



Illness & Injury Prevention Plan

(Including Outdoor Play Safety Procedures)

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Purpose of Illness and Injury Prevention Plan

Bright Start is committed to providing a safe environment for all employees and children. Both children and staff need to be safe and healthy in order to teach, learn, and develop their full potential. It is the responsibility of all staff members to learn the techniques and procedures for protecting the lives, the health, and the safety of every child in care, themselves, and fellow employees or visitors to Bright Start. Adherence to this plan will reduce the risks to children and staff members at Bright Start.

Health Policies

Daily Health Check

Every staff member must be trained in performing daily health checks, which are daily intake procedures to appraise each child's health and to ascertain recent illness or injury in the child and/or family members. Daily health checks reduce the likelihood of transmission of communicable diseases in child care settings and enable the caregivers to plan for necessary care while the child is at Bright Start.

Every day, a trained staff member shall conduct a health check of each child. This health check shall be conducted as soon as possible after the child arrives at Bright Start and whenever a change occurs while that child is in care. The health check shall address:

- General appearance (excessive crying, unable to move, lethargic, no appetite, vomiting, diarrhea, etc.) or changes in behavior or appearance from behaviors observed during the previous day's attendance;
- Breathing (breathing fast, difficultly breathing, sucking in around ribs, flaring nostrils, and/or persistent cough, wheezing)
- Skin Coloring (pale, gray, flushed, yellowish, hot/cold clammy skin) or Irritations (rashes, sores, swelling or bruising, itchy skin, itchy scalp, or (during a lice outbreak) nits; or skin doesn't spring back when pinched
- If there is a change in the child's behavior or appearance, elevated body temperature, determined by taking the child's temperature;
- Complaints of pain or of not feeling well;
- Other signs or symptoms of illness (such as odors- breath smells foul or fruity, stool smells foul, drainage from eyes, nose, ears, &/or mouth, vomiting, diarrhea, etc.);
- Reported illness or injury in child or family members since last date of attendance.

Procedures for Children That Are Ill

If a child arrives at Bright Start with any of the following symptoms, he or she shall not be allowed to attend for that day:

- Temperature over 100°F;
- Recurrent vomiting or diarrhea;
- Any symptoms that indicate signs of a possible infectious disease, as set forth in the Virginia Department of Health's current communicable disease chart.

If a child comes down with a fever of 100° or higher, he or she must be picked up. The child shall remain in the designated quiet area until leaving the Center.

If a child vomits or has diarrhea while at school, the parents will be notified and given the details about any accompanying symptoms. The child must be picked up as soon as possible if he or she vomits or has diarrhea three times during the day. The child shall remain in the designated quiet area until leaving the Center.

If a child is sent home with a fever or recurrent vomiting or diarrhea, he or she must be fever free and/or symptom free without the use of any medication for at least 24 hours before returning to the Center. We reserve the right to request a physician's note when there is any doubt about contagious symptoms being transmittable to others. Please speak with the Director before asking a parent for a note.

If a child develops symptoms of a communicable disease during the course of the day while attending Bright Start, he or she shall be taken to the office and encouraged to rest on a cot. The child must be picked up as soon as possible. He or she shall remain in the designated quiet area until leaving the Center.

Virginia law requires that parents be notified if their child is exposed to a communicable disease. Whenever we are aware of any such possible exposure, we will post notices in the Center. If anyone in a home has a reportable communicable disease, if a child is exposed to a communicable disease, or he or she is infected with a communicable disease, parents must let us know as soon as possible, so we can advise families of other children that may have been in contact with a child. Exclusion from school for exposure to a communicable disease shall be determined on a case-by-case basis.

Administering Medication

When administering medication, our primary concern is the health and safety of the child. Only staff who have been properly trained will administer prescription and over the counter (age appropriate) medications and only with written consent by the parent or legal guardian.

