



Choose Montessori, Choose Education for Life.

PARENT, HEALTH , BLOODBORNE PATHOGEN AND DISASTER PROCEDURE HANDBOOK

Date updated: 1/1/2025

34605 SE Swenson Drive
Snoqualmie, WA-98065
Phone: (425) 396 - 1005

www.MorningStarUS.com

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MORNINGSTAR MONTESSORI SCHOOL - EMERGENCY NUMBERS

(Adopted from Seattle/King County Public Health Child Care Team)

ChildCare Center Name: MORNINGSTAR MONTESSORI SCHOOL

Street: 34605 SE Swenson Drive

City/State/Zip: SNOQUALMIE, WA 98065

Cross Street: SNOQUALMIE PARKWAY AND SE SWENSON

Hours of operation: 7:30 am to 5:30 pm

Ages Served: 15 months to 6 yrs.

Director: MADHURI SUSARLA

Telephone: (425) 396-1005

Email: Director@morningStarUS.com

Emergency telephone numbers:

Fire/Police/Ambulance: 911

C.P.S.: 1-800-609-8764

Poison Center: (800) 222-1222

Animal Control: (206) 296-PETS (7387)

Hospital used for life-threatening emergencies*:

Name of Hospital: Snoqualmie Valley Hospital

Address: 9801 Frontier Ave SE, Snoqualmie, WA 98065

Phone: (425) 831-2300

**For non-threatening emergencies, we will defer to parent preference as listed in the child's registration form.*

Other important telephone numbers:

DEL Health Specialist: Lalaine Diaz

Phone: (206) 760-2027 (lalaine.diaz@del.wa.gov)

DEL Licensors: Carol Artz

Phone: (425) 677-0409

Communicable Disease/Immunization Hotline (Recorded Information): (206) 296-4949

Communicable Disease Report Line: (206) 296-4774

EMERGENCY PHONE NUMBERS

MMS Handbook (includes Disaster plan) - **Date Revised:** 1/1/2025

NEAREST CROSS-STREETS ARE: Snoqualmie Parkway and SE Swenson

POLICE /FIRE/MEDIC	911
SNOQUALMIE VALLEY HOSPITAL/EMERGENCY	(425) 831-2300
POISON CONTROL CENTER	1-800-222-1222

Alternate Site Location: (Near Child Care Center)

SNOQUALMIE POLICE STATION: 34825 SE Douglas St Snoqualmie, WA 98065. Ph: (425) 888-3333

Evacuation Site:

SNOQUALMIE LIBRARY: 7824 Center Blvd SE - Snoqualmie, WA 98065. Ph: (425) 888-1223

Location of Nearest Pay Phone: 206-289-8903, Leisure Time Resorts, 34500 SE 99th St, Snoqualmie - WA - 98065

Snoqualmie Emergency Radio Station: 1650 (AM)

Snoqualmie Emergency Operations Center: 425-888-5911

Regional Radio Station: KIRO 710 (AM)

OTHER NUMBERS HELPFUL IN AN EMERGENCY

ELECTRICITY AND GAS	1-888-225-5773	(PSE -Puget Sound Energy)
WATER DISTRICT:	1(425) 888-1555	City of Snoqualmie
CHILD PROTECTIVE SERVICES (CPS)	1-800-609-8764	
CHILD CARE LICENSOR:	1-425-677-0409	CAROL ARTZ
DEL HEALTH SPECIALIST	1-425-917-7905	LALAINA DIAZ
LOCAL HEALTH DEPARTMENT	1-206-263-8695	Public Health-Seattle and King County
PUBLIC HEALTH NURSE	1-206-296-4920	1-800-244-4512
PUBLIC HEALTH NUTRITIONIST	1-206-263-8262	
PROPERTY MANAGER:	(425) - 753 - 1405	RAVI SUSARLA
CENTER CELL PHONE:	(425) - 753 - 5591	MADHURI SUSARLA
DIRECTOR HOME PHONE:	(425) - 831 -1133	MADHURI SUSARLA
OUT-OF-AREA CONTACT:	1-972-979-6412	SARITHA METTA
TELEPHONE SERVICE	1-877-837-5738	CENTURY LINK
CABLE SERVICE	1-888-266-2278	COMCAST
GARBAGE, RECYCLING AND YARD WASTE SERVICE	1-800-592-9995	WASTE MANAGEMENT
INSURANCE AGENCY	1-425-775-1410	SEA-MOUNTAIN
BUILDING POLICY		

Note: In an emergency, people (particularly parents, visitors, and volunteers) may be asked to call for assistance. Having the address of the center as well as the emergency numbers posted by every phone can save valuable time.

PARENT HANDBOOK

PURPOSE OF PARENT HANDBOOK*

This Parent Handbook contains the policies and procedures of MorningStar Montessori School, herein referred to as “MMS” or “Provider” in outline form. It is meant to serve as a reference guide. It is not meant to cover every aspect of the child care program or every situation, which may arise.

For the purpose of this Handbook, “Parent” means the parent(s) or guardian(s) of the child in care.

As a parent, feel free to contact the school with questions concerning the contents of this Handbook.

Parents are required to acknowledge that they have received a copy of the Parent Handbook before the child's first day of school in writing. Attendance at school implies agreement to comply with and understanding of all school policies in this handbook. It is the responsibility of parents to promptly seek clarification of policy that is not understood.

CHANGES IN HANDBOOK*

The school reserves the right to make changes to the handbook and/or policy at any time. Notification of changes will be made through the newsletters / emails or other written notice.

******This Handbook is the exclusive property of MMS and is intended for the exclusive use of the parents/guardians of enrolled children in our programs. This Handbook may not be copied or distributed to any third party without the written permission from the school.

MISSION STATEMENT*

Our mission is to provide a personalized learning environment that values individual differences and helps each child to achieve their full potential. We work towards fostering independent, confident, academically-prepared and socially responsible citizens, who will be lifelong learners and problem solvers.

PHILOSOPHY AND PROGRAM DESCRIPTION*

The Montessori curriculum is based on the research and findings of Dr. Maria Montessori (1870-1952). Montessori's method is structured around, and promotes, the child's natural, self-initiated impulse to become absorbed in an environment and to learn from it. Based on her observations, Dr. Montessori developed specific materials, techniques and curriculum areas that assist each child in reaching his or her full

potential. The materials introduce concepts that increase in complexity and abstraction as the child progresses through the years. Montessori's philosophy is based on the premise that each person finds identity, meaning and purpose in life through connections to the environment, the community, to the natural world, and to spiritual values such as compassion and peace.

Dr. Maria Montessori believed that the best way for children to learn was by doing. To her, learning was not the passive acceptance of other people's ideas and pre-existing knowledge. Instead, she saw learning as an activity undertaken by the learner—the active pursuit of knowledge through a series of meaningful, interactive experiences: physical, social, emotional, and cognitive. She noticed that the young child's mind is like a sponge, soaking up all aspects of the environment. She called this the “absorbent mind.”

Montessori also discovered that the child's learning is further enhanced through "sensitive periods," in which the child shows an intense interest in a particular skill or aspect of their development. During such a period, children develop an increased desire and ability to learn and develop along the lines of that sensitivity, making the experience easy and enjoyable. Maria Montessori believed that within each child lies a great potential waiting to be released. She considered the work of the child to be that of creating the adult they will one day become. We not only want to provide an atmosphere that nurtures the child's intellect but also one that nurtures their creativity and character.

Montessori education works towards the development of the whole child and to reach their full potential in all areas of life, not solely for intellectual accomplishment. Thus children become positive, confident and responsible individuals, lifelong learners and problem solvers. The fundamental purpose of Maria Montessori's work was to bring about a more peaceful world by nurturing the spirit of the child.

NON-DISCRIMINATION STATEMENT*

We do not discriminate in our enrollment, hiring practices, client services or in the care of children based on race, color, creed, ethnicity, national origin, gender, marital status, veteran's status, sexual orientation, age, socio-economic status, religion, differing physical or mental abilities, use of a trained dog or service animal by a child or family member, communication and learning styles.

ADMISSION REQUIREMENTS AND ENROLLMENT PROCEDURES*

INTRODUCTORY VISIT

We understand that choosing the right school for your child is very important. We invite you to contact us with any questions and to come tour our school. It is recommended that each new family visit the school at least once prior to enrollment. This will be an informal meeting to determine whether the school is a good fit for your child and evaluate your expectations of the school.

You may schedule a visit by filling out the tour form on our website www.morningstarus.com.

AGES

We enroll children from ages **15 months to 3 years** in our Toddler Program and children from ages **2.5 years to 6 years** of age for the Primary Program. To be enrolled, children are required to walk. Children are required to be fully potty-trained to be enrolled in the Primary Program.

DEPOSITS AND FEES

Enrollment opens in January **2025** for the school year **2025-26**.

- There is a \$300.00 Registration & Materials fee. This fee is non-refundable.

CONFIRM PLACEMENT

A child's spot is confirmed only upon complete payment of the First Month fee, Registration & Material fee, and a Half-month tuition deposit (which will apply towards the last month fee, i.e. **June 2026** for the Primary Program and **August 2026** for the Toddler Program).


ADMISSION FORMS

The following forms (found on ChildPilot Parent Portal) are required to be completed prior to your child's attendance:

1. Enrollment packet (Parent-Child Info form, Tuition Agreement form, Parent-School contract, Emergency Consent and Allergy form)
2. ACH form for automatic payments
3. A **parent-signed** Certificate of Immunization Form
4. Tooth brushing form
5. Medication form (In case child needs to take medication at school)
6. Diaper cream form for toddlers
7. Sunscreen form

CERTIFICATE OF IMMUNIZATION STATUS (CIS)*

The following CIS form must be used. It can be found on our ChildPilot Parent Portal. It must be current and updated yearly. If there is a signed exemption to immunizations, the child may need to be excluded from school if there is an outbreak of a vaccine-preventable disease that the child has not been immunized for.



Certificate of Immunization Status (CIS)

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Reviewed by: _____ Date: _____

Signed COE on File? ☐ Yes ☐ No

Child's Last Name: _____		First Name: _____		Middle Initial: _____		Birthdate (MM/DD/YYYY): _____	
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.				Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.			
<input checked="" type="checkbox"/> Parent/Guardian Signature		<input type="checkbox"/> Date		<input checked="" type="checkbox"/> Parent/Guardian Signature Required if Starting in Conditional Status		<input type="checkbox"/> Date	

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
• DTaP (Diphtheria, Tetanus, Pertussis)						
• Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
• DT or Td (Tetanus, Diphtheria)						
• Hepatitis B						
• Hib (<i>Haemophilus influenzae</i> type b)						
• IPV (Polio) (any combination of IPV/OPV)						
• OPV (Polio)						
• MMR (Measles, Mumps, Rubella)						
• PCV/PPSV (Pneumococcal)						
• Varicella (Chickenpox)						
<input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

I certify that the information provided on this form is correct and verifiable.

Health Care Provider or School Official Name: _____ Signature: _____ Date: _____

If verified by school or child care staff the medical immunization records must be attached to this document.

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:

☐ A verified history of varicella (chickenpox) disease.

☐ Laboratory evidence of immunity (titer) to disease(s) marked below.

☐ Diphtheria

☐ Hepatitis A

☐ Hepatitis B

☐ Hib

☐ Measles

☐ Mumps

☐ Rubella

☐ Tetanus

☐ Varicella

☐ Polio (all 3 serotypes must show immunity)

Licensed Health Care Provider Signature _____ Date _____

Printed Name _____

REFUND POLICY

The following fees due at the time of enrollment is non-refundable.

Registration & Material Fee (\$300, non-refundable) and Half month deposit (non-refundable) which will apply towards June 2026 for Preschool and August 2026 for Toddlers.

First Month Tuition is due by May 5th, 2025 and non-refundable after that.

MONTHLY INVOICE/PAYMENT

The monthly tuition is due by the 3rd of each month. An invoice will be sent out on the first of each month via email. The payment is made by the ACH transfer and is debited automatically on the 3rd of each month. The parents will be required to fill out an ACH form authorizing MorningStar Montessori School and provide a void check to set it up. The authorization will remain in effect until the parent cancels it in writing. Parents will also need to notify MorningStar Montessori School in writing of any changes in the account information or termination of this authorization at least 15 days prior to the next billing date.

In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) MorningStar Montessori School may at its discretion attempt to process the charge again within 30 days and an additional \$35 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. A late fee of \$10 per day will be charged for each day.

PAYMENT PLAN

Parents are required to pay for the time their children are scheduled to be in care. In other words, parents are paying for a space whether their child attends school or not.

Payment for care is due in advance by the 3rd of every month. Special payment terms and schedules are negotiable on occasion and will be defined in the contract.

PAYMENT PENALTIES

1. The fee for late payment is \$10 per day. If fees remain unpaid after a period of three days, your child will not be admitted until ALL fees are paid in full.
2. The penalty for NSF checks is \$30 plus any bank costs incurred by us. Cash payment is required for returned checks. You may be put on a cash basis after the second NSF check.
3. For late pick-ups, there is a late fee of \$15 per hour for preschool and \$17 per hour for toddlers for the first 3 times and \$20 per hour and \$22 per hour after that.
4. If a child is in care for more than 10 hrs a day the late pick-up fee would be \$10 for the first five minutes and \$10 for every five minutes after that. The payment is to be made at pick-up by cash or check.
5. For after hours (after 5:30 PM) and early release days (pick-ups at 2:45 pm to 2:55 pm) there is a late fee of \$17 for the first five minutes and \$17 for every five minutes after that.
6. An early-drop off fee of \$1 per minute will be charged for drop off before 7:30 am.

PLEASE NOTE: Our programs close at 5:30 PM. Please plan to arrive with enough time to gather your child's belongings, talk with your child's teacher and exit the building by 5:30 PM.

TUITION RATES*

Tuition for the 2025-26 school year is as follows:

PRIMARY MONTHLY FEE SCHEDULE		TODDLER MONTHLY FEE SCHEDULE	
Schedule	5 days a week	Schedule	5 days a week
7:30 am to 5:30 pm	\$2,250	7:30 am to 5:30 pm	\$2,350
7:30 am to 2:55 pm	\$1,900	7:30 am to 2:55 pm	\$2,160
8:45 am to 2:55 pm	\$1,780	8:45 am to 2:55 pm	\$1,950

***Your contract will specify your child's days and hours of care.*

At the time of enrollment, the following fees will be due

- Registration & Material Fee: \$300 (non-refundable) and a half-month deposit (non-refundable), which will apply towards June 2026 for preschool and August 2026 for Toddlers.

The first month's tuition (non-refundable) is due by May 31st, 2025 for the 2025-26 school year enrollment.

PROGRAMS/SCHEDULES*

DEFINITIONS – PART TIME, FULL TIME, DAWN TO DUSK, DROP IN

Program Schedules:

5 days/week

- Full Time classes are from 8:45 am – 2:55 pm.
- Extended Full Time classes are from 7:30 am to 2:55 pm
- Dawn To Dusk classes are from 7:30 am – 5:30 pm (max 10 hours)

Drop In: Our Drop in program provides additional care on an unscheduled basis for the toddler and the primary children. It is contingent upon availability of space. Please check with the school in advance to confirm availability. A drop in rate of \$15 (Primary) and \$17 (Toddler) will be charged for each hour and payment needs to be made during drop-off either in cash or check. Children can be dropped in from 7:30 am to 8:55 am or picked up from 2:45 pm to 5:30 pm.

