

TVUUC Child Care Staff Policies and Procedures

Reminder: All child care staff are required to have completed TVUUC Child Care Training and to have current Infant/Child CPR certification from the American Red Cross or American Heart Association. They must also agree to uphold all child care policies and procedures of TVUUC. The Child Care Coordinator is responsible for training and orienting child care staff on all the procedures and document that the training has occurred.

1	CHILDCARE POLICY.....	2
2	WORK POLICIES.....	2
2.1	Timesheets.....	2
2.2	Attendance.....	2
2.3	Personal Property.....	2
2.4	Tardiness.....	3
3	PROCEDURES.....	3
3.1	Ratios.....	3
3.2	Supervision.....	3
3.3	Before Children Arrive.....	4
3.4	Communication with Guardians.....	4
3.5	Sign-In/Sign-Out.....	4
3.6	Interaction with Children.....	4
3.7	Playground.....	5
3.8	Universal Precautions.....	5
3.9	Diapering.....	5
3.10	Bathroom.....	5
3.11	Food.....	6
3.12	Clean Up & Closing Rooms.....	6
3.13	First Aid & Injuries.....	7
3.14	Incident Management of Bodily Fluids.....	7
3.15	Emergency Procedures.....	8
4	CHILD ABUSE: PREVENTION AND RESPONSE.....	8
5	ATTACHMENTS.....	8
5.1	Incident Report.....	8
5.2	How and When to Wash Hands.....	9
5.4	Childcare Policy for Guardians.....	11
5.5	Behavior Management Policy.....	12
5.6	Playground Rules.....	18
5.7	Diaper Changing Procedure.....	19
5.8	Child Abuse: Prevention and Response.....	20

1 Childcare Policy

Requirements of individuals providing childcare

1.1 Anyone providing childcare in TVUUC facilities must consist of two unrelated Individuals, both of whom meet the following criteria:

1.1.1 At least 18 years of age

1.1.2 Having a background check on file with the TVUUC office

1.2 Anyone providing childcare in TVUUC facilities must follow all policies and procedures as outlined in the TVUUC Child Care Staff Policies and Procedures Manual.

2 Work Policies

2.1 Timesheets

2.1.1 Fill out your time sheet after every event.

2.1.2 If you need a substitute, contact one of the other nursery workers. If you cannot arrange for a substitute, call the RE Program Assistant, preferably with 24 hours notice. If you can't reach the REPA, contact the DRE.

2.1.3 Cell phones and other electronic devices (mp3 players, iPods, cameras, etc...) should only be used for work-approved purposes.

2.1.4 Only scheduled childcare workers, paid TVUUC staff, approved volunteers for that event, or guardians of a child currently signed in may be in the room with you.

2.2 Attendance

2.1.1 You are expected to work all shifts scheduled for and to arrive on time.

2.1.2 If you are unable to present for your scheduled shift for any reason, you are expected to contact the REPA or the DRE before your shift begins.

2.1.3 Any employee accruing more than one unexcused absence without contacting the REPA in any one year period is subject to disciplinary action up to and including termination of employment with no further notice.

2.2.4 Acceptable cause of absence is defined as sickness, injury, inclement weather or other emergency.

2.2 Personal Property

2.2.1 Put your personal property (purse, books, etc...) out of children's reach in the diapering room between the Nursery and Room H.

2.3 Tardiness

- 2.3.1 All incidences of tardiness must be recorded on the employee's timesheet.
- 2.3.2 All incidences of tardiness greater than 15 minutes will also be recorded by the REPA.
- 2.4.3 Any employee accruing more than three recorded incidences of tardiness in any six month period is subject to disciplinary action up to and including termination of employment with no further notice.

3 Procedures

3.1 Ratios

- 3.1.1 Staff to child ratios
 - 2:8 for children 24 months and under
 - 2:10 for children 25 months to 4 years
 - 2:16 for children 3 and up
- 3.1.2 In a mixed age group the ratios for the youngest child present will be followed
- 3.1.3 When the ratio is met, post a "Full" sign on the door.
- 3.1.4 Additional children can be admitted if a guardian stays to help.
- 3.1.5 The maximum amount of children allowed in the nursery is 8.
- 3.1.6 The maximum amount of children allowed in Rooms G and H (with the door opened between the two) is 16.
- 3.1.7 Only scheduled childcare workers, paid TVUUC staff, approved volunteers for that event, or guardians of a child currently signed in may be in the room with you.
- 3.1.8 If for any reason the ratio is exceeded, call the RE Representative or Responsible Adult (a guardian of one of the children in the room who has agreed to help if necessary). If additional help is not immediately available, take all children (as a group) to their guardians. Have the guardians sign their children out. Fill out an incident report if this happens.

3.2 Supervision

- 3.2.1 Never be alone with a child!
- 3.2.2 2 childcare staff should be with the children at all times and you should always remain within approved child to adult ratios.
- 3.2.3 Use common sense when watching the children inside. Prompt children to use inside voices and walking feet. Don't let them climb on the furniture in the room or stand on chairs.
- 3.2.4 Maintain visual supervision of the space and do frequent headcounts.

