
MT. LEBANON
Extended Day Program



Professional, Affordable, Convenient
School Age Child Care
MLEDP.org

Revised January, 2020
for MLEDP
Updated May 2022

Mt. Lebanon Extended Day Program

**Emergency
Operations
Plan**

**Part 1
Basic Emergency Plan**

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**Date: January 2020
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OVERVIEW

This Emergency Operations Plan describes the procedures that will be used by The Mt. Lebanon Extended Day Program to provide for the care and the well-being of the children under our care and for our staff/volunteers. This plan is meant to address extraordinary circumstances that threaten lives and property. The procedures outlined in this plan constitute those temporary measures that will be taken to provide the best available protection for the person under our care. The plan relies on the organization and procedures that are followed on a day-to-day basis. The intent is not to introduce new ways of doing things during high-stress situations.

Much of the information that is needed to implement a plan like this one should be treated as sensitive. The exact locations of shelters and assembly areas and the routes to be taken during an evacuation may be useful information to potential criminals. For this reason, parts of the plan will not be released to the general public. Important details from the plan are sent home with parents in orientation materials and periodic mailings. The entire plan is available for parents to review in the facility.

The plan itself is organized into three parts; the "Basic Emergency Plan", a series of checklists and a series of supporting documents. The basic emergency plan provides overall concepts and assignments of responsibilities. It does not contain great amounts of detail. The detail in the attachments and checklists are confidential. The information in the checklists is arranged by function, recognizing that the evacuation planned for a HAZMAT spill will work just as well for a winter storm. The evacuation procedures are practiced several times each year.

Public safety officials review this plan. The Department of Human Services licensing representative also reviews the plan when inspecting the facility. It is the responsibility of the child care facility to maintain and implement the plan. A current copy of the plan is provided to county management agencies.

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EMERGENCY OPERATIONS PLAN (EOP) FLIP CHART

Guidelines to be used by staff/volunteers to follow in the event of an emergency or incident. To be kept in each center.

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(Published Separately)

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BASIC EMERGENCY OPERATIONS PLAN

1. PURPOSE

To provide for the protection of children and staff/volunteers in the event of a natural, technological, or human imposed emergency or disaster.

2. SITUATIONS AND ASSUMPTIONS

The following situations and assumptions were considered in the development of the plan:

- To assure coordination and cooperation with municipal and county government and emergency services.
- The Mt. Lebanon Extended Day Program is located in 7 Elementary Schools within the Mt. Lebanon School District. Enrollment varies and staff are on site to accommodate the Department of Human Services ratio requirements. Normal operating hours for the facilities are 7am – 8:35am and 3:30pm – 6:30pm. Kindergarten Care Programs operate 7:00am - 6:30pm. The facilities assume responsibility for the health and safety of the children attending the facility. The summer program is located at the Mt. Lebanon High School and operates from 7:00am-6:00pm.
- The Mt. Lebanon Emergency Management Agency will be the primary source of governmental assistance during an emergency.
- Assistance during emergencies will be dispatched through the Mt. Lebanon EMA 9-1-1 and be coordinated by the Allegheny County Emergency Management Agency.
- **Facilities may be subject to Disasters:**
 - **Disasters can be human caused or natural catastrophes.** The most common disasters in Pennsylvania are flood, fire, and weather. While it is impossible to plan for every contingency, individual, families, businesses, communities and all levels of government have a responsibility to establish basic emergency planning. In some cases, there are regulations or laws requiring emergency and disaster planning and annual review and training around the content of the plans and responses.

3. CONCEPT OF OPERATIONS

- **General**
 - In the event of an emergency Center Directors should execute the portions of their plan that best address their needs in the immediate circumstances. Related to an emergency, a decision must be made to act on one of five paths. Should the program: lockdown; immediately evacuate; shelter in place; or evacuate to a relocation facility. For further information to understand the decision making behind these decisions follow the link to "Childcare Emergency Checklist" provided in Part II of this document.
- In the absence of the Center Director, Group Supervisors and Assistant Group Supervisors will execute the actions and responsibilities in response to an emergency.

- **Regular drills on emergency plans, procedures and duties will be conducted to:**
 - Provide training for staff/volunteers and substitutes.
 - Orient children on emergency procedures and responsibilities.
 - Develop skills necessary in the event of a real emergency.
 - An ad hoc committee of MLEDP will convene annually to review the plan, any after incident recommendations, current updates related to best practice and complete an update of the plan.
- **Accountability**
 - Children will only be released to adult(s) designated by the parent.
 - In case of an evacuation, attendance will be taken at the assembly area, upon boarding and exiting emergency transport vehicle(s) and upon the arrival at the relocation facility.

4. ORGANIZATION AND RESPONSIBILITIES

- **Center Director will:**
 - Determine a course of action to be taken during an emergency.
 - Maintain this plan in a current and usable state.
 - Notify parents to tune to designated local media for information during the emergency.
 - As soon as reasonably possible, ensure parents are contacted and made aware of what is happening with their children during an emergency situation.
 - Keep MLEDP staff, volunteers, Assistant Director and Executive Director aware of the status of the emergency.
 - Determine the number and types of transportation needed if evacuation or relocation is required.
 - Take children's emergency records to the evacuation/relocation site.
- **MLEDP Staff/Volunteers will:**
 - Review and assist in keeping plans and checklists current.
 - Maintain supervision of children until they are released to parents or guardians.
 - Perform special assignments as specified in the plan checklists (Part II).
- **Parents are requested to:**
 - Be familiar with emergency operations plan and procedures for ensuring safety of the children.
 - Provide the childcare facility with contact information and means to contact them in the event of an emergency.
 - Tune to designated local media for information and instructions during an emergency.

5. AUTHORITY AND REFERENCES

DHS Regulations for Child Care Center Emergency Plan

§ 3270.27. Emergency plan.

