

# Middle River Baptist Church Child Development Center

## Comprehensive Safety Plan



**Middle River Baptist Church child Development Center**

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*A Ministry of Middle River Baptist Church*

This document established compliance with COMAR 13A.16.10.01.

The following documents were used to design this Comprehensive Safety Plan:

*Caring for Our Children, 4<sup>th</sup> Edition* - National Health and Safety Performance Standards:  
Guidelines for Out of Home Care (<https://nrckids.org/CFOC>)

*Standard Precautions for All Patient Care*, Centers for Disease Control and Prevention  
(<https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>)

*Child Safety and Security Policies*, Baltimore County Public Schools

Code of Maryland Regulations (COMAR), Title 13A, Subtitle 16

Code of Maryland Regulations (COMAR), Title 10, Subtitle 15

*Comprehensive Safety Plan*, Baltimore County Public Schools, June 2020

*Emergency Preparedness Training and Information*, Project Security Blanket

*How to Plan for Workplace Emergencies and Evacuations*, U.S. Occupational Safety and Health  
Administration

*OSHA Standard for Hazard Communication*, U.S. Occupational Safety and Health Administration

*Playground and Water Safety Guidelines*, Maryland State Department of Education

*Project Security Blanket*, <https://www.projectsecurityblanket.org/>

*Small Business Handbook*, U.S. Occupational Safety and Health Administration

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# Purpose and Overview

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## Background

In 2009, Emergency Preparedness Awareness and Training became a regulation for Child Care Centers in the state of Maryland (COMAR 13A.16.10.01). In compliance with regulations, the first edition of Middle River Baptist Church's Child Development Center *Emergency Management Plan* was published in August of 2009.

This *Comprehensive Safety Plan* builds upon and replaces the *Emergency Management Plan*. The *Comprehensive Safety Plan* includes additional strategies to enhance health and safety including updated information concerning additional protocols for active shooters and infectious diseases.

Prevention, preparedness, intervention, response, and recovery are the five guiding themes incorporated in this plan. These themes include proactive actions, as well as responsive strategies to address safety concerns. This plan goes beyond responding to an emergency. Prevention, the first of the five themes, receives significant attention to lessen the need for intervention, response, and recovery. The effectiveness of preparedness can be seen through interventions, responses, and recovery.

## Terminology and Elements of Emergency Management

The terminology listed below includes those frequently used in emergency management or are specific to this *Comprehensive Safety Plan*.

**Emergency** – A sudden, generally unanticipated event that has the potential to profoundly and negatively impact a segment of or the entire population

**Critical Incident** – Event that overwhelms an individual's or organization's capacity to cope

**Critical Incident Response Team (CIRT)** – The individuals from the BCoPD and/or BCoFD identified to respond to a Level II or Level III emergency

**Critical Incident Response Plan (CIRP)** – The plan for addressing emergencies that require the CIRT to be activated

**Emergency Management Team (EMT)** – Center- and church-based teams of individuals with specific duties to perform to prepare for and respond to emergencies. The Team develops the plan to meet center and church needs and implements the plan should the need arise.

**Incident Command System (ICS)** – The national standard for emergency preparedness, management, and response. Terminology specific to Incident Command Operations is contained in the Incident command System Section.

**Intervention** – Action taken to improve a situation

**Leadership** – The importance of strong leadership cannot be overstated. Leadership ensures that preparedness will be a priority and that adequate resources will be allocated to create and implement effective plans. Leadership within the church comes from the pastors; leadership within the center should come from pastors, the director, and the assistant directors.



**Mitigation** – The proactive approach to reducing or eliminating adverse effects of an accident, emergency, or incident or the need for response

**Practice** – Practicing the plan consists of orientation for staff, drills, exercises, and full-scale simulations.

**Preparedness** – The process of deciding and securing what will be needed in the event of an emergency before the emergency occurs

**Prevention** – Actions taken to decrease the likelihood of an accident, emergency, or negative incident from occurring

**Recovery** – The process of assisting with the physical, psychological, and emotional trauma associated with an emergency. Recovery *during* an emergency can address immediate short-term needs, while *ongoing* recovery can last for months or years.

**Response** – The process of implementing appropriate actions while an emergency is unfolding to maximize the health, safety, and well-being of individuals in the center and the community.

**Safety Protocols** – Step-by-step procedures to prevent, prepare for, or respond to emergency or potentially hazardous situations

**Training** – Training is important on at least three levels: 1) Team Training for general emergency preparedness; 2) Training to address specific emergency response or recovery activities (i.e., severe weather training, threat assessment training, or Critical Incident Stress Management training); and 3) awareness training for all staff (i.e., Universal Emergency Procedures).

**Universal Emergency Procedures** – Universal Emergency Procedures are a set of clear directives that may be implemented across several emergency situations. These procedures include Evacuation; Shelter in Place; Drop, Cover, and Hold; and Lockdown.

## Levels of Emergencies

Collectively, the scope and magnitude of an emergency, the availability of personnel, and the accessibility of resources will dictate the school system's response. Notably, there are three identified levels of emergencies.

### Level I

A Level I emergency is a site-based event that affects only that site and requires little or no assistance or intervention. However, the principal or office head may request central office personnel or resources (e.g., the Office of Transportation) to assist. A Level 1 emergency may include allergic reactions, injuries, temporary loss of facility power, etc. If the Level 1 event is extreme (hostage, shots fired, biohazard) the administration will treat the emergency as a Level 2 emergency.

### Level II

A Level II incident is a local event, having a large scale impact on our community of Essex/Middle River. It may have a large-scale community impact. Such events as fires, civil disturbances, hostage situations, and widespread power outages would fall in this category. A Level 2 incident may only involve our site, but the magnitude of the emergency may require the assistance of the CIRT.

### Level III

A Level III emergency is a community or regional event that has a collateral impact on multiple sites (i.e., earthquake, chemical or biological related incident, mass exit from an adjoining city or county). The

center-based Comprehensive Safety Plan would be implemented, and the CIRT would be fully activated to coordinate response efforts.

**Note:** When a Level II or III emergency is declared, the Baltimore County's Emergency Operation Center (EOC) may be activated to coordinate the response. BCoPD and/or BCoFD protocols will supersede the procedures of our center.

## Understanding the Impact of Large-Scale Disasters

We must be prepared to rely on our own resources in the event of a large-scale disaster. Assistance from others may be delayed depending on the severity of the event. A large-scale event that affects our center will also affect the community. The list below offers insights into the possible effects of a large disaster (adapted from Federal Emergency Management Agency [FEMA] documents related to Emergencies affecting schools).

- In a large-scale disaster, we may be on our own for three days or more.
- A large-scale disaster in our area may result in:
  - Widespread telephone outages
  - Road blockages and damage to roads and bridges
  - Gridlock or congestion of roadways
  - Loss or damage to utility systems, including water, gas, and electric
  - Chemical or electrical fires
  - Release of fuels and hazardous materials
  - Flash flooding
- Injuries and death may be caused by falling objects, fires/smoke inhalation, release of hazardous materials, flying debris, roof collapse, flooding, and landslides.
- The disaster that affects us also affects the community; a disaster that affects the community will affect us.
- Fires, spills, damaged buildings, and search and rescue operations will overwhelm normal emergency response forces including police departments, fire departments, and emergency medical services.
- It is important for staff to develop personal and family emergency response plans because we have moral and legal responsibilities to care for the children in our center should a disaster occur. The family should anticipate that a staff member may be required to remain at the center following a catastrophic event.

It is our sincere prayer that, beyond Prevention and Preparedness, these guidelines will be unnecessary, but will provide an effective framework of response and recovery if necessary.

## Communicating Before, During, and After an Emergency

Communication is a critical component of emergency management.

### Before an Emergency

Administrative staff is responsible for communicating information about the Safety Plan to teaching staff and support staff through employment orientation and again during yearly training held at the beginning of each school year. Information regarding what parents need to know about universal response protocols – Drop, Cover, and Hold; Evacuation; Lockdown; Lockout; Severe Weather Safe Area; and Shelter in Place – can be found in *Appendix L*.

## When an Emergency has Occurred

**Emergency Services:** Clear and specific information is given to emergency personnel. Remain in contact until the emergency personnel sign off.

**Media:** The first communications may be with the media. Media sources listen to emergency system scanners for news and **they will come**. The initial Incident Commander will direct media away from the church and center. This is for the safety of our children, staff, families, and for the safety of the media personnel.

**Staff members** will be told what is happening and what do to. Clear communication of instructions and obedience to instruction may make the difference between effective response and disaster.

**Families of children** will be informed about the situation, including the status of their child or family member. Family members who arrive at our location after a severe incident will be moved to a separate location for briefing and instruction. Parents will do anything to get to their child, so we may ask law enforcement to monitor parents' actions.

**Church CDC Committee members and church personnel** will be kept informed and updated by the director or designee. Information must be transmitted to Middle River Baptist Church, Baptist Convention of Maryland/Delaware, and the Maryland State Department of Education Office of Child Care. And finally, the media must be informed and kept updated through the CDC office. Sample Statements to Media are found in *Appendix E*, sample letters to parents, *Appendix F*.

## During an Emergency

Communication may be limited during an emergency as employees and service providers work with first responders to handle the situation and focus on the safety of students, employees, and visitors. Staff may communicate internally using text messages and email.

The director or designee will notify staff and families of an event or emergency and keep them informed as additional information becomes available and as plans for management of the situation evolve. All stakeholders are encouraged to be patient during an emergency and can be confident that appropriate information will be released as quickly as possible. **A rush to provide information can result in incomplete and inaccurate information being shared.**

## After an Emergency

Principals, in consultation with their community superintendents, are responsible for communicating with families, staff, service providers, and other stakeholders after an emergency is concluded. A variety of mechanisms may be used, including:

- Staff meeting (morning or end of day).
- Letter to parents, employees, and other stakeholders.
- Telephone tree for employees and other stakeholders.

## Staff Meetings

We will meet with staff to provide accurate, updated information about an emergency event/situation itself and to review with staff necessary procedures and the availability of intervention resources. The meeting provides the opportunity to review each day of an emergency, to update information, and plan for subsequent activities and intervention. Misinformation or rumors can be addressed before staff members go home or into the community where they are likely to be asked about the situation.

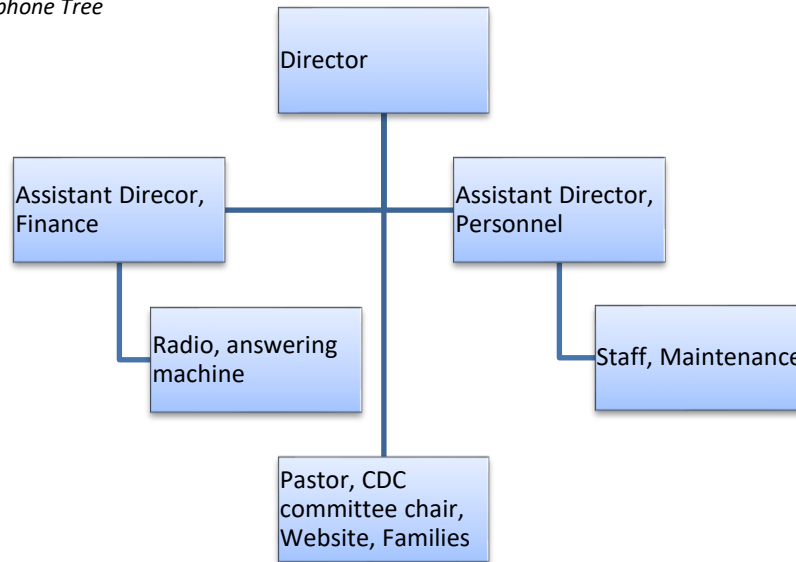


### The Telephone Tree

A telephone tree is a simple, widely used system for notifying staff of an emergency event when they are not at school. In the event of an emergency (such as emergency closing due to weather), the director will begin a telephone tree. The telephone tree will continue in the following manner:

**Figure 1**

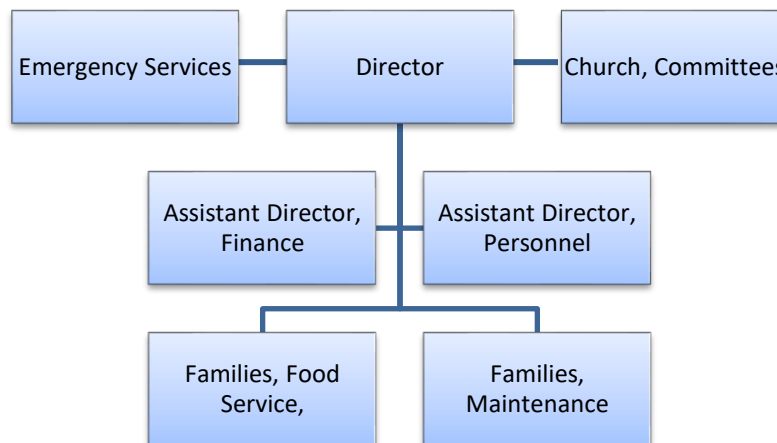
*After Hours Telephone Tree*



Telephone communication is also essential during emergencies occurring during center hours. If staff and children’s families must be notified, the following tree will be used:

**Figure 2**

*During Work Hours Telephone Tree*



## Dealing with Rumors

Establishing reliable communication networks is critical for dealing effectively with a potentially detrimental phenomenon often present in emergencies: Rumors. People are going to talk about an emergency and, when accurate information is not available, rumors begin. Without facts people speculate. Rumors create a negative perception of the center's ability to manage an emergency. The most effective strategy for combating rumors is to provide facts as soon as possible:

1. Staff meetings may be held before staff members go home so that what is (and is not) known can be clearly communicated.
2. Staff that answers the telephone at the center will know which information can be shared and which information cannot be shared. They will be kept informed of inaccurate information which is circulating so they can help correct misinformation. There will be a limited number of staff answering the phone to prevent confusion and misinformation.
3. Community representatives (BCMD, MSDE Office of Child Care) directly associated with the church and center will help convey accurate information.
4. The media will be asked to provide frequent updates to the public, particularly providing accurate information where rumors need to be dispelled.
5. After an immediate emergency has passed, a public meeting may be held. It is intended to provide an opportunity for people to ask questions and to receive accurate information and to restore the community's confidence in the center's and church's ability to manage emergencies and to provide a safe environment.

## Communication: Technology

Technology is effective tool for communication during an emergency. Common tools that we will access include the following:

1. Telephone – We will use the telephone tree system to inform staff and families of emergency situations. We will also use our answering system to place messages when the center will be closed for the day due to emergencies such as weather, or when there has been doubt if we will be open for any reason.
2. Bullhorns and megaphones – Battery-powered megaphones can be effective for communication in an emergency. One will be kept in the emergency toolbox. Procedures governing storage and use will help ensure availability.
3. Computers – Computers and laptops may be used for communication both within the center and other sites. E-mail and website will be used to update information for staff, families, and possibly for other agencies.
4. Cellular telephones – These phones may be the only tool working when electric service is out; they are useful to staff who may be in route to or from a site. Cell phones may also be helpful to contact children's families through text, calls, or email.
5. Alarm systems – Bells or buzzers which may be sounded in different ways to signal different types of emergencies - for example, fire, severe weather, or special alert.

## Strategies with Parents and Community

An important aspect of managing emergencies is communicating effectively with families and community agencies. Communication begins before an emergency occurs through the following:

1. Families are informed about the center's **Comprehensive Safety Plan**, its objectives, and the need for the Plan. Such information is included in the center's newsletter, website, the *Parent Handbook*.
2. Information regarding what parents need to know about universal response protocols – Drop, Cover, and Hold; Evacuation; Lockdown; Lockout; Severe Weather Safe Area; and Shelter in Place – can be found in Appendix B. (This will be changed)
3. Drafts of letters to parents informing them of an incident are included as *Appendix F* of this document.

### Communication with Families

In the event of an emergency, parents have specific information needs. First, parents want to know that their children are safe; then, parents want to know the details of the emergency, to know how it is being handled, and to know that the children will be safe in the future. The first reactions are likely to involve *fear*. Upon learning of an incident at the center, parents are likely to descend upon the center in search of their child or to telephone, frantically seeking information. Establishing a system for responding quickly to parent needs for information is an important part of pre-planning. *Anger* is another common reaction of parents, particularly in the case of senseless acts of violence. In the event of an emergency or disaster, we will:

1. Tell parents exactly what is known to have happened. Do not embellish or speculate.
2. Implement the plan to manage phone calls and meet with parents who arrive at school.
3. Schedule and attend an open question-and-answer meeting for parents as soon after the incident as possible. The meeting will provide an opportunity for school officials to listen and respond to parent concerns. The meeting will be helpful in combating rumors and other misinformation and restoring parental trust in the center.
4. In the event of an incident which involved damage or destruction, an open house for parents and other members of the community to see the center restored to its "normal" state helps everyone get beyond the emergency.

### Communication with Media

Most news people are sensitive in reporting emergencies that occur in school and childcare settings and are interested in doing a reputable job. The following actions will promote clear communications with the media:

- We will identify a single information source.
- We will direct media representatives to one area (on or off campus) where briefings can take place away from children.
- We will instruct all employees to refer all information and questions to Media Liaison or Information Official.
- If the emergency is a death, we will consult with the deceased student/staff member's family before making a statement.
- We will insist that reporters respect the privacy rights of children, their families, and staff.
- We will advise the families of the children of the school's media policy.
- The center will decide what to say, issue a statement, and answer questions within the limits of confidentiality.
- We will remind employees that only designated spokesmen are authorized to talk with news media.
- We will take initiative with news media and let them know what is or is not known about the situation.
- We will emphasize the center's good record.
- We will speak to reporters in plain language.
- If there is involvement with a criminal case, we will work in conjunction with law enforcement spokesperson.
- We will not try to "kill" a story; we will not say "no comment"; we will not speculate; we will try not to blame anyone for anything.
- When communicating, we will seek to maintain a unified position and message; we will attempt to keep messages concise, clear, and consistent.
- We will regularly contact BCMD and MSDE to update.
- We will delay releasing information until facts are verified and our position is clear; we will prepare statements about the situation in advance of releasing information.
- We will assign specific staff to handle phones and keep a log of calls and personal contacts.
- We will express appreciation to all persons who help to handle the emergency.

# Routine Safety and Security Standards and Procedures

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## Access for Individuals with Disabilities and Special Needs

Individuals with disabilities and special needs must be able to safely access and navigate through buildings and offices. Schools and offices must comply with all applicable codes regarding access for individuals with disabilities. Protocols are in place to assist in planning for the emergency evacuation of individuals with disabilities and other special needs and for evacuating them during an emergency. The Individual Education Plan (IEP) and 504 Plans of students indicate their needs for assistance during an emergency evacuation.