3.3 Before Children Arrive

- 3.3.1 Wash your hands when you first arrive. See attached sheet for proper hand washing guidelines and other times to wash hands.
- 3.3.2 Mix bleach water (every shift) or use approved Clorox spray.
- 3.3.3 Clean the tables with a disinfecting solution.
- 3.3.4 Look over the room you'll be in and do a safety check of the room.
 - Make sure all the outlets are covered and there are no dangling electrical cords.
 - Check for choking hazards, especially in the infant/toddler rooms (i.e. small toy parts, pebbles from outside, etc...)
 - Close doors to other rooms and outside.
 - Close door to bathroom in preschool room and to the diapering area between toddler and infant rooms
 - If going outside, check that all gates are closed and there are no hazards on the ground.
 - Make sure you have a functioning cell phone available.
 - Make sure the sign in sheet is in place and there is a pen available.
 - Get together any snacks/drinks from the RE kitchen and bring them into the room so you don't have to leave the kids during the event.
 - Put on your nametag.

3.4 Communication with Guardians

- 3.4.1 Acknowledge each guardian/child as they enter the room and introduce yourself if you don't already know them.
- 3.4.2 Try and give each guardian a simple sentence when they pick up telling them how their child was during the event and anything unusual that happened.
- 3.4.3 If you need to contact a guardian during the event either (1) call their cell phone / text them or (2) contact the RE representative on duty.

3.5 Sign-In/Sign-Out

- 3.5.1 All children must be signed in and signed out by an approved guardian. Please verify who will be picking up the child.
- 3.5.2 If they are new to childcare at TVUUC have him/her fill out a TVUUC visitor form and give them a copy of our policies.
- 3.5.3 If you don't know the child put a nametag on them.

3.6 Interaction with Children

- 3.6.1 Lead activities and interact with children during the event.
- 3.6.2 Follow TVUUC Behavior Management Policy (attached)

3.7 Playground

- 3.7.1 If you are on the playground there must be 2 child care staff on the playground at all times (i.e. one worker cannot be inside the room with some children).
- 3.7.2 If a child needs to go to the bathroom have one staff member stand in the door to the room and still help monitor the playground.
- 3.7.3 Monitor the entire playground. Position yourselves so that corners of playground are within lines of sight.
- 3.7.4 Make the upper playground off-limits if all staff are needed in the graveled area.
- 3.7.5 The first person that takes the children out to the playground will take the aqua stretchy playground key bracelet with him/her. It is located on the wall as you go out and fits all gate locks except the one near Kingston Pike near the Second Presbyterian driveway. The key should immediately be put back when you come inside.
- 3.7.6 Guardians may not leave a child unattended on the playground. Child care staff should not supervise children who are not signed in for child care.
- 3.7.7 Follow Playground rules (see attached sheet)

3.8 Universal Precautions

- 3.8.1 Universal Precautions is the term for infection control measures all health care workers and child care providers should follow to protect themselves from infectious disease. Universal Precautions are followed at TVUUC. See the attached sheet for more information.

3.9 Diapering

- 3.9.1 If the Nursery is open we will change diapers as needed. If the Nursery is not open we will contact the guardian if his/her child needs a diaper change.
- 3.9.2 Always follow TVUUC approved diaper changing policies (see attached sheet) when changing diapers.

3.10 Bathroom

- 3.10.1 All children must use one of the bathrooms attached to the classroom. There is a child-sized toilet between rooms G and F and an adult-sized toilet between room H and the nursery. Make sure children wash hands after using the bathroom.
- 3.10.2 Never enter a bathroom alone with a child. If you must help a younger child with toileting (e.g., pulling up pants) make sure the door to the bathroom is open and you tell the other staff that you are going to help the child.
- 3.10.3 If a child has an accident and needs new clothes, contact the guardian to help clean up their child and change him/her into clean clothes.

3.11 Food

- 3.11.1 Serve a snack when it seems appropriate, usually half way through the event.
- 3.11.2 Unless the child has food restrictions or allergies, only TVUUC provided snacks may be eaten in the room. Exceptions can be made as needed by the Child Care Coordinator.
- 3.11.3 Please don't bring food or hot drinks for yourself (e.g., take-out from McDonald's etc...). Cold drinks stored out of the children's reach are fine.
- 3.11.4 Guardians may bring in clearly labeled snacks and drinks in sippy cups for children in the Nursery. Properly labeled water bottles may also be brought for older children.

3.12 Clean Up & Closing Rooms

3.12.1 Nursery Room

- Put toys away.
- Spray all toys with bleach water or use another approved disinfecting method.
- Disinfect toys that have been in mouths and leave to dry or put away as appropriate.
- Clean and disinfect diaper changing table and table in room.
- Wash and disinfect any leftover dishes and cups.
- Make sure all windows are closed.
- Turn off lights and return food to RE Kitchen.

3.12.2 Preschool/School age room

- Put toys away.
- Clean and disinfect tables.
- Spray toys with bleach water or use another approved disinfecting method.
- Wash and disinfect any leftover dishes and cups.
- Make sure all windows are closed.
- Turn off lights and return food to RE Kitchen.

3.13 First Aid & Injuries

- 3.13.1 Follow common sense when dealing with injuries. For anything more than a minor scrape/bruise contact the guardian/s. If appropriate, call 911 first then contact the RE representative and guardian/s.
- 3.13.2 For minor scrapes, wash with mild soap and water and apply a band-aid if needed. Do not apply any topical creams/sprays.
- 3.13.3 For minor bruises/bumps apply an ice pack if necessary. Ice packs can be found in the RE Kitchen.
- 3.13.4 Fill out an incident report for any accidents, injuries or other out of the ordinary occurrences involving a child, including occasions where you call the guardian to the room.
- 3.13.5 We do not administer medications, except in instances of allergic reactions.