- (a) The facility shall have an emergency plan that provides for:
- (1) Shelter of children during an emergency including shelter in place at the facility and shelter at locations away from the facility premises.
 - (2) Evacuation of children from the facility building and evacuation of children to a location away from the facility premises. The evacuation routes and evacuation plans to exit the building may be the same as those required by § 3270.94(f) and (g) (relating to fire drills).
 - (3) A method for facility persons to contact parents as soon as reasonably possible when an emergency situation arises.
 - (4) A method for facility persons to inform parents that the emergency has ended and to provide instruction as to how parents can safely be reunited with their children.
- (b) The operator shall review the emergency plan at least annually and update the plan as needed. Each review and update of the emergency plan shall be documented in writing and kept on file at the facility.
- (c) Each facility person shall receive training regarding the emergency plan at the time of initial employment, on an annual basis and at the time of each plan update. The date of each training and the name of each facility person who received the training shall be documented in writing and kept on file at the facility.
- (d) The emergency plan shall be posted in the facility at a conspicuous location.
- (e) The operator shall provide to the parent of each enrolled child a letter explaining the emergency procedures described in subsection (a). The operator shall also provide to the parent of each enrolled child a letter explaining any subsequent update to the plan.
- (f) The operator shall send a copy of the emergency plan and subsequent plan updates to the county emergency management agency.

Authority

The provisions of this § 3270.27 issued under Articles IX and X of the Public Welfare Code (62 P. S. §§ 901—922 and 1001—1087).

Source

The provisions of this § 3270.27 adopted May 23, 2008, effective September 22, 2008. 38 Pa.B. 2437.

6. PLAN DEVELOPMENT, MAINTENANCE, AND DISTRIBUTION

- The Executive Director of the agency is responsible for:
 - The development, execution, and maintenance of the emergency plan.
 - Annual review and update of the plan.
- Copies of this plan have been given to Mt. Lebanon Emergency Management Agency, and the Allegheny County Emergency Management Agency.

**Mt. Lebanon Extended Day
Emergency Operations Plan
(EOP) PART II**

COMMUNICATIONS WITH MEDIA

All Staff/Volunteers:

- 1. Refer all calls from the media to the Executive Director.**
- 2. If a member of the media arrives at a school unannounced, ask them to move off school grounds and notify the Exec. Director**

COMMUNICATIONS WITH MEDIA

CRITICAL WEATHER EMERGENCY

All Staff/Volunteers:

- 1. In the event of a weather emergency, follow procedures established for your building and area. Center Director will define procedures as determined by the building principal.**
- 2. Refer to Shelter-In-Place procedures if necessary.**
- 3. Always carry emergency bag.**
- 4. Take attendance.**
- 5. List any missing or extra students and report according to MLEDP procedure for Informing ED/AD, Parents and Police.**
- 6. Inform ED that emergency weather procedures were implemented.**

CRITICAL WEATHER EMERGENCY

CHILD ABUSE/NEGLECT

The Child Protective Services law defines an abused child as any person under the age of 18 who shows evidence of one of the following: Non-accidental, serious physical injury; non-accidental, serious mental injury; serious physical neglect; sexual abuse or exploitation of a child. MLEDP employees are mandated reporters by law.

MLEDP Staff/Volunteers:

1. Whoever receives the information is the mandated reporter.
2. The mandated reporter must notify the ED/AD in cases when staff are the first to receive a report of abuse/neglect, staff are mandated reporters and are required to provide information to Children Youth and Family Services (CYF). ED will provide staff with assistance with step 3.
3. Make a Childline Report to <https://www.compass.state.pa.us/cwts/public/home> (If you are unable to access the online reporting system, make a telephone report to childline at 1-800-932-0313)
4. Keep all information confidential.

Executive Director:

1. For severe injuries call 9-1-1 to request an ambulance. Notify parents that the student has been taken to the hospital.
2. Do not contact the family or any other person on the emergency contact list if the person is the alleged abuser.
3. Call 9-1-1 to notify police.
4. Call Allegheny County CYF to ensure report was received at 1-800-932-0313.
5. If CYF requests, arrange for an interview with the student. MLEDP personnel may participate in the interview at the discretion of CYF.
6. If the student should not go home at the end of the day, contact 9-1-1 or Allegheny County CYF.
7. Keep all information confidential.

CHILD ABUSE/NEGLECT

BOMB OR TERRORISTIC THREAT

Recipient of Phone Threat:

1. Remain calm. Keep the caller on the line for as long as possible.
2. Immediately refer to bomb threat checklist on back of EOP Chart for list of questions to ask caller.
3. If possible, write a note to a colleague to call 9-1-1.
4. Listen carefully, be polite and show interest.
5. Try to keep the caller talking to learn more information.
6. If your phone has a display, copy the number or letters on the window display.
7. Immediately complete the Bomb Threat Checklist on back of CIP Chart. Write down as much detail as you can remember. Try to use the exact words spoken by the caller.

Recipient of Threat by Note or Written Communication

1. Notify Administrative Office (Executive Director/Assistant Director) & Staff on site immediately.
2. Call 911
3. Place note on table, desk or clean surface and handle as little as possible.
4. If written on wall, secure room where threat is located.
5. Keep envelope or container (if note was delivered in envelope or container.)
6. Immediately write down individuals seen in the area note was found. Ask colleagues if they saw anyone in the area and where the note was found.

Recipient of Threat by E-mail or FAX

1. Notify Executive Director/Assistant Director immediately.
2. Call 9-1-1.
3. If by e-mail, do not delete the email and do not forward the email unless asked to do so by authorities.
4. If by fax, place fax copy on table, desk or clean surface. Do not use fax/printer until authorities have completed the investigation.

Continued on back of this page.

BOMB OR TERRORISTIC THREAT

BOMB OR TERRORISTIC THREAT

Executive Director/Assistant Director:

1. Call 9-1-1.
2. Make decision to evacuate after consulting with MLPD.
3. Notify MTLSD office.
4. Assess need to disseminate info to parents

Center Director:

1. Follow evacuation procedures.
2. Record missing or extra students reported by staff.

Staff/Volunteers:

1. Follow orders of Executive Director/designee
2. If evacuation is necessary:
 - a. Take emergency bag with student roster.
 - b. Take attendance.
 - c. List any missing or extra students and report according to MLEDP procedure for informing Center Director, Assistant Director, Executive Director, Police.
3. Remain with students until they are released or all clear signal is given to return to the building.
4. Look for suspicious packages

BOMB OR TERRORISTIC THREAT

FIELD TRIP INCIDENT

All Staff/Volunteers:

- 1. Bring emergency bag and first aid kit.**
- 2. Always bring student roster with notations for relevant medical information**
- 3. Always have phone and MLEDP contact numbers.**
- 4. For accident with injuries:**
 - **Call 9-1-1 and Parent**
 - **See to the needs of injured person(s) until help arrives.**
 - **Make a record of the destination of injured person(s).**
 - **Account for all students.**
- 5. For lost student(s), call 9-1-1 and ED/AD.**
- 6. Complete incident report.**

Executive Director:

- 1. For accident with injuries:**
 - **If warranted, go to scene of accident.**
 - **If possible, go to the hospital to check on the needs of injured student(s).**
 - **Prepare letter to be emailed home to parents of students impacted and notify MTLSD.**
- 2. For lost student, notify parent and DHS**

FIELD TRIP INCIDENT

SUSPICIOUS PERSON

Staff/Volunteers:

- 1. Assess the situation and determine if the person appears to be a danger to yourself or others.**
- 2. If suspicious call 9-1-1.**
- 3. If external to building do not permit access to the building. If they have gained access to the building, Contact school personnel.**

Center Director:

- 1. Call 9-1-1.**
- 2. If person is suspected of having a weapon, direct staff to follow ALICE Procedures.**
- 3. Notify School Personnel.**

SUSPICIOUS PERSON

SUICIDE: THREAT OR ATTEMPT

Suicide Threat

Confidentiality should **NOT** be honored in this situation:

Staff/Volunteers:

1. Ensure the safety of the student without endangering self.
2. Notify Executive Director/Assistant Director.

Center Director/Executive Director

1. Notify school principal.
2. Parents or guardians must be notified immediately.

Suicide Attempt

Center Director/Staff/Volunteers:

Confidentiality should **NOT** be honored in this situation:

1. If a weapon is visible or reported, do not approach the student.
2. Call 911
3. Remove other students to safety; talk to the student(s) in a calm, quieting manner offering support and reassurance without endangering self.
4. Staff must remain with the suicidal student at all times while not endangering self.
5. Notify the Center Director/Executive Director

Executive Director:

Confidentiality should **NOT** be honored in this situation:

1. In the case of a suicide attempt, call 911.
2. Ensure the student's safety as well as the safety of others.
3. Remain with the suicidal student at all times while not endangering self.
4. Parents or guardians must be notified immediately.

SUICIDE: THREAT OR ATTEMPT

Suicide Threat

FIRE REPORTING AND EVACUATION

All Staff:

If you detect a fire, remember R - A - C - E:

1. REMOVE those needing assistance from the immediate vicinity of the fire.
2. Pull the nearest ALARM, making sure that lever is pulled down completely. Listen consciously for the sound of the alarm. Call the Principal's office and provide as much information as possible.
3. CONTAIN the fire by closing doors.
4. EVACUATE yourself and/or nearby students.
5. DO NOT ATTEMPT TO EXTINGUISH THE FIRE UNLESS YOU HAVE BEEN TRAINED TO DO SO.

Center Director:

1. Contact Custodial Staff
2. Notify Executive Director/Assistant Director.
3. Initiate evacuation plan.
4. Communicate with MLFD for further information.
5. Prepare for parent reunification.

Staff:

1. Inform students of evacuation routes and rules frequently during the school year.
2. Follow procedures for your building and area.
3. Always carry student roster in emergency bag. Account for all students.
4. If normal evacuation route is blocked by smoke or fire, use alternate routes to exit the building.
5. Take attendance.
6. List any missing or extra students according to building procedure.
7. If directed by CD to evacuate to sister school or alternate site, please refer to instructions on the back of this page for locations.

Executive Director/Assistant Director:

1. Notify MTLSD.
2. Initiate parent reunification.

Alternate Sites listed on back of this page.

FIRE REPORTING AND EVACUATION

In the event of a building evacuation, MIFIP will evacuate to
The M. Litchner Recreation Center
600 Canal Blvd. Fort PA 15229
412-343-3409

HOSTAGE TAKING

You are a hostage:

1. Do not agitate the captor(s).
2. Do not provide more aid and support to the captor than is essential to the survival of the students and yourself.
3. Use judgment in following the directions of the captor.
4. Try to establish a person-to-person relationship with the captor.
5. The goal of law enforcement is to resolve the incident through negotiations. Please note, negotiations can be a lengthy process.

You observe a hostage taking:

1. Call 9-1-1 and inform them it is a hostage taking situation and then contact the Executive Director.
2. Report as many observed details as possible (location, number of captors, appearance, types and numbers of weapons, number of hostages, demands of the captors).
3. If possible, help to relocate uninvolved students to a safe area

Center Director or Executive Director/Assistant Director:

1. Call 9-1-1 and inform them that it is a hostage situation.
2. Call Superintendent.
3. Coordinate with MLPD and initiate ALICE procedures.

HOSTAGE TAKING

SHELTER-IN-PLACE (External Threat)

An external threat with potential to harm students, faculty and staff exists and evacuation would increase the risk of harm. Long term sheltering may be necessary.

Center Director:

1. Initiate with School P.A. announcement —“Shelter-in-Place.”
2. Call 9-1-1 and notify Executive Director/ Assistant Director.
3. Notify any students or staff outside to come into building.
4. No one enters or leaves the building.
5. Continue to evaluate situation and continue risk assessment.
6. If the situation warrants, direct students and staff to designated shelter areas within the school building.
7. Issue further instructions via School P.A. system or other medium.
8. Signal “All Safe” when situation is back to normal

Admin Ast:

1. Notify Principal, MLEDP Parents (remind)
2. Do not allow anyone into building.
3. Maintain a record of situation status for MTLSD Principal & MLEDP Executive Director.
4. Notify Parents “All-Safe” when situation is back to normal.

Staff/Volunteers:

1. Post Shelter in place sign on door
2. Close and lock all windows, close blinds.
3. Close as many interior doors as possible.
4. If directed to relocate, take emergency bag.
5. Take attendance.
6. Report missing or extra students.
7. Notify MLEDP Executive Director.

Consider occurrence that would make shelter-in-place the better choice and not evacuation

- Explosion
- Tornado/violent storm weather conditions
- Hazardous materials
- Armed intruder
- Suspicious person outside

Consider:

Is it safe outside?

Is there time to evacuate?

SHELTER-IN-PLACE (External Threat)

KIDNAPPING/ABDUCTION ATTEMPT (Including Custody Issues)

Note: If any adult witnesses what appears to be an abduction, call 9-1-1 immediately.

Staff/Volunteers:

- 1. Call 9-1-1**
- 2. Notify the CO/ED immediately.**
- 3. Give name of adult suspected of taking the students(s) (if possible) and/or give a description of the person/persons.**
- 4. Provide a description of the child including any information that will help identify the child quickly (clothing, hair color, most recent contacts, photo to MILPD, etc.)**
- 5. Provide any additional information that is helpful, such as a car description and/or license plate number.**
- 6. If outdoors, immediately bring all students indoors. If inside the building, keep the students in a safe and secure area.**
- 7. Reinforce safety procedures with students:**

Center Director/Executive Director/ Assistant Director:

- 1. Call 9-1-1.**
- 2. Confer with student's parents.**
- 3. Alert MTLSD Principal, Assistant Superintendent.**

In the event a student is approached by a stranger when walking they should do the following:

- **Do not approach the car.**
- **Immediately run to a safe place.**
- **Inform parent or adult of the incident.**
- **Call 9-1-1.**
- **Try to give a good description of the individual and the vehicle.**

Safe Walking Rules

- **Never step into the street from between parked cars.**
- **Watch for turning cars.**
- **Look all ways before crossing.**
- **Obey traffic signals.**
- **Walk, Don't run. Allow yourself plenty of time (The average child crosses a street at the rate of three feet per second).**
- **Cross only at corners.**
- **Face traffic when walking on streets without sidewalks.**
- **Be extra alert on snow and rain days.**
- **Go directly to and from school.**
- **Have a partner to walk with if possible.**

KIDNAPPING/ABDUCTION ATTEMPT (Including Custody Issues)

VIOLENCE

Threat of Physical Harm (Written or Verbal Threats)

Center Director/Staff/Volunteers

1. Report the perceived threat to the ED/AD
2. Call 911
3. Complete and submit to the ED/AD the Behavior Report Form. Be prepared to share information with principal, psychologist, counselor, or nurse.
4. Notify Principal

Violent Actions (Physical Assault, Fights)

Center Director/Staff/Volunteers

1. If a weapon is visible or reported:
 - a. Do not approach the student.
 - b. Call 911.
 - c. Remove other students to safety.
 - d. Talk to the student(s) in a calm, quieting manner offering support and reassurance without endangering self.
2. If the incident does not involve a weapon:
 - a. Call 911 if necessary
 - b. Make verbal contact in a calm, low-toned voice.
 - c. Try to get individuals to a more isolated area so they can calm themselves without losing face, or try to get the area emptied of other students so they can calm down.
 - d. Do not leave the students alone until they are calm.
 - e. Send someone else to get help from the ED/AD.
 - f. Discuss the behavior and its consequences only after student is calm.
 - g. Never grab or touch a violent student unless he or she is causing harm to self or others and you can do so without causing possible injury to yourself
 - h. Call Parent

Center Director/Executive Director/Assistant Director:

1. Assess the situation and intervene if requested by the staff.
2. Call 911 if students refuse to cooperate or a weapon is involved
3. Notify Principal.

Threat of Physical Harm (Written or Verbal Threats)

VIOLENCE

Violent Actions (Physical Assault, Fights)

VIOLENT INTRUDER (ALICE Procedures)

ALICE procedures provide options to use in the event of an internal threat. It is a proactive, options-based strategy. These are not sequential actions, but are steps for you to take depending on the situation.

Alert

- Call 9-1-1.
- Alert information can come from anyone.
- Provide as much initial information as possible to as many people as possible.
- Use any and all available means: School Phone lifeline System, Public Address, Texts, Shout, Blow Whistle, etc.
- Alert MTLSD and MLEDP Executive Director

Lockdown

- If you determine that lockdown is your best option, make all attempts to secure your location by barricading. **BARRICADE:** The idea is to create a stronghold that nobody can breach.
- Once barricaded, no one should be allowed to enter your location. **♦ DO NOT OPEN DOORS.**
- Lock doors and windows.
- Turn off lights.
- Keep students quiet.
- Police will gain entry on their own.
- Circumstances may change to move from Lockdown to Evacuation.

Inform

- Notify alternate site of relocation
- Continuation of ALERT communication.
- If possible, real-time information should be provided by all means available.
- Use this information to make single or collective decisions as to the best option for survival.
- Be flexible because the situation will be dynamic and fluid.
- When appropriate stay in contact with 911 to provide updated information.
- Notify parents of situation and again when all is back to normal
- Post notice of Relocation

Counter

- Used only as a **LAST RESORT!**
- Engage in acts that disrupt the intruder from inflicting harm:
 - Noise (Scream)
 - Movement (Run Around)
 - Distance (Run Away in a zig zag pattern)
 - Distractions (Throw Things)

Continued on back of this page.

VIOLENT INTRUDER (ALICE Procedures)

Evacuation

- **Based on information, you may need or choose to evacuate.**
- **Make decisions based on what is known.**
- **Based on information available, if the intruder is inside evacuate.**
- **Go to safe spot, alternate sites if possible. Call 9-1-1.**
- **If appropriate conduct student accounting and parent reunification procedures.**
- **Take emergency evac. kit/first aid supplies and and child meds as well as special needs info**
- **Staff lead children out of the building. Take attendance as soon as children arrive in the assembly area of alternate site. Maintain supervision**
- **Parents are notified to pick up children at alternate site or upon return to the center when all safe signal is given.**
- **Reuniting children and Parents - show ID separate area from group of children**

VIOLENT INTRUDER (ALICE Procedures)

FIRST AID

- CALL 9-1-1 for any situations listed below
- IDENTIFY IF STUDENT/STAFF MEMBER/VISITOR
- STATE REASON FOR CALL
- REMAIN WITH PERSON UNTIL HELP ARRIVES
- REMEMBER TO STAY CALM
- UTILIZE UNIVERSAL PRECAUTIONS-GLOVE FOR ANY INCIDENT
- ASSIST IF POSSIBLE AND IF TRAINED TO DO SO

Allergic Reaction (Food, Insect, Latex, Medication)

1. If person has a KNOWN life threatening allergy and is suspected or is known to have ingested /touched/become stung by allergen:
 - Do NOT wait for symptoms
 - ADMINISTER Epinephrine Auto Injector
 - Call 9-1-1
 - Call Parent
2. If person does NOT have a known allergy and is having any allergic symptoms: (as listed below)
 - Administer Epinephrine Auto Injector per protocol
 - Call 9-1-1
 - Call Parent
3. Life threatening symptoms may include:
 - Difficulty breathing or swallowing
 - Vomiting
 - Hives
 - Swelling of body part
 - Dizziness
 - Fainting
 - Unconscious
 - Sense of Doom

Asthma

1. If a person has a persistent cough or complains of breathing problem:
 - Call Parent
2. If a person is having difficulty breathing, color not pink or has an audible wheeze:
 - Call Parent
3. If a person is having severe difficulty breathing-unable to catch their breath or speak:
 - Call 9-1-1
 - Call Parent

Bleeding

1. Put on disposable gloves from first aid kit.
2. Cover wound with gauze and apply constant pressure - person MAY DO THIS THEMSELVES, if able.
3. Do NOT remove gauze once applied to wound-if bleeding continues - apply more gauze on top of blood soaked ones.
4. Elevate bleeding area above heart, if safe to do so.
5. Call 9-1-1
6. Call Parent

Burns

1. Flush with cool water, if safe to do so.
2. Do not use ice or attempt to wipe skin.
3. Do not puncture blisters.
4. May cover VERY loosely with sterile gauze dressing, if available after cooling area.
5. Call 9-1-1
6. Call Parent

Choking

1. If person's hands are at throat and unable to speak, appears to be in any type of breathing distress, is sitting quiet and bug eyed, is unable to cough or breathe, do the following:
 - Position yourself behind person with your leg between the person's legs.
 - Go behind the person, make flat, then place "thumb to thumb" with the other hand over flat hand and apply 5 quick, upward abdominal thrusts.
 - Repeat the above procedure until:
 - Object is expelled.
 - Person becomes unconscious-IF BECOMES UNCONSCIOUS- SAFELY LOWER TO FLOOR AND BEGIN CPR (IF TRAINED TO DO SO)
2. Call 9-1-1 anytime the above maneuver is done.
3. Call Parent

Diabetic

1. Unconscious: Call 911
2. Begin CPR if trained and necessary
3. Conscious, but Lethargic:
 - Follow Diabetic Action Plan (in child's file)
4. Call Parent
5. Fully Conscious:
 - Follow Diabetic Action Plan

Fainting

1. Lay person on his/her back with feet elevated about 12 inches, if safe to do so.
2. If person has fallen and back/head or neck injury is suspected-do NOT elevate legs or move person.
3. Call 9-1-1
4. Call Parent

Continued on back of this page.

FIRST AID

FIRST AID

- Fractures**
1. Keep person and injured body part still.
 2. Do not give person anything to eat or drink.
 3. Monitor for signs and symptoms of shock—i.e. clammy skin, panting breathing, thready pulse.
 4. Call 9-1-1 if needed
 5. Call Parent

- Head Injury**
1. Keep student quiet. Do not move or tilt head. Do NOT move head/neck/back
 2. Do not give anything to eat or drink.
 3. Call 9-1-1
 4. Call Parent

- Poisoning**
1. Do not give anything to eat or drink.
 2. Identify poison ingested—obtain actual product or label if possible.
 3. Call and follow directions of Poison Control: 412-681-6863 or 1-800-222-1222
 4. Call Parent

- Seizure**
1. Usually not an emergency unless:
 - Seizure lasts for more than 5 minutes.
 - Seizure recurs
 - No past history of seizures
 - Action Plan denotes to call 9-1-1
 - Person becomes unconscious
 - Call Parent

If any of the above occurs—CALL 9-1-1

Seizure Care:

1. Accurately time length of seizure—time jerking or staring begins until it stops.
 - Person may still be confused or agitated—that is not part of the timing
2. Clear area of any potential hazards
3. Clear other students/persons from area
4. Do NOT put anything in mouth
5. Do not move the student until after jerking stops
6. After jerking stops—roll person on side to keep airway open
7. If head injury is suspected, do NOT move, unless breathing difficulty noted.

OPIOID OVERDOSE

1. If Suspected:
 - Call 9-1-1
 - Stay with person
 - Call Parent

UNIVERSAL PRECAUTIONS

1. When in the presence of blood and/or body fluids, use the universal precautions kit:
 - Put on gloves
 - Remove gloves by peeling them off so that contaminated surfaces are on the inside
 - Gloves are used ONE time only
 - Discard used gloves in covered receptacle
 - Wash hands thoroughly with soap and water after removing gloves
 - Notify custodian if area needs to be cleaned due to blood and/or body fluid spill

First Aid Kits in every site

- AED (Automated External Defibrillator)
- Outside of each Health Office

Please be aware of the location of AED Machines in each building.

First Aid Kits in every center.

WEAPONS

Actual Weapon: Asses situation for immediate threat

Staff/Volunteers:

1. Call 9-1-1 if in immediate danger.
2. Notify the ED & MTLSD immediately.
3. Do not confront an armed individual.
4. Initiate ALICE procedures.

Center Director:

1. Call 9-1-1 if in immediate danger.
2. Initiate ALICE Procedures.
3. If appropriate, report to the scene and assess the situation.
4. If the student runs away, do not chase him/her.
6. Notify Executive Director and on-site school personnel.

Rumored Weapon:

Center Director:

1. Notify the Executive Director and Principal immediately.
2. Do not talk to others about this.
3. Call 911
4. Investigate immediately. Conduct an assessment and respond to scene.
5. Locate the student. With assistance, request that the student confer with you in private. Escort the student to a safe area and request that he/she empty pockets, handback, book bag, etc.. Confiscate any found weapons and contact the police, parents, and ED/AD.

WEAPONS

BOMB THREAT CHECKLIST

Date		Time of Call		Time Caller Hung Up	
Phone Number where call was received		Caller's phone number			
Exact words of the threat					
Ask the caller these questions:					
Where is the bomb located? (building, room, floor)					
When will it explode?					
What does it look like?					
What kind of bomb is it?					
Did you place the bomb?					
If not, who did?					
Are you mad at someone? If yes, why?					
Why did you place the bomb?					
When did you place the bomb?					
What will cause it to explode?					
What is your name?					
Where do you live?					
Description of caller:					
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Young	<input type="checkbox"/> Middle Age	<input type="checkbox"/> Elderly	Approx Age
Familiar Voice?		If yes, Describe			
Caller's Voice (check all that apply)			Caller's Mood		
<input type="checkbox"/> Accent	<input type="checkbox"/> Irrational	<input type="checkbox"/> Read Message	<input type="checkbox"/> Angry	<input type="checkbox"/> Mad	
<input type="checkbox"/> Clearing Throat	<input type="checkbox"/> Laughter	<input type="checkbox"/> Taped Message	<input type="checkbox"/> Calm	<input type="checkbox"/> Nervous	
<input type="checkbox"/> Coughing	<input type="checkbox"/> Lisp	<input type="checkbox"/> Scuffy	<input type="checkbox"/> Crying	<input type="checkbox"/> Normal	
<input type="checkbox"/> Crackling Voice	<input type="checkbox"/> Loud	<input type="checkbox"/> Slow	<input type="checkbox"/> Excited	<input type="checkbox"/> Profanity Used	
<input type="checkbox"/> Deep Tone	<input type="checkbox"/> Nasal	<input type="checkbox"/> Slurred	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Sad	
<input type="checkbox"/> Deep Breathing	<input type="checkbox"/> Ragged	<input type="checkbox"/> Soft			
<input type="checkbox"/> Disguised	<input type="checkbox"/> Rapid	<input type="checkbox"/> Stutter			
<input type="checkbox"/> Distinct	<input type="checkbox"/> Raspy	<input type="checkbox"/> Well Spoken			
Background Noise					
<input type="checkbox"/> Animals	<input type="checkbox"/> Conversation	<input type="checkbox"/> Local	<input type="checkbox"/> Long Distance	<input type="checkbox"/> PA System	
<input type="checkbox"/> Booth	<input type="checkbox"/> House Noises	<input type="checkbox"/> Music	<input type="checkbox"/> Loud Machinery	<input type="checkbox"/> Static	
<input type="checkbox"/> Clear	<input type="checkbox"/> Kitchen Noises	<input type="checkbox"/> TV	<input type="checkbox"/> Officer Machinery	<input type="checkbox"/> Traffic Noises	
Other notes - use additional pages, if needed					
Your Name & Phone Number			Your Work Locat on Address		

**Mt. Lebanon Extended Day Program
Emergency Operations Plan**

**Part III
Supporting
Documents**

Date: January 2020
Revised April 2021
Updated May 2022
Updated August 2022
Updated July 2023

Emergency Notification Numbers

Site	Address	Phone	Radio Channel
MLEDP Office/ Summer Program	250 Mt Lebanon Blvd. 15234	412-343-1661	Executive Director #113 AD of Programs #112 AD of Recruitment/Retention #115
Foster	700 Vermont Ave 15234	412-344-6055	#2
Hoover Hoover KC	37 Robb Hollow Road 15243	412-275-3394 412-279-5805	#4 #5
Howe Howe KC	400 Broadmoore Ave 15228	412-344-6080 412-207-9016	#6 #3
Jefferson	11 Moffat St 15243	412-344-4741	#7
Lincoln	2 Reiston Pl 15216	412-207-8025	#8
Lincoln KC		412-563-1474	
Markham	165 Crescent Dr 15228	412-563-1245	#9
Washington Emergency Radio	735 Washington Rd 15228	412-344-8108	#10 #1

Site	Address	Phone
Allegheny County Emergency Management Agency	150 Hookstown Grade Rd Moon Twp. PA 15108 Email Robert.Gerlach@AlleghenyCounty.US	911
Mt Lebanon Emergency Management Agency	555 Washington Road Mt Lebanon Pa 15228	911 412-531-5300
St Clair Hospital	1000 Bower Hill Road Pgh Pa 15243	412-492-4000
Mt Lebanon Rec Center	900 Cedar Boulevard Mt Lebanon PA 15228	412-343-3409
Durham Bus Services Karen Kotar Manager	992 Sleepy Hollow Rd Castle Shannon, PA 15234	Cell 412-715-2547 Direct 412-341-8288 Email kkotar@durhamschoolservices.com
Durham Bus Services Transportation contacts	Thomas Taylor, Dispatcher Carol Studt, Office Manager	Tytaylor@durhamschoolservices.com cstudt@psstemannbus.com
Pittsburgh Poison Control	200 Lothrop St, Pittsburgh PA 15213	(800) 222-1222

EMERGENCY TRANSPORTATION PROCEDURE

**In case of a true emergency, child must receive care before the parent/guardian arrives.
Teacher does the calling. Center Director remains with injured child.**

CALL PROTOCOL

1. CALL THE EMT- 911
2. Call the child's Parent/Guardian
3. Call the Executive Director (0) 412-344-1661 (c) 412-327-6304
4. If it is necessary for the child to be transported to the hospital, the Center Director (in the absence of the parent/guardian? Accompanies the child in the ambulance and remains with the child until the parent/guardian arrives.

**** Post near the telephone, in each rom of the center, and in all first aid kits****

“Shelter in Place / Internal Evacuation”

If it is unsafe for the occupants of the facility to go outside, provisions should be made to provide “protected spaces” inside. Depending on time available, staff should move their groups of children to the “closest shelter” inside the facility.

These spaces should:

- **Be in the interior of the building, away from glass that may shatter**
- **Not be in rooms with large ceiling spans (like gymnasiums or auditoriums) that may fall is subjected to shaking from an earthquake or tornado.**
- **Have furniture and wall hangings secured so that they will not fall onto occupants.**

Suggestions are:

- **Interior halls**
- **Rest rooms, closets or other small areas**
- **If hallways are not suitable, us inside wall of room**

Have everyone sit facing the wall protecting their head and face with their arms against the wall.

**Mt Lebanon Extended Day
Children and Staff**

Have Relocated To:

**Mt Lebanon Rec Center
900 Cedar Boulevard
Mt Lebanon PA 15228
Phone: 412-343-3409**

SELECTION OF INTERIOR SHELTER

If it is unsafe for the occupants of the facility to go outside, and there is time to move to the best available shelter, provisions should be made to provide “protected spaces” inside the facility.

These spaces should:

- Be in the interior of the building, away from glass that may shatter
- Not be in rooms with large ceiling spans (like gymnasiums or auditoriums) that may fall is subjected to shaking from an earthquake or tornado.
- Have furniture and wall hangings secured so that they will not fall onto occupants.

Suggestions on where to find these “protected spaces” are

- In multi-story facilities.
 - Use identified shelters or basements
 - Use first floor interior halls
 - Use rest rooms or other enclosed small areas away from large glassed-in areas or large open rooms.
- In one-story facilities
 - Use identified shelters
 - Use basements and interior hallways
 - Use rest rooms or other areas away from large glassed-in areas or open rooms

If hallways are not suitable, use the inside wall of a room on the opposite side of the corridor from which the storm is approaching.

In either one or multi-story facilities rest rooms are usually suitable, especially if the room is centrally located.

**Mt. Lebanon Extended Day Program
250 Mt. Lebanon Blvd. Suite #414
Pittsburgh, PA 15234
412-343-1661 (Main Office)
Parent Information- Emergency Preparedness**

To Parents and Guardians,

This letter is to assure you of our concern for the safety and welfare of children attending MLEDP.

Our Emergency Operations Plan provides for responses to all types of emergencies. Depending on the circumstances of the emergency, we will use one of the following protective actions:

Shelter in Place: Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.

Internal Evacuation: Students are evacuated to a safe area in the grounds of the facility in the event of a fire or other on-site emergency.

Accommodation for shelter of children during a lockdown: If we determine that lockdown is our best option, we will make all attempts to secure the location by barricading. Once barricaded, no one will be allowed to enter the location.

Accommodations for children with disabilities or chronic medical conditions:

The following consideration and accommodation will be given to children with special needs, medical conditions and disabilities. Staff responsible for evacuation and carrying out emergency operation plans, must:

- Be trained in evacuation procedures and informed of special care needs, and equipment.
- Identify children on site with special needs, medical conditions and disabilities.
- Identify any necessary tools such as personal response plans, evacuation equipment or visual aids needed during an emergency.
- If the child is on medication, gather all medications and instructions before evacuation.
- Consider the particular needs of the child to ensure his or her safety during an emergency that includes evacuation from a room and building.
- Plan a primary and secondary evacuation route from each location the child is in during the course of the day. If located on a second floor or higher and if an elevator is not available for a non-ambulatory child, the child will be moved using a two-person lock-arm position or by having the child sit in a sturdy chair. Ambulatory aids such as wheelchairs and crutches will be moved with the child.
- Check on each special needs child to assure he/she is accounted for during an evacuation.
- Inform emergency personnel of assistance needed.

Evacuation: Total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to Mt. Lebanon Recreation Center, 900 Cedar BLVD. Parents will be contacted.

Modified Operation: May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems that make it unsafe for students to travel or remain in the building.

Continuity of Operations: The following steps have been put in place to help ensure continuity of operation in the event of a disaster or emergency:

1. Child Health and other key records: MLEDP contracts with ProCare, a cloud- based registration, child file and enrollment program. In the event of an emergency, all files can be accessed from remote locations.
2. Payroll and Bill Paying: MLEDP financial policy states that our investment account will hold enough cash available to cover payroll and operations for a min. period of 6 months. All payroll is operated through Quickbooks, an online provider which can be accessed off site. Online billing allows for bills to be paid off site when necessary.
3. Administrative staff have laptops that allow for remote work.
4. In case of emergency, if the district elementary school buildings are closed, MLEDP will also close until district operations resume.

We ask that you not call during an emergency. This will keep the main line telephone free to make emergency calls and relay information. You will be updated via phone and text via Procare app if any of these procedures need to be put in place. I specifically urge you not to attempt to make different arrangements during an emergency. This will only create additional confusion and divert staff from their assigned duties.

Thank you for your understanding and cooperation so that we can ensure the safety of your children and our staff during an emergency. Should you have any questions regarding our emergency operating procedures please contact Daryl Lucke (412)343-1661.

Sincerely,
Daryl Lucke
Executive Director

**Mt. Lebanon Extended Day Program
Emergency Evacuation Plan Training**

Agenda

Emergency Plan for Day Care Facilities

Preparations

Center Emergency Kits

Communication

Local 911 – Take direction from Mt. Lebanon Emergency Management

Notify MLEDP Director

Notify Parents

Parent Pickup – drills, fire or emergency evacuation review

During Emergency – staff assignments

All Clear

Shelter of Children During an Emergency

Internal (on site)

External (outside building or move to a designated site)

Evacuation Procedures

Posted

Staff Assignments

Evacuation from center – post sign

Outside space

Move to another site

Transportation

Records

Radios

First Aid Kits

Attendance Sheets

Phones

Annual Update of Emergency Operations Plan
The following staff Person(s) participated in the annual update of
the MLEDP Emergency Operations Plan on 7/11/2024 (date)

(**Employee signatures below**)

Name	Date
1. <i>Kelly Helber</i>	<i>7/11/24</i>
2. <i>Dawn Christy</i>	<i>7/11/2024</i>
3. <i>Suzanne Luch</i>	<i>7/11/2024</i>
4.	
5.	
6.	
7.	

EMERGENCY OPERATIONS PLAN TRAINING

Site:

Date:

**The following staff person(s) received training of the Emergency
Operations Plan**

This Training was verified by _____

Staff Name (print)

Staff Signature

1.

1.

2.

2.

3.

3.

4.

4.

5.

5.

6.

6.

7.

7.

8.

8.

9.

9.

10.

10.

Population served and accommodations for children with disabilities or chronic medical conditions.

Mt. Lebanon Extended Day is a school age program and does not serve infants or toddlers.

Staff will follow the Mt. Lebanon Extended Day Program Emergency Operations Plan for all children. In addition, the following consideration and accommodations will be given to children with special needs, medical conditions and disabilities.

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-

Mt. Lebanon Extended Day Program Emergency Operation Plan Addendum

CONTINUITY OF OPERATIONS

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3. Administrative staff have laptops that allow for remote work.
4. MLEDP centers operate in the Mt. Lebanon School District and follows the district policies for disaster relief. In case of emergency, if the district elementary school buildings are closed, MLEDP will also close until district operations resume.



Shaken Baby Syndrome (Abusive Head Trauma) and Child Maltreatment Prevention Policy

This policy is designed to prevent the possibility of abusive head trauma during care. Abusive head trauma (also referred to as Shaken Baby Syndrome) occurs in infants and young children, whose neck muscles are not well-developed and whose heads are larger relative to their bodies. As a result, they are especially susceptible to head trauma caused by any type of forceful or sudden shaking, with or without blunt impact. Damage can occur in as little as 5 seconds.

Abusive head trauma can occur in children up to 5 years of age; however, infants less than one year are at greater risk of injury. Shaken baby syndrome can lead to serious conditions including:

- Brain damage, problems with memory and attention, cerebral palsy;
- Blindness or hearing loss;
- Intellectual, speech or learning disabilities; and
- Developmental delays.

Signs and Symptoms

The signs and symptoms of shaken baby syndrome or head trauma include:

- Seizures;
- Bruises;
- Lack of appetite, vomiting, or difficulty sucking or swallowing;
- Lack of smiling or vocalizing;
- Rigidity, inability to lift the head;
- Difficulty staying awake, altered consciousness;
- Difficulty breathing, blue color due to lack of oxygen;
- Unequal pupil size, inability to focus the eyes or track movement; or
- Irritability.

Injury Prevention

Infant crying is normal behavior, which improves as a child ages. Caregivers should develop proactive strategies to manage stress levels and appropriate responses to a crying child. This includes being self-aware and noticing when the caregiver may become frustrated or angry. Parents/guardians, caregivers and coworkers should discuss what calming strategies are successful with a particular child at home or in the center.

Emergency Response

If a child presents any of the above symptoms or you suspect a baby has suffered abusive head trauma:

- Call 911, call the parent/guardian and inform your supervisor and Executive Director.
- Report to the appropriate child protective services agency (or law enforcement, if applicable) within 24 hours or less as required by law. See *Child Abuse/Neglect and Mandated Reporting Policy and Procedure* for further information.
- See *Medical Emergencies-Calling 911* for additional information.

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- See *Medical Emergencies-Calling 911* for additional information.

Strategies for Caregivers and Parents

A child is usually shaken out of frustration, often when the child is persistently crying or irritable. The following strategies may work some of the time; but sometimes nothing will comfort a crying child. **A teacher should seek support from a coworker or center management.** If a child is inconsolable on a regular basis, the director and regional manager should be notified and determine if the right supports are in place for the child and for staff.

Do:

- Hand the child to another caregiver.
- Place the child somewhere safe in the classroom (or home) and call the office (or a neighbor) for support; take deep breaths and count to 10.
- Check to see if the baby's diaper needs changing.
- Give the baby a bottle. If baby readily takes bottle, feed slowly stopping to burp often. **Do not force the baby to eat.**
- Check for signs of illness and call the parent if you suspect the child is sick.
- Give baby a pacifier.
- Hold the baby close against your body and breathe calmly and slowly.
- Gently rock the baby using slow, rhythmic movements.
- Sing to the baby or play soft, soothing music.
- Use "white noise" or rhythmic sounds that mimic the constant whirl of noise in the womb.
- Hold the baby on its side or stomach position to help with digestion. **Babies should always be placed on their backs to sleep.**
- Take the baby for a walk indoors or outside for a ride in the stroller.
- Be patient; let the baby cry it out if necessary.

Never:

- Shake a child.
- Drop a child.
- Throw a child into the air or into a crib, chair, or car seat.
- Push a child into any object including walls, doors, and furniture.
- Strike a child's head, directly or indirectly.

Prevention and Identification of Child Maltreatment

1. Identification of Child Maltreatment

Understanding Types of Child Maltreatment:

- **Physical Abuse**: Involves non-accidental physical injury (e.g., bruises, burns, fractures).
- **Emotional Abuse**: Verbal or psychological harm through actions or words (e.g., constant criticism, rejection, isolation).
- **Sexual Abuse**: Any sexual activity involving a child (e.g., inappropriate touching, exploitation).
- **Neglect**: Failure to meet a child's basic needs (e.g., inadequate food, shelter, medical care, supervision).

Recognizing Signs and Symptoms:

- **Behavioral Changes**: Sudden withdrawal, fearfulness, aggressive behavior, regression in development.
- **Physical Indicators**: Unexplained injuries, frequent absences, hygiene issues, malnourishment.
- **Emotional Indicators**: Extreme fear of a specific person or place, feelings of worthlessness, frequent crying.

Risk Factors:

- Children who are in homes with domestic violence, substance abuse, or mental health issues.
- Lack of parental support, poverty, or isolation.

Understanding Reporting Obligations:

- Mandated reporters are legally required to report any suspicion of abuse or neglect.
- Reports should be made immediately to the proper authorities (Child Protective Services, law enforcement).
- It's important to report suspicions rather than investigating or confirming abuse.

2. Prevention of Child Maltreatment

Key strategies for the prevention of child maltreatment:

Strengthening Economic Support for Families:

- **Financial Assistance Programs**: Providing families with access to financial support such as child tax credits, housing assistance, and food security programs can reduce stress and alleviate risk factors associated with poverty.

- **Parental Leave and Job Flexibility:** Offering paid parental leave and flexible work schedules helps parents balance work and caregiving responsibilities, reducing the likelihood of neglect due to stress or exhaustion.

Promoting Positive Parenting Practices:

- **Parenting Education Programs:** These programs teach parents effective parenting techniques, child development, and healthy ways to manage stress and discipline.

Enhancing Early Childhood Education and Care:

- **High-Quality Childcare:** Ensuring access to affordable, safe, and nurturing childcare settings can help protect children from neglect and abuse while promoting their development.
- **Preschool and Early Learning Programs:** High-quality early education fosters social-emotional development, helping children build resilience and healthy relationships.

Strengthening Social Connections and Community Networks:

- **Community Support Programs:** Offering family resource centers, parenting groups, and other community-based services can help families build strong social networks that provide emotional and practical support.
- **Mentorship and After-School Programs:** These programs can provide children with positive role models, reduce isolation, and support healthy development, while reducing risk factors like unsupervised time.

Intervention for High-Risk Families:

- **Mental Health and Substance Abuse Treatment:** Offering accessible treatment for parents dealing with mental health issues or substance abuse can reduce the risk of child maltreatment, especially when combined with family support services.
- **Domestic Violence Prevention:** Addressing domestic violence in homes helps prevent children from being exposed to violence and the trauma that can lead to abuse or neglect.

Educating and Training Professionals:

- **Mandatory Reporter Training:** Training for professionals who work with children (teachers, healthcare providers, social workers) helps them recognize signs of abuse and neglect and report suspected maltreatment.
- **Professional Development on Child Development:** Ensuring that childcare workers, educators, and health professionals understand child development and positive behavior management techniques can reduce risks in institutional settings.

Building Resilience in Children:

- **Social-Emotional Learning (SEL)**: Teaching children social-emotional skills in school and at home helps them manage emotions, build strong relationships, and develop coping skills that can mitigate the impact of trauma.
- **Therapeutic Interventions**: For children who have experienced trauma or are at risk of maltreatment, access to therapeutic services can help build resilience and promote healing.

Implementing Safe and Supportive School Environments:

- **Anti-Bullying Programs**: Ensuring that schools have strong anti-bullying policies and a culture of inclusion and respect can protect children from emotional and physical harm.
- **School-Based Mental Health Services**: Providing access to mental health counselors and support within schools can help identify children at risk of abuse and provide early intervention.

Supporting Families through Crisis:

- **Crisis Intervention Services**: Providing hotlines, crisis counseling, and emergency assistance to families experiencing crises such as unemployment, illness, or housing instability can prevent these stressors from leading to abuse.
- **Respite Care**: Offering temporary childcare for parents who are overwhelmed or facing a crisis can give them a break and prevent harmful situations from escalating.