## Arrival and Dismissal Policies

- **Sign-in/sign-out: *It is mandatory that parents sign children in and out daily.*** A sign-in/sign-out sheet can be found with each child's teacher. Whoever drops off or picks up the child must record the accurate time as well as their initials. If the parent forgets to sign in the child, the teacher will sign the time and his/her initials on the form.
- The parents/guardians are required to complete and annually update an **Emergency Form**. The form contains emergency contact information of the parents as well as alternate people that are permitted to pick up the child. All information must be kept current, including all phone numbers, and authorized persons for pick up.
- Children will be dismissed only to those persons whose names appear on the authorization list on the **Emergency Form** or the pick-up authorization list on the child's **Enrollment Application**.
- All children must be picked up from their room by the authorized parent or adult.
- It is the responsibility of the custodial parent/guardian to notify the center in writing, on the emergency card or by letter, if other authorized persons are to be permitted to pick up or visit the child. Telephone permission is **not** sufficient. If written authorization is not provided to the center the child shall only be released with the custodial parent/guardian.
- The CDC will require proof of identification from individuals (visual identification by an employee, driver's license, state picture identification, etc.) to assure that they are authorized to pick up the child. We will make a copy of the form of identification presented for proof.
- The emergency card shall also include the names of adults, in addition to the custodial parent/guardian, who are authorized to pick up the child from the center.
- If the student is to be picked up early, the parent/guardian shall inform office staff that the child is being picked up early.
- A child will **not** be released to:
  - Any person younger than 13 years of age. Children may be released to a person between 13 and 18 years of age with a permission notice on file, signed by the parent.
  - Any person appearing to be under the influence of alcohol or drugs. Another authorized person will be contacted to pick up both child and adult. (Please see the exception #3.)
- **Late pick up:** The following procedures are to be followed:
  - If parents know that they are going to be late, we ask that they please call so we can reassure the child that they are coming. The Center closes are 6:00 p.m. Each parent is expected to pick up his or her child by this time. If a parent is late, a staff member will try to contact you or the person you have named to be called in an emergency. **If the Center's**

***staff is unable to contact the parent or any emergency contacts after one hour, the staff member will contact the Baltimore County Child Protective Services.***

- Parents arriving after 6 PM must pay \$1.00 (one dollar) per minute that you are late. This amount is paid to the attending staff as payment for their services.
- Late pick-up charges are due when the child is picked up or by the end of the week. Children may not be admitted back on Monday until the late pick-up fee is paid to the appropriate staff person. Tuition will continue to be charged during the child's absence.
- Consistently late pick-ups may result in dismissal.

**EXCEPTIONS:**

1. A student may be released to a person with lawful authority to take custody of the student, e.g., a police officer/child protective officer with a warrant or emergency medical personnel for transport to hospital. In cases of emergency transport, the student's parent shall be notified at the earliest opportunity.
2. A child may be released in case of illness or other bona fide reasons to emergency contacts recorded on the emergency card, as determined by parents and the administration.
3. A custodial parent arriving under the influence has the right to insist that the child be released. We do not have the legal authority to withhold the child from the custodial parent. In such cases, CDC staff will call police as soon as the parent and child leave the building. Any other individual arriving under the influence to pick up a child will be denied access to the child.

## Building Access

We have installed a security system that restricts entrance of persons into the church and CDC campus buildings. All entrances have doors with remote locks except for the CDC playground door and emergency exit doors, which have limited access to the public.

The CDC main entrance and staff entrances are secured with electronic locks that have remote release buttons that are in the CDC office. Both entrances are under recorded camera surveillance. The system consists of a camera located above the door, a door buzzer and speaker, a monitor in the office, and a two-button speaker box. The church office has the same system for church entrances.

## Building Occupancy

We have several alternate assembly areas, including the church sanctuary, under the sanctuary, and our gymnasium. The Baltimore County Fire Marshall's Office is the only authorized agent to determine the capacity of occupancy for these areas of assembly. Signs are be posted in these areas and the occupancy limits are not exceeded.

## Door View Panels

View panels on classroom doors must remain uncovered while students are present except when a lockdown protocol has been initiated by the incident commander during an emergency. The coverings used must be made of nonflammable materials, approved by the BCoFD.

## Emergency Drills

Fire evacuation drills are conducted once every month. When a fire alarm sounds, building occupants are expected to exit the building immediately without stopping to gather personal possessions. Individuals unable to exit the building are to be taken to identified areas of refuge by their designated assistants to await assistance from the BCoFD.

Other Emergency Drills are conducted periodically throughout the year.



## Emergency Plan

Each classroom has the Emergency Evacuation Route posted with primary and secondary routes. Each classroom also has a red emergency backpack with the following contents:

- Current Attendance Clipboard
- Copies of *Emergency Forms*
- *Emergency Attendance Sheets*
- *Emergency Student Release Forms*
- Flashlight with extra batteries
- Empty spiral notebook
- Pens and Pencils
- 2 whistles
- Yellow chalk
- Small white board
- Diapers, if appropriate
- Wipes
- Vinyl gloves
- Coloring Books & Crayons
- Black Permanent Marker
- Disposable infant bottles, if appropriate
- Powdered formula
- Disposable cups
- Protein source / snacks
- Several bottles of water
- Plastic bags (grocery size)
- Roll of duct tape

The Red Emergency Backpack accompanies the group to all locations.

## Fire Systems

Fireline corporation repairs and maintains the fire systems and performs the inspections of the fire/sprinkler systems with the cooperation of Facilities Manager and the Church's Buildings and Grounds Committee. All fire alarm signals terminate in the alarm monitor's call center. As of publishing of this edition, the system is monitored by Tyco / Johnson Control Corporation. Call center operators call the BCoFD to respond to specific buildings. Upon receiving an alarm, call center operators attempt to contact the church or center (depending on which building triggers the alarm) to determine if the signal is legitimate or a false alarm. If center or church personnel have confirmed that there is a fire, they can call the BCoFD directly while pulling the fire alarm.

Some of the campus buildings have a sprinkler system associated with the total building fire system. Buildings that do not have a sprinkler system have an extensive smoke detector system in place to make up for the lack of sprinklers. The components in our fire system include hand-pull stations, horn stations, primary system control panel, remote system control panels, duct smoke detectors, elevator smoke detectors, building smoke detectors, emergency doors, sprinkler systems, water flow detectors, and kitchen fire suppression system.

If a fire system is out of order or inoperable for any reason, a fire watch plan will be put in place during the time the building is occupied.

## False Alarms

We are subject to penalties for violations of the law resulting from frequent false alarms. Appropriate building management will help reduce false alarms. Security alarms triggered after hours are often related to unauthorized entrance after alarms have been set or incorrectly used security systems

## Health & Safety Training

All staff are required to complete Health and Safety training through the Maryland State Department of Education.

In addition to MSDE training, our staff members attend a yearly training update which includes the following information:

- Age-specific health-related issues, which may include, but is not limited to:
  - Proper diaper changing procedures
  - Infant feeding

- PURPLE crying
- SIDS
- SUIDS
- Toilet training
- Safety Plan (the contents of this manual)
- Health and Safety policy updates and/or changes
- Safe Lifting
- Infection Control
- Standard Precautions
- Appropriate supervision

## Locked Exterior Doors

All exterior doors are to remain locked from the outside but cannot be locked from the inside while the building is occupied. Doors that are locked from the inside compromise the safety of occupants and are a violation of fire safety codes. Doors must remain closed and must not be propped open. Visitors/staff should assure that the exterior door through which they enter or exit closes securely behind them.

## Standard Precautions

Standard Precautions are the minimum infection prevention practices that apply to care, regardless of suspected or confirmed infection status of the individual, in any setting where care is delivered. These practices are designed to both protect the individual and prevent from spreading infection.

### Standard Precautions include:

- Hand hygiene, including proper hand washing procedures
- Use of personal protective equipment (e.g., gloves, masks)
- Respiratory hygiene / cough etiquette.
- Clean and disinfected environmental surfaces and toys

Staff receive training at orientation with yearly refresher training.

## Supervision

Supervision of the children in our care is paramount. It is our responsibility to ensure the safety of each child in our care. The key to safety is supervision. Teachers observe the whole group even when involved with one child or small group. Children are never left unsupervised or inadequately supervised. Leaving children unsupervised or under-supervised is grounds for immediate dismissal. Teachers must call the office for coverage if they must leave the classroom to use the rest room or any other time that their work requires time out of their classroom (getting milk from the refrigerator, going to the resource room, etc.)

## Telephone Systems

All Center classrooms and offices are equipped with landline telephones that can be used to access assistance during an emergency. Staff should dial 911 for emergencies that require first responder assistance. The voice over internet protocol (VoIP) system can display the most recent call history, allowing for a quick recall of phone numbers that are called into the location. When a landline is not available, office personnel can use their cellular telephones to access assistance. If an emergency overwhelms cellular towers, making it difficult or impossible to get a call through, text messaging is an option for communicating emergency needs and concerns.

## Visitor Identification and Screening

All Center visitors are directed to the main CDC entrance. Before a visitor can enter the building, the individual must ring the bell and announce their identity and reason for entering the building. Upon entrance to the CDC entrance, they are visually and verbally greeted at the reception window by office personnel. Office personnel will determine if the person is to be admitted. The door can be released by depressing the entrance button remotely. This system is used to secure an entrance so that visitors must identify themselves and give information as to the business they have with office staff. All staff responsible for using the buzzer system are to be trained using this protocol. A visitor to an office or building can expect the following upon pressing the buzzer:

- Office staff using the speaker phone box will acknowledge the visitor.
- If not visible to the camera, the visitor will be asked to position themselves within full view of the camera.
- The visitor will be asked the reason for the visit.
- If the visitor replies that they are there to see an office staff member, they will be asked if they have an appointment.
- Teaching staff members are not permitted visitors during work hours.
- Once a visitor is approved, the visitor signs the Visitor Sign-In Log (*Appendix I*) and is issued a visitor badge which displays the name, date, and time of arrival, and proof of screening. Visitors should not be in the building unless they have a visitor's badge, which means that they have presented photo identification and are cleared by the standard registration procedures. Visitor badges should be worn in a visible manner.
- Upon completion of their business, the visitor must return to the office to be signed out in the visitor identification system.
- No visitor is permitted to freely roam the facility. All staff should be expected to question people without a badge and ask them to check in with the office before proceeding.
- If the visitor is asking about enrollment, office personnel or other designee may give the visitor a tour of the facility, if staffing allows. Parents are not considered visitors if they are recognized by the office staff on duty. If they are not recognized, they will be treated visitors. (See dismissal procedures.)

Students, employees, service providers, and visitors should not open doors for other people. Each visitor must go through the visitor access process described above. **While it might seem rude to close the door before another visitor can enter, this is necessary for security purposes.**

## Volunteer Screening

All volunteers must complete volunteer orientation training. Volunteers must complete the Maryland State Department's Office of Child Care Medical Report for Child Care (OCC 1204). Volunteers are never left alone with children and are never given child toileting responsibilities. Employees can also volunteer, as they have been fingerprinted and had to complete a Maryland and FBI fingerprint-based background check.

# Prevention and Mitigating Risks and Hazards

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Within our rules and regulations, we address a wide range of preventive measures. Minimum standards of health and safety, child abuse and neglect education, safe handling of foods and hazardous materials, child/teacher ratios, classroom rules of safety and hygiene, and many others are outlined in the Code of Maryland Regulations for child care, fire, food handling, buildings, etc. We are committed to exceeding the Code of Regulations in our center. Compliance with regulations helps us prevent many dangerous incidents, such as food-borne illness and blood-borne illness. There may be events or incidents which we cannot foresee or prevent. Severe emergency events may be out of our control; however, our reactions and subsequent actions are in our control. It is our responsibility to be prepared.

## General Policy

1. The responsibilities for safety and health are shared.
2. Administration and staff shall develop and maintain the proper attitude toward safety and health.
3. The administration accepts responsibility for leadership of the safety and health program, for its effectiveness and improvement, and for providing safe conditions.
4. Administrators shall insist that employees observe and obey every rule, regulation, and order necessary to maintain safe work and learning environments and take such action necessary to obtain compliance.
5. All employees of the center shall follow safe practice rules, give every possible aid to safe operations, and report all unsafe conditions or practices to the administration.
6. All employees shall be given frequent accident prevention instructions. Practice drills will be conducted monthly. Instructions and articles concerning workplace safety and health shall be given at once per quarter.
7. Anyone known to be under the influence of alcohol and/or drugs shall not be allowed on the job while in that condition. Any person arriving at the center in such a condition will be subject to disciplinary action up to and including termination. Persons with symptoms of alcohol and/or drug abuse are encouraged to discuss personal or work-related problems with a supervisor/employer or counselor. Counseling resources are available in the office.
8. No one shall knowingly be required to work while his or her ability or alertness is impaired by fatigue, illness, or other causes that might expose the individual or others to injury.
9. Horseplay, scuffling, and other acts that tend to endanger the safety or well-being of employees and children are prohibited.
10. When lifting children and heavy objects, employees should bend their knees and use the large muscles of the legs instead of the smaller muscles of the back. Back injuries are the most frequent and often the most persistent and painful type of injury in childcare.
11. Workers shall not handle or tamper with any electrical equipment, machinery, or air or water lines in a manner not within the scope of their duties, unless they have received appropriate instructions.

All injuries shall be reported promptly so that arrangements can be made for medical and/or first aid treatment. First aid materials are located in the CDC office; emergency, fire, ambulance, rescue squad, and doctors' telephone numbers are located near each phone; and fire extinguishers are located outside of rooms 101 and 109, near the main CDC entrance, and in the elevator foyer near the exit door.

## Asbestos Management Plan

The Federal Government has implemented laws governing the use of materials containing asbestos. Asbestos has been linked to lung cancer and other serious diseases and conditions. The Asbestos Hazard Emergency Response Act (AHERA) is a provision of the Toxic Substances Control Act which became law in 1986. Rules implemented within the AHERA are published in the Code of Federal Regulations, Chapter 40, Part 763, Subpart E and can be accessed at <http://www.epa.gov/asbestos/pubs/2003pt763.pdf>. The State of Maryland's Department of the Environment's Asbestos information can be accessed at <http://www.mde.state.md.us/Programs/AirPrograms/Asbestos/home/index.asp>.

## Procedures

1. We are committed to maintaining compliance with all laws and regulations pertaining to our center.
2. Our center operates with an Asbestos Management Plan. The Plan includes:
  - a. Form MDE/287 for exemption for the preschool wing of our facility. This wing was built after October of 1988 with non-asbestos containing materials. Documentation from the building contractor (included in the plan) confirms the use of non-asbestos containing materials.
  - b. Form MDE/KP-254 for the remaining portions of the building complex.
3. The Center Director is the designated person in our center to ensure that the center maintains compliance.

**NOTE:** The Asbestos Management Plan is kept in the Health and Safety area of the center's administrative office. It is available for review but must remain in the center's administrative office.

## Bus/Van and Traffic Safety Plan

We are responsible for the safe operation of our pupil transportation system and shall conform to Federal and State rules, regulations, policies, and procedures. In addition, we may adopt rules and policies that may exceed the minimum requirements established.

The safe operation of pupil transportation system requires a cooperative effort on the part of the drivers, administration, and parents. In that spirit, the following basic delineation of responsibilities is offered; however, it is important to remember that overlap does occur.

The center is responsible for the following areas:

- Bus Drivers / Attendants for CDC children
  - Hiring
  - Training
  - Supervision
  - Performance Appraisal
- Routes and schedules

The Center and the Church Transportation Committee are responsible for:

- CDC Vehicles
  - Specifications
  - Purchase
  - Maintenance, Repair, Inspection
  - Expense tracking
  - Insurance



## CPR/First Aid/AED

Regulations state that:

- A. At all times, including during an off-site activity, at least one childcare teacher or the director shall be present who holds a current certificate indicating successful completion of approved:
  1. Basic first aid training through the American Red Cross, or a program with equivalent standards, which is appropriate to all child age groups for which the center is approved; and
  2. Cardiopulmonary resuscitation (CPR) training through the American Heart Association, or a program with equivalent standards, which is appropriate to all child age groups for which the center is approved.
- B. A center with an approved capacity of more than 20 children shall have in attendance, in a ratio of at least one staff member for every 20 children present, staff members who are currently certified in approved first aid and CPR as specified at §A of this regulation.
- C. Whenever a child in care is being transported under center auspices to or from the center, there shall be at least one adult present in the vehicle who is currently certified in approved CPR and first aid. This requirement may be met by the driver of the vehicle.
- D. Section §C of this regulation shall not apply if the driver of the vehicle is a parent of a child in care who is designated by the center operator to assist in transporting children in care.
- E. An operator shall maintain first aid supplies as required by the office, conveniently accessible for each group of children at the center and at an off-site activity (COMAR 13A.16.10.02, directly quoted).

Our center requires, in accordance with regulations, that lead teachers obtain current infant and child first aid, CPR, and AED certification indicating successful completion of approved training appropriate for their age group every two years. We will provide bi-annual CPR/First Aid/AED training on the premises at no cost to employees. Current certified personnel are documented on the *Current CPR/First Aid/AED Certified Personnel List (Appendix G)*.

## Field Trip Safety Plan

Field trips, while enriching to the child's education experience, may pose hazards. We have developed a plan to minimize the risk of hazardous situations.

### STAFF REQUIREMENTS AND RESPONSIBILITIES

- At least two staff must have First Aid/CPR.
- The Summer Program Coordinator must be certified to administer medication.
- Each staff must wear appropriate attire. There must be at least one adult for every ten campers in attendance.
- Staff will take child counts every 15 minutes.
- Staff will observe children for safety, ensuring that children follow all safety rules as determined by the field trip venue and/or the Summer Program Coordinator.
- Staff will assist children as appropriate for safety, while at the same time ensuring that children do not attempt activities beyond their ability.

### FIELD TRIP PARENT PERMISSION AND NOTIFICATION

Parents are required to sign a field trip permission for each field trip.

### PROCEDURE

- We provide for instruction regarding appropriate student behavior while riding the bus.
- We provide for instruction regarding safe loading and unloading practices.

- We conduct two annual bus emergency evacuation drills for all students, including those who are non-ambulatory and those not eligible for daily bus transportation services. These drills are scheduled and monitored in cooperation with the church's Transportation Committee.
- We ensure compliance with center policies and procedures for student field trips.
- We abide by rules of the public schools' driveways during student drop-off and pick-up.
- We communicate with parents regarding unsafe pupil behavior. Excessive unsafe behavior may result in child suspensions or termination of enrollment.
- We communicate with parents following any school bus accidents in which students are involved.
- We provide the church with a bus/van roster with daily bus and van riders upon request.
- We will provide the church with a roster of field trip attendees and chaperones for each field trip upon request.

### SAFETY AND EMERGENCY MANAGEMENT

1. **Attendance:** Teachers will carry the participant lists for the trip. Attendance will be taken by the teacher on the bus before departure from the center. Head counts will be taken every 15 minutes. The teacher will take attendance on the bus before departure from the trip venue.
2. **Director's Designee:** Assistant Director for Personnel, Stacy Martin, will be in attendance and will make needed decisions.
3. **Emergency Backpack:** The teacher will carry a red emergency backpack containing the following:
  - a. Current Attendance Record
  - b. Standard Precautions kit
  - c. Medications needed for this trip
  - d. Copies of Child Emergency Forms with basic health information
  - e. Copies of Staff Emergency Contact Forms
  - f. Incident Reports in case of injury
4. **Emergency Communication:** The Center Director's Designee and the teacher will each carry working, charged cell phones in case of emergency.
5. **First Aid:** The Center Director's Designee and each Lead Teacher have current first aid and CPR training. The Lead Teacher will carry the field trip first aid kit in the red first aid backpack.
6. **Foot Safety:** Children will wear appropriate foot apparel. No open-toed shoes will be permitted.
7. **Inappropriate Behavior:** Children exhibiting inappropriate or unsafe behavior will be taken to the bus by the Center Director's Designee to wait for the rest of the group. In extreme cases, a parent will be called to pick up the children from the venue.
8. **Inclement Weather:**
  - a. **Excessive heat:** *The trip will be canceled if the weather indicates a "code red." We may reschedule if available. Parents will be notified of changes in trip plans.*
  - b. **Storms:** The trip may be canceled if excessive rain or thunderstorms are expected. The trip may be rescheduled if available. Parents will be notified of changes in trip plans.
9. **Medication:** Medications will not be administered on the field trip, except for life-saving medications, such as epi-pens and inhalers. Children with severe allergies and epi-pens will accompany staff that are approved to administer medications.