We will only administer non-prescription medication consistent with the manufacturer's instructions for age, duration, and dosage. Please note that some over the counter medications are labeled for infants or children, but the dosage chart may specify that the medication cannot be used for children under a certain age or may only be used under the direction of a physician. Bright Start will follow these instructions by the manufacturer and will not accept any over the counter medication that is not consistent with the particular child's age or weight.

All medications must be in the original containers with the prescription and/or direction label attached. We will not administer expired medication.

We will keep a record of medication given to any child at the Center. These records shall include the following information: the name of the child to whom medication was administered; amount and type of medication administered to the child; the day and time the medication was administered to the child; the staff member administering the medication; any adverse reactions; and any medication error. Parents must be informed immediately of any adverse reactions to medication administered or any medication error.

Sunscreen: With written parental consent, children 6 months and older may have sunscreen applied to exposed skin, except eyelids, 30 minutes before exposure to the sun and every 2 hours while in the sun. Sunscreen preparations shall be applied according to the instructions provided by the manufacturer. Sunscreen brought to the Center shall be in the original container, hypo-allergenic, and have a minimum of SPF-15 and will be pooled in each classroom unless there is a specific reason to keep a child's sunscreen exclusive to that child. Sunscreen that is to be kept specific to a particular child shall be maintained in the original container, labeled with the child's name, and kept separately from the pooled sunscreen.

Diaper Cream: Diaper cream will be applied as directed by parents with a signed permission form. Diaper cream shall be maintained in the original container and labeled for the individual child and used only on that child. A record shall be maintained that included the child's name, the date and frequency of use, and any adverse reactions. Parents must be notified immediately of any adverse reactions.

Prescription diaper cream must be administered in the same manner as other medications. A medicine authorization form, which is different than the standard diaper cream permission form, will need to be filled out and all procedures described above regarding prescription medications must be followed.

Handwashing

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infections. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care centers. Thorough hand-washing with soap for at least 20 seconds using comfortably warm, running water removes organisms from the skin and allows them to be rinsed away.

Help make hand washing a habit that is established as a part of normal daily routine. Modeling is the strongest teacher for children. Each time you prepare to fix or eat a meal or snack, or help a child in the bathroom, explain that you need to wash your hands while you are washing them.

To encourage children to really use soap and wash their hands, you might wish to develop a ritual of smelling little hands to see if you can smell soap. Comment on how clean their hands look and how good they smell if you know they have washed them.

All staff and volunteers shall wash their hands at the following times:

- Upon arrival for the day or when moving from one child care group to another;
- Before and after:
 - Eating, handling food, or feeding or helping children with feeding;
 - Giving medication;
 - Playing in water that is used by more than one person;
- After:
 - Diapering;
 - Using the toilet or helping a child use the toilet;
 - Contact with bodily fluids (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouths, or from sores;
 - Handling pets and other animals;
 - Cleaning or handling the garbage.

Children's hands shall be washed with soap and water or disposable wipes at the following times:

- When they arrive in the morning
- Before and after:
 - Eating meals or snacks; and
 - Playing in water that is used by more than one person.
- After:
 - Using the toilet;
 - Contact with bodily fluids (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouths, or from sores; and
 - Handling pets and other animals.

Bloodborne Pathogen Exposure Control Plan

Bright Start is committed to providing a safe environment for all employees and children. Universal Precautions procedures must be used by employees when handling blood or other potentially infectious materials. Universal Precautions means an approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious with HIV, hepatitis B, and other bloodborne pathogens.

Personal protective equipment (PPE) shall be available to employees. The following PPE is available at this facility:

- Single use medical Gloves
- Mouthpieces for resuscitation (CPR)

Gloves shall be used when handling any instance when there is blood or bodily fluids and replaced if torn, punctured, contaminated, or if their ability to function as a barrier is compromised. Gloves shall be used if assisting a child to remove wet or soiled underwear or a pull-up. Hands and any exposed skin shall be washed immediately or as soon as feasible after removal of gloves. Unless saturated with blood, gloves may be placed in the regular trash. Gloves saturated with blood shall be placed in a leak-resistant bag labeled with the biohazard symbol.