3.14 Incident Management of Bodily Fluids

- 3.14.1 If a child vomits, or has an accident resulting in urine, feces, or blood on the floor, move the children away from the spill immediately. Contact the child's guardian and the RE Representative. Ask them to come to the room immediately. When the two adults arrive the guardian should help comfort and clean up his/her child. The other adult and one staff member will take the remaining children into another room if appropriate. There will always be two adults with the children. The other staff member will clean up the spill following proper procedures for bodily wastes outlined below.
 - The staff person handling the situation must first put on disposable gloves.
 - Use disposable paper towels to wipe up as much of the visible material as possible, then place the soiled towels and any other soiled materials in a plastic bag that has been securely tied or sealed. If the spill occurs on a hard surface, the entire area must be disinfected immediately with a solution of $\frac{1}{4}$ C. bleach to 1 gallon water.
 - If the spill occurs on carpeting, blot the area with paper towels immediately, and then spot clean the area with a detergent-disinfectant rather than a bleach solution. Additional cleaning with a carpet shampooer or steam cleaner may be necessary. When cleaning of the area is completed, put contaminated gloves into a plastic bag, then tie securely or seal the bag and discard it. Then wash your hands thoroughly.

3.15 Emergency Procedures

- 3.15.1 Evacuation routes are posted by the inside doors of each room. If you need to evacuate, take the contact information binder and first aid kit with you.
- 3.15.2 Put infants/young toddlers in evacuation cribs to evacuate.
- 3.15.3 Use the walking ropes for the older toddlers/3-year-olds.
- 3.15.4 Always count the children and make sure everyone is evacuated.

4 Child Abuse: Prevention and Response

Tennessee law requires *anyone* who has substantial reason to believe that a child has been abused or neglected to report the situation to the Department of Child Services. See the attached handout labeled Child Abuse: Prevention and Response to further educate yourself about this important issue.

5 Attachments

5.1 Incident Report

5.2 How and When to Wash Hands

5.3 Childcare Information and Emergency Form

5.4 Childcare Policy for Guardians

5.5 Behavior Management Policy

5.6 Playground Rules

5.7 Diaper Changing Procedure

5.8 Child Abuse: Prevention and Response

How and When to Wash Hands

Keeping hands clean is one of the most important steps we can take to avoid getting sick and spreading germs to others. It is best to wash your hands with soap and clean running water for 20 seconds. However, if soap and clean water are not available, use an alcohol-based product to clean your hands. Alcohol-based hand rubs significantly reduce the number of germs on skin and are fast acting.

When washing hands with soap and water:

- Wet your hands with clean running water and apply soap. Use warm water if it is available.
- Rub hands together to make a lather and scrub all surfaces.
- Continue rubbing hands for 20 seconds. Need a timer? Imagine singing "Happy Birthday" twice through to a friend!
- Rinse hands well under running water
- Dry your hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet

Remember: If soap and water are not available, use alcohol-based gel to clean hands.

When using an alcohol-based hand sanitizer:

- Apply about ½ tsp. product to the palm of one hand
- Rub hands together
- Rub the product over all surfaces of hands and fingers until hands are dry.
- Do not use if hands are visibly dirty.

When should you wash your hands?

- Before preparing or eating food
- After going to the bathroom
- After changing diapers or cleaning up a child who has gone to the bathroom
- Before and after tending to someone who is sick
- After blowing your nose, coughing, or sneezing
- After handling an animal or animal waste
- After handling garbage
- Before and after treating a cut or wound

Childcare Policy for Guardians

Welcome to the TVUUC Childcare program! We are committed to providing a safe, welcoming, and fun environment for your child/ren. To that end, we have a few guidelines. We appreciate your help in following these guidelines.

- All children must be signed into the room by an approved guardian. The staff needs to know who will be picking up your child, if other than you. Please make eye contact and speak with a child care staff member when you sign in and out.
- The approved guardian must remain on TVUUC premises.
- Each child must have a Childcare Information and Emergency Contact form on file and have it updated yearly, or as necessary when information changes.
- If the nursery is open, the child care staff will change diapers. Unfortunately we don't have the staff to be able to change diapers when the nursery is not open. In the event your child in diapers needs a diaper change when the nursery is not open, we will contact you.
- Clearly labeled snacks and drinks from home are welcome in the nursery or for children under the age of 24 months.
- For children over 24 months a TVUUC approved snack (i.e. goldfish, graham crackers, apple juice) will be provided for events lasting more than 2 hours. Please do not bring in outside food unless your child has dietary restrictions or allergies. It is unfair to the other kids in childcare.
- Clearly labeled water bottles are welcome for older children.
- Please reinforce with your child before you leave that they need to follow the rules of the playground and inside spaces and be respectful of the child care staff and other children in the room.
- Part of providing a safe environment is discipline. We use positive guidance methods and staff is trained to interact with the children in a positive manner. If an instance occurs where positive guidance is not working despite our best efforts, we will contact you to come and help.
- If you have any questions or concerns regarding the Child Care Program at TVUUC please contact the RE Program Assistant or Director of Religious Education.

Behavior Management Policy

At TVUUC, we strive to create a safe, supportive environment where children and adults alike can learn to think, feel, and judge for themselves what is true and right, and then act from their own internal guidance. In our childcare program, we employ positive guidance methods, as outlined in our procedures, to help children learn to be responsible for their own behavior, promoting the development of healthy self-esteem and self-discipline. Since we believe that children learn through example, we expect our staff to model appropriate values and behaviors, keep a calm and positive attitude, and show interest in and remain actively engaged with our children, as well as maintain safe, clean, and developmentally appropriate environments. It is our policy to never submit children to discipline that is severe, humiliating, or frightening.

Behavior Management Procedures: Overview

The following pages outline various techniques for helping children learn to manage their own behavior in a group environment. However, caregivers can minimize the need for such techniques by working to create an atmosphere that promotes positive behavior. This can be done as follows:

Maintaining A Developmentally Appropriate Environment:

The environment in which childcare takes place has a profound effect on children's behavior. With younger children, it is important to create and maintain a safe, hazard-free environment, allowing for the most freedom for exploration, and fewest limits possible. For older children, providing activities and materials that are age appropriate is critical for ensuring a positive experience. Providing materials that are either too young or too old for the children will result in their misusing those materials, which creates a chaotic and unsafe environment.

Before children arrive, childcare providers should complete a safety checklist to identify any potential hazards in the room. If a hazardous situation develops (for example, a toy breaks or a spill occurs,) staff should work immediately to correct the situation. Caregivers should also ensure that they have enough activities prepared in advance for the ages of children who will be in their care.

Fostering Positive Relationships Between Caregivers, Children, and Guardians:

Respect for Families--At TVUUC, our parenting styles and choices are as diverse as our spiritual beliefs. For the limited amount of time we care for children in our building, at most a few hours each week, it is important to provide as much consistency between our care and their guardians' care as possible, as long as it is not an immediate health or safety risk for the children. Regardless of our own views about pacifiers, attachment objects, bottles, etc., such items should be welcome in our program if they provide the child with the consistency and security they need to feel safe in our care. It is also important that caregivers speak respectfully about the diverse parenting choices present in our congregation.

Respect for the Children—The caregivers should develop a positive attitude toward all children in their care, and be respectful of their needs and feelings. It is sometimes tempting to laugh at or gently tease children for their “childish” behavior. Try to look at it from their perspective and level of understanding. Allow them to make as many choices about what happens to their bodies as possible, while providing a safe environment. A caregiver's job is to build children's self-esteem and confidence.

Positive Interactions--Regardless of age, all children are trying to figure out appropriate ways to act in a community. Caregivers set the tone for the group in how they speak and interact with the children. For younger children, this means actually getting down on the floor, playing, talking, and singing with them. For older children, this means participating in their activities, games, and conversations. This allows caregivers to model the communication skills, behaviors, and values they wish the children to adopt. It also ensures that the caregivers will be continuously aware of what is occurring in the group, and will help them detect conflicts quickly. Most importantly, it allows caregivers to develop trusting, positive relationships with the individual children. Children who feel liked and respected will want to maintain those feelings by behaving in ways that the caregiver will approve of. Caregivers who remain mindful of how their words and actions affect group dynamics will find that they need to use the following behavior management techniques much less.

Behavior Management Procedures—School Age

Behavior management includes setting limits and correcting misbehavior. It also includes encouraging children, guiding them, helping them develop self-esteem, and teaching them to think for themselves by offering opportunities for choice. To this end, we use the following methods in our childcare program:

Social Contract:

- 1) On the first day (when appropriate), staff should sit down with the group of children and have them brainstorm and vote on a basic set of rules for the group, called a “social contract.” By creating this contract for themselves, the children will feel more ownership of it, and will be more likely to internalize the rules.
- 2) Child care providers may add three nonnegotiable rules.
- 3) If it's not appropriate or possible for the staff to create a “social contract” with the children the Child Care Coordinator will provide a list of rules and consequences for the group.
- 4) Child care providers should then make sure all children understand the reasons behind the rules, and then work with them to establish consequences for each rule that are logical, and a natural result of breaking the rules.
- 5) The social contract should be displayed in the room, and should be explained

to any new children.

- 6) The social contract should be recreated occasionally, whenever there is a significant number of new children, new situations that call for new rules, or group “buy-in” has diminished.

Behavior Management Techniques:

Staff should employ the following behavior management techniques, as appropriate to the situation:

- 1) *Remain in close proximity*—When a child's misbehavior is not serious, but could become so if not addressed, make your presence known to the child by moving close to him or her, without interfering. In some cases, this may be enough to cause the child to self-correct his or her behavior.
- 2) *Redirect behavior*—Minor behavior problems can also be stopped from escalating by removing the child from the situation. Redirect the child's behavior into another activity and guide him or her to appropriate behavior.
- 3) *Facilitate discussion*—When conflict arises between children, encourage helpful discussion. Give the children a chance to explain the situation, and then ask them questions to guide them to a solution. Facilitate this by making sure that negative language and insults are not used. Help them take pride in resolving the issue peacefully themselves.
- 4) *Give verbal reminders*—When a child is acting in opposition to the limits and expectations of the center, but is not creating an immediate danger to others or the facility, the staff should give verbal reminders, firmly stating the limit and the reason behind it. Although saying the same phrases over and over again may be tiresome to the child care provider, it is this repetition that helps the children internalize the rules, promoting the development of self-discipline.
- 5) *Have “time-in”*--When a child continues to act in opposition to limits and expectations after receiving a verbal reminder, the child care provider should take the child aside, and privately and respectfully speak to the child about his or her behavior in a serious manner.
- 6) *Personal behavior contract*--When the following methods do not create results or the misbehavior creates an immediate danger to others or the facility, staff will contact the Child Care Coordinator (if on site) and guardians immediately. The Child Care Coordinator and guardian will work with the child to create a personal behavior contract, using the same procedures as with the social contract. The Child Care Coordinator, in consultation with the senior minister will also decide if a child's serious or chronic misbehavior should result in exclusion from our care for a certain period of time.

Behavior Management Procedures—Younger Children

Having Developmentally Appropriate Expectations:

The most common “misbehaviors” with young children are usually due to developmentally inappropriate expectations on the caregiver's part. These types of behaviors are not character flaws to be corrected; they are developmental stages to be respected. Here are the most common examples:

Sharing—Young children are naturally egocentric; their brains have not developed to a level where they can consistently feel empathy for other people. They also do not have the cognitive ability to understand the concept of sharing until about the age of three, and it takes some time after that to perfect the skill. Before this age, toddlers mainly engage in “parallel play,” where they play side-by-side with similar toys. It is therefore important to have multiples of the same toys wherever possible. When only one toy is available, encourage children to take turns, and carefully monitor them. Or, attempt to redirect one child to another activity. Reinforce any steps toward sharing that you see, but realize that you are only laying the groundwork for future skills. Never punish or shame a young child for her inability to share.

Separation from guardians—Young children are supposed to have strong attachments to their guardians, and object permanence is still a shaky concept. Guardians can be encouraged to make this separation easier by remaining calm and positive, reassuring children that they will return soon, and naming the adults to whom they are transferring care. (“Mommy is leaving, but she will be back soon. Miss Jenny will take care of Abby while Mommy is gone.”) If guardians “sneak out,” this leaves the child unsure that they left on purpose, if they will return, or whom they should trust to care for them. Caregivers can ease this separation by acknowledging and respecting the child's feelings, reassuring him that the guardian always comes back, and distracting him with a book, activity, or song. Establishing a routine, where the same events occur at each separation, can help the child make this transition more smoothly over time.

Transitions—It is very difficult for a young child to move from one activity to another if it is not his idea. Caregivers can make transitions easier by providing one or two minute warnings before the transition occurs, singing songs to make the transition more fun, and remaining calm but firm when transitions must occur.

Similarly, since young children do not have the same sense of time as adults, waiting is very difficult for them. Caregivers should strive to minimize the amount of time young children need to spend waiting. This means having activities prepared in advance, and creating routines to make transitions occur smoothly and quickly.

Hitting, pushing, and biting—Young children develop the need to say things before the ability to say them. They are also egocentric, and are simply unable to empathize with another person's needs and feelings. When facing conflict, they often use physical force. This is normal. When it occurs, caregivers should set clear limits

about the behavior, ensure that neither child is hurt or scared, and then remind them to “use their words.” Give the children simple phrases and actions they can use. (Tell him, “Stop!” and hold out your hand like this.) Teach them to respect each other's bodies. (When she says, “Stop!” you need to stop. She chooses what happens to her body.) It is important to acknowledge and be empathetic to the feelings of both children; both are reacting in developmentally appropriate ways. As always, expect repetition as children learn the new skills.

Biting is a common occurrence in groups of young children. It is no different from other forms of physical conflict from the children's perspective, but is much scarier for adults, and is more likely to cause injury and spread germs. Handle an incident of biting like any other physical conflict, remaining calm and addressing the needs of both children. Use proper sanitation techniques to care for any wounds. If one child continues to bite, try to be preemptive in preventing the situation that causes it. Offer the child an object to bite on when they are frustrated, and encourage them to “use their words.” It is important not to shame the child, as this is a developmentally appropriate behavior. The child care coordinator should be informed whenever a bite has occurred, and (s)he will fill out appropriate paperwork and speak to the guardians.

Using Positive Behavior Management Techniques When Necessary:

Simple, Clear, Consistent Boundaries--It is the job of young children to test boundaries. It is the job of caregivers to consistently and gently enforce them. Use simple language to state a limit and the reason behind it. Try to state the limit positively whenever possible. For instance, instead of “Don't run,” a caregiver may say, “Walk please.” Expect young children to test the same boundary over and over again; this is their way of ensuring they can trust your limits, “practicing” the new behavior, and internalizing the boundary. It is therefore important that boundaries remain relatively static, so that children receive the same message each time.

Distraction and Redirection—When stopping a child from engaging in an undesirable behavior, offer them an activity that is acceptable. The caregiver may offer this activity to prevent a behavior (s)he believes is about to happen (“distraction”) or to correct a behavior that is already occurring (“redirection.”) Many “misbehaviors” are simply developmentally appropriate behaviors that need to be redirected to a proper outlet. For instance, if a child is throwing cars at other children, redirect her to throwing soft toys against a wall, or playing “catch” with you. If there is a behavior that occurs continually but has no safe outlet, discuss this with the Child Care Coordinator so that adjustments can be made to the materials in the room.

Offer choices—Young children are obsessed with power...mainly because they have so little of it. Imagine how frustrating it would be to have almost all of your choices made by people who are bigger, stronger, and older than you! Caregivers can ease this power struggle by providing children with as many choices as possible, but limiting them to two or three options. (Instead of “Which toy would you like to play with?” ask, “Would you like to play with the trucks or build with blocks?”) When a

child must obey a caregiver, the caregiver can help the child “save face” by offering little choices. (“You must put your clothes on. Would you like to put your pants or your shirt on first?”)

Communication with Child Care Coordinator—If the above methods prove ineffective, or there is an especially chronic or disruptive behavior, the child care staff member should consult with the Child Care Coordinator to decide how to properly address the behavior.

Our Playground

To ensure that our playground is a fun and safe place for all children we ask your help in observing the following guidelines and rules.

Playground Guidelines:

1. An adult must be on the playground anytime youth or children under the age of 18 are present.
2. YOU, the guardian, are responsible for making sure your child is supervised and following the rules while on the playground.
3. If your child is signed in for Sunday School or childcare the adult in charge is responsible for supervising the playground. If the children are playing on the playground when you drop off/pick up it is your responsibility to sign your child in/out and verbally speak with the adult in charge.
4. Report any suspicious or dangerous activities to the office or the sexton on duty as quickly as possible.

Playground Rules:

1. Play safely
 - a. No rough housing
 - b. No throwing sticks, rocks or other dangerous items.
2. Swing and slide on your bottom.
3. No climbing on the outside of the play structures.
4. Sand and pea gravel stay on the ground.
5. Bring trash and dishes back into the building.
6. Put toys away when not in use.
7. Do not enter the wooded area of the hill for any reason (poison ivy is present).
8. Treat each other with respect.

Diaper Changing Procedure

Please note: children should not be given anything to play with while being diapered. These toys/objects become contaminated and spread germs. You can entertain children by talking to them – your face and voice are better than any toy.

Step 1: **Assemble all of the supplies you need.** Diaper, wipes, paper liner to cover changing surface, disposable gloves, clean clothes (if needed), plastic bag for soiled clothes (if needed), diaper cream (if needed), and facial/toilet tissue for diaper cream.

Step 2: **Place the child on the changing surface.** Always keep a hand on the child. Remove the child's shoes or socks if the feet cannot be kept out of the diaper. Remove soiled clothes and put in a plastic bag.

Step 3: **Clean the child's diaper area.** Unfasten the diaper, but leave the soiled diaper under the child. Use disposable wipes to clean from front to back, and use a fresh wipe each time. Put the soiled wipes in soiled diaper or directly into a covered, plastic-lined step can.

Step 4: **Remove the soiled diaper.** Fold the soiled surface inward and put soiled diaper into step can. If gloves were used, remove them and put into step can. Whether or not gloves were used, use a disposable wipe to clean your hands and another to clean the child's hands. Dispose of wipes in step can. Check for spills under the child. If there are any, fold the paper over so a fresh paper surface is under the child's bottom.

Step 5: **Put on a clean diaper and dress the child.** Slide a fresh diaper under the child. Examine the skin for any cracks, redness, or bleeding. Use a facial or toilet tissue to apply any diaper ointments or creams. Dispose of tissue in step can. Fasten the diaper. Re-dress the child.

Step 6: **Wash the child's hands and return the child to a supervised area.** It is best to use soap and water. If not able to wash child's hands at a sink, use disposable wipes.

Step 7: **Clean and sanitize the diaper- changing surface.** Dispose of paper liner. Spray the changing surface with soap and water. Dry surface with disposable towel. Spray entire changing surface with sanitizing bleach solution or approved sanitizer. If using bleach, leave it on for 2 minutes. Dry surface with disposable towel. Put away spray bottle of sanitizer. If using a sanitizer other than bleach, follow manufacturer's instructions for required contact time and if surface requires a water rinse after use.

Step 8: **Wash hands thoroughly.**

Child Abuse: Prevention and Response

Why is it important that I know about this?

Tennessee law requires *anyone* who has substantial reason to believe that a child has been abused or neglected to report the situation to the Department of Child Services. Since our staff and volunteers have contact with our children, and may develop relationships of trust with them, they are more likely to notice signs of abuse or to have a child disclose a case of abuse to them.

Furthermore, sexual predators often specifically target churches to find victims. This is because churches are welcoming to the larger public, rely heavily on volunteers, inherently engender high levels of trust, and can lack the security procedures found in all other organizations involving children. This is why it is so important to educate all staff and volunteers who come in contact with our children about this subject.

Abuse has devastating long-term effects on communities, and most importantly on the children involved. While TVUUC has never had a known case of abuse occur within its building, it is important that we do everything we can to prevent such an incident. It is equally important that, if any staff or volunteer becomes aware of an abusive situation, either in our building or elsewhere, he or she is prepared to recognize the abuse, and respond quickly and appropriately.

How can I recognize an abuser or sexual predator?

You can't. Abuse happens in all types of families and communities, regardless of race, religion, or wealth. Furthermore, you cannot learn to recognize a sexual predator. They do not look or act a certain way. In fact, they rely on being able to "blend in," and winning others' trust, in order to gain access to children. The most important thing to understand is that *anyone* can be an abuser; *anyone* can be a predator.

The key to preventing and stopping abuse isn't recognizing the offender. It is:

- 1) Following the preventative measures established by TVUUC, and holding others accountable
- 2) Helping our children learn appropriate personal boundaries
- 3) Being able to recognize abuse if it occurs
- 4) Knowing how to respond if you suspect abuse

How can I help prevent abuse from occurring at TVUUC?

While no institution can guarantee an absolutely risk-free environment, TVUUC has a number of procedures in place to help protect our children, staff, volunteers, and community, from cases of abuse.

Before having access to our children, we require staff and volunteers to:

- 1) Be active in our community for at least six months (volunteers only),

- 2) Complete an application, including references and a background check,
- 3) Sign a behavior covenant.

We also have certain procedures in place to prevent situations where abuse could occur, including:

- 1) Requiring two adults to be present and visible to each other with any group of children,
- 2) Banning the use of cell phones, cameras, or other electronic media devices around our children, without the permission of staff and guardians,
- 3) Keeping track of all children in our care, and never allowing children out of our lines of sight or range of hearing.

By following these procedures, and holding others accountable to them, you help maintain an environment where the opportunities for abuse are minimal.

How can I help children learn to protect themselves?

We can help our children learn to have healthy boundaries, by maintaining appropriate physical and verbal interactions with them. It is important to remember that any physical or verbal interaction you have with a child in our building teaches him how adults in general are allowed to speak to or touch him, not just you. Here are some guidelines on physical touch to help ensure that the interaction is healthy:

- 7) The child initiates the touch, or the adult asks the child's permission. If the child says "no," resists physically or verbally, or seems hesitant to engage in the interaction, the adult stops the touch, and speaks respectfully about the child's feelings. The child is able to stop the touch if it becomes uncomfortable.
- 8) If the touch seems inappropriate to the adult, (s)he stops it from happening, and explains to the child that it does not feel okay. The adult then models touch that is appropriate (for example, a high five.)
- 9) The touch is clearly socially acceptable within the terms of the relationship between the adult and child, and takes place in a social setting, visible to other adults.

Adults have different levels of comfort with physical touch. So do children. You would never force an adult to hug you, nor ridicule her if she resisted a hug. Children should be taught to expect the same level of respect for their preferences.

What is abuse and what are the signs of it?

There are four main types of abuse:

Physical abuse is defined as acts by guardians or caregivers that cause physical injury to a child by other than accidental means. Physical abuse is often used in the name of discipline or punishment.

Behavioral indicators of physical abuse:

- Hostile or aggressive behavior
- Random friendliness with strangers
- Poor relationships with other children
- Being unaware of the presence of others
- Regression or slow development
- Perfectionism
- Fearfulness of guardians and/or other adults
- Destructive behavior towards self, property, others, or animals
- Rocking and/or uncontrollable crying
- Eating problems
- Sleep disturbances
- Extremely low self-esteem
- Mood swings
- Irrational fears
- Depression
- Constant anger or temper tantrums

Physical indicators of physical abuse:

- Injuries such as lacerations, fractures, bruises, patterns of bruises, burns, or facial injuries that are inexplicable and/or inappropriate for a child's developmental stage

Emotional abuse is defined as acts or omissions by guardians or adults that have caused, or could cause, serious behavioral, cognitive, emotional, or mental disorders. The five main types of emotional abuse are rejecting, ignoring, terrorizing, isolating, and corrupting.

Behavioral indicators of emotional abuse:

- Habit disorders, such as sucking, biting, or rocking
- Conduct/learning disorders
- Neurotic traits, such as sleep disorders, inhibition of play, and unusual fearfulness
- Hysteria
- Obsessive or compulsive behavior
- Phobias
- Behavioral extremes
- Developmental lags
- Suicidal threats or attempts
- Extreme attempts to please adults

Physical indicators of emotional abuse:

- Speech disorders
- Lags in physical development
- Failure to thrive

- Hyperactive/disruptive behavior
- Extreme passive or aggressive patterns

Neglect is defined as a guardian or caregiver's failure to provide for a child's basic needs, such as food, clothing, shelter, education, emotional support, protection, and healthcare.

Behavioral indicators of neglect:

- Vacant or frozen stare
- Whispering speech
- Loss of or excessive appetite
- Passiveness
- Feeling deserving of punishment
- Being afraid to go home
- Underweight appearance

Physical indicators of neglect:

- Inappropriate dress for climate
- Chronic hunger
- Bald patches on the scalp
- Untreated medical conditions
- Poor hygiene
- Abdominal distension

Sexual abuse is defined as contact or interaction such as fondling or penetration between any minor and an adult, or a child and another minor who is older and has power over the younger child, during which the child is being used for sexual stimulation of that adult or another person. It also includes coercing a child into watching pornographic material or sexual acts, or into posing for pornographic photos or videos.

Behavioral indicators of sexual abuse:

- Unusually advanced sexual knowledge or behavior
- Depression
- Promiscuous behavior
- Running away
- Sexual acting out on younger children
- Regressive behavior
- Sleeping disorders

Physical indicators of sexual abuse:

- Difficulty walking or sitting
- Pain, swelling, or itching in the genital or anal area
- Bruises, bleeding, or lacerations in genital or anal area
- Sexually transmitted disease

- Torn, stained, or bloody underclothing
- Pain during urination
- Excessive masturbation
- Obsession with genitals

Besides the above indicators, what are other ways that I may become aware of abuse?

Some children, especially older ones and youth, may confide in a trusted friend or adult. However, direct disclosure is difficult for a child because:

1. There is a sense of shame associated with the maltreatment
2. There is a sense of loyalty to the abuser
3. There is a real fear of not being believed
4. There is a fear of negative consequences—to the child or to family members

Because of this, children may try to tell you of the abuse in an indirect way, such as:

Indirect hints — “My babysitter keeps bothering me.”

Disguised disclosure — “What would happen if a girl was being touched in a bad way and she told someone about it?”

Disclosure with strings — “I have a problem but if I tell you about it, you have to promise not to tell.”

Acting out the abuse, either in their imaginative play or with other children

If a child discloses abuse to me, how should I respond?

How you respond to the child’s disclosure or attempts at disclosure has important consequences. Not responding may leave the child feeling abandoned or unprotected. On the other hand, being overly emotional or intrusive may scare the child and hinder the disclosure.

Here are some ideas about how to respond to disclosure:

- Always take the child seriously! Listen carefully and document his or her comments.
- Sit near the child to put him or her at ease.
- Don’t touch the child without permission. Touch may be associated with the abuse.
- Remain calm. If you react with horror, disgust, or disbelief, a child may withhold further information.
- Ask open-ended questions. These are questions that cannot be answered with “yes” or “no.” This ensures that the information is provided by the child, and not the adult. For example, ask, “How did that bruise on your face happen?” instead of “Did your dad hit you and make that bruise?”
- Use the child’s language. Avoid words he or she might not understand or might find embarrassing.

- Encourage the child to tell you what happened, but don't press for details beyond that which the child is able or willing to provide.
- Honor the child's method of disclosure. If the child is making a disguised disclosure (for instance, claiming that the abuse happened to someone else), encourage the child to tell you about the situation. The child will often reveal that he or she is the actual victim after talking for a while.
- Avoid asking "why" questions. Children often feel they have done something wrong or must defend themselves when asked why.
- Reassure the child, but be sure to do so realistically. Let the child know that he or she is not to blame for what is happening.
- Try to get enough information to determine the child's safety. Immediate action is needed if you think the child is in imminent danger.
- Support the child. Even though you will be turning over responsibility to a Child Protective Services worker, the child will continue to look to you for support since you know about the situation, and the child will see you as a safe person.
- Let the child know what you will do now that you know about the abuse/neglect.
- Reassure the child that you will not share this information with other staff or children. But, do let the child know that you may need to tell a "helping person."

When should I report a suspicion of abuse?

If you have reasonable cause to believe that a child has been abused, you should report it. This includes noticing physical and behavioral indicators, as well as an actual disclosure from the child. A person filing a report in good faith is immune from civil or criminal litigation. This means that you cannot be prosecuted or sued for reporting with reasonable evidence, even if your suspicion turns out to be incorrect. However, failure to report is a Class A misdemeanor, and is punishable by law. Remember, it is not your responsibility to decide if abuse has occurred; it is your obligation to report if you suspect it has occurred.

Here are some sample scenarios to help you become more comfortable with what injuries should be suspected to be caused by abuse. Read each scenario, and decide whether you believe it to indicate abuse. Then, check your response against the one provided:

5.8.1 Scenario #1

You overhear your student Johnny telling some other children about how he was caught shoplifting over the weekend and his father gave him a beating with his belt for it. You take Johnny aside and tell him what you overheard. You ask if the nurse can examine him, and he agrees. The nurse finds no bruises or marks on Johnny. You call Johnny's father and he confirms that he did indeed hit Johnny with a belt, as

punishment for shoplifting. Johnny's father picks him up from school as usual, and Johnny seems happy to see his father.

What are the Indicators?

Johnny was not injured by the corporal punishment he received. Since his and his father's versions of events are the same, and since Johnny does not seem fearful of his father, it is likely that this was an isolated incident of corporal punishment.

5.8.2 Scenario #2

You notice that Eric has been shifting in his seat all day. When you ask him what's wrong, he tells you that he fell down and hurt his butt. You take him to the nurse. Eric has strap-shaped welts and bruises on his butt and his lower back in various stages of healing. When you question him about it again, he admits that he sometimes gets "spanked" by his father when he makes a mess in the house. He is very afraid that you might call his father.

What are the Indicators?

Eric has been injured by corporal punishment. Furthermore, his injuries suggest he receives corporal punishment on a regular basis. This—in conjunction with the relatively minor nature of his misbehavior (making a mess), his secrecy about his injuries, and his fear of his father—should lead you to suspect that this is an abusive situation.

5.8.3 Scenario #3

Susan, a six-year-old girl, has a bruise on her cheek, her upper arm, and her torso. She tells you that over the weekend she fell down the stairs. Susan often has bruises on her upper arms. Her mother confirms that she fell down the stairs—she says Susan is a tomboy and is always falling down.

What are the Indicators?

This explanation is highly suspect. Studies have shown that most children who fall down stairs do not sustain multiple or serious injuries. They are more likely to sustain injuries if they are being carried down the stairs and the adult falls. Furthermore, Susan's injuries are on soft, rather than bony, parts of the body, and she has sustained similar injuries in the past.

5.8.4 Scenario #4

Craig has arrived at school with bruises on his elbows and a bad scrape on his knee. When you ask what happened, he tells you that he was riding his bike on a busy street where his father had told him not to, he swerved to avoid a car, and he fell off. When you ask how he got hurt, he says it was in the fall.

What are the Indicators?

Craig's injuries are consistent with a fall from a bike. They are on the bony parts of his body, not the soft parts.

How do I report suspected abuse?

- 1) It is a good idea to write down all details of your encounter with the child as soon after it occurs as possible. This will help you remember them when you report them.
- 2) Call 1-800-4-A-CHILD, as soon after the encounter as possible. Tennessee law requires reporting within 72 hours.
- 3) You should also report your suspicions to the Director of Religious Education, or the Senior Minister.
- 4) Maintain confidentiality. Do not share information about the situation with people outside the situation.

I saw an interaction between another adult and a child that wasn't really abuse, but it just didn't seem right to me. I don't want to get anyone in trouble. What should I do?

Fill out an incident report, and bring it to the Child Care Coordinator or the Director of Religious Education. Expressing a concern is not the same as making an accusation, and will not be treated as such. However, at the very least, your report may help us identify a need for further training. If you don't know whether you should report something or not, always err on the side of caution, and report it.

You should also fill out an incident report if an adult in the building, either intentionally or unintentionally, fails to follow the security measures that we have in place, such as allowing himself or herself to be alone with a child. Again, at the very least, he or she is creating a security risk in our building, and needs further training.