10. **Rules:** All children and staff will follow the rules of the trip venue and / or the teacher / chaperone. Rules will be reviewed before leaving the bus.
11. **Transportation:** All children and staff will follow our center's rules for bus safety. All bus safety rules are reviewed and practiced at the beginning of the week. Rules include:
- All children and staff must remain seated while the bus is in motion.
  - Only three small children or two larger children per seat.
  - All body parts remain inside the bus until leaving the bus.
  - Only the bus driver may sit in the driver's seat.
- The bus has a speed governor and does not exceed 55 mph.

## RISK MANAGEMENT

| Potential Risk                  | Prevention  | Intervention  |
|---------------------------------|---|---|
| Lost Children                   | <ol style="list-style-type: none"> <li>Children will be taught that, if they get lost, to stay where they are.</li> <li>Lead teachers will carry attendance rosters for each trip.</li> <li>Attendance will be taken in the bus before departure from the center.</li> <li>Children will wear yellow field trip wristbands with contact information.</li> <li>Children will be assigned to either a parent or staff chaperone.</li> <li>Each staff chaperone will be responsible for a group of not more than 6 children; parent chaperones, 4 children.</li> <li>Chaperones will carry emergency information cards with a list of children in their group and stubs from the yellow field trip wristband.</li> <li>Head counts will be taken every 15 minutes.</li> <li>Attendance will be taken in the bus before departure from the trip venue.</li> </ol> | <p><b>At the venue:</b></p> <ol style="list-style-type: none"> <li>If any children are missing, the group will return to the last place where all children were present.</li> <li>If the child is not there, the chaperone will contact the teacher and/or Ms. Stacy.</li> <li>The teacher will contact the venue's security with the child's information including the wristband tag number.</li> <li>The teacher or Ms. Stacy will contact the center office.</li> </ol> <p><b>At the center:</b></p> <ol style="list-style-type: none"> <li>If the center receives a phone call from the venue about a lost child, the office will call Ms. Stacy.</li> <li>Ms. Stacy will call the teacher; the teacher will call the chaperone.</li> <li>The teacher and chaperone will proceed to the venue's security office to retrieve the child.</li> </ol> |
| Sunburn                         | <ol style="list-style-type: none"> <li>Children will wear sunscreen as directed by parents. Staff will also wear sunscreen.</li> <li>Children will be observed throughout the trip for signs of sunburn.</li> </ol>   | <ol style="list-style-type: none"> <li>Children and staff will be taken to shaded area.</li> <li>If a child develops a sunburn, standard first aid will be administered, and the child taken indoors.</li> </ol>  |
| Heat exhaustion and heat stroke | <ol style="list-style-type: none"> <li>Children and staff will drink water often.</li> <li>Children and staff will spend as much time as possible in shaded areas.</li> <li>Children and staff will be observed for signs of heat exhaustion and heat stroke.</li> </ol>  | <ol style="list-style-type: none"> <li>Appropriate first aid will be administered if signs of heat exhaustion or heat stroke present.</li> <li>The individual will be taken to a cool place if possible.</li> <li>The attending adult (teacher, chaperone, or Ms. Stacy) will call 911.</li> <li>Parents will be notified.</li> </ol>   |

## Fire Safety Plan

### CALL

911

Prevention is the key to eliminating the conditions that may contribute to the cause of any fire. Major causes of fires include improper handling and storage of flammable liquids, overloaded electrical outlets, and excessive accumulation of rubbish. Many fires are a result of changing the original design's use of a space. Wiring, ventilation, and construction are often unsuitable for a new use, having not been considered during the original design and construction of the building.

Numerous Federal, State, and Local Laws and Regulations are in place to protect against the loss of life due to fire. The following sections are based on specific fire codes, not just recommended procedures but actual laws, rules, and regulations for Fire Protection and Prevention.

### PROCEDURE

#### Evacuation Drills (see Universal Emergency Response Procedures)

Childcare centers must conduct fire drills at least monthly. Offices are also required to conduct fire drills in a frequency necessary to ensure everyone is familiar with the procedures and routines.

- Evacuation drills must be conducted during all kinds of weather, under a variety of conditions: different times of the day, during lunch time, during nap times, during chapel, etc. to avoid the distinction between drills and actual fires.
- Only one evacuation drill per year can be announced. Instructions can be given, and procedures established. Procedures, not time, should be most important for the announced drill. All other drills are unannounced.
- Drills should be conducted with a primary exit route blocked to test the use of secondary exit routes.
- Each time an evacuation drill is conducted, the alarm monitoring company is notified that a drill is being conducted (not an actual emergency) so the system can be placed on "test". Once the drill has been completed, a follow-up call should be placed to the Office of Security to verify that the building's alarm signal was received by monitoring personnel.
- A record of each fire drill must be maintained at the center. These reports must include the following:
  - 1) Time and date the drill was conducted
  - 3) Number of occupants evacuated
  - 4) Total time of evacuation
  - 5) Other information relevant to the drill.

Copies of this report are available for review and are forwarded to anyone as requested.

#### Maintenance Means of Egress

- It shall be the duty of Administration and Staff to inspect all exit facilities daily to ensure that all stairways, doors, and other exits are in proper condition. Exit discharge areas and outside steps must be kept clear of snow, ice, or debris accumulations that could impede egress.
- Exit doors must be easily opened from the side of egress. Only one locking or latching device is permitted on any exit door. Locking devices that require the use of a key, tool, or special knowledge to open from the egress side of the door are strictly prohibited.
- Exit doors must never be chained, locked, or barred against egress when a building is in use.

- Storage of any type is prohibited in a stairway. Combustible or flammable materials shall not be placed, stored, or kept in any portion of an exit.
- Any fire door that is designated to be kept closed (equipped with a self-closing mechanism) shall not be blocked open. These doors may be equipped with a magnetic hold open device if it releases the door automatically upon the activation of smoke detectors, which are supervised by the building's fire alarm system.
- Mirrors shall not be placed in or adjacent to an exit in such a manner as to confuse the direction of egress. Draperies and similar hangings shall not obscure an exit.
- Vending machines, display boards, signs, coat racks and any other movable equipment that obstructs the path of egress travel shall be prohibited.

### Decorations and Artwork

- The display of live or fresh-cut Christmas trees is prohibited in all buildings on the church campus. Non-combustible artificial trees may be displayed in locations that will not interfere with egress.
- Student-prepared artwork and teaching materials shall be permitted to be attached directly to the walls and shall not exceed 20% of the wall areas.
- Draperies, curtains, and other similar furnishings and decorations in educational occupancies shall be flame resistant and certified as passing the flame resistance testing of NFPA 701.

### Fire Extinguishers

- All portable fire extinguishers must be checked monthly for obvious damage, broken seals, and to ensure that the gauge is in the operable range or, if not equipped with a gauge, that they are the proper weight.
- A thorough inspection by trained personnel, following the maintenance procedures listed in NFPA 10, the Standard for Portable Fire Extinguishers, is required on an annual basis. The Fire Protection Service vendor will conduct annual fire extinguisher inspections.
- Staff are trained annually on the safe and effective use of fire extinguisher using the P-A-S-S method.

### Emergency Lights

- All emergency lighting systems shall be tested periodically for proper operation for a minimum of 30 seconds every month. Administrative or maintenance personnel will conduct the monthly emergency light operational test.
- On an annual basis, a test shall be conducted for 1 ½ hour duration. Equipment must function properly for the duration of the test.
- Written records of all tests shall be maintained for review by the Fire Marshal.

### Storage of Flammable Materials

- Volatile and flammable liquids (duplicating inks, paints, paint thinners, oils, wax, gasoline, etc.) must be stored in approved containers. Use of these materials shall be prohibited in areas where there are open flames, electrical sparks, and running motors. Bulk storage of such materials shall be in specified storage areas appropriate for the specific material.
- All maintenance power tools are stored in the maintenance room or the maintenance shed.
- All machines requiring fuels are stored in the maintenance shed.

### General Housekeeping

- Only items associated with the operations of the boiler room and/or mechanical rooms should be stored in these areas.
- Storage areas, supply rooms, and closets must be kept neat and orderly. Empty cartons, old decorations, and other items should not be allowed to accumulate.



- All materials subject to slow oxidation (e.g. paint rags, wax rags, oil mops, etc.) should be stored in approved closed metal containers until such time as they can be either laundered or properly disposed.

### Areas of Assembly (Gymnasiums, Sanctuary)

- All assembly rooms are posted with a sign displaying the maximum capacity as determined by the district fire marshal.
- When arranging folding seats or chairs for programs, aisle ways for exiting are maintained. Aisles shall not be less than 36 inches wide where serving seats on one side only and not less than 42 inches wide where serving seats on both sides. The space between parallel rows of seats shall not constitute an aisle. Not more than six seats shall intervene between any seat and an aisle. All aisle spaces must remain unobstructed.

### Electrical Equipment and Wiring

- Cords and plugs on electrical equipment as well as extension cords must be visually inspected before each use. This required inspection should include an examination for external damage and defects (such as missing or deformed prongs, loose parts, or damaged outer jacket or insulation) as well as evidence of possible internal damage (such as a pinched or crushed outer jacket).
- Never overload electrical outlets.
- Use only UL approved grounded three-prong plug heavy duty surge protecting extension cords. **Extension cords** should never be used as permanent wiring and **are never permitted in classrooms.**
- Keep wiring away from doorways and windows. Never run wiring or extension cords under carpeting or above ceilings.

### Food Safety

COMAR 13A.16.12 includes food and nutrition regulations for childcare facilities. COMAR 10.15.03 and The Code of Baltimore County Regulations 1.01.01 includes regulations for food service in facilities such as Middle River Baptist Church. Regulations are in place to prevent contamination of food and food borne illnesses.

#### PROCEDURE

- There is at least one Level One Certified food service employee directly supervising food planning, preparation, disposal, and storage.
- All food that is served must be purchased from a licensed food production facility.
- Temperature Control: Food purchased from a licensed food production facility that requires temperature control in transporting may be brought to center under the following conditions:
  1. Food Service personnel must be able to assure that the food was transported and handled in a safe and sanitary manner within proper temperature limits for the items.
  2. The package must be unopened.
  3. Food not cooked immediately must be transferred to a refrigerator that is maintained at or below 40°F or a freezer maintained at or below 0°F.
- Dry goods are stored:
  1. In an area that is dry, cool, well-ventilated, well-lighted, and equipped with easily cleanable shelving; and
  2. At least 6 inches off the floor to facilitate cleaning.
- Parents/volunteers who prepare food for school-sponsored events, such as grilling hamburgers or hot dogs, must do so under the supervision of a Level One Certified food service employee.

- Foods brought to the center for parties/events must be store-bought or prepared on sight under the supervision of food service personnel.
- Home-prepared food for a single student, prepared by a family member of the student, does not fall under these regulations.

## Indoor Air Quality

We strive to keep our indoor air quality safe, pleasant, and comfortable for adults and children. A comfortable environment is more conducive to learning. Factors, which include energy conservation measures, new building materials, maintenance practices, and changes in building use, can contribute to potential problems with air quality. It is important that measures are taken to provide for good air quality and adequate ventilation, and that issues potentially related to indoor air quality be investigated and handled appropriately.

### PROCEDURE

- Staff report all issues related to indoor air quality concerns from children or staff to administration and/or maintenance immediately.
- Cleaning of bathrooms, floors, and trash receptacles occurs daily.
- Windows are opened as often as weather permits to circulate fresh air.
- Air conditioning and heating are maintained regularly and carefully monitored by administration and maintenance.

**NOTE:** See “Asbestos Management” for concerns about asbestos.

## Insurance Programs

Middle River Baptist Child Development Center is insured, under the umbrella corporate policy of Middle River Baptist Church, through Brotherhood Mutual for liability, auto, physical injury, Worker’s Comp, and building damage.

### Child Injury Insurance

We participate in a Special Markets Insurance Plan through Brotherhood Mutual Insurance Company for additional child injury insurance. The Special Markets Insurance will cover expenses not covered by the guardian’s primary or secondary insurances. As with any insurance program, coverage is subject to various exclusions, limitations, conditions, and deductibles.

### Employee Liability Insurance

Employees are covered against claims alleging negligence, injury, or damage through Brotherhood Mutual Insurance. The coverage for the center and the employees applies while employees are acting appropriately within the scope of their duties.

### Employee Medical/Dental Insurance

Insurance plans may be available to staff at a reasonable rate. Information on plans, rates, and availability will be discussed at the time of hire.

### PROCEDURES

**Child Injury:** Report all child injuries immediately to the CDC office. Complete Incident Report as soon as possible. See additional details under “Child Accident Reporting,” page 31.

A Special Markets claim form will be completed by administrators as soon as possible after incident and given to the parent/guardian. It is the parent/guardian's responsibility to forward claim to Brotherhood Insurance. All instructions are included on the form.

**Employee Injury:** Please see "Work Related Injuries," page 60.

Child injury insurance claim forms and Worker's Compensation Insurance forms may be obtained from the CDC office.

Employee medical claims are filed with the insurance carrier by medical personnel. Any employee medical insurance questions may be directed to the insurance carrier.

## Medications

Children will occasionally need to be given medication while in our care. Ongoing conditions, such as asthma, childhood diabetes and acid reflux may require daily medication. Other illnesses such, as conjunctivitis, strep infections, migraines, yeast infections require periodic doses of medication according to physician's orders.

It is important that medication be given according to the physician's instructions. Doses and intervals of administration should be followed to allow the medication to work effectively. Medication doses that are given too far apart may not be effective in combating the condition for which it was prescribed. Likewise, doses that are administered too close together may cause a slight overdose in medication. Depending on the medication, overdoses can cause drowsiness, lightheadedness, irritability, hyperactivity, inability to focus, vomiting, and fainting.

COMAR 13A.16.11.04 delineate regulations regarding administration of medications in childcare settings. We follow these regulations and have added some additional safeguards. All people administering medication in our center must successfully complete a 6-hour MSDE approved training for administration of medication. The persons authorized to administer medication are: Center Director, Assistant Director of Personnel, Assistant Director of Finance, Health and Safety Coordinator, and the School Age Coordinator.

## PROCEDURES

1. Medication may **not** be administered without the parent's prior written permission. The parent must complete and sign the *Medication Order Form* before we can give the medication to the child. The form must be filled out completely.
2. "Standing Order" medications for ongoing conditions [asthma, teething, eczema, etc.] may be authorized by a physician for a period of up to 6 months. Parents are contacted before administering any prescription or non-prescription "Standing Order" medications.
3. For prescription medications:
  - The medication is in its original container, labeled by the pharmacy or physician which must contain the following:
    - The child's first and last names
    - Name of medication
    - Dosage
    - Method of administration (route)
    - Frequency of administration
    - Expiration or discard date.
  - At least one dose of medication must be given at home to be sure that the child will have no adverse reaction. No child will be admitted to care after an adverse reaction until seen by a physician.

4. Over-the-Counter Medications:
  - Except for acetaminophen (Tylenol) and topical medications (diaper ointment and sunscreen) only one dose of non-prescription medication may be administered to any child per illness unless a licensed health practitioner approves, in writing, the administration of the non-prescription medication and the dosage.
  - All preventive non-prescription topical medications (including diaper ointments and sunscreen) must have prior written permission by the parent.
  - All administrations of non-prescription medications, except parent supplied diaper ointments, must be recorded on the back of the *Medication Order Form* with date, time, dosage, reactions (if any), and signature of person giving the medication.
5. This regulation is designed to prevent over-medication and inappropriate medication.
6. Storage of medications:
  - All medications must be stored as directed by the manufacturer, the dispensing pharmacy, or the physician, in an area inaccessible to children.
    - Refrigerated medications are stored in the office refrigerator.
    - Non-refrigerated medications are kept in the red Emergency Disaster Kit in the CDC office closet.
  - Each medication is in its original container, labeled with the child's first and last names, dosage, and expiration date.
7. All medications are returned to the parent or discarded when it expires or when it is no longer to be administered

## Personal Protective Equipment

Title 29, *Code of Federal Regulations (CFR)* Part 1910.132, requires that workplaces determine if hazards are present or likely to be present which would necessitate the use of personal protective equipment. If such hazards are present, or are likely to be present, personal protective equipment must be selected and issued to all affected employees. Training is also required for all affected personnel on the need and proper use of all personal protective equipment. Examples of personal protective equipment which may be required include hard hats, goggles, face shields, ear plugs, steel-toed shoes, respirators, and gloves.

## POSSIBLE HAZARDS

**Biological:** Children and childcare workers were under the high risk of infectious disease compared to children who reared at home and adults not in a childcare setting. Cytomegalovirus (CMV) could be transmitted by body fluid such as blood, tears, urine, saliva, and nasal secretion through contact with toys or diaper changes. HIV, Hepatitis B and C and human immunodeficiency virus (HIV) could be transmitted through blood, such as by a bite. Intestinal (enteric) pathogens like Hepatitis A, Cryptosporidium, Giardia, Shigella, Campylobacter, enteroviruses, and rotavirus can be transmitted by fecal-oral contamination through diaper changes, via sink faucets and the hands of childcare workers or children. People caring for children not yet toilet trained are at the highest risk of these exposures.

**Chemical:** Childcare workers are exposed to disinfectants and sanitizers which contain chlorine bleach. This compound is known to irritate the skin and eyes. Other common cleaning agents may contain volatile organic compounds which, if inhaled, could lead to upper respiratory irritation or headaches. Arts and crafts materials such as powdered paint, permanent markers, and spray-fixatives or enamels contain organic solvents, which can cause dizziness, allergies, psychological and behavioral changes, and nerve and respiratory damage with chronic exposure.

## PROCEDURES

- We will purchase necessary and appropriate personal protective equipment and ensure that it is distributed and utilized. At the present time, personal protective equipment issued to staff includes:
  - Disposable and/or washable latex gloves for staff responsible for cleaning
  - Disposable vinyl gloves for *Standard Precautions*
  - Face masks are available for prevention of dust during emergencies and for prevention of spread of airborne illness.
- Written certification of yearly training in the use of personal protective equipment is found in the Health and Safety area of the office.

## Playground Safety

COMAR 13A.16.08.07 states:

“When a group of children is engaged in a playground or outdoor activity, staff members assigned to the group shall:

- A. Station themselves among the children so that immediate intervention can occur if necessary; and
- B. If a child expresses or shows signs of discomfort due to over-activity, temperature, or weather conditions, or other physical or environmental factors, take immediate and appropriate steps to alleviate the discomfort.”

Accidents occurring on playground equipment are a major source of injuries. Because children can be expected to use equipment in unintended and unanticipated ways, adult supervision is crucial to playground safety. Nationally, the most common playground accident reported involves falls. Nearly half of the reported injuries that result from falls are to the head and range from minor bruises to skull fractures, concussions, brain damage, and even death. Other potential playground hazards include impacts by swings or moving equipment, collisions with stationary equipment, and contact with such hazards as protrusions, pinch points, sharp edges, hot surfaces, and debris found in the playground area.

