
Acknowledgement of Receipt

Cummins Child Development Center
Parent Handbook

I _____, acknowledge that I have received a copy of the Cummins Child Development Center Parent Handbook, which contains the policies and guidelines for Cummins Child Development Center's policies and practices. I understand that it is my responsibility to contact the Center Director with any questions I have about the information contained in this document.

Signature

Parent/Guardian

Date

Allergy Alert Form

A photo of your child
will be taken at the
Center for identification
of children in classroom
on allergy alert status.

Child's Name _____

List known **FOOD ALLERGIES:** _____

What is the reaction? _____

Parent requested **FOOD RESTRICTIONS:** _____

What is the reaction or reason? _____

List other **ALLERGIES:** _____

Medical Information/Instruction in the event of reaction: _____

Signature of Parent/Guardian:

Date:

Signature of Physician:

Date:

Cummins Child Development Center

Non-Cummins Parent Badge Information

Non-Cummins Parent Name _____

Address _____

Phone # _____

Number of Badges assigned _____

ID Number on Badges _____

Date Parent Received Badge _____

I do hereby acknowledge and understand that the ID badges that I have been issued by Cummins Child Development Center are now and shall always remain the property of Cummins Child Development Center. I do hereby acknowledge and understand that I am solely responsible for the ID badges issued to me. I do hereby acknowledge and understand that in the event that an ID badge is lost or stolen, I must notify the Center Director IMMEDIATELY. I understand that in the event that an ID badge is lost or stolen, it is my responsibility to pay the fee to have a new badge issued. I do hereby guarantee that the ID badges issued to me upon enrollment of my child/children will remain in my possession, and not to be given to or used by any other person for any reason. Upon disenrollment of my child/children with Cummins Child Development Center, I understand that the ID badges issued to me must be turned in to the Center Director upon the last day of enrollment. Failure to do so could result in legal action against me.

Non-Cummins Parent Signature

Date

BRIGHT HORIZONS AUTHORIZATION AND CONSENT / CHILD RELEASE

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, _____. If I cannot be reached, I understand that the emergency contacts listed below will be called. However, I hereby authorize Bright Horizons to call an ambulance to transport my child to a hospital or medical facility and to secure for my child the necessary medical treatment. I understand the staff in the child care Center is trained in the basics of first aid and CPR and I authorize them to give my child first aid. In the best interests of my child, I realize any member of the teaching staff assigned responsibility for the care and education of my child may view my child's health information, as well as state licensors to ensure compliance.

Child's Health Insurance Provider: _____
Name of Insured: _____ Policy Number: _____

To ensure children's safety, Bright Horizons will release a child only to the parent(s)/legal guardian(s) who have signed this form and to those listed below as undersigned by the parent/guardian.

By signing this form, I understand that I am responsible for picking up and dropping of my child to the Center and Bright Horizons will not release my child to any other person unless I notify the Center in advance, following the guidelines listed below:

- If the person (spouse, relative, friend) picking up my child is listed on this form, I must notify the Center verbally.
- If the person picking up my child is **NOT** listed on this form, I must notify the Center in writing.
- Photo identification will be required of any person picking up my child.

Child's Name: _____ **Date of Birth:** _____

1. Name: _____ Relationship: _____

Address: _____ Day Phone #: _____

City/Town & Zip: _____ Evening Phone #: _____

Cell Phone #: _____

2. Name: _____ Relationship: _____

Address: _____ Day Phone #: _____

City/Town & Zip: _____ Evening Phone #: _____

Cell Phone #: _____

3. Name: _____ Relationship: _____

Address: _____ Day Phone #: _____

City/Town & Zip: _____ Evening Phone #: _____

Cell Phone #: _____

4. Name: _____ Relationship: _____

Address: _____ Day Phone #: _____

City/Town & Zip: _____ Evening Phone #: _____

Cell Phone #: _____

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Signature)

(Date)

BRIGHT HORIZONS
CHILD'S INFORMATION

Child's Name: _____ Date of Birth: ____/____/____

Place of Birth: _____ Primary Language: _____

Child's Schedule: MON _____ TUE _____ WED _____ THU _____ FRI _____

Parent/Guardian Information

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Home E-mail Address: _____ Home E-mail Address: _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Phone: _____

Others in Family Relationship: _____

Parent/Guardian Business Information

Company Name: _____ Company Name: _____

Address: _____ Address: _____

Business Phone: _____ Business Phone: _____

E-mail Address: _____ E-mail Address: _____

Medical Information

Eye Color: _____ Hair Color: _____ Sex: _____

Height: _____ Weight: _____ Race: _____

Identifying Marks: _____

Identified Allergies: _____

Health Insurance Provider: _____

Physician Information

Name of Physician/Clinic: _____ Phone: _____

(Parent/Guardian Signature)

(Date)

FOR CENTER USE

Center: _____ Date of Admission: _____ Age of Admission: _____

Date Registration Fee Received: _____ Director's Initials: _____

Parents:

**We need a copy of
your child's birth
certificate.**

**Please bring in the
original and we can
make a copy.**

Thanks



BREAST MILK PROCEDURE

State Form 49954 (R3 / 3-11) / BCC 0067

BUREAU OF CHILD CARE
402 W. WASHINGTON ST., RM W361
INDIANAPOLIS, IN 46204

Breast milk is a very special product. Provide a safe and excellent source of nutrition to your breast-fed infants by following the procedure below:

1. The facility or the mother must supply sterilized bottles or disposable nurser bags (*see "Parent Agreement"*).
2. The mother will store her milk in a bottle or bag and refrigerate or freeze the milk. The bottle or bag should contain no more than the amount of milk the child would drink at one feeding. The milk must be labeled with the child's name and the date and time collected.
3. The bottles or disposable bags must be brought to the center in a clean, insulated container which keeps the milk at 41° F or below (*see "Parent Agreement"*).
4. Fresh, refrigerated breast milk must be used within 48 hours of the time expressed. Frozen milk may be stored in a refrigerator freezer for 3-6 months or stored in a deep freezer at -4° F for 6-12 months.
5. Frozen breast milk may be thawed as follows:
 - (a) Frozen breast milk may be thawed under warm water, gently swirled, used within one (1) hour or refrigerated immediately and used within twenty-four (24) hours. Label the bottle with the time and date thawed and method used for thawing ("warm water" or "heat thaw").
 - (b) Frozen breast milk may be thawed in the refrigerator at 41° F or below. Label the bottle with the time and date moved to the refrigerator and "cold thaw" method and use within twenty-four (24) hours. With this method, **never warm** the breast milk until ready to feed the child.
 - (c) Do not refreeze the breast milk once it has been thawed.

NEVER HEAT BREAST MILK IN A MICROWAVE!

Note: Once a bottle is fed to infant, the remainder **must be discarded** and cannot be returned to the refrigerator.

PARENT AGREEMENT

I, _____, agree to provide my breast milk for my child _____
in sterilized bottles or sterile nurser bags. I will store my milk in the appropriate serving size for my child. I take full responsibility for maintaining
this milk at 41° F or below during home storage and transport to the center.

Signature of parent

Date (month, day, year)

Child's Health History A

(To Be Completed by Parent/Guardian or Medical Staff)

Child's Name _____

Has your child had any of the following conditions?

Disease History	Date
Whooping Cough	
Rubella	
Chicken Pox	
Mumps	
Measles	
Convulsions	
Diabetes	
Epilepsy	
Otitis Media	
Pneumonia	
Hernia	
Scarlet Fever	
Diphtheria	
Poliomyelitis	

Has your child had any surgeries?

Operations	Date
Tonsillectomy	
Adenoidectomy	
Appendectomy	
Mastoidectomy	
Tubes in Ears	
Other	

Dietary Restrictions? _____

Food Allergies? _____

Other Allergies? _____

Is your child allergic to any ointments/lotions? _____

Parent Concerns: _____

Existing Illness:	Previous serious illness/injuries:
Hospitalization during past 12 months:	Any disabilities:

Any medication prescribed for long-term continuous use?

Signature of Parent/Guardian

Date

School-age Child: I certify that my child's immunization record is on file at the elementary school he/she attends.

Signature of Parent/Guardian

Date

Health History Checklist:

The answer to these questions will help us know if your child has any medical problems. We need this information in case he/she should become ill and we are unable to reach you right away. Please circle the appropriate answer.

Pregnancy and Birth

- | | | |
|-----|----|---|
| Yes | No | 1. Were there any problems with pregnancy or birth? |
| Yes | No | 2. Was his/her birth weight under 5 ½ pounds? |
| Yes | No | 3. Was he/she premature? |
| Yes | No | 4. Did the baby have any problems in the hospital? |

Medical Problems

- | | | |
|-----|----|---|
| Yes | No | 5. Has your child ever been in the hospital overnight? |
| Yes | No | 6. Is your child taking any medicines/vitamins? |
| Yes | No | 7. Any allergies or reactions to medicine, insects, DTP or other shots? |
| Yes | No | 8. Has your child had asthma or wheezing? |
| Yes | No | 9. Does your child have speech or hearing problems? |
| Yes | No | 10. Has your child had more than two ear infections in a year? |
| Yes | No | 11. Has your child had tonsillitis? |
| Yes | No | 12. Does your child have trouble with eyes or in seeing? |
| Yes | No | 13. Has your child had a bladder or kidney infection? |
| Yes | No | 14. Does he/she have burning when urinating? |
| Yes | No | 15. Does he/she have seizures or any nervous disorder? |
| Yes | No | 16. Is your child able to play as hard as other children? |
| Yes | No | 17. Have you ever been told your child has a heart murmur? |
| Yes | No | 18. Has your child ever had a bumpy swollen reaction to the TB skin test? |
| Yes | No | 19. Has your child ever been with anyone that had/has TB? |

Yes	No	20. Has your child ever had worms?
Yes	No	21. Does your child scratch his/her genital area? Is her bottom or genitals red or sore?
Yes	No	22. Is your child a hemophiliac (free bleeder)?
Yes	No	23. Is your child on a heart monitor?
Yes	No	24. Does your child have tubes in his/her ears?
Yes	No	25. Has your child ever been involved in a serious accident?

Child's Health History B

(To Be Completed By Physician)

Child's Name _____

To be completed by physician before child can begin attending the Child Development Center.

Relevant Health Information (By Physician)

Present Age _____ yrs. _____ mos.
Height (no shoes) _____ inches (_____ %)
Weight (light clothing) _____ lbs. _____ oz. (_____ %)
Blood Pressure _____ / _____ mm Hg
Hematocrit or Hemoglobin

Physical Assessment (By Physician)

	Normal	Abnormal	Not Eval.
General Appearance			
Skin			
Head/Scalp			
Eyes/Vision			
(1) Light Reflex			
(2) Cover Test			
Ears/Hearing			
Nose, Mouth, Pharynx, Teeth			
Neck (lymphatic, thyroid)			
Heart			
Lungs			
Abdomen (includes hernias)			
Genitalia			
Orthopedic (posture/gain/spine)			
Neurologic/Reflexes			

Diagnosis of physical or mental impairment: _____

Please indicate any condition which might affect child's performance at the Child Development Center or which staff should be aware: medical treatments, diet requirements, rest, allergies, avoiding activities, etc. _____

Recommendations: _____

Medication(s) prescribed for long-term continuous use: _____

The above named child has been given a routine medical examination and has been found to be free of infectious or contagious diseases and is able to participate in group activities.

Signature of Physician

Date

Dentistry Form

Indiana State Licensing requires the Center to have a record of each Child's Dentist on file. Please fill this form out and return to the front desk.

Child's Name _____

Dentist Name _____

Dentist Address _____

Dentist Phone _____

Parent Signature _____

Date _____

Discipline Policy

During the early childhood years, children are learning to be in charge of their own behavior. We believe in establishing consistent, understandable limits and in having teachers who respond to inappropriate behavior with insight, sensitivity, and skill. When clear, consistent and age-appropriate limits are present, children increasingly become responsible for themselves. When out-of bounds behavior do occur, we believe it is important for children to understand why the behavior is inappropriate and how to modify it.

At the Cummins Child Development Center, we work to prevent behavior problems by arranging each classroom so that children work in small groups and have a choice of activities. The range of activities will give your child the freedom and ability to experience success and become self-directed. Teachers are also trained to skillfully direct behavior along appropriate channels. Children are encouraged to verbalize their feelings to learn to positively work through strong emotions. Teachers act as role models and encourage children's appropriate behaviors. Under **NO** circumstances is corporal punishment permitted. Discipline will not be associated with food, rest or restroom.

We believe that it is our responsibility to provide children with positive guidance and in our experience, most children will respond well to our approach. In the event that a child does not respond, we will notify the parents and work closely with them to develop a plan to help the child gain self-control and a positive attitude towards his peers and teachers. Should the child's continued negative behavior put himself, his peer and teachers at risk of physical harm or, if the child damages Center property, we reserve the right to ask the parent to withdraw the child from the Center. While we understand the development tendencies of a child to experiment with inappropriate language to shock others, withdrawal may also be requested for those children who are verbally abusive, including the repeated use of inappropriate language, which other families consider offensive.

I have read and understand the above Discipline Policy

Signature of Parent/Guardian

Date

Policy on Reporting and Investigating Child Abuse/Neglect

All Bright Horizons Family Solutions staff are *mandated reporters* who must report to the appropriate state child protective services agency whenever there is reasonable cause to believe or suspect a child is suffering from abuse or neglect from any cause (parent, family member, friend, or staff member).

All staff members are required to receive a complete training in these policies as part of their new employee orientation and receive subsequent trainings on an annual basis thereafter. The policies are also included in the Employee Handbook, which all employees are required to read. In addition, periodically, during staff meetings, the director/principal reinforces that all staff are mandated reporters of child abuse and neglect.

The director/principal ensures that the center/school complies with all state reporting requirements.

If a staff member has *reasonable cause* to believe or suspect that a child is suffering from abuse and/or neglect, he or she should report within 24 hours (unless state regulations supersede this time frame) directly to the state child protective services agency and inform the director/principal. The Director/principal supports staff in making a direct report to the appropriate state agency.

Reporting of abuse/neglect in the state of Indiana is required within immediately or 24 hours.

Name of state specific agency:

Child Protective Services.

Agency telephone number:

1-800-800-5556.

If a staff member does not suspect abuse or neglect, but has a concern about a child enrolled in the center/school, he or she is required to report any concern, no matter how minor, to the director/principal. If through investigation either by Bright Horizons or a state agency it is determined that a staff member was aware of the possible abuse or neglect of a child and failed to report this to the director/principal or the appropriate state agency, Bright Horizons reserves the right to impose corrective action, up to and including termination, on that staff member for failure to report.

If a staff member has not already made a report to the state child protective services agency, and the director/principal determines that there is reasonable cause to believe or suspect a child is suffering from abuse and/or neglect, or if any witness or parent/guardian believes that abuse or neglect has occurred, the director/principal should verbally notify the appropriate state child protective services agency within 24 hours (unless state regulations supersede this requirement) on behalf of Bright Horizons and require the staff member to make a written statement. The director/principal supports staff in making a direct report to the appropriate state agency.

See *Reporting and Investigating Child Abuse/Neglect* for the protocol on reporting an incident(s) to the appropriate state agency.

See *Guidelines on Communicating With Families Regarding Alleged Abuse or Neglect by a Staff Member* for Bright Horizons guidelines on communicating with the families at your center/school about an alleged incident of abuse and/or neglect.

Recognizing Abuse and Neglect

The most common way to identify maltreatment is through the child and parent/guardian's behavior. See *Physical and Behavioral Indicators of Child Abuse and Neglect* for a list of key physical and behavioral indicators of each type of maltreatment. A combination or pattern of indicators should alert you to the possibility of maltreatment.

Definitions — Abuse, Neglect, and Related Terms

Definitions of abuse, neglect, and related terms are as follows:

Abuse

Abuse generally means the non-accidental commission of any act by an individual (parent, guardian, babysitter, caregiver, etc.), that causes or creates a substantial risk of harm or threat of harm to a child's well being.

Neglect

Neglect generally means failure by an individual, either deliberately or through negligence, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, or other essential care.