CHANGED POLICIES

MorningStar Montessori charges an annual tuition for the school year.

Primary Program tuition is calculated based on the school year, September through June.

The Toddler Program tuition is calculated on a twelve (12) month basis, September through August.

All Holidays and scheduled school breaks have been taken into account. The annual tuition is evenly divided over the months to make the payments easier. Vacations, family emergencies, school closure, holidays, student illness, school closure days due to weather or power outages will not be made up. Parent/ Guardian will be provided with a current school year fee schedule and Calendar at the time of enrollment. Please note the following changed policies:

Early Withdrawal	<p>If you withdraw your child before June 1st of 2026 (Primary Class) and August 16th of 2026 (Toddler Class)</p> <ul style="list-style-type: none"> • A 30-day written notice is required • Last month's tuition deposit will not be refunded.
Re-enrollment	<p>If your child is withdrawn and then re-enrolled during the same school year, a \$150.00 re-registration fee will be required to cover administrative costs.</p>
Schedule Changes	<p>Consider your schedule carefully. Once you have registered, changes to the schedule require the following:</p> <p>Increased Schedule For increased schedule, no fees will be applied. The difference in the last ½ month tuition deposit will have to be paid.</p> <p>Reduced Schedule A \$150 change of schedule fee will be applied if the schedule is reduced. Your prepaid last ½ month tuition deposit will not be reduced to reflect the schedule reduction.</p>
Late Enrollment	<p>Enrollment may be possible after the start of the school year if a placement becomes available. The same change, notice, and refund policies apply.</p>
Vacation/Absences	<p>Morning Star Montessori does not prorate or give credits for any</p>

	<p>breaks or vacations during the school year.</p> <p>A written letter of extended absence is required for any absences of a month or longer. This needs to be submitted to the office, prior to the absence.</p> <p>In order to guarantee a space in your child's classroom upon your return, all tuition must be paid with pre-dated checks before your departure.</p> <p>If you choose not to pay to hold your child's placement, it would mean that you are withdrawing your child from the program and a 30-day written notice is required.</p>
Pre-registration	<p>Your spot for the coming school year, September 2025 – June/August 2026, is not automatically reserved. Each January we ask parents to confirm their intentions for the next school year through submitting the enrollment packet and a payment of \$200 pre-registration fee. Spot and schedule will be offered on a first come first serve basis.</p>

WITHDRAWAL / TERMINATION OF AGREEMENT*

Either Parent or Provider may terminate the childcare agreement upon 30-day written notice to the other party.

Parents can withdraw their child by filling out the school withdrawal form and submitting it to the office. Tuition payment for the 30 days following the date of notice is required.

Provider reserves the right to terminate this agreement immediately, without 30 day notice to Parent:

- If the child's continued participation in the program creates a threat to the child, other children, the provider or the provider's staff.
- Parent engages in inappropriate parent conduct as defined in this handbook
- Continual late payments
- Continual late pick-ups
- Not respecting child care settings and policies and property. (children and/or parents).

VACATIONS, HOLIDAYS AND ABSENCES*

Morning Star Montessori will follow the MMS school calendar for holidays. A copy is available on our website.

During the mid-winter and spring breaks childcare will be available by pre-registration for preschoolers. It's a regular school for toddlers.

Please fill the absent note in ChildPilot (App) if your child will be absent from school.

Notify school if your child will be dropped-off late or have an early pick-up. You may call or email us (Director@MorningStarUs.com, Office@MorningstarUS.com). Please CC the lead teacher as well.

Upon enrollment, please let us know if you plan to remove your child from school for any length of time (e.g., long vacation or when you are on maternity leave with another child, etc.).

There will be no reduction, discount or credit for snow days, teacher conference days, holiday breaks, acts of nature or absences and/or vacations.

ATTENDANCE

It is expected that children will arrive to class regularly and on time. Please notify us if you or your child will be away for any extended period via the Child-pilot App. Also, we appreciate knowing of any changes in your child's life, such as parent traveling, new sibling arrival etc. Tuition refunds will not be made in case of absences due to illness or vacations.

LATE ARRIVAL / TARDY

Your child must arrive by 8:55 AM each day, unless prearranged with school administration. Doctor's appointments and other emergencies are exceptions to this policy. Children arriving late will disturb the flow of class and frequently miss group lessons. It makes taking attendance more difficult. Please email /call the school if your child will be tardy or picked up early by filling out the Tardy-early pick-up form, available on our parent website.

BEHAVIOR MANAGEMENT AND DISCIPLINE*

CHILD DISCIPLINE*

Discipline means "guidance" not punishment. Our aim is to help children grow into responsible, self-directed people who are respectful of themselves and others. We encourage the development of self-control, self-esteem, self-direction and co-operation. A system of clear ground rules with reasonable and logical consequences for inappropriate behavior is based on respect for the child.

If unacceptable behavior becomes apparent, staff will redirect the child as a means of controlling behavior. If this is not successful, a child over the age of three will be temporarily removed from the group and allowed time to regain composure and evaluate expected behavior. If behavior becomes aggressive toward other students or staff, or becomes consistent, the parent will be notified and a conference with parents, teacher and admin will be scheduled.

Staff will assist the children by modeling expected behaviors and praising positive attitudes. MMS prohibits abuse or neglect of any form and only uses positive techniques such as redirection.

All MMS staff is prohibited from using the following as a means of discipline/punishment:

- Hitting, spanking, shaking, biting, pinching, or inflicting other forms of corporal punishment.
- Restricting a child's movements by binding or tying him or her.
- Inflicting mental or emotional punishment, such as humiliating, shaming, or threatening a child.
- Depriving a child of meals, snacks, rest, or necessary toilet use.
- Confining a child in an enclosed area, such as a closet, locked room, box, or similar cubicle.
- Time out

Non-severe and developmentally appropriate discipline or restraint may be used when reasonably necessary, to prevent a child from harming him or herself or to prevent a child from harming other people or property.

CHILD BEHAVIOR*

We have a strict policy for children to follow which includes no hitting, kicking, biting, scratching, fighting and bullying. Appropriate language must be used at all times. No fighting /shooting/toy guns or violent games are allowed at school at any time. Parents are encouraged to adopt the same at home as to not give the children mixed messages and confuse them.

We have adopted a zero tolerance for bullying. There are three main types of bullying:

- Physical: hitting, kicking, taking belongings
- Verbal: name-calling, insulting, racist remarks
- Indirect/emotional: spreading nasty stories, excluding from groups, making a joke about someone and saying "I was just kidding"

Appropriate behavior is expected of every child at all times in the school. A child may not mistreat or engage in a behavior that might hurt any other child, teacher or school materials. Our goal is to provide a safe environment for the children who attend the school.

- 1st Occurrence: Students will be sent home and a conference will be scheduled with the student, parents, and admin.
- 2nd Occurrence: one day at home suspension
- 3rd Occurrence: three days at home suspension
- 4th Occurrence: permanent expulsion from MorningStar Montessori School

BUSINESS PRACTICES

SIGN-IN AND SIGN-OUT PROCEDURES*

Our Before School program starts at 7:30 am in the morning. A child is taken into care only at 7:30 am even if the child arrives before that time. The parent/guardian will stay

with the child until our staff starts work at 7:30 am.

Arrival and pick-up instructions:

- Each parent will be given a unique code to provide access to the school building using the keypad at the entrance.
- When arriving, the parent, guardian or authorized person must sign-in and sign-out the child using the Child-Pilot App. For families with multiple enrolled children, please be sure that you are signing in/out only the children you are picking up and/or dropping off.
- It is the parent's responsibility to ensure that the child is clocked-in and clocked out every day. A \$5 fee will be charged for each missing clock-in and clock-out. A \$10 fee will be charged for each missing clock-in and clock-out after the first three reminders.
- The sign-in and sign-out is mandatory and required by law. Let the office know if you are not able to do that and we will enter it manually so that we have it in our records. NO more than one per month.
- Please identify on the enrollment form the people who are authorized to pick up your child. The school will not release your child to any person without your written permission. The person picking up your child must have an identification, as we will ask for verification of identity before releasing a child.
- Anyone who appears to be under the influence of drugs or alcohol arriving at school to pick up a child will be asked to call someone else to pick up that child. If a person leaves with a child while they appear to be under the influence, we will call 911 even though the child will need to be released to the parent/guardian.

PARENT-TO-PARENT COMMUNICATIONS

Parents can communicate with other parents to send birthday invitations, arrange carpools, etc. We can provide contact if we have the other parents permission. The conversations are meant to be positive and respectful at any point of time. This contact information is to be shared only with the families of other enrolled students at school. Please respect parents' right to privacy. In the case of any disputes, please contact the school immediately.

PHOTOGRAPHY

MorningStar Montessori will be taking photographs of children during normal school day hours, field trips and activities. These photographs may be used in promoting services, either in print or on the internet, including but not limited to MMS's Facebook page, website (morningstarus.com), etc. MMS will not use the names of any child associated with their picture. No remuneration will be made to the parent/guardian by the school for the child's participation. The photographs will not be passed on or sold to a third party and will be exclusively used only by MMS.

The pictures will be posted on Child-pilot each week for all parents. We will however take

explicit permission from parents to post pictures on our website and social media.

SAFETY

The safety of the children is the first priority at our school. All entrances to the school are locked. To pick up a child please use the main entrance.

During arrival and dismissal times, for the safety of our students and staff, please keep cell phones off while in the driveway.

During dismissal times, we ask that the adult picking up the child buckle the child in his/her car seat. If this involves the driver, please turn off the car and set the parking brake. This will provide a safer and more efficient dismissal process. Because our driveway can get very busy, anyone needing a little extra time securing their child in the car seat is asked to pull forward into one of the parking spots. We will be happy to walk your child to your car. Please deter from discussing issues with teachers so that we can have an efficient drop-off/pick-up time.

CHILD RELEASE POLICY

As a condition of providing childcare services, parents must supply the names of at least three individuals to whom MMS may release the child to other than parent/guardian. Your child will be released ONLY to the individuals on the form. It is important that this list is up to date. Please inform us if there are any changes. Provider will not release the child to any individual whose name is not on the list.

Before Provider releases the child, if the individual is unknown to Provider or any one of the MMS staff, the staff will require that the individual show positive identification in the form of a valid Washington State Driver's License or other state issued identification. Other forms of identification, such as work identification, are not acceptable. Individuals must be 18 years of age or older for pick-up.

Should a parent wish to have a one-time special exception to allow an individual not listed on the card to pick the child up, Parent must leave a signed, dated, written note with MMS the morning of the release. Parents are not allowed to change any release instructions orally or over the phone.

Provider assumes no responsibility for any injury or harm to the child who has been released to persons on the child release card or identified in the written exception request process. Provider and Provider's staff respect the family's privacy. However, where other questionable child release situations occur, the provider has a duty to maintain its role as the child's advocate.

With respect to child custody disputes, until custody has been established by a court order, neither parent may limit the other parent from picking up the child, and the provider will release the child to a known identifiable parent.

An alternative care program should be sought if the Provider's child release protocol places a child at risk.

INFORMATION RELEASE*

Our center does not distribute name/address/telephone lists of enrolled children to anyone, without signed written permission, including parents of other children enrolled at the center. Under NO circumstances will enrollment information be given to outside solicitors.

CONFIDENTIAL INFORMATION*

Each child has a right to confidentiality. All information pertaining to the children in the program, including all reports, records, and data are confidential and used for internal purposes only. Information pertaining to children enrolled in the program will not be released to third parties without the written permission of parents, unless required by statute, court order or licensing mandate.

PERMISSION FOR FREE ACCESS*

You have the right to access your child's records and the areas licensed by the state for school use. You are welcome to visit or drop-in unannounced to observe your child. Please schedule time in advance if you would like to have a meeting with the teacher, so that arrangements can be made to speak away from the children.

CHILD ABUSE REPORTING*

We are required by mandatory reporting laws to report any suspected child abuse, neglect, or exploitation to Child Protective Services (CPS) or our local law enforcement agency immediately (without prior notification to the parents involved). We will also inform our licensor.

PARENT CONDUCT

Parents must be aware that adults serve as role models for children. Additionally, Provider is responsible for protecting the children in Provider's care, and for providing a safe workplace for staff members. Therefore, it is critical that, while on program property, the parent conducts himself or herself in a professional and rational manner at all times. Provider reserves the right to immediately terminate the childcare agreement if the Parent behaves inappropriately.

The following actions are grounds for immediate dismissal (please note, however, that this is not an exhaustive list of inappropriate behaviors):

- Acts of violence, including assault and battery
- Harassment of or threats against the staff, other parents or children;
- Possession of illegal substances or firearms
 - We require that parents who work in law enforcement not bring in any weapons inside the building.
- Verbal or physical abuse of any child
- Profanity

- Indecent exposure

CLIENT-EMPLOYEE RELATIONSHIP

Relationships between the school staff and clients (children and families) are carefully cultivated and professionally-oriented. Social relationships with clients are strongly discouraged. In order to protect employment and avoid conflict of interest—hiring and socializing outside of the school’s premises with MorningStar Montessori Staff is prohibited (e.g. babysitting). Employees who violate this rule are subject to disciplinary action and/or termination.

SOCIAL MEDIA POLICY

Parents are requested not to befriend teachers and MorningStar Montessori school on any social media platforms. This is to maintain a professional relationship between staff and parents.

INSURANCE COVERAGE

- Professional liability insurance: \$1,000,000
- Accidental/medical insurance: \$500,000

SMOKING*

Smoking is not permitted in and around school premises at any time.

RECEIPTS AND TAXES

We provide a yearly Tuition payment receipt for tax purposes. Please let the office know if you need it in a monthly or in a different format.

ITEMS BROUGHT FROM HOME

Students are not allowed to bring Ipods, radios, tape recorders, valuable items, and things that don’t fit in their backpack.

HOURS OF OPERATION AND DAILY ACTIVITY SCHEDULE*

HOURS AND DAYS OF OPERATION*

School is open from 7:30 am to 5:30 pm, Monday through Friday, except holidays and teacher in-service days. Parents are welcome to visit their children at any time during the day.

SCHOOL CALENDAR*

MorningStar Montessori School, 2024-2025 Calendar

M T W Th F

Important Dates

M T W Th F

September 2024				
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

November 2024				
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

January 2025				
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

March 2025				
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

May 2025				
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

July 2025				
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

September, 2024	
2	Labor Day
3	First Day of School
October, 2024	
25	Early Release at 2:45 PM
November, 2024	
11	Veterans Day
28 - 29	Thanksgiving
December, 2024	
Dec 23- Jan 3	Winter Break
January, 2025	
6	Class Resumes
20	Martin Luther King Day
February, 2025	
7	Early Release at 2:45 PM
17	President's Day
17 - 21	Mid-Winter Break (Pre-registration for preschool required)
March, 2025	
21	Early Release at 2:45 PM
April, 2025	
14 - 18	Spring Break (Pre-registration for preschool required)
May, 2025	
9	Early Release at 2:45 PM
26	Memorial Day
June, 2025	
19	Juneteenth
30	Last Day of School (Preschool)
July 2025 - August 2025	
July 1 - Aug 31	Summer Break (Regular school for Toddlers)
4	Fourth of July
Aug 25 - 27	In-Service Staff Preparation Days

October 2024				
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

December 2024				
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

February 2025				
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

April 2025				
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

June 2025				
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

August 2025				
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

	School Closed	All school Early release at 2:45 pm (Staff training)
	Pre-registered childcare (included in tuition) for preschool (Regular school for toddlers)	
	Weekly summer camps for preschool (optional) (regular school for toddlers)	Childcare Days (for Preschool)
	Parent-Teacher Conferences (Regular school for all)	**Dates of events may change if needed
**For <u>weather related</u> closures (snow, flooding, storms etc)and late starts please sign up to receive updates from the school district at www.flashalert.net . If the Snoqualmie School District has a closure late start, we will open at 9:30 am. You may		
**Attendance is mandatory for all employees on staff training days (Nov. 1st, Feb. 7, Mar. 21, May 9, Aug. 25, Aug. 26 & Aug. 27)		
***MMS reserves the right to deviate from the school district closures when deemed necessary.		

