

The Childcare Professional EXPERIENCE

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The ADA: Accommodating Children with Peanut Allergies

Long known as a nutritious and economic staple in the American diet, peanut butter is once again gaining notoriety. Today peanut butter is becoming notorious as the cause of severe allergic reactions in children.

It is estimated that over 2 million Americans are allergic to peanuts and peanut products and that instances of peanut allergies are increasing at an alarming rate. The number of children with this food allergy has grown dramatically and it is now believed that 5 percent of all children under the age of six are allergic to peanuts.

Allergic reactions can range from mild intolerance to anaphylactic shock

reactions, whereby even a miniscule amount of peanuts or peanut products can cause a life-threatening reaction. The most severe reaction, anaphylaxis, is a swelling and tightening of the throat and airways causing difficulty breathing and is also accompanied by a sudden and dramatic drop in blood pressure which can be fatal within seconds unless an emergency medication, known as epinephrine is administered. In the most severe cases, epinephrine must be administered within 30 to 45 seconds of the onset of symptoms.

Naturally, the issue has become a major concern for both school districts and

early childcare centers as they try to provide a safe environment for all children. Many schools have assembled key school personnel, including teachers and the school nurse, to address and implement special procedures should an emergency situation related to a severe allergic reaction take place. Teachers have been trained to identify the symptoms of anaphylaxis and how to respond from a first aid perspective. Other schools have taken things a step further and have instituted "peanut free zones" in cafeterias or to ban peanuts and peanut products from the centers completely.

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When to Call EMS...

The American Academy of Pediatrics has recently released lists of common medical emergencies or urgent situation regarding the health of a child, which may be encountered at the childcare center. These lists provide us with tangible guidelines to help prepare us for the unfortunate, but inevitable situation of a child being seriously injured or taking ill while in our care.

To be prepared for such situations, all staff should be trained in recognizing and differentiating between emergency medical needs and urgent situation regarding a child's health. Staff should know how to access the EMS in your area, have ac-

cess to the children's emergency contact information, and be involved in discussion regarding the special medical needs of any child in their direct care.

Staff should be trained to call EMS immediately should any child be at risk of life or permanent injury. Other reasons for contacting EMS are: difficulty breathing, or inability to speak; skin, specifically lips that are blue gray or purple in color; seizure and/or loss of consciousness; decreasing responsiveness; a head injury followed by, loss of consciousness, vomiting, confusion, headache, decreased level of alertness or difficulty with motor skills; severe pain anywhere; severe burns, cuts that are deep and/or won't stop

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ASK A LAWYER...

What can I do if a parent refuses to pick-up a sick child?

As with any issue it is important to refer to the policies you have established in the Parent Handbook and the Contract for Services or Fee Agreement before taking any action. You want to be sure that whatever your course of action, that the policies you have promulgated support your decision. If it is a matter of first impression, you may not have a specific policy or statement regarding this issue. However, most child care programs are required by licensing to have a policy regarding when children can be excluded from the program due to illness and another policy or statement in the Contract for Services outlining for parents the consequences of violating policies of the program. In concert these policies will allow you to take action if faced with this issue.

Generally, we recommend that the director or other such administrator make all phone calls to parents regarding picking up for illnesses and/or incidents or accidents. We recommend this because the director or administrator should be fluently versed in policy and procedure and can communicate this to parents. Also, when talking to a teacher or assistant, parents often feel that they have an out by appealing to the director or administrator if they do not want to do or believe what the teacher is saying. In the situation involving a sick child, there is no discussion. You believe the child is too sick to remain at the program and the parent or other authorized individual needs to pick up the child.

It is important when making a call to a parent that you have documented the child's symptoms and behavior including onset and treatment given so far, so they can be communicated clearly. After giving the parent a clear picture of the child's condition, be sure to clearly state your expectations. Generally it is recommended that a sick child be picked up within one hour of the phone call notifying the parent of the illness and that the child be isolated from the other children as much as possible until the parent arrives. This should be included in the Parent Handbook and explained to parents at the time of enrollment or orientation.