Reasonable Cause

Reasonable cause generally means a basis for judgment that rests on specific facts, either directly observed or obtained from reliable sources, that supports a belief that a particular event probably took place or a particular condition probably exists.

Reportable Condition

Reportable condition generally means a suspicion that a child is suffering from or at risk of abuse or neglect; a physical or emotional injury resulting from abuse/neglect; or the commission of any act by an individual with a child that constitutes a sexual offense under the criminal laws of the state; or the physical dependence of a child upon an addictive drug at birth.

Mandated Reporter

Mandated reporter generally means a professional acting in his or her professional capacity, such as doctors or teachers, who **MUST** report if they have reasonable cause to believe a case of abuse or neglect exists. Mandated reporters are protected from possible criminal or civil action that may arise as a result of having made a report. The degree of protection varies by state.

Reporting and Investigating Child Abuse/Neglect

Procedure

1. **Make mandated report to child protective services agency.** If any member of the center/school staff has reasonable cause to believe or suspect a child may be suffering from abuse and/or neglect, he or she is required as a mandated reporter under law to make a direct report to the appropriate child protective services agency.
2. **Staff reports concerns to director/principal.** If a staff member does not suspect abuse or neglect, but has a concern about a child enrolled in the center/school, he or she is required to report any concern, no matter how minor, to the director/principal.
3. **The director/principal reports suspicions to agency.** If a staff member has not already made a report to the state child protective services agency, and the director/principal determines that there is reasonable cause to believe or suspect a child is suffering from abuse and/or neglect, or of any witness or parent/guardian believes that abuse or neglect has occurred, the director/principal should verbally notify the appropriate state child protective services agency within 24 hours (unless state regulations supersede this timeframe) on behalf of Bright Horizons and require the staff member to make a written statement. The director/principal supports staff in making a direct report to the appropriate state agency.
4. **Notify the regional manager.** The director/principal should notify the regional manager on the same day as the original concern. The regional manager notifies the division vice president.
5. **Follow-up in writing.** The director/principal follows up a verbal report, whether it is made by the director/principal or a member of the staff, with a written report to the child protective services agency within 48 hours.

The state agency will determine whether to conduct an investigation. Bright Horizons, including all staff members, will cooperate fully with the investigation of any licensing or regulatory agencies.

6. **The director/principal notifies the state licensing agency.** The director/principal notifies the licenser assigned to the center/school, or his or her supervisor, on the same day as the incident or allegation. The director/principal must make direct contact. It is not sufficient to leave a voice mail message.
7. **The director/principal conducts an internal investigation.** The director/principal will conduct an internal investigation to determine an appropriate Company response. The director/principal requires anyone with firsthand knowledge to submit a written statement of his or her direct observations of the incident or report. Written statements should describe, in the individual's own words, his or her firsthand knowledge or observations that are factual and specific. The individual should sign and date his or her statement.

8. **Make copies of written statements.** The director/principal makes two sets of copies of the written statements.
 - Keep one set of copies at the center/school.
 - Forward the other set of copies to your regional manager.

Note: Reports of child abuse are considered confidential. Keep all such reports in a confidential investigation file. The information is not part of a child's file.

9. **Complete the Report of Serious Incident.** Fax a copy of the completed **Report of Serious Incident** to the regional manager and to the corporate risk manager in the Home Office. Keep a copy on file at the center/school.
10. **Notify the Bright Horizons Crisis Team.** If an allegation involves sexual abuse or any incident that has the potential of serious media, client relations, or liability exposure, the Bright Horizons Crisis Team should be notified immediately by either the regional manager or division vice president leaving a detailed message on the 9911 Crisis Hotline.

Additional Administrative Actions To Be Taken With Respect to Incidents of Alleged Child Abuse by a Staff Member

Overview

In the event an incident of alleged child abuse by a staff member comes to the attention of the director/principal, in addition to first following the *Reporting and Investigating Child Abuse/Neglect* policy and procedure, he or she must immediately perform the steps described below.

Procedure

1. **Remove the staff member.** Immediately remove the staff member from direct contact with children.
2. **Obtain a written statement documenting the staff member's version of events.** Ask the employee to be factual and specific and to sign and date the document.
3. **Notify the regional manager and human resources.** The director/principal should notify the regional manager and human resources on the same day as the concern. The regional manager notifies the division vice president. The regional manager, director/principal, and human resources will determine what is the best course of action to follow with the staff member while Bright Horizons fully investigates the incident. The possible courses of action to be taken consist of the following:
 - The staff member will be placed on administrative leave and removed from the center/school. Administrative leave may be paid at the conclusion of the investigation, if the employee is found not to be at fault. If the leave is paid, the hours paid will be only those the employee would have worked. Paid administrative leave will not exceed seven (7) working days unless approved by the vice president of human resources. Leave will be unpaid at the conclusion of the investigation if the employee is found to be at fault, except where required by state law. While on administrative leave, the staff member retains all employee benefits (as long as co-payments are made). Refer to *Policy on Administrative Leave (Human Resources>Performance Management)* for detail.
 - The staff member will be assigned to administrative duty outside the homebase (with approval from the state agency) and will not be allowed to monitor children. (or)
 - The staff member will continue in the homebase and will be supervised at all times by another employee at the same or higher position with Bright Horizons (with approval from the state agency). The staff member will not be allowed to supervise children independently during the investigation.
4. **Inform the staff member which course of action has been selected for him/her during the course of Bright Horizons' investigation: administrative leave, administrative duty or constant supervision in the homebase.** The staff member will remain in this capacity until Bright Horizons has concluded its investigation and determined the appropriate course

of action. This period of time is not to exceed seven (7) working days unless approved by the vice president of human resources.

5. **Obtain additional written statements.** Obtain written statements from any witnesses such as staff or parents/guardians. Ask the witnesses to be factual and specific and to sign and date the statement. File a copy of all documents at the center/school. These statements should be kept in a confidential investigation file and not in the staff member's personnel file.
6. **Send all written statements and other relevant documentation to human resources within one (1) business day of the day the incident occurred.**
7. **Complete the Report of Serious Incident form.** Complete in full the **Report of Serious Incident**. Forward a copy to your regional manager.
8. **Keep a written record.** Keep a detailed chronological record of all contacts related to the investigation, including parents/guardians, state agencies, and Bright Horizons personnel.
9. **Notify the Bright Horizons Crisis Team.** If an allegation involves sexual abuse or any incident that has the potential of serious media, client relations, or liability exposure, the Bright Horizons Crisis Team should be notified immediately by either the regional manager or division vice president leaving a detailed message on the 9911 Crisis Hotline.
10. **Refer media to the Communications Department.** Refer all media inquiries directly to the attention of the communications department in the Home Office. A member of Senior Management or the communications manager will handle all media requests. Under no circumstances can you allow media representatives to have access to the center/school or to enrolled families during a crisis situation.
11. **Work with the regional manager and human resources to conclude the investigation into the concern and determine what course of action to take with the staff member.** The final determination will be made by the director/principal, regional manager, and human resources. In some instances, the division vice president may participate in the decision making process.

Bright Horizons reserves the right to continue or place a staff member on administrative leave pending the outcome of a licensing or state investigation if Bright Horizons feels there is not sufficient information to make the final determination prior to these investigations. Likewise, Bright Horizons reserves the right to take action prior to the conclusion of state or licensing investigations if Bright Horizons feels there is sufficient information to make a determination regarding the employee's actions. Possible courses of action include reinstatement with or without corrective action and termination.

Guidelines on Communicating With Families Regarding Alleged Abuse or Neglect by a Staff Member

Communicate clearly. Present a concise explanation to the parents/guardians of any children allegedly abused, any parents/guardians of other children enrolled at the center/school, or any staff member who may inquire about the situation. Communicate verbally on a one-on-one basis whenever possible.

Talking Points

Refer to the following suggested talking points when communicating with parents/guardians.

The center/school was made aware of a situation where a teacher may have possibly mishandled or used inappropriate discipline with a child.

Our highest priority is to ensure the safety and protection of all the children in the center/school. Therefore, the teacher involved has been placed on leave until an investigation into the situation is complete.

I know this sort of disruption in the homebase can be difficult for both you and your child and I want to assure you that we are doing everything we can to maintain stability in the homebase. I also want you to feel free to ask any questions you have and I will try to be as open as I can.

Typical Questions and Suggested Answers

Listed below are common questions that may be asked when you are communicating with parents/ guardians about an alleged incident of abuse.

Can you tell me more about what happened? Who was involved? What was the nature of the complaint?

Unfortunately, due to concerns for privacy, I can't go into detail with you at this point. What I can tell you is that we are currently working very closely with the authorities to determine exactly what did happen.

(If applicable) We have no reason to believe that any other child was harmed.

(Also if applicable) The child involved was not injured.

Did the teacher have any other problems?

All teachers at the center/school must pass a background check and have positive references. If there was any reason to believe that an individual's background might make him or her unsuitable, that person would not be working here.

Was my child or were any other children in danger at any time?

We have no reason to believe that any other children were involved in the incident. I also want to assure you that if, at any time, I had reason to believe your child was in any danger, I would be in contact with you immediately.

Physical and Behavioral Indicators of Child Abuse and Neglect

PHYSICAL INDICATORS	BEHAVIORAL INDICATORS
Physical Abuse Unexplained Bruises and Welts: on face, lips, mouth on torso, back, buttocks, thighs in various stages of healing clustered, forming regular patterns reflecting shapes of article used to inflict the bruise (electric cord, belt buckle) on several different surface areas regularly appear after absence, weekend or vacation Unexplained Burns: cigar, cigarette burns, especially on soles, palms, back or buttocks immersion burns (sock-like, glove-like, doughnut shaped on buttocks or genitalia) patterned like an electric burner, iron, etc. rope burns of arms, legs, neck, or torso Unexplained Fractures: to skull, nose, facial structure in various stages of healing multiple or spiral fractures Unexplained Lacerations or Abrasions: to mouth, lips, gums, eyes to external genitalia	Wary of adult contacts Apprehensive when other children cry Behavioral Extremes: <ul style="list-style-type: none"> • aggressiveness • withdrawal Frightened of parents Afraid to go home Reports injury by parents
Physical Neglect Consistent hunger, poor hygiene, inappropriate dress Consistent lack of supervision, especially in dangerous activities or for long periods Consistent fatigue or listlessness Unattended physical problems or medical needs Abandonment	Begging, stealing food Extended stays at school (early arrival and late departure) Consistently falling asleep in class Alcohol or drug abuse Delinquency (e.g., thefts) States there is no caregiver
Sexual Abuse Difficulty in walking or sitting Torn, stained, or bloody underclothing Pain or itching in genital area Bruises or bleeding in external genitalia, vaginal or anal areas Venereal disease, especially in pre-teens Pregnancy	Unwilling to change (for gym) or participate in P.E. Withdrawal, fantasy, or infantile behavior Bizarre, sophisticated, or unusual sexual behavior or knowledge Poor peer relationships Delinquent or runaway Reports sexual assault by caregiver
Emotional Maltreatment Habit disorders (sucking, biting, rocking, etc.) Conduct disorders (antisocial, destructive, etc.) Neurotic traits (sleep disorders, speech disorders, inhibition of play) Psychoneurotic reactions (hysteria, obsession, compulsion, phobias, hypochondria)	Behavior Extremes: <ul style="list-style-type: none"> • compliant, passive • aggressive, demanding Overly Adoptive Behavior: <ul style="list-style-type: none"> • inappropriately adult • inappropriately infant Development lags (physical, mental, emotional) Attempted suicide

Cummins Child Development Center

Emergency Information Card

Entry Date _____

Birthdate _____

Child's Name _____

Address _____

Home Phone _____

Mother's Name _____

Employed By _____

Work Phone Number _____

Cell Phone Number _____

Father's Name _____

Employed By _____

Work Phone Number _____

Cell Phone Number _____

Physician and Office _____

Office Phone Number _____ Office Hours _____

Medical Information: List any allergies/special needs _____

In case of emergency, list persons authorized to pick-up your child other than parents.

Name _____

Address _____

Work Phone _____

Home Phone _____

Name _____

Address _____

Work Phone _____

Home Phone _____

Name _____

Address _____

Work Phone _____

Home Phone _____

I give consent to transport my child, _____, by ambulance if the situation warrants and give consent to the hospital to which my child is transported to administer necessary treatment in the event of an emergency and I cannot be reached.

Parent's Signature

Date

Legal documentation of special custody information must be on record in child's file.

BRIGHT HORIZONS FAMILY SOLUTIONS

Cummins Child Development Center

ENROLLMENT AGREEMENT

Child's Name _____ Nickname _____
Date of Birth _____ Present Age _____ Sex _____
Home Address _____

Mother's/Guardian's Name _____ Home Phone _____
Mother's/Guardian's Address _____
Employer's Name/ Address _____
Work Phone Number _____ Cell Phone/ Pager _____

Father's/Guardian's Name _____ Home Phone _____
Father's/Guardian's Address _____
Employer's Name/ Address _____
Work Phone Number _____ Cell Phone/ Pager _____

Welcome to Bright Horizons Family Solutions at Cummins Inc. We look forward to a healthy and happy relationship with your family. The following policies have been created to help ensure the smooth operation of the Center and the safety of all the children in the program.

_____ is the person legally responsible for the center.

Cummins Child Development Center shall accept only children who are at a stage of growth and development which enables them to benefit from the program, and for whose age level the center is staffed and equipped to provide care. Cummins Child Development Center shall not admit or maintain any child whose needs obviously cannot meet or whose behavior would be dangerous for other children in the center. Explicit, documented reasons for refusal to admit or provide care to a child shall be provided in written form to parents.

COMINGS AND GOINGS

1. The Center is open from 6:30a.m. to 6:00p.m., Monday-Friday. The Center is closed for all holidays designated by Cummins Inc. Bright Horizons and Cummins Inc. review center hours and holiday schedule annually.

2. The Center will be open whenever possible on a regularly scheduled day, during normal business hours. The procedure for notifying families should severe weather or other conditions prevent the Center from opening on time or at all will be communicated on local area news such as QMIX radio station. Should it become necessary to close early for any reason, you will be notified as soon as possible by phone. It will be your responsibility to arrange for your child's early pick up. In any event, there will be no tuition credit for any time the Center is closed.

3. Bright Horizons will release your child only to you or to those persons you have listed on the *Child Release Section* of this form. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you wish for a person other than yourself to pick up your child, you must notify Center management in advance, in writing. **Your child will not be released without prior written authorization via the *Change of Schedule form* located at the front desk.** The Center will ask any person other than yourself who picks up your child to provide photo identification.

4. Bright Horizons reserves the right to deny the release of a child to any individual that is suspected to be under the influence of drugs and/or alcohol.

5. Bright Horizons cannot legally deny access or release of your child to either parent/guardian unless there is an active restraining order on file or specific schedule of court ordered visitation rights. If the situation is unclear, Bright Horizons requests that the family goes back to the court to resolve their differences.

6. Cummins Child Development Center provides morning snack, lunch, and afternoon snack. A breakfast program is open for participation to children that arrive at the center no later than 7:45a.m. Families must notify the front desk of their wishes to participate in the breakfast program.

7. Parent/ Teacher Conferences will be scheduled as needed or parent(s) may request such a conference at any time. In addition, teachers are always available for ongoing communication and parents are always welcome at any time to observe.

DISCIPLINE POLICIES

1. I acknowledge that the discipline policy of Cummins Child Development Center was fully explained to me. I understand that any disciplinary action taken will be reported to me and noted in my child's record. Cummins Child Development Center uses a positive disciplinary approach with natural consequences with children. Children are informed of any inappropriate behavior and what is expected instead and redirected to more constructive activities.

MEDICAL POLICIES

1. If the Center notifies you that your child is ill, you must pick up your child immediately (not to exceed 30 minutes for parents working within Columbus and one hour for parents working outside of Columbus). If your child is absent due to a communicable illness or disease, your child may return only with a physician's note indicating that he or she is no longer contagious, or after having been treated for a full 24 hours, or after being **symptom free** for 24 hours. (See the *Child Illness Policy* in the Cummins Child Development Center Parent Handbook)

2. Prior to the first day of attendance, you must give the Center current medical and immunization records for your child. These records must be updated annually. Children without appropriate, current medical records may not attend the Center.

3. In case of emergency, Cummins Child Development Center has parental/guardian permission to administer first aid or to obtain emergency medical treatment in the child's best interest. (See the *Authorization and Emergency Information* form.)

4. Cummins Child Development Center will administer medication as outlined in our Medication Policies (see *Cummins Child Development Center Parent Handbook*).

5. Costs incurred from treatment of any injury or illnesses to your child within the program are the responsibility of the parent/guardian. Secondary insurance is provided by Bright Horizons to pay most expenses not paid by the family's primary insurance.

6. You will be notified of any significant occurrences or problems, which affect your child, including exposure to communicable diseases.

TUITION AND FEES

1. Please specify the days and hours your child will attend: (your best guess is fine)

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

Center Management will be signing your child in and out of the center's daily utilization system, the Pro-Care center tracking system. It is the responsibility of the parents to sign the child(ren) in and out utilizing the "We Care" tracking attendance system located inside the classroom.

Parents are welcome to take vacation time away from center however they are still required to pay full tuition in advance of the scheduled time away from the center. Center Management requires that you notify them of vacation time, hour changes and/or daily schedule changes. Tuition rates will be adjusted accordingly for any permanent change in hours.

2. You are required to give one month's notice in writing about any reduction in your child's schedule. These accommodations will be made only as space is available within the center. In addition, Bright Horizons cannot guarantee that once a child's schedule changes from full-time to part-time, a full time schedule will be available in the future. Tuition will be reduced to the new tuition on the first date of the change.

3. You are required to pay a Registration Fee of \$50.00 per child, as stated at the time of enrollment and again in April of each year. I understand this in a non-refundable payment. Parents will be notified in advance when this payment is due.

4. I agree to pay the Activity Fee, as stated below, for the program in which my child is enrolled. These fees are annual fees that are due in April of each year.

Infants: _____ Toddlers: _____ Transition: _____ Preschool: _____ Pre-K/Kindergarten: _____

5. The weekly tuition fee is due by Monday of each week with no deduction for any absences or holidays. All Cummins Inc. employees are required to utilize the Cummins Payroll Deduction System. Center Management can assist you in arranging the proper deduction amount. If you have special circumstances, please make arrangements with the Center Director prior to enrollment. You will be notified of any changes in tuition within 15 business days of the change. Tuition changes generally occur in June of each program year. If childcare fees are not paid prior to the close of business on Monday, there will be a \$5.00 per day late fee charged to your account.

6. Your first tuition payment of \$_____ is due at the time of enrollment in the Center. This fee will include Registration Fee (if not already paid), Activity Fee and a two-week prepay balance for all families. This balance will remain in your account throughout your time in the facility and will be used as your last two weeks upon your departure. Your first payment should be paid by check made payable to *Cummins Child Development Center*. When you withdraw your child from the Center, you must give a **minimum of two weeks notice prior to withdrawal**. If you do not give proper notice, you agree to pay any tuition that may be due as of the date that is after such notice.

7. In order to hold your child's place in the Center, you must pay tuition regardless of absence for any reason, including illness, vacation, or a temporary schedule reduction to include family maternity or paternity leaves.

8. It can be distressing for children to be left in the Center after hours. Teachers work a long day and expect the leave at the Center's closing time. Late pickup is not a normal program option and will only be considered an exceptional occurrence. Please allow enough time at the end of the day to arrive at the Center, pick up your child(ren) and leave by 6:00p.m. A late pickup fee of \$2.00 per child is payable for each minute your child(ren) remains in the Center after closing. This fee is due at time of service.

9. If a child remains in the Center after closing and Cummins Child Development Center has not heard from you, we will first call you, then the emergency contacts you have listed on the *Child Release Section of this Form*. We will stay with your child as long as possible, but if after 30 minutes we have not been able to reach you or an emergency contact, we will call the local child protective services agency.

10. A \$25.00 fee will be charged for a check returned for insufficient funds. If this occurs more than once, Cummins Child Development Center will then refuse any future checks.

11. Your child may have the opportunity to participate in a special program or field trip. This may result in an additional fee due before the day of the event. Notices will be posted in advance. A signed permission slip will be required in order for your child to participate in a field trip.

12. If Cummins Child Development Center has concerns that your needs or your child's developmental needs are not being appropriately met in the daily program, every effort will be made to involve you in the process of identifying the problem and working toward resolution. However, if after reasonable and appropriate interventions have been tried, Bright Horizons determines that the program is not the best interest of you or your child, Bright Horizons will require you to withdraw your child from the program. Similarly, a child may be withdrawn for any acts of a parent/ guardian that Bright Horizons believes, in its sole discretion, are inappropriate or inconsistent with the best interests of the Center. Bright Horizons will help to prepare the child for withdrawal, consistent with the child's ability to understand. Implementation of withdrawal procedures will be effected in the time frame that Bright Horizons believes appropriate.

13. Bright Horizons employees are our most important assets. If you hire one of our employees (or someone who was our employee within the prior six months of hire) to work for you, you agree to pay a placement fee of \$2,500. Checks should be made payable to *Cummins Child Development Center* and given to Center management. In an effort to maintain the professional status of our faculty and prevent any potential conflict of interest, babysitting by Center faculty is discouraged by Bright Horizons. However, should you hire any Center faculty members, it must be outside the Center premises and with the understanding that such arrangements and payment for services are solely between you and the faculty member. The arrangements are not sanctioned by the Center, Client, or by Bright Horizons, and you agree to hold Bright Horizons harmless from any such arrangement.

14. The Enrollment Agreement may not be inclusive and is subject to changes in whole or in part by Bright Horizons at any time.

15. I agree that the rules and regulations contained herein are not inclusive. Other rules and regulations may be posted in and about the facility and shall be binding as if set out herein full. The Center, from time to time, may adopt and/or amend the established rules and regulations or policies not herein covered, and all enrolled participants will be obligated to observe these policies.

I acknowledge that I have received, read and understand the information contained within the *Cummins Child Development Center Parent Handbook*, which is intended to supplement this Agreement. I understand it is my responsibility to contact the Center management with any questions I have about the information contained in the *Parent Handbook* or any document relating to enrollment policies and procedures.

Child's Name: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Director: _____

Date: _____

Child Release Information

Please list the following information for use in emergencies:

Physician's Name: _____

Address: _____

Phone #: _____

Dentist's Name: _____

Address: _____

Phone #: _____

Person(s) Authorized to remove your child from Cummins Child Development Center

Name: _____

Address: _____

Phone #: _____ Date of Birth: _____

Name: _____

Address: _____

Phone #: _____ Date of Birth: _____

Name: _____

Address: _____

Phone #: _____ Date of Birth: _____

Name: _____

Address: _____

Phone #: _____ Date of Birth: _____

Responsible person's who may be called to come for your child in case of illness or other emergency if you can not be reached:

Name: _____

Address: _____

Phone #: _____ Date of Birth: _____

Name: _____

Address: _____

Phone #: _____ Date of Birth: _____

Name: _____

Address: _____

Phone #: _____ Date of Birth: _____

Name: _____

Address: _____

Phone #: _____ Date of Birth: _____



HEALTH CARE PROGRAM FOR CHILD CARE CENTERS CHILD CARE CENTER HEALTH RECORD

State Form 49969 (R2 / 11-06) / BCC 0019

BUREAU OF CHILD CARE
DIVISION OF FAMILY RESOURCES

Name of child (<i>last, first</i>)	Date of birth (<i>month, day, year</i>)	Date of admission (<i>month, day, year</i>)
Address (<i>number and street, city, state, and ZIP code</i>)		
Child lives with (<i>relationship</i>)	Name	Telephone number ()

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
Measles		Allergies:	
Rubella (German Measles)			
Chickenpox		Handicapping conditions:	
Mumps			
Scarlet Fever		Other:	
Whooping Cough			
Other: _____			

PHYSICAL EXAMINATION	
Date of exam (<i>month, day, year</i>)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:
Note any unusual findings:	
Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (<i>including sports</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:	
Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

(Over)

HISTORY OF IMMUNIZATIONS AND TEST (indicate month / day / year)

	1	2	3	4	5
DTaP / DT					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV (Polio)					

	1	2	3	4	5
* Influenza (Flu)					

	1	2
Measles Mumps Rubella (MMR)		

	1	2	3
Rotavirus (RGE)			

Varicella (Varivax)	1	2	or Chicken Pox Disease	Month / year

	1	2	3	4
Pneumococcal (PCV) (Prevnar)				

	1	2
HEPA		

	1	2	3
HBV (HEP B)			

* Recommended yearly.

Name of physician / nurse practitioner completing form (<i>please print</i>)	Telephone number ()
--	-------------------------------

Signature of physician / nurse practitioner

ADDITIONAL NOTES AND INSTRUCTIONS

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There is no handwriting or other markings on the paper.



Sleep Position

We/I understand that the standard practice at Bright Horizons/Cummins Child Development Center is to put an infant to sleep on his/her back as recommended by the American Public Health Association and the American Academy of Pediatrics. We/I have received and read material strongly urging that our/my child, be placed to sleep on his/her back.

_____ After my child has initially been placed on his/her back for sleep, we/I grant permission to Bright Horizons/CCDC to allow our/my child to position him/herself for sleep, on his/her side or stomach, without being repositioned back onto his/her back.

We/I the undersigned, being all of the custodial parent(s) or other legal guardian(s) of (child's name) _____, a minor, do hereby release and agree to hold harmless, and to indemnify Bright Horizons Children's Centers LLC and Cummins Child Development Center, its subsidiaries, and all their employees from any and all actions or claims, on account of personal injuries to said minor resulting from this decision concerning infant sleep position.

_____ By signing below, I/we also understand that, if my child is required to be elevated for sleep, a doctor's note, stating the reason for the elevation, and the duration of the elevation will be required.

Each parent/guardian with custodial rights is required to sign below for the exception to be permitted. Consistent with Bright Horizons' policy and NAEYC (National Association for the Education of Young Children) accreditation standards, the approval of your child's physician is required to implement your request.

Signature of the Parent/Guardian

Date

Signature of the Parent/Guardian

Date

Signature of Physician

Date

Physician's Stamp

BRIGHT HORIZONS

INFANT/TODDLER/TWO DEVELOPMENTAL HISTORY

Child's Name: _____ Date of Birth: ____/____/____

What would you like us to call your child? _____

DEVELOPMENTAL HISTORY

Type of birth: _____ Complications: _____

Age child began sitting: _____ crawling _____ walking _____ talking _____

Does child: ☐ pull up ☐ crawl ☐ walk with support

Times child is fussy: _____

How do you handle these fussy times? _____

FAMILY INFORMATION

With whom does child reside? _____

Who else lives in the home (siblings, extended family, pets)? _____

What does child call family members? _____

Language spoken at home: _____

Are books read in languages other than English? _____

Are there words in your home language that we should know? _____

Please tell us about any cultural family customs, rituals or traditions that will help us make your child's experience more meaningful: _____

HEALTH/ DEVELOPMENT

Serious illnesses or hospitalizations (describe)? _____

Any history of colic? _____

Special physical conditions, disabilities, or allergies (describe)? _____

Is your child presently or ever been diagnosed with a special need? _____

If so, is he/she receiving any special services? _____

Regular medications? _____

EATING HABITS

Special characteristics or difficulties? _____

Special diet: _____ Formula: _____ Breast Milk: _____

Any food allergies? _____

Have solid foods been introduced? ☐ yes ☐ no If yes, please identify: _____

Favorite foods: _____ Foods refused: _____

Child eats: ☐ on lap ☐ in high chair ☐ other

Child eats with: ☐ spoon ☐ fork ☐ hands ☐ other

TOILETING/DIAPERING HABITS

Is there frequent diaper rash? ☐ yes ☐ no

Do you use: ☐ oil ☐ powder ☐ lotion ☐ other

Does child wear: ☐ disposable diapers ☐ cloth diapers

Are bowel movements: ☐ regular how often: _____

Is there a problem with: ☐ diarrhea ☐ constipation

Is your child toilet trained: ☐ yes ☐ no If yes, when did you begin? _____

☐ urination ☐ bowels or ☐ both

What is used at home: ☐ potty-chair ☐ special seat ☐ regular seat

Word used for urination: _____ bowel movement: _____

Does your child have accidents? ☐ yes ☐ no If yes, how often/when? _____

SLEEPING HABITS

Does child sleep in: ☐ crib ☐ bed ☐ with parents

Does child sleep on: ☐ back ☐ side ☐ stomach

Times child take naps? Times: a.m. _____ / _____ p.m. _____ / _____

What does child take to bed? _____ mood on awakening: _____

What time does child go to bed at night: _____ awake in morning: _____

Are there any sleep/wake time rituals? If so, please describe. _____

SOCIAL RELATIONSHIPS

Has child had any experience playing with children? If so, please describe. _____

Is child: ☐ friendly ☐ aggressive ☐ shy ☐ withdrawn

Reaction to strangers? _____

Have you had any previous child care experience? ☐ yes ☐ no If yes, did it meet your needs and expectations? Explain: _____

Prefers to play: ☐ alone ☐ in small groups

Favorite toys and activities? _____

Is child frightened by: ☐ animals ☐ rough children ☐ loud noises ☐ dark ☐ other

Explain: _____

How do you comfort your child? _____

How does your child prefer to be held? _____

What is your style of disciplining? _____

DAILY SCHEDULE

Please describe by approximate time your child's current daily activities (e.g., awakening, eating, time out of crib, napping, toilet habits, fussy time, bedtime):

MORNING

AFTERNOON

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PARENTING PHILOSOPHY

Do you have ideas about parenting that would help us to better care for your child as an individual? _____

What do you, as a family, hope to get out of this child care experience? _____

(Parent/Guardian's Signature)

(Date)

BRIGHT HORIZONS
PRESCHOOL/KINDERGARTEN DEVELOPMENTAL HISTORY

Child's Name: _____ Date of Birth: ____/____/____

What would you like us to call your child? _____

DEVELOPMENTAL HISTORY

Age child began sitting: _____ crawling _____ walking _____ talking _____

Any speech difficulties? _____

FAMILY INFORMATION

With whom does the child reside? _____

Who else lives in the home (siblings, extended family members, pets)? _____

What does child call family members? _____

Language spoken at home: _____

Are books read in languages other than English? ☐ yes ☐ no If yes, what language(s)? _____

Are there words in your home language that we should know? _____

Please tell us about any cultural family customs, rituals or traditions that will help us make your child's experience more meaningful: _____

HEALTH/DEVELOPMENT

Serious illnesses or hospitalizations (describe): _____

Any physical/chronic conditions, disabilities, including allergies? Describe: _____

Regular medications: _____

Is your child presently or ever been diagnosed with a special need? ☐ yes ☐ no If so, is he/she receiving any special services? Explain. _____

EATING HABITS

Any food allergies? _____

Special diet: _____

Special characteristics or difficulties? _____

Favorite foods: _____ Foods refused: _____

Child eats with: ☐ spoon ☐ fork ☐ hands ☐ other

TOILETING HABITS

How does child indicate bathroom needs (include special words)? _____

Is child reluctant to use the bathroom? ☐ yes ☐ no If yes, how do you handle? _____

Does child have accidents? ☐ yes ☐ no If yes, how often and when? _____

SLEEPING HABITS

Does child become tired or nap during the day (include when and how long)? _____

What time does child go to bed at night: _____ awake in morning: _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking): _____

Are there any sleep/wake time routines? _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Describe any previous experience with children: _____

Has there been any previous child care experience? ☐ yes ☐ no If so, did it meet your needs and expectations? _____

Reaction to strangers: _____

Prefers to play alone or in groups? _____

Favorite toys and activities: _____

Fears (e.g., the dark, animals): _____

How do you comfort your child? _____

How do you discipline your child? _____

DAILY SCHEDULE

Describe your child's schedule on a typical day:

What would you like your child to gain from the child care experience?

