and belongings before exiting

**Part Five: Heath, Safety, and Emergency Procedures**

**Incident Policy**

* Explain when incident reports will be written up, when parents will be called and when emergency services will be called
* Require that the child care center inform parents in writing of any first aid administered to their child within twenty-four hours of the incident, immediately notify parents of any injury which require emergency care beyond first aid, and require each injury report to be made a part of the child’s record.
* Staff should inspect and maintain first aid kits at least monthly or when needed to replenish
* Report to director/supervisor immediately:
	+ A death or serious accident or illness requiring hospitalization of a child while in the care of the child care center or attributable to care received in the child care center
	+ An injury to any child which occurs while the child is in the care of the child care center and which requires medical treatment
	+ Poisonings or errors in the administering of medication

**Emergency Procedures**

* Licensing requires you have written plans to respond to emergencies and that parents are advised of those plans.
* Each room must have a first aid kit, emergency contact information and a list of attendance.
* The program will determine if they will shelter in place or seek shelter in an alternate location. Discuss how staff will communicate with families during an emergency.
* Staff should create activity kits to entertain children if need to evacuate classroom
* It is always recommended for children to keep shoes on in case of emergency
* Emergency procedures should cover such things as:
	+ Fire
	+ Tornado
	+ Flood
	+ Explosions
	+ Intruder/Hostage Situation
	+ Leaks and Spills
	+ Missing Child
	+ Threatening Messages
	+ Utility Disruptions
	+ Bomb Threats
	+ Lockdown/Lock Out
* For more information refer to Child Care Aware of North Dakota at: <https://ndchildcare.org/providers/emergencies-disasters.html>

**Children with Special Needs**

* Explain that all children with diagnosed special health needs are required by licensing to have a written current health care plan signed by a parent/guardian.
* The operator shall ensure staff members responsible for caring for children receive proper instructions as to the nature of the child’s special needs
* Information will be confidentially posted in each classroom regarding all children in the classroom who have special needs. Create a clipboard for children with special needs: <https://www.youtube.com/watch?v=cMzgDisXdKI>
* The original care plan should be kept in the child’s file in the office
* Copy of health care plan should be stored with emergency medication
* Emergency medication and/or equipment included in a child’s care plan should be provided by the parent, so it is available when the child is in care. If not provided, program will need to call 911 or have an emergency plan in place.
* Recommended staff check emergency medication monthly and notify parents of expired medication.

**Staff with Special Needs**

* Explain that it is recommended/desired for staff to disclose if they have a chronic health condition that may require emergency care – such as a food allergy, diabetes, etc.
* If the staff member has emergency medication, it is recommended at least one staff member know where medicine is kept in case it is needed.
* Emergency medication is recommended to be kept unlocked and out of the reach of children.
* It is up to the staff member to share any medical information. Programs are not allowed to mandate that staff disclose if they have a chronic health condition.

**Mealtimes**

Supervision is the most important aspect of mealtimes. Always keep children in sight and preferably within reach.