Parents may balk at this news simply because it may take them a minute or two to figure out a way to end their work day early and re-schedule appointments and responsibilities. Providers should be supportive and remind parents that they can send anyone already on the Authorization to Release the Child Form to pick up the child and that it does not need to be a parent per se.

If a parent doesn't just hesitate, but refuses to pick up a child, it is important for the provider to remain calm and once again communicate the child's condition, the provider's expectations and then state the policy that applies to this situation. Relaying that you understand the inconvenience this may be creating for the parent and being empathetic, without being apologetic (you did not cause this situation) is important. Explaining to the parent that this is not only your agency's policy, but that licensing re-

quires that sick children be excluded from the program can also reinforce your position.

Should the parent remain confrontational at this point, the child care provider should one last time restate the agency's position, and state the consequences for failing to cooperate. This should be done in a confident, NOT threatening, manner. The consequences will be determined by your existing policies. If you do not have an existing policy, now is the time to add it to your Parent Handbook and/or Contract for Services. Do not wait until the issue is in front of you to address it. The consequences may include dis-enrolling the family from the program for failure to comply with health and safety policies, or if you wish to be more lenient, you may choose to write the parent a strong warning letter following the first incident stating the policy and that if it happens again the family will be immediately dis-enrolled. This is a matter of personal style. You should be sure to treat all parents the same regarding this issue. If you give one parent a warning, you have set precedent and will need to give all parents a warning so as not to appear discriminatory.

While, for some of you who are the ober-warm and fuzzy type, dis-enrolling the family may seem harsh, remember that the parents have asked you to partner with them in caring for their child and you can not care for the child appropriately if the parents do not work with you. Also, the health and safety policies are not just about one child or parent. They are in place to ensure the health and safety of all children in the program. This is a natural part of group child care. Parents need to embrace this fact and understand that the health of ALL the children is what you are trying to protect.

The Childcare Professional **EXPERIENCE**

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Reducing Colds and Flu in the Winter

The winter months are upon us and with them come the usual increase in colds, flu and upper respiratory infections. No one is more aware of this than early childhood educators! As a care giver to young children, you have probably noticed that you are currently devoting a significant portion of your day to wiping runny noses and instructing children to “cover-up” their coughs and sneezes.

The majority of common colds and respiratory infections occur between early fall and late spring, with the peak “infection” months being January and February. Cold temperatures and inclement weather often necessitate spending more time indoors working and playing in close proximity. This increases the likelihood that viruses will spread from one person to another. Cold air and indoor heating further add to the problem by drying out nasal membranes making it easier for a cold virus to get a foothold and multiply. Considering these contributing factors, it is a no wonder that we spend the winter months trying to keep illnesses at bay.

Realistically, we will never be able to eliminate colds, flu or respiratory infections from attacking us, nor would we want to. It is necessary for young children to be exposed to these illnesses on order to build up their immune system and prevent serious infection and future illness. However, there are strategies we can adopt to minimize the number of disease-causing germs in the child care setting, and minimize their impact on the children.

The germs responsible for causing the common cold and respiratory infections can be easily transmitted from child to child in several ways. The most common ways illnesses are spread in the early child care setting are by hand-to hand contact, hand-to-mouth contact and through the air.

Clearly the most effective way to reduce the spread of germs is through frequent, thorough hand washing with liquid soap. Children should be taught to wash their hands after using

the bathroom and before eating. They should be instructed to wash for approximately twenty seconds or the time it takes to sing a simple childhood song. Hands should be dried with disposable paper towels, as research has shown that both bacteria and viruses can live on cloth towels for several hours. Children should also be taught the importance of covering their nose and mouth when coughing or sneezing and that tissues need to be promptly placed in the garbage.

Frequent cleaning of common areas in the child care setting is an essential practice to help reduce the spread of infection. Door knobs, hand rails, counter tops, tables and light switches should be wiped clean regularly with a disinfectant solution. Shared toys should also be cleaned regularly. The American Academy of Pediatrics recommends that toys be disinfected with diluted dishwashing soap, followed by a diluted bleach rinse.