MorningStar Montessori School, 2025–2026 Calendar

M T W Th F

Important Dates

M T W Th F

September 2025				
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

November 2025				
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

January 2026				
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

March 2026				
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

May 2026				
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

July 2026				
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

September 2025	
1	Labor Day
2	First Day of School
October 2025	
17	Early Release at 2:45 PM
November 2025	
11	Veterans Day
27 – 28	Thanksgiving
December 2025	
Dec 22 – Jan 2	Winter Break
January 2026	
5	Class Resumes
19	Martin Luther King Day
30	Early Release at 2:45 PM
February 2026	
16	President's Day
16 – 20	Mid-Winter Break (Pre-registration for preschool required)
March 2026	
13	Early Release at 2:45 PM
April 2026	
13 – 17	Spring Break (Pre-registration for preschool required)
24	Early Release at 2:45 PM
May 2026	
25	Memorial Day
June 2026	
11	Last Day of School (Preschool)
19	Juneteenth
July 2026 – August 2026	
July 1 – Aug 31	Summer Break (Regular school for Toddlers)
July 3	Fourth of July Observed
Aug 24 – 26	In-Service Staff Preparation Days

October 2025				
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

December 2025				
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

February 2026				
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27

April 2026				
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

June 2026				
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

August 2026				
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

	School Closed		All-School Early Release at 2:45 pm (Staff training)
	Pre-registered childcare (included in tuition) for preschool (Regular school for toddlers)		
	Weekly summer camps for preschool (optional) (regular school for toddlers)		Childcare Days (for Preschool)
**Dates of events may change if needed			
**For <u>weather related</u> closures (snow, flooding, storms etc) and late starts please sign up to receive updates from the Snoqualmie school district at www.flashalert.net . If the Snoqualmie School District has a closure or late start, we will open at 9:30 am.			
**Attendance is mandatory for all employees on staff training days (Oct. 24, Feb. 6, Mar. 20, May 8, Aug. 24, Aug. 25 & Aug. 26)			
***MMS reserves the right to deviate from the school district closures when deemed necessary.			

HOLIDAYS*

We follow the schedule of Snoqualmie Valley School District – the dates may be changed according to the Snoqualmie Valley School District.

School is closed for the following holidays:

Holidays
Labor Day
Veterans day
Thanksgiving
Winter break
Martin Luther King Jr. Day
President's day
Mid winter break
Spring break
Memorial day
Juneteenth
Independence Day
Staff In service Days

*Weekly summer camps are offered from July 1st – August 31st for primary children. Toddlers have regular school in summer.

**Pre-registered childcare available for primary children. Toddlers have regular school.

*Refer to the calendar for dates

MID-WINTER BREAK AND SPRING BREAK*

Pre-registered childcare is available for the Mid-Winter Break and Spring Break for primary children. Regular school for toddlers.

DAILY SCHEDULE

7:30 am - 8:45 am Free play, individual and group games

8:45 am - 8:55 am Arrivals

9:00 am - 11:30 am Class (work time, circle time and recess)

11:45 am - 12:15 pm Lunch

12:15 pm - 2:45 pm Class (work time, circle time and recess)

3:00 pm - 5:30 pm Free play, circle, snacks, perceptual motor activities, games etc.

TELEVISION, VIDEO AND COMPUTER USE

Television/video/computer will be used only for viewing educational programs related to curriculum and for physical education time and will be used for a very limited time.

TRANSPORTATION AND FIELD TRIPS*

Parents are responsible for transportation to and from the school. The school provides no transportation. No field trips have been planned for this year.

MEALS AND SNACKS

MorningStar Montessori has a “no peanuts and nuts” policy to help children with severe nut allergies. No products that contain peanuts, nuts of any kind or any nut by-products will be served to children at the school. Any products or items that contain the label “may contain traces of nuts” are not to be brought into the school. Please check all labels of any foods or snacks you send in with your child.

LUNCH

Parents are responsible for packing a healthy lunch for their child every day.

Please include the following in the lunch box/bag:

- Two paper/cloth napkins (One to be used as a placemat and the other one for their lap)
- Spoon/fork for yogurt or other food items, if needed.
- A water bottle
- We will be able to warm the food in a microwave upon request by parents, if the food is provided in a microwavable container.
 - According to the Department of Public Health, the food has to be heated to 165 degrees, stirred and then served after letting it sit for 2 minutes. This can be time consuming. Thermos flasks have been working really well with the children’s lunches and it would be a good way to keep the food warm and fresh.
- We are not equipped to handle can-opening, food preparation, measuring out amounts or cooking from scratch. We will not accept cans or packages of soup or individual cans of food, or frozen or prepackaged meals that require preparation.
- Lunch should be “child ready”. (Easy open containers, partially peeled bananas or oranges etc.). **Children eat from their containers and we ask that parents do not send plates or separate containers for transferring food.**
- We request that no candy, soda pop, or other high sugar foods (cookies, chocolates) be sent for lunch.
- Any items with nuts, sweetened drinks, candies and cookies from ready-made lunchables must be removed as well.

A \$5 charge per month will be made if parents do not provide napkins regularly.

SNACKS

Snacks will be provided by the school. They will be made available for all children to eat. Some examples of snacks are: bagels, cheese, crackers, bread, fruits, vegetables, raisins, cheerios, etc. Please refer to the monthly snack calendar for the snack of the day.

Toddler class snack schedule

9:30 am: Morning Snack

11:40 am to 12:10 pm: Lunch

2:30 pm: Afternoon Snack (milk)

3:30 pm: Late Afternoon Snack

Primary class snack schedule

8:30 am to 9:30 am: Morning Snack

11:45 am to 12:15 pm: Lunch

3:15 pm: Late Afternoon Snack

POLICIES FOR FOOD BROUGHT FROM HOME*

Parents are responsible for healthy lunches from home. Please communicate with the school so that a plan can be made to accommodate the needs in case of an allergy. We will make every effort to make your child sit at a separate table for lunch if your child has a significant food allergy.

FOOD ALLERGIES

It is the parent's responsibility to notify the school of any allergies or adverse reactions your child may have with certain foods or beverages. Please do fill out the separate allergy form with the details. If your child has food allergies, you are required to provide appropriate snacks for your child.

BIRTHDAY CELEBRATIONS

It is an important part of the human spirit to share joyful moments with one another. The Montessori birthday celebration is a lovely experience for all of the children, as well as for the birthday child's parents. Please call in advance and fill out the Celebration of Life form (available on ChildPilot) to schedule the time for the birthday circle.

Keeping the children with allergies in mind, parents are invited to bring any **ONE** of the following snacks to share.

1. Fruit leather
2. Pure Organic Layered Fruit bar
3. Annie's Organic Bunny Fruit Snacks (Gluten Free, Vegan)

***Please do not bring cupcakes, ice cream/frozen treats, donuts or cakes.**

Also, we request that no items that contain nuts, chocolate, peanut butter or peanut oil,

or with a disclaimer that states products produced in a plant that makes other nut products be brought to school as some children have allergies. The Health Department requires only store-bought foods in the original unopened container. We request that no goodie/birthday party bags be sent.

Please contact the school if you need email addresses to send invitations and Thank you notes. Please be considerate and do not send invitations and Thank you cards to school for distribution so children who are not invited don't feel left-out.

TOOTH BRUSHING

In accordance with DCYF, children are taught about oral health, (CFOC 3.1.5.3). DCYF requires the following: "At least once per day, an early learning provider must offer children an opportunity for developmentally appropriate tooth brushing activities."

Toothbrushing will be done in a safe, sanitary, and educational manner. (WAC 110-300-0180-2) It will be supervised to ensure: (CFOC 3.1.5.2)

- the establishment of a routine which enhances learning and proper tooth brushing technique
- that toothbrushes are not shared and that they are handled properly
- that excess toothpaste is spit out

The toothbrushing program is optional at school.

TOOTHBRUSHING GUIDELINES

- Toothbrushes are provided by parents and will need to be one disposable pre-pasted toothbrush, napkin to wipe face, and one 3-4 oz. cup in a labeled bag each day. Parents can find some options/examples of where to buy these items on the MMS Toothbrushing Page.
- We require that all pre-pasted brushes are **without** fluoride as it is considered a medication.
- No toothbrushing materials will stay at school.
- If a child is without these materials for the day, they will miss the toothbrushing activity. If parents are not consistent in sending all the necessary items regularly, their child will be withdrawn from the program.
- While children who are enrolled in this program will be getting time to brush their teeth, they still need to be brushing their teeth twice a day, at home.

TOOTHBRUSHING AT THE TABLE

- Children will brush their teeth using the table method. This method is as follows:
- 1. To prepare for toothbrushing, the table area is washed, rinsed, and sanitized, except when tooth brushing immediately follows a meal or a snack where the 3-step process was completed prior to the meal/snack.

- 2. Each child will grab their pre-pasted toothbrush and cup from their bag.
- 3. A pitcher of water is obtained from a food preparation sink for rinsing toothbrushes.
- 4. Staff will guide the children to brush in a pattern and move from area to area (left-to-right, inside and outside, top-to-bottom) around the mouth. We will finish with the top of the teeth.
- 5. After two minutes of brushing their teeth, the child will then spit the excess toothpaste into the empty paper cup and wipe their mouth with a paper towel/napkin.
- 6. Both toothbrushes and cups will then be discarded one by one.
- 7. After all the children have brushed, children will be instructed to wash their hands and the table area will be washed, rinsed, and sanitized.

CARE OF YOUNG CHILDREN

SEPARATION*

Morning Star Montessori will make every effort to make transitions easy for the child and the parents. We request the parents to keep the dropping process short and sweet to make it easy on the child.

DIAPERING PROCEDURE (TODDLER CLASS)*

We will follow the stand-up diaper changing procedure. The steps are posted in the diaper changing area. The caregiver shall check diapers every 2 hours and change when soiled or wet. We request that flushable wipes be sent if your child is being potty trained.

- Parents must provide disposable diapers and wipes for their children. Please put your child's name on diapers and the box of wipes.
- If the child runs out of diapers a note will be sent home as a reminder. If diapers are not provided there will be a fee of \$5 per day until diapers are brought to school.
- Clothes that are soiled with body fluids will be placed in a plastic bag to be sent home. If your child is out of clothes, they may borrow school clothes and a \$5 payment will be due for the same. Please note sizes and colors vary and we do not loan out underwear.
- If a child's health condition necessitates that disposable diapers cannot be used, then an alternative arrangement may be made according to the parent's or a licensed physician's instructions.
- Diapering shall be done in a designated diapering area.
- All supplies and equipment shall be maintained in a safe and sanitary manner.
- The caregiver shall thoroughly wash his or her hands after each diapering and after cleaning up bodily fluids, using soap and running water.

The caregiver will follow all guidelines for stand-up diapering. A washcloth or towel, or both, used in diapering shall not be used subsequently on another part of the body or for

any other purpose until laundered.

TOILET TRAINING (TODDLER CLASS)*

Toilet training shall be planned cooperatively between the child's primary caregiver and the parent so that the toilet routine established is consistent between the center and the child's home, and at a minimum, shall include washing hands after toilet use.

The toddler lead teacher will get in touch and a potty training contract will be signed with the parent so the school staff and parents may work together as a team to help the child succeed.

We understand that toilet training is a big step for your toddler and a huge achievement for him/her and we look forward to assisting you with this process.

NAPS AND REST PERIODS

The toddlers take naps in their own classroom. Parents are required to buy a nap blanket from the school.

There is no scheduled naptime for Primary children. They can sit or lie down on a mat and rest in class if they are tired. If they need regular naps then they will join the toddlers in the toddler class for a nap.

The nap blankets will be sent home every Friday for washing and should be returned promptly on Monday.

CLOTHING

DRESS CODE

MorningStar Montessori has established guidelines for proper school attire with the aim of making your child's school experience as pleasant, positive, and successful as possible.

CLOTHING

- The Washington State Regulations require the children to go outside and play in all kinds of weather, which means that even in rain, children need to go outside and play. Dress them so they may be able to run, climb, and play without restrictions. Please save expensive clothing or clothing that inhibits free movement for non-school occasions.
- Children also participate in art and other movement activities in school. While we do encourage children to wear aprons when working with paint, clay, etc., it is not advisable to send children to school wearing clothing that should not get dirty.
- Choose comfortable clothing that allows your child to use the bathroom freely. Loose fitting, elastic waist pants or shorts, or dresses are best for children who are still having 'accidents'. Young children have a hard time with pants with buttons
- Please evaluate whether the image on your child's shirt / backpack / jacket is

aggressive or violent in nature and appropriate for school with little children. Super heroes/action heroes, monster images, skulls, big scary shark mouths, flaming monster trucks, blood and gore and the like can all feel intimidating to some children.

- We encourage parents to not send children in clothes that have big/distracting images or writing

COSTUMES

- No costumes or 'costume-like' attire is permitted at school.
- This includes masks, ballet leotards, capes, princess crowns, feather boas, fluffy tulle skirts, camouflage outfits, pirate-wear, etc.
- Children will have an opportunity to dress in their favorite costumes and show off to their friends during Halloween celebration at school.

HATS

Hats are permitted while playing or working on the playground. All children will be asked to remove their hats upon entering the building.

SUNGLASSES & UMBRELLAS

We have a covered playground. Children do not need sunglasses and umbrellas during recess. Please do not send them to school. Umbrellas can be a safety hazard with the little ones.

JEWELRY

- A simple chain, for example, with a small locket or basic charm on it is generally not a problem. But large plastic or wooden beaded bracelets and necklaces are distracting to the child and are unsafe on the playground. Rings are often lost and can cause the child great distress when the loss is discovered.
- Watches and other jewelry that are electronic (make noise!) are not allowed.
- If your child wears inappropriate jewelry to school, he/she will be asked to keep it in the backpack
- A good rule of thumb is: simple, basic, minimal basic jewelry is acceptable, distracting, complicated "kiddie jewelry" is not.

OUTERWEAR

Outside jackets may not have hoods that zip up as masks. Please don't send any scarfs since they can be a choking hazard if pulled in the wrong direction when playing outside. Please take the time to put an identifying mark on the inside tag or collar of all your child's clothes, jackets, coats, sweaters, etc. Family name, child's name or initials- anything to help us match the garment to the child. Obviously, this helps us to return lost things. But more importantly, it helps us immensely on the many occasions when we need to help a child be responsible for his own things.