* You must offer nutritious varied diets according to the children enrolled
* Children in care for more than 3 hours shall receive a snack or meal
* Children in after school care are served snacks
* Daily or weekly menus must be posted
* Adaptations concerning special food requirements and request from parents.
* Children are encouraged to eat but coercion or force feeding is never allowed
* Discuss how food allergies will be handled and posted for staff.
* Discuss procedure if your program practices family style dining
* Discuss rules for food brought from home (special diet, special events, birthdays)
* Meal and Snack Preparation Guidelines: <https://ndchildcare.org/providers/health-safety.html>
* Setting Table video: <https://www.youtube.com/watch?v=RGJOjV3JCR0>
* Safe and Sanitary Ways to Serve Food: <https://www.youtube.com/watch?v=ZbXSCzXIeDw>
* Sanitizing Food and Prep Area video: <https://www.youtube.com/watch?v=YJIPQn3wQbU>
* 7 Things to Remember When Serving Food video: <https://www.youtube.com/watch?v=EGj4VyjrruY>
* Mealtime Opportunities video: <https://www.youtube.com/watch?v=yFcF-YfF29I>
* Children should sit when they are eating or drinking to prevent injuries and choking.
* All highchairs are required to have safety straps and a crotch bar/strap and must be used and adjusted to fit the child properly.
* Explain how meals are prepared (onsite or catered)
* Food supplied must meet USDA requirements
* Food must be properly stored, prepared, served in sufficient amounts, served at appropriate scheduled times.
* Staff and children must wash hands before and after eating and food prep.
* Any surface used for food prep or eating must be washed and sanitized before and after eating.
* Wash table legs, chair seats/frame, highchair legs/seats/frame with soap and water to remove any food. Wash safety straps on highchairs and infant/toddler chairs as needed.
* Bibs are recommended to use for young children to protect the children’s clothing. If bibs are used, they should be removed and laundered after each use.
* It is recommended for staff to check children if they have food in their hair or on their faces after they are done eating. Staff should clean those who cannot help themselves. If washcloths are used, each child should have their own and laundered after use. Washcloths do not replace handwashing.
* It is recommended for staff to sit with the children and talk with them during mealtimes - discuss the food being served, plans for the day, manners, etc.
* Serving bowls/containers are recommended to keep covered
* It is recommended to place food on a barrier such as a paper towel/napkin, dishware, etc., instead of directly on the table/highchair tray. Paper barriers should not be used with infants. Disposable utensils, cups, dishware are not recommended to use with children under 3 years to prevent choking and injury.
* Gloves or utensils should be used when serving food. If gloves are used, they should be discarded after use and not reused.
* If serving utensils fall on the floor, it is recommended to rinse or replace with clean item.
* Explain procedure for cleaning children, tables and floors after a meal/snack is served.
* Labeled water bottles/cups and should be emptied and sanitized daily.
* Sippy cups of milk and juice should be emptied and washed after each use.
* Children should not be allowed to walk around drinking water to prevent potential injuries.

**Infant Feeding/Bottle Prep:**

* Only breastmilk or formula may be fed to infant less than 6 months old, unless otherwise instructed in writing by the infant’s parent or medical provider.
* Solid food/cereal cannot be added to bottles unless a written order from the infant’s medical provider is obtained.
* Infants must be within sight and hearing when eating/drinking.
* Bottles should be labeled with infant’s name and when bottle was offered.
* Staff must wash their hands before preparing a bottle.
* Clean and sanitize counter before preparing a bottle.
* How to Prepare a Bottle video: <https://www.youtube.com/watch?v=coOzwdt7-eQ&t=12s>
* Water from a sink that is not used for diapering/toileting is recommended to use for bottles/infant cereal/drinking. If there is only one sink in classroom, it is recommended to fill a jug of water from the kitchen daily. The sink faucet and handles are recommended to be disinfected between diapering and bottle/food prep.
* Infants should be held when drinking a bottle. If infants can hold their own bottle, infants can feed themselves if they remain in sight and sound. Licensing does not allow bottles to be propped.
* If infants feed themselves a bottle, it is recommended to elevate the infant’s head and to keep the infant within arm’s reach.
* Bottles of formula are required to be discarded after one hour.
* It is not recommended to heat bottles in a microwave.
* If a crockpot is used to heat bottles of formula, the crockpot is recommended to be emptied and sanitized daily. It is important to make sure the crockpot and the cord to the crockpot are out of the reach of children.
* It is important to place bottles out of the reach of children when done feeding to prevent infants drinking other infants’ bottles.
* It is important to talk to parents before starting any solid food.
* It is not recommended to feed directly out of the container of food unless the infant eats the entire container. Once a container is opened, it is recommended to use within 24 hours.
* For infants starting table food, it is very important to cut food into ¼" pieces and make sure food is cooked/soft to prevent choking.
* For more information on infant feeding: <https://ndchildcare.org/providers/infant-toddler-care.html>

**Breast Milk Policy**

* All breastmilk is recommended to be labeled with the child’s name and date expressed. It is important to make sure breastmilk is given to the correct child. If breastmilk is mistakenly given to the wrong infant, notify the director/supervisor immediately.
* Bottles of breastmilk are recommended to be discarded after one hour.
* Breastmilk is recommended to be heated separately in an individual container of water or a bottle warmer.
* Thawed breastmilk must be used within 24 hours. Unused thawed breastmilk must be discarded or sent home with parent.