Use of Disposable Gloves

Bacteria and viruses carried in the blood (such as hepatitis B and C virus) pose a small but serious hazard in a child-care setting. Blood and direct blood-derived fluids (such as watery discharges from injuries) pose the highest potential risk because of the highest concentration of viruses. Other bodily fluids (including saliva, urine and feces) do not pose a risk with these blood-borne diseases unless they are visibly tainted with blood. However, these fluids do pose a risk with other infectious disease and should be handled with care. Gloves provide additional protection against germs when providers handle blood, body fluids and infected materials.

Gloves can provide a protective barrier against germs that cause infections. However, when caregivers deal with blood and bloody fluids, the best protection is to maintain healthy, unbroken skin and to wash your hands thoroughly after any contact. Gloves should be disposable, latex (for those not allergic), and removed and disposed of properly after contact with each child. Hands should be washed immediately after gloves are removed.

Teachers shall wear gloves in the following situations:

- When contact with blood or blood-containing fluids from a child is likely, particularly when the caregiver's hands have open cuts or sores (e.g., when using first aid for a child's cut, or changing a pull-up with bloody diarrhea);
- When cleaning surfaces or handling clothes and supplies that have been contaminated with blood or cross contamination with body fluids, such as large amounts of vomit, urine or stool;
- When caring for oozing skin rashes or lesions;
- When they provide mouth or eye care;
- When they change diapers or assist a child in changing a pull-up;
- When handling food.

Once the gloves are dirty, remove them correctly and discard them properly. Be careful that you don't contaminate your hands, other objects or people with the dirty gloves. Wash hands and change gloves between diaper changes. Do not reuse the gloves: this can spread germs from one child to another.

Using gloves at the proper times requires being prepared in advance. Make gloves available outdoors, in the first aid kit, at the diaper-changing table, on the bus on field trips, with the cleaning materials, and in your pockets.

Gloves provide added protection from communicable disease only if used correctly. If you use gloves incorrectly, you actually risk spreading more germs than if you don't use gloves at all. Pay attention to your gloving technique so that you do not develop a false sense of security (and carelessness) when wearing gloves. *Gloves must never be used as a substitute for hand washing.*

Infant Sleeping Position

Unless the child has a note from a physician specifying otherwise, infants shall be placed in a supine (back) position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS).

Soft surfaces and gas-trapping objects such as pillows, quilts, or soft bumpers shall not be placed under or with an infant for sleeping.

When infants can easily turn over from the supine to the prone position, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep.

Unless a doctor specifies the need for a positioning device that restricts movement within the child's bed, such devices shall not be used.

Food Safety Policies

Teachers must be diligent in ensuring that food safety guidelines are followed. The following shall apply:

- **Time and Place for Eating:** Children are not allowed to eat or drink when walking, running, playing, or lying down.
- **Choking Hazards:** Teachers shall not offer to children in care foods that are implicated in choking incidents (round, hard, small, thick and sticky, smooth, or slippery). Examples of these foods are hot dogs (whole or sliced into rounds), raw carrot rounds, whole grapes, hard candy, nuts, seeds, raw peas, hard pretzels, chips, peanuts, popcorn, marshmallows, spoonfuls of peanut butter, and chunks of meat larger than can be swallowed whole.
- **Staff Restricted from Food Handling:** No one who has signs or symptoms of illness, including vomiting, diarrhea, and infectious skin sores that cannot be covered, or who potentially or actually is infected with bacteria, viruses or parasites that can be carried in food, shall be responsible for food handling.
- Plastic gloves, which shall be kept clean and replaced when soiled, shall be used when food is served by hand.
- Staff members who are involved in the process of preparing or handling food shall not change diapers. When staff members who are caring for infants and toddlers are responsible for changing diapers, they shall handle food only for the infants and toddlers in their groups and only after thoroughly washing their hands.
- Caregivers who prepare food shall wash their hands carefully before handling food, regardless of whether they change diapers. Plastic gloves shall be used in addition to hand-washing.
- Tables and high chair trays shall be sanitized before and after each use for feeding and cleaned at least daily.
- When a child is placed in an infant seat or high chair, the protective belt shall be fastened securely.
- Teachers shall feed semisolid food with a spoon unless written instructions from a doctor state differently.
- Snacks or special treats brought from home for an entire class must be brought to and checked by the Office before it is given to children.