## PROCEDURES

- All teachers require children to use playground apparatus and equipment in age-appropriate ways.
- All teachers must circulate throughout the playground area to provide effective supervision in accordance with regulations and center policy. Teachers are expected to interact with children and use the children’s outdoor play as opportunities for teaching.
- All teachers are to inspect playground areas daily for potentially hazardous conditions.
- Health and Safety Checklists (*Appendix A-1 and A-2*) are conducted periodically; copies of the inspection report detail the conditions observed. Results of inspections are kept in the Health and Safety area of the office.
- Repairs are made by authorized Buildings and Grounds personnel or the manufacturer’s authorized representative only.

**Students will only use playground equipment appropriate for their age.** Playground rules are posted on the playground door.

The center will follow *Playground and Water Safety Guidelines* published by the Maryland State Department of Education (2008) for increased safety of our children.



## Safe and Accessible Drinking Water

The Safe Drinking Water Act, passed by Congress in 1974 and amended in 1986 and 1996, was implemented to protect the public health, regulate the nation's public drinking water and its valuable water sources (i.e., rivers, lakes, reservoirs, ground water, and springs). This framework for legally protecting drinking water is enforceable by the United States Environmental Protection Agency (USEPA). The USEPA regulates the National Primary Drinking Water Regulations, such as total coliform, lead, and nitrates. Secondary Drinking Water Regulations are non-enforceable guidelines adopted by the individuals States, such as pH, color, and iron. Maximum contaminant levels and goals are established for each naturally occurring and man-made pollutant.

COMAR 13A.16.05.07 states:

- A. The center shall have hot and cold running water, with hot water temperature not exceeding 120 degrees F.
- B. For each 40 children in care, or fraction thereof, there shall be at least one drinking water source that is:
  - 1) Safely accessible to children 2 years old or older without assistance from an adult; and
  - 2) Not located in a toilet room or in a sink used for handwashing.
- C. Drinking water shall be supplied by:
  - 1) An angle-jet drinking fountain with mouth guard.
  - 2) Licensed bottled water in the original container.
  - 3) Running water supply with individual single service drinking cups; or
  - 4) Another method or source approved by the office [MSDE's Office of Child Care].
- D. During meals and snacks, water may be served family-style from a pitcher if the water is poured into the pitcher directly from one of the supply sources listed at §C of this regulation.

## PROCEDURE

- Hallway water fountains will have step stools for accessibility to children.
- All hot water temperatures are checked quarterly and adjusted accordingly if necessary.
- Pitchers of water may be obtained from the filtered water cooler located in the CDC office. Drinking cups are available to children in classrooms for filtered water.
- Water is given to children after outside play and as often as requested or needed.

## Safety Data Sheets

Each cleaning or chemical product has a **Safety Data Sheet** (SDS) that provides the following information on the product:

- Proper handling
- Proper storage
- Necessary personal protective equipment needed when using the product
- Hazardous ingredients
- Proper disposal of the product.

SDS sheets must be on-site for any chemical product brought into the building. SDS sheets are kept in a red binder in the Health and Safety Area. Duplicate SDS for substances used in our kitchen are kept in a binder in the kitchen.

## PROCEDURES (Building Administrator or Designee)

- Safety Data Sheets are kept in a red binder in the Health and Safety Area. Safety Data Sheets for kitchen products are kept in a binder in the kitchen.

- All materials are labeled with contents and appropriate warnings. Original labels are kept on containers.
- A list of chemicals and substances are in the red binder. The list:
  - Is arranged alphabetically by common or trade name.
  - Contains chemical compound.
  - Identifies areas where materials are found in the building.
  - Contains the date the chemical was added to the list.
  - Contains the name and address of our center, the date of preparation, and the name and telephone number of the director.
- When new chemical products are obtained, they are added to our chemical information list and Safety Data Sheets are added to the red book within 30 days.
- The list is reviewed at least every two months for completeness and accuracy.
- Training with staff is conducted with orientation and updated yearly to teach:
  - The purpose of this procedure
  - How the chemicals found in our facility can be hazardous
  - How to control exposures to hazardous chemicals by using appropriate work practices and control measures
  - The purpose of Safety Data Sheets and their location
  - How to use the information found on Material Safety Data Sheets and product labels
  - The importance that employees properly label portable receptacles which are used to store chemical substances.
- Training is documented with:
  - Participants names
  - Trainers name
  - The type of training provided, including an outline or lesson plan
- Additional training is provided when new hazardous substances are introduced to the center, when the exposure to an existing hazardous chemical increases, or when additional information is available on a product.

## Safe Lifting

Back injury is common among childcare workers. Some workers in the childcare industry are estimated to lift approximately 1,000 per day, depending on the age and size of children. The prevalence of back discomfort is between 43% and 61% with neck/shoulder discomfort between 25 and 35.4%.

## PROCEDURE

We conduct in-service training each year for our staff. Safe lifting and preventing back injury are two of topics. Teachers are instructed in methods of correct body position while lifting, including the “tripod lift,” “pivot technique,” “holding technique,” and others. Staff are instructed to:

- Place feet and knees at least shoulder width apart or front to back in a wide-step position. This will allow staff to bend at the hips, while keeping back relatively straight.
- Squat with chest and buttocks sticking out. Doing this correctly, will keep the back flat and the neck will maintain a relaxed neutral position.
- Take weight off one or both arms if possible.
- When squatting down or pushing back up, use a hand or elbow as support on a thigh or any available structure. This takes some of the compression and strain off the lower back.
- Store heavier items at waist height.
- Avoid carrying toddler on one hip.

## Safety Inspections

Safety inspections are essential to maintaining acceptable standards of safety for physical facilities, work environments and instructional practices. These inspections may be required and carried out by outside agencies. An inspection report is kept on file for each kind of inspection. In house *Health and Safety Checklists (Appendices A-1 and A-2)* are conducted weekly and documentation is kept in the Health and Safety area of the office in the blue *Health and Safety* book.

### PROCEDURE

- We assist all inspectors, as necessary.
- We maintain required documentation in appropriate locations.
- We ensure that all work order requests are completed for any areas that need repairs.
- We will follow an inspection schedule as follows in Figure 3:

**Figure 3**

*Inspection Schedule*

| <b>EXTERNAL INSPECTIONS</b>                                     |   |  |
|---|---|--|
| <b>Type of Inspection</b>                                       | <b>Performed By:</b>                        | <b>Time Period</b>   |
| Fire protection and prevention                                  | Fire Department and Fire Protection Service | At least annually  |
| Kitchen Inspection  | Health Department                           | At least annually, unannounced   |
| Pressure vessels (boilers, hot water storage, etc.)             | Licensed Inspectors                         | At least every two years   |
| Elevator  | Licensed Inspectors                         | At least annually  |
| License compliance (licensing check or response to a complaint) | MSDE OCC licensing specialist               | Licensing check unannounced at any time, at least every 12 months. Complaint response within 24 hours. |
| TSCA (Toxic Substances Control Act) Inspection                  | MDE and/or EPA inspector                    | Every 3 years  |
| <b>INTERNAL INSPECTIONS</b>                                     |   |  |
| <b>Type of Inspection</b>                                       | <b>Performed By:</b>                        | <b>Time Period</b>   |
| Playground conditions   | Teaching staff                              | Daily  |
| Playground equipment  | Health and Safety Coordinator               | Monthly  |
| Emergency Lights  | Maintenance Personnel                       | Monthly  |
| Fire Extinguishers  | Health and Safety Coordinator               | Monthly, for obvious cracks or damage  |
|   | Fire Protection Service                     | Annually   |
| Health and Safety Inspection                                    | Health and Safety Coordinator               | Monthly  |
| TSCA Surveillance   | CDC Director or another approved designee   | Every 6 months   |

## Smoke and Drug-free Campus

Center AND Church policy declare the campus as a “Smoke-Free Facility” and a smoke-free workplace. “Smoke-free Facility” signs are posted on entrances to the building. The policy affects all students, employees, and the public and is always in effect .

Staff and parents are notified of this policy through our Employee and Parent Handbooks. Outside agencies or groups who share the CDC rooms are notified and are expected to comply with the policy.

COMAR 13A.16.11.05A states that “smoking is prohibited (1) at all times in any indoor area of the center and (2) during hours of operation in any outdoor area of the center which is approved for childcare use”.

COMAR 13A.16.11.06 states that “consumption of alcohol or the use of illegal non-prescription controlled dangerous substances is not allowed (1) on the premises or (2) during an off-site activity”.

COMAR 13A.16.06.03A states that “no operator shall employ any person who, as reported on or after October 1, 2005, has received a conviction, a probation before judgment disposition, a not criminally responsible disposition, or a pending charge for the commission or attempted commission of: Possession with intent to manufacture, distribute, or dispense a controlled dangerous substance”.

## PROCEDURES

Our employment policies state that smoking is prohibited on the church property. Employees reported to be in violation of this policy may be reported to administration and disciplinary action taken, up to and including dismissal.

We will employ no one who is considered unsuitable for employment, as defined and required by COMAR 13A.16.06.03A.

Any employee receiving a conviction, probation before judgment, a not criminally responsible disposition, or a pending charge of any crime listed in COMAR 13A.16.06.03A will be immediately dismissed.

### All Drivers and CDL Holders

All van drivers and Commercial Driver’s License holders must comply with U. S. Department of Transportation (DOT) drug regulations as stated in Title 49 of the Code of Federal Regulations Part 40 and COMAR Title 11, Subtitle 19.

## Summer Program Swimming Safety Plan

Only school-aged children in our summer program participate in swimming activities. All swimming is at an approved location. Before the swimming trip, we will have in our possession a copy of the facility’s pool operating certificate. There will only be swimming permitted if certified lifeguards are on duty.

## Risk Management

| Potential Risk | Prevention and Intervention   |
|----------------|---|
| Drowning       | <ol style="list-style-type: none"> <li>1. Lifeguards will be on duty in compliance with regulations.</li> <li>2. Children and staff will follow all instructions from the lifeguards.</li> </ol>  |
| Sunburn        | <ol style="list-style-type: none"> <li>1. Children will wear sunscreen as directed by parents. Staff will also be requested to wear sunscreen. Sunscreen will be reapplied after swimming.</li> <li>2. Children will be observed throughout the trip for signs of sunburn.</li> <li>3. Children and staff will be taken to shaded areas as appropriate to prevent burns.</li> </ol> |

|                                 |   |
|---------------------------------|---|
| Heat exhaustion and heat stroke | <ol style="list-style-type: none"> <li>1. Children and staff will drink water often.</li> <li>2. Children and staff will spend as much time as possible in shaded areas.</li> <li>3. Children and staff will be observed for signs of heat exhaustion and heat stroke.</li> <li>4. Appropriate first aid will be administered if signs of heat exhaustion or heat stroke are present. Appropriate notifications will follow.</li> </ol> |
|---------------------------------|---|

### Staff Requirements and Responsibilities

- At least two staff must have First Aid/CPR/AED training.
- The Summer Program Coordinator must be certified to administer medication.
- At least ½ of the attending staff must be prepared to interact with children in the water.
- Each swimming staff member must wear appropriate swimming attire. Two-piece swimsuits must be covered with a t-shirt.
- There must be at least one adult for every 8 children in attendance.
- Staff will take hourly child counts.
- Staff will observe children for safety, ensuring that children follow all pool rules for the swimming facility.
- Staff will assist children as appropriate for safety, while at the same time ensuring that children do not attempt activities beyond their ability. This swimming trip is for enjoyment, not instruction.

### Parent Permission and Notification

Parents are required to sign a field trip permission slip before the summer program begins, which includes the following swimming permissions:

“All swimming is at (name of facility). Facilities meet all regulations for swimming facilities.  
 Do you give permission for your child to participate in swimming activities? (Please circle) Yes No  
 Can your child swim? (Please circle) Yes No  
 Has your child taken swimming lessons? (Please circle) Yes No How many years? \_\_\_\_\_”

### Safety and Emergency Management

1. **Attendance:** Staff will carry the participant lists for the trip. Attendance will be taken by the lead counselor on the bus before departure from the center. Head counts will be taken hourly while at the pool site. The Summer Program Coordinator will take attendance on the bus before departure from pool site.
2. **Director's Designee:** Assistant Director for Personnel, Stacy Martin, will be in attendance and will make final safety decisions.
3. **Emergency Backpack:** The Summer Program Coordinator will carry a red emergency backpack containing the following:
  - a. Standard Precautions kit
  - b. Medications needed for this trip
  - c. Copies of Child Emergency Forms with basic health information
  - d. Copies of Staff Emergency Contact Forms
  - e. Incident Reports in case of injury

4. **Emergency Communication:** The Center Director’s Designee and the Summer Program Coordinator will each carry working, charged cell phones in case of emergency.
5. **First Aid:** The Center Director’s Designee, the Summer Program Coordinator, and each Lead Teacher have current first aid and CPR training. The Lead Teacher will carry the field trip first aid kit in a red first aid backpack.
6. **Foot Safety: Children will wear appropriate foot apparel when not in the water.**
7. **Inappropriate Behavior:** Children exhibiting inappropriate or unsafe behavior will be removed from the pool and instructed to sit on the side of the pool.
8. **Inclement Weather:**
  - a. **Excessive heat: *The trip will be canceled if the weather indicates a “code red.” Conditions that indicate a “code red” are described on our Weather Watchers chart. We may reschedule if available.***
  - b. **Lightening:** Swimmers will exit the pool area in the event of the possibility of lightening.
9. **Medication:** The Summer Program Coordinator or an accompanying administrator will administer medication if necessary. Only life-saving medications will be carried to the swimming facility.
10. **Pool Rules:** All children and staff will follow the pool rules of the venue. Rules will be reviewed before entering the pool.
11. **Transportation:** All children and staff will follow our center’s rules for bus safety. All bus safety rules are reviewed and practiced. Rules include, but may not be limited to:
  - a. All children and staff must remain seated while the bus is in motion.
  - b. Only three smaller or two larger children per seat.
  - c. All body parts remain inside the bus until leaving the bus.
  - d. Only the bus driver may sit in the driver’s seat.

The bus has a speed governor and does not exceed 55 mph.

## Telecommunications

Use of telecommunications in the center is for educational purposes. Telecommunication violations of computer use, and confidentiality breach will be administratively managed. Telecommunication crimes will be reported to the police.

### CALL

Police 911 for criminal behavior – Refer to chart on next page for list of criminal actions.

**Educational Purposes** are those tasks performed by employees that are related to their center positions, job responsibilities, mission and goals, or positive child outcomes.

**Telecommunications** refer to any electronic device that uses, manages, carries, or supports audio, video, or data and includes, but is not limited to, information transmitted or is received via radio, television, cable, microwave, telephone, computer systems, networks, and fax machines.

**All technology equipment and the information and data that reside on that equipment purchased by the CDC, is the property of the CDC and can be examined, erased, or confiscated at any time as the need dictates.** Individuals should use their own personal equipment connected to non-MRBCDC or non-MRBC networks for any personal business on their own time.

All violations of center policy and crimes will be managed by the administration and appropriate law enforcement personnel. If either a crime or violation is suspected, a CDC administrator must be notified. The administration will then follow these procedures.



**PROCEDURES**

- Call the Police if a suspected crime has been committed.
- If there is any doubt as to whether there has been a crime or violation of policy, refer to the chart on the next page.
- Isolate the telecommunications device allegedly used. To maintain the chain of custody, an administrator should stay with the telecommunications device until the Police have arrived. No one else should have access to the device.
- Do not touch or disconnect the telecommunications device, if possible.
- To maintain the chain of custody, if the telecommunications device needs to be moved, it must be moved by the Director.
- Follow the instructions of the Police.
- Notify the CDC Committee chair.
- Obtain documentation from the police officer if a computer is removed from the center or an office. This documentation should have the serial number of the computer, date and time of removal, and name of the person removing said equipment.

| <b><i>Telecommunications<br/>Crime/Violation of Policy</i></b>                                  | <b><i>Crime</i></b> | <b><i>Violation of<br/>Policy</i></b> | <b><i>Call<br/>Police</i></b> | <b><i>Disciplinary<br/>Action</i></b> |
|---|---------------------|---------------------------------------|-------------------------------|---------------------------------------|
| Adult pornography (access, trading, production, distribution)                                   | No                  | Yes                                   | No                            | Yes                                   |
| Bomb Threats  | Yes                 | Yes                                   | Yes                           | Yes                                   |
| Bypass CDC filtering software   | No                  | Yes                                   | No                            | Yes                                   |
| Child pornography (access, possession, trading, production, distribution)                       | Yes                 | Yes                                   | Yes                           | Yes                                   |
| Computer intrusion, i.e., hacking, introducing a virus, vandalizing data                        | Yes                 | Yes                                   | Yes                           | Yes                                   |
| Contacting a minor for purposes of exploitation   | Yes                 | Yes                                   | Yes                           | Yes                                   |
| Copyright piracy  | Yes                 | Yes                                   | Yes                           | Yes                                   |
| Drug trafficking  | Yes                 | Yes                                   | Yes                           | Yes                                   |
| Harassment  | Yes                 | Yes                                   | Yes                           | Yes                                   |
| Charge unauthorized materials, goods, or services to the CDC                                    | No                  | Yes                                   | No                            | Yes                                   |
| Lobbying  | No                  | Yes                                   | No                            | Yes                                   |
| Network intrusion   | Yes                 | Yes                                   | Yes                           | Yes                                   |
| Password trafficking  | Yes                 | Yes                                   | Yes                           | Yes                                   |
| Photograph children using personal camera or cell phone   | No                  | Yes                                   | No                            | Yes                                   |
| Publishing a student's individual picture, first and last names on a website                    | No                  | Yes                                   | No                            | Yes                                   |
| Publish without parental permission a picture of a group of students on a website.              | No                  | Yes                                   | No                            | Yes                                   |
| Theft of trade secrets  | Yes                 | Yes                                   | Yes                           | Yes                                   |
| Threats to do bodily harm/endanger life   | Yes                 | Yes                                   | Yes                           | Yes                                   |
| Trademark counterfeiting  | Yes                 | Yes                                   | Yes                           | Yes                                   |
| Trafficking in explosive or incendiary devices or firearms over the Internet                    | Yes                 | Yes                                   | Yes                           | Yes                                   |
| Using CDC educational equipment for personal use.   | No                  | Yes                                   | No                            | Yes                                   |
| Using CDC and Church email addresses as the contact information to advertise personal business. | No                  | Yes                                   | No                            | Yes                                   |

# Emergency Planning, Practice, and Procedures

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Planning and preparing what we will do in an emergency before an emergency occurs involves coordinating efforts between center staff, families, the community, supplemental resources, and church personnel.

Our planning and preparedness include:

- Staff Orientation, which includes:
  - Overview of Universal Emergency Response Procedures
  - Emergency phone numbers
  - Chain of Command
  - Child Accident Reporting
  - Child Abuse and Neglect Reporting
  - Designated emergency exits and routes
- Annual Training to review all Emergency and Safety Procedures
- Universal Emergency Response Procedures
- Incident Command System (covered in detail in a later chapter)
- Periodic practice drills
  - Monthly **Evacuation** drills (required by regulation).
  - Periodic drills for other emergencies.

## Designated Emergency Exits and Routes

Rooms P105 A & B, as posted in rooms:

- Primary: Main CDC entrance door.
- Secondary: Exterior window leading to the south parking lot.
- Other exits: (1) Office emergency exit, or (2, 3) exit doors at either end of the hall.
- ♿ Handicapped emergency exit: CDC main exit

Rooms P101, P102, and P103, as posted in rooms:

- Primary: Door which leads directly from each classroom to the south parking lot.
- Secondary: Exit from hallway exit toward the courtyard.
- Other exits: (1) Main CDC entrance, (2) office emergency exit, or (3) exit doors at the other end of the hall.
- ♿ Handicapped emergency exits: Classroom emergency doors or through exit leading to courtyard.

Rooms P106, P107, P108, and P109, as posted in rooms:

- Primary: Doors which leads directly from each classroom to the parking lot.
- Secondary: Exit at end of the hall near the kitchenette toward the parking lot.
- Other exits: (1) Main CDC entrance, (2) office emergency exit, or (3) exit doors at the other end of the hall.
- ♿ Handicapped emergency exits: Classroom emergency exit doors, main CDC exit (wheelchair), or through exit door leading to courtyard (wheelchair).

Rooms A102, A104, as posted in rooms

- Primary: End of the first floor activities wing hallway toward the north parking lot.
- Secondary: Exit is the exit door at elevator foyer.
- Other exits: (1) Windows of the side classrooms, (2) CDC main entrance doors, or (3) office emergency exit.

♿ Handicapped emergency exit: First floor elevator foyer exit door.

**Gymnasium, as posted**

- **Do not use elevator!!**
- Primary: Down the stairwell beside the kitchen to the exit door nearest the north parking lot.
- Secondary: Down the stairwell nearest the elevator to the exit door in elevator foyer.
- Other exits:
  - Elevator foyer to the third story church wing; down the stairs to lowest level. Exit the door into the north parking lot.
  - Down the stairwell leading to the CDC hallway, out the office emergency exit or the main CDC entrance.

♿ Handicapped emergency exits: Handicapped individuals will report to elevator foyer for evacuation assistance.

**Sanctuary**

- Primary: nave exit door toward south parking lot.
- Secondary: foyer doors toward south parking lot.
- Other exits are:
  - Through doors at left side of platform, down the stairs to door leading to north parking lot.
  - Through the door out of organ wing. Proceed down the stairs to emergency exit on right. Follow to south parking lot.

♿ Handicapped emergency exit: foyer exit doors.

**♿ Handicapped Accessible Emergency Exits**

- Each classroom emergency exit
- CDC office emergency exit
- Church foyer exit doors leading to south parking lot
- First floor elevator foyer door leading to north parking lot
- Main CDC exit door
- Exit door leading to courtyard

**Emergency Numbers**

The following emergency numbers are posted beside each telephone:

| Available Adults:  | Number   |
|--|--|
| Chris Bryant, Assistant Director:  | 410-995-2390   |
| Dianna Kifer, Director:  | 443-682-1764   |
| Stacy Martin, Assistant Director:  | 410-274-8395   |
| <b>Poison Control</b>  | 1-800-222-1222                                       |
| <b>Child Protective Services</b>   | 410-887-8463   |
| <b>Office of Child Care Licensing Specialist – Sheila Dobbins</b>              | 410-583-6200 (main)<br>410-583-6212 (direct)         |
| <b>MD Dept. of Health Consultant – Connie Atkinson</b>                         | 443-540-6700   |
| <b>Parents Anonymous</b>   | 410-889-2300 ext. 1242                               |
| <b>Maryland Infants and Toddlers Program (MITP)</b>                            | 410-809-2169   |
| <b>BG&amp;E</b>  | 410-685-1212   |
| <b>Baltimore County Office of Homeland Security &amp; Emergency Management</b> | 410-887-5996   |
| <b>Emergency Alert System</b>  | 91.5 FM WBJC (Baltimore)<br>88.1 FM WYPR (Annapolis) |

## Universal Emergency Response Procedures

### **Evacuation** – for use when outside conditions are safer than inside

#### **When alarm or announcement is made:**

1. Take attendance clipboards and Red Emergency Backpack.
2. Take the closest and safest way out as posted (use secondary route if primary route is blocked or hazardous).
3. Assist those needing special assistance.
4. Do not stop for student/staff belongings, shoes, or jackets.
5. Do not operate any light switches or electrical outlets.
6. Go to designated Assembly Area (Area #1 or #2 as directed).
7. Check for injuries. Administer first aid, as necessary.
8. Take attendance.
9. Complete Emergency Attendance Sheet (Appendix B)
10. Report any missing persons (including children, staff, and parents) to Assistant director of Finance.
11. Wait for further instructions

#### **Assistant Director for Personnel will:**

- Take cell phone.
- Begin time keeping and monitoring alarm controls (if a drill).
- Monitor all areas to ensure evacuation.
- Inform emergency personnel of any missing persons.
- Report to Incident Commander for further instruction.

#### **Assistant Director for Finance will:**

- Take cell phone, emergency card box, and Disaster Supply Kit. Contents of the Disaster Supply Kit are listed in Appendix C.
- Proceed to final assembly area.
- Monitor arrival of classrooms and children.
- Collect all Emergency Attendance Sheets.
- Report missing persons to Assistant Director of Personnel or emergency personnel.
- Remain with groups and wait further instructions.

#### **The Director will:**

- Take cell phone.
- Proceed to the infant room to assist evacuation or assist those needing special assistance.
- Proceed to Incident Command area.
- Assess needs.
- Report to groups any further instructions.
- Relinquish control to personnel of greater rank or experience assuming command.

### **Lockout** – for use to secure access to building, usually during a community emergency event

- Secure the building by securing all doors from the inside. (Do not chain doors.)
- Inform staff of “Lockout.”
- Inform children as appropriate for age.
- Post staff near main entrance to allow entrance and exit with identification.
- Remain indoors and conduct center and classroom activities in a normal manner.

### **Lockdown** – for use to protect building occupants from potential dangers inside or outside of the building

#### **When the announcement “Lockdown” is made:**

- All individuals are to be indoors.
- Students are to be cleared from the halls immediately and to report to nearest available classroom.
- Assist those needing special assistance.
- Close and lock all windows and doors and do not leave for any reason.
- Cover all room and door windows.
- Stay away from all doors and windows and move students to interior walls and sit on floor.
- Shut off lights.
- BE QUIET!
- Take attendance (count heads) often to be sure all are accounted for.
- **Use any means necessary to shelter children from harm.**
- Wait for further instructions.

### **Shelter in Place** – for use when conditions outdoors are unsafe for an extended period

#### **When the order is made, follow the Lockdown procedure with the addition below:**

- Close and tape all windows and doors and seal the gap between the bottom of the door and the floor (for external gas or chemical release) with coats, blankets, or rugs.
- If necessary, evacuate to a safer area.
- If we must shelter in place for an extended period, we will have the following stored items:
  - Emergency water supply.
  - Emergency food supplies that require no cooking.
  - Emergency diapers, wipes, and powdered infant formula.

|   |  |
|---|--|
| <p><b>Severe Weather Area</b>— <i>for use in severe weather emergencies (tornado, hurricane)</i></p> <p><b>When announcement is made, or alarm sounded:</b></p> <ul style="list-style-type: none"> <li>• Take attendance clipboard and emergency backpack.</li> <li>• Do not stop for student/staff belongings.</li> <li>• Close all doors.</li> <li>• Take the closest, safest route to designated safe area (use secondary route if primary route is blocked or dangerous).</li> <li>• Safe Areas:             <ul style="list-style-type: none"> <li>○ Primary – Hallways directly outside of A102 and A104, sit in against walls in a crouched position, covering face.</li> <li>○ Secondary – Hallways, sit against interior wall in a crouched position, covering face.</li> </ul> </li> <li>• Assist those needing special assistance.</li> <li>• At arrival to safe area, take attendance.</li> <li>• Complete the Emergency Attendance sheet and hold up for collection.</li> <li>• Remain in safe area until the “all clear” is given.</li> <li>• Wait for further instructions.</li> </ul> | <p><b>Drop, Cover, and Hold</b> – <i>for use in earthquake or other imminent danger to building or immediate surroundings</i></p> <p><b>When the command “Drop” is made:</b></p> <ul style="list-style-type: none"> <li>• Attend to children before yourself.</li> <li>• DROP – to the floor, take cover under a nearby desk or table and face away from the windows.</li> <li>• COVER – your eyes by leaning your face against your arms.</li> <li>• HOLD – on to a table or desk legs and maintain present location/position.</li> <li>• Assist those needing special assistance.</li> <li>• Wait for further instructions.</li> </ul> |
|   | <p><b>Mass Shelter</b> – <i>for use during a community-wide disaster and our building is unsafe</i></p> <p>If our location is unsafe and mass shelter is necessary, we will evacuate to the nearest mass shelter designated by the Baltimore County Office of Homeland Security and Emergency Management or FEMA. To find the shelter nearest to us, text SHELTER+21220 (our zip code) to 43362 (4FEMA).</p>   |

## Emergency Assembly Areas

### Standard Evacuation

|   |   |
|---|---|
| <p><b>Assembly Area #1:</b></p> <p><b>Location of Incident Commander (Director, pastor, or designee):</b> Command post; near the entrance to the parking lot to guide emergency personnel</p> <p><b>Assembly area for children and staff:</b> Directly across from the CDC entrance in the area also known as “the grove”</p> <p><b>Access for Emergency Vehicles:</b> Parking lot entrance or exit driveways</p> <p><b>First Aid:</b> Administered as necessary in the assembly area</p> | <p><b>Assembly Area #2:</b> 500 Feet from the building</p> <p><b>Location of the Incident Commander (Director, pastor, or designee):</b> Command post; baseball diamond batting fence</p> <p><b>Assembly area for children and staff:</b> In the field, grouped with teachers</p> <p><b>Access for Emergency Vehicles:</b> Parking lot entrance driveways to field area</p> <p><b>First Aid:</b> Administered at the Incident Command Post and/or in field as necessary</p> |
|---|---|

### Severe Weather Safe Area –

**Report to area and wait for further instructions.**

**Primary Area:** Hallway outside of rooms A102 and A104

**Secondary Area:** Hallway of bottom floor of 3-story education building



## Alternate Building Location (within walking distance)

### On Campus Alternate Building:

|                               |   |
|-------------------------------|---|
| 1. Under the church sanctuary | 2. Temporary buildings directly across from CDC entrance.<br><b>NOT TO BE USED IF FIRE IS IMMINENT DUE TO FUELED TRANSPORT VEHICLES STORED DIRECTLY BEHIND BUILDINGS.</b> |
|-------------------------------|---|

## Alternate Building Location (requiring transport)/Mass Shelter

### If our location is unsafe and mass shelter is necessary:

We will evacuate to the nearest mass shelter designated by the Baltimore County Office of Homeland Security and Emergency Management or FEMA. To find the shelter nearest to us, text **SHELTER21220** to **43362** (4FEMA).

## Emergency Release Procedures

In the event of emergency requiring children to be picked up, parents/guardians of children will be called. At the time of the call, the parent/guardian will inform the caller who will pick up the child. The child will be released only to the parent/guardian or the person named by the parent/guardian. All individuals will be required to identify themselves by visual recognition or photo identification card.

If children are being picked up from an alternate site, the *Emergency Student Release Form* (Appendix D) will be filled out for each child.

# Situational Response Guidance Protocols

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## Active Shooter

### SITUATION DESCRIPTION

In 2019 the FBI recorded 28 incidents of active shooters in the US. In those 28 incidents, there were 247 casualties, 97 of which were fatalities. Three incidents occurred in schools in which there were 5 We and 15 people wounded. This is a very real danger in our time, and we must do what we can to prepare.

### OUR PROCEDURES

Each year, we conduct annual Health and Safety Training for our staff. Active Shooter Strategies is one of our topics. Our training teaches us to:

#### Have a plan

We know our surroundings and make mental of possible escape paths and places to hide if necessary.

#### RUN and escape if possible.

- Getting away from the shooter or shooters is the top priority.
- Leave belongings behind and get away.
- Help others escape, if possible, but evacuate regardless of whether others agree to follow.
- Warn and prevent individuals from entering an area where the active shooter may be.
- Call 9-1-1 when you are safe and describe the shooter, location, and weapons.

#### HIDE if escape is not possible.

- Get out of the shooter's view and stay very quiet.
- Silence all electronic devices and make sure they will not vibrate.
- Lock and block doors, close blinds and turn off lights.
- Do not hide in groups. Spread out along walls or hide separately to make it more difficult for the shooter.
- Try to communicate with police silently. Use text message or social media to tag your location or put a sign in a window.
- Stay in place until law enforcement gives you the all-clear.
- Your hiding place should be out of the shooter's view and provide protection if shots are fired in your direction.

#### FIGHT as an absolute last resort.

- Commit to your actions and act as aggressively as possible against the shooter.
- Recruit others to ambush the shooter with makeshift weapons like chairs, fire extinguishers, scissors, books, etc.
- Be prepared to cause severe or lethal injury to the shooter.
- Throw items and improvise weapons to distract and disarm the shooter.

#### After an Incident:

- Keep hands visible and empty.
- Know that law enforcement's first task is to end the incident and they may have to pass injured along the way.
- Officers may be armed with rifles, shotguns or handguns and may use pepper spray or tear gas to control the situation.
- Officers will shout commands and may push individuals to the ground for their safety.
- Follow law enforcement instructions and evacuate in the direction they come from unless otherwise instructed.

- Take care of yourself first, and then you may be able to help the wounded before first responders arrive.
- If the injured are in immediate danger, help get them to safety.
- While you wait for first responders to arrive, provide first aid. Apply direct pressure to wounded areas and use tourniquets if you have been trained to do so.
- Turn wounded people onto their sides if they are unconscious and keep them warm.
- Consider seeking professional help for you and your family to cope with the long-term effects of the trauma.

## Animals in the Building

### OUR PROCEDURES

It is the center's policy that only classroom pets and certified helping animals are admitted in the building.

#### Classroom Pets

- Limited to freshwater fish, hamsters, and gerbils.
- Exotic animals are not recommended due to the extent of care involved.
- Reptiles and amphibians are not permitted due to the risk of salmonella poisoning.
- Birds are not permitted due to the risk of various viruses.
- All pets must be caged and properly cleaned and cared for.
- The pet population of classrooms may be limited due to class size and space.
- **A classroom pet may be moved to another classroom if any child has an allergy that is exacerbated by the pet's presence in his/her classroom.**

#### Helping Animals

Certified helping animals will be admitted under the following conditions:

- Animals are leashed.
- Animals are accompanied and directly supervised by the owner.

#### Stray Animals

Stray animals are **never** to be admitted into the building. We have no way of knowing from where any stray animal has come, the health condition of the animal, or the predictability of its behavior around the children.

If an animal comes into the building, children and staff do not touch or get near the animal. Facilities Managers and/or animal control is contacted:

[animalservices@baltimorecountymd.gov](mailto:animalservices@baltimorecountymd.gov)

410-887-PAWS (7297)

## Bloodborne Pathogens

### SITUATION DESCRIPTION

The OSHA Bloodborne Pathogen Standard is a federally mandated program designed to prevent occupational exposure to blood and other potentially infectious materials that could result in the transmission of bloodborne pathogens such as HIV and HBV. This Standard covers all employees to prevent the transmission of bloodborne disease. Employees reasonably anticipated encountering blood and other potentially infectious materials in performing their job responsibilities receive yearly training and are provided with appropriate personal protective equipment.

The Standard also outlines specific procedures that must be followed should an "exposure incident" occur.

## OUR PROCEDURES

1. Ensure annual training for employees on Standard Precautions.
2. Ensure accessibility of and notify employees of location of exposure control materials.
3. Verify that appropriate personal protective equipment is being used and that appropriate procedures and products for decontamination are being utilized.
4. Ensure that personnel who have been identified as eligible for the hepatitis B vaccine are referred for training and vaccination.
5. Ensure that the appropriate procedures for the cleaning and decontamination of any blood or body fluid spills are used.
6. Maintain confidentiality of exposure incidents.
7. Report exposure incidents as workers compensation injury.

## Bodily Injury to Visitor

### SITUATION DESCRIPTION

Our policy requires that bodily injuries, accidents, or medical emergencies involving a visitor or member of the public that occur at the site be recorded and reported to the CDC and/or church office as soon as possible.

First responders are responsible for rendering emergency care to visitors who need first aid and/or emergency care for health problems during the school day.

### OUR PROCEDURES

#### During School Day

1. Report of accident, injury, or medical emergency is received.
2. During the school day, first responders render emergency care or first aid.
3. All information is recorded by administrator or designee on **Accident Report Form** and sent to the CDC office as soon as possible.
4. Provide injured visitor(s) with an insurance claim form.
5. If the visitor is sent to the hospital by ambulance, an administrator will contact insurance carrier.

#### After Hours

If the accident occurs after school hours, the individual is referred for medical treatment, or if necessary, 911 is called.

After center hours, any employee present or aware of the incident can make the report to the CDC and/or church office. Center administration will record all the information received on the **Accident Report Form** and send it within 24 hours to the insurance carrier. If the individual is transported by ambulance or the incident is serious, the church office or center administration may contact the insurance carrier.

Provide visitor(s) with the phone number for the claims department of the insurance carrier for follow-up concerns.

## Child Abuse and Neglect Reporting

### SITUATION DESCRIPTION

COMAR 13A.16.07.01 states that an operator, employee, substitute, volunteer, individual residing on the premises of the center, or other individual connected with the center may not subject a child to abuse, neglect, mental injury, or injurious treatment.

COMAR 13A.16.07.02A(1) and 13A.16.07.02A(2) state that an operator or employee who has reason to believe that a child has been abused or neglected in the center or outside of the center shall report that belief directly to protective services unit of the local department or to a law enforcement agency, as required under state and federal law (Family Law Article, §§5-560, 5-564, and 5-570—5-585; State Government Article, §10-617; Article 88A, §6(b); Annotated Code of Maryland Agency Note: Federal Statutory Reference—Americans with Disabilities Act of 1990 (42 U.S.C. §12101 et seq.); Pro-Children Act of 1994 (20 U.S.C. §6081 et seq.).

COMAR 13A.16.07.02D states that an operator may not require an employee to report through the operator or director, rather than directly to the local department or a law enforcement agency, when the employee has reason to believe that a child has been abused or neglected.

All staff members are considered mandated reporters and are legally obligated to report suspected child abuse and neglect.

### **CALL**

Child Protective Services (CPS) 410-887-8463.

### **REPORT**

Report to the investigator-on-call all information that is asked. Be prepared with the child's Emergency Form to have parent names, addresses, and phone numbers in hand. Also have staff information on hand if necessary.

### **OUR PROCEDURES**

1. We provide initial and annual child abuse and neglect training for all employees and volunteers. Training consists of (1) signs and symptoms of child abuse and neglect, (2) method for documenting health and well-being of children upon daily arrival, and (3) procedure and phone numbers for reporting suspected abuse and neglect.
2. We post phone numbers for child protective services unit of our local department of social services and law enforcement agencies near each phone in the center.
3. Center administration ensures that suspected cases of child abuse and neglect are reported to appropriate agencies.
4. We maintain confidentiality of information and reports.
5. We work in consultation with representatives from the Department of Social Services or Baltimore County Police Department on issues such as notification of parent/guardian, the interviewing process, and notice of removal.
6. Report all cases of suspected child abuse and neglect of a child by an employee of the center to designee to Child Protective Services, MSDE Office of Child Care, CDC Committee; employee will be placed on leave during investigations.

## **Child Accident Reporting**

### **SITUATION DESCRIPTION**

Center policy requires that all student accidents and medical emergencies be documented, without exception, on the Incident Report Form (Appendix K). Report all accidents which occur in the building, on the grounds, walking to and from school (middle school children only), riding on a CDC or Church bus or van, on field trips, or while participating in any other center-sponsored program or events. Accidents which occur while the child is in the parents' direct supervision must also be documented and documentation must state that the child was in the supervision of a parent.

## PROCEDURES

- Parents are notified of all injuries, however minor, on an Incident Report Form.
- Injuries involving bumps on the head, face, neck, or blood require a phone call directly to a parent/guardian.
- For more serious injuries, requiring immediate medical attention, call 911 first, then the parent.
- The teacher and/or teacher assistant comfort the child, initiate any first aid, and complete the Incident Report Form. The completed form needs to be sent to the office immediately.
- Serious child accidents requiring medical attention are covered by our insurance. *Our insurance coverage will pay for expenses which the parents' insurance carrier will not pay.* Parents receive a claims form with our portion filled in. The Claim form is then given to the physician for statement and submission by the parent to the insurance carrier.
- The carrier will be notified within 24 hours if the student is sent directly to the hospital by ambulance from the center.
- A copy of the incident report form is made for the parent; the original is signed by the parent and placed in the child's file.
- We do not accept bills submitted by parents/guardians for medical expenses. There must be a claim filed with the insurance carrier. All further inquiries are referred to the insurance carrier.

## Child Dismissal

### SITUATION DESCRIPTION

Someone other than the predetermined regular pick-up person arrives to pick up a child.

### PROCEDURES

- The parents/guardians are required to complete and annually update an **Emergency Form**. The form contains emergency contact information of the parents as well as alternate people that are permitted to pick up the child. All information must be kept current, including all phone numbers, and authorized persons for pick up.
- Children are dismissed only to those persons whose names appear on the authorization list on the Emergency Card or authorization list on the child's Enrollment Application.
- All children must be picked up from their room by the authorized parent or adult.
- *A child will **not** be released to any person less than 13 years of age.* Children may be released to a person between 13 and 18 years of age with a permission notice on file, signed by the parent.
- If the person picking up the child appears to be under the influence of alcohol or drugs, another authorized person will be contacted to pick up both child and adult. *Exception: A custodial parent arriving under the influence has the right to insist that the child be released. We do not have the legal authority to withhold the child from the custodial parent. In such cases, CDC staff will call police as soon as the parent and child leave the building. Any other individual arriving under the influence of drugs and/or alcohol to pick up a child will be denied access to the child.*
- **Alternate pick up people:** If a parent must have an alternate person pick up their child, they must notify the center in writing in advance of pick-up, even if the person is on the child's emergency card. A note must be delivered in person or by fax, text, or email, stating the child's name and the name of the person picking up the child. The note, text, fax, or email must be signed by the parent. Written signatures will be compared to the signature that we have on file. Text messages must be from the parent/guardian's number on file. **Telephone permission is not acceptable.** Upon arrival to pick up the child, we will inspect the driver's license of the person picking up. We will make a copy of the driver's license and place it in your child's file.
- **Sign-in/sign-out: It is mandatory that parents sign children in and out daily.** A sign-in/sign-out sheet can be found with each child's teacher. Whoever drops off or picks up the child must record



the accurate time as well as their initials. If the parent forgets to sign in the child, the teacher will sign the time and his/her initials on the form.

- **Late pick up:** The following procedures are to be followed:
  - If parents know that they are going to be late, we ask that they please call so we can reassure the child that they are coming. The Center closes at 6:00 p.m. Each parent is expected to pick up his or her child by this time. If a parent is late, a staff member will try to contact you or the person you have named to be called in an emergency. ***If the Center's staff is unable to contact the parent or any emergency contacts after one hour, the staff member will contact the Baltimore County Child Protective Services.***
  - Parents arriving after 6 PM must pay \$1.00 (one dollar) per minute that you are late. This amount is paid to the attending staff as payment for their services.
  - Late pick-up charges are due when the child is picked up or by the end of the week. Children may not be admitted back on Monday until the late pick-up fee is paid to the appropriate staff person. Tuition will continue to be charged during the child's absence.
  - Consistently late pick-ups may result in dismissal.

## Child Illness

### SITUATION DESCRIPTION

It is our responsibility to maintain a clean and healthy environment for children. While parents and caregivers seek to do everything in our power to prevent illness, children will become ill from time to time while in our care. Center policy and State regulations require that children showing signs and symptoms of acute illness may not be in our care. Definitions of "acute illness" vary. Using resources from the Maryland Department of Health (MDH) and the Maryland State Department of Education (MSDE), we have published a chart of common diseases in our family handbook (*MRBCCDC Family Handbook, pp. 19-20*). This chart is not an exhaustive list of common diseases. The complete [Communicable Disease Summary](#), published by the MDH (November 2011) contains a more exhaustive list of diseases. These guidelines will be used to determine the definitions of "acute illness." This chart is by no means inclusive. The information contained in the chart is subject to revision with or without notice depending on information disseminated from MDH or MSDE.

### PROCEDURES

When a child exhibits symptoms of acute illness that requires exclusion from care as defined in the *Communicable Disease Summary*:

1. The parent will be notified to pick up the child.
2. The teacher will fill out an Incident Report form (Appendix K) and check off "illness".
3. The child will be isolated in the CDC office in the sick child area until the parent arrives.
4. When the parent arrives, he/she will sign the incident form and return it to the teacher. At the end of the day, the incident report is turned in to the office.

Children may be returned to care upon resolution of symptoms or in accordance with guidelines.

## Handling of Suspicious Letters or Packages

### CALL: 911

Non-administrative staff and volunteers should not be allowed to handle mail. All staff members who handle unknown mail should wear gloves (latex or vinyl). If possible, mail should be sorted in a separate room to decrease the potential number of staff exposed in the event of a spill from a suspicious package or envelope.

## SITUATION DESCRIPTION

According to the U.S. Postal Service and recommendations from the Centers for Disease Control, suspicious envelopes/letters or packages that are discovered in a building should not be moved or touched. Some suspicious packages and letters may include the following:

### Inappropriate labeling

- Excessive postage
- A handwritten or poorly typed address
- Strange return address or no return address
- Incorrect titles or titles with no names
- Not addressed to a specific person
- Marked with restrictions, such as "Personal," "Confidential," or "Do not x-ray"
- Marked with any threatening language
- Postmarked from a city or state that does not match the return address
- Misspellings of common words

### Appearance

- Powdery substance felt through or appearing on the package or envelope
- Oily stains, discolorations, odor, or crystallization on envelope or wrapper
- Lopsided or uneven envelope
- Excessive wrapping materials, such as tape, string, etc.

### Other Suspicious Signs

- Excessive weight
- Protruding wires or aluminum foil
- Ticking sound

## PROCEDURES

### DO NOT:

- Touch, open, or move.
- Shake or empty the contents of the envelope or package.
- Remove the covering of the envelope or package.

### DO:

- **Call 911**
- Leave the room.
- Close the door or section off the area. Keep others from entering. Wash your hands with soap and water.
- Isolate all the people who were in the room or area when the letter or package was recognized and make a list of their names.
- Provide the list to law enforcement and public health officials.

### If powder from a suspicious envelope or package has spilled out:

### DO NOT:

- Try to clean up the powder.
- Smell, touch or taste the substance.
- Shake or empty the contents of any suspicious package or envelope.
- Carry the package or envelope, show it to others or allow others to examine it.

### DO:

- **Call 911**
- Put the package or envelope down on a stable surface
- Cover the spilled contents immediately with anything (i.e. clothing, paper, or trashcan).
- Alert others in the area about the suspicious package or envelope
- Leave the room and close the door or section off the area.
- Keep others from entering.

- Notify the maintenance staff to shut down and isolate the ventilation system in any affected areas.
- Wash your hands with soap and water.
- Remove any heavily contaminated clothing as soon as possible. Place it in a plastic bag or other container that can be sealed. Give the contained clothing to emergency responders.
- Shower with soap and water as soon as possible. Do not use bleach or other disinfectants on your skin.
- Isolate all the people who were in the room or area when the letter or package was recognized. Make a list of their names.
- Create a list of persons who were in the room or area when this suspicious letter or package was recognized and a list of persons who also may have handled this package or letter. Give this list to both the local public health authorities and law enforcement officials

**The area or room should not be entered until clearance is obtained from law enforcement and public health officials.**

## Hazard Communication and Toxic Substances

### Employee “Right to Know”

#### SITUATION DESCRIPTION

A hazardous substance is defined as any chemical which exhibits either a physical hazard or a health hazard. Almost every chemical product found in our facilities poses some potential hazard when used or stored improperly, used more than recommended amounts, or disposed improperly.

Each cleaning and chemical product has a **Safety Data Sheet** (SDS) that provides information based on the on the proper handling of the product, the proper storage of the product, the necessary personal protective equipment needed when using the product, the hazardous ingredients of the product, and the proper disposal of the product. Safety Data Sheets must be on-site for any chemical product brought into the building. Safety Data Sheets are kept in the red SDS binder in the Health and Safety Area. An SDS binder is in the kitchen for kitchen cleaning products.

#### PROCEDURES (Building Administrator or Designee)

- Safety Data Sheets are kept in a red binder in the Health and Safety Area.
- Duplicate copies of materials used in our kitchen are kept in a binder in the kitchen area.
- All materials are labeled with contents and appropriate warnings. Original labels are kept on containers.
- A master list (Appendix H) of chemicals and substances are listed in the red binder alphabetically according to common or trade name. The list contains:
  - Arranged alphabetically by common or trade name.
  - Contains chemical compound.
  - Identifies areas where materials are found in the building.
  - Contains the date the chemical was added to the list.
  - Contains the name and address of our center, the date of preparation, and the name and telephone number of the director.
- Yearly training with staff is conducted to teach:
  - An explanation of the purpose of this procedure
  - An explanation of how the chemicals found in our facility can be hazardous
  - A discussion of how to control exposures to hazardous chemicals by using appropriate work practices and control measures
  - The location of the SDS and where possible hazardous chemicals are stored
  - An explanation on how to use the information found on Safety Data Sheets and product labels
  - A discussion of the importance that employees properly label portable receptacles which are used to store chemical substances

- Training is documented with:
  - Participants names
  - Trainers name
  - The type of training provided, including an outline or lesson plan
- New employees are trained at orientation.
- Additional training is provided when new hazardous substances are introduced to the center, when the exposure to an existing hazardous chemical increases, or when additional information is available on a product.

## HIV / HBV Guidelines for Children and Staff

### SITUATION DESCRIPTION

#### Students

- Children infected with HIV/HBV can attend.
- There is no mandate or law stating that childcare facilities be informed of a child's HIV/HBV status. It is the parent's/guardian's right to determine if any school personnel should be informed.
- If parental consent to share this information has been obtained, decisions about who needs to be informed should be based on prevention of HIV/HBV transmission, assuring safety of the infected child, and parental wishes.
- Any personnel informed of a child's HIV/HBV status must keep that information confidential.
- Any information regarding a child's health status cannot be shared with any member of the community. It is recommended that any questions regarding the presence of a child who is infected with HIV/HBV be handled in the following manner:
  - Inform the person that it is against the law to share health information regarding students to any person without parental consent.
  - Reassure the person that all staff members are trained annually in Standard Precautions.
  - Reassure the person that students are instructed to seek adult help in the event of any injury. Students are instructed not to attempt to intervene or administer first aid.
  - Inform the person that any incidents involving student/student exposure are referred to our health department consultant who is trained in managing incidents.

#### Employees

- Any information regarding an employee's health status cannot be shared with any member of the community. It is recommended that any questions regarding the presence of an employee who is infected with HIV/HBV be handled in the following manner.
  - Reassure the inquiring person that all staff members are trained annually in Standard Precautions.
  - Inform the person that any incidents involving staff exposure are referred to our health department consultant.
- Employees are not required to inform their employer about their HIV/HBV status.
- If an employee's HIV/HBV status is revealed to another employee, this information cannot be shared without the employee's consent.

#### Safeguards

All staff are trained in Standard Precautions. During training, staff are informed of this policy and are taught that all body fluids are treated as if they may be infectious. This is not in any way meant to accuse, but to protect staff, children, and families.

## Infectious Diseases

### SITUATION DESCRIPTION

From time to time there are illnesses that are especially volatile for the population, such as coronaviruses, influenza viruses, and bacterial infections. Our goals have always been to maintain a clean and disinfected

environment. To achieve this goal, we have developed a policy of Standard Precautions (See [Standard Precautions](#), in the [Routine Safety and Security Standards and Procedures](#) section of this manual).

## PROCEDURE

During time of disease outbreak or epidemic, we may institute additional precautions to protect your children, including, but not limited to the following:

- Increase disinfection
  - Stronger bleach solution – Our normal bleach is a 1:50 solution of standard household bleach to water ( $\frac{1}{2}$  c. of bleach per gallon of water) which is recommended by the Centers for Disease Control and Prevention. During outbreaks we may increase the solution to 1:32 solution ( $\frac{1}{2}$  c. of standard household bleach to 1 gallon of water) if directed to do so by the Maryland Department of Health or the Centers for Disease Control and Prevention.
  - Greater frequency of disinfection
  - Steam disinfection – Steam cleaning has been proven to be especially effective to disinfect areas of various viruses and bacteria, as they normally do not survive at higher temperatures.
- Limiting exposure to outside populations
  - Eliminating field trips for a period
  - Eliminating outside resource activities, such as soccer
  - Limiting touring visitors' access to classrooms
- Increase hand washing awareness and teaching within the classroom. Increase reminders for children to wash their hands.
- Hand Sanitizers – It is not our policy to provide hand sanitizers for children as they may cause alcohol poisoning in children. The most effective way to reduce spread of germs is washing hands.
- Symptom monitoring
- Contact tracing as required by the Maryland or Baltimore County Health Departments

Other precautions that may be instituted are as follows:

- Temporary center quarantine – We will not close the center unless mandated to do so. .

Required testing in a health care facility or by the Maryland or Baltimore County Health Departments.

## Mosh Inspections

### SITUATION DESCRIPTION

Section 5 (a) of the Occupational Safety and Health Act of 1970 (Public Law 91-596) is known as the "General Duty Clause" and states that "each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees and shall comply with occupational safety and health standards promulgated under this act." The Maryland Occupational Safety and Health (MOSH) agency can inspect for several reasons including general schedule inspections, a fatality or catastrophe, an imminent danger complaint, or an employee or ex-employee complaint.

By law, MOSH inspectors may enter any establishment without delay at any reasonable time to inspect the premises. Trained inspectors and industrial hygienists conduct unannounced on-site inspections to identify hazardous conditions and secure their timely correction. At the beginning of an inspection, the inspector will present credentials and inform the person in charge the reason for the visit and generally discuss the scope of the inspection, records to be reviewed, and the possibility for employee interviews. A walk-around occurs and may take several hours or several days depending upon the size of the site. The inspector may ask employees questions or ask them to demonstrate procedures taught in applicable training programs. The inspector will request areas he/she wants to view, and the inspection should be limited to these areas.

Following the walk-around the inspector will have a closing conference with the building administrator of the school. Any conditions or practices that constitute a violation will be discussed with steps necessary to correct the violation. Violations will be forwarded to the Commissioner of Labor who will determine citation(s) to be issued and time allowed for the correction of each citation.

## PROCEDURES

- All Safety and Security documentation is found in the main CDC office. Program and training materials and/or documentation include:
  - OSHA Log of Occupational Illness & Injuries.
  - Hazard Communications and Training Program (Annual Health and Safety Training)
  - Safety Data Sheets and Chemical Information List
  - Bloodborne Pathogens Program (Standard Precautions, Hand Washing Procedures)
  - Personal Protective Equipment Program (Standard Precautions)
- If, in the event, that MOSH visits the center for any reason, all our records are available for review.

## Reasonable Suspicion Drug / Alcohol

### SITUATION DESCRIPTION

COMAR 13A.16.12.06 states:

“an operator may not allow the consumption of alcoholic beverages or use of illegal or non-prescribed controlled dangerous substances:

- A. On the center premises during the center's hours of operation; or
- B. By an employee or a volunteer during an off-site program activity”.

In accordance with this regulation, the center reserves the right to excuse an employee from duty when an administrator has a “reasonable suspicion” of on-the-job drug and/or alcohol use or impairment. Administration also has the right to refuse an employee the right to work if said employee arrives to work under the influence.

## PROCEDURES

- All employees are informed of this regulation and our policy as stated in *Employee Handbook*.
- The regulation and *Employee Handbook* are references for all required procedures related to drug and/or alcohol use and childcare employment.
- If an employee appears to be under the influence of alcohol or drugs while on the job or during a center-sponsored event, he or she will be relieved of their duties with no possibility of return. If the employee wished to dispute the administrator’s decision for excuse from duty, the employee may submit to a drug or alcohol test at a center-assigned health care facility at his or her own expense and transportation. If results are positive, the employee will be terminated.
- If an employee is observed using drugs or alcohol while on the job or a center-sponsored event, he or she will be permanently relieved of their duties with no possibility of return.
- If an employee arrives to work while under the influence of drugs or alcohol, he/she will be denied the right to work and employment will be terminated.

## Work Related Injuries

### WORKERS' COMPENSATION PROCEDURES

#### SITUATION DESCRIPTION

Workers' Compensation is a State mandated program that states employers must provide benefits in the event an employee sustains a work-related and compensable injury or illness while performing assigned duties during his/her work hours. The center has Workers' Compensation Insurance through Brotherhood Mutual Insurance Company. Substitutes, student teachers/interns, or volunteers, are also covered and any work-related incident which results in personal injury or illness needs to be reported.

Additionally, the insurance carrier must be notified immediately or within 24 hours if the employee, student teacher/intern, or volunteer is sent directly to the hospital from school by ambulance.

\*\*\*\* Please Note: Additional procedures are necessary for reporting "exposure incidents" (OSHA Bloodborne Pathogen Standard).

#### PROCEDURE

- Once an employee, substitute, or volunteer reports a work-related injury or illness to the appropriate supervisor or designated site-based employee, **The First Report of Injury Form (Form SF-1)** for Workers' Compensation is completed by a CDC administrator (not the employee) and forwarded to Brotherhood Mutual.
- An injured person may be returned to "transitional duty" or may lose time from work due to the injury. If the person is released to "transitional duty," the supervisor or appropriate administrator must review the written restrictions from the approved medical center or private physician. Then the supervisor or administrator must determine if the medical restrictions can be met and transitional duty is available on site. If questions exist or transitional duty is not available at the site, the supervisor or administrator needs to immediately contact the Workers Compensation (WC) Representative.
- **If an employee is placed off work, the supervisor must notify the WC Commission.** All lost time must be authorized by an approved medical provider and, if the person is going to his/her private health care provider, and the provider determines that he/she is unable to work, the person must be seen at one of the approved medical providers within 24 hours. **Failure to substantiate lost time by an approved or designated provider or representative may cause a forfeiture of benefits for full pay. It is not a denial of the claim or of any compensation due under the State Workers' Compensation law.** If the lost time is deemed to be compensable, at any time, under Maryland law, the person will be paid at the rate specified by law. The individual may also be required to return to the approved medical provider on a regularly scheduled basis if the time absent from work continues.
- Appointments for revisits and or/physical therapy are to be scheduled after work hours and will not be coded as workers' compensation leave. Exceptions will not be made unless written certification is submitted from the provider that after-hour appointment times are not offered.
- Claims are submitted to the insurance carrier and the Worker's Compensation Office.
- Confidentiality is essential and all requests for information and bills relating to a claim will be referred to the insurance claims department or the Workers' Compensation Representative.



# Critical Incident Response

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## The Incident Command System

Every complex job needs to be organized, and emergency management is no exception. The **Incident Command System (ICS)** is the nationwide standard for emergency management, preparedness, and response. The model is an expandable system of management which has proven to be workable for many emergencies, from small events to large disasters, and is currently in use by many agencies across the country.

A basic premise to ICS is that in an emergency staff will transition from their day-to-day job to a similar function in addressing that emergency. For example, in an emergency the center director or pastor will become the “Incident Commander”.

## Division of Labor

The major concept behind ICS is that every emergency, no matter how large or small, requires that certain tasks, or functions, be performed. Main divisions of ICS are: Management, Operations, Logistics, Planning/Intelligence, and Administration/Finance.

In simple terms:

- **Management:** Is in charge
- **Operations:** Makes it happen (by “doing”)
- **Logistics:** Makes it possible (by “getting”)
- **Planning/Intelligence:** Makes it rational (by “thinking”)
- **Administration/Finance:** Makes it fiscally accountable (by “recording”)

For relatively small incidents, the director or pastor may perform *all* the roles of the ICS structure. If an incident grows, he/she may activate other personnel as needed. In turn, once activated, everyone on the Incident Command Personnel Chart (Figure 4) may activate others needed to complete necessary functions.

## Common Terminology

One of the most important reasons to use ICS is the common terminology. We can communicate more effectively with response agencies if similar roles are described with similar wording. Figure 3 illustrates the relationship between each area of responsibility.

**Incident Commander:** Establishes command, works to protect life and property, directs overall management of emergency response activities.

**Planning:** In small emergencies, the Incident Commander (IC) is responsible for planning, but in a larger emergency, an IC establishes a Planning Section. Planning collects and evaluates information as related to the development of an incident and status of resources.

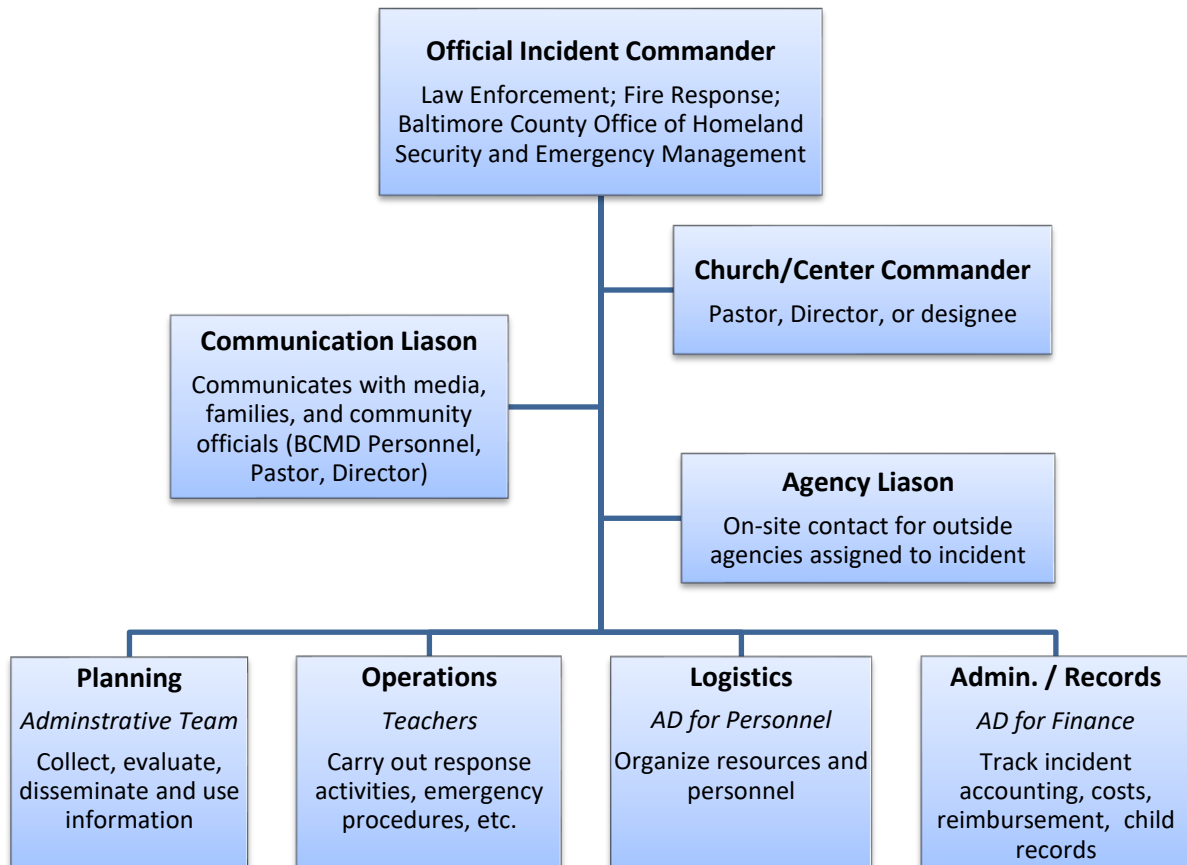
**Operations:** On our center’s campus, most staff will be assigned roles under Operations. Operations is responsible for care of children and carrying out response activities according to established Universal Emergency Procedures and Emergency Management Protocols.

**Logistics:** Responsible for communications, as well as securing and providing needed materials, resources, services, and personnel. This section may take on a major role in extended large emergency situations.

**Administration/Finance:** Sometimes overlooked, the Administration/Finance is critical for tracking incident costs and for reimbursement accounting. This is especially important in tracking costs where a state or federal “disaster area” may be declared.

**Figure 4**

*Incident Command System*



## Staff Roles in an Emergency

### ALL STAFF

All staff should prepare their family members that they may be required to remain at the center to assist in the event of an emergency. The staff is informed to have emergency plans in place for family members.

### DIRECTOR

The Director, Pastor, or designee shall serve as Incident Commander for the center until a community or emergency services Incident Commander is assigned. She/he shall be responsible for the overall direction of the emergency procedures at the center until relieved. Responsibilities include:

1. Take steps deemed necessary to ensure the safety of children, staff, and other individuals in the implementation of Emergency Management Protocols.
2. Determine whether to implement Universal Emergency Procedures (evacuation; reverse evacuation; shelter in place; severe weather/safe area; drop, cover and hold; lockdown).
3. Maintain a line of communication with church personnel, Baptist Convention of Maryland/Delaware, Maryland State Department of Education's Office of Child Care, etc.
4. Transfer command to an authorized Incident Commander when appropriate.

### ASSISTANT DIRECTOR OF PERSONNEL

1. Work with emergency service personnel (depending on the incident, community agencies such as police or fire department may have jurisdiction for investigations, rescue procedures, etc.).
2. Inform emergency service personnel of any missing persons.
3. Assist as directed by the Incident Commander.
4. Arrange for transfer of children, staff, and other individuals to safe areas and alternate locations when safety is threatened by a disaster.

### ASSISTANT DIRECTOR OF FINANCE

1. Answer phones and assist in receiving and providing *consistent* information to callers.
2. Provide for the safety of essential school records and documents.
3. Track finance and costs for accounting and reimbursement.
4. Assist as directed by the Incident Commander.

### TEACHERS

Teachers shall be responsible for the supervision of children and shall remain with students until directed otherwise. They shall:

1. Take steps deemed necessary to ensure the safety of children, staff, and other individuals in the implementation of Universal Emergency Procedures.
2. Direct children in their charge according to established Universal Emergency Procedures.
3. Render first aid if necessary. Senior teaching staff is trained and certified in first aid and CPR for their age groups.
4. Carry red Emergency Backpacks.
5. Take attendance when the class relocates in assembly area.
6. Report missing students and staff to **Assistant Director of Personnel or designee**.
7. Assist as directed by the director, pastor, or designee.

### CUSTODIANS/MAINTENANCE

1. Survey and report damage to Incident Commander.
2. Assist Universal Emergency Procedures and Emergency Management Protocols as directed.
3. Control main shut-off valves for gas, water, and electricity and assure that no hazard results from broken glass or other materials.
4. Report to utility companies any broken or downed lines.
5. Assist in the conservation, use, and disbursement of supplies and equipment.

**FOOD SERVICE/CAFETERIA WORKERS**

1. Assist during evacuation procedures.
2. Coordinate with Assistant Director of Finance the use, prepare, and serve food and water on a rationed basis whenever the feeding of children, staff, public or church personnel or members becomes necessary during an emergency.
3. Assist as directed by the director, pastor, or designee.

**BUS DRIVERS**

1. Supervise the care of students and personnel if an emergency occurs while children or personnel are on the bus.
2. Transfer students to new location when directed by the incident commander or authorized regulatory or emergency agency representative.
3. Follow procedures as directed by our transportation policy for emergency situations.

# Recovery and Continuity of Operations

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## Recovery

The transition from response to recovery can be unclear at times during enhanced operations so to ensure an appropriate transition can occur, the following steps may occur as recovery operations begin:

- Completed life safety operations.
- Property conservation needs have been identified and met.
- Preliminary Damage Assessments (PDAs) are either completed or are in process.

Recovery is the process of assisting people with the physical, emotional, and psychological trauma associated with experiencing tragic events.

Children, parents, staff, administration, and the community may be affected by a tragic event and will benefit from immediate and continuing support. For a small incident, teaching staff and administration may be capable of providing the necessary support. Emergencies that affect a small population may be well served by community mental health providers, public assistance organizations, and similar services.

For large-scale emergencies, services such as medical triage, assessment, outreach, and assistance may be delivered through a trained rapid response network, such as the Southern Baptist Convention's Disaster Relief Ministry or Baltimore County's Department of Homeland Security. The church and personnel may be called on to provide ongoing support to individuals once the initial crisis has passed.

## The Recovery Team

The **CDC Recovery Team** consists of the Director, the Assistant Director for Personnel, and the Assistant Director for Finance. The **CDC Recovery Team** will work with Middle River Baptist Church, its insurers, buildings and grounds committee, finance committee, and other organizational committees, to facilitate a quick recovery of property and services. We will assist in all aspects of the recovery as asked and indicated by the governing bodies of the church. The Team will be working concurrently with the church and its committees to meet ongoing emergency recovery needs.

Team responsibilities will be divided as follows:

**Recovery Coordinator – Center Director** (Coordinates public information and works with church council and corporate committees); assist church in review of coverage issues and questions; assist church in review of loss and restoration of operations; assist church in evaluation of whether to repair, replace, and if replacement is chosen, whether to replace on the same or another site; evaluation/estimate time needed for repair/replacement.

**Operations and Human Resources – Assistant Director for Personnel** (works with center staff and church buildings and grounds committee); work consolidation and reassignment; workers' compensation issues; identification of additional personnel/services needed; review of salvage issues; inventory of property at facility.

**Fiscal Services and Technology – Assistant Director for Finance** (coordinates technology and communications; gathers and prepares appropriate data and accesses technology resources for the team (works with church IT); tracks expenses for reimbursement; keeps accurate files; preservation of evidence.

## Recovery Process

### Short Term

- Assess damages and economic impact
- Support sheltering and feeding efforts of displaced citizens and visitors
- Provide care support for children whose parents cannot immediately pick up (care, comfort, food, etc.)
- Clear debris from transportation routes
- Support mental and behavioral health needs
- Provide emergency and temporary medical care, and basic medical services
- Conduct an economic impact analysis
- Continue damage assessment process and track costs for potential reimbursement

### Intermediate

- Repair affected systems and transportation areas
- Provide continuity of care as much as possible
- Identify mitigation projects and ways to rebuild and ensure resilience from future disasters
- Establish the Long Term Recovery Group/Team/Committee

### Long Term

- Transition recovery operations to Long Term Recovery Group/Team/Committee
- Rebuild and create resilient infrastructure based on identified needs
- Implement mitigation projects and strategies
- Implement economic revitalization strategies including rebuilding and resumption of services

## Recovery Resources

### American Red Cross Disaster Relief

<https://www.redcross.org/about-us/our-work/disaster-relief.html>

Central Maryland Chapter

4700 Mount Hope Drive

Baltimore, MD 21215

Misty L. Bruce

Executive Director, Central Maryland Chapter

410-512-7365 or 410-624-2040 | [misty.bruce@redcross.org](mailto:misty.bruce@redcross.org)

### Brotherhood Mutual Insurance

6400 Brotherhood Way

P.O. Box 2227

Fort Wayne, IN 46801-2227

260-482-8668

### Bitner-Henry Insurance Agency, Inc. (Agents)

Hagerstown, MD 21740

301-739-2260

800-231-9963

Liability & Building Policy # 19MLA030844

Special Markets Policy #T5MP-057695

Auto Policy # 19ALA0310267 (for 1993 International Bus VIN 1HVBPEP0PH497946)

CenterPoint Counseling –

<https://centrepointecounseling.org/> -

Main: 800-491-5369

Fax: 301-774-3678

Mailing Address:

PO Box 1278, Lincolnton, NC 28093

Counseling offices in Middle River and Belair

Disaster Relief Services of the Baptist Convention of Maryland/Delaware

Ellen Eudovich, Community Engagement Consultant

Baptist Convention of Maryland/Delaware

[eudovich@bcmd.org](mailto:eudovich@bcmd.org)

800-466-5290 x216

Maryland Department of Health

Connie Atkinson, RN

School Nurse Consultant

Bureau of Clinical Services

Baltimore County Department of Health

443-540-6700

[catkinson@baltimorecountymd.gov](mailto:catkinson@baltimorecountymd.gov)

6401 York Road, Third Floor

Baltimore, Maryland 21212-2130

Parents Anonymous of Maryland

Elzora Rowe-Reddish

Program Coordinator

2108 N. Charles Street

Baltimore, MD 21218

TEL: (410) 889-2300 Ext: 1242

## **Restoration of Normal Operations & Re-occupancy**

The Recovery Coordinator works with the church to determine the feasibility and time frame of re-occupancy and re-opening of the facility.



# APPENDICES

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The Health and Safety Observation Checklist will be completed each month by the Health and Safety Coordinator or a Director. The checklist is used to identify problem areas for immediate correction. The survey will be kept with other assessments of quality assurance and performance.

| <b>Classroom #</b> |   |
|--------------------|---|
| <b>Check</b>       | <b>N/O = Not observed    N/A = Not Applicable    Y = Yes    N = No</b>                              |
|                    | Daily attendance sheets current and complete  |
|                    | Cubby tops, ledges, counter tops, and windowsills clean and free of clutter                         |
|                    | Blind cords out of reach of children  |
|                    | Hazardous objects out of reach of children  |
|                    | Staff, volunteers, and children follow proper hand washing techniques                               |
|                    | Hand washing procedures are posted and visible near each sink                                       |
|                    | Outlet covers in place when outlets not in use  |
|                    | Bathroom is clean with clean odor, stocked, and in good repair.                                     |
|                    | SP kits readily available in each room and carried when out of the classroom                        |
|                    | SP procedures posted in each room   |
|                    | Gloves worn by all staff and volunteers when in contact with blood/body fluids                      |
|                    | Classroom areas clean and free of hazardous/undesirable materials and conditions                    |
|                    | Garbage/trash properly disposed   |
|                    | Cleaning supplies, sanitizing agents, and other dangerous materials stored in cabinets out of reach |
|                    | Window screens free of rips and in good repair  |
|                    | Emergency telephone numbers posted by each phone  |
|                    | Emergency escape plans posted by each exit door   |
|                    | Cot chart list is posted with a diagram of cot placement  |

|                               |       |
|-------------------------------|-------|
| Health and Safety Coordinator | Date: |
| Director                      | Date: |

The Health and Safety Observation Checklist will be completed each month by the Health and Safety Coordinator or a Director. The checklist is used to identify problem areas for immediate correction. The survey will be kept with other assessments of quality assurance and performance.

| <b>Playground</b> |  |
|-------------------|--|
| <b>Check</b>      | <b>N/O = Not observed    N/A = Not Applicable    Y = Yes    N = No</b>   |
|                   | SP kits and hand sanitizer carried on the playground   |
|                   | Outdoor areas clean and free of hazardous/undesirable materials  |
|                   | Broken & non-working toys discarded or removed for repair  |
|                   | Garbage/trash properly disposed  |
|                   | Playground doors in good repair, and prevent children from exiting without teachers  |
|                   | Playground fencing in good repair, safe, and prevents children from exiting without teachers   |
|                   | Tricycles in good repair – tricycles needing repair removed for service  |
|                   | Portable climbing equipment within safe fall zones   |
|                   | Playhouse doors propped open during use to prevent crushing hazards and to enable observation  |
|                   | Playground free of tripping hazards  |
|                   | <b>Playground rules in use:</b>  |
|                   | <ul style="list-style-type: none"> <li>• Children climb up stairs and slide down the slide</li> <li>• Rocks stay on the ground</li> <li>• Tricycle helmets used by children</li> <li>• Staff station themselves throughout the playground so that immediate intervention can occur if necessary</li> <li>• Staff takes immediate action to meet children’s needs to alleviate discomfort (over-heated, over-activity, cold, etc.)</li> </ul> |
|                   |  |
|                   |  |

|                                |       |
|--------------------------------|-------|
| Health and Safety Coordinator: | Date: |
| Director                       | Date: |

**Teachers and staff:** In the event a Universal Emergency Response is ordered, complete the following information sheet now. It will be collected or requested; wait for directions on the collection process.

**Teacher Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

|  |   |   |
|--|---|---|
| <b>Evacuation</b><br>Once completed,<br>hold up for collection | <b>Lockdown</b><br>Once completed, wait until<br>asked by Incident Commander<br>or designee | <b>Severe Weather</b><br>Once completed, wait until<br>asked by Incident Commander<br>or designee |
|--|---|---|

Number of individuals in room or with teacher: \_\_\_\_\_ Classroom number: \_\_\_\_\_

Students only

Students/others

|   |   |
|---|---|
| Names of individuals, including adults in classroom or with teacher <b>NOT</b> scheduled to be here (parents, other children, etc.):<br><br>_____<br>_____<br>_____<br>_____<br>_____ | Individuals missing from room or assigned teacher:<br><br>_____<br>_____<br>_____<br>_____<br>_____ |
|---|---|

**Injuries (if any) or medical situations requiring attention:**

No  Yes: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Physical damage to classroom?**

No  Yes: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

On the back of this sheet, please write the names of all individuals in the room or with teacher reporting.

Each classroom has a **Disaster Supply Kit** available for use during an emergency. Items in the kit are not be used for anything other than emergencies and emergency preparedness training activities. The Health and Safety Coordinator is assigned to keep the **Disaster Supply Kit** updated (change batteries, update phone numbers, etc.). Each classroom's kit is kept in the classroom in a red backpack, near the emergency exit. A **Master Disaster Supply Kit** is kept in the CDC office in the Health and Safety Area. It is portable and readily accessible for use in an emergency. The Assistant Director for Personnel is responsible for getting the box to the command post.

#### **Master Disaster Supply List**

- Yellow Caution Tape
- Plastic drop cloth
- Duct tape
- First aid kit and gloves – Health and Safety Coordinator will bring to emergency area
- Medications and nebulizers with medication book
- Flashlights w/extra batteries
- Grease boards and markers (or dry erase boards)
- Keys (Master)
- Laptop and/or Personal Data Assistants (Optional)
- Megaphone
- Cell phones
- Radio that is battery powered and spare batteries
- Stickers that are white peel-off and markers (for name tags)
- Telephone directory of local numbers, lists of the church and CDC personnel's phone, fax, and cell phone numbers, and lists of other emergency phone numbers
- Caps to identify school emergency team members
- Matches in waterproof container
- Id wrist bands

#### **“Ready to Go” Master File List**

- Master Attendance List
- Faculty/staff emergency cards (including emergency contacts)
- Directional Placards (Parents, Media, etc.)
- Backup drive of Student and Staff Information
- Map of building(s) with location of Exits, Phones, First Aid Kits, Assembly Areas
- Map of local streets with evacuation route (Alternate Building Location requiring Transport)
- Paper such as legal pads and ball point pens
- Copies of Care Plans for children with special needs
- Center Insurance Policies
- Emergency Student Release Forms (Appendix D)
- Emergency Attendance Sheets (Appendix B)

#### **Classroom Disaster Kits**

- |  |                            |                               |
|--|----------------------------|-------------------------------|
| • Copies of <i>Emergency Forms</i>       | • Yellow chalk             | • Disposable infant bottles   |
| • <i>Emergency Attendance Sheets</i>     | • Small white board        | • Powdered formula            |
| • <i>Emergency Student Release Forms</i> | • Diapers, if appropriate  | • Disposable cups             |
| • Flashlight with extra batteries        | • Wipes                    | • Protein source / snacks     |
| • Empty spiral notebook                  | • Vinyl gloves             | • Several bottles of water    |
| • Pens and Pencils                       | • Coloring Books & Crayons | • Plastic bags (grocery size) |
| • 2 whistles                             | • Black Permanent Marker   | • Roll of duct tape           |

Student's name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Age Group: \_\_\_\_\_

Student release requested by: \_\_\_\_\_

Proof of identification: \_\_\_\_\_

If the person requesting release is not listed on the child's Emergency Card Form, release of the student will be denied until direct parental contact has been made.

CHILD'S STATUS:

- Present Receiving First Aid       Absent       Transported to Hospital       Missing

Requester's signature: \_\_\_\_\_

Destination: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Staff member approving release (please initial): \_\_\_\_\_

**Example 1: Bus accident**

Our (GROUP) students were on a field trip when their school bus was involved in an accident on (HIGHWAY/ROAD). Emergency medical teams have arrived and are transporting students to (NAME) hospital. Our (POSITION OF AUTHORITY) is at the scene and our (POSITION OF AUTHORITY) is at the hospital. Staff members are calling parents of students involved in the accident. Our Emergency Management Team is implementing our emergency protocol for bus accidents, including providing support for children and staff.

*Note: Important points made are: preparedness of the school; coordination of efforts with community agencies; access to information for parents; responsible immediate action taken by school representatives (including those in positions of authority); and support provided for students at the school.*

**Example 2: Incident Resulting in Death of Student or Staff (off campus, after hours)**

Last evening/yesterday (STATE INCIDENT FACTS). The incident resulted in the death of one of our students/staff. Police are investigating and no more is known at this time, but police are conducting an ongoing investigation.

Our school's Emergency Management Team went into action immediately following the incident and the following actions have been taken: 1) Our Emergency Team met last night and planned a staff meeting; 2) We notified staff of the meeting using our Telephone Tree; 3) Crisis counseling for children and staff is being provided by community resources; 4) A review of our (STATE POLICY) policy is underway and we are on alert for potential related emotional responses.

*Note: Important points are: Even though the incident occurred off campus, after hours, the school still has a responsibility to act; the incident is coupled with a re-statement of existing policy; the center/church demonstrates it is able to handle emergencies by convening an Emergency Management Team meeting, by drawing on community resources, and by providing (or accessing) crisis counseling to the students, staff, and families.*



Dear Parents,

As you may or may not be aware, our center has recently experienced (specify event, whether death, fire, etc.) which has deeply affected us. Let me briefly review the facts (give brief description of incident and known facts).

We have implemented the center's Emergency Management Plan to respond to the situation and to help our families. Children and staff will react in different ways to emergencies of this nature, so it will be important to have support available to assist students in need. Mental Health Consultants will be available to assist children and staff as they express their feelings related to (the specific event). We have included a reference sheet to help you recognize possible reactions you may observe in your child. If you feel your child is in need of special assistance or is having a great deal of difficulty coping with (the loss, disaster, etc.), please do not hesitate to call.

While it is important to deal with grief, loss, anger, and fear reactions, we believe it is essential to resume as normal a routine as possible regarding center activities. The following modifications in our center's regular schedule will be in effect during (specify dates), and after that time all regular schedules and routines will resume. (Specify needed information such as memorial services, possible changes in classroom locations, alterations in school operating hours, etc.).

Thank you for your support of our center as we work together to cope with (specify event). Please observe your child closely over the next several days and weeks to watch for signs of distress which may indicate a need for additional support and guidance. Please feel free to call if you have any concerns or questions regarding your child or steps being taken to address this (loss, tragedy, etc.).

Sincerely,

(Director Name)  
(Phone)

| Staff Name              | Room            | First Aid Renew Date | CPR/AED Renew Date |
|-------------------------|-----------------|----------------------|--------------------|
| 1. Brown, Yvonne        | P103, Floating  | 5/2022               | 5/2022             |
| 2. Bryant, Christina    | Office          | 5/2022               | 5/2022             |
| 3. Citterman, Kayleigh  | P102            | 5/2022               | 5/2022             |
| 4. Frasca, Sharon       | P106/P107       | 5/2022               | 5/2022             |
| 5. Gamber, Bonita       | P103            | 5/2022               | 5/2022             |
| 6. Hardee, Brandy       | P108/P109       | 5/2022               | 5/2022             |
| 7. Kifer, Dianna        | Office          | 5/2022               | 5/2022             |
| 8. Le, Sabrina          | P101            | 5/2022               | 5/2022             |
| 9. Martin, Jennifer     | P102; Office    | 5/2022               | 5/2022             |
| 10. Martin, Stacy       | Office          | 5/2022               | 5/2022             |
| 11. Michaels, Linda     | A102/Office     | 5/2022               | 5/2022             |
| 12. Rengers, Colleen    | P106/P107; A102 | 5/2022               | 5/2022             |
| 13. Roberson, Emma      | P105A           | 5/2022               | 5/2022             |
| 14. Sparks, Mary        | P105            | 5/2022               | 5/2022             |
| 15.                     |                 |                      |                    |
|                         |                 |                      |                    |
|                         |                 |                      |                    |
|                         |                 |                      |                    |
|                         |                 |                      |                    |
|                         |                 |                      |                    |
|                         |                 |                      |                    |
| Last updated: 8/20/2020 |                 |                      |                    |

| Trade Name   | Purpose                   | Hazardous Ingredients  | Distributor/<br>Vendor | Storage<br>Location   | Location<br>of<br>Use  | Date<br>Added |
|--|---------------------------|--|------------------------|---|--|---------------|
| <b>Clean Force Forest Mist</b>   | Aerosol Air Freshener     | Liquefied petroleum gas, deodorized CAS for non-deodorized<br>Glycol ether<br>Hexylene glycol<br>Isopropyl alcohol (2-propanol, IPA)<br>Diethylene glycol ethyl ether<br>Ethanol (ethyl alcohol) | Ecolab Inc.            | Church janitorial closet  | Church bathrooms   | 12/07         |
| <b>Clean on the Go NABC Cleaner</b>  | Spray Disinfectant        | Alkyl dimethyl benzyl ammonium chloride<br>Nonyl phenol ethoxylate<br>Isopropyl alcohol<br>Fragrance   | Spartan Chemical, Inc. | Church janitorial Closet  | Church bathrooms   | 12/07         |
| <b>Clean on the Go Super Concentrated Glass &amp; Hard Surface Cleaner</b> | Glass and surface cleaner | Alkyl polyglycoside<br>Isopropanol   | Spartan Chemical, Inc. | Church janitorial Closets   | CDC and Church windows and mirrors                                 | 12/07         |
| <b>Clorox Anywhere Hard Surface Daily Sanitizing Spray</b>                 | Hard Surface Disinfectant | This product is not hazardous as defined by 29 CFR Part 1910.1200 (OSHA).<br>None of the ingredients in this product are on the IARC, ITP, or OSHA carcinogen lists.                             | The Clorox Company     | Room P-106  | Room P-106 & P-107   | 07/11         |
| <b>Clorox Bleach</b>   | Disinfectant              | Sodium Hypochlorite (5.25%)<br>Sodium hydroxide  | The Clorox Company     | Full strength stored in CDC office & laundry<br>Diluted solution, ¼ c. /quart, in each classroom. | Classrooms for daily disinfection while children are in attendance | 5/10          |
| <b>Clorox Cleanup</b>  | Disinfectant              | Sodium hypochlorite<br>Sodium hydroxide  | The Clorox Company     | Kitchen Storage   | Kitchen  | 5/10          |
| <b>Last Updated: 8/20/2020</b>   |                           |  |                        |   |  |               |

| Trade Name                                       | Purpose                   | Hazardous Ingredients  | Distributor/<br>Vendor            | Storage<br>Location                             | Location of Use  | Date<br>Added |
|--|---------------------------|--|-----------------------------------|---|--|---------------|
| <b>Comet Disinfectant Cleaner with Chlorinol</b> | Disinfect ant<br>Scrub    | Calcium carbonate<br>Silica, quartz  | Procter & Gamble                  | Janitorial<br>Storage                           | Classroom<br>bathrooms when<br>children are not<br>in attendance | 12/09         |
| <b>Consume Eco-Lyzer</b>                         | Cleaning<br>Compound      | Dialkyl dimethyl ammonium chloride<br>Alkyl dimethyl benzyl ammonium<br>chloride<br>Alcohol ethoxylate<br>Ethyl alcohol<br>Viable bacterial cultures | Spartan Chemical<br>Company, Inc. | CDC and Church<br>Janitorial closets.           | Bathrooms<br>during evening<br>cleaning                          | 12/07         |
| <b>Ishine</b>                                    | Buffing<br>Compound       | Acrylic polymer<br>Styrene / Acrylic copolymer<br>Tributoxyethyl phosphate<br>Dipropylene glycol methyl ether<br>Diethylene glycol monoethyl ether   | Spartan Chemical<br>Company, Inc. | Maintenance<br>Supervisor's<br>Cleaning storage | CDC and gym<br>floors  | 12/07         |
| <b>Lestoil Concentrated Heavy Duty Cleaner</b>   | Cleaning<br>Compound      | Stoddard Solvent<br>Pine Oil<br>Tall oil fatty acid, sodium salt<br>Sodium hydroxide   | The Clorox<br>Company             | P 106   | Occasional use<br>when children<br>are not in<br>attendance      | 12/09         |
| <b>Pine-Sol Brand Cleaner 1</b>                  | Cleaner /<br>Disinfectant | Pine Oil<br>Alkyl alcohol ethoxylates<br>Isopropyl alcohol<br>Sodium petroleum sulfonate   | The Clorox<br>Company             | CDC Office                                      | Occasional, when<br>children are not<br>in attendance            | 12/09         |
| <b>Sani-Tyze</b>                                 | Disinfectant              | Isopropyl alcohol<br>Alkyl dimethyl ethyl benzyl ammonium<br>chloride<br>Alkyl dimethyl benzyl ammonium<br>chloride                                  | Spartan Chemical<br>Company, Inc. | CDC and Church<br>Janitor closets               | CDC classroom<br>surfaces after<br>hours                         | 12/07         |
| <b>Shineline Emulsifier Plus</b>                 | Floor Stripper            | 2-butoxyethanol<br>Monoethanolamine<br>Sodium xylene sulfonate<br>Sodium metasilicate<br>Sodium hydroxide<br>Ethoxylated alcohols phosphate ester    | Spartan Chemical<br>Company, Inc  | Maintenance<br>Supervisor's<br>Cleaning Storage | CDC and gym<br>floors  | 12/07         |

| Date | Visitor Name | Form of ID | Reason for Visit | Time in | Time Out |
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| Hazard                            | Description and Causes  |
|-----------------------------------|---|
| Chemical (Toxic)                  | A chemical that exposes a person by absorption through the skin, inhalation, or through the blood stream that causes illness, disease, or death. The amount of chemical exposure is critical in determining hazardous effects. Check Material Safety Data Sheets (MSDS), and/or OSHA 1910.1000 for chemical hazard information. <i>Cleaning solutions, fuels, and some classroom solutions may be hazardous if used improperly.</i> |
| Chemical (Flammable)              | A chemical that, when exposed to a heat ignition source, results in combustion. Typically, the lower a chemical's flash point and boiling point, the more flammable the chemical. Check MSDS for flammability information. <i>Cleaning solutions, fuels, some classroom solutions may be flammable.</i>   |
| Chemical (Corrosive)              | A chemical that, when it comes into contact with skin, metal, or other materials, damages the materials. Acids and bases are examples of corrosives. <i>Batteries contain corrosive chemicals.</i>  |
| Explosion (Chemical Reaction)     | Self-explanatory. <i>A common classroom explosive reaction: baking soda and vinegar "volcanoes."</i>  |
| Explosion (Over Pressurization)   | Sudden and violent release of a large amount of gas/energy due to a significant pressure difference such as rupture in a boiler or compressed gas cylinder. <i>Aerosol cans are common pressurized containers that can explode.</i>   |
| Electrical (Shock/ Short Circuit) | Contact with exposed conductors or a device that is incorrectly or inadvertently grounded, such as when a metal ladder comes into contact with power lines. <i>60Hz alternating current (common house current) is extremely dangerous because it can stop the heart.</i>  |
| Electrical (Fire)                 | Use of electrical power that results in electrical overheating or arcing to the point of combustion or ignition of flammables, or electrical component damage. <i>Electrical fires can start if outlets are overloaded or if extension cords are too small for an appliance.</i>  |
| Electrical (Static/ESD)           | The moving or rubbing of wool, nylon, other synthetic fibers, and even flowing liquids can generate static electricity. This creates an excess or deficiency of electrons on the surface of material that discharges (spark) to the ground resulting in the ignition of flammables or damage to electronics or the body's nervous system. <i>This is why gas pumps say to touch metal before pumping your gas.</i>                  |
| Electrical (Loss of Power)        | Safety-critical equipment failure because of loss of power.   |
| Ergonomics (Strain)               | Damage of tissue due to overexertion (sprains and strains) or repetitive motion. <i>This is why proper lifting techniques are important.</i>  |
| Ergonomics (Human Error)          | A system design, procedure, or equipment that is error-provocative. (A switch goes up to turn something off).   |
| Excavation (Collapse)             | Soil collapse in a trench or excavation because of improper or inadequate shoring. Soil type is critical in determining the hazard likelihood.  |

| Hazard                                    | Description and Causes  |
|---|---|
| Fall (Slip, Trip)                         | Conditions that result in falls (impacts) from height or traditional walking surfaces ( <i>such as slippery floors, poor housekeeping, cluttered play spaces, wrinkled or curled carpets, etc.</i> )                                      |
| Fire/Heat                                 | Temperatures that can cause burns to the skin or damage to other organs. Fires require a heat source, fuel, and oxygen.   |
| Mechanical/ Vibration (Chaffing/ Fatigue) | Vibration that can cause damage to nerve endings, or material fatigue that results in a safety-critical failure. <i>Example: worn play equipment due to overuse.</i>  |
| Mechanical Failure                        | Self-explanatory; typically occurs when devices exceed designed capacity or are inadequately maintained ( <i>ill maintained vehicles, play equipment, food service equipment, etc.</i> ).   |
| Mechanical Injury                         | Skin, muscle, or body part exposed to crushing, caught-between, cutting, tearing shearing items or equipment ( <i>food service equipment, doors, closet doors, cabinet doors, container lids, etc.</i> ).                                 |
| Noise                                     | Noise levels (>85 dBA 8 hr. TWA) that result in hearing damage or inability to communicate safety-critical information. <i>Are your rooms too loud?</i>   |
| Radiation (Ionizing)                      | Alpha, Beta, Gamma, neutral particles, and X-rays that cause injury (tissue damage) by ionization of cellular components. <i>NA to our environment.</i>   |
| Radiation (Non-Ionizing)                  | Ultraviolet, visible light, infrared, and microwaves that cause injury to tissue by thermal or photochemical means. <i>Microwave ovens are not to be used by children.</i>  |
| Struck (Mass Acceleration)                | By accelerated mass that strikes the body causing injury or death. (Examples are falling objects and projectiles.)  |
| Struck Against                            | Injury to a body part because of coming into contact of a surface in which action was initiated by the person ( <i>toys thrown by a child</i> ).  |
| Extreme Temperature (Heat/Cold)           | Temperatures that result in heat stress, exhaustion, or metabolic slow down (hypothermia). <i>Closely monitor children and each other on the playground for signs of heat exhaustion (covered in first aid training) and hypothermia.</i> |
| Visibility                                | Lack of lighting or obstructed vision that results in an error or other hazard. <i>We remain in well lighted areas when supervising children. Children are always kept in view .</i>  |
| Weather Phenomena (Snow/Rain/Wind/Ice)    | Self-explanatory.   |



Child's Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_  
Time of Incident: \_\_\_\_\_ Place of Incident: \_\_\_\_\_

Type of Incident:

- Accident     Behavior     Biting     Injury     Illness (Specify) \_\_\_\_\_
- Observation (Specify) \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

Details of Incident (Continue on back of paper if necessary):

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Action taken or treatment given:

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Witnesses?    Yes        No        If yes, who? \_\_\_\_\_

Child must be picked up?     Yes     No    State regulation or guideline: \_\_\_\_\_

Parent / emergency contact notified?     Yes     No    If yes, whom? \_\_\_\_\_

Parents, please review the following policy or pages in your Parent Handbook:

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Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's signature indicates being advised of this situation and receiving a copy of this report.

## **Universal Emergency Response Procedures – What Parents Need to Know**

Once an administrator calls for one of the universal emergency responses below, students, employees, service providers, and visitors are to immediately follow the procedures provided. Notification is to be given in an age-appropriate manner. Parents should not come to a building while the occupants are under one of the procedures below as it may endanger the parent and/or students and staff. Staff will communicate with parents as soon as they are able to do so.

### **EVACUATION** – *For use when conditions outside are safer than conditions inside.*

When occupants are told to follow their evacuation procedures, there is a condition within the building that makes it safer for them to be out of the building. There are designated meeting locations for an evacuation with alternate locations if necessary.

### **DROP, COVER, AND HOLD** – *For use in an environmental threat such as an earthquake.*

When the drop, cover, hold response is called, occupants of a building will take cover away from windows or any areas that are likely to be affected.

### **LOCKDOWN** – *For use in protecting building occupants from imminent dangers in the building or immediately outside.*

When the building is on lockdown, no one can enter or leave the building. Movement within the building is restricted, and individuals within the building remain behind locked doors until cleared to move by first responders or when the event is deemed over.

### **LOCKOUT** – *For use in securing access to buildings, usually resulting from an event in the community.*

When a school or office building is on lockout, no one can enter or leave the building without the principal's or office head's permission. That building's external doors are secured but instruction in schools or work within office building is conducted as normal. Entry to or exit from a building is granted on a case-by-case basis and in conjunction with approval by administration and/or the Baltimore County Police Department.

### **SEVERE WEATHER SAFE AREA** – *For use in severe weather emergencies.*

When a severe weather response is called, occupants of a building will take cover away from windows or any areas that are likely to be affected. Dismissal may be delayed.

### **SHELTER IN PLACE** – *For use in securing access to a building and for controlling movement within a building.*

When occupants of a building are told to shelter in place, they remain in their locations. Activities within that location can continue but students do not move from one location to another. If there is a threat of chemicals from outside of the building, staff makes every effort to seal the building from outside toxins by shutting down their air handling systems and blocking fumes from entering the building.

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Dianna Kifer, CDC Director

August 2020, Revision

“Whatever you do, do your work heartily, as for the Lord rather than for men”  
(Colossians 3:23, NASB)