**Nap and Rest Time Policy**

* List nap/rest time schedule for children.
* Advise staff which items are supplied by your program and which items families are to supply
* Nap items must be stored separately
* That aisles between cots/mats are a minimum space of two feet and are kept free of all obstructions while cots/mats are occupied. It is recommended to space cot/mats at least 3 feet apart, as well as alternate head to foot.
* Explain expectations what staff are doing during rest time (not on phone, could be used for planning time). Children must always be within hearing or vision.
* Mats and cots must be cleaned at least weekly and after each use if used by different children. They must always be cleaned when soiled.
* Parents/guardians are responsible for washing child’s nap items at least weekly or sooner if soiled.
* Discuss options for non-nappers
* If music is played for nap/rest, it is recommended to play relaxing, child-friendly music at a low volume.
* It is recommended that child/children have assigned rest spots.
* Staff should sit by children while they transition to sleep and comfort by rubbing their backs, with written permission from parents.
* Lighting can be reduced for nap/rest time but needs to be kept light enough for visual checks and emergencies.
* More guidance offered on Child Care Aware of ND website

**Infant Sleep Policy**

* Explain that all infants under the age of 12 months will be placed completely flat on their backs for sleep in a safety approved crib or pack and play.
* The infant’s face must remain uncovered when sleeping.
* If parents request their infant is placed in an alternate sleep position or in another device/equipment for sleep, parents must provide a written order from a health care provider stating justification for the request.
* **If an infant falls asleep while not in a crib or pack and play (ex. in a bouncer), the infant must be moved IMMEDIATELY to crib or pack and play.**
* Written parental permission is required to use a blanket, sleep sack, security item, or pacifier.
* Conduct visual checks every 10-15 minutes. Staff are recommended to walk up to every crib/pack and play to see infant’s skin color, check breathing, make sure head/face is uncovered, etc.
* If infants are sleeping in another area, a monitor must be used.
* Headbands, bibs, necklaces, hooded sweatshirts, and hats should be removed before laying an infant down for sleep.
* Pacifiers will be checked for cracks/tears before use. No stuffed animals/toys should be attached to the pacifier. Pacifier clips should be removed for sleep.
* Blankets are not recommended, but if a blanket is allowed by program, it is recommended it is a thin blanket, and parents must have given written permission. The blanket should be placed only nipple high on the infant, with the infant’s arms above the blanket. The blanket should not be close to the infant’s face or under the infant. Tuck the blanket in on sides and bottom if possible, to secure the blanket.
* Swaddling is not recommended, but if the program allows and is requested by the parents, blanket should only be placed as high as the infant’s shoulders. Swaddling is recommended to be discontinued once an infant reaches 2 months or sooner if showing signs of rolling.
* Sleep sacks are recommended over blankets. Sleep sacks with arms panels can be used but should be discontinued once an infant reaches 2 months of age or sooner if showing signs of rolling. A sleeveless sleep sack should be used instead.
* Nothing can be attached or hung on the sides or over a crib/pack and play when an infant is placed in the crib/pack and play.
* Cribs and pack and plays must be cleaned at least weekly, sooner if soiled. See cleaning instructions for pack and plays on [www.ndchildcare.org](http://www.ndchildcare.org) website.
* Sheets must fit properly; mattresses must maintain shape and lay flat when sheets are used. Sheets must be laundered at least weekly, sooner if soiled. Sheets must be changed between children. Sheets are not required if they do not fit properly.
* The mattress/floor of the pack and play should be secured using the Velcro/snap straps provided by the manufacturer. The mattress/floor of the pack and play should lay completely flat and touch all four corners of the frame. Only the mattress/floor of the pack a play provided by the manufacturer can be used.
* Make sure all items are out of the reach of infants when they are placed in crib/pack and play.
* The provider shall ensure that there is a minimum of two feet of space between cribs or pack and plays to minimize the transmission of illness.
	+ In infant rooms with non-mobile infants, the cribs or pack and plays may be lined up end-to-end with a solid barrier between the ends, and a 2 feet space between aisles.
	+ In infant rooms where the infants can pull themselves to standing, there must be a two feet aisle all around the crib or pack and play.
* Review safe sleep practices with all new employees, subs, or volunteers when they enter the classroom.
* Staff must have completed the Sudden Infant Death (SIDS) training to be left alone with infants
* How to Set Up Pack-N-Play video: <https://www.youtube.com/watch?v=VARYce1bbis>
* Creating a Safe Sleep Environment video: <https://www.youtube.com/watch?v=lTmjWsdDPec>
* Daily Use of Pack-N-Play Checklist video: <https://www.youtube.com/watch?v=8YDuivnKg08>
* Monitors and Visual Check video: <https://www.youtube.com/watch?v=Weba7pUswCU>
* Preparing an Infant for Sleep video: <https://www.youtube.com/watch?v=gmiG19lV5Ls>
* Choosing and Using Blankets video: <https://www.youtube.com/watch?v=SmEFjc0AR2k>
* Swaddling video: <https://www.youtube.com/watch?v=XPx7MGmsLCc>
* Sleep Sacks video: <https://www.youtube.com/watch?v=pAjBA4DN_aU>