Care for Children with Food Allergies

Food allergic reactions can range from mild skin or gastrointestinal symptoms to severe, life-threatening reactions with respiratory and/or cardiovascular compromise. Deaths from food allergy are being reported in increasing numbers. A major factor in these deaths has been a delay in the administration of life-saving emergency medication, particularly epinephrine.

- Intensive efforts to avoid exposure to the offending food(s) are necessary. The parents, with the help of the child's health care provider, must provide detailed information on the specific foods to be avoided.
- Individual child's food allergies shall be posted prominently in the classroom and/or wherever food is served.
- Some children may have an allergic reaction just from being in proximity to the offending food, without actually ingesting it. Such contact should be minimized by washing children's hands and faces and all surfaces that were in contact with food.
- Reactions may also occur when a food is used as part of an art or craft project, such as the use of peanut butter to make a bird feeder (which is never allowed) or wheat to make play dough. Teachers must avoid any projects using food to which any child in his or her classroom is allergic.

Each child with a food allergy shall have a special care plan prepared for the facility by the child's source of health care, to include:

- Written instructions regarding the food(s) to which the child is allergic and steps that need to be taken to avoid that food;
- A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction.
- The plan shall include **specific symptoms** that would indicate the need to administer one or more medications.

If an allergic reaction occurs, parents must be notified as soon as possible. In addition, the Center shall call 911 immediately whenever epinephrine has been administered.

Bottle-feeding Infants

Bottle fed infants who cannot hold their own bottles shall be held when fed. Bottles shall not be propped or used while the child is in his or her sleeping location.

Formula or breast milk shall not remain unrefrigerated for more than two hours and may not be reheated.

Bottles and infant foods shall not be warmed in a microwave oven. After warming in water, bottles shall be mixed gently and the temperature of the milk tested before feeding. A caregiver shall not hold an infant while removing a bottle or infant food from the container of warm water or while preparing a bottle or stirring infant food that has been warmed in some other way.

Storage of Potentially Dangerous Substances Away from Food

Cleaning supplies, insecticides, and any other potentially dangerous substances must be kept in a locked cabinet out of reach of the children. They must be in the original container or clearly labeled and kept separate from food items in locked cabinets.

- Potentially dangerous substances shall not be stored on shelves above those holding food items or on the same shelf as food items.

Physical Safety Policies

Staff members must plan ahead to avoid the common sources of injury and illness and pay constant attention to their own safety as well as the safety of the children they supervise. Doorways, exit access paths, and exits shall be free of debris and equipment to allow unobstructed egress travel from inside the Center to the outside.

Supervision

Supervision is basic to the prevention of harm. Active and positive supervision involves:

- Knowing each child's abilities;
- Establishing clear and simple safety rules;
- Being aware of potential safety hazards;
- Standing in a strategic position;
- Scanning play activities and circulating among the children; and
- Focusing on the positive rather than the negative to teach a child what is safe for the child and other children.

At least two staff members must be on-site when one or more children are present.

Child:to staff ratios must be maintained at all times, except during the designated rest period. During this period, the ratio of staff to children may double for children ages 16 months and older as long as the following conditions are satisfied:

- At least one staff person is within sight and sound of the resting/sleeping children;
- Staff counted in the overall rest period ratio are within the building and available to ensure safe evacuation in an emergency; and
- An addition personal is present at the center to help, if necessary.

Caregivers shall directly supervise infants, toddlers, and preschool children by sight and hearing at all times, even when the children are in sleeping areas. The only exception is that staff need only be able to hear a child who is using the restroom as long as staff checks on a child who has not returned from the restroom after five minutes.

Caregivers shall regularly count children on a scheduled basis (at least every 15 minutes), at every transition, and whenever leaving one area and arriving at another, to confirm the safe whereabouts of every child at all times.

Child caregivers shall never leave a child alone on a table or countertop, even for an instant. A safety strap or harness shall not be used on the diaper changing table. If an emergency arises, caregivers shall put the child on the floor or take the child with them.

Safety Precautions in the Physical Space

In the classroom, teachers must be diligent. At all times, they must:

- Examine all equipment, toys, etc. for dangerous parts, pieces, or sharp edges and repair or discard immediately. Never allow:
 - toys that are inappropriate to age group (small enough to be swallowed by children under four years of age)
 - toys with loose parts that might have sharp edges, springs, or small pieces
 - allowing inappropriate use of toys so as to pose a dangerous situation
 - too many toys scattered around on the floor

- Keep all chairs around tables during class time and neatly stacked during non class time.
- Do not allow children to run in the classroom or climb on furniture.
- Do not allow children to stand or kneel on chairs, or to lean back in their chairs.
- Make sure staff and children are wearing appropriate footwear. No open toed shoes without a band in back to hold them in place and no high heels. Shoe laces must be tied at all times and no bare feet are allowed with the exception of the Teddy Bears classroom.
- Do not allow children to play at sinks or in bathrooms.
- Keep all electrical cords, ropes, and strings of any kind out of children’s reach.
- Do not allow children to play with toys inappropriately.
- Do not allow children to play with playground equipment inappropriately.
- Do not allow children to play roughly.
- Consistently remind children about the classroom safety rules.
- Make sure all spills are wiped up immediately, wet floor sign is used as appropriate, and children are kept away from spills.
- Keep all cleaning supplies, chemicals, personal belongings, sharp objects, like scissors and office supplies, away from children when in use and locked at all other times – never in reach of children.
- Ensure safety covers shall be placed in all electrical outlets.

Toys Brought from Home

Toys should be brought from home only during specified “show and share” times. For show and share times, the following guidelines apply:

- Toys that shoot projectile objects should not be brought to school.
- Electrical toys that get hot or need to be plugged in should not be brought to school.
- Toys that can cause psychological harm to a child, such as war toys, mutilation toys, or grotesquely distorted representations of human beings should not be brought to school.
- Excessively noisy or dangerous toys should not be brought to school.

Reducing the Risk of Physical Injury to Staff

Child-care staff must be constantly alert, anticipate and prevent trouble, deal effectively with disruptive children, and provide fair, but firm, discipline. They must constantly stand, walk, bend, stoop, and lift to attend to each child's interests and needs, and they have primary responsibility for the safety of the children and themselves.

Physical hazards include (but are not limited to): sprains, fractures, cuts/punctures, bruises, and back pain. The following policies should be followed to reduce the risk of physical injury.

Lifting

Proper bending/lifting techniques can spare a possible lifetime of back pain.

- Bend at the knees and lift with the legs; do not bend at the waist and lift with the back. Lifting with the back turns your spine into a fulcrum and puts the weight of the load at its weakest point.
- If possible, don't lift at all. Find ways to reduce lifting. When talking with children, kneel down to their level instead of bending over them or lifting them.

- Don't bend or hunch when wiping or setting low tables or cots; bend your knees and keep your back straight. This aligns your spine's natural curve and protects your back from strains.
- Don't try to fit yourself into child-size chairs or play equipment.

Slips, Trips, and Falls

Working around small furniture, a lot of toys, and squirming children increases the risk of slips, trips, and falls. Employees must:

- Wear sturdy, comfortable shoes with good traction;
- Walk slowly, especially when carrying children or loads, which can obstruct the view;
- Clean up scattered toys between activities;
- Clean up liquid spills immediately;
- Ensure that rugs and mats are secure;
- Use absorbent mats in areas where there may be water on the floor, especially around drinking fountains and bathroom sinks where children may splash or spill water; and
- While on playgrounds pay attention to where you are walking and don't climb on play equipment unless it is sturdy enough to support the weight of an adult.

Weather hazards

Keep an eye on the weather when supervising children outdoors. To avoid injuries or stress relating to weather, employees should:

- Wear a hat or sunscreen to protect against harmful (and aging) UV rays.
- Dress appropriately and watch for symptoms of environmental stress.
 - In hot weather, these can be profuse sweating, muscle cramps or weakness, dizziness, rapid breathing, and nausea. In cold weather signs of hypothermia include uncontrolled trembling, loss of sensation in hands and feet, loss of reflexes, and confusion.

Stress

There should always be at least two teachers available and they should take care to relieve one another during stressful situations. Alternate performing the more unpleasant tasks, and take turns sharing tasks, like preparing snacks, that don't directly involve the children.

Emergency Policies

Bright Start has a written Emergency Management Plan, which provides comprehensive guidance on emergency situations such as evacuations, sheltering in place, natural hazards, and technological hazards. In addition to being familiar with this plan, teachers should be comfortable with the following policies.

Use of Poison Control Center

The poison control center shall be called at 800-222-1222 for advice about any exposure to toxic substances or any ingestion emergency. The advice shall be followed and documented in the Center's files.

The caregiver shall tell the poison information specialist and/or physician the following information:

- The child's age and gender;
- The substance involved;
- The estimated amount;

- The child's condition; and
- The time elapsed since ingestion or exposure.

First Aid, Cardiopulmonary Resuscitation (CPR) and Rescue Breathing

All teachers will be offered training in first aid, cardiopulmonary resuscitation, and rescue breathing for infants, toddlers, and school-aged children. At least one qualified teacher must be present at all times whenever children are in care. This includes in the Center, while outdoors, and on field trips.

First Aid Kits shall be readily available wherever children are in care, including when children are outdoors or away from the Center on a field trip.

- Each kit shall be a closed container for storing first aid supplies, accessible to child care staff members at all times but out of reach of children.
- First aid kits shall be restocked after use, and an inventory shall be conducted at least monthly.

Outdoor Play Safety Procedures

At Bright Start, we recognize the importance of daily outdoor activities for the children. The following guidelines and policies are intended to minimize any potential risk of to the safety or health of any staff member or child while playing outdoors. It is critical that teachers engage in active supervision of children outdoors, including positioning themselves in strategic locations, continually scanning play activities and circulating among children.

Weather permitting; children will be taken outdoors for a minimum of one hour a day. Outdoor activities may include taking walks, using the playground equipment at the rear of Ben Brenman Park (for children 2 years and older), using the grassy area of the fenced in baseball field at the corner of Somerville Road and Brenman Park Drive or elsewhere in the park, and using the grassy area by the gazebo.

If the class goes out in the buggies, teachers should be walking, not sitting while the children sit in the buggies. If the teachers stop, that should be a time for the children to get out of the buggies and play.

The following items must be taken outside each time:

- Backpack (including First Aid Kit, Hand Sanitizer, & Wipes);
- Emergency Medication, if applicable to the children in the classroom;
- Walkie-Talkie and/or other device used to communicate;
 - Keep the Walkie-Talkie available and within easy hearing – not in the backpack.
 - Children are never allowed to hold or play with the Walkie-Talkie.
- White plastic attendance cards;
- And for hot days, the following items also need to be taken out:
 - Drinking Water
 - Cups
 - Spray water bottle

Interacting with Children While Outdoors

Teachers must interact with children in planned activities and games while outdoors. Appropriate supervision is fundamental to ensuring safety while outdoors. The following policies must be followed:

- Children will be supervised at all times by an adult when going to, leaving, and while in the selected outdoor play area.
- Teachers will station themselves in strategic spots so that the entire play area is observed.
- Teachers should not sit while supervising children outdoors. Standing provides you with a better view of what is happening with the children.
- Teachers will not engage in socializing with other teachers during this time. Spread out and engage with the children.
- Teachers will count children before leaving the outdoor play area.
- Parents must make direct contact with the child's teacher before a child can be taken from the outdoor play area. Teachers should have the sign-in sheet with them wherever the classroom goes.
- Teachers will not use cell phones outside when supervising children.

Policies While Using the Playground

Children under the age of 2 are not permitted inside the playground area. If any child in the class is under the age of 2, the whole class is prohibited from playing on the playground. In addition, during the months of June, July, and August, the playground does not offer adequate shade. Therefore, the playground may not be used unless the teachers pre-arrange with the office to have a tent set up by the playground.

- Teachers will take a class count upon arriving to the playground and before leaving the playground to return inside.
- Teachers need to first inspect playground for any foreign objects such as glass, nails, and/or damaged play equipment that may pose a threat to the safety of the children. Teachers should also ensure that there are no animal feces in the area.
- Teachers need to ensure that the gate is in good working condition before the children enter and that it is closed behind them.
- Prior to children playing on the playground, teachers need to review playground rules with children, and if need be, model the proper way to use the play equipment. Specifically, make sure children understand the following:
 - A child must never leave playground area without a teacher.
 - No pushing, hitting, kicking, or throwing things at our friends
 - If you find something that you know does not belong to you, bring it to the teacher right away.
 - Go down the slide feet first.
 - One person on the slide at a time
 - Do not climb up the slide.

Policies While Using the Softball Field (located at the intersection of Somerville Road and Brenman Park Drive)

- Teachers must carry copy of softball field permit when using the Ben Brenman Softball Field. The permit will have the code needed to grant access to the field.
- Teachers will take a class count upon arriving to the softball field and before leaving the softball field to return inside.
- Teachers need to first inspect the softball field for any foreign objects such as glass, nails, and/or any animal feces that may pose a safety or health risk to the children.

- Teachers need to ensure that the gate is in good working condition before the children enter and that it is closed behind them.
- Teachers need to position themselves where they have sight and sound of all children.
- No children should be given permission to climb the fence or leave the fenced in area on their own. For example, if a ball leaves the fenced in area, a teacher needs to retrieve the ball and not the child.
- Teachers need to provide opportunities for teacher-directed, self-directed, and self-chosen tasks and activities for children. Children should NOT be left to run aimlessly in the softball field.

Policies While Using the Park (all grassy areas including “the trees” and “the mountain” inside of the park)

- Teachers must take a class count upon arriving to the play area and before leaving the play area to return inside.
- Teachers need to first inspect the play area for any foreign objects such as glass, nails, and/or any animal feces that may pose a safety or health risk to the children.
- Teachers need to position themselves where they have sight and sound of all children.
- Teachers need to provide opportunities for teacher-directed, self-directed, and self-chosen tasks and activities for children. Children should NOT be left to run aimlessly in the park.
- Examples of teacher directed games include kick ball, soccer, duck duck goose, etc.
- Teachers may elect to take children for walks around the park. Special care must be taken when walking anywhere near the pond.

Policies While Using the Gazebo

- Teachers need to first inspect the gazebo for any foreign objects such as glass, nails, and/or any animal feces that may pose a safety or health risk to the children.
- Teachers will take a class count upon arriving to the gazebo and before leaving the gazebo to return inside.
- A teacher must position his/her self at the opening of the gazebo.
- Teachers need to position themselves where they have sight and sound of all children.
- Teachers need to facilitate a teacher-directed activity or game to reduce potential for injuries.
- Teachers should not be sitting on the benches, unless consoling or tending to a child’s needs.
- Children should not sit on the benches, unless accompanied by a teacher.
- No children should be given permission to climb over the edge of the gazebo or leave the gazebo on their own. For example, if a ball is thrown outside of the gazebo, a teacher needs to retrieve the ball and not the child.