Anything else you would like us to know about your child?

(Parent/Guardian's Signature)

(Date)

Cummins Child Development Center

Medication Order Form

All medications, medicinal products, physician's sample medications, and skin products given or used at a day care must include the exact name of the medication, dosage to be given, time to be given and reason for use. (If used for fever, the degree of temperature must be stated). A physician's order is valid for one year.

1. _____ may have _____.
(Child's Name) (Name of Medication)
_____, every _____ for
(Dosage) (Frequency)
_____.
(Reason)

2. _____ may have _____.
(Child's Name) (Name of Medication)
_____, every _____ for
(Dosage) (Frequency)
_____.
(Reason)

3. _____ may have _____.
(Child's Name) (Name of Medication)
_____, every _____ for
(Dosage) (Frequency)
_____.
(Reason)

Physician's Signature

Date

Cummins Child Development Center

Medication Procedure

1. All medications brought to the center MUST be left at the front desk and a “Medication Order Form”.
 - If the medication is an “over the counter” medicine, then a physician’s signature along with recommended dosage must be received on the “Medication Order Form”. The Medication Order Form with physician’s signature will be valid for one year.
 - If medicine is prescribed, then the prescription label along with the Medication Permission Form will suffice.
 - The Medication Permission Form (provided at the front desk) will be valid for a period of one week and is required for ALL medications.
 - Topical ointments used for treatment of a condition will require all of procedures for “over the counter” medications or prescriptions.
 - All medication MUST be left at the front desk. At NO time are medications permitted to be left in the room unattended.
2. All medicine must be labeled with your child’s first and last name and will be stored in a locked medication box in the classroom.
3. All Medicine requiring refrigeration must be labeled with your child’s first and last name and will be stored in a separate locked container in the classroom.
4. A method for dispensing the medication must be provided with the medication. (Dropper, Medication Spoon, or Medication Cup).
5. Expired medication will NOT be administered at all.
6. Medication will not be administered without parent signature (Medication Permission Form) and physician’s signature (Medication Order Form or Prescription Label).

Signature Parent / Guardian:

Date:

Parent Agreement

Dear Parents,

This is your Parent Agreement for Child Development Center service. Listed below is the tuition amount which will remain in effect until a new parent agreement is signed. Tuition is due in advance on a weekly basis. Payment of tuition will be made by payroll deduct for children of employees. Payment by payroll deduction must be authorized by completion of the Payroll Authorization Form in the Enrollment Packet.

Signature of this form indicates you have read and agree to abide by the Parent Agreement. We look forward to having your child enrolled at the Center.

Child's Name _____

Date of Birth _____

Days of Expected Attendance _____

Hours of Expected Attendance _____

Admission Date (First Day in Care) _____

Weekly Tuition Amount _____

Contract Extended Hours Option ☐ Yes ☐ No Amount _____

Contract Breakfast Option ☐ Yes ☐ No Amount _____

Total Child Development Services to Be
Payroll Deducted _____

I have read the Parent Agreement and fully agree to abide by its contents.

Signature of Parent/Guardian

Date

OFFICE USE ONLY

<input type="checkbox"/> Enrollment fee paid _____ (Date)	OFFICE FILE	TEACHER FILE
<input type="checkbox"/> State Date _____	<input type="checkbox"/> Enrollment	<input type="checkbox"/> Notification to teacher
<input type="checkbox"/> Assigned Classroom _____	<input type="checkbox"/> Authorizations	<input type="checkbox"/> Development History
<input type="checkbox"/> Primary Teacher _____	<input type="checkbox"/> Health A	<input type="checkbox"/> Intake Date _____
<input type="checkbox"/> Payroll Authorization	<input type="checkbox"/> Health B	
<input type="checkbox"/> Computer data file complete	<input type="checkbox"/> Immunizations	
<input type="checkbox"/> Badge assigned		

Parent's Consent Form

Name of Child _____

Please read carefully and check the appropriate response.

- ☐ Yes ☐ No 1. Permission is given Cummins Child Development Centers / Bright Horizons Family Solutions to take photographs (individual or group – still or video) of my son/daughter in their program promotion, including newspapers, news bulletins, magazines, movies, TV, displays, and in training materials.
- ☐ Yes ☐ No 2. I will permit my child to travel to and from points of interest on excursions connected with the program and under supervision of a staff member. I understand that I will be notified of the plans for such excursions at least 2 days in advance.
- ☐ Yes ☐ No 3. I have read, understand and agree to abide by the written policies set forth in the Parent Handbook. I understand that these policies may be changed and every attempt will be made to give notice of the changes prior to implementation.
- ☐ Yes ☐ No 4. I give permission for Cummins Child Development Center/Bright Horizons Family Solutions to report the name and birthday of my child to the Division of Family and Children; pursuant to IC 12-17-.2-2-1.5
- ☐ Yes ☐ No 5. I have received a summary of the discipline policies.
- ☐ Yes ☐ No 6. I understand that in the event of illness or injury to my child, every attempt to contact me will be made. I do give permission for First Aid to be administered by trained staff. If, in the opinion of a staff member, that illness or injury needs treatment by a qualified doctor selected by the person in charge of the center. Bright Horizons Family Solutions, its members and agents both jointly and severally, are herewith relieved of all liability expressed or implied with may result from such services.
- ☐ Yes ☐ No 7. My child has a special need because of a disabling or limiting condition. I am aware that if my child needs special care because of this condition, qualified physician, psychologist, or other expert recommendations must be submitted and kept on file at the center.
- ☐ Yes ☐ No 8. I am advised that students enrolled in Child Development or Early Childhood programs may be fulfilling college course requirements by observing my child and/or participating in my child's classroom activities.

Signature of Parent/Guardian

Date

Cummins Inc.
Automatic Payroll Deduction
for
Cummins Child Development Center

Please indicate which payroll group you are affiliated with.....

DWU _____ OCU _____ Exempt _____ Fleet Guard _____

Employee Clock # _____

Employee Name _____

Employee Social Security # _____

Employee Mail Code _____

Fixed Amount Per Pay Period \$ _____

To Be Effective on Check Dated _____

I hereby authorize Cummins Inc. to withdraw the above listed amount from each pay to cover my fees at Cummins Child Development Center. This authorization will remain in effect until I initiate a new deduction form, approved by the Center Director.

I understand that for week that I do not receive a paycheck (ie, shutdown week, failure to turn in my time, etc.) I must assure that payment to Bright Horizons Family Solutions is made by alternative means no later than the date of my intended deduction.

Employee Signature

Date

Center Director

Date

* Employees paid on a weekly basis should use weekly fee for amount to deduct.

* Employees paid on a semi-monthly basis, please calculate deduction by taking an annualized fee to dividing by 24 pay periods.

* To discontinue deductions upon dis-enrollment, put \$0.00 for amount.

ALL CHANGES MUST BE APPROVED BY THE CENTER DIRECTOR



Permission Slip

The following are individuals who with parent's permission may pick the child up from the center. Parent/Guardians are required to complete a *Change of Schedule Form*, which is located at the front desk. In the event of an emergency and you are unable to complete the *Change of Schedule Form*, Parents/Guardians must contact the center management team in order for one of these individuals to remove the child from the center.

In the event the center management team does not have a completed *Change of Schedule Form* or as not heard from the Parent/Guardian via telephone, the listed individuals below will not be able to remove the child from the center.

Individuals Name	Child's Name	Date (office use only)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent / Guardian Signature

Date

State Required Information for Child's Immunizations

Child's Name: _____ DOB: _____

Is medically exempt from receiving the complete 4 shot series for the Prevnar / PCV vaccination due to the child's age. These immunizations are not needed for this child.

Physicians Signature

Date

Child's Name: _____ DOB: _____

Has received what is considered to be complete series of the Prevnar / PCV vaccination for this child. No other Prevnar / PCV vaccinations are required for this child.

Physicians Signature

Date

Child's Name: _____ DOB: _____

Is unable to receive the complete series of the Prevnar / PCV vaccination due to the Vaccine Shortage. It is estimated that the child will receive the vaccines by _____.

Physicians Signature

Date

Child's Name: _____ DOB: _____

Is exempt from receiving the complete 4 shots series of the Prevnar / PCV vaccinations due to Religious Beliefs.

Physicians Signature

Date



**SUPPLEMENTAL HEALTH CARE PROGRAM FOR CHILD CARE
CENTERS PROVIDING INFANT-TODDLER CARE
SUGGESTED FEEDING PLAN**

State Form 49963 (R / 12-06) / BCC 0073

**BUREAU OF CHILD CARE
DIVISION OF FAMILY RESOURCES**

INSTRUCTIONS:

Prior to admission, a feeding plan shall be established and written for each infant (age 6 weeks - 12 months) in consultation with the parents and based on the written recommendation of the child's pediatrician or family physician. Feeding plans must be continually updated by physician or parent. [470 IAC 3-4.7 (b)]

The following feeding plan has been recommended for this child.

Name of child			Date of birth (month, day, year)	
Age in Months	Time to Feed	Formula / Food Item and Amount	Special Instructions	Signature and Date of Parent or Physician
Signature of physician / nurse practitioner			Date signed (month, day, year)	



Infant Crib Materials/Swaddling

Effective April 2012, the State of Indiana's Department of Child Services announced that "blankets or other soft bedding, such as pillows and stuffed animals are prohibited in cribs or bassinets to help reduce a baby's risk of overheating, impaired breathing, or death from SIDS." Crib toys such as attachable toys and mobiles are prohibited as well, since they are considered toys.

In lieu of blankets, babies may be placed in sleep sacks or swaddling sacks/blankets with closures (typically zippers and Velcro, respectively). If you would like for your child to be swaddled/placed in a sleep sack/wearable blanket, please check and sign below:

____ I/we would like Bright Horizons/Cummins Child Development Center to allow my/our child to be swaddled/placed in a sleep sack/wearable blanket using the swaddle sack/sleep sack/wearable blanket that I/we provide while napping at Cummins Child Development Center.

I/we, the undersigned, being all of the custodial parent(s) or other legal guardian(s) of (child's name) _____, a minor, do hereby release and agree to hold harmless, and to indemnify Bright Horizons Children's Centers LLC and Cummins Child Development Center, its subsidiaries, and all their employees from any and all actions or claims, on account of personal injuries to said minor resulting from this decision concerning infant swaddling.

Each parent/guardian with custodial rights is required to sign below for the exception to be permitted. Consistent with Bright Horizons' policy and NAEYC (National Association for the Education of Young Children) accreditation standards, the approval of your child's physician is required to implement your request.

(Parent/Guardian [Please print])

(Date)

(Signature of the Parent/Guardian)

(Date)

(Parent/Guardian [Please print])

(Date)

(Signature of the Parent/Guardian)

(Date)

(Signature of the Physician)

(Date)

BRIGHT HORIZONS

SUNSCREEN AND INSECT REPELLANT PERMISSION SLIP

- All sunscreen or sun block will have a UVB and UVA protection of at least 15 or higher.
- All sunscreen/sun block and insect repellent must be provided in the original container (please note, the use of aerosol cans are not allowed for safety purposes).
- All products require a valid expiration date, where applicable.
- Containers must be labeled clearly with the child's full name.

Note: When recommended by public health authorities or requested by a parent/guardian, the use of insect repellents containing DEET should be used. Repellents containing DEET are to be applied only to children over the age of 2 months and *no more than once a day*.

All sunscreen/sun blocks and insect repellents will be applied according to the directions on the label. Insect repellents will be washed off when the child has returned indoors.

I give Bright Horizons permission to apply (*name of sunscreen*) _____

and/or (*name of insect repellent*) _____

to my child, _____.

From: ____/____/____ To: ____/____/____ (not to exceed one year)

Special Instructions:

Sunscreen/Sun Block:

Insect Repellent:

(Parent/Guardian Signature)

(Date)



Agreement

I have received *A Family's Guide to Bright Horizons Family Solutions* and all information specific to center and state policies, where applicable. I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures of *A Family's Guide to Bright Horizons Family Solutions*. In addition, I understand that this handbook reflects company-wide policies that supplemental center and state specific policies may apply. I acknowledge that I have received copies of center and state specific policies, where applicable, and agree to abide by them.

I understand that it is my responsibility to go directly to center management with any questions I may have regarding the policies and procedures and information contained in *A Family's Guide to Bright Horizons Family Solutions*.

Information contained in this guide may be subject to change.

Please sign this acknowledgement, and return to center management.

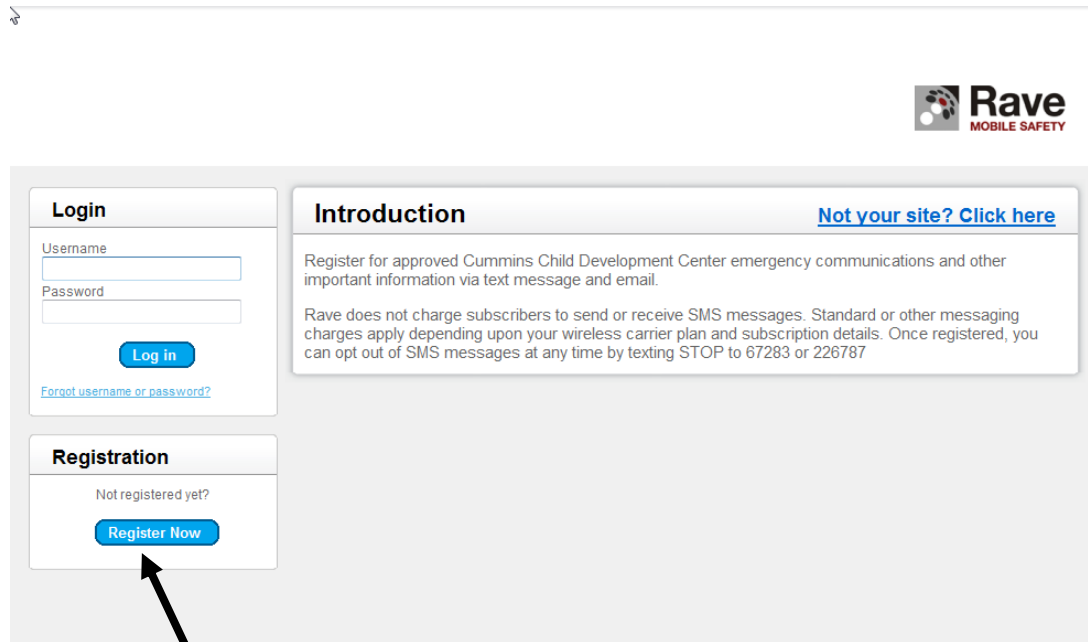
Thank you. We look forward to getting to know you and your family!

Signature

Date

Work Instruction – Emergency Notification Process Sign-Up

Log-on to the Rave Wireless website. www.getrave.com



Login

Username

Password

Log in

[Forgot username or password?](#)

Registration

Not registered yet?

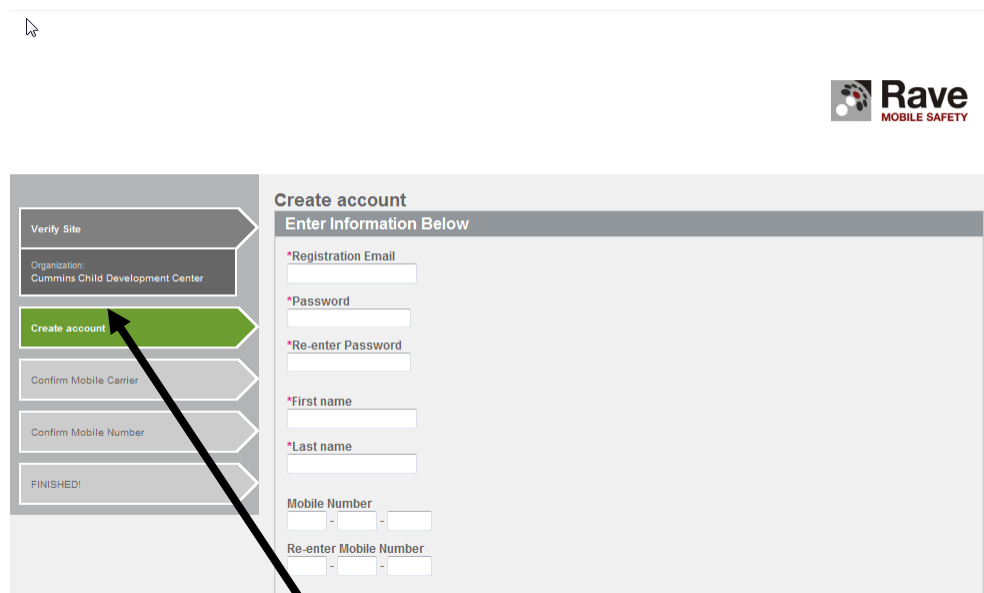
Register Now

Introduction [Not your site? Click here](#)

Register for approved Cummins Child Development Center emergency communications and other important information via text message and email.

Rave does not charge subscribers to send or receive SMS messages. Standard or other messaging charges apply depending upon your wireless carrier plan and subscription details. Once registered, you can opt out of SMS messages at any time by texting STOP to 67283 or 226787

Click on Register Now in the bottom left and corner



Verify Site

Organization:
Cummins Child Development Center

Create account

Confirm Mobile Carrier

Confirm Mobile Number

FINISHED!

Create account

Enter Information Below

*Registration Email

*Password

*Re-enter Password

*First name

*Last name

Mobile Number
 - -

Re-enter Mobile Number
 - -

Confirm the organization listed is Cummins Child Development Center on the left and complete the required information.

Review the terms and conditions and click on the box then click on next.

Version: 1.11 2011-03-31 14:58:22

Date of Last Revision: March 2011

These Terms of Use (the "Terms") describe the terms under which you may access and use the mobile and web-based messaging and telecommunication services (the "Services") provided by Rave Wireless, Inc. ("Rave") and, if applicable, the client of Rave who has licensed certain applications from Rave and through which you were granted access to the services (the "Client").

The Services are a set of applications accessed through the web or mobile devices, the features of which vary based on which applications are licensed and to which you are granted access to and for which you register. These Terms may be modified by Rave at any time without prior notice. Changes to the Terms will be posted on this page, and this page will indicate at the top the date these Terms were last revised. You agree to be bound by any such modifications once they are posted on this web site (the "Site") and your

☐ I have read and agree to the Rave Terms and Conditions


Cancel

Next >

[Privacy Policy](#) | [Terms of Use](#) | [Help](#)

You will be asked to verify you cell phone provider.

Then click next.



Confirm Mobile Carrier

Mobile Number
812- []

Confirm your carrier
Verizon Wireless [v]
[My carrier is not listed.](#)

Cancel

Previous Next >

Verify Site

Organization:
Cummins Child Development Center

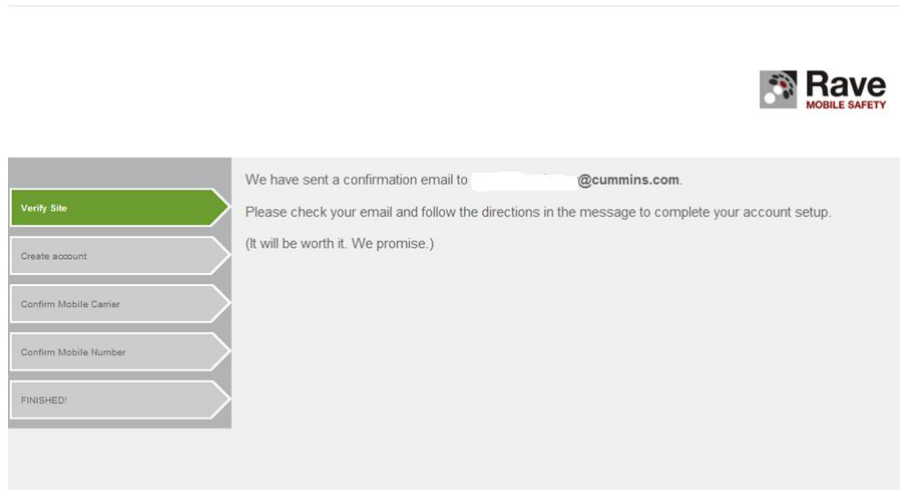
Create account

Confirm Mobile Carrier

Confirm Mobile Number

FINISHED!

You will receive a confirmation note that an email has been sent to your account.



You will receive an email with a link. Click on that link and enter the 4 digit text message that was sent to your mobile phone.

From: no-reply@getrave.com
To: @cummins.com
Date: 05/04/2011 09:00 AM
Subject: Rave Email Confirmation

Dear ,

Please confirm your email address by clicking the link below

<https://www.getrave.com/alerts/register/emailRegistration.do?registrationId=-3318622030078274516>

Thank you,
Rave

This email has been scanned by the MessageLabs Email Security System.
For more information please visit <http://www.messagelabs.com/email>

You have successfully completed your registration!



I have completed the process for receiving text messages in emergency situations at Cummins Child Development Center. I understand and agree that it is my responsibility to check my messages regularly, especially during inclement weather. In addition, I understand the company-wide policies for such emergency situations. I acknowledge that I have received copies of center policies, and agree to abide by them.

I understand that it is my responsibility to go directly to center management with any questions I may have regarding CCDC text messaging.

Please sign this acknowledgement, and return to center management.

Thank you!

Signature

Date

In addition, please provide your email address for our distribution list for center updates.

_____ @ _____ . _____

**BUREAU OF CHILD CARE
DIVISION OF FAMILY RESOURCES**

SAFE TRANSPORTAION OF FOOD RESPONSIBILITY

Food must be brought to the facility in clean, insulated, sanitizable containers, which keeps cold food at 41° F or below and hot food at 135° or above. Containers must be clearly labeled with the child's name and date of preparation.

Upon receiving the food from the parent, the facility shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the facility will not accept the food.

Upon accepting the food, the facility shall maintain correct food temperatures until served.

PARENT AGREEMENT

I, _____ (Parent's name) will

provide food for _____ (Child's name).

I take full responsibility for the safety of my child's food during preparation, storage, and transportation to the facility.

(Parent's Signature): _____

(Date): _____



**Child
Development
Center**

Crisis / Emergency Response Plan

CRISIS/ EMERGENCY RESPONSE PLAN

PURPOSE

This manual is designed to be distributed, discussed and simulated with faculty and administration in Cummins Child Development Center, Columbus, Indiana with the support of appropriate Cummins Inc. office departments. The manual is intended as a preparedness plan to help the Child Care Center respond promptly and effectively to potential crisis situations including, accidents, disasters, criminal activity, litigations, outside investigation and allegations. This plan is also meant to coordinate with the larger campus-wide crisis management plans developed by Cummins Inc. Corporate Offices.

INTRODUCTION

The Cummins Child Development Center could be subject to an emergency situation affecting the facility or as part of a larger scale event. The Center Director and staff are responsible for the safety of children, and will coordinate actions and/or requirements with Cummins Emergency Response Team, community public safety officials and parents/guardians.

The impact of an emergency on children can have lasting effects on their well being. Caregivers and families must manage the response to the emergency as well as helping children cope with their feelings, fear and needs during and after the emergency. Respecting the child's feelings, and involving them where possible in recovery activities can reduce stress and anxiety.

It is the goal of the Cummins Child Development Center to respond promptly and effectively to any event that may directly affect children, parents, employees, or Cummins Inc. It is our belief that emergency planning and preparedness must include awareness and clear procedures at all levels, from the Cummins Child Development Center, administration and Cummins Inc. to individual employees, parents, and children.

The intent of this plan is to assist the staff in responding to emergency situations and provide information to family members concerning emergency planning. This plan contains emergency response information for the following situations:

NATURAL HAZARDS:

Severe Weather

- Snow and Ice Storms
- Tornado or severe thunderstorms
- Earthquake
- Flooding

TECHNOLOGICAL HAZARDS:

Power Outage

Fire

Chemical Spills

Bomb threat or threatening telephone call

PERSONAL SAFETY:

Medical Emergency

Missing Child

Potentially Violent Situations – (Hostage situation, disgruntled employees, unstable custody)

The plan will also address protective actions such as:

Evacuation

Shelter-in-Place

Specific directions for infants, toddlers, early pre-school, pre-school, pre-kindergarten and kindergarten in crisis situations

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- 3.17 Power Outage
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- 3.22 Medical Emergency
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4.0 Protective Actions

- 4.10 Evacuation
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B. LIST OF FIGURES

- 1. Facility floor plan with evacuation routes and shelter areas, fire alarms, fire suppression equipment and extinguishers.

C. LIST OF ATTACHMENTS

- 5-1 Evacuation Checklist
 - 5-1A Evacuation Requirements Sheet
 - 5-1B Parent/Guardian Emergency Evacuation Plan Information
- 5-2 Bomb Threat Checklist
- Annexure A – List of items to be maintained in the Emergency Backpack

1.0 GENERAL INFORMATION

Cummins Child Development Center:

1. Is responsible for establishing a plan to effectively manage crisis/emergency situations at the center
2. Will use methods and processes to protect the life, health, safety, and welfare of employees, parents and children
3. Will seek prompt resolution to each and every crisis/emergency situation
4. Will coordinate actions and decisions with those dictated by Center Emergency Response Team
5. Will maintain and enforce program to fulfill all of the Center responsibilities

The objective of this crisis/emergency program is to develop effective employee work habits and attitudes during an emergency or crisis. It is important that new employees understand emergency response procedures prior to being assigned a job. It is even more imperative that all employees remain alert and responsible for awareness of potential emergency issues and the need to recommend changes in the event that problems are identified.

1. New employees will be given an orientation that covers Cummins Child Development Center (CCDC) Crisis/Emergency Response Plan
2. There will be two staff meetings a year where the agenda will be focused on crisis/emergency response scenarios and reviewing crisis/emergency response procedures
3. The CCDC administrative staff will hold a meeting once every other month where crisis/emergency response will be part of the agenda
4. The CCDC administrative staff will coordinate with Cummins Inc. Corporate Offices to hold a crisis/emergency simulation at the Child Care Center twice each year besides standard fire, tornado and flood drill practices
5. Employees, who take safety seriously, report potential danger or crises, request reviews of conditions, etc. will be held in the highest regard by the Center
6. Under no circumstance would an employee be reprimanded, demoted, fired, or discriminated against for reporting emergency issues or potential safety/ crisis situations

Employees who do not treat crisis/emergency response seriously, do not abide by Center policies and practices, or operate in an unsafe manner, are subject to progressive counseling as outlined in the Cummins Child Development Center's employee handbook.

1.10 FACILITY ORGANIZATION

The Cummins Child Development Center is located at *650 Pleasant Grove Columbus, IN 47201* which is on the corner of 7th and Central Ave. The Center capacity is 228. The amount of staff is determined on our enrollment status and with the state regulation ratios compliance. The Center is opened from 6:30am to 6:00pm, and follows Cummins Inc. schedule (Mon-Fri). The Management team consists of Center Director, Assistant Director, Office Manager, and Program Coordinator.

Classroom	Ratio	Maximum number of Children
Infant One	1:4	8 Children
Infant Two	1:4	8 Children
Infant Three	1:4	8 Children
Transitioning Infant Four	1:4	8 Children
Toddler One	1:5	10 Children
Toddler Two	1:5	10 Children
Toddler Three	1:5	10 Children
Transitioning Toddler Four	1:5	10 Children
Early Preschool One	1:5	14 Children
Early Preschool Two	1:5	14 Children
Early Preschool Three	1:5	14 Children
Transitioning Early Preschool Four	1:5	14 Children
Preschool One	1:10	20 Children
Preschool Two	1:10	20 Children
Pre-Kindergarten One	1:10	20 Children
Pre-Kindergarten Two	1:10	20 Children
Kindergarten	1:14	14 Children
Educational Enhancement Room		

The safety features consist of first aid kits in every classroom and in every room of the building, plus two large emergency back packs. List of items maintained in the emergency back packs are provided in **Annexure A** of this plan. CCDC also has security pass code entry and four emergency shelter rooms. Each staff members are trained in First Aid, CPR, and blood borne pathogens annually.

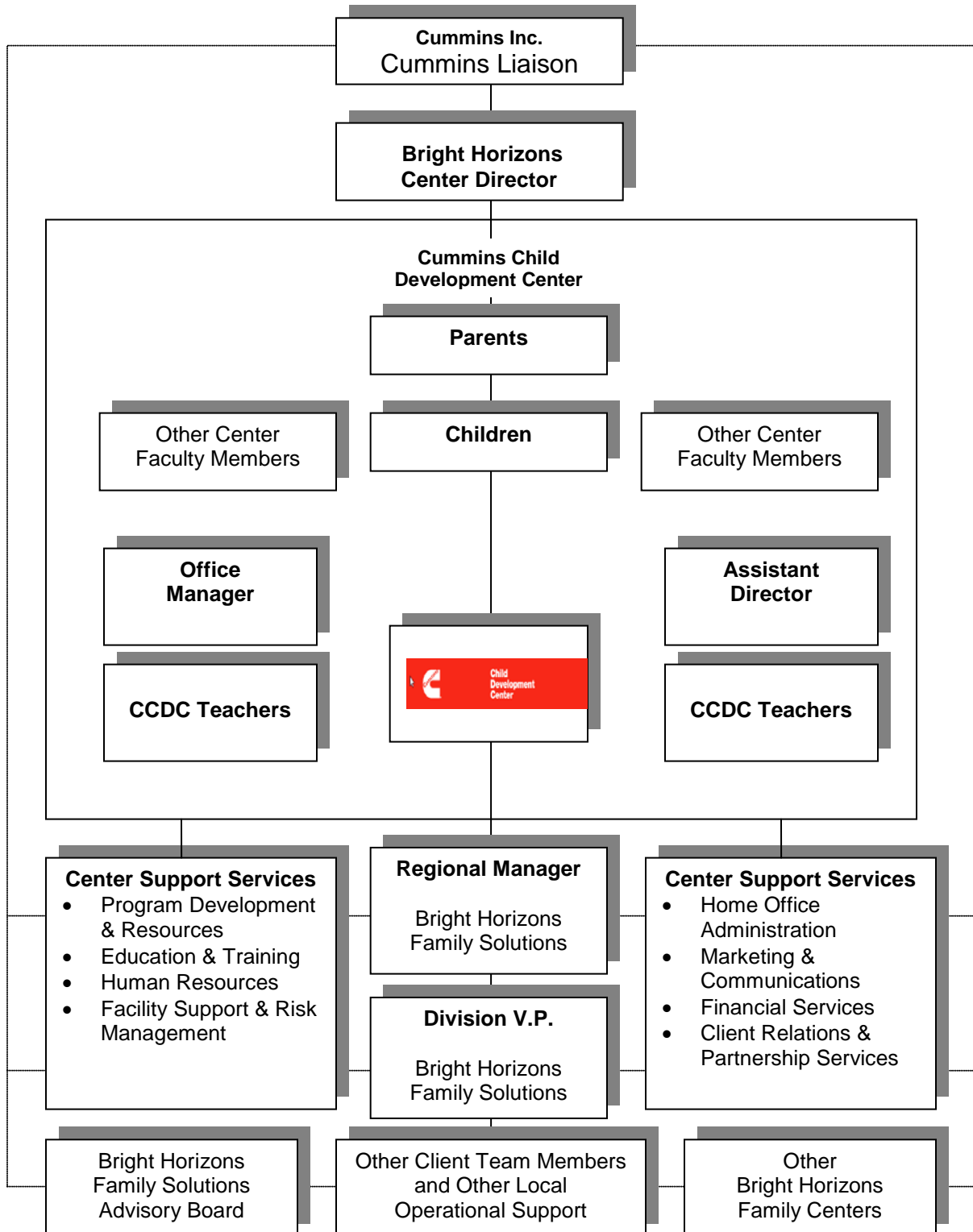
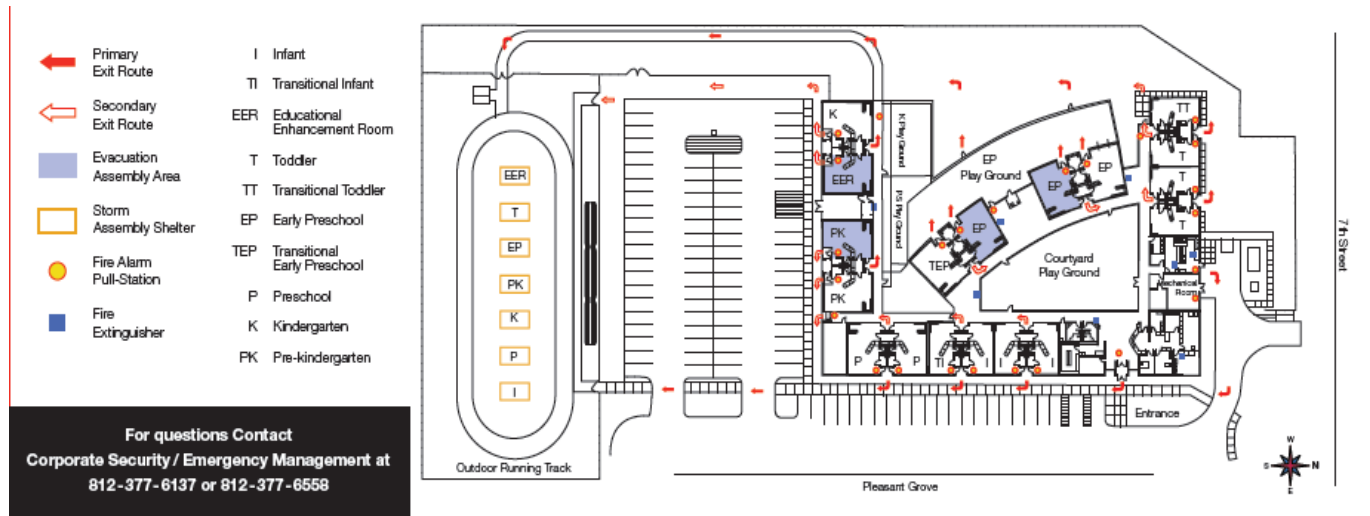


Figure 1 – Building Plan and Evacuation routes



Any EMERGENCY	Call 911
MEDICAL EMERGENCY.....	911
POLICE.....	911, 812.376.2600
FIRE.....	911, 812.376.2679
RESCUE.....	911, 812.376.2679
HOSPITAL.....	812.379.4441
North side Pediatrics	812.379.9524
POISON CONTROL.....	800.222.1222
Child Protected Services	800.800.5556
Animal Control	812.376.2505

UTILITIES –			
ELECTRIC.	Duke Energy	800.521.2232	
Electric Trouble/Outage		800.343.3525	

NEWS/ MEDIA		
RADIO STATIONS	QMIX 107.3 FM	812.378.1073
NEWSPAPERS	The Republic	812.379.5665

BARTHOLOMEW CONSOLIDATED SCHOOL CORP

Depot Office	812 376 4246
Transportation Manager	812 343 1434

Columbus Engine Plant Gate 1 Security (primary emergency contact)	7-4357/ 812.377.4357
Cummins Tech Center Security (standby emergency contact)	7 – 7400/ 812.377.7400
CCDC Emergency Response Team Leader – Victoria Baker	812.378.5833 ext 233 812.344.5966
Bright Horizon Contact (1) – Mindy Pohl	Office: 812-615-0180 Cell : 812-615-0180
Bright Horizon Contact (2) – Patti Eickhoff DVP	Office: 330-873-9485 Cell: 330-873-9485
Columbus Engine Plant ERT Contact (1) – Ryan Genth	Office: 812-377-0340 Cell: 812-344-8521
Columbus Engine Plant ERT Contact (2) – Tommy Robinson	Office: 812-377-6266 Cell: 812-350-3470
Cummins Tech Center ERT Contact (1) – Mark Mandel	Office: 812-377-4351 Cell: 812-343-9754

1.12 STAFF CALLDOWN/TELEPHONE ROSTER (Name, title and phone no)

The CCDC staff shall maintain an updated call down roster as a separate document inside the facility. This will be maintained as an internal document for official CCDC use only.

2.0 EMERGENCY RESPONSE TEAM PROTOCOL

There are 7 essential jobs during the center evacuation:

1. Emergency Response Team (ERT) Leader
2. Primary Manager
3. First Aid Office
4. Communications
5. Play space operations
6. Parent pick-up point
7. External ERT Support

Before an emergency, a person and alternate should be assigned to each of these jobs and scenarios should have them act out these roles.

1. **ERT Leader** – Victoria Baker

Alternate: Cindy Reed

1. The ERT Leader, in consultation with the Emergency Response Team, and others if needed, shall establish the response strategy and shall assume control of the center until external help arrives
2. Carry out initial assessment of the scene and determines the appropriate course of action for team members
3. Establishes and maintain communications between the center and external support facilities/agencies
4. Request resources to augment the center's response capabilities
5. Provide all required information and appropriate directions to the external ERT support team upon arrival
6. Initiate Emergency Response actions and coordinate with the ERTs (internal and external)
7. Determine the safest location for continued operations until children can be picked up and the safest path for all staff and children to get there
8. Initiate the notification process

2. **Primary Manager** – Cindy Reed

Alternate: Becky Bunch

1. Make sure all children are accounted for
2. Coordinate with the ERT Leader to determine the safest location for continued operations until children can be picked up and the safest path for all staff and children to get there
3. Activate the first aid assignment if needed and assess the number and severity of injuries
4. Activate the play space assignment
5. Activate the parent pick-up assignment and determine the best location away from the first aid station
6. Activate the communications assignment and provide specific phrases for the caller and information regarding the emergency and about the parent pick-up point – when possible, be the one to make contact with those families whose children are injured as a result of the event
7. Determine if there are other assignments that need attention based on your circumstances (i.e. sanitation/bathroom, transportation, search and rescue) and take action to assign
8. Check in regularly with each assignment (every 15 minutes) to problem solve and issues
9. Stay alert, unencumbered for any length of time and calm.

3. **First Aid Assignment** – Becky Bunch

Alternate: Kathy Yeager

1. Quick assessment of number and severity of injuries – report to Primary Manager
2. Determine how many adult helpers first aid will need and deputize people to assist
3. Collect emergency first aid supplies and set-up first aid station using blankets and tarps – seek to obscure the view of the first aid station from other children and parents picking up
4. Keep an updated record for all minor and major injuries to report to Primary Manager, including those transported off-site by emergency medical services
5. Report back to Primary Manager with updates, needs, and problems during his/her rounds

4. **Communication Assignment** – Becky Smith

Alternate: Janice Vonsh

1. Check with Primary Manager about exact info to give to families when calling (emphasis should be placed on the child's condition and the pick-up location)

2. Locate nearest phone and collect the emergency binder from the Primary Manager with family phone numbers
 3. Discuss w/Primary Manager exact wording to offer families whose children have been injured in some way by the event
 4. Report back to Primary Manager with updates, needs, and problems during his/her rounds
- 5. Play Space Assignment – Becky Smith** **Alternate: Kathy Yeager**
1. Determine where to set up a different group of children (see sketch if using alternate site)
 2. Use blankets, table, and chairs to define play spaces for children – define an area for food
 3. Determine the nearest and safest toilet area and arrange for supervision
 4. Report back to Primary Manager with updates, needs, and problems during his/her rounds
- 6. Parent Pick-Up Assignment – Kathy Yeager** **Alternate: Janice Vonsh**
1. Establish an area away from the Primary play area and first aid areas to control parent access
 2. Collect all the sign-in sheets to monitor parent pick-ups also maintain a running log as back up
 3. Deputize a staff member to serve as a gopher collecting children whose parents arrive and bringing them to the pick-up point
 4. Do your best to calm parents before they collect their child(ren)
 5. Report back to Primary Manager with updates, needs and problems during his/her rounds
- 7. External ERT Support – Ryan Genth (CEP)** **Alternate: Tommy Robinson**
Mark Mandel (CTC)

(The External Support team (CEP (primary support) & CTC (backup)) shall minimum consist of two Certified First Aiders, two Certified Fire Fighters and two support team members)

1. Report to the Center Emergency Response Team Leader upon arrival at site and gather all required information and seek directions to determine the right support
2. If situation demands, take control of the situation and act as the Primary Emergency Responders (e.g., in the event of fire, major disaster etc)
3. Assist the Center Emergency Response Team to efficiently set up the arrangements as described above (first aid, communication, play space, parent pick up etc)
4. Assist in the evacuation activities (if evacuation is indicated) to setup a secured boundary for safe evacuation, crowd management/ control, traffic management, and to setup the reunion site for the parents to pick their children at the off-site evacuation site
5. Report back to Center ERT Leader with updates and support him/ her to take the right decisions to manage the situation

3.0 NATURAL HAZARDS

Natural hazard emergencies relate to conditions caused by weather, weather related effects, and geological events such as earthquakes.

3.10 SEVERE WEATHER

Severe weather may be predicted over several days in advance in the case of hurricanes and winter storms or within a few hours or less for tornado and other wind, rain, or ice storms. Listening to weather forecasts and storm watch or warnings is critical to being prepared. The National Weather Service issues storm watch and warnings through commercial television, radio, cable (Weather Channel) and NOAA weather alert radios.

In general:

1. Severe Weather Watch means that conditions are present that could cause a weather emergency in the areas mentioned; and,
2. Severe Weather Warning means that severe weather has been observed or is expected soon and that precautions should be taken in the affected areas.

Cummins Child Care Center have established the following sources of communication to receive severe weather alerts (watch and warnings)

1. Columbus Engine Plant Gate #1 Security – *all emergencies*
2. Columbus Police Department – Weather Alerts – (is equipped to provide exact information on where in the county is the most threatening weather. Ex: N, S, E, W)
3. QMIX 107.3 FM radio – NOAA weather alerts
4. Columbus Alerts Email service – NOAA weather alerts for Columbus City
5. NOAA Website - <http://www.crh.noaa.gov/ind>
6. Creek Levels updates - <http://water.weather.gov>
7. Columbus City Alert – *Tornado/ Thunderstorm/ Hurricane alarms*
8. Cummins Technical Center Security – *Flood emergency early warning*

Severe Weather Take Cover Criteria

The Severe Weather Take Cover announcement for the center campus sounds like this: *“The Center is currently experiencing severe weather. Please proceed immediately to the designated shelter rooms closest to your location”*

If the Governor/ Mayor or County Commissioners of Columbus declare a State of Emergency for Bartholomew County, the center will not open until the State of Emergency has been lifted. In the event such conditions arise while the center is closed, (example: during the night) the parents shall be informed via email, telephone or text messaging and over QMIX 107.3 FM radio broadcast that the center is closed. If QMIX 107.3 FM does not make an announcement and/ or a phone call or text message is not received indicating that the center is closed, it would be assumed that the center is open for business.

3.11 SNOW AND ICE STORMS

Severe snow and ice storms can result in the shutdown of facilities, closed roads, and damage to power lines and structures.

1. Monitor winter storm watch, warnings, blizzard warning or travel advisories
2. Center Director / ERT Leader may consider pre-storm closing (night before) or early closing depending on conditions
3. Arrange for snow and ice removal as well as possible debris removal such as fallen trees and utility lines
4. Check status of battery powered radios, flash lights, and back-up lighting, power, and heat

If the National Weather Service issues a winter storm watch for Bartholomew County, the ERT Leader shall respond with a heightened sense of awareness, by watching for changing conditions that may precede dangerous weather. The ERT Leader shall inform all the teachers and staff about the situation. Teachers and staff shall bring all the students inside

If the National Weather Service issues a winter storm warning the ERT Leader shall coordinate to inform parents via text messaging or other methods described above to make arrangements to have their children picked up early.

A severe snow or ice storm usually is forecast and not a surprise. In the most unlikely situations, if the snow or ice storm is expected soon or experienced while the center is in operation, the ERT Leader shall initiate the following response actions –

1. As severe snow or ice storms typically do not present danger to the occupants of the center, the ERT leader shall primarily focus on maintaining an awareness of changing external environment and road conditions and maintain a heightened awareness of those conditions through the various information sources listed above.
2. If the power goes out, refer to the Power Outage Section (3.17) of the plan
3. ERT Leader or a designee shall continue monitoring radio bulletins and weather forecasts as often as possible

4. If the phones go out, ERT Leaders shall check his/ her cellular phone and walkie-talkie to see if it is operational. Limit calls to emergency use only
5. ERT Leader shall maintain constant communication with the External ERT support contacts over the walkie-talkie or phone for expert advice/ consultation
6. Should early closure of the center be indicated, the ERT Leader shall go out and make sure the evacuation route is safe.

3.12 TORNADO OR SEVERE THUNDERSTORM

Weather fronts that can produce tornadoes may also generate severe rain, wind and hail that can cause serious damage. A Tornado Watch means that a tornado is likely over a large area and a Tornado Warning means that a Tornado has been sighted, or is indicated on weather radar in a specific area.

- a. Tornado or Severe Thunderstorm Watch - If the National Weather Service issues a Tornado or Severe Thunderstorm Watch for Bartholomew County, the ERT Leader shall respond with a heightened sense of awareness, by watching for changing conditions that may precede dangerous weather. The ERT Leader shall inform all the teachers and staff about the situation. Teachers and staff shall bring all the students inside and kept away from windows and in areas of the center that are farthest away from large trees and power poles. The ERT leader may initiate the process to move all students and staff to the shelter areas. The ERT Leader will maintain vigil near the front door of the center.
- b. Tornado or Severe Thunderstorm Warning - If the National Weather Service issues a Tornado or Severe Thunderstorm warning, the ERT Leader will initiate the process to move all students and staff to the shelter area. The ERT leader will locate in the appropriate shelter area as well. During Tornado Warning situations specifically, the parents will not be able to pick up their child(ren) until the All Clear announcement is made by the National Weather Service and acknowledged by the ERT Leader.
- c. Parents will be notified of any center status changes or situations as a result of these conditions via text messaging or other methods described above.

A Tornado or a Severe Thunderstorm usually is forecast and not a surprise. In the most unlikely situations, if the Tornado or Severe Thunderstorm is expected soon or experienced while the center is in operation, the ERT Leader shall initiate the following response actions –

1. Teachers and staff shall ensure that all students have been moved inside the center.
2. May activate the Severe Weather Take Cover announcement. This would initiate the Emergency Response Team's actions as explained in Sec 2.0.
3. Teachers and Staff shall direct the students to the designated shelter rooms in an orderly manner.
4. During a tornado watch situation, The ERT Leader shall remain available at the front door of the center to escort any parents who wish to collect their children during this situation. The parent will be escorted to the appropriate shelter and returned to the front door with their child/children. Parents understand that upon exiting the center, the safety of the child resides with them. During the Tornado Warning situation, the center will go into lock down mode and parents will not be able to collect their children.
5. If the power goes out, refer to the Power Outage Section (3.17) of the plan
6. ERT Leader or a designee shall continue monitoring radio bulletins and weather forecasts as often as possible
7. If the phones go out, ERT Leaders shall check his/ her cellular phone and walkie-talkie to see if it is operational. Limit calls to emergency use only
8. ERT Leader shall maintain constant communication with the External ERT support contacts over the walkie-talkie or phone for expert advice/ consultation
9. Post any tornado occurrence, should evacuation of the center be indicated, ERT Leader shall go out and make sure the evacuation route and meeting point are safe
10. ERT Leader shall request the External ERT support for their support during evacuation
11. Refer to the Evacuation Section (4.10) of the plan
12. Upon cancellation of any watches and/or warnings post the above described situations, the ERT Leader will decide at which point the center shall resume normal operations. Parents will be notified of center status and situation through text messaging or other methods described above.

3.14 EARTHQUAKE

An earthquake is least predictable. Damage to structures, and utilities and injury to people from falling debris are mostly expected as a result of earthquakes. In an earthquake, most injuries and deaths are caused by loose objects in and on buildings. During the shaking, cabinets and bookcases topple, objects fall out of cabinets, and hanging or large plants fall. Door frames and window jams may be bent when walls move. Doors may slam or jam shut, and window glass can shatter, sending broken glass into the room. Light fixtures, sprinkler heads, and other ceiling components may pop out and fall. Objects mounted on the walls (such as clocks, maps, and art work) may shake loose and fly across the room. The electricity may go out, and the sprinkler systems or fire alarms may turn on.

1. Planning:

Assess the facility to reduce the potential for shelving, fixtures, or heavy equipment to cause injury if shifted suddenly. Ensure that building and safety codes are followed during construction or renovations. Know where and how to shut off electricity, gas, and water service. Locate the safest locations in each room away from windows and potential falling objects.

2. Response:

a) A designated safe spot outside is the safest place to move in case of an earthquake.

Note: This spot should always be away from the building, trees, playground structures, fences, utility wires, or anything else that might fall on you. Ensure that all children and staff know where to go if they need to leave the building in an emergency.

The designated safe spot outside is identified as the “Emergency Assembly Point” for the center and is located at the South side of the facility in the athletic field. The evacuation routes and the Assembly point are clearly marked in the facility plan (ref fig 1).

b) The Earthquake Evacuation announcement for the center campus sounds like this:

1. *Evacuation to outside - “The Campus is currently experiencing Earthquake. Please proceed immediately to the Emergency Assembly Point”*
2. *Stay inside - “The Campus is currently experiencing Earthquake. Please drop to the ground, take cover under a firm support and hold on until the shaking stops. Do not move and wait for further announcement”*

c) The ERT Leader shall initiate the following response actions -

1. Activate the Evacuation announcement. The announcement shall initiate the Emergency Response Team’s actions as explained in Sec 2.0.

Note, evacuation to outside shall be initiated only if it is not shaking and the ERT Leader shall decide to do so after consulting with other Emergency responders.

d) Once in the open, the following response actions shall be initiated in addition to the response team responsibilities explained in Section 2.0 of the plan -

1. Kneel or sit on the ground and cover your head and face with your hands
2. Stay there until All Clear announcement is made

e) It is not recommended to evacuate to outside during the shaking. Falling bricks and debris just outside of the building could be a major concern in such situations.

If inside, during an earthquake, the following response actions shall be initiated –

Upon hearing the announcement (to remain inside) or at the first sign of shaking -

- i. **Drop** to the ground
- ii. Take **Cover** by getting under a sturdy table or other piece of furniture.
- iii. **Hold** on until the shaking stops.

This is further explained below -

- i. **Kneel down under a desk, table, or bench.** If there aren't enough sturdy pieces of furniture to get under, kneel next to an interior wall but away from windows, overhead light fixtures, and tall pieces of furniture that might fall over.
 - ii. **Stay under cover until the shaking stops** (at least one minute). Face away from windows, and bend your head close to your knees.
 - iii. **Hold on to the table leg or desk** (a few inches above the ground to avoid pinching fingers). Cover your eyes with your other hand. If your "shelter" moves, move with it. If you don't have a "shelter" to hang on to, clasp your hands on the back of your neck to protect your face.
- g) ERT Leader shall maintain constant communication with the External ERT support contacts over the walkie-talkie or phone for expert advice/ consultation
- f) Should evacuation of the center be indicated, ERT Leader shall go out and make sure the evacuation route and meeting point are safe
- h) ERT Leader shall request the External ERT support for their support during evacuation
- i) Refer to the Evacuation Section (4.10) of the plan

3.15 FLOODING

Flooding may result from heavy precipitation and build over several days or occur rapidly in the form of flash floods. Heavy rainfall as a result of Hurricanes, strong persistent thunderstorms etc., may also produce flooding.

A Flood Watch means that a Flood is likely over a large area, but the occurrence is neither certain nor imminent, A Flood Warning means that a Flood is indicated by monitoring stations in a specific area and most likely to happen in less than 48 hours.

A flash flood watch means that the potential exists for heavy rains to create flash flooding in the next 6 to 24 hours and a flash flood warning means that Flash Flood conditions are occurring or are expected to occur in the next 6 hours.

Cummins Child Care Center have established the following sources of communication to receive early flood/ flash flood warning -

1. Columbus Engine Plant – Gate #1 security - level scale on 7th St Bridge
 2. Cummins Technical Center Security – on-site monitoring on the state street bridge
 3. CCDC on-site creek level monitoring - level scale on 7th St Bridge
 4. Columbus Alerts Email service – NOAA weather alerts for Columbus City
 5. QMIX 107.3 FM radio – NOAA weather alerts
 6. NOAA Website - <http://www.crh.noaa.gov/ind>
 7. Creek Levels updates - <http://water.weather.gov>
- a. Flood Watch - If the National Weather Service issues a Flood Watch for Bartholomew County, the ERT Leader shall respond with a heightened sense of awareness, by watching for changing conditions that may precede dangerous weather. The ERT Leader shall inform all the teachers and staff about the situation.
 - b. Flash Flood Watch/ Warning or Flood Warning - If the National Weather Service issues a Flash Flood Watch/ Warning or Flood Warning for Bartholomew County, or at the discretion of the ERT Leader (depending on changing weather conditions) he/ she may elect to coordinate to inform parents via text messaging or other methods described above to make arrangements to have their children picked up within ONE HOUR TIME. This decision will be dependent upon the various sources of information available to the ERT Leader. Notification shall be made to parents via text messaging or other methods described above.

A Flood usually is forecast and not a surprise. A Flash flood may still occur all of a sudden, but the possibility of such a disaster is very rare in Columbus. In the most unlikely situations, if flooding is experienced while the center is in operation, the ERT Leader shall initiate the following response actions-

1. Activate the Severe Weather Take Cover announcement. This shall initiate the Emergency Response Team's actions as explained in Sec 2.0
2. Remain indoors and monitor radio bulletins and weather forecasts as often as possible
3. Activate the hotline communication (walkie-talkie or phone) for frequent updates from CTC and CEP emergency contacts
4. ERT Leader shall maintain constant communication with the External ERT support contacts over the walkie-talkie for expert advice/ consultation
5. Continuously monitor the water level on the 7th St Bridge
6. If the phones go out, ERT Leaders shall check his/ her cellular phone to see if it is operational. Limit calls to emergency use only.
7. Should evacuation of the daycare center be indicated (*as advised by External ERT contacts or if water level on the 7th St Bridge level scale indicates a need to evacuate the center*), ERT Leader shall go out and make sure the evacuation route and meeting point are safe
8. If needed, staff shall safely seat their students onto the cabinet/countertops in their classrooms until such time when they can be evacuated to waiting transportation. Infants shall be seated in the rolling cribs.
9. Refer to the Evacuation Section (4.10) of the plan

3.17 POWER OUTAGE

The center is equipped with an emergency backup generator to cater to its electricity supply needs in the event of loss of electrical power. A very unlikely Power Outage is possible only upon failure of the emergency backup generator in the event of loss of electrical power from main supply lines.

If such a situation arises wherein the center loses both its main power supply and the emergency back up supply, the ERT Leader shall initiate the following response actions –

1. If the power outage is a result of a major emergency situation (e.g., tornado, earthquake etc.), follow the plan for the relevant section until the emergency situation is over and an all-clear is signaled/ announced
2. If the power outage is not a result of a major emergency situation and/ or it is assessed safe to remain inside the Center after the outage, immediately report loss of electrical power to Duke Energy local support and Central Facilities contact (refer Section 1.11)
3. Direct staff and children safely to areas with natural light or emergency lighting
4. If inside a shelter room, remain inside until the all-clear is signaled/ announced
5. Check Refrigeration of food materials and ability to prepare meals, or plan for alternate arrangements
6. Inspect operation of security smoke/fire detectors, sprinklers, emergency lighting, ventilation, and telephone systems.
7. ERT Leader shall maintain constant communication with the External ERT support contacts over the walkie-talkie or phone for expert advice/ consultation
8. ERT Leader shall request the External ERT support for appropriate support
9. Should evacuation of the daycare center be indicated, the ERT Leader or a designee shall go out and make sure the evacuation route and meeting point are safe
10. Also refer to the Evacuation Section (4.10) of the plan

3.18 FIRE

Fire can occur for many reasons, including as a result of damage from an earthquake, damaging wind or damage to electrical equipment, fire spread from kitchen burners etc.

Evacuation is the highest priority. Only after everyone is safely out of the daycare center should extinguishing small fires be considered.

Only staffs who are trained to operate extinguishers shall use them. *Only attempt to extinguish trashcan-sized or smaller fires. Never put yourself in danger.*

In the event of a fire emergency, the following steps shall be initiated in addition to the response team responsibilities explained in Section 2.0 of the plan –

1. Any person noticing a fire (or smoke) shall immediately activate the fire alarm. The center is equipped with the following –

a) Pull Stations

Pull Stations on the North Side (6)

- Mechanical Room
- Kitchen
- Toddler One
- Toddler Two
- Toddler Three
- Transitioning Toddler Four

Pull Stations on the East Side (7)

- Lobby
- Infant One
- Infant Two
- Infant Three
- Transitioning Infant Four
- Preschool One
- Preschool Two

Pull Stations on the South Side (6)

- End of Southeast Hallway
- Pre-Kindergarten One
- Pre-Kindergarten Two
- Kindergarten
- Educational Enhancement Room
- End of Southwest Hallway

Pull Stations on the West Side (5)

- Early Preschool One
- Early Preschool Two
- Commons
- Early Preschool Three
- Transitioning Early Preschool Four

Total numbers of pull stations: 25 and includes one pull station located outside the door of the outside commons playground area.

b) Fire Extinguishers

Fire Extinguishers on the North Side (3)

- Office
- Kitchen
- Kitchen

Fire Extinguishers on the East Side (2)

- Outside women bathroom door
- Toddler Commons area

Fire Extinguishers on the South Side (1)

- In hallways between Pre-Kindergarten Two and Kindergarten

Fire Extinguishers on the West Side (2)

- Indoor commons area
- Computer area

Total number of Fire Extinguisher: 7

2. ERT Leader shall call 911, indicating the need for assistance from the fire department and law enforcement
3. Activate the hotline communication for informing CTC and CEP emergency contacts regarding the emergency and seek support
4. The fire alarm and the PA announcement shall immediately initiate the center evacuation process starting from the area of the fire (*always stay low as smoke and heated gasses collect near the ceiling first*)
5. Also refer to the Evacuation Section (4.10) of the plan
6. All windows and doors in the facility should be closed, and all electrical switches and breakers turned off. However, do not waste time doing this if the condition is an emergency
7. Upon the arrival of the fire department the ERT Leader, or designee, shall establish contact with the senior fire department official and coordinate subsequent activities with him or her
8. Ensure that no re-entry is attempted until authorized by the fire department

3.19 CHEMICAL SPILLS

Chemical Spill incidents may occur in nearby factories or as a result of road accidents involving vehicles carrying toxic or hazardous chemicals.

Information regarding such incidents will be notified by the Columbus Police Department and/ or Cummins Emergency Response team contacts. In the event of chemical spill incidents external to the Center, the ERT Leader shall initiate the following response actions in addition to the response team responsibilities explained in Section 2.0 of the plan -

1. All the children shall be gathered together inside the facility in their normal rooms. Access in and out of the facility should be limited to emergency personnel only
2. Ensure all Cummins Child Development Center staff and children are in the building (outside playground areas are empty)
3. Ensure all doors and windows are closed and secured
4. If needed, Shut off all HVAC systems to isolate the outside air from the building
5. If needed, Shut off all Card Access Systems to the facility to prevent exposure for the outdoors
6. Post signs on doors to notify parents that they are unable to enter until the "All Clear" is given by Emergency Personnel
7. ERT Leader shall contact External ERT contacts for timely updates possible
8. Remain in the building until notified by the emergency response authorities that the situation has been resolved or that an evacuation has been ordered
9. Follow all instructions given by Columbus Police Department and/ or External ERT contacts
10. Should evacuation of the daycare center be indicated, the ERT Leader or a designee shall go out and make sure the evacuation route and meeting point are safe
11. ERT Leader shall request the External ERT support for appropriate support
12. Also refer to the Evacuation Section (4.10) of the plan

3.20 BOMB THREAT OR SUSPICIOUS ARTICLE/ MESSAGE

Calls of a threatening nature are required to be recorded as accurately as possible and reported to the police. Depending on the nature of the call, immediate action shall be taken to protect lives and property, including evacuation. A threat to personal safety shall never be discounted as a hoax.

In the event of bomb threat or suspicious article or message, the following response actions shall be initiated in addition to the response team responsibilities explained in Section 2.0 of the plan –

1. Record threatening message carefully with attention to details outlined in Attachment 5-2. If caller ID is operational, record telephone number
2. Call 911 and notify police immediately
3. Do not attempt to move a suspicious article, package, or letter
4. Should evacuation of the daycare center be indicated, the ERT Leader or a designee shall go out and make sure the evacuation route and meeting point are safe
5. ERT Leader shall request the External ERT support for appropriate support
6. Also refer to the Evacuation Section (4.10) of the plan
7. Should a **Lock Down** Situation be implemented, the following actions shall be initiated –

- a. All the children shall be gathered together inside the facility in their normal rooms
- b. Access in and out of the facility must be limited to emergency personnel only
- c. ERT Leader shall announce **“All Cell Phone, Pagers, Radios and/or Walkie Talkies Must Be Turned Off At Once!”**
- d. Ensure all staff and children are in the building (outside playground areas are empty)
- e. Ensure all doors and windows are closed and secured
- f. If needed, shut off all HVAC systems to isolate the outside air from the building
- g. If needed, shut off all Card Access Systems to the facility to prevent exposure from the outdoors
- h. Post signs on doors to notify parents that they are unable to enter until the “All Clear” is given by Emergency Personnel
- i. ERT Leader shall contact the Director of Facilities and/or Cummins Liaison
- j. Remain in the building until notified by emergency response authorities that the situation has been resolved or that an evacuation has been ordered
- k. Follow all instructions given by Emergency Personnel

3.21 PERSONAL SAFETY

Personal safety involves responding to events such as a medical emergency or security.

3.22 MEDICAL EMERGENCY

Initial first aid response to medical problems and prompt notification of emergency medical/ rescue is vital.

1. Medical Emergency – Child

When a child is seriously injured or ill, the following actions shall be initiated -

Step#1

Staff 1: The first adult who realized that a child is in need of immediate medical care should remain calm and assess the situation. Immediately call for first aider’s help (or begin first aid if you are trained to provide first aid and CPR)

<u>Is the Child breathing?</u>	
↙ NO	↘ YES
Begin mouth-to-mouth resuscitation. Continue until help arrives.	Does the child have a pulse?
↙ NO	↘ YES
Begin CPR. Continue until help arrives	Is the injury due to a fall?
↙ NO	↘ YES
Assess nature of injury or illness. Give appropriate response according to appropriate first aid measures	Do not move child.
	Keep child comfortable until help arrives.

Staff 2:

- a. Contact **911** if the situation warrants it or wait for the ERT leader on-site to arrive. Be prepared to give exact information on the injury/illness to the emergency dispatch person and the address of the center - **650 Pleasant Grove Columbus, Indiana 47201**
- b. Ask a neighboring classroom teacher to alert the ERT Leader.
- c. Calmly begin moving the rest of the children to another part of the Center.

Step #2

If the injury requires emergency medical services (EMS) and transport to the hospital:

- Give the paramedics a copy of the enrollment card that has the parent's consent for medical treatment.
- Find out what hospital the child will be taken to.
- A faculty or administrator should accompany the child to the hospital.
- The director or designee should call the parent continuously until contact is made.
- Contact Center liaison and Bright Horizons' Regional Manager.

If the injury is not life threatening:

- The director or designee should call the parents continuously until contact is made.
- A faculty or administrator should plan to go with the parent and child to the hospital or appropriate medical facility if the child requires special handling or the parent would benefit from additional adult assistance due to the trauma.

Step #3

Once the immediate emergency is fully managed the attending teacher and administrator should complete an accident report as a record of the incident. This report is then signed by the parent and placed in the child's permanent record.

When an adult/staff is seriously injured or ill, follow these procedures:

2. Medical Emergency – Adult

Step #1

Staff 1: The first person that realized that an adult/staff is in need of immediate medical care should remain calm and assess the situation. If the victim is a co-worker and you are alone, call for help from the adjacent classroom.

<u>Is the Adult breathing?</u>	
<p>↙</p> <p>NO</p> <p>Begin mouth-to-mouth resuscitation. Continue until help arrives.</p>	<p>↘</p> <p>YES</p> <p>Does the adult have a pulse?</p>
<p>↙</p> <p>NO</p> <p>Begin CPR. Continue until help arrives</p>	<p>↘</p> <p>YES</p> <p>Is the injury due to a fall?</p>
<p>↙</p> <p>NO</p> <p>Assess nature of injury or illness. Give appropriate response according to appropriate first aid measures</p>	<p>↘</p> <p>YES</p> <p>Do not move the adult.</p> <p>Keep him/ her comfortable until help arrives.</p>

Staff 2:

- Contact **911** if the situation warrants it or wait for the administrator on-site to arrive. Be prepared to give exact information on the injury/illness to the emergency dispatch person and the address of the center - **650 Pleasant Grove Columbus, Indiana. 47201**
- Ask a neighboring classroom teacher to alert the ERT Leader
- Calmly begin moving the adult/staff to another part of the center if the adult is in the room (away from the children)

Step #2

If the injury requires emergency medical services (EMS) and transport to the hospital:

- Give the paramedics a copy of the emergency card that has the adult/staff consent for medical treatment.

- b. Find out what hospital the adult/staff will be taken to.
- c. A staff or ERT member should accompany the adult to the hospital.
- d. If an emergency contact is on file at the center, the ERT Leader shall arrange to call this person and give them information about the incident.

If the injury is not life threatening:

- a. A faculty or ERT member shall go with the adult to the hospital or appropriate medical facility by private car or by **calling 911 and asking for transport only.**

Step #3

Once the immediate emergency is fully managed the attending staff and ERT Leader must complete an accident report as a record of the incident. This report is placed in the adult's permanent record if they are a center employee or filed at the center as a record for any later claims.

3.23 MISSING CHILD

1. Prompt notification of the police, by calling 911, should be made by the ERT Leader or a designee once initial search of the facility is made, or attempts to confirm location such as confirmed pick up by family etc.,
2. Conduct search of all areas of facility and immediate surrounding area
3. Notify police so that a perimeter can be established for search
4. ERT Leader shall make all other required notifications, including notifying the child's parents, Cummins officials etc.,

3.24 POTENTIALLY VIOLENT SITUATIONS – (hostage situation, disgruntled employees, unstable custody)

Potentially violent situations require expert teamwork on the part of administrators and the local Police Department. The idea behind a selective evacuation is that it enables large numbers of children and faculty to move out of harm's way when an individual is on-site who is potentially violent. In some cases, there will only be time to contact 911 and to briefly engage the potential aggressor in dialogue before they may take action. In other cases, the potential aggressor may engage for longer periods of time seek an audience with others while at the site.

If a potentially violent individual gains access to your facility and leaves:

1. Call 911 to immediately notify Police Department.
2. Locate the potential aggressor. Indicate to Police and External ERT support that you may have a condition for a selective evacuation. Determine who is best equipped to engage the potentially violent individual. If you have any reason to believe the individual has a weapon, order a selective evacuation from non-affected areas.
3. Try to isolate the potentially aggressor from as many adults and children as possible. Seek to draw the individual(s) to the office, break room, conference or other less populated space. If they have entered a classroom seek to draw them into the least utilized portion of the room.
4. Engage the potential aggressor in agreeable conversation to de-escalate situation. Understand their distress and their desire. For Example: "I want you to be able to see your daughter too. This is difficult situation that has happened between you and your spouse. I have called the police who may be able to assist you in getting what you want. They should be here shortly and I'm sure they'll listen to what you have to say."
5. Do not physically restrain or block their movements since this could incite violence.
6. If the individual cannot be isolated and chooses to leave the premises, allow them the freedom to exit making sure to note their car make and model, license plate and the direction of their travel. Communicate this immediately to the 911 dispatcher.

If a potentially violent individual gains access to your facility and remains:

1. Follow step 1 through 5 above.

2. While you are engaging the potentially violent individual, the other staff should direct unaffected classrooms to move to location around the facility that area farthest from the incident point. This selective evacuation should proceed room by room and as orderly and quietly as possible, being careful to use routes not visible to the incident point.
3. The other staff should also make sure no other individuals, other than emergency personnel, enter the space you have isolated the potentially violent individual.
4. Once the police arrive they will take over the situation, negotiate and dictate further movements.
5. If a decision is made to Evacuate while negotiations go on, activate the emergency response team protocol.

4.0 Protective Actions (Evacuation and Shelter-in-place)

4.10 Evacuation

There are two types of evacuations designed for the center as explained below and the ERT Leader shall decide to choose the appropriate evacuation based on the type and extent of impact of the emergency situation on the center.

1. On-site evacuation, where students and staff are removed from the center to a safe location on the premises or nearby property (typically in the event of a fire emergency etc)
2. Off-site evacuation, where staff and students are transported to another location for their safety. In off-site evacuation, students and staffs are removed from the center to a pre-identified safe location away from the center.

The Guiding Principles for any evacuation are:

1. Get out of the building as quickly and safely as possible.
2. Once outside, get away from the building to stay out of harm's way
3. Go to the closest Assembly Area to obtain additional instructions and information regarding the emergency event.

The following are the steps common to both types of evacuation –

1. If evacuation of the daycare center is indicated, ERT Leader shall go out and make sure the evacuation route and meeting point are safe
2. ERT Leader shall Activate the Evacuation announcement (The center evacuation announcement shall sounds like this (*"The Campus is currently experiencing (state what type of Emergency). Please proceed immediately to Evacuation Shelter at the South Side of the campus. Stay in the shelter until an all clear announcement is made"*)
3. ERT Leader shall request the External ERT support for appropriate support
4. Upon hearing the alarm/ announcement or if contacted by the ERT Leader or other ERT members, staff shall assist children, other staff, visitors and guests to evacuate the building through the nearest safe exit (*refer fig 1 for exit route details*)
5. Staff shall not attempt to secure or recover items of clothing or personal property after an alarm has sounded
6. Remain Calm. Feel doors before opening. If the door is hot or smoke is seeping in, do not open the door. Take the alternate evacuation route. If the door is cold, open cautiously. If caught in smoke or heat, instruct the people you are assisting to get down on the floor or ground where air is better. Take short breaths through your nose until you reach a clear area. Take utmost caution while assisting students (especially infants and toddlers) in these circumstances.
7. Go to the nearest Assembly Area and await further instruction. ERT members shall account for all students and visitors/ guests they are assisting and inform the Primary Manager or the designee.
8. Parents shall not be allowed to remove a child from the custody of the center during the evacuation. Once all children are accounted for parents may be allowed to sign out their children, solely upon ERT Leader's discretion.

On-site evacuation –

The on-site evacuation location or the Primary evacuation spot for CCDC is located Southside of the CCDC building safely away from the periphery of the building and away from large trees and electric poles. The primary evacuation spot is located within walking distance and is also utilized as a staging ground until students are either taken back to the CCDC after an “All Clear” signal or transported to the secondary evacuation spot if an off-site evacuation is indicated.

Off- site evacuation –

1. An off-site evacuation will require transportation. CCDC have identified Columbus Engine Plant (CEP), Gate #96, as the primary off-site evacuation location and have maintained the following arrangements to ensure safe and speedy transportation and comfortable stay -
 - a. ERT Leader shall Activate the Offsite Evacuation preparedness announcement (The announcement shall sound like this (*“The Campus is currently experiencing (state the type of Emergency). Please be prepared for an off-site evacuation”*)
 - b. Upon hearing the alarm/ announcement or if contacted by the ERT Leader or other ERT members, staff shall prepare children, other staff, visitors and guests to evacuate the building. This shall also initiate the Emergency Response Team’s actions as explained in Sec 2.0. The ERT members shall ensure availability of all necessary items to be transported to the off-site location at this point.
 - c. ERT Leader shall contact the Bus Transportation Agency (BCSC) for dispatch of the required number of buses to the center. ERT Leader shall provide all required information regarding nature and type of emergency, safest travel routes (if this information is available), total number of persons (children, staff and others) to be transported, off-site evacuation location, special needs (if any) etc.
 - d. ERT Leader shall request the External ERT support for appropriate support, including alerting CEP ERT to set up the evacuation space in the CEP facility
 - e. Call 911 to immediately notify Police Department for evacuation support
 - f. Upon arrival of the Buses, ERT Leader shall Activate the Offsite Evacuation announcement (The announcement shall sounds like this (*“The Campus is currently experiencing (state what type of Emergency). Please proceed to the Bus parking area for an off-site evacuation”*)
 - g. In unlikely situations, it may be required to first carry out an on-site evacuation and then do the off-site evacuation. ERT Leader shall decide this based on the situation (especially during the times when staying within the building while waiting for the buses to arrive is determined unsafe for the children and staff)
 - h. Upon hearing the alarm/ announcement or if contacted by the ERT Leader or other ERT members, staff shall assist children, other staff, visitors and guests to evacuate the building and board the buses in an orderly way.
 - i. After arriving at the off-site evacuation location, ERT Leader shall report to the location ERT Leader who shall then be in charge of care and responsibility of CCDC staff, students and visitors.
 - j. The off-site evacuation spot shall be the reunion site for the parents to pick their child(ren), if allowed by the ERT Leader. Reunion site shall be the only place where parents can claim children after an off-site evacuation.

4.11 Shelter in Place

A shelter-in-place procedure shall be implemented when a situation occurs that may be a hazard to health or is life threatening. It shall be used when it is safer to keep the students inside the building rather than expose them to possible harm by allowing them to leave the building. Tornado warnings may all trigger a shelter in place to secure the students.

Once a shelter in place is called the center shall remain in that condition until the “All Clear” is given or an on-site or off-site evacuation is indicated depending on type and nature of the emergency and its impact on the center.

5-1A Evacuation Checklist

1. Check attendance and compile an accurate attendance list daily – **Teachers**
2. Use the list during evacuation and take along during transport to host facility – **Teachers**
3. Account for all children, staff and visitors during evacuation process – **Tracking sheet, check in book and time clock**
4. Transport all necessary medications, first aid kit, and emergency cards – **Medication and emergency cards are in the locked cabinet in each classroom. Teacher must carry all items to the evacuation location.**
5. Coordinate all actions with community public safety and/or emergency management officials – **911, CEP & CTC Emergency Response Contacts**
6. Confirm required transportation resources and arrival time – **Bartholomew Consolidated School Corporation**
7. Determine host facility based on situation
 - a. **Columbus Engine Plant – Primary access through Gate No. 96**
8. Contact host facility for arrival of children and staff – **Call Ryan Genth, ERT Leader or Plant 1 Security**
9. Notify families of evacuation and host facility information –**Text messages, Phone calls, notice displayed outside CCDC facility, website**
10. Make arrangements for support of children at host facility until reunited with families or return to evacuated facility – **Emergency cards, medication boxes, first aid kits, tracking sheets per each classroom.**
11. Maintain a record of expenses and log of actions taken by staff during evacuation such as names of contacts, times of calls, departure/ arrival times, etc. to document evacuation process – **ERT Leader**

5-1B Parent/Guardian Emergency Evacuation Plan Information

In the event of an emergency situation that requires evacuation of CCDC facility, one of the following plans shall be implemented. In all situations, the person in charge when evacuating shall take:

- an accurate attendance list
- account for all children and staff as they board/depart vehicles
- bring any necessary medications, first aid kits, and emergency cards.
- a cellular telephone, if available for emergency notifications.

1. If the emergency is confined to the IMMEDIATE AREA of CCDC, e.g. fire, or hazardous materials release, and the children cannot remain on the premises, the children will be re-located to Columbus Engine Plant (CEP, Gate #96). They will remain at this location accompanied by center personnel, teachers and emergency responders while parents/emergency contacts are notified and arrangements are made to either transport home or care taking for the remainder of the day.

- a. In the event that a physical examination is recommended due to the nature of the emergency, children will be transported to Cummins Regional Hospital 2400 East 17th Street Columbus, IN 47201 where they will be provided appropriate medical treatment.
- b. Parents/emergency contacts will be informed of this location or other facility if required.

2. In the event of a major emergency that necessitates a large scale evacuation involving the places of safety listed above, evacuation arrangements may be coordinated with community public safety/emergency management officials to locate places of safety that can safely accommodate the children and CCDC staff. This information will be provided to parents/ emergency contacts so that they may make arrangements for transportation to home or care taking.

5-2 Bomb Threat Checklist

1. Person receiving the call or message _____

Time received _____ ended _____

2. Exact words of the caller or written message:

3. Ask these questions if you can:

Where is the bomb located? _____

When will the bomb go off? _____

What type of bomb or explosives? _____

What does it look like? _____

Who is responsible for the bomb? _____

Why was the bomb placed? _____

What is the name of the caller? _____

How old are you? _____

4. Describe the caller's voice:

Male _____ Female _____ Adult _____ Teenage _____ Child _____

Accent _____ Slow _____ Speech Impediment _____ Fast _____

Affected _____ Normal _____ Excited _____ Drug-alcohol _____ Loud _____

Soft _____ Disguised _____ Other _____ Estimated Age _____

Is the voice familiar? _____ Who does it sound like? _____

5. Background sounds that can be heard:

Music _____ Conversations _____ Typing _____ Children _____ Cars _____

Mechanical or machinery _____ Other _____

6. Additional Information/ Notes, if any _____

ANNEXURE A

Items maintained in Emergency Back Pack.

<u>Item</u>	<u>Quantity</u>
Disposable gloves	1 box
Sealable nonporous plastic bags of disposal of bloody materials	1 bag
Scissors	2
Tweezers	2
Thermometer	2
Bandage tape	2 rolls
Sterile gauze pads and band aids	2 boxes
Flexible roller gauze	1
Triangular bandage	1 box
Safety pins	1 bag
Eye dressing	2
Pen/pencil and note pad	2 small
Cold pack	1
Current American Red Cross Standards	1
Coins for use in a pay phone	\$5.00
Insect sting preparation	1
Small plastic or metal splints or rolled magazine or newspaper	1
Soap	1
Kleenex	1 box
Cups	10 small
Hand Sanitizer (exp. date)	1/ 2012
Flashlight	1
Whistle	1
Can opener	1
Batteries	4
Radio	1
Wipes	1
Charcoal Pills (exp.) 2012	1 bottle
Small First Aid Kit	1
Emergency contact numbers – updated list	1 box

Misc - THE ORGANIZATIONAL CHART: ROLES & RESPONSIBILITIES

- List all staff: Names, Addresses, Phone Numbers, both Regular and Emergency, list position in Program
- For each person list who that person reports to...list in order of responsibility...at a glance shows who's in charge if someone above unable to respond
- List Role and Responsibility in an Emergency, Consider overlaps in case someone not able to fulfill role.
- Answer these questions:
 - Who will provide First Aid? Rebecca Bunch, Kathy Yeager, & Victoria Baker
 - Who will take any Medications? Teachers
 - Who will take First Aid Kit? Teachers, and a member of management
 - Who will take Attendance Lists? Teachers
 - Who will take Emergency Information on each child? Teachers and management
 - Who will call for help? Manager
 - Who will carry Cellular Phone? Everyone
 - Who will carry Emergency Kits out? Teachers and management
 - Which Groups of children go with which Staff? They stay with their classroom teachers
 - Who makes sure everyone is out of the building? Management
- Share list with staff....Discuss it so that there are no surprises during an Emergency. Everyone should know their primary and back up responsibilities.

Parental Acknowledgement Page

I, _____ parent of
(print name)

_____, a student at Cummins Child Development
Center acknowledge receipt of the Crisis/Emergency Response Plan on
_____.
(print date)

Signature : _____