**Guidelines for Ill Children**

* Exclusion is recommended when the child is no longer able to comfortably participate in activities or the child needs greater care than the child care staff can provide, therefore compromising the health and safety of the other children, fever above 100.4 with behavior changes, when stool cannot be contained in diaper, with two or more episodes of vomiting within the last 24 hours and abdominal pain. For information on specific illness exclusion please refer to the resources at [www.ndchildcare.org](http://www.ndchildcare.org/).
* Explain that your program can override a health care provider’s orders based on your program’s policies.
* Parents must notify the program when child is ill.
* Explain procedure that will be followed if children become ill while at the program.
* Director must be notified of any illnesses.
* Determine who is responsible for taking a child’s temperature.

**Handwashing Policy**

* List when staff members, children, parents and visitors must wash their hands. Refer to the “When to Wash Hands” handout from Child Care Aware for recommendations on handwashing.
* Hand soap and sanitary hand-drying equipment, single-use or individually designated cloth towels, or paper towels must be available at each sink.
* Providers use of Gloves: Wash hands immediately after removing gloves even if hands are not visibly contaminated. Use of gloves alone will not prevent contamination of hands or spread of germs and should not be considered a substitute for handwashing.
* Washcloths do not replace handwashing. If washcloths are used, each child must have their own individual cloth. Washcloths should be laundered after each use.
* Hand sanitizer cannot be used for food service/before eating or after diapering/toileting.
* If hand sanitizer is used, it must be kept out of the reach of children and used only with close supervision to ensure children use it properly and do not rub it into their eyes or put in mouth. Hand sanitizer can be toxic to a child.
* It is recommended to obtain written parental permission before using hand sanitizer on a child. See [www.ndchildcare.org](http://www.ndchildcare.org) for OTC products permission form
* Hand sanitizer is not recommended to use on child under 2 years old.
* If a sink is not available for handwashing, use a baby wipe to clean hands.
* Please review handwashing procedure with children often. Supervise children whenever able to ensure they are washing properly.
* Infant Handwashing How-To Video: <https://www.youtube.com/watch?v=pgjBUiYVxLY>
* Older Child Handwashing Video: <https://www.youtube.com/watch?v=6AhK12Jfhfk>

**Diapering and Toileting**

* Supervision is the most important aspect of diapering/toileting. Staff must keep one hand on a
* whenever a child is placed on an elevated surface.
* Use diapering and toileting routine care as a time to communicate and provide one-on-one interactions with children.
* Staff are responsible to notify parents when additional supplies are needed.
* Diapering
	+ Gather supplies and prepare before you get the child
	+ Gloves are recommended, but not required
	+ Explain your procedure step-by-step. Refer to the procedure on [www.ndchildcare.org](http://www.ndchildcare.org)
	+ Link for visual diapering procedure <https://ndchildcare.org/file_download/433a152c-cc50-471e-b681-18c51bf32a74>
	+ Always remember to wash the child’s hands, wash your hands and disinfect the diapering pad/surface after every diaper change.
	+ Link for diapering video: <https://www.youtube.com/watch?v=TZB1Q9qfByI>
	+ Powder is not recommended to use.
	+ Written parental permission is required for prescription diaper cream/ointments. Written parental permission is recommended to apply OTC diaper cream/ointments.
	+ Always keep products to be applied to a child’s bottom out of the reach of children.
* Diapering While Standing
	+ Gather supplies and prepare before you get the child if possible
	+ Follow the same steps as when you are changing a child’s diaper laying down.
	+ Explain your procedure step-by-step. Refer to the procedure on [www.ndchildcare.org](http://www.ndchildcare.org)
	+ Link to standing diapering poster: <https://ndchildcare.org/file_download/28eac167-1e79-436f-a9fe-732223e0cb9d>
	+ It is important to place all soiled items directly into a covered garbage for diapers/pull-ups only or in a plastic bag. Soiled items should not be placed on the floor. If soiled items are placed on the floor, the floor should be disinfected.
	+ If you want children to dress themselves, it is important to place a barrier on the floor to prevent their bare bottom from touching the floor. A barrier such as paper, single use towel, etc. can be used.
	+ Link for diapering while standing video: <https://www.youtube.com/watch?v=01VeNAZnDZA>
* Toileting
	+ Once a child has mastered toileting, it is still recommended to be aware of when children use the bathroom, so you can be available in case they need help or to prevent unwanted behavior.
	+ Ask children once they have exited the bathroom if they have washed their hands and if they have flushed the toilet.
	+ Check bathrooms after they have been used to see if toilet has been flushed, toilet seat is not soiled with urine or poop, paper towels were thrown in the garbage, etc.
	+ Keep bathrooms stocked with supplies – toilet paper, paper towels, soap, etc.
	+ Toilet seat does not have to be disinfected after every use but should be disinfected if soiled with urine or poop.
	+ Safety proof the bathroom – keep chemicals, plastic bags, etc., out of the reach of children.
	+ Soiled clothing should be directly placed in a plastic bag, tied shut, kept out of the reach of children, and sent home with parents to launder.

**Handling Body Fluids**

* Treat urine, stool, vomitus, blood, and body fluids as potentially infectious. Spills of body fluid should be cleaned up and surfaces disinfected immediately.
* Explain procedure for when gloves should be worn (first aid, diapering, bodily fluids with visible blood). Wash hands after you remove your gloves
* Explain procedure for an exposure incident
* Refer to the “Cleaning Up Body Fluids” handout from Child Care Aware for additional information
* For laundry items soiled with body fluids, it is recommended to wash items as appropriate in accordance with the manufacturer’s instructions. Items should be laundered in the warmest appropriate water setting and dried in a dryer completely.

**Medication Policy**

* Explain your medication policy thoroughly. Licensing requires written parental permission to give prescription, over-the-counter medication and over-the-counter products. It is recommended to obtain written instructions from a health care provider
* Permission to give a medication “as needed” is not recommended.
* Licensing requires that medication be properly stored/inaccessible to children, in a spill-proof container.
* Programs should only accept medication in its original container.
* Expired medication should be sent home with parents to discard.
* Medication and over the counter products are required to be labeled and have child's name on product.
* Learn where medications are stored (locked area, out of the reach of children). Emergency medications should be stored in an accessible area out of the reach of children. Staff should know where medications are stored. Storage area for medications should be labeled.
* Be sure to discuss health concerns or medications with families in private.
* Check the 5 “Rights” before giving the medication:
	+ Right child
	+ Right medication
	+ Right dose
	+ Right time
	+ Right route (ex. where do the drops go – ears, eyes, nose?)
* Wash hands before administering the medication (and after) – wear gloves for applying topical medications. Do not touch medication with hands.
* Observe child closely for a reaction and report any side effects from the medication
* Document administration of medication by date, time, dose, route, and signature on the medication log -- also document if a medication was not given and the reason why it was not given
* The program will include completed medication records in the child’s file.
* When no longer needed by the child, or when the child withdraws from the program, all medications should be returned to the child’s parent/guardian or disposed of after an attempt to reach parent/guardian.
* <https://ndchildcare.org/providers/health-safety.html>

**Cleaning, Sanitizing, and Disinfecting**

* Explain procedure and frequency for cleaning, sanitizing, and disinfecting items, and surfaces. Must include bathrooms, tables, chairs, floors, cots, mats, etc.
* Spray Bottles
	+ Designate staff to prepare all spray bottles
	+ Label all spray bottles
	+ If a spray bottle of soap and water is used, it can used until gone.
	+ Bleach solution must be mixed daily to be effective.
* Cleaning:
	+ These are the items that should be cleaned: cots/mats, cribs, pack and plays, large toys, infant equipment (exersaucer), cupboards, walls, shelves, toys that are not mouthed, pacifiers, chairs, containers for toys, garbage cans, etc. These items should be cleaned at least weekly, sooner if soiled
* Sanitizing:
	+ Explain what product the program uses as a sanitizer. State the contact time required before wiping
	+ Surfaces/items should be washed with soap and water before applying the sanitizer
	+ These are the items/surfaces that should be sanitized: mouthed toys, any surface used for food service/preparation, highchair trays, etc
	+ Mouthed toys should be removed and placed in a container.
* Disinfecting:
	+ Do not use a disinfectant on anything that is going to be mouthed by a child or used for food preparation/service. It can leave a harmful residue.
	+ Explain what product the program uses as a disinfectant. State the contact time required before wiping.
	+ Surfaces/items should be washed with soap and water before applying the disinfectant.
	+ It is recommended to have separate spray bottles of soap and water for diapering/bathrooms to prevent cross contamination.
	+ These are the items/surfaces that should be disinfected: toilets, diapering surface/pad, sinks/faucets/handles, phones, door/cupboard door handles, garbage cans used for toileting/diapering, items/surfaces contaminated with urine/blood/poop/vomit.
	+ Sinks should be disinfected if they are used for handwashing before food prep/service, eating or toothbrushing.
	+ Bathrooms (sinks, toilets, surfaces, floors) should be disinfected at least daily. Toilet seats/floors should be disinfected if soiled with urine/poop.
	+ Diapering pad/surface must be disinfected after every use.
* Cloth items:
	+ Pillows should be cleaned weekly, sooner if soiled.
	+ It is recommended to cover all pillows with removable cases to make laundering easier.
	+ Launder soft items weekly. If mouthed, launder after use.
	+ Any sheets covering mattresses in soft areas should be laundered at least weekly, sooner if soiled.
	+ Dramatic play clothes are recommended to be laundered weekly.
	+ Cover any soft furniture with removable covers if possible.
* Floors:
	+ Clean floors daily
	+ It is recommended to steam clean carpets in infant rooms monthly and other classrooms every 3 months.
	+ Rugs should be cleaned as needed.
	+ It is recommended for staff to wear “clean” shoes in the infant room(s) to prevent contaminating the carpet.
* Chemical safety:
	+ Keep all chemicals out of the reach of children. Post poison control number in case of exposure/ingestion.
	+ Keep chemicals in their original containers, except for bleach solution.
	+ Always read the instructions on the label before using.
	+ Make sure all surfaces and items are completely dry before a child uses them
	+ Do not spray chemicals around children if possible. Move them to a different area. Make sure to direct spray away from children’s direction.