EXTRA CLOTHES

Please send the following items in your child's backpack everyday: 1 pair of pants, 1 shirt, 2 underwear, 2-4 socks).

- In the absence of extra clothes in the child's backpack he/she will be offered school clothes from the school. A \$5 school clothes use fee will be charged.
- The washed extra clothes will need to be returned within 2 days. An extra charge of \$20 will be made for clothes that are not returned to school in time.
- We do not loan out underwear. A new underwear will be provided if need be and a charge of \$5 will be made for each new underwear. The underwear need not be returned to the school.

SHOES

Please send an extra pair of shoes to keep at school (crocs or native brand) for the children to wear indoors. We also ask that you send them in "outside shoes" that are easy for them to put on and take off (shoes with Velcro work best). No shoe laces unless the child can tie them independently. The children go outdoors every day except in extreme cold, rain or wind. Athletic type shoes with rubber soles offer the best protection. For your own child's safety all shoes need to cover the toes at all times. This prevents any unforeseen accidental injuries from falling or running while playing with friends.

Not permitted:

- Shoes that light up or flash when you pound them on the floor!
- Any shoe that is loud, makes sounds, is unsafe/unstable, or that is distracting to the child;
- Flip-flops, sandals, plastic shoes or shoes with hard soles, cowboy boots, slip-on shoes, slick bottomed shoes (e.g. party shoes, Mary-Janes, high heels, platform shoes, etc.)
- Open-toed, backless sandals and shoes that make sounds.
- "Heelys" are not allowed on campus for safety reasons.

PERSONAL ITEMS

All other personal items must go home daily (i.e. jackets, boots, lunch bags, backpacks, water bottles etc.)

LABELS

Labels are needed! Duplicates are inevitable. Much confusion can be avoided if children's lunchboxes, shoes, and clothing are labeled with their names. Sharpies or washable stickers also work great!

HEALTH CARE PRACTICES*

Our Health care policies are all outlined in detail in our Health Policy Handbook and

Blood borne Pathogens handbook. A soft copy will be e-mailed to you and hard copy is available at our front office and in the classrooms for review.

MEDICATION POLICY

Medication is accepted only in its original container, labeled with the child's full name.

Medication is not accepted if it is expired. Medications must be valid for an entire school year from **Sept. 2025 to Aug. 2026.**

Medication is given only with prior written consent of a child's parent/guardian. 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)
- Any special instructions

Parents will need to fill out the Medication Authorization Form outlining the dosage and other details for the school to be able to administer it at school.

PARENT/GUARDIAN CONSENT

1. A parent/guardian may provide the sole consent for a medication, (without the consent of a healthcare 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:

- o Antihistamine
- o Non-aspirin fever reducer/pain reliever
- o Non-narcotic cough suppressant
- o Decongestant
- o Ointment or lotion intended specifically to relieve itching or dry skin
- o Diaper ointment or non-talc powder intended for use in diaper area
- o Sunscreen for children over 6 months of age;
- o Hand sanitizers for children over 12 months of age and

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.

3. Written consent for sunscreen is valid for up to 12 months.

4. Written consent for diaper ointment is valid for up to 12 months.

Please note: As with all medications, label directions must be followed. Most diaper ointment labels indicate that a healthcare provider should evaluate rashes that are not resolved or reoccur within 5-7 days.

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, oral rehydration solutions, fluoride, herbal remedies, and teething gels and tablets).

2. Medication is added to a child’s food or liquid only with the written consent of the health care provider.

3. A licensed health care provider’s consent is accepted in one of 3 ways:

- o 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
- o The provider signs a note or prescription that includes the information required on the pharmacist’s label; or
- o The provider signs a completed Medication Authorization Form (available at school)

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

CLEANING AND DISINFECTING*

Toys and other materials are washed and disinfected frequently, tables are cleaned before and after lunch and after school.

HAND WASHING PRACTICES

We (children and adults) will be washing our hands before and after preparing food, after playing outdoors, after using the toilet, and whenever in contact with body fluids.

INJURY PREVENTION

We will check daily to make certain that both the indoor and outdoor play areas are safe for children and families – free from broken glass, toys and equipment are safe, and the

area is free from hazards. All medications, cleaning products and chemicals will be inaccessible to the children.

EMERGENCY CLOSURES AND DISASTER PLAN*

NATURAL DISASTERS

In the event of a natural disaster and if the phone lines are down, directions will be placed on the front door of the school.

POWER OUTAGE

In case we have a power outage for more than an hour, where we don't have room temperature above 68 degrees and warm water for washing hands we'll have to close the school. We will send an alert email and call parents accordingly.

Please be sure that we have your updated phone numbers and email addresses so that we can reach you within 5 minutes, and that your child can be picked up within 30 minutes. If you cannot pick them up in 30 minutes then they will have to be picked up by pick-up/emergency contacts so that our staff may also reach home safely.

FIRE

In case of fire, all classroom staff will assist children in evacuation of the building via the established route practiced during monthly drills.

FLOOD

During flooding please check the school district website to see if schools are closed. We are closed if the Snoqualmie school district closes the schools.

All parents must have updated phone numbers on file. There is a mandatory pick up for all students within 30 minutes.

Please have a backup person ready to pick up your child if you are unable to do so. Our staff also needs to leave in the event of a flood.

WEATHER / SNOW / EXTREME WEATHER

Our school follows the Snoqualmie School District with regard to school closures due to snow or other weather-related closures. Please be aware of the weather when your child is at school.

- If the Snoqualmie school district is closed we are closed.
- If the Snoqualmie school district has a LATE START start (1 hr or 2 hr) we start at 9:30 am on those days. **The school doors will open at 9:30 am.** All drop-offs are only at 9:30 am and after.
- If conditions cause the Snoqualmie school district to close early, our school will also close early, in which case we will send an alert to parents for pick-up.

PLEASE NOTE :

- Parents are requested to sign-up for alerts from the Snoqualmie School districts. The links are given at the end of this page. MorningStar will not be sending out any e-mails/alerts regarding closures or late starts.
- As a responsible community member please make sure that your emergency pick-up person is on alert during those times and is here in time for pickup , if you cannot make it on time. That we can ensure that our school staff also makes it home to their family safely.
- School closure days due to inclement weather or power outages will not be made up and tuition refunds will not be made.

****School closure days due to weather, flooding, power outages , and other closures as recommended by the state/school district will not be made up and tuition refunds will not be made.**

DISASTER PREPAREDNESS

Our Disaster plan and policies are all outlined in our Disaster Policy Handbook. A soft copy will be e-mailed to you and a hard copy is available at our front office for review.

In the case of a disaster of any kind, we have prepared the school staff for evacuating the children and have emergency supplies for up to 72 hours.

Emergency supplies include:

- Drinking water
- Non-perishable food
- First aid supplies
- Battery operated radio
- Flashlights and extra batteries
- Fire extinguisher
- Emergency documents and phone numbers
- Garbage bags

The children will practice emergency procedures and evacuation on a regular basis. We have practiced turning off water, power and gas. Shelving, furniture and heavy objects on high shelves have been secured to protect against falling. We continually check the school premises for potential hazards.

It is recommended that each child have a “comfort kit” that is kept at school in case their parents are unable to pick them up within a short period of time following a disaster. The comfort kit can include:

- A photo of the family
- Water bottle
- Favorite food (e.g. snack bars, some non-perishable, good until end of school year)
- Blanket
- Other (e.g. small flashlight, whistle, small toy etc.)

The items should be kept in something portable that can be accessed easily and quickly

by the provider.

In case we have to evacuate and leave the premises with the children: we will be at the Snoqualmie Police Station.

In case of a disaster, if you are not able to reach the school call Saritha Metta at 1-972-979-6412, an out of state number. We will give an update to her on the situation at school.

WEATHER POLICY

Please be aware of the weather when your child is at the school. Our school follows the Snoqualmie Public Schools with regard to school closures due to snow or other weather-related closures. If conditions cause Snoqualmie Public Schools to close early, our school will also close. Please be sure that we have your updated phone numbers and email addresses so that we can reach you within 5 minutes, and that your child can be picked up in 30 minutes. School closure days due to weather or power outages will not be made up and tuition refunds will not be made. If the Snoqualmie Schools have a late start (one or two hours) we will open at 9:30 am.

FAQs

1. Does MorningStar Montessori school follow the Snoqualmie school district for weather-related closures?
 - a. Yes, with all weather-related closures.
2. Will MorningStar Montessori school notify us of any weather-related closures?
 - a. No, Parents are requested to download the FlashAlert app for proper updates. The decision is made by the district by 5:00 am (some decisions are made after that too). Please take the time to check this app before school.

Other resources that are available are:

- i. The Snoqualmie Valley School District website: www.svsd410.org
 - ii. 24-hour emergency hotline (425) 831-8494
 - iii. Puget Sound area radio and television stations
3. If the Snoqualmie school district has a **one-hour late start** when can I drop off my child?
 - a. If there is a one-hour late start, MorningStar Montessori will open at 9:30 AM. All drop-offs are only at 9:30 AM or after. For their safety, our teachers will also be arriving shortly before the 9:30 AM start time to prepare the classrooms. We ask that if you arrive early, please wait by the doors or in your cars.
4. If the Snoqualmie school district has a **two-hour late start** when can I drop off my child?
 - a. If there is a two-hour late start, MorningStar Montessori will also open at 9:30 AM. All drop-offs are only at 9:30 AM or after. For their safety, our

teachers will also be arriving shortly before the 9:30 AM start time to prepare the classrooms. We ask that if you arrive early, please wait by the doors or in your cars.

5. How will I know of any early school closures during the day (after the school day has started)?

- a. MorningStar Montessori will send an alert email and call parents in such an event.

6. If school closes mid-day, how long do I have to pick up my child?

- a. 30 minutes. We will be contacting all parents as soon as the decision has been made to close. If we are not able to reach parents or if parents are not able to pick the child up, the child's emergency contact will be contacted for pick-up. Children must be picked up within 30 minutes. This is to ensure that our staff may also reach home safely and on time.

**** Please make sure all contact information is current****

In the event of severe weather that might impact school schedules—or other school-related emergencies—parents should check the following resources for updates:

- District website: www.svsd410.org Look for a new headline posted. This is the first resource that is updated.
- District hotline: (425) 831-8494 Listen to a recorded message. (generally updated at about 5:00 am in the morning)
- Receive email notifications or texts: www.FlashAlert.net Download a free app called FlashAlert Messenger to receive the messages sent to media via text or email.
- Tune in to local TV & radio stations
- District's Twitter feed: @SnoqValleySD & Facebook page: www.facebook.com/svsd410 FlashAlert's media message goes to FB and Twitter as well.

COMMUNICATION AND PARENT CONFERENCES

PARENT / PROVIDER COMMUNICATION

Good communication between us is important to give the best to your child. We are available for discussion regarding your child's progress and classroom experience. You can contact us by phone or email. We'll follow up with you within 24 hours.

Both parents are responsible for keeping up and reading all MMS communications. For individuals who are responsible for picking up and dropping off, please read all emails to ensure you are updated on the latest policies on pick-up, drop-off, medications, etc.

The lead-teachers are not able to have long conversations during class time, as they are tending to the activity of caring for your children and cannot give you undivided attention. The teachers will be more than happy to get in touch at a more convenient time. Our goal is good communication. It is most important that you keep the teachers

and admin informed of any changes in the home situation that might affect your child, or anything that comes up in conversation with him/her that you think the school should be aware of. Classroom and office staff are always willing to help solve a problem or answer questions.

You may request a conference and arrangements will be made to have the conference away from the children. We will be happy to answer any questions or concerns you may have.

A written record of progress is maintained for each toddler and preschool child in the school. We will provide a report to any future school a child may attend upon request.

Formal Progress Reports are sent home in December and May. We also encourage you to come in and observe your child to see how she/he is doing in the class.

NOTES FROM SCHOOL (INJURIES, TOILETING ACCIDENTS, MEDICATION, ETC)

Notes for naps, toileting accidents, injury, lunch items, replenishment of items, or medication administration will be sent via email.

DAILY REPORT (TODDLERS ONLY)

A daily report will be sent via email for each toddler. This will include toileting, napping, eating and other information.

NEWSLETTERS

Newsletters are sent out once a month for the toddler class and bi-monthly for the primary classes.

CHILD PILOT (APP)

ChildPilot is a child management software that helps both the school and parents keep track of children's activities, forms, and attendance. We require that all parents have the ChildPilot app on their phone to check their child in and out.

The link to our MMS portal can be found here: <https://mmschool.childpilot.com/>

ChildPilot is our primary method of communication.

PARENT / PROVIDER CONFERENCES

Parent teacher conferences are scheduled when the parents request one or if the teacher sees the need for one. Please call the school to schedule a conference.

FRIDAY FOLDER (PRESCHOOL ONLY)

Your child in the Primary Program will need to bring a folder from home to and from school. Every Friday your child's work and any communication, handouts etc. will be sent home. Please return the folder promptly on Monday.

PARENT INVOLVEMENT / VOLUNTEERS

Parents are very important to us, and we welcome your comments and suggestions at all times. Parents are also valued helpers in and out of the classroom. Your child's teacher may indicate areas in which they could use help (parties, field trips, making materials, reading with children, sharing a special talent, etc.). MMS, as a whole, depends upon your help with all-school events. We appreciate parent assistance and encourage involvement; the school runs much more smoothly and the children's experience is enhanced when the whole team (staff, parents, and children) works together.

All volunteers, who are in the school on a regular basis, shall have a background check performed as well as, having a TB test. Volunteers shall act in accordance with all school policies and regulations at all times.

PESTICIDE POLICY

We are required by state law to inform you of our pest control procedure. Although we do not use pesticides, when we professionally treat any landscaped areas, it will be on a Friday evening when children are not present.

WEAPONS POLICY

We are a weapon free school. Any student who brings a pocket knife, squirt gun, paintball gun, and/or other play gun to school will have the item confiscated and is suspended from attending school at the school's discretion.

RELIGIOUS ACTIVITIES*

Morning Star Montessori policies are consistent with state and federal laws, in which we shall respect and facilitate the rights of the child in care to observe the tenets of the child's faith. We respect the tenets of all the religions. If you have some special practices please let us know.

HEALTH POLICIES

1. PURPOSE AND USE OF HEALTH POLICY

PURPOSE AND USE OF HEALTH POLICY

This health policy is a description of MorningStar Montessori health and safety practices. On employment, new employees will be oriented to our health policy by the Administration staff. Our policy is accessible to staff and parents and is located in the front office and one in each classroom.

Please note: Changes to MMS health policy has been approved by a health professional as per WAC requirement.

This health policy does not replace 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)

2. 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 (nitrile, vinyl or latex*) are used if blood is present. If an 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, the person assesses breathing and circulation, administers CPR for one minute if necessary, and then calls 911.
4. Staff will 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 records the injury/medical emergency on an "Accident/Incident Report" form. The report includes:
 - a. Date, time, place and cause of the injury/medical emergency (if known),
 - b. Treatment provided,
 - c. Name(s) of staff providing treatment, and
 - d. Persons contacted
6. A copy is given to the parent/guardian on the same day and a copy is placed in the child's file. For major injuries/medical emergencies, parent/guardian signs for receipt of the report and a copy is sent to the licensor.
7. 6. The child care licensor is called immediately for serious injuries/incidents, which require medical attention.
8. 7. An injury is also recorded on the Injury Log. The entry will include the child's name, staff involved, and a brief description of the incident. We maintain confidentiality of this log.

