



Preschool  
Health and Safety  
Policy 2019-2020

**Saint Cecilia Catholic School**  
1310 Madison Ave. N  
Bainbridge Island, WA 98110  
206-845-2017  
[www.saintceciaschool.org](http://www.saintceciaschool.org)

**Saint Cecilia Catholic School  
Preschool Health and Safety Policy**

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**SAINT CECILIA CATHOLIC SCHOOL (SCCS) PRESCHOOL  
HEALTH AND SAFETY POLICY**

**Child Care Center Name:** Saint Cecilia Catholic School (SCCS)  
**Director(s):** Sheelagh Carleton  
**Address:** 1310 Madison Ave. N  
Bainbridge Island, WA 98110  
206-842-2017  
**Cross Street:** Madison Avenue & High School Road  
**Website:** [www.saintceciliaschool.org](http://www.saintceciliaschool.org)  
**Email:** [skilbane@saintceciliaschool.org](mailto:skilbane@saintceciliaschool.org)  
**Hours of Operation:** 8:30-3:00

**Ages Served:** 4-5 years of age

**EMERGENCY TELEPHONE NUMBERS:**

**Fire/Police/Ambulance:** 911  
**CPS:** 360-475-3688/1-800-423-6246  
**Poison Center:** 1-800-222-1222  
**Animal Control/Kitsap Humane Society -** 360-692-6977

**OTHER IMPORTANT TELEPHONE NUMBERS:**

**DEL Licensor: Jody Hitchings** Phone 360-405-5822  
**SCCS Central Office:** 206-842-2017  
**SCCS Volunteer Registered Nurse Consultant:**

**Communicable Disease Report Line:** 360-337-5235  
**Disease Alerts: Kerry Dobbelare** Phone: 360-337-5238  
**After Hours Line/Pager:** 360-415-2020  
**County Public Health Website:** [www.kitsappublichealth.org](http://www.kitsappublichealth.org)

**Out-Of-Area Emergency Contact:**

Kristin Dixon, M. Ed., Superintendent of Catholic Schools  
Phone: 206-382-4861

**PURPOSE AND USE OF THE SCCS HEALTH AND SAFETY POLICY**

This health policy is a description of our health and safety practices. Our policy was prepared by the Archdiocese of Seattle Catholic Schools, Preschool Teacher Kerry Carson, Volunteer SCCS registered nurse Christiane Pitts, Principal Susan Kilbane and Office Manager Trina M. Vigil. Staff will be oriented to our health policy by a preschool teacher, volunteer school nurse, or the principal prior to the commencement of each school year. Staff will also be briefed on updates and changes at regular faculty meetings. Our policy is accessible to staff and parents. Complete copies are located in the main school office, the health office, and in the preschool classroom. All parents will be required to review and sign a copy of the Health and Safety Policy.

**Any changes to this health policy will be approved by a licensed health care professional (as per WAC) and the Principal of SCCS. This health policy does not replace these additional policies required by WAC:**

- 1. Pesticide Policy**
- 2. Blood borne Pathogen Policy**
- 3. Behavior Policy**
- 4. Disaster Policy**
- 5. Animal Policy and/or Fish Policy (if applicable)**

*This policy is meant to supplement the Policies and Procedures Manual of the Archdiocese of Seattle Catholic Schools.*

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Susan Kilbane, Principal Date

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\_ Sheelagh Carleton, Preschool Co-Director Date

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\_ Kiri Jones, Office Manager Date

### **PROCEDURES FOR MINOR ILLNESS**

Children are assessed by center staff for obvious signs and/or symptoms of illness when they arrive to preschool. Procedures for Excluding Ill Children will be followed.

Minor illnesses that arise at preschool will be handled as follows:

- Child is assessed and appropriate supplies are obtained.
- In the event of vomiting, lethargy, fever of 100 degrees the child will be moved to a comfortable area of the preschool classroom. The child will be monitored by staff and remain under staff supervision at all times.
- The child's parent/guardian will be contacted immediately and the child will remain in the preschool classroom in the care and supervision of the center staff until parent/guardian arrives.
- Staff will record incident in the Illness Log.
- Parent/guardian will sign child out upon leaving for the day.
- The child will be readmitted to the SCCS program when the child no longer has any of the above symptoms and/or symptoms detailed in the Excluding Ill Children section of this policy.

### **PROCEDURES FOR INJURIES AND MEDICAL EMERGENCIES**

1. Child is assessed and appropriate supplies are obtained.
2. If further information is needed, staff trained in first aid will refer to the First Aid Guide located in every first aid kit.
3. First aid is administered. Non-porous gloves (vinyl or latex) are used if blood is present. If injury/medical emergency is life-threatening, one staff person stays

with the injured/ill child and administers appropriate first aid, while another staff person calls 911. If only one staff member is present, person assesses for breathing and circulation, administers CPR for one minute if necessary, and then calls 911.

4. Staff call parent/guardian or designated emergency contact if necessary. For major injuries/medical emergencies, a staff person stays with the injured/ill child until a parent/guardian or emergency contact arrives, including during transport to a hospital.
5. Staff record the injury/medical emergency on an "Accident/Incident Report" form. The report includes:
  - Date, time, place and cause of the injury/medical emergency (if known),
  - Treatment provided,
  - Name(s) of staff providing treatment, and
  - Persons contacted.
6. A copy is given to the parent/guardian the same day and a copy is placed in the child's file. For major injuries/medical emergencies, the parent/guardian will sign for receipt of the report and a copy is sent to the licensor when the parent/guardian signs a release.
7. The child care licensor is called immediately for serious injuries/incidents which require medical attention.
8. An injury is also recorded on the Injury Log. The entry will include the child's name, staff involved, and a brief description of incident. Confidentiality of this log will be maintained.

*Please see the Archdiocese of Seattle Catholic Schools Policy 4.10, 9.1 Item B on Page 1 and Item C, Page 2 in the Policies and Procedures Manual for additional information.*

### **FIRST AID**

At least one staff person with current training in Cardio-Pulmonary Resuscitation (CPR) and First Aid is present in the preschool classroom or with a preschool group of students **at all times**. Training includes: instruction, demonstration of skills, and test or assessment. Certification complies with all state (WISHA) and federal (OSHA) requirements. Documentation of staff training is kept in individual personnel files.

Our first aid kits are inaccessible to children and located in the health office, preschool classroom, and "Grab-n-Go bag." First aid kits are identified by a *First Aid Sign*. Additionally, all kits will have emergency numbers including Poison Control clearly posted for easy reference.

**Each of our first aid kits contains all of the following items:**

- First Aid guide
- Sterile gauze pads (different sizes)
- Small scissors
- Adhesive tape
- Band-Aids (different sizes)
- Roller bandages (gauze)
- Large triangular bandages
- Gloves (vinyl and latex)

- Tweezers for surface splinters
- CPR mouth barriers

***Poison Control 1-800-222-1222. IN THE EVENT OF SUSPECTED INGESTION/CONTACT WITH POSION - POISON CONTROL WILL BE CALLED IMMEDIATELY.***

Our first aid kits do not contain medications, medicated wipes, or medical treatments/equipment which would require written permission from parent/guardian or special training to administer.

**Travel First Aid Kit (s):** A complete first aid kit is taken on all field trips and playground trips and is kept in each vehicle used to transport children. These travel first aid kits contain the standard items listed above as well as:

- Liquid soap and paper towels
- Potable water
- Chemical ice (non-toxic) for injuries
- Copies of completed consents for emergency treatments and emergency contact forms.

### **BLOOD/BODY FLUID CONTACT OR EXPOSURE**

Even healthy people can spread infection through direct contact with body fluids. Body fluids include blood, urine, stool (feces), drool (saliva), vomit, drainage from sores/rashes (pus), etc. All body fluids may be infected with contagious disease. **Non-porous gloves are always used when blood or wound drainage is present.** To limit risk associated with potentially infectious blood/body fluids, the following precautions are always taken:

- Disposable gloves are always worn while cleaning body fluids and surfaces contaminated with body fluids. Hands will be washed after cleaning and removal of gloves.
- Precautions will be observed to avoid splashing any bodily fluids onto mucous membranes.
- Cuts and/or sores on students and staff will be covered with bandages at all times
- Staff will clean up spills of body fluids immediately and sanitize contaminated surfaces promptly.
- Students and/or staff that come into contact with body fluids will wash the exposed area immediately with soap and warm water, rinse and dry with paper towels.
- All contaminated surfaces in contact with body fluids will be sanitized immediately with a diluted bleach solution per the Centers for Disease Control and Prevention and the American Academy of Pediatrics. All items used to clean-up body fluids are washed with detergent, rinsed, and soaked in a sanitizing solution of  $\frac{1}{4}$  cup of bleach per gallon of water for at least 2 minutes and air dried.
- Gloves and all items used to wipe body fluids are put in a plastic bag, tied closed and placed in a covered waste container.

- Clothing worn by student(s) and/or faculty that have been soiled with body fluids will be removed and bagged. A change of clothing will be available for students and faculty and will be put on after washing hands and soiled skin with soap and warm water. Soiled clothing will be sent home with the student's parent/guardian.

### **Blood Contact or Exposure**

When a staff person or child comes into contact with blood (e.g. staff provides first aid for a child who is bleeding) or is exposed to blood (e.g. blood from one person enters the cut or mucous membrane of another person), the staff person informs the Principal immediately. An incident log is maintained in the health office and all incidents are recorded on an incident log. Additionally, parent(s)/guardian(s) of students will be notified of an exposure promptly by staff at pick-up.

When staff report blood contact or exposure, we follow current guidelines set by Washington Industrial Safety and Health Act (WISHA), as outlined in our **Bloodborne Pathogen Exposure Plan**. **All staff undergo bloodborne pathogen exposure training annually and documentation of this training will be maintained in individual personnel files.**

### **INJURY PREVENTION**

1. Proper supervision is maintained at all times, indoors and outdoors. Staff position themselves to observe the entire play area.
2. Staff members regularly survey the preschool room and outdoor play area for safety hazards and remove any broken/damaged equipment. Hazards include, but are not limited to:
  - Security issues (unsecured doors, inadequate supervision, etc.)
  - General safety hazards (broken toys/equipment, standing water, choking hazards/sharp objects)
  - Strangulation hazards
  - Trip/fall hazards (rugs, cords, etc)
  - Poisoning hazards (plants, chemicals, etc)
  - Burn hazards (hot beverages in child-accessible areas, etc)
3. The playground is regularly inspected for broken equipment, environmental hazards, garbage, animal contamination, and required depth of cushion material under and around equipment by Principal and/or Preschool Directors. It is free from entrapments, entanglements, and protrusions. The playground is a fenced in area that is not accessible by animals or people outside of SCCS students/St. Cecilia Parish Prep Religious Education program.
4. Toys are age appropriate, safe (lead and toxin free), and in good repair. Broken toys are discarded. Mirrors are shatterproof.
5. Cords from window blinds/treatments are inaccessible to students.
6. Hazards are reported immediately to the Director and/or Principal. The Director ensures that they are removed, made inaccessible and/or repaired immediately to prevent injury.
7. An injury log is monitored monthly by the Director to identify accident trends and implement a plan of correction if necessary.

8. SCCS does not have riding equipment available for use by students.
9. Recalled items will be removed from SCCS immediately. The Director routinely gets updates on recalled items and other safety hazards on the Consumer Products Safety Commission website: [www.cpsc.gov](http://www.cpsc.gov)

### **POLICY AND PROCEDURES FOR EXCLUDING ILL CHILDREN**

Saint Cecilia Catholic School/Preschool follows the guidelines as set out by the Archdiocese of Seattle Catholic Schools in the Policies and Procedures Manual (*attached*). Children with any of the following symptoms are not permitted to remain at preschool:

1. **Fever alone** of at least 100 ° F as read under arm (axillary) or using a digital, forehead scan thermometer. **Fever accompanied by** one or more of the following:
  - Diarrhea or vomiting
  - Earache
  - Headache
  - Signs of irritability or confusion
  - Sore throat
  - Rash
  - Fatigue that limits participation in daily activities
2. **Vomiting:** 2 or more occasions within the past 24 hours
3. **Diarrhea:** 3 or more watery stools within the past 24 hours or any bloody stool
4. **Rash** (especially with fever or itching)
5. **Eye discharge or conjunctivitis (pinkeye):** until clear or until 24 hours of antibiotic treatment
6. **Sick appearance, not feeling well, and/or not able to keep up with program activities**
7. **Open or oozing sores,** unless properly covered **and** 24 hours has passed since starting antibiotic treatment, if antibiotic treatment is necessary.
8. **Lice or scabies:**
  - ✓ Head lice: until no lice or nits are present.
  - ✓ Scabies: until after treatment

**Following exclusion, children are readmitted to the SCCS program when they no longer have any of the above symptoms and/or Public Health exclusion guidelines for child care are met.**

Children with any of the above symptoms/conditions are separated from the group and cared for by Trina M. Vigil in the SCCS Health Room. Parent/guardian or emergency contact is notified to pick up child immediately. We notify parents and guardians when their children may have been exposed to a communicable disease or condition (other than the common cold) and provide them with information about that disease or condition. We notify parents and guardians of possible exposure by email and will post a notice on the door of the preschool classroom. Individual child confidentiality is strictly maintained.



In order to keep track of contagious illnesses (other than the common cold), an Illness Log is maintained. Each entry includes the child's name, program, and type of illness. We maintain confidentiality of this log.

**Staff members follow the same exclusion criteria as children.**

### **NOTIFIABLE CONDITIONS and COMMUNICABLE DISEASE REPORTING**

SCCS Preschool is required to notify the Public Health Department when we learn that a child has been diagnosed with one of the communicable diseases listed below. Saint Cecilia Catholic School/Preschool also follows the guidelines as set out by the Archdiocese of Seattle Catholic Schools in the Policies and Procedures Manual (*attached*). **In addition, staff will also notify the SCCS Volunteer Registered Nurse when an unusual number of children and/or staff are ill (for example, >10% of children in a center, or most of the children in the preschool classroom), even if the disease is not on this list or has not yet been identified. Or if the staff has questions regarding possible reporting of a condition not listed. To report any of the following conditions or to seek advice from the Kitsap Public Health department, we will call 360-337-5235.**

Acquired immunodeficiency syndrome (AIDS)  
Animal Bites  
Anthrax  
Arboviral disease (for example, West Nile virus)  
Botulism (foodborne, wound, and infant)  
Brucellosis  
Burkholder mallei and pseudomallei  
Campylobacteriosis  
Chancroid  
Chlamydia  
Cholera  
Cryptosporidiosis  
Cyclosporiasis  
Diphtheria  
Diseases of suspected bioterrorism origin  
Diseases of suspected foodborne origin  
Diseases of suspected waterborne origin  
Domoic acid poisoning  
Enterohemorrhagic *E. coli*, (including *E. coli* O157:H7 infection)  
Giardiasis  
Gonorrhea  
Granuloma inguinale  
*Haemophilus influenzae* invasive disease  
Hantavirus pulmonary syndrome  
Hemolytic uremic syndrome  
Hepatitis A, acute  
Hepatitis B, acute  
Hepatitis B, chronic

Hepatitis C, acute, or chronic  
Hepatitis, unspecified (D, E)  
HIV infection  
Immunization reactions, (severe, adverse)  
Influenza, novel or untypable strain  
Legionellosis  
Leptospirosis  
Listeriosis  
Lyme disease  
Lymphogranuloma venereum  
Malaria  
Measles  
Meningococcal disease  
Monkeypox  
Mumps  
Paralytic shellfish poisoning  
Pertussis  
Plague  
Poliomyelitis  
Prion disease  
Psittacosis  
Q fever  
Rabies and Rabies Exposures  
Rare diseases of public health significance  
Relapsing fever  
Rubella  
Salmonellosis  
SARS  
Sexually Transmitted Diseases (chancroid, gonorrhea, syphilis, genital herpes simplex, granuloma inguinale, lymphogranuloma venereum, *Chlamydia trachomatis*)  
Shigellosis  
Smallpox  
Tetanus  
Trichinosis  
Tuberculosis  
Tularemia  
Vaccinia transmission  
Vancomycin resistant *S. Aureus*  
Typhus  
Unexplained critical illness or death  
Vibriosis  
Viral hemorrhagic fever  
Yellow fever  
Yersiniosis  
*Washington Department of Public Health, Rev. February 2011*

## IMMUNIZATIONS

To protect all children and staff, each child in our center has a completed and signed Certificate of Immunization Status (CIS) on site. The official CIS form or a copy of both sides of that form is required.) The CIS form is returned to parent/guardian when the child leaves the program.

Immunization records are reviewed quarterly until the child is fully immunized by the Office Manager.

Children are required to have the following immunizations:

- DTaP (Diphtheria, Tetanus, Pertussis)
- IPV (Polio)
- MMR (Measles, Mumps, Rubella)
- Hepatitis B
- HIB (Haemophilus influenzae type b) *until age 5*
- Varicella (Chicken Pox) or Health Care Provider verification of disease
- PCV (Pneumococcal bacteria) *until age 5 (as of 7/1/09)*

If a parent or guardian chooses to exempt their child from immunization requirements, they must complete and sign the *Certificate of Exemption Form*. If the exemption is for medical, religious, or personal/philosophical reason the child's health care provider (MD, DO, ND, PA, ARNP) must also sign the Certificate of Exemption form or provide a signed letter verifying that the parent or guardian received information on the benefits and risks of immunizations.

If the exemption is for membership in a religious body or church that does not allow medical treatment then the parent or guardian must provide the name of this church or body. It is not necessary to obtain a health care provider's signature.

**A current list of exempted children is maintained at all times.**

Children who are not immunized may not be accepted for care during an outbreak of a vaccine-preventable disease. This is for the protection of the unimmunized child and to reduce the spread of the disease. This determination will be made by Public Health's Communicable Disease and Epidemiology division.

## MEDICATION POLICY

Saint Cecilia Catholic School/Preschool also follows the guidelines as set out by the Archdiocese of Seattle Catholic Schools in the Policies and Procedures Manual (*attached*). Please see Policy 4.10, 9.1 Item A on Page 1 in the Policies and Procedures Manual for additional information.

- Medication is accepted only in its **original container**, labeled with **child's full name**.
- Medication is **not** accepted if it is **expired**.
- Medication is given **only** with prior **written** consent of a child's parent/ guardian. Students may not carry, use or self-administer their own medicines. This consent on the medication authorization form includes **all of the following**:
  - ✓ Child's name,
  - ✓ Name of the medication,
  - ✓ Reason for the medication,

- ✓ Dosage,
- ✓ Method of administration,
- ✓ Frequency (**cannot** be given "as needed"; consent must specify *time* at which and/or *symptoms* for which medication should be given),
- ✓ Duration (start and stop dates),
- ✓ Special storage requirements,
- ✓ Any possible side effects (from package insert or pharmacist's written information), *and*
- ✓ Any special instructions.

### **Parent /Guardian Consent**

1. A parent/guardian may provide the sole consent for a medication, (without the consent of a health care provider), **if and only if** the medication meets all of the following criteria:
  - a. The medication is over-the-counter and is one of the following:
    - Antihistamine
    - Non-aspirin fever reducer/pain reliever
    - Non-narcotic cough suppressant
    - Decongestant
    - Ointment or lotion intended specifically to relieve itching or dry skin
    - Sunscreen (*Written consent for sunscreen is valid up to 6 months.*)
    - Hand sanitizers
  - b. The medication has instructions and dosage recommendations for the child's age and weight; *and*
  - c. The medication duration, dosage, amount, and frequency specified on consent form is consistent with label directions and does not exceed label recommendations.
2. Written consent for medications covers only the course of illness or specific "time limited" episode.

*Please note: As with all medications, label directions must be followed.*

### **Health Care Provider Consent**

1. The written consent of a health care provider with prescriptive authority is required for prescription medications and all over-the-counter medications that do not meet the above criteria (including vitamins, iron, supplements, fluoride, and herbal remedies.) For students with known anaphylactic reactions, the EPI-PEN® is the only acceptable form epinephrine injection that will be accepted for use in the school setting. If a student needs an EPI-PEN® and/or liquid antihistamine, the pen, other medications, and an allergy response plan must be on file with the school prior to the child's first day of attendance.
2. Medication is added to a child's food or liquid only with the **written consent of health care provider**.
3. A licensed health care provider's consent is accepted in one of 3 ways:
  - The provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, frequency [cannot be given "as needed"], duration, and expiration date); *or*

- The provider signs a note or prescription that includes the information required on the pharmacist's label; *or*
- The provider signs a completed medication authorization form.

*Parent/guardian instructions are required to be consistent with any prescription or instructions from health care provider.*

### **Medication Storage**

1. Medication is stored in a locked cabinet in the central office. It is:
  - Inaccessible to children
  - Separate from staff medication
  - Protected from sources of contamination
  - Away from heat, light, and sources of moisture
  - At temperature specified on the label (i.e., at room temperature or refrigerated)
  - So that internal (oral) and external (topical) medications are separated
  - Separate from food
  - In a sanitary and orderly manner
2. Rescue medications (e.g., EpiPen® or inhaler) are stored in the classroom in a secure location, inaccessible to the children.
3. Medications no longer being used are promptly returned to parents/guardians, discarded in trash inaccessible to children, or in accordance with current hazardous waste recommendations. (Medications are not disposed of in sink or toilet.) *More information is available at [www.takebackyourmeds.org](http://www.takebackyourmeds.org)*
4. Staff medication is stored in a locked staff medication box in the central office, out of reach of children. Staff medication is clearly labeled as such.

### **Emergency supply of critical medications**

For children's critical medications, including those taken at home, we ask for a 3-day supply to be stored on site along with our disaster supplies. Staff members are also encouraged to supply the same. Critical medications - to be used only in an emergency when a child has not been picked up by a parent, guardian, or emergency contact - are stored in a locked medication box in the central office. Medication is kept current (not expired).

### **Staff Administration and Documentation**

1. Medication is administered by staff trained in medication administration.
2. Staff members who administer medication to children are trained in medication procedure and center policy. A record of the training is kept in staff files.
3. The parent/guardian of each child requiring medication involving special procedures (e.g., nebulizer, inhaler, EpiPen®) trains staff on those procedures. A record of trained staff is maintained on/with the medication authorization form.
4. Staff giving medication documents the time, date, and dosage of the medication given on the child's medication authorization form. Each staff member initials each time a medication is given and signs a full signature once at the bottom of the page. This form will be kept with the student's record for eight years past the last date of enrollment.

5. Any observed side effects are documented by staff on the child's medication authorization form and reported to parent/guardian. Notification is documented.
6. If a medication is not given, a written explanation is provided on authorization form.
7. Outdated medication authorization forms are promptly removed from the classroom and placed in the child's file.
8. All information related to medication authorization and documentation is considered confidential and is stored out of general view.

### **Medication Administration Procedure**

The following procedure is followed each time a medication is administered:

1. ***Wash hands*** before preparing medications.
2. ***Carefully read all relevant instructions, including labels on medications, noting:***
  - *Child's name,*
  - *Name of the medication,*
  - *Reason for the medication,*
  - *Dosage,*
  - *Method of administration,*
  - *Frequency,*
  - *Duration (start and stop dates),*
  - *Any possible side effects, and*
  - *Any special instructions*

***Information on the label must be consistent with the individual medication form***

3. ***Prepare medication on a clean surface away from toileting areas.***
  - *Do not add medication to child's cup or food without health care provider's written consent.*
  - *For liquid medications, use clean medication spoons, syringes, droppers, or medicine cups with measurements provided by the parent/guardian (not table service spoons).*
  - *Bulk medication is dispensed in a sanitary manner (sunscreen, hand sanitizers, etc.)*
  - *Administer medication.*
4. ***Wash hands*** after administering medication.
5. ***Observe the child for side effects of medication and document on the child's medication authorization form.***
6. ***Document medication administration***

### **HEALTH RECORDS**

Health records will be reviewed by Trina M. Vigil, Office Manager. Each child's health record will contain:

- Health, developmental, nutrition, and dental histories
- Date of last physical exam
- Name and phone number of health care provider and dentist
- Allergy information and food intolerances or sensitivities

- Individualized care plan for child with special health care needs (medical, physical, developmental or behavioral) *Note: In order to provide consistent, appropriate, and safe care, a copy of the plan should also be available in child's classroom.*
- List of current medications
- Current "Certificate of Immunization Status" (CIS) form
- Consent for emergency care
- Preferred hospital
- Any assistive devices used (e.g. glasses, hearing aids, braces, etc.)

The above information will be updated annually or sooner for any changes.

### **CHILDREN WITH SPECIAL NEEDS**

Saint Cecilia Catholic Preschool is committed to meeting the needs of all children. This includes children with special health care needs such as asthma and allergies, as well as children with emotional or behavior issues or chronic illness and disability. Inclusion of children with special needs enriches the preschool experience and all staff, families, and children benefit. However, our program may decide that we cannot meet the needs of a child. We will utilize outside resources to help the parent(s) find services and placements that meet the child's needs.

1. Confidentiality is assured with all families and staff in our program.
2. All families will be treated with dignity and with respect for their individual needs and/or differences.
3. Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).
4. Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. To accomplish this, we may consult with our volunteer registered nurse, Kitsap Public Health Department, and other agencies/organizations as needed.
5. An individual plan of care is developed for each child with a special health care need. The plan of care includes information and instructions for
  - Potential emergency situations
  - Care during and after a disaster
6. Completed plans are requested from health care provider annually or more often as needed for changes.
7. Children with special needs are not present without an individual plan of care on site.
8. Staff members receive general training on working with children with special needs and updated training on specific special needs that are encountered in their classrooms.
9. Teachers, cooks, and other staff will be oriented to any special needs or diet by the parent/guardian and/or Preschool Director.

*In the event that our program decides that we are unable to accommodate the needs of a child, outside resources will be used to help the parent find services and placement that will better meet the child's needs.*

## HANDWASHING

Handwashing is one of the most important steps that we can take to avoid disease transmission at Saint Cecilia Catholic Preschool. **Liquid soap, warm water (between 85° and 120° F), and paper towels are available for staff and children at all sinks, at all times.**

**ALL Staff members** wash hands with soap and water:

1. Upon arrival at the site and when leaving at the end of the day
2. Before and after handling foods, cooking activities, eating or serving food
3. After toileting self or children
4. After handling or coming in contact with body fluids such as mucus, blood, saliva, or urine
5. Before and after giving medication
6. After attending to an ill child
7. After smoking
8. After being outdoors
9. After feeding, cleaning, or touching pets/animals
10. After giving first aid

**Children** are assisted or supervised in handwashing:

1. Upon arrival at the site and when leaving at the end of the day
2. Before and after meals and snacks or cooking activities (in handwashing, not in food prep sink)
3. After toileting
4. After handling or coming in contact with body fluids such as mucus, blood, saliva or urine
5. After outdoor play
6. After touching animals
7. Before and after water and/or sand table play



## Handwashing Procedures

### Handwashing Procedure

The following handwashing procedures are followed:

1. Turn on water and adjust temperature.
2. Wet hands and apply a liberal amount of liquid soap.
3. Rub hands in a wringing motion from wrists to fingertips for a period of not less than 20 seconds.
4. Rinse hands thoroughly.
5. Dry hands using an individual paper towel.
6. Use hand-drying towel to turn off water faucet(s) and open any door knob/latch before discarding.
7. Apply lotion, if desired, to protect the integrity of skin.

**Handwashing procedures are posted at each sink used for handwashing.**

## CLEANING, SANITIZING, AND LAUNDERING

*Cleaning, rinsing, and sanitizing are required on most surfaces in child care facilities, including tables, counters, toys, diaper changing areas, etc. This 3-step method helps maintain a more sanitary child care environment and healthier children and staff.*

1. **Cleaning** removes a large portion of germs, along with organic materials - food, saliva, dirt, etc. - which decrease the effectiveness of sanitizers.
2. **Rinsing** further removes the above, along with any excess detergent/soap.
3. **Sanitizing** kills the vast majority of remaining germs.

### Storage

Cleaning and sanitizing supplies are stored in both a locked janitor closet and in a locked, high cabinet in the preschool classroom.

All such chemicals are:

- Inaccessible to students,
- Separate from food and food areas (not above food areas),
- In original containers and/or labeled with the solution type and date of preparation,
- Stored in a dark place away from direct sunlight,
- Incompatible chemicals are not mixed and stored in separate containers

### Cleaning

Surfaces are sprayed with a solution of liquid dish detergent and water, then wiped with a paper towel.

### Rinsing

Surfaces are sprayed with clean water and wiped with a paper towel.

### Sanitizing

Surfaces are sprayed with a solution of bleach and water and allowed to air dry or to remain on surface for at least 2 minutes, then wiped with a paper towel.

Bleach solutions are prepared and used as outlined below:  
**Schedule for Cleaning and Disinfecting:**

<b>Solutions for sanitizing in classrooms:</b>	<b>Amount of Bleach</b>	<b>Amount of Water</b>	<b>Contact Time</b>
General areas and body fluids	1 tablespoon $\frac{1}{4}$ cup	1 quart 1 gallon	2 minutes
Bathrooms	1 tablespoon $\frac{1}{4}$ cup	1 quart 1 gallon	2 minutes
<b>Solution for sanitizing in kitchen:</b>	<b>Amount of Bleach</b>	<b>Amount of Water</b>	<b>Contact Time</b>
Kitchen and dishes/utensils	$\frac{1}{4}$ teaspoon 1 teaspoon	1 quart 1 gallon	2 minutes

- To avoid cross-contamination, 2 sets of bottles are used in the classroom: one set for general areas (including tables) and one set for bathrooms.
- Bleach solution is applied to surfaces that have been cleaned and rinsed.
- Bleach solution is allowed to remain on surface for at least 2 minutes or air dry.
- Bleach solutions are made up daily by William Ogilvie, Custodian and/or Preschool Staff using measuring equipment. Protective gear, including gloves and eye protection, as per manufacturer's instructions in accordance with WISHA, are supplied.
- Bleach solutions are prepared in a well-ventilated area.

### **Cleaning and Sanitizing Specific Areas and Items**

#### **Bathrooms**

- Sinks and counters are cleaned, rinsed, and sanitized daily or more often if necessary.
- Toilets are cleaned, rinsed, and sanitized daily or more often if necessary. Toilet seats are monitored and kept sanitary throughout the day.

#### **Individual Blankets**

- Blankets are sent home weekly to be laundered or when soiled (whichever occurs first).
- Blankets are used by one student only at all times.

#### **Door handles**

- Door handles are cleaned, rinsed, and sanitized daily, or more often when children or staff members are ill.

#### **Drinking Fountains**

- Any drinking fountains are cleaned, rinsed, and sanitized daily or as needed.

#### **Floors**

- Solid-surface floors are swept, washed, rinsed, and sanitized daily. Sanitizer is not used when children are present.

- Carpets and rugs in all areas are vacuumed daily and professionally steam-cleaned every 3 months or as necessary. Carpets are not vacuumed when children are present (*due to noise and dust*).

#### **Furniture**

- Upholstered furniture is vacuumed daily and professionally steam-cleaned every six months or as necessary.
- Painted furniture is kept free of paint chips. No bare wood is exposed; paint is touched up as necessary. (*Bare wood cannot be adequately cleaned and sanitized.*)

#### **Garbage**

- Garbage cans are lined with disposable bags and are emptied when full.
- Outside surfaces of garbage cans are cleaned, rinsed, and sanitized daily. Inside surfaces of garbage cans are cleaned, rinsed, and sanitized as needed.

*(Pull-ups and food-waste cans have tight-fitting lids and are hands-free. Garbage cans for paper towels are also hands-free).*

#### **Kitchen**

- Kitchen counters and sinks are cleaned, rinsed, and sanitized before and after preparing food.
- Equipment (such as blenders, can openers, and cutting boards) is washed, rinsed, and sanitized after each use.

#### **Mops**

- Mops are cleaned, rinsed, and sanitized in a utility sink, then air dried in an area with ventilation to the outside and inaccessible to children.

#### **Tables**

- Tables are cleaned, rinsed, and sanitized before and after snacks or meals.

#### **Toys**

- **Only washable toys are used.**
- Cloth toys and dress-up clothes are washed weekly (or as necessary) with hot water.
- Other toys are washed, rinsed, and sanitized weekly (and as necessary).

#### **Sand and Water Tables**

- Sand and water tables are emptied and cleaned, rinsed, and sanitized after each use, and as necessary.
- Children wash hands before and after water and/or sand table play.

*General cleaning of the entire facility is done as needed. There are no strong odors of cleaning products in our facility. Air fresheners and room deodorizers are not used.*

### **SOCIAL-EMOTIONAL-DEVELOPMENTAL CARE**

- Students are always addressed with respect and a calm voice.
- Students are allowed to have a voice in solutions to their problems.
- Classrooms have developmentally appropriate and interesting curriculum.
- Opportunities are provided for choice and curricula that enhances the development of self-control and social skills.

- Teachers provide students with the comforts of routine and structure that are flexible so as to meet the needs of a wide range of children.
- Teachers work to establish a respectful, warm and nurturing relationship with each student in the classroom, parents and colleagues.
- Teachers spend time at floor/eye level with the children.
- Voices are calm.
- A problem solving approach is used with everyone.
- Students are comforted when they feel unhappy.
- Discipline is seen as an opportunity to teach children self-control and skill building.
- Behavior policies focus on problem solving with all concerned parties, rather than listing negative behaviors to be punished by disenrollment.
- When a child has behavioral/social/emotional difficulties, outside resources will be accessed and a plan made to support the child.

*Should the program decide they cannot meet the needs of a child, outside resources will be used to help the parent find services and placement that meets the child's needs.*

#### **ASSISTANCE WITH TOILETING**

In the event a student requires assistance with toileting, staff members will:

- a) Wear gloves to help with wiping and changing pull-ups.
- b) Soiled clothing due to accidents will be placed in a plastic bag and placed in a container with a tight fitting lid. Clothing will be sent home with parents at the end of the day.
- c) Parents will provide an extra set of clothing for each student in the event of an accident.
- d) Parents will provide pull-ups for those students needing them.
- e) Soiled pull-ups will be placed in a plastic bag and placed in a container with a tight fitting lid. This container will be emptied every day.
- f) Staff members will wash their hands before and after helping students with toileting.

#### **FOOD SERVICE**

**Parents will provide all food and food substitutions for snacks due to allergies or special diets.** *Additionally, food allergies and sensitivities will be clearly posted in the preschool classroom, while maintaining confidentiality.*

- Lunches are provided by parents.
- Perishable items in lunches are refrigerated upon arrival at our preschool.
- Ill staff or students do not prepare or handle food. Staff may not work with food if they have:
  - ✓ Diarrhea, vomiting or jaundice
  - ✓ Diagnosed infections that can be spread through food such as Salmonella, Shigella, E. coli or hepatitis A

- ✓ Infected, uncovered wounds
  - ✓ Continual sneezing, coughing or runny nose
- Staff/students wash hands with soap and warm running water prior to snack preparation and service in a designated hand-washing sink.
  - Gloves are worn or utensils are used for direct contact with food.
  - Staff employing snacks will keep their hair out of food by using some method of restraining hair.
  - Refrigerators and freezers have thermometers placed in the warmest section (usually the door). Thermometers stay at or below 41° F in the refrigerator and 10°F in the freezer. Temperature is logged daily.
  - Microwave ovens, if used to reheat food, are used with special care. Food is heated, stirred during heating, and allowed to cool at least 2 minutes before serving.
  - Chemicals and cleaning supplies are stored away from food and food preparation areas.
  - Cutting boards are washed, rinsed, and sanitized between each use. No wooden cutting boards are used.
  - The food prep sink is not used for general purposes or post-toilet hand washing.
  - Tabletops where children eat are washed, rinsed, and sanitized before and after every meal and snack.

When children are involved in cooking projects our preschool assures safety by:

- Close supervision of children,
- Ensuring all children and staff involved wash hands thoroughly,
- Planning developmentally appropriate cooking activities which do not involve sharp knives.
- Following all food safety guidelines.

## NUTRITION

Food is offered at intervals not less than 2 hours and not more than 3 hours apart.

Our preschool is open 7 hours or less and the following are available daily:

- **Explorer Program:** One snack - Parents provide snack for the Explorer Program. Parents are encouraged to provide nutritionally-balanced snacks and lunches. Parents are provided with the MY DAILY FOOD—a nutritional guide to assist parents in packing lunches and snacks that are nutrient dense. Snacks and lunches are monitored by
- **Pre-K Program:** Parents provide snacks and lunches for the PreK program. Parents are encouraged to provide nutritionally-balanced snacks and lunches. Parents are provided with the MY DAILY FOOD—a nutritional guide to assist parents in packing lunches and snacks that are nutrient dense. Snacks and lunches are monitored by staff. (String cheese, yogurt, raisins, crackers are kept in stock to supplement lunches as necessary.)

Food is offered at the following times by SCCS Preschool:

<u>Time</u>	<u>Meal/Snack</u>
10:00	Snack
12:00	Lunch

Each snack or meal includes water to drink.

Students have free access to drinking water throughout the day via individual disposable cups or single use glasses and a water fountain in the lunch room.

Children with food allergies and medically-required special diets have diet prescriptions signed by a health care provider on file. Names of children and their specific food allergies are posted in the classroom. Confidentiality is maintained.

### **MEALTIME ENVIRONMENT AND SOCIALIZATION**

- Staff members sit and eat with students and have conversations with students during snack. Students sit together in the classroom.
- Students are not forced to eat any food.
- Students decide how much and which foods to eat from their snack and lunches.
- Food is never used as a reward or punishment.
- Staff members provide healthy nutritional role modeling (serving sizes of foods, appropriate mealtime behavior and socialization during mealtime).
- Hot drinks that might scald if spilled, soda and beverages other than water or those served to children are not consumed by staff in the presence of children.

### **SWEET TREAT POLICY**

Special treats for celebrations are limited and monitored by the classroom teachers. Items that are health promoting and nutrient dense are encouraged. Information for parents with ideas for birthday, holiday or special occasions treats are provided by the teacher. Use of non-food items to celebrate special occasions is encouraged.

### **PHYSICAL ACTIVITY AND SCREEN TIME LIMITATIONS**

#### **Physical Activity**

Students are provided with daily physical activity. Active play time includes a balance of teacher directed activities as well as child initiated play.

- Our school ensures that all students get at least 20-30 minutes of moderate to vigorous physical activity per every 3 hours of care. Students in care for more than one hour are ensured at least 20 minutes of outdoor play.
- Students get 90-120 minutes of active play time (moderate to vigorous activity level) during full day care.
- All students get outdoor play at least 2-3 times during full day care. Students go outside in all-weather unless it is dangerous or unhealthful to do so.

#### **Screen Time**

TV is limited to 30 minutes of educational viewing per week, if at all. Computer use for play time is not allowed.

## DISASTER PREPAREDNESS

SCCS Preschool has developed a Disaster Preparedness Plan/Policy. Our plan includes responses to the different disasters our site is vulnerable to, as well as procedures for on-and-off site evacuation and shelter-in-place. Staff are oriented to our disaster policy upon hire and annually. Staff members are trained in the use of fire extinguishers. Facilities' Supervisor Walt Kniginsky and Principal Susan Kilbane are trained in utility control (how to turn off gas, electric, water). Disaster and earthquake preparation and training are documented.

Evacuation routes are posted in each classroom. Our disaster preparedness policy is provided for each family in our student handbook. Regularly scheduled fire and emergency drills at our campus stress appropriate action and reaction by both staff and students.

If an emergency situation occurs during school hours your child might need to remain at school. Students will be released to parents or a parent-designated person only when the appropriate authorities have told us they may be released. It is possible that some students will need to remain under our care at the preschool for additional hours following this clearance. **SCCC is prepared for this eventuality.** Our center has a supply of food and water for children and staff for at least 72 hours, in case parents/guardians are unable to pick up children at usual time. Directors and/or Principal Susan Kilbane, is responsible for stocking supplies. Expiration dates of food, water, and supplies are checked at least annually and supplies are rotated accordingly. Our preschool room has a fully stocked "Grab n' Go" bag. If your child requires daily medication or emergency medication, please provide the health office with a **3 day supply.**

Additionally, each family is required to provide an emergency kit for each student for use in the event of an emergency. Emergency kits are due on the first day of school and are stored in the grab and go bag in each classroom. ***(These kits supplement the SCCC emergency equipment in place at the school.)***

### **Individual Emergency Kits include:**

- 1-gallon Ziploc bag labeled with the child's name.
- 2 small bottles of water
- 2 packaged snacks such as a granola bar, fruit leather, jerkey, etc.
- 1 small penlight with batteries
- 1 large plastic trash bag (with arm/heard holes for use as a rain poncho; refold tightly)
- 1 pair of clean, lightweight socks
- 1 commercial space blanket (available at Ace Hardware, Rite Aid, etc.)
- 1 can of prepared entrée with peel-off top (macaroni, spaghetti, etc.) with fork
- A family or special photo
- A note of encouragement from home
- Phone number of a relative or close friend living in another state, if possible.

*Any unused items will be sent home at the end of the school year.*

## HAZARD MITIGATION

SCCS has taken action to make our center earthquake/disaster safe. Rooms are continuously monitored for anything that could fall and hurt someone or block an exit. **Walt Kniginsky**, Facilities Supervisor, is the primary person responsible for hazard mitigation, although all staff members are expected to be aware of their environment and make changes as necessary to increase safety.

### Drills

Fire drills are conducted and documented each month. Disaster drills are conducted quarterly.

## LOCK-DOWN POLICY

### Emergency Lockdown / Intruder Alert Procedure

From time to time, schools and child cares have been faced with the threat of unauthorized individuals entering the facility. An intruder is defined as any visitor who, through act or deed, poses a perceived threat to the safety and welfare of children and employees. If at any time you are dealing with a person you feel uncomfortable around or are fearful for your safety or the safety of others, then you may be faced with an intruder situation.

There are key recommendations to implement regarding a lockdown, including those conducted because of an intruder:

1. It is important that all members of the building's staff understand, support and participate in the Intruder Alert procedures.
2. It is important to practice the Intruder Alert procedure in the facility several times per year, just as you practice fire drills.
3. Lockdown information will be given to parents upon enrollment. Parents will be notified of all lockdown drills and events. The facility will provide written materials for parents to help children understand and cope.
4. Parents will be given a pre-designated alternate pick up site if children and staff are evacuated. Parents should not try to enter the facility during a lockdown and may be kept away from the child care until authorities determine it is safe.

### Administrator (Director or designee) Responsibilities - Intruder Alert

If a person(s) comes into the facility, assess the situation. If you are uneasy or suspicious of the person(s) immediately have someone call 911.

If a weapon is present, DO NOT CONFRONT - give pre-determined hand signal to another staff member for them to call 911 immediately

If no weapon is suspected, confront the intruder in the following manner:

- Approach the individual in a non-confrontational manner with the assistance of another staff member
- Introduce yourself and the person with you to the individual in a non-confrontational way
- Ask the individual who they are and how you can be of assistance
- Inform the individual of the policy that all visitors need to sign in and guide him/her to the area where that is done.
- If the individual refuses, do not confront him/her. Give the other staff member the pre-designated hand signal to call 911



If it is determined that the safety and health of children and staff are in jeopardy:

**Intruder Alert Procedure:** If the intruder is already inside the building, a hand signal (which has been predetermined and is known by all staff) shall be made to the first staff member seen. That staff member will pass on the hand signal to others throughout the building and will call 911.

If the suspected intruder is not yet in the building, an announcement will be made (or a bell sounded) to alert the staff of potential danger. The announcement will be " JUST A REMINDER THAT THE ROOFERS WILL BE HERE TODAY - PLEASE EXCUSE THE NOISE."

If children are outside when a "Code Red" is called, or shots are heard/fired, teachers will quickly direct and move children back into the facility and into the nearest classroom for lockdown.

**Upon hearing the chosen lockdown announcement the following steps must be implemented:**

- Staff should quickly check the hall and restrooms closest to their classrooms to get children into the rooms.
- Lock all doors, close and lock all windows, cover all windows and doors, and turn off lights.
- Keep children away from windows and doors; position children in a safe place against walls or on the floor; turn a classroom table on its side to use as a buffer.
- Staff will maintain (as best they can) a calm atmosphere in the room, keeping alert to emotional needs of the children.
- Teachers will keep all children in the classroom until an "all-clear" signal has been given.
- Director or designee will immediately call 911 and stay on the phone until help arrives. Await further instructions from emergency response personnel. You will be informed when it is safe to move about and release children from your rooms. Children should not be released to parents until an "all-clear" has been called.
- Upon arrival, the local police, in conjunction with the Principal and/or Director will assume responsibility and may evacuate the building per police standard operating procedures.
- When "All Clear" is heard, the director will inform the staff of the situation and provide counsel to the children. When the threat has been eliminated, normal activities should be resumed as soon as possible as instructed by the Director.
- Director will apprise parents of all "lockdowns" whether practice or real.
- Director will report incident to licensor.
- Director will complete a written incident report at the earliest opportunity; incident reports are stored in the Principal's office.

## STAFF HEALTH

1. New staff and volunteers must document a tuberculin skin test (Mantoux method) within the past year, unless not recommended by a licensed health care provider.
2. Staff members and volunteers who have had a positive tuberculin skin test in the past will always have a positive skin test, despite having undergone treatment. These employees do not need documentation of a skin test. Instead, by the first day of employment, documentation must be on record that the employee has had a negative (normal) chest x-ray and/or completion of treatment.
3. Staff members do not need to be retested for tuberculosis unless they have an exposure. If a staff member converts from a negative test to a positive test during employment, medical follow up will be required and a letter from the health care provider must be on record that indicates the employee has been treated or is undergoing treatment.
4. Our center complies with all recommendations from the local health jurisdiction. (TB is a reportable disease.).
5. Staff members and volunteers who have a communicable disease are expected to remain at home until no longer contagious. Staff members are required to follow the same guidelines outlined in EXCLUSION OF ILL CHILDREN in this policy.
6. Staff members are encouraged to consult with their health care provider regarding their susceptibility to vaccine-preventable diseases.
7. Staff who are pregnant or considering pregnancy are encouraged to inform their health care provider that they work with young children. *When working in child care settings there is a risk of acquiring infections which can harm a fetus or newborn. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (German measles or 3-day measles), In addition to the infections listed here, other common infections such as influenza and Hand Foot and Mouth disease can be more serious for pregnant women and newborns. Good handwashing, avoiding contact with ill children and adults, and cleaning of contaminated surfaces can help reduce those risks.*
8. Adult sized chairs will be provided for staff.

## PRESCHOOL FIELD TRIP PROTOCOL

### Obtaining Parental Consent

At the beginning of the preschool year a letter should be sent to each parent of a preschooler informing the parents of potential, carefully planned activities that will require their child to leave school under the direct supervision of the teachers. The letter must notify the parents of the following:

1. That parents must sign and return the form that states they have received it, read it and understood it.
2. That parents have an opportunity to contact the teacher with questions and/or objections.

The blanket permission slip should be sent home at the beginning of the first and second semesters.

**Generally, preschoolers leave the school in one of two ways. At all times, parental permission must be obtained.**

### **First Situation**

A signed permission slip is not required for each time that the child leaves the school for activities that are frequent, regular, routine parts of the curriculum of the school and that cause students to leave the school building and property under the supervision of the teacher(s). Essential to the first situation is the teacher's supervising the class as a regular, planned, educational activity that is a part of the child's school experience.

**For example:** A nearby playfield is used frequently for physical education classes. The students must walk to the playfield and back crossing busy streets under the supervision of the teacher.

**OR**

The teacher frequently takes the students on a walking trip around the community to learn about the neighborhood or, for example, to take a nature walk.

Under these conditions, the parent's permission is assumed because of the blanket permission slip signed at the start of the school year or when there has been a change in the routine described on the blanket permission slip.

### **Second Situation**

The second type of situation does require a signed permission slip for each child. The slip explains the time, destination and circumstances of a field trip. When students are transported, some of the liability and responsibility is transferred to the driver of the vehicle while going to and from the location. Parents need to grant permission for their child to be transported when a private car, public carriers, or charter bus is used.

The principal, as the responsible school administrator, needs to follow the established transportation policy. Please note that the driver must be 21 years of age or older, have no felonies or Driving Under the Influence convictions in his or her background and the vehicle must be insured for the following minimum liability limits: \$100,000 per person and \$300,000 per occurrence. The field trip driver information sheet must be completed and kept on file in the school office.

When using a charter bus for transportation, principals must keep a copy of the signed contract on file in the school office.

**Note: School personnel are still responsible for the supervision of the children and are required to plan, organize and act prudently.**

It is advisable to keep the parents informed about the ongoing enrichment and enhancement activities being offered to their children through the field trip program. If you are not sure if a signed permission slip is required for a particular situation, it is better to require the permission slip from parents.

The age and developmental level of the preschoolers are always taken into consideration. Particular needs of the children will be assessed and considered when choosing and planning a trip. The trip will be appropriate for all children in the class and be accessible for children with special needs.

### **Field Trip Preparation**

The safety of the students is the primary concern of the teachers and parent volunteers. All potential sites for a field trip will be visited by a staff member prior to the scheduled field trip. Safety precautions will be reviewed and rehearsed with staff, parent volunteers, and the children. The teachers will prepare identification tags to be worn inside shirts and students will be required to wear red SCCC logo sweatshirts, tee shirts and/or sweaters. Additionally, the teachers will adhere to the following guidelines:

- The teachers will have all current emergency information for each child with them at all times. An accurate list of all children in attendance on the field trip day will also be with the teachers at all times. (*A copy will also be left with the front office.*)
- Adult supervision of all children at all times is strictly maintained. The adult/child ratio for field trips is 1:3. Children will be assigned a peer "buddy" as well.
- A designated teacher will be responsible for carrying the travel bag, all consent forms and emergency contact information.

*The field trip guidelines are in accordance with the Seattle Archdiocese of Catholic Schools Policies and Procedures Manual 2.8 (Section 10.1).*

### **STRANGER DANGER**

SCCS Preschool Faculty will be observant for strangers that may be lurking around the school and/or suspiciously close during field trips. If teachers feel that an individual or individuals pose a threat or feel uncomfortable, the teachers will immediately accompany the students back into the classroom or safe space designated at a field trip site. Teachers will promptly notify authorities.

Stranger Danger lessons will be included in the preschool curriculum on an ongoing basis during the school year. Role-playing exercises, stories, etc. will also be included to teach the children how to react to various situations. Additionally, SCCS teaches *Talking About Touching* as mandated by the Archdiocese of Seattle. Role-playing exercises, stories, etc. will also be included to teach the children how to react to various situations.

### **CHILD ABUSE AND NEGLECT**

1. Child care providers are state mandated reporters of child abuse and neglect; we immediately report suspected or witnessed child abuse or neglect to Child Protective Services (CPS). **Phone Numbers for CPS reporting are: (360) 475-3688/1-800-423-6246**

2. Signs of child abuse and/or neglect are documented and that information is kept confidentially in the Principal's office.
3. Training on identifying and reporting child abuse and neglect is provided to all staff through the Seattle Archdiocese Safe Environment Training Program and documentation kept in staff files.
4. Jody Hitchings, licenser, is notified of any CPS report made.

#### **ANIMALS ON SITE**

- We have the following animals on site: *fish, snails, butterflies.*
- We have animal visitors on very rare occasions such as those that might be brought to SCCS by the Wild Life Shelter on Bainbridge Island for an educational assembly.

Animals at or visiting SCCS are carefully chosen in regards to care, temperament, health risks, and appropriateness for young students. We do not have birds of the parrot family that may carry psittacosis, a respiratory illness. We do not have reptiles, chickens, ducks, and/or amphibians that typically carry salmonella, a bacterium that can cause serious diarrhea disease in humans, with more severe illness and complications in children.

Parents are notified of our class pet and advised of animal visitors. Students with an allergic response to animals are accommodated.

Animals, their cages, and any other animal equipment are never allowed in the kitchen or food preparation areas.

Students and adults wash hands after feeding animals or touching/handling animals or animal homes or equipment.

#### **"NO SMOKING" POLICY**

1. Staff will not smoke in the presence of children or parents while at work.
2. **There will be no smoking on campus** or in outdoor areas immediately adjacent to any buildings (not within 25 feet of an entrance, exit, or ventilation intake of the building) where there are classrooms regardless of whether or not children are on the premises. (Rationale: residual toxins from smoking can trigger asthma and allergies when children do use the space).
3. There is no smoking allowed in any vehicle that children are transported in.
4. If staff members smoke, they must do so away from the school property, and out of sight of parents and children. They should make every attempt to not smell of smoke when they return to the classroom.