**Safety**

* Check room daily before children arrive to check for any safety hazards. For daily health/safety checklist: <https://ndchildcare.org/providers/health-safety.html>
* Make sure blind cords are tied up, outlet safety covers are in place, etc.
* Check furniture often to make sure it is intact, sturdy, hardware in place, hardware not protruding, etc.
* Check toys/materials for choking hazards using a toilet paper tube in classrooms where there are children under the age of 3 years.
* Check plastic containers used for toy storage to make sure they are not broken/cracked causing sharp edges.
* Check toys often for broken pieces, rust, sharp edges, loose stitching, etc.
* Make sure rugs lay flat to prevent tripping or secure edges to floor.
* Stacking chairs can be hazards. If stacking, do not stack very high and turn chairs toward the wall to reduce climbing or chairs falling forward.
* Balloons should not be used with children under 8 years of age.
* Finger-pinch protection devices/guards are recommended to be used wherever doors are accessible to children.
* Staples, push pins, tacks, are not recommended to use to display items within reach of children under 3 years of age.
* Safety straps should always be used when a child is placed in a piece of equipment. Straps should be adjusted to fit each child.
* Make sure batteries are not accessible to children. If the item/toy contains a battery, make sure it is securely enclosed. Button batteries are very dangerous.
* Make sure cords to CD players, radios, etc., are secured to wall to prevent child from pulling item down or putting around neck. Make sure charging cords are not accessible to children under 3 years of age.
* No plastic bags, Styrofoam, or foam objects are accessible to children under 3 years of age.
* Climbing equipment (including slides) used indoors or outdoors over 18” should be placed over protective surfacing. For more information about protective surfacing contact your health consultant.
* Staff are not recommended to step over gates to prevent falls.
* In rooms with children under 3 years of age, strings/cords on toys are 12” or shorter, straps on hats and guitars are removed, purse/bags with straps are tied, telephone cords are out of reach.
* Magnets are not recommended to use with children under 6 years of age.
* Wall mount any shelving or furniture that could be a tipping hazard.
* It is recommended to check the outdoor playground or public playground for safety hazards before using. <https://ndchildcare.org/providers/health-safety.html>
* For more information on toy safety: <https://ndchildcare.org/providers/infant-toddler-care.html>
* If plants are in the classroom, make sure they are nontoxic.

 For plant guide: <https://ndchildcare.org/providers/health-safety.html>

* Make sure art supplies are nontoxic and are labeled “conforms to ASTM D-4236" or have the “AP” seal from the ACMI. For more information on art supplies: <https://ndchildcare.org/providers/health-safety.html>
* Common Health Care and Safety Concerns in Child Care video: <https://www.youtube.com/watch?v=PNehFyQGVfk>

**Aquatic Policy**

* Staff must always closely supervise the children with any water play. Children must always remain in sight and preferably within reach if possible.
* Program must have parent permission and a description of their child’s swimming ability in writing before the program will allow their child to use the swimming/wading pool.
* List all types of water play provided at the childcare program (ex. Swimming, wading, sprinklers, field trips to pools, etc.)
* All pools must be cleaned and sanitized daily when used and must be approved yearly by the local health unit.
* Recommended children wear life jackets
* Be mindful of children with special needs
* Be sure to have appropriate staff to child ratios for swimming/wading activities. A lifeguard is not considered staff and cannot be considered in ratio. Recommended ratios: 1:1 for infants/toddlers, 4:1 for preschool, 6:1 for school age.
* Check with your local pool for ratio requirements for child care programs
* Non-potty-trained children should wear swimming/water diapers.
* Children with diarrhea or open sores should be excluded from pool use.
* When children change clothes before/after swimming, close supervision should be provided to prevent tripping/falls or sitting on benches or on the floor with bare bottoms.
* Provide the opportunity for children use the bathroom before getting into the pool.
* Staff must be dressed appropriately for water play and must get into the water with the children if needed.
* Apply sunscreen if water play is outside.
* For more information and permission form: <https://ndchildcare.org/providers/health-safety.html>

**Conclusion**

**Please sign the attached forms that document your understanding of the enclosed policies.**

**By signing this contract, employees and director agree to abide by the written policies as stated in this handbook.**

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Director’s Name (print) Director’s Signature Date

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Employee’s Name (print) Employee’s Signature Date