***Please note: Use of latex gloves over time may lead to latex allergy. Latex-free gloves are preferred. If using latex gloves, consider selecting reduced-powder or powder-free low-protein/hypo-allergenic gloves. Hands should always be washed after gloves are removed.**

FIRST AID

At least one staff person with current training in Cardio-Pulmonary Resuscitation (CPR) and First Aid is present with each group or classroom at all times. Training includes: instruction, demonstration of skills, and test or assessment. Documentation of staff training is kept in personnel files.

Our first aid kits are inaccessible to children and located near each “Grab n Go” bag, in each classroom, as well as in the Front office.

A First Aid Sign identifies first aid kits and the Grab and Go bags are next to it.

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

<ul style="list-style-type: none">• First aid guide• Sterile gauze pads (different sizes)• Small scissors• Adhesive tape• Band-Aids (different sizes)• Roller bandages (gauze)	<ul style="list-style-type: none">• Large triangular bandage• Gloves (nitrile, vinyl)• Tweezers for surface splinters• Syrup of Ipecac• CPR mouth barrier
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*Syrup of Ipecac is administered only after calling Poison Control 1-800-222-1222.

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.

All first aid kits are checked and restocked monthly or sooner if necessary. The First Aid Kit checklist is used for documentation and is kept in each first aid kit.

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. 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:

1. Any open cuts or sores on children or staff are kept covered.
2. Whenever a child or staff comes into contact with any body fluids, the exposed area is washed immediately with soap and warm water, rinsed, and dried with paper towels.
3. All surfaces in contact with body fluids are cleaned immediately with detergent and water, rinsed, and sanitized with an agent such as bleach in the concentration used for sanitizing body fluids ($\frac{1}{3}$ cup per gallon of water or 4 tablespoons /quart).
4. Gloves and paper towels or other material used to wipe up body fluids are put in a plastic bag, tied closed, and placed in a covered waste container. All items used to clean- up body fluids are washed with detergent, rinsed, and soaked in a sanitizing solution of $\frac{1}{3}$ cup per gallon of water or 4 tablespoons /quart for at least 2 minutes and air-dried.
5. A child's clothing soiled with body fluids is put into a plastic bag and sent home with the child's parent/guardian. A change of clothing is available for children in care.

6. Hands are always washed after handling soiled laundry or equipment, and after removing gloves.

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 Director immediately. When staff report blood contact or exposure, we follow current guidelines set by Washington Industrial Safety and Health Act (WISHA), as outlined in our “Blood borne Pathogen Exposure Plan”.

We review the BBP Exposure Plan annually with our staff and document this review.

INJURY PREVENTION

1. Proper supervision is maintained at all times, both indoors and outdoors. Staff will position themselves to observe the entire play area.
2. Staff will review the rooms and outdoor play areas daily for safety hazards and remove any broken/damaged equipment.
3. Hazards include, but are not limited to:
 - a. Security issues (unsecured doors, inadequate supervision, etc.)
 - b. General safety hazards (broken toys & equipment, standing water, chokeable & sharp objects, etc.)
 - c. Strangulation hazards
 - d. Trip/fall hazards (rugs, cords, etc.)
 - e. Poisoning hazards (plants, chemicals, etc.)
 - f. Burn hazards (hot coffee in child-accessible areas, unanchored or too-hot crock pots, etc.)
4. The playground is inspected daily for broken equipment, environmental hazards, garbage, animal contamination, and required depth of cushion material under and around equipment by staff. It is free from entrapments, entanglements, and protrusions.
5. Toys are age appropriate, safe (lead and toxin free), and in good repair. Broken toys are discarded. Mirrors are shatterproof.
6. Rooms with children under 3 years old are free of pushpins, thumbtacks and staples.
7. Hazards are reported immediately to the Director. The Director will ensure that they are removed, made inaccessible or repaired immediately to prevent injury.
8. Staff will not step over gates while carrying children.

9. The Injury Log is monitored monthly by the Director to identify accident trends and implement a plan of correction. (Injury Log - WWW.KINGCOUNTY.GOV/HEALTH/CHILDCARE)
10. Recalled items will be removed from the site immediately.

(We routinely get updates on recalled items and other safety hazards on the Consumer Products Safety Commission website: www.cpsc.gov)

POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

Children with any of the following symptoms are not permitted to remain in care:

1. If the child is at school and exhibiting signs of illness, oral temperatures may be taken for preschool through school age children using single use covers over the thermometer. Glass thermometers contain mercury, a toxic substance, and are therefore not used. No rectal or ear temperatures are taken.
2. Fever of at least 100 o F as read under arm (axillary temp.) using a digital thermometer accompanied by one or more of the following:
 - a. Vomiting: 2 or more occasions within the past 24 hours
 - b. Diarrhea: 3 or more watery stools within the past 24 hours or any bloody stool
 - c. Earache
 - d. Headache
 - e. Sore throat
 - f. Rash (especially with fever or itching)
 - g. Signs of irritability or confusion
 - h. Sick appearance, not feeling well, and/or fatigue that limits participation in daily activities
3. Eye discharge or conjunctivitis (pinkeye): until clear or until 24 hours of antibiotic treatment
4. Open or oozing sores, unless properly covered and 24 hours have passed since starting antibiotic treatment, if antibiotic treatment is necessary.
5. Lice or scabies: Head lice: until no lice or nits are present. Scabies: until after treatment

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

Children with any of the above symptoms/conditions are separated from the group and cared for in the front office. Parent/guardian or emergency contact is notified to pick up the child.

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 ChildPilot**


message. Individual child confidentiality is maintained.

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

Staff members follow the same exclusion criteria as children.


KEEP ME HOME IF...

We recommend keeping this poster handy in your household as it summarizes the information above.



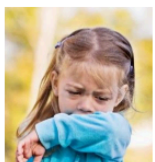
KEEP ME HOME IF...

I have a temperature of 100.4°F or higher




- I'm younger than 2 months; OR
- I'm older than 2 months **AND have other illness symptoms** (rash, sore throat, earache, headache, vomit, diarrhea) or are **just not feeling well**

I'm vomiting




2 or more times in 24 hours

I have diarrhea



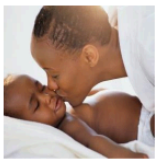
- 2 loose/watery stools more than normal for child in 24 hours; OR
- Any blood or mucus in stool

I have a rash, sores, lice, ringworm, or scabies



- Body rash (not related to allergic reaction, diapering, or heat)
- Oozing open sores or wounds
- Mouth sores with drooling
- Untreated head lice, ringworm, or scabies

I'm not feeling well



- Unusually tired
- Low activity level
- Lack of appetite
- Cranky/fussy
- Crying more than normal
- Unable to keep up with program activities

Please note: As of 2022, American Academy of Pediatrics defines fever as a temperature of 100.4°F or higher.

COVID-19 is not the only illness in the community. Child care and early learning programs are required to follow Washington Administrative Code (WAC) 110-300-0205 and send children and staff home when they are sick.


Programs are allowed to have sickness policies that are more cautious than WAC requirements. For example, a program may require children be symptom-free for 24 hours before returning to care, or they may choose to exclude for COVID-19 symptoms and require a negative test before a child can return. **Please follow your child care program's sickness policy.**

Nobody likes to get sick. Keeping your child home when they are sick helps teachers, children, and other families from getting their germs. Other things you can do to stay healthy:

- Wash your hands
- Stay up to date on your vaccinations, including COVID-19 and flu
- Consider wearing masks when you are in a crowded public setting

Supported by:

Public Health
Seattle & King County



SNOHOMISH COUNTY
HEALTH DEPARTMENT
2/2023



<https://cdn.kingcounty.gov/-/media/king-county/depts/dph/documents/health-safety/health-programs-services/child-care-health/disease-prevention/keep-me-home-if-en.pdf?rev=eab1caa8cd5b4f33bec6495f6c035995&hash=0D613A326236F1A3E3F5B7F5254DB18C>

NOTIFIABLE CONDITIONS AND COMMUNICABLE DISEASE REPORTING

Licensed childcare providers in Washington are required to notify Public Health when they learn that a child has been diagnosed with one of the communicable diseases listed below. In addition, providers should also notify their Public Health 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 toddler room), even if the disease is not on this list or has not yet been identified.

To report any of the following conditions, call Public Health CD/EPI at (206) 296 - 4774.

<ul style="list-style-type: none"> ● Acquired immunodeficiency syndrome (AIDS) ● Animal Bites ● Anthrax ● Arboviral disease (for example, West Nile virus) ● Botulism (foodborne, wound, and infant) ● Brucellosis ● Burkholderia 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 	<ul style="list-style-type: none"> ● 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
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- Immunization reactions, (severe, adverse)
- Influenza, novel or untypable strain
- Legionellosis
- Leptospirosis
- Listeriosis
- Lyme disease

Even though a disease may not require a report, you are encouraged to consult with a Child Care Health Program Public Health Nurse at (206) 263-8262 for information about childhood illness or disease prevention. More information about communicable disease can be found at

<http://www.kingcounty.gov/healthservices/health/communicable/diseases.aspx>

3. MEDICATION POLICY

Medication is accepted only in its original container, labeled with the 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. 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 healthcare provider), if and only if the medication meets all of the following criteria:
2. The medication is over-the-counter and is one of the following:
 - a. Antihistamine
 - b. Non-aspirin fever reducer/pain reliever
 - c. Non-narcotic cough suppressant
 - d. Decongestant

- e. Ointment or lotion intended specifically to relieve itching or dry skin
 - f. Diaper ointment or non-talc powder intended for use in diaper area
 - g. Sunscreen for children over 6 months of age;
 - h. Hand sanitizers for children over 12 months of age and
3. The medication has instructions and dosage recommendations for the child's age and weight; and the medication duration, dosage, amount, and frequency specified on consent form is consistent with label directions and does not exceed label recommendations.
 4. Written consent for medications covers only the course of illness or specific "time limited" episode.
 5. Written consent for sunscreen is valid for up to 6 months.
 6. Written consent for diaper ointment is valid for up to 6 months.

Please note: As with all medications, label directions must be followed. Most diaper ointment labels indicate that rashes that are not resolved, or reoccur, within 5-7 days should be evaluated by a health care provider.

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, oral rehydration solutions, fluoride, herbal remedies, and teething gels and tablets).
2. Medication is added to a child's food or liquid only with the written consent of the healthcare provider.
3. A licensed health care provider's consent is accepted in one of 3 ways:
 - a. 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
 - b. The provider signs a note or prescription that includes the information required on the pharmacist's label; or
 - c. The provider signs a completed medication authorization form.
4. Parent/guardian instructions are required to be consistent with any prescription or instructions from a health care provider.

MEDICATION STORAGE

1. Medication is stored: in the medicine cabinet in the office and in each classroom. If required It will be stored in the Kitchen refrigerator .

2. It is:
 - a. Inaccessible to children
 - b. Separate from staff medication
 - c. Protected from sources of contamination
 - d. Away from heat, light, and sources of moisture
 - e. At temperature specified on the label (i.e., at room temperature or refrigerated)
 - f. So that internal (oral) and external (topical) medications are separated
 - g. Separate from food
 - h. In a sanitary and orderly manner
 - i. Rescue medication (e.g., EpiPen® or inhaler) is stored in the “Grab n Go” bag
3. Controlled substances (e.g., ADHD medication) are stored in a locked container. Controlled substances are counted and tracked with a controlled substance form.
4. 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 the sink or toilet.) More information is available at www.takebackyourmeds.org
5. Staff medication is stored in the Medication Cabinet in the Front 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 is also encouraged to supply the same. Critical medications are stored in the First Aid Box Medicine cabinet in each classroom. They are to be used only in an emergency when a parent, guardian, or an emergency contact has not picked up a child.

STAFF ADMINISTRATION AND DOCUMENTATION

1. Staff trained in medication administration administers medication.
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. We are required to keep a copy of it with the child’s medication. Parents will be notified accordingly.

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 the 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:
 - a. Child's name
 - b. Name of the medication
 - c. Reason for the medication
 - d. Dosage
 - e. Method of administration
 - f. Frequency
 - g. Duration (start and stop dates)
 - h. Any possible side effects, and Any special instructions
3. Information on the label must be consistent with the individual medication form.
4. Prepare medication on a clean surface away from diapering or toileting areas.
5. Do not add medication to a child's bottle/cup or food without a healthcare provider's written consent.
6. For liquid medications, use clean medication spoons, syringes, droppers, or medicine cups with measurements provided by the parent/guardian (not table service spoons).
7. Bulk medication is dispensed in a sanitary manner (sunscreen, diaper ointment)
8. Administer medication.
9. Wash hands after administering medication.
10. Observe the child for side effects of medication and document on the child's medication authorization form.
11. Document medication administration

SELF ADMINISTRATION BY CHILD

A school-aged (5 and above) child is allowed to administer his/her own medication when the above requirements are met and:

1. A written statement from the child's health care provider and parent/legal guardian is obtained, indicating the child is capable of self-medication without assistance.
2. The child's medications and supplies are inaccessible to other children.
3. Staff will supervise and document each self-administration.

4. 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. (Other forms/printouts are not accepted in place of the CIS form.) The CIS form is returned to parent/guardian when the child leaves the program if requested.

Immunization records are reviewed quarterly until the child is fully immunized by the MMS Admin Staff.

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

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. Public Health's Communicable Disease and Epidemiology division will make this determination.

5. HEALTH RECORDS

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
- 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 the 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)

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

6. CHILDREN WITH SPECIAL NEEDS

Our center 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 childcare experience and all staff, families, and children benefit.

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 public health nurse consultant 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
 - a. Daily care
 - b. Potential emergency situations
 - c. Care during and after a disaster
 - d. Completed plans are requested from healthcare providers annually or more often as needed for changes.
6. Children with special needs are not present without an individual plan of care on site.
7. All staff receive general training on working with children with special needs and updated training on specific special needs that are encountered in their classrooms.
8. Teachers and other staff will be oriented to any special needs or diet restrictions by the Director.

7. HANDWASHING

Liquid soap, warm water (between 85 F and 120 F), and paper towels or single-use cloth towels are available for staff and children at all sinks, at all times.

All staff washes hands with soap and water:

- Upon arrival at the site and when leaving at the end of the day
- Before and after handling foods, cooking activities, eating or serving food
- After toileting self or children
- Before, during (with wet wipe - this step only), and after diaper changing
- After handling or coming in contact with body fluids such as mucus, blood, saliva, or urine
- Before and after giving medication
- After attending to an ill child
- After smoking
- After being outdoors
- After giving first aid

Children are assisted or supervised in hand washing:

- Upon arrival at the site
- Before and after meals and snacks or cooking activities (in hand washing, not in food prep sink)
- After toileting or diapering
- After handling or coming in contact with body fluids such as mucus, blood, saliva or urine
- After outdoor play
- After touching animals

- Before and after water table play

HandWashing Procedure

The following hand washing procedure is followed:

1. Turn on the 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 a hand-drying towel to turn off the water faucet(s) and open any door knob/latch before discarding.
7. Apply lotion, if desired, to protect the integrity of skin.

