

- 3.6.2 Staff transporting children home shall release children to the address provided by parents and/or to the person(s) authorized by the parents as specified in the rule 5.10.6.6.1.1 of these regulations.
- 3.6.3 In the event that an emergency request is made by a parent for a child to be picked up by someone without prior authorization, the licensee shall ensure that a system to verify the identity of both the parent calling and the person being authorized to pick up the child is known by staff and utilized. Staff shall document such emergency calls in writing and document information regarding the identity of the person who picks up the child in the event of such an emergency.
- 3.6.4 The licensee and CBCCPP staff shall release a child to either parent unless there is a court order in the child's enrollment file that prohibits release to a particular parent.

3.7 Emergency Preparedness

3.7.1 Emergency Planning

3.7.1.1 The licensee shall develop and maintain a written Emergency Response Plan to respond to a full range of emergencies both natural and man-made. A complete plan shall include how the licensee will address and manage the following situations and responsibilities:

- Evacuations or other emergencies such as leaving the premise and lockdown situations;
- Specific concerns related to the location of the program, such as proximity to a nuclear reactor, an area prone to flooding or power loss;
- Notifying the local authorities of the emergency;
- A system for notifying the parents of the emergency;
- Notifying the local emergency planning committee regarding the location of the CBCCPP and using the committee as a resource in emergency planning for the program;
- A system of identifying the children and staff present at the time of the emergency and maintaining knowledge of their whereabouts;
- A system for handling infants, toddlers and children with special needs;
- An established evacuation meeting location within walking distance of the CBCCPP;
- A system to account for all children and staff at the evacuation meeting place;
- A process for relocation if necessary including safe transportation;
- A system for shelter in place if the staff and children present need to remain in the CBCCPP for an extended period; and

- Staff chain of command and individual staff roles and responsibilities, (if applicable) during emergencies.

3.7.1.2 The licensee shall ensure that all staff are trained on the Emergency Response Plan and are aware of where to find the written plan in the CBCCCPP.

3.7.1.3 The licensee shall ensure that the Emergency Response Plan is reviewed and updated at least once every 365 days.

3.7.1.4 The licensee shall ensure that parents are aware of the Emergency Response Plan, particularly where children would be taken if evacuated from the CBCCCPP.

3.7.2 Building Evacuation

3.7.2.1 The licensee shall have a written evacuation diagram with evacuation routes posted in each classroom that is used by the children.

3.7.2.2 The licensee shall ensure that evacuation drills are conducted at least once a month, and children and staff are evacuated in under three (3) minutes.

3.7.2.3 At least one (1) drill every 365 days shall be conducted while children are sleeping or resting.

3.7.3 Emergency Preparedness Training: Within 365 days of opening a CBCCCPP, the licensee shall attend emergency preparedness training which shall include content specifically related to sheltering in place in the event of an emergency in which the licensee and children present need to remain in the CBCCCPP for an extended period.

3.8 **Confidentiality**

The licensee, staff, auxiliary staff and partner staff shall not disclose or permit the use of any information regarding an individual child or family gained through CBCCCPP interaction with the child and family, or CBCCCPP records, files, videotaping, tape recording, photographing, assessments or any type of documentation unless parental permission is specifically granted, except to the Division or other entities with statutory authority for issues relating to the health, safety, and protection of children.

3.9 **Annual Program Assessment**

The program shall conduct a thorough assessment of the program that includes input from staff and parents at least once every 365 days.

container. Any deviations from the label's instructions shall be in writing from the child's health care provider.

- 5.6.7 A record of the administration of all medications shall be made including medication dosage, time of administration, name of staff administering, and any adverse effects observed. These records shall be maintained for 365 days from the start date of medication administration and may be kept in the child's file or in a medication administration log.
- 5.6.8 Un-used medication shall be returned to the parent when no longer needed by the child.
- 5.6.9 Insect repellent, sunscreen and non-prescription diaper ointment are not considered medications. Written parental permission shall be obtained prior to the application of insect repellent, sunscreen and non-prescription diaper ointment. This parental permission shall specify the product but may permit application as needed over a span of time. Such permission shall be updated at least once every 365 days and shall be maintained in each child's file. Children younger than school age shall not apply any of these items independently. School age children may apply these items independently with supervision.
- 5.6.10 All medication and non-medications described in the rule 5.6.9 of these regulations shall be securely stored and inaccessible to children.
- 5.6.11 Prescription rescue medication, such as rescue inhalers, epinephrine (epi) pen, and seizure medication must be kept immediately accessible for use in cases of emergency.

5.7 First Aid Kits

- 5.7.1 The licensee shall have a first aid kit that is readily accessible to adults in the CBCCPP, but not to children. The first aid kit shall contain:
- First aid manual;
 - Adhesive tape;
 - Bandages;
 - Sterile gauze pads;
 - Rolls of gauze;
 - Eye dressing;
 - Disposable nonporous gloves;
 - Scissors;
 - Tweezers;
 - Non-glass, non-mercury thermometer; and
 - An instant cold pack.

- 5.7.2 The first aid kit shall be replenished as supplies are used or as expiration dates indicate.
- 5.7.3 Staff shall ensure that a first aid kit, as required in the rule 5.7.1 of these regulations, is taken along on field trips lasting two (2) hours or more. In addition to the items listed above, the kit shall include:
- Water and liquid soap or antiseptic wipes;
 - Any emergency medications needed for a child with allergies or special health needs;
 - List of emergency phone numbers as required in the rule 5.10.1.13.2 of these regulations; and
 - A copy of parental authorizations for emergency care as required in the rule 3.4.4.1 of these regulations.

5.8 Responding to Accidents, Injuries, and Medical Emergencies

- 5.8.1 The program director shall develop and implement written procedures to be followed in case of accidents or injuries and plans for accessing emergency services. The plan shall include:
- Procedures to be followed in case of an accident, injury or medical emergency, including the method of transportation and notification of parents; and
 - Procedures to be followed in case of accident, injury or medical emergency when parents cannot be reached.
- 5.8.2 Staff shall ensure that if an accident or injury occurs to a child, while in attendance, immediate action is taken to protect the child from further harm and notification of the child's parents as quickly as possible.
- 5.8.3 Staff shall create and file an incident report for each accident, injury or medical emergency that leaves a visible mark or first aid has been administered, even when medical treatment is not required. An incident report shall include the name of the child, date, description of the injury or medical emergency, how it occurred, adult witnesses, first aid provided and medical care required. The child's parent shall be provided a copy of the report at pick up that day. Serious injuries, animal bites and death must be reported to the Division as specified in the rules in section 3.2 of these regulations.

5.9 Children with Special Health Care Needs and Disabilities

- 5.9.1 All children shall be included in all activities possible unless a specific medical contraindication exists.