

Safety & Risk Management Policies and Procedures

Title: Child Sitting Policy

Date: January 2010

Rationale: To explicitly state the proper policy for taking care of children when on Southwestern University's campus.

Goal: Child Sitting Policy is designed to improve the safety and welfare of children while under the supervision of child sitters during sponsored University events. It also offers levels of protection for the child sitters and the institution.

Policy:

- **Definition of Approved Child Sitting at SU:**
 - Child sitting is considered an acceptable University sponsored event for periodic, short duration events (a one day/single event) to support student organizations or official University related events.

- **Responsibility:**
 - Implementation of our child sitting policy is the responsibility of the sponsoring department.
 - Sponsoring department is responsible to:
 1. Provide orientation session reviewing required "best practices checklist" with all child sitters.
 2. Ensuring all child sitters have passed our youth interaction background check within the prior 12 months of the event.
 3. Conduct audits to ensure best practice checklists are implemented.
 4. Ensure recordkeeping – collecting and filing all required forms.
 - Completed checklist
 - Signed consent form



Best Practices Checklist for Child Sitting

Child Sitters on Duty: (#1. – supervising adult)

1.	2.
3.	4.

Facility : _____

Room : _____

Complete checklist for each event and file with sponsoring department.

- Conduct orientation session with supervisors and child sitters to review child sitting policy and best practices.
- Background check completed and passed on all sitters. (Need a minimum of 10 business days to process). Successfully passed background check within the past 12 months.
- One supervising adult (a non-student) should be on duty (in the room) during the entire hours of operation that has completed first aid and CPR training. (local daycare centers have staff members available see sign-in log for list). It is strongly recommended that an alternate (back-up) is selected in the event the adult sitter is not able to provide services.
- Typically, 3 child sitters should be selected per group of up to 21 children. Keep a 1:7 overall ratio over 21 children. An option is available to have two (2) sitters (one must be a supervising adult) if routine scheduled bathroom breaks are conducted where both sitters and all children stay together for the bathroom visit and return to child sitting room together. This option may be more practical for very small groups of children.
- Procedures for handling restroom breaks. All children must be supervised in the child sitting room and during bathroom visits at all times. Sitters should not enter the bathroom (other than to check it is secure) but stay at the entrance of the bathroom. An alternative and “preferred procedure” is to call parents via cell phone to have them come and take their own child to the bathroom. This will usually only work if the event is scheduled in the same building as the child sitting area (preferred version).
- Inform the SU police department of the child sitting operation and location the day of the event.

Safety & Risk Management Policies and Procedures
Child Sitting Policy

- No child sitting for children under 2 years old. Parents must make every effort to be available (cell phone or nearby) to come to the child care room and provide diaper changes for children over 2 years old that are not fully potty trained.
- The nearest telephone should be located and identified or a cell phone available. Discuss with supervisors/sitters tips for relaying emergency information over the phone.
- Have an adequate number of flashlights available in the event of a power outage during evening events. Do not use candles.
- Have a first aid kit available. (see athletic trainer)
- Plan for an appropriate room that is nearby the event if possible but use a separate bathroom than adults.
- At least one hour before the facilities open for operation, perform a **documented** inspection of the area. That person should check the following:
 - All doors that should be locked are indeed locked.
 - Review sharp protruding objects from classroom furniture and wall fixtures and adjust as needed
 - Exposed equipment, plug electrical outlets with protective covers (age dependent)
 - Floor objects that may pose a potential hazard (trips/falls/slips, etc.)
 - Windows locked/secured to prevent from opening and falling out.
- Make sure each sitter/supervisor is familiar with our emergency response plan and knows the location of nearby fire alarm pull stations, safe shelter areas and all exit routes.
- A parent sign-in sheet must be maintained for each room/event to register when each child is checked in and out of the room by their parent. Verbally inform the parent that his or her child will not be allowed to leave with anyone, but the authorized parent.
- A completed Child Sitting Release/Consent form & medical waiver should be submitted at sign-in.** Verify that the form is completely filled out and signed. Note whether there are any medical conditions, allergies, or medications associated with the child and any special needs.
- When the child is released to the parent, the parent is required to show a photo ID and provide a signature on the sign-in/out form. A supervisor should monitor the sign-in/out procedures.
- Conduct hourly head count of the participants throughout the hours of operation.
- Specify to parents if there will be any type of food/beverage provisions to check for food allergies.
- Follow building policy rules and regulations.
- Do not allow vehicle drop-off points – parents must bring and pick-up child in designated room.

CHILD SITTING RELEASE & CONSENT FORM

As the parent of _____,

I understand that participation in this event is strictly voluntary. I understand that my child's participation in the scheduled event may expose my child to risks and potential injury, such as, but not limited to bumps and bruises, strains and sprains, broken bones, and death.

I understand while attending this event, following directions, rules, and regulations will minimize the risk for the other participants and my child.

I understand that despite safety precautions, the sponsors of this event cannot guarantee that a participant will not be injured.

I have instructed my child to obey all of the event rules, regulations, and instructions from child sitters. I also agree to assume the risks involved in participating in the scheduled event.

As the parent, I understand that I will be financially responsible for any property damage that my child may cause.

If I am unavailable to assist my child to go to the restroom or to change their diapers, I consent to the child sitters assisting my child to the restroom or to change their diapers in my absence.

I understand this event will end at _____. I understand that the event sponsor will require a photo identification by _____ (insert parent name(s) in blank) before releasing my child.

In the event that this person does not appear before _____, I hereby agree to indemnify and hold harmless and release Southwestern University, its directors, employees, agents, students, and volunteers for any liability for events occurring after that time. I also understand that I will be responsible for any costs involved in having care provided for my child should I not appear before the closing time stated above.

Parent's Signature: _____ Date: _____

Sign In Child: _____

Sign Out Child: _____

Emergency Contact and Medical Information for a Child

		M	F
Child's Name: _____		Age: _____	_____
Child's Name: _____		Age: _____	_____
Child's Name: _____		Age: _____	_____
Parent's/Guardian's Name () _____ () _____		Parent's/Guardian's Name () _____ () _____	
Home Phone	Cell Phone	Home Phone	Cell Phone
Address _____		Address _____	
City, ST ZIP Code _____		City, ST ZIP Code _____	

Alternative Emergency Contacts

Primary Emergency Contact () _____ () _____		Secondary Emergency Contact () _____ () _____	
Home Phone	Work Phone	Home Phone	Work Phone
Address _____		Address _____	
City, ST ZIP Code _____		City, ST ZIP Code _____	

Medical Information

Hospital/Clinic Preference _____

Physician's Name _____	Phone Number _____
Insurance Company _____	Policy Number _____

Allergies/Special Health Considerations
I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____	Date _____
-------------------------------------	------------

Orientation Session For Child Sitting Policy

Dept. representative providing orientation: _____

Date Conducted: _____ **File with sponsoring department

Child Sitters (successfully completed background check within past 12 months) Sign In Log:

1.	2.
3.	4.

Event Coordinator: _____ Cell #: _____

Building Coordinator: _____ Cell#: _____

Parent Event Location(s): _____

Potential Daycare Supervisor Contact List:
Mrs. Mac's Shining Stars, Linda McCasland, 863-9287 or 868-9903