Hand washing procedures are posted at each sink used for hand washing.

8. TOOTH BRUSHING

DCYF requires the following: “At least once per day, an early learning provider must offer children an opportunity for developmentally appropriate tooth brushing activities.” If parents would like to choose to have their child/ren participate, they must provide a labeled toothbrush and labeled toothpaste in their child's lunch bag daily. Children will be given the opportunity to brush their teeth after their lunch.

9. CLEANING, SANITIZING, AND LAUNDERING

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

- o Cleaning removes a large portion of germs, along with organic materials – food, saliva, dirt, etc. – that increase the effectiveness of sanitizers.
- o Rinsing further removes the above, along with any excess detergent/soap.
- o Sanitizing/disinfecting kills the vast majority of remaining germs.

Definitions

Sanitizers are used to reduce germs from surfaces but not totally get rid of them. Sanitizers reduce the germs from surfaces to levels that are considered safe.

Disinfectants are chemical products that destroy or in-activate germs and prevent them from growing. Disinfectants are regulated by the US environmental protection Agency (EPA).

STORAGE

Our cleaning and sanitizing supplies are stored in a safe manner in the Utility room.

All such chemicals are:

- Inaccessible to children,
- In their original container,
- Separate from food and food areas (not above food areas),
- In a place which is ventilated to the outside,
- Kept apart from other incompatible chemicals (e.g., bleach and ammonia create a toxic gas when mixed), and in a secured cabinet, to avoid a potential chemical spill in an earthquake.

3 STEP METHOD

Clean - Spray with a dilution of a few drops of liquid dish detergent and water, then wipe the surface with a paper towel.

Rinse - Spray with clear water and wipe with a paper towel.

Sanitize/disinfect - Spray with a dilution of bleach and water (see table), leave on surface for a minimum of 2-minutes or allow to air dry.

Bleach solutions are prepared using “Guidelines for Mixing Bleach”

Note: Use only plain unscented bleach.

To avoid cross-contamination, 2 sets of bottles are used in the classroom: one set for general areas (including tables) and one set for diaper changing/bathrooms.

1. Bleach solution is applied to surfaces that have been cleaned and rinsed.
2. Bleach solution is allowed to remain on the surface for at least 2 minutes or air dry.
3. Bleach solutions are made up daily by staff, using measuring equipment. For those staff handling full-strength bleach, we supply protective gear, including gloves and eye protection, as per manufacturer’s instructions in accordance with WISHA.
4. Bleach solutions are prepared in the Utility room.

GUIDELINES FOR MIXING BLEACH

FIRST: Check the label on your bottle of bleach for the sodium hypochlorite concentration, for example: 8.25%, 5.25 -6% or 2.75%

NEXT: Find the correct bleach concentration on the chart below.

Bleach Concentration of 8.25%

Disinfecting Solutions (~1000 ppm)			
For use on diaper change tables, hand washing sinks, bathrooms (including toilet bowls, toilet seats, training rings, soap dispensers, potty chairs), door and cabinet handles, etc.			
Amount of Water	Amount of bleach using bleach with a concentration of:		
	2.75 %	5.25-6.5 %	7.0-8.25 %
1 Gallon	$\frac{3}{4}$ cup	$\frac{1}{3}$ cup	$\frac{1}{4}$ cup
1 Quart	3 Tablespoons	4 teaspoons	1 Tablespoon

Sanitizing Solutions (~100 ppm)			
For use on eating utensils, food use contact surfaces, mixed use tables, high chair trays, crib frames and mattresses, toys, pacifiers, floors, sleep mats, etc.			
Amount of Water	Amount of bleach using bleach with a concentration of:		
	2.75 %	5.25-6.5 %	7.0-8.25 %
1 Gallon	1 Tablespoon	2 teaspoons	1 teaspoon
1 Quart	1 teaspoon	$\frac{1}{2}$ teaspoon	$\frac{1}{4}$ teaspoon

10. LUNCH/SNACKS/NUTRITION

LUNCH

Toddler Lunch - 11:40 a.m. to 12:10 pm

Primary Lunch - 11:45 am to 12:15 pm

*All of the children eat from the lunch containers and are shown how to eat with silverware, drink from cups, pack away what they do not eat and clear their space.

In order to help with lunch, parents need to send in their child's lunch:

- A lunch box that the child can easily open and close by themselves
- Icepack, if your child's lunch contains perishable item (milk, peeled fruits, items that get spoiled if left out of refrigerator)
- Containers that can be easily opened by the child. This can mean sandwich bags with the larger pull open tabs and containers with lids that have a tab to pull open from. We can reheat food to eat but we cannot cook food(including instant soups/noodles etc.).
- Silverware. This can be the disposable kind or ones that can be sent home daily. The disposable ones need to be strong enough for the child to scoop food.
- Cloth/Paper Napkin
- A \$5 material fee will be charged for items provided by school.

*As with all other school supplies, all lunch items need to be labeled with the child's name or initials. This prevents the misplacing of silverware and containers that are sent home daily.

SNACKS

1. Monthly snack menus are available on our school parent website.
2. Menus follow the current CACFP Meal Pattern for meals and snacks.
<http://childcareinfo.com/KnowledgeCenter/Government/State/WashingtonCACFP.aspx>
3. Menus do not repeat food combinations within a 2-week period.
4. Menus list specific types of fruits, vegetables, crackers etc.
5. Food is offered at intervals not less than 2 hours and not more than 3 hours apart.

Following is the snack and lunch schedule

Toddler class snack schedule	Primary class snack schedule
<ul style="list-style-type: none"> ● 9:30 am Morning Snack ● 11:40 am to 12:15 pm: Lunch ● 2:15 pm Afternoon Snack(milk) ● 3:30 pm Late Afternoon Snack 	<ul style="list-style-type: none"> ● 9:30 am: Morning Snack ● 11:45 am to 12:15 pm: Lunch ● 3:30 pm: Late Afternoon Snack

6. Each snack or meal includes water to drink.
7. Juice is limited to 2 or less times a week.
8. For children at the center for 1 or more hours a 2-component snack will be served.
9. A fruit or vegetable is served as part of all snacks.
10. Foods high in fat, added sugar and salt are limited.
11. Menus include hot and cold foods and vary in color, flavor and texture. (Food choices may need to be limited to items requiring no preparation in facilities without a food preparation area or where only a bathroom sink is available.)
12. Ethnic and cultural foods are incorporated into the menu.
13. Menus are followed. Necessary substitutions are noted on the permanent menu copy.
14. Permanent menu copies are kept on file for at least six months. (USDA requires food menus to be kept for 3 years including the current year.)
15. Families who provide sack lunches are notified in writing of the food requirements for mealtime. We have available food supplies to supplement food brought from home that does not meet the nutrition requirements.
16. Children have free access to drinking water throughout the day (individual disposable cups or water bottles).
17. 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 kitchen, and the area where the children eat food. Confidentiality is maintained.

18. Children with severe and/or life threatening food allergies have a completed individual care plan signed by the parent and health care provider.
19. Diet modifications for food allergies, religious and/or cultural beliefs are accommodated and posted in the kitchen and eating area. All food substitutions are of equal nutrient value and are recorded on the menu or on an attached sheet of paper.

MEALTIME ENVIRONMENT AND SOCIALIZATION

1. Mealtime and snack environments are developmentally appropriate and support children's development of positive eating and nutritional habits.
2. Children are not coerced or forced to eat any food.
3. Children decide how much and which foods to choose to eat of the foods available.
4. Food is not used as a reward or punishment.
5. Staff provides healthy nutritional role modeling (serving sizes of foods, appropriate mealtime behavior and socialization during mealtime).
6. Coffee, tea, pop and beverages other than water or those served to the children are not consumed by staff while children are in their care, in order to prevent scalding injuries and to role model healthy eating.

SWEET TREAT POLICY

We request that no cookies and other sweet treats be sent for lunch. Dessert-like items should be low in fat and contribute important nutrients such as vitamin A and Vitamin C, minerals such as iron and calcium, and/or fiber.

Examples include:

- Muffins or bread made with fruit or vegetables
- Puddings and custards
- Cobblers and pies made with lightly sweetened fruits
- Plain or vanilla yogurt
- Waffles or pancakes topped with crushed fruit
- Bars made with whole grains and seeds
- Vegetable juice
- Fruit salad with vanilla yogurt

Food brought from home for the school is limited to store purchased, uncut fruit and vegetables or food pre-packaged in original manufacturer's containers.

11. FOOD PREPARATION

1. We prepare only snacks at our center.
2. Food handler permits are required for staff that prepare snacks and are encouraged for all staff. An “in charge” person with a food handler permit is onsite during all hours of operation, to assure that all food safety steps are followed. Documentation is posted in staff files.
3. Orientation and training in safe food handling is given to all staff and documented.
4. Ill staff or children do not prepare or handle food. Food workers 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
 - Continuous sneezing, coughing or runny nose
5. Staff washes hands with soap and warm running water prior to food preparation and service in a designated hand-washing sink – never in a food preparation sink.
6. Gloves are worn or utensils are used for direct contact with food. (No bare hand contact with ready-to-eat food is allowed.) Gloves must also be worn if the food preparation person is wearing fingernail polish or has artificial nails. We highly recommend that food service staff keep fingernails trimmed to a short length for easy cleaning.
7. Employees preparing food shall keep their hair out of food by using some method of restraining hair. Hair restraints include hairnets, hats, barrettes, ponytail holders and tight braids.
8. Microwave ovens, if used to reheat food, are used with special care. Food is heated to 165 degrees, stirred during heating, and allowed to cool at least 2 minutes before serving. Due to the additional staff time required, and potential for burns from “hot spots,” use of microwave ovens is not recommended.
9. Chemicals and cleaning supplies are stored away from food and food preparation areas.
10. Cleaning and sanitizing of the kitchen is done according to the Cleaning, Sanitizing and Laundering section of this policy.
11. Dishwashing complies with safety practices:
12. Hand dishwashing is done with three sinks or basins (wash, rinse, sanitize).
13. Dishwashers have a high temperature sanitizing rinse (140o F residential or 160oF commercial) or chemical sanitizer.
14. Cutting boards are washed, rinsed, and sanitized between each use. No wooden cutting boards are used.

15. Food prep sink is not used for general purposes or post-toilet/post-diapering hand washing.
16. Kitchen counters, sinks, and faucets are washed, rinsed, and sanitized before food production.
17. Tabletops where children eat are washed, rinsed, and sanitized before and after every meal and snack.
18. We do not use catered foods at our center.
19. A permanent copy of the snack menu (including any changes made or food returned) is kept for at least 6 months in the front office.
20. Food substitutions, due to allergies or special diets and authorized by a licensed health care provider, are provided within reason by the center.
21. When children are involved in cooking projects our center assures safety by:
 - o Closely supervising children,
 - o Ensuring all children and staff involved wash hands thoroughly,
 - o Planning developmentally - appropriate cooking activities (e.g., no sharp knives),
 - o Following all food safety guidelines.

12. PHYSICAL ACTIVITY AND SCREEN TIME LIMITATIONS

Adequate physical activity is important for optimal physical development and to encourage the habit of daily physical activity. Active playtime includes a balance of a few teacher directed activities as well as child initiated play. The structured activities help contribute to skill building and promote fitness. The focus is on fun and interactive games and movement that also serve to enhance social and emotional skill development.

Our center ensures that all children get at least 20-30 minutes of moderate to vigorous physical activity per every 3 hours of care.

All children get outdoor play at least 2-3 times during full day care (children go outside in all weather (rain, snow etc....) unless it is dangerous or unhealthy.

Screen Time

Screen time is allowed with 30 minutes of educational viewing per week, if at all. Computers are used for educational purposes with a limit of 15 minutes at one time.

13. DISASTER PREPAREDNESS

PLAN AND TRAINING

Our Center 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. Evacuation routes are posted in each classroom. A hard copy of our disaster preparedness plan/policy is available in each classroom and in our front office.

Staff is oriented to our disaster policy upon hire and annually. Documentation of all orientation is kept on file. Parents are sent a soft copy by e-mail and a hard copy of our disaster policy is also made available to the parents in the front office and classrooms.

Staff are trained in the use of fire extinguishers. The **Administration staff** is trained in utility control (how to turn off gas, electric, water).

Disaster and earthquake preparation and training are documented.

SUPPLIES

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. The school Administration is responsible for stocking supplies. Expiration dates of food, water, and supplies are checked at least annually and supplies are rotated accordingly. Essential prescribed medications and medical supplies are also kept on hand for individuals needing them. Each room has a fully stocked “Grab n Go” bag.

HAZARD MITIGATION

We have taken action to make our center earthquake/disaster-safe. Bookshelves, tall furniture, refrigerators, crock-pots, and other potential hazards are secured to wall studs. We continuously monitor all rooms and offices for anything that could fall and hurt someone or block an exit – and take action to correct these things.

DRILLS

Fire drills are conducted and documented each month. Disaster drills are conducted every quarter.

The Director 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.

14. 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 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 who have a communicable disease are expected to remain at home until no longer contagious. Staff is 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 childcare 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 hand washing, 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.
9. Staff will not step over gates or other barriers.

Recommendations for adult immunizations are available at

<https://doh.wa.gov/public-health-provider-resources/public-health-system-resources-and-services/immunization/adult-vaccine-program>

15. CHILD ABUSE AND NEGLECT

1. Childcare 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).

The phone # for CPS is 1 (800) 609-8764.

2. Signs of child abuse and/or neglect are documented and that information is kept confidentially in the Director's office.

3. Training on identifying and reporting child abuse and neglect is provided to all staff and documentation kept in staff files.
4. Licensors are notified of any CPS report made.

16. ANIMALS ON SITE

We are not currently responsible for any animals on site. Parents will be notified if animals will be brought on the premises.

17. “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 site 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). There is no smoking allowed in any vehicle that children are transported in.
3. 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. Wearing a smoking jacket that is not brought into the building is helpful.
4. Public Health Department staff will be available to provide training and resources regarding the effects of smoking to families as requested by the centers.

The Public Health Department will provide resources for staff interested in quitting smoking.

In King County: www.kingcounty.gov/health/tobacco

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

1. INTRODUCTION TO BLOODBORNE PATHOGEN

In Washington State, the Washington Industrial Safety and Health Act (WISHA), gives the Department of Labor and Industries primary responsibility for worker health and safety. The purpose of WISHA is to ensure that employers of Washington provide a safe and healthful workplace for their employees.

PURPOSE: Pursuant to WAC 296-823, employers are required to develop and implement a plan to protect employees from exposure to blood borne pathogens. This Exposure Control Plan has been developed to meet the requirements of the Department of Labor and Industries (WISHA) Services Workplace Safety and Health Rules, WAC 296-823, Occupational Exposure to Blood borne Pathogens.

PHILOSOPHY: Occupational exposure to and acquisition of blood borne pathogens is preventable. This policy outlines the prevention strategies for exposure to these pathogens among child care employees and describes steps for responding to an exposure incident when it occurs. All covered employees should have access to and be familiar with the contents of this policy. Employees who have occupational exposure to blood or other potentially infectious material (OPIM) must follow the procedures and work practices in this plan. Employees can review this plan at any time during their work shifts.