It is advisable to eliminate “water table” play during peak infection months. As you can imagine, water harbors and spreads germs. There are some child care centers that limit the use of the water table to one or two children at a time, changing the water after each use. Sand tables or sand

boxes can be another source of infection and the same standards of hygiene should be applied.

It is also good health practice to open windows each day to “clean the air”. Child care providers should open the windows in the evening, after all children have gone home, for up to ten minutes. This does wonders to flush out stale, stagnant air and airborne germs.

Child care staff should be diligent about identifying sick children and separating them from the general “healthy” population until a parent or appointed adult can pick-up the child. When a communicable disease is present centers should inform other parents of the disease so that they are alert to the situation and can look for early signs of infection in their own children. All centers should have guidelines clearly stating when children are considered too sick to attend child care and these guidelines need to be given to parents and enforced.

Although frequent, the majority of illnesses contracted while in an early child care setting are mild and non-life threatening. Colds, flu and respiratory infections are a common and necessary, although unpleasant, part of growing up. By following a few simple guidelines, child care centers, in partnership with attentive parents can help reduce the spread infections and minimize the length of infection.



CHILD CARE PROVIDER RETAINER PROGRAM

Ronald V. McGuckin
and Associates

is proud to announce the
expansion of this program

With the recent addition of **Attorney Jason D. Dalton**, we have been able to open the retainer program to a limited number of new clients in **Pennsylvania and New Jersey**. The Child Care Provider Retainer Program offers special discounted rates to Private Child Care Agencies, Corporate Agencies, Head Start Programs, Family/Home Based Providers, and School Age Programs.

Over 25 years of Experience Representing Child Care Providers

For Information about how to Become a Retainer Client
Please Contact Dawn Martini at
(215) 785-3400

CONTINUED...The ADA

Due to the increasing number of children suffering from peanut related allergies, early childcare professionals are faced with the challenge of determining what steps or procedures need to be taken to adequately and safely provide services to a child with a peanut allergy. Child care professionals are familiar with their responsibility to accommodate disabled children. However, it is unclear if peanut allergies, mild or severe rise to the level of a disability according to the Americans with Disabilities Act (ADA).

In order to adequately address this issue, we must review what constitutes a disability in accordance with ADA regulations. Under ADA, an individual is considered to have a disability if he or she has a physical or mental impairment that substantially limits one or more major life activities. Major life activities include things such as caring for oneself, seeing, hearing, speaking, walking, breathing, performing manual tasks, learning and working. ADA also protects an individual who has a history of an impairment that substantially limited a major life activity or was misclassified as having such an impairment. If a person is perceived by others as having an impairment he or she also is protected, as well as those discriminated against because of a known association or relationship with an individual with a disability.

In 1999, the United States 8th Circuit Court of Appeals had to deal with the issue of a life threatening peanut allergy in the landmark case, Land vs. Baptist Medical Center. After suffering two allergic reactions to peanut products while at the Baptist Medical Center Daycare, the center refused to provide further services to Megan Land on the basis that they could not provide adequate supervision for Megan with regards to her peanut allergy. Megan's mother, Marie Land, filed a lawsuit against the agency, under the Americans with Disabilities Act, claiming that Megan's peanut allergy constituted a disability. The court considered various ADA definitions of a disability and came to the conclusion that although Megan's

peanut allergy was an *impairment* it did not constitute a *disability* because it did not *substantially limit* her ability to eat or breathe. In essence, her peanut allergy limited her ability to eat certain foods, but her ability to eat, in general, was not limited. In addition, her ability to breathe was only limited, *if, and when*, she ingested peanut products. Although Marie Land filed an appeal, the 8th Circuit Court of Appeals upheld the original decision.

However, in contradiction to the finding in Land vs. Baptist Medical Center, the Department of Justice has taken an opposing position. The Department of Justice, the federal agency responsible for enforcing the ADA, asserts that child care agencies must accept children with food and/or bee sting allergies and, that agencies must be prepared to take appropriate first aid steps if an allergic reaction occurs.

According to the Department of Justice, child care agencies faced with this situation must make an individualized assessment of the child to determine if the center can reasonably accommodate the child without a fundamental alteration of its program or policies. According to the ADA it is considered discrimination if a center fails to make reasonable modifications in policies, practices, or procedures, when those modifications are necessary to provide services to individuals with disabilities, unless the center can demonstrate that making the modifications would fundamentally alter the nature of the service provided. If it is reasonable to accommodate the child, then the center must do so, and may not deny the child admission based on her disability. In spite of this mandate, however, the terms "reasonable accommodation" and "fundamental alteration" are left undefined by the ADA, therefore, it has been left to the courts to define these terms on a case by case basis.

Factors courts take into consideration when determining whether a particular modification should be considered a reasonable accommodation include; the nature and cost of the modification needed for the child to participate, the overall financial re-

sources of the center involved, the number of people employed by the center, and the impact on the operation of the program. Although it would be impossible for a single article to list all the possible accommodations related to peanut allergies and label them all as either reasonable accommodations or fundamental alterations, it is possible to briefly analyze the two major accommodations that courts have addressed that would apply to the peanut allergy situation; changes in medication administration policies, and diet restrictions.

It has been established that making exceptions to center policies which prohibit the administration of medication thereby allowing for the administration of medication related to a child's disability is a reasonable accommodation. Although courts considering this question recognize that center policies banning the administration of medication are designed to shield the child care center from potential liability; they have determined that this same goal can be accomplished through by using waivers and releases of liability. Therefore, changes to medications policies allowing for the administration of medications such as asthma inhalers, epinephrine shots, and diabetes finger prick tests have been held to be reasonable accommodations which a child care center must make. Providing training to staff on the use of these devices has also been established as a reasonable accommodation. Though courts have been reluctant to go so far as to completely eliminate policies restricting the administration of medication on site, it is evident that creating exceptions to the policies for disabled children is required. Additionally, increased insurance premiums resulting from the presence of a disabled child is not legitimate reason to deny admission of that child.

Therefore, it would be necessary for a child care center to follow parental and health care provider specifications regarding the diet of a child with a peanut allergy. Left unanswered, however, is whether it would be a reasonable accommodation if a center were required to restrict the diet

of all the children and staff in the center in order to accommodate a child with a severe peanut allergy. One of the requirements of the ADA is that a disabled child be accommodated in the most integrated setting possible. In a situation where a child's allergy is so severe that the presence of peanut products anywhere in the center could put the child at risk, it may be deemed reasonable to prohibit all students and staff from bringing peanuts and peanuts products into the center to accommodate the allergic child.

In light of the conflict between *Land* and the DOJ publications it is still not completely settled as to whether a peanut allergy even qualifies as a disability under the ADA. Nonetheless, considering the potential expense of litigation, and the fact that if litigated today, a severe peanut allergy would likely qualify as disability under the ADA, the most advisable route to take is to treat a peanut allergy as a disability.

Child care centers should consider the following accommodations for children with severe peanut allergies;

prohibiting peanuts and peanut products from the center, prohibiting the sharing of food among children, amending the medications policy to allow for use of emergency medication for children with severe peanut allergies such as an Epi-pen, and conducting training for non-medical staff on appropriate use of the Epi-pen.

As this area of the law is greatly unsettled, it is important to openly discuss the issue with the child's parent/guardian and to seek the advice of an attorney familiar with the American with Disabilities Act prior to denying a child with severe allergies admission to the program.

Model policies regarding these issues can be found in the *Model Parent Handbook for Child Care Agencies*. Model waivers and releases of liability for children with severe allergies can be found in the *Model Forms for Child Care Agencies*. Both of these publications can be ordered through childproviderlaw.com by downloading the order form and faxing it to (215) 785-3401.

ADMINISTRATOR'S WEBSITE FAVORITES

As an employer, one website which can provide an invaluable amount of guidance is the website for the United States Department of Labor, www.dol.gov.

The Department of Labor (DOL) is the Federal agency charged with the task of administering and enforcing more than 180 Federal labor laws including the Fair Labor Standards Act (FLSA), Occupational Safety and Health Act (OSHA) and the Family Medical Leave Act (FMLA).

On their very user friendly site you can find a number of useful links categorized both by topic as well as by audience. For each of the major Federal labor laws the DOL website has a very helpful Commonly Asked Questions section.

The site also contains a vast index of 'fact sheets' which are essentially summaries of the law geared towards more specific audiences. For example, fact sheet #46 deals specifically with how the FLSA applies to Daycare Centers. Another useful aspect of the DOL website are the opinion letters found under Employment Standards Administration (ESA) section of the site. From this link one can find a collection of letters written by various employers asking questions pertaining to the FLSA as well as an official response to the question drafted either by the DOL Administrator or another member of the DOL staff.

Whether you are interested in reading the actual text of a specific federal labor statute, or are seeking a basic explanation of what an Act is designed to accomplish you can find it on the DOL website.

CHILDREN'S BOOK CORNER

You may be familiar with Eric Carle's book *From Head to Toe* but if it's been sitting on your bookshelf for awhile, it might be a good time to bring it out of retirement and read it to your class. It's perfect for incorporating movement activities into your everyday schedule on cold winter days when outside play may be limited and gross motor activities are needed to burn off excess energy.

From Head to Toe will welcome your class into the animal kingdom as it presents an array of animals performing familiar actions and movements. Children are encouraged to join in and mimic the various animal antics. Fun will abound, winter doldrums will wane and confidence will build as children successfully copy each movement.

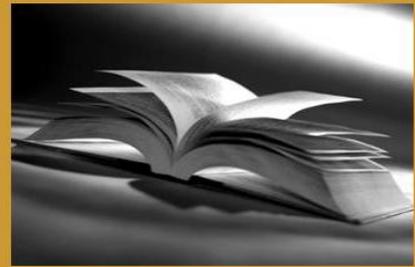
As with most of Eric Carle's books, *From Head to Toe* is illustrated with bold, colorful, collage style pictures. Children's attention and interest are easily captured, and their imagination is stimulated as each picture clearly depicts a familiar animal and the accompanying movement.

Not only will this special book be an asset at story time, it will be a valuable teaching tool in your classroom. *From Head to Toe* can be used to reinforce listening skills, following directions, and identifying body parts.

If this Eric Carle favorite is currently on your bookshelf, why not dust it off and reintroduce it to your class? Or, if not, visit your local bookstore and add this valuable book to your collection.

ADMINISTRATIVE SUPPORT RESOURCES FOR CHILD CARE PROGRAMS

- ◆ Model Personnel Policy Manual for Child Care Agencies: 3rd Ed.
- ◆ Model Parent Handbook for Child Care Agencies
 - ◆ Model Forms for Child Care Agencies
 - ◆ Current Issues in Child



Available at childproviderlaw.com by downloading and completing the ORDER FORM and mailing or faxing it according to the instructions. The MODEL publications come with a workbook and a CD for your computer to make them easy to use. CD is WORD formatted but can be converted to MAC applications easily. These are the most valuable and child care specific administrative resources available nationwide.

2006 Cape May Training Seminars

Seminar A Teachers, Parents and the Classroom June 27, 28 and 29, 2006

- A1: The Ideal Child Care Provider
- A2: Confidentiality
- A3: Mandated Reporting of Child Abuse and Neglect
- A4: Supervision of Children in the Classroom
- A5: Fostering Parent/Teacher Communication
- A6: Observation versus Inference/Record Keeping
- A7: Accommodating Disabled Children (ADA Title 3)
- A8: Resolving & Dealing with Parent Issues
- A9: Learning Stations for the Pre-school Classroom
- A10: Teaching Public Speaking to Young Children
- A11: Kindergarten Readiness
- A12: Transition from Educator to Administrator

Seminar B Employment Practices in Child Care July 11, 12 and 13, 2006

- B1: Introduction to Employment Law
- B2: Discrimination and the EEOC
- B3: The Ideal Child Care Provider
- B4: The Hiring Process
- B5: Developing Job Descriptions
- B6: Developing an Effective Personnel Policy Manual
- B7: Encourage Professionalism w/ Personnel Policies
- B8: Crafting Leave Policies (incl. FMLA)
- B9: Conducting Performance Appraisals
- B10: Avoiding Termination Lawsuits
- B11: ADA: Accommodating Disabled Employees
- B12: The Fair Labor Standards Act

Seminar C Your Agency's Personnel Policies and Parent Handbook July 26 and 27, 2006

Participants will be engaged in Drafting and Editing their Agency's Personnel Policy Manual and/or Parent Handbook over the entire two days of this Seminar. Participants are asked to bring their current Personnel Policy Manual, Parent Handbook and a laptop computer. A laptop computer is not required for participation. Participants will be engaged in one on one discussion with seminar presenters regarding issues specific to their agency.

As part of the registration fee, participants may choose to receive either the **Model Personnel Policy Manual for Child Care Agencies Third Edition** or **Model Parent Handbook for Child Care Agencies**. Publications co-written by Ronald V. McGuckin, JD & Dawn K. Martini BS Ed.

Seminar D 24 Hour Law School August 1, 2 and 3, 2006

- D1: Principles of Employment Law
- D2: Discrimination and the EEOC
- D3: The Americans with Disabilities Act: Title I
- D4: The Americans with Disabilities Act: Title III
- D5: Family Medical Leave Act
- D6: The Fair Labor Standards Act
- D7: Bloodborne Pathogens & Universal Precautions
- D8: Court Orders and the Early Childhood Setting
- D9: Unemployment Compensation Hearings/Appeals
- D10: Business Structures/Profit & Non-Profit Entities
- D11: Before you sign on the dotted line...Contract Law
- D12: Confidentiality

SCHEDULING AND REGISTRATION INFORMATION

Please visit our website childproviderlaw.com for the full schedule and registration information. Location and Accommodations information is also available on the website. From the website home page click on Seminars and then click on Upcoming Seminars. Registration is Limited and Discounts are available. If you do not have access to the internet contact Dawn at (215) 785-3400 for more information.

Continued From Front Cover...

bleeding; vomiting blood; high fever or fever which spikes suddenly; and a child who suffers from significant dehydration.

For these emergency situations staff should be trained to call EMS first, relay the condition and symptoms to the operator, begin any first aid treatment, and have another staff member contact the child's parent/guardian.

Once EMS arrives, they will take over first aid and medical care of the child. If the child's parents are not on site by the time the EMS are ready to transport the child to the hospital, a representative from the agency should accompany the child to the hospital. Be sure this agency representative has the child's emergency contact information with them, should they need to continue to try to reach the child's parents or guardians.

Staff back at the center should complete all incident/accident reports required. Be sure to check your local licensing guidelines for regulations regarding notification of licensing agency when a child is transported to the hospital. You may also be required to report the incident to your local health department if a communicable disease is involved.

Other medical situations which may require medical attention, but not necessarily EMS, include but are not limited to: fever in any child who looks more than mildly ill, fever in any child 2 months old or younger, sudden and spreading red or purple rash, blood in stools, and cuts which require stitches. In these urgent situations, staff should begin first aid treatment, and contact the child's parent/guardian. Upon reaching the child's parent/guardian staff should make them aware to the urgent situation and the need for medical attention within one hour.

If the parent/guardian is unreachable, or treatment with a medical professional can not be arranged within one hour, the child should be taken to the hospital. Staff should not be transporting the child, EMS should be called and a staff member should accompany the child to the hospital and remain with the child until the parent/guardian arrives.

The preservation of the child's life and limb is of the utmost importance when considering when to call for EMS assistance. All staff members can be held personally accountable for their actions or lack thereof, which makes training for these situations key.

Acting in the best interest of the child, doing what a prudent childcare professional would do, in a like or similar situation will be the standards by which you will be judged should your decisions be questioned. Proper and thorough documentation of the incident will assist with answering such questions.

Humor in the Workplace

The work done in the childcare industry is some of the most important work being done anywhere in the world. Those who call themselves childcare professionals are a unique group of people, motivated not by money, fame or recognition, but by the cutest of smiles from a three year old, the quirkiest of antidotes told by a four year old and the witnessing of life's milestones each day in the infant classrooms.

However, the work done in the childcare industry can be the most belaboring, stress invoking, and burnout causing in the world. Ever complaining parents, poorly disciplined children, licensing inspectors who know everything, and fellow staff members who don't pull their weight, are all contributing factors to the high turnover rates we are seeing throughout the industry.

Inviting humor into your workplace can minimize the effects these negative scenarios have upon staff. Learning to laugh together when times get stressful can unite a team, conquer burnout, and help staff focus back on the virtues of what childcare is about.

Managers and owners should realize that the tone of the agency is set by their attitude. If the boss laughs, everybody laughs. But if the boss is neurotic, then everyone will be neurotic. Management needs also to remember that humor is essential to cope and grow through adversity and change. Embracing and encouraging positive expressions of humor in the workplace will promote creativity and wellness amongst staff.

Management can promote positive humor throughout the center by: encouraging staff to share cartoons from the newspaper on a bulletin board in the staff lounge; plan funny prop or costume days with the staff and require all to participate; and during important meetings when stress levels begin to rise, stop and play a silly game to recharge and refocus everyone.

Remember that providing a safe and nurturing environment for the children and staff is the agency's top priority. Doing so with a smile can go a long way in communicating a positive attitude.

Humor can be the best medicine for what ails the agency, whether it is employee discontent, turnover, or lack of productivity. Encourage people to take their job seriously, but themselves lightly and let humor help us get the job done.



WHERE IN THE WORLD...

Ron, Dawn and Jan will be traveling to the following cities for Local, State, Regional and National Conferences on the dates indicated. We welcome you to attend the conferences. Information has been provided so you can contact the organization conducting the training/conference. If we are going to be in your state or area, we welcome you to contact us about coming to your program or organization to do a private training. The cost of bringing us in to your program or organization is significantly reduced because we are already traveling to your area. We certainly don't mind adding a day or two to our travel schedules to work with you.

Contact us at (215) 785-3400 to see if we can visit your program when we are in town.

February 6, 7, 8, 9: Region IV Head Start Conference, Hilton Atlanta Atlanta, GA For information and registration go to rivhsa.org

February 20: YMCA of Brandywine Private Training Visit papathways.org training calendar for information on this training.

February 23, 24, 25: National After School Association Conference, Louisville, KY For information go to naaconference.org

March 8: Bucks County Quality Child Care Coalition, Bucks County, PA Contact Pat Miller for info at: pmiller@earthlink.com or visit the papathways.org training calendar for information.

March 9, 10: National Child Care Association, Las Vegas Hilton Las Vegas, NV For information and registration go to nccanet.org

March 9, 10, 11: Indiana AEYC, Indianapolis, IN For conference information go to www.iaeyc.org and click on "conferences"

March 23, 24, 25: Virginia Asso-

ciation for Early Childhood Education The Richmond Marriott and The Richmond Center Richmond, VA For information go to vaece.org

March 25: Educare, Land-O-Lakes, FL Private Training Trainer can extend stay in FL for additional trainings. Email dawn@childproviderlaw.com for information on scheduling a seminar at your program

April 20, 21: California AEYC Anaheim Hilton and Anaheim Conference Center Anaheim, CA For information visit www.caeyc.org

June, July and August: Ronald V. McGuckin and Associates present the CAPE MAY TRAINING SERIES. We will hold 4 Conference Style Seminars at the Inn of Cape May in beautiful Cape May, NJ. For information or to register please contact Dawn Martini at (215) 785-3400 or go to childproviderlaw.com and click on Seminar Information and then on Upcoming Seminars for the schedule and to download a registration form.

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