2. EXPLANATION OF TERMS

BLOOD BORNE PATHOGENS are microorganisms such as viruses or bacteria that are carried in blood and can cause disease in people. There are many different blood borne pathogens, but Hepatitis B (HBV), Hepatitis C (HVC), and the Human Immunodeficiency Virus (HIV) are the diseases specifically addressed by the WISHA Blood borne Pathogen Standard.

- Hepatitis means "inflammation of the liver," and, as the names imply, hepatitis B (HBV) and hepatitis C are viruses that infect the liver. While there are several different types of hepatitis, hepatitis B and C can be transmitted through "blood to blood" contact. Hepatitis initially causes inflammation of the liver, but it can lead to more serious conditions such as cirrhosis and liver cancer.
- The human immunodeficiency virus, or HIV, is a virus that attacks the immune system and can lead to the development of acquired immune deficiency syndrome (AIDS). Once a person has been infected with HIV, it may be many years before AIDS actually develops. HIV attacks the body's immune system, weakening it so that it cannot fight other deadly diseases. AIDS is a fatal disease, and while treatment for it is improving, there is no known cure.

CLEANING is the physical removal of visible dirt, oils, feces, blood, etc. Simple soap and water solutions or commercial products are adequate cleaners.

DISINFECTION is the elimination of germs that may be present, but can't be seen.

EXPOSED is an individual who has contact with the blood or other body fluids of another person.

SUBSTANTIAL EXPOSURE INCIDENT refers to an event where blood or potentially infectious bodily fluid may have come in contact with non-intact skin (dermatitis, hangnails, cuts, abrasions, chafing, acne, etc.), mucus membranes (eye, nose or mouth) or entered the body through a traumatic incident such as a bite or cut with a contaminated object. In select instances, gross exposure of intact skin to these materials may also be considered a substantial exposure.

POTENTIALLY INFECTIOUS Material refers to all human body fluids that can spread blood borne pathogens. The term includes blood, semen, vaginal secretions, human tissue, or any body fluid that is visibly contaminated with blood or is likely to contain blood.

SOURCE is an individual whose blood or other potentially infectious body fluids are involved in the exposure of another person.

BODY SUBSTANCE ISOLATION is a method of infection control that defines all body fluids and substances as infectious. Body Substance Isolation is an acceptable alternative to Universal Precautions.

OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM) refers to all human body fluids that surround the joints, lungs and heart.

UNIVERSAL PRECAUTIONS is infection control that protects from exposure to blood borne pathogens. This is the term used to describe a prevention strategy in which all blood and potentially infectious materials are treated as if they are, in fact, infectious, regardless of the perceived status of the source individual. In other words, whether or not you think the blood/body fluid is infected with blood borne pathogens, you treat it as if it is. Universal Precautions apply to blood, other body fluids containing blood, semen, and vaginal secretions. Universal Precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, saliva and vomit, unless they contain visible blood or are likely to contain blood.

Germs that spread through the blood and body fluids can come from any person at any time. Even the person who carries the disease may not be aware they are infected. This is why all staff must practice Universal Precautions in every situation that places them in contact with blood or body fluids.

Universal Precautions require workers to practice proper and frequent hand washing. The use of barriers such as gloves, gowns, aprons, masks, or protective eyewear, environmental disinfection and the proper disposal of contaminated materials are essential.

STANDARD PRECAUTIONS are guidelines that require one to assume that anyone's blood and OPIM may carry Hepatitis viruses, HIV or other blood borne infections. The requirements are to always have

a barrier between any potentially infectious substance and your skin, eyes, inside the mouth or inside the nose. Infectious substances include blood and all body fluids, secretions and excretions, except sweat, even if there is no visible blood. The Centers for Disease Control and Prevention (CDC) recommends wearing gloves if there is contact with feces, nasal, secretions, saliva, tears, urine or vomit, unless the material can easily be contained by material. You should always wash hands thoroughly after these cleanups.

3. EXPOSURE CONTROL PLAN (ECP)

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN (ECP) training must be provided to all employees who might be exposed to blood or other potentially infectious material while on the job. This training should occur at the beginning of employment and at least annually thereafter. The content to be covered is outlined in the Training section of this plan.

Employees who reasonably anticipate coming in contact with, blood or other potentially infectious materials, as defined in WAC 296-823, are required to comply with the procedures and work practices outlined in this plan.

All employees who are potentially exposed to blood or other potentially infectious materials are encouraged to provide input for consideration to this Exposure Control Plan.

Director/Supervisor is responsible for the implementation of the ECP, and reviewing the plan at least annually. This individual will ensure the following are completed:

- A. Written housekeeping protocols are developed
- B. An appropriate disinfectant is available and used.
- C. Documentation of training for all staff who might be exposed to blood or other potentially infectious material while on the job is kept.
- D. The written ECP is available to employees, WISHA, child care licensor, and health specialist upon request.
- E. The ECP is reviewed and updated annually. If necessary, more frequent review is done to reflect any new or modified tasks and procedures that affect occupational exposure, as well as to reflect new or revised employee positions with occupational exposure.
- F. Ongoing controls are maintained including: available biomedical waste containers, labels and biohazard bags; ensuring appropriate disinfecting solutions are available and labeled properly; ensuring all personal protective equipment (PPE) are available in the appropriate sizes and types; and ensuring other needed supplies, such as sharps containers are available and managed following Center for Disease Control and Prevention (CDC) recommendations.

- G. All medical actions required are provided and appropriate employee medical records are maintained.
- H. The exposure determination list is up-to-date.

4. EMPLOYEE EXPOSURE DETERMINATION

The persons occupying the positions listed below have job responsibilities that might put that individual in contact with blood or other potentially infectious materials. Included are a list of tasks and procedures in which occupational exposure may occur. This includes persons trained in first aid and whose job requires rendering first aid as a part of their job duties. This exposure determination list has been made without regard to the use of personal protection (e.g. gloves).

Job Title: Director	Task/Procedure : Help child with injuries
Job Title: Head teacher	Task/Procedure : Help child with injuries
Job Title: Assistant teacher	Task/Procedure : Help child with injuries
Job Title: Floater	Task/Procedure : Help child with injuries

5. METHODS OF CONTROL

Universal precautions is an approach to infection control where one assumes all human blood and certain human bodily fluids are treated as if known to be infectious for HIV, Hepatitis B Virus, Hepatitis C virus and other bloodborne pathogens. All employees are required to use Universal Precautions when performing their duties. In addition, we use the following methods to control employee exposure:

PERSONAL PROTECTIVE EQUIPMENT will be supplied at no cost to the employee. Appropriate PPE must be used by employees when performing duties that might lead to exposure to blood or other potentially infectious materials. There will be an adequate supply of single-use non-porous protective gloves, plastic disposable bags, and mouthpieces for resuscitation (CPR).

“Spill Kit”, Intended For Managing Larger Spills Are Optional And May Include:

<ul style="list-style-type: none"> • disposable medical gloves • rubber household utility gloves • aprons • CPR barrier • disinfectant 	<ul style="list-style-type: none"> • eye protection • disposable shoe covers • scoop/scrapper, absorbent product • red/biohazard bags or labels • disposable towels
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The PPE items are located: In First-Aid boxes and Disaster Bags in front office and in each classroom.

All personal protective equipment (PPE) shall be removed immediately, or as soon as possible upon leaving the work area, and placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

- **ALL EMPLOYEES MUST WEAR APPROPRIATE GLOVES** when they can reasonably anticipate hand contact with blood or OPIM or when they handle or touch contaminated items or surfaces. Gloves are encouraged, but not required, for diaper changes.
- Employees who have **openings in the skin** of their hands (i.e. dermatitis, or hangnails) are encouraged to wear gloves as a precaution in cleaning up any body fluids.
- Sharps containers, when needed, will be supplied and maintained by the parents/guardians of the child requiring them and they will be located and handled in a manner consistent with WAC 296-823-1400. These containers must be easily accessible and as close as feasible to the immediate area where sharps are used. They must be out of reach of children at all times.
- Hand washing facilities are readily accessible to employees. Hand washing is the single most important means of preventing the spread of infection. Steps for proper and effective hand washing are:
 - Get your hands wet with warm water and apply liquid soap to your hands.
 - Lather hands thoroughly. It is the friction from rubbing hands together that removes potentially infectious organisms from the skin. A 15-second vigorous hand washing will adequately remove most pathogens.
 - Rinse hands well under running water.
 - Dry hands with a paper towel.
 - Use the paper towel to turn off the water faucet.

When hand washing facilities are not available, hands shall be cleansed with an antiseptic 60-95% alcohol solution (isopropanol or ethanol) cleanser and washed with soap and water as soon as possible.

- Glove Use is required for all employees when performing tasks where exposure to blood or other potentially infectious materials is reasonably anticipated to occur or when they handle or touch contaminated items or surfaces. After contact with body fluids, gloves, or personal protection equipment shall be removed and hands washed as soon as possible.

Gloves are encouraged, but not required, for diaper changes.

Gloves must be properly discarded and replaced if torn, punctured, contaminated, or otherwise damaged. Only reusable household rubber gloves, if they do not show signs of

cracking, peeling, tearing, puncturing, or other deterioration may be decontaminated and reused.

6. WORK PRACTICE CONTROLS

Work practice controls are those everyday things done to prevent or minimize exposure to blood borne pathogens. The specific work practice controls used at this childcare facility include:

Follow proper hand washing protocols as outlined in WAC 388-295-3020. Hands shall be washed with soap and water:

- o Upon arrival each day
- o After diapering or toileting children
- o After personal use of the bathroom
- o After handling body fluids of any kind
- o Before and after giving first aid (such as cleaning cuts, scratches or a bloody nose)
- o Before and after feeding a child or personal meal time
- o After outdoor activities
- o After handling pets (We don't have any at school)
- o After cleaning up spills or objects contaminated with body fluids (e.g. Kleenex)
- o After taking off disposable gloves or another PPE
- Follow proper use of PPE, including gloves and proper handling of potentially contaminated garbage or laundry.
- **Personal Activities** are strictly prohibited in areas where there is a potential for exposure to blood or other infectious materials.
No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses in areas where blood may be present. No food or drink shall be placed in areas where blood or other infectious material may be present (such as on countertops or on diaper changing tables).
- All surfaces contaminated with blood will be isolated, cleaned and decontaminated according to the spill procedure outlined in this plan.

Most items used in cleaning blood/OPIM will be placed in a lined trash receptacle unless saturated with blood. Items saturated with blood to the point that blood is released when compressed will be placed in a puncture proof bag labeled with the biohazard symbol.

HOUSEKEEPING

All employees are responsible for participating in maintaining a clean and sanitary worksite. Cleaning and decontamination procedures are based on location, type of surface, type of soil

present, and tasks or procedures being performed in the area. Written procedures and schedules for cleaning and decontamination can be found in our **Health Policy Handbook**.

Items used for procedures on children with special needs (such as lancets for finger sticks, or syringes for injections) require a special container to dispose of safely. This container must be easily accessible and as close as feasible to the immediate area where sharps are used. They must be out of reach of children at all times. Parents will be expected to provide and maintain, “sharps containers” when necessary.

Sharps containers, when needed, will be supplied and maintained by the parents/guardians of the child requiring them and they will be located and handled in a manner consistent with WAC 296-823-1400. These containers must be easily accessible and as close as feasible to the immediate area where sharps are used. They must be out of reach of children at all times.

Regulated waste (i.e. sharps or saturated bandages) will be placed in containers that contain all contents, do not leak and are appropriately labeled or color-coded. Regulated waste containers will be closed prior to removal to prevent contact, spilling or protruding during handling.

7. MANAGING SPILLS

Cleaning and Disinfection Procedures are based on location, type of surface, type of soil present, and activities being performed in the area. All staff are to wear gloves while cleaning spills of potentially infectious materials. The area must be made inaccessible to children and should be cleaned and disinfected immediately. Employees shall wash their hands after completing the task. If clothing becomes soiled by body fluids they should be removed and bagged in a manner that minimizes contact, and fresh clothes should be put on after washing the soiled skin and

SPILLS ON SMOOTH SURFACES

- o Keep children away from the contaminated area until the area has been cleaned and disinfected.
- o Wear disposable, non-porous gloves.
- o Use paper towels to blot up as much of the spill as possible. (Always carefully blot up as much of the potentially infectious material as possible with disposable paper towels and carefully place them into a leak-proof, plastic bag.)
- o Small amounts of urine and stool on smooth surfaces, such as the changing table, should be wiped off and cleaned with a detergent solution.

- o Apply a solution of diluted household bleach (1:10 dilution) made by mixing a solution of 1 1/2 cup of household bleach with 1 gallon of water. Pour the bleach solution around and on the spill, do not spray. Allow at least a 2-minute contact time. Wipe up the area with paper towels.
- o Double bag all soiled paper towels, first aid materials, and other contaminated disposable items in leak-proof, sealable, plastic bags.
- o Securely tie or seal the bag.
- o Dispose off contaminated items in the regular trash pick-up. Keep the trash covered and away from children and pets.
- o Any EPA registered **tuberculocidal or HIV/HBV effective product may be used instead of bleach solution.**

FOR LARGER SPILLS ON FLOORS WITH A SMOOTH SURFACE:

Follow above steps, then immediately clean the surface with a detergent, rinse the area with clean water. Lastly, sanitize with a fresh solution of diluted household bleach (1:64 dilution) made by mixing a solution of 1/3 cup of household bleach with 1 gallon of tap water. Allow at least 2-minute contact time.

FOR SPILLS ON CARPETS AND RUGS:

- o Keep children away from the contaminated area until the area has been cleaned and disinfected.
- o Wear protective gloves.
- o Use paper towels to blot up as much of the spill as possible.
- o Spot clean with a detergent-disinfectant.
- o Additional steam cleaning may be necessary to avoid discoloring the surface. When steam-cleaning carpets, sanitizing is accomplished with an industrial sanitizer, according to the manufacturer's instructions, until there is no visible soil.
- o Allow to air-dry/Dry the surface.
- o Alternatively, a sanitizing absorbent powder can be applied to the carpet. Allow it to air-dry and then vacuum up the powder. Remove vacuum bag.
- o Double bag all soiled paper towels, vacuum bags, first aid materials, and other contaminated disposable items in leak-proof, sealable, plastic bags.
- o Dispose of contaminated items in the regular trash pick-up. Keep the trash covered and away from children and pets.
- o If you have worn reusable household rubber gloves to complete the spill clean up, keep them on and clean and rinse them with soap and water, then treat them as a

contaminated surface with the bleach solution. Remove, dry and store these gloves away from food or food surfaces.

LAUNDRY

- o Contaminated laundry will be handled as little as possible, with minimal agitation.
- o Wear protective gloves.
- o Employees are to place wet, contaminated laundry in a leak-proof labeled or color-coded container before transporting anywhere. Bloodstained laundry that will be sent home with a child will be double bagged and securely tied or sealed.
- o If clothing becomes soiled with body fluids, protective gloves must be worn and the garments should be removed immediately or as soon as feasible, in a manner that avoids contact with the contaminated surface.
- o For in-house laundry stained with blood, first soak the item or wash separately in cold, soapy water to remove any blood from fabric. Use hot soapy water for the next washing cycle. If the item is bleachable, add ½ cup of household bleach to the wash cycle. Dry items in a hot clothes dryer.
- o Employees may also choose to dispose of contaminated laundry by double-bagging the items using leak-proof, sealed, plastic bags and placing in the garbage.

MOPS AND OTHER EQUIPMENT USED TO CLEAN UP BODY FLUIDS SHOULD BE:

- o Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dustpan, or tongs.
- o Clean brooms, mops, dustpans, and other used equipment with detergent and rinse with water.
- o Dip equipment into a fresh disinfecting solution. (1 ½ cups of bleach in 1 gallon of water)
- o Wring mops out thoroughly.
- o Hang items to air-dry in an area that is inaccessible to children.
- o If reusable household rubber gloves were worn to complete the spill clean up, keep them on and clean and rinse them with soap and water, then treat them as a contaminated surface with the bleach solution. Remove, air-dry, and store these gloves away from food or food surfaces.

8. TRAINING

We provide training for all employees who have occupational exposure to blood borne pathogens prior to starting employment, annually and when changes in tasks or procedures take place that affect occupational exposure. This training covers at a minimum, the following elements:

- A. Information about our blood borne pathogen exposure control plan and where it can be reviewed. (This document is accessible to all employees at any time in accordance with WAC 296-823-11010).
- B. Epidemiology and symptoms of blood borne pathogens.
- C. WAC 296-823, Occupational Exposure to Blood borne Pathogens must be accessible to all employees.
- D. Modes of transmission of blood borne pathogens.
- E. An explanation of the methods used to identify tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- F. Use and limitations of methods of controls, work practices and PPE.
- G. The basis for PPE selection and an explanation of the types, use, location, removal, handling, decontamination, and disposal.
- H. Information on the hepatitis B vaccine including efficacy, safety, methods of administration, benefit and offered at no charge.
- I. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- J. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- K. Explanation of the signs and labels and color-coding system for blood borne pathogens.
- L. Questions and Answer session with the trainer.

9. HEPATITIS B VACCINE

This facility has decided to (must check one):

☒ offer free of charge post-exposure Hepatitis B vaccination series within 24 hours, to all employees who are exposed to blood or OPIM, regardless of whether or not a specific “exposure incident” occurred (i.e., after administering first aid, diapering a bloody stool, etc.).

☐ offer free of charge pre-exposure vaccination to employees within 10 days of employment. If this option is chosen the employer must obtain a health care provider written opinion for Hepatitis B vaccination.

Employees who are offered the Hepatitis B vaccine series and decline, must do so in writing using the Declination Statement located in this ECP. They may request and obtain the vaccination at a later date at no cost. The Employer must also receive a health care professional’s written opinion for HBV vaccination, see WAC 296-823-13010.

10. EXPOSURE INCIDENT PROCEDURES

All exposure incidents shall be investigated and documented. All staff should do the following after initial first-aid is given:

- A. In the event of an incident where blood or OPIM are present, the employee must report to **Director/Supervisor** and complete an Exposure Report.

- o If PPE (i.e. gloves) are used and blood or potentially infectious materials are not touched, no exposure occurred. Steps F and G should be completed.
 - o Intact skin is an effective barrier against blood borne pathogens. If blood or other potentially infectious materials was touched with intact skin, the contaminated intact skin should be immediately washed with soap and water. Generally, under this circumstance, no exposure occurred and Steps F and G should be completed. However, the supervisor can make a determination as to whether or not the incident constitutes an exposure incident and follow Steps B through G.
 - o If gloves are not used and a true exposure incident occurred (blood or other potentially infectious materials gets inside the body by means such as blood touching broken skin such as skin with dermatitis hangnails, cuts, abrasions, chapping, chafing, open rashes, acne, or a puncture wound by a sharp object that has blood on it), immediately wash the affected area with soap and water. Then complete an incident report and Steps B through G should be followed.
 - o If blood or other potentially infectious material has contact with the eyes, nose, or mouth, flush the area with clean water, saline, or sterile irrigants. Then complete an incident report and Steps B through G should be followed.
- B. If it is determined that contact with blood or OPIM on broken skin (cuts, scratches, open rashes or chapped skin) or on their mucous membranes (in the eye, mouth or nose), has occurred, immediate medical evaluation and treatment will be provided, at no cost to the employee (WAC 296-823-160) by **Swedish Medical Clinic, Snoqualmie. Ph: 425-888-2016**

Director/Supervisor will see that the following elements are performed:

- o Documentation of the exposure situation including route of exposure and a description of how the exposure occurred
- o Identification of the source individual (person's blood or body fluid that employee was exposed)
- o Documentation of request for consent to test source individual for HIV, Hepatitis B antibody and HCV testing as soon as possible
- o Documentation of whether or not the employee received a free medical exam, any required follow-up and that the employee was offered the hepatitis B vaccination if s/he has not had the series
- o If source does not give consent, document that consent could not be obtained. The employee may petition the local health officer to require HIV testing.
- o Appropriate medical services must be available to employees during work hours

C. Source testing will be done by the Swedish **Medical Center**. Ph : 425-888-2016

D. **Director/Supervisor** will ensure that the medical care provider is given the following information:

- a) A description of the employee's job duties relevant to the exposure incident
- b) Route and circumstances of the exposure
- c) If possible, the results of the source antibody testing
- d) Relevant employee medical records, including Hepatitis B vaccination status
- e) Copy of regulation WAC 296-823-160

E. The medical provider will be requested to provide the facility with the following:

- a) If Hepatitis B is indicated and if employee has received the vaccine
- b) A statement that the employee has been informed of the results of medical evaluation and whether or not there is any medical condition that may require further evaluation and treatment
- c) All other findings or diagnosis shall remain confidential and shall not be included in the written report

F. **Director/Supervisor** will document and review the circumstances of all exposure incidents to determine:

- a) Description of the event
- b) What work practices were being followed
- c) What housekeeping practices were being followed
- d) PPE used at the time of exposure incident
- e) Location of incident

G. If it is determined that revisions need to be made, the **Director/Supervisor** will ensure that appropriate changes are made to this Exposure Control Plan.

11. RECORDKEEPING

Training records are required to be maintained for 3 years and should include:

- o Date of training
- o Content or summary of the training
- o The name and qualification of the trainer
- o The names and job titles of all persons attending the session

Confidential Medical Records are maintained for each employee with occupational exposure in accordance with WAC 296-62-052, Access to Records. **Director/Supervisor** will make sure appropriate employee health, and WISHA records are maintained as required.

The records shall include:

- o Name and social security number of the employee.
- o Copy of the employee's Hepatitis B Vaccination status, including the dates of vaccination.
- o A copy of all results of exams, medical testing and follow-up.
- o Employer's copy of the health care professional's written opinion.
- o A copy of the information provided to the health care professional, including a description of the employee's duties as they relate to the exposure incident.
- o Documentation of the routes of exposure and circumstances of the exposure.

APPENDIX

APPENDIX A: EXPOSURE REPORT FORM

MORNINGSTAR MONTESSORI SCHOOL

Employee Name: _____ Date: _____

Exposure Type: ☐ Blood ☐ Other (describe): _____

Description of exposure event:

Description of the specific part(s) of your body exposed:

While on the job you have the right to receive a Hepatitis B vaccine series at no cost to you following exposure to blood or other potentially infectious materials. Do you wish to receive this?

☐ Yes ☐ No

Employee Signature: _____ Date: _____

Director Signature: _____ Date: _____

Please note that if you decline you must complete the declination statement. You may reconsider your decision in the future and receive the vaccine series at no charge.

APPENDIX B: POST EXPOSURE HEPATITIS B VACCINE DECLINATION STATEMENT

MORNINGSTAR MONTESSORI SCHOOL

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus infection.

You have given me the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself.

However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

☐ I have already received the hepatitis B vaccination series.

Employees Signature:_____

Date:_____

Employees Name:_____

School Name: MorningStar Montessori School

Director's Signature:_____

Date:_____

DISASTER POLICIES

1. MESSAGE TO PARENTS / DISMISSAL OF CHILDREN DURING A DISASTER

Each year all parents are asked to complete and sign the emergency contact and release forms that provide emergency and trip releases for the child and designate persons who are authorized to pick up their child.

PARENT NOTIFICATION: If possible, parents will be notified by e-mail and we will leave a message on the answering machine in the school office. Teachers will use their classroom lists to make calls by cellular phone, should there not be enough time to notify parents by e-mail or change the message on the answering machine. If cellular phones are inoperable, the children will remain with their teachers.

NOTE: School will ONLY release children to those whose names are on the approved pick-up lists provided by the parents.

2. SCHOOLS RESPONSE TO EMERGENCIES/DISASTER

(In all situations, listen to the radio for instructions from emergency personnel.)

Classroom Staff - Classroom staff are responsible for sealing rooms and caring for students. Specific responsibilities will be assigned to staff, but all staff should be comfortable with all classroom activities in order to act as a backup. One teacher per classroom will be designated as leader and will be responsible for managing an individual classroom plan. Staff members who are outside of their classroom at the time of an emergency should return to their classrooms immediately.

Office Staff - Office staff are responsible for sealing public rooms on the first floor, giving assignments to visitors, parents, and caregivers in the building, and assisting teachers in caring for the students. Specific responsibilities will be assigned to the staff. All office staff should be comfortable with all office and classroom activities in order to act as a backup. One office staff member will be designated as leader and will be responsible for managing the office plan.

3. CLASSROOM DISASTER KITS (GRAB AND GO BAGS)

Emergency Packs Contain:

- Small box Kleenex in ziplock bag
- Pen and small memo pad in ziplock bag
- Box of bandages
- Latex gloves (several pairs) in a ziplock bag
- Emergency First Aid booklets (Teachers may have from first-aid training)
- Hand Sanitizer
- Wet wipes
- Class Roster with Allergies and Parents' Emergency Numbers
- A three-day supply of students' and teachers' medication
- Epipen if child or adult has a prescription

4. PORTABLE DISASTER FILE

A portable disaster file, containing student emergency contacts and other disaster information, will be maintained in the school office and there will be duplicates in each classroom's Grab and Go Bags. The Office Staff will remove the office file box whenever the building is evacuated.

5. DISASTER SUPPLIES

Disaster supplies projected to last for 72 hours, including food, first aid, blankets, and tools, will be kept in a supply closet. Some of these supplies will be stored in the Grab and go Bags.

6. TRAINING AND DRILLS

In accordance with Washington State law, fire drills are conducted monthly. All students and staff are required to participate in these mandated drills. The Office Staff will maintain a record of these drills. Staff/faculty will receive training on the MorningStar Montessori School Emergency Plan implementation, including their respective assigned emergency response functions and use of supplies in the disaster kits.

7. MISSING CHILD

1. Search the facility: look in places the child may hide.
2. Attempt confirmation that the child is with family.
3. Call 911: provide the following information
 - Child's name and age
 - Address
 - Physical and clothing description of the child, including any distinguishing marks such as visible scars or birthmarks
 - Medical status, if appropriate
 - Time and location child was last seen, and
 - Person with whom the child was last seen.
4. Notify the Director immediately and search the facility again.
5. Have the child's information, including pictures, if possible, available for the police upon their arrival.
6. Director will notify parents of the missing child and attempt confirmation that the child is with the family; if not, inform parents of the situation and steps taken.
7. Director will report the incident to the licensor and Child Protective Services.
8. Director will complete a written incident report at the earliest opportunity.

8. KIDNAPPING

1. Call 911 immediately, provide the following information:
 - Child's name and age
 - Address
 - Physical and clothing description of the child, including any distinguishing marks such as visible scars or birthmarks
 - Physical and clothing description of the suspect
 - Medical status, if appropriate
 - Time and location child was last seen, and
 - Vehicle information and direction of travel.
2. Notify the Director immediately.
3. Follow **Emergency Lockdown /Intruder Alert Procedure (Page 16)**
4. Have the child's information, including pictures, if possible, available for the police upon their arrival.
5. Director will notify parents of the missing child and inform parents of the situation and steps taken.
6. Director will report the incident to the licensor and Child Protective Services.
7. Director will implement a Crisis **/Disaster Response Plan (Page 18).**
8. Director will complete a written incident report at the earliest opportunity.

9. CHILD ABUSE

1. Report abuse or suspected abuse to the Director.
2. Director will make a report to Child Protective Services and the licensor.

3. Director and appropriate staff will write down the following information on an incident report*:
 - Date and time of calls to Child Protective Services and Department of Early Learning (licensor)
 - Child's name
 - Child's age/birthdate
 - Address
 - Name and address of parent or guardian and other children in the home (if known)
 - Any statements made by the child (DO **NOT** interview child)
 - The nature and extent of the injury or injuries, neglect, and/or sexual abuse
 - Any evidence of previous incidents of abuse or neglect, including nature and extent
 - Any other information which may be helpful in establishing the cause of the child's injury or injuries, neglect or death, and the identity of the perpetrator or perpetrators.

***Note: These reports may become legal documents. Confidentiality of these reports must be strictly observed.**

10. ASSAULT ON CHILD OR STAFF

1. Call 911 if any medical treatment is needed or if police are required (if in doubt, go ahead and call).
2. Director will follow "Administrator Responsibilities - Intruder Alert" in the **Emergency Lockdown /Intruder Alert Procedure (Page 16)**.
4. Staff members will stay with the victim.
5. Victim's family will be notified by phone when it is safe to do so.
6. Director will report the incident to the licensor.
7. Director will complete a written incident report at the earliest opportunity.

11. FIRE ALARM/EMERGENCY

1. Activate fire alarm if not sounding.
2. Evacuate children, visitors, and staff, following the **Building Evacuation Procedure (page 15)**. Drop and crawl to avoid smoke, and close doors behind you. Take the following items with you:
 - Disaster supplies, which are stored **in Grab and Go Bags in each classroom and the other supplies in Kitchen.**
 - Class/staff attendance sheets and visitor sign-in sheets
 - Children's emergency and medical information and supplies, and
 - Cell phone, if available
3. Call 911 from outside the building.
4. Take attendance. If safe to do so, search the building for anyone missing.

5. Director or staff member will check the area of concern and use a fire extinguisher, if safe to do so.
6. Have the following items ready for police and fire personnel:
 - Number of children in care, staff, volunteers, and visitors
 - Knowledge of anyone remaining in the building, and
 - Floor plan/**Internal systems Appendix C – Center Floor Plan And Internal Systems(Pg. 24) .**
7. If it is determined that the building is unsafe, move children to alternate site locations. Follow **Site Evacuation Procedure (page 16).**
8. Director will notify parents of evacuation and alternate site location, if applicable.
9. Director will report the incident to the licensor.
10. Director will complete a written incident report at the earliest opportunity.
11. All parents will be notified of the incident.

12. GAS LEAK

1. DO NOT activate the fire alarm system or any other electrical equipment.
2. Notify the center Director.
3. Evacuate children and staff following the **Building Evacuation Procedure (page 15).** and close doors behind you but leave a window open. Take the following items with you:
 - Disaster supplies which are stored in **Grab and Go Bags in each classroom and the Kitchen.**
 - Class/staff attendance sheets and visitor sign-in sheets
 - Children's emergency and medical information and supplies
 - Cell phone, if available.
4. Call 911 from outside the building.
5. Move children to a designated area no less than one block from the childcare. This location is: **SNOQUALMIE POLICE STATION: 34825 SE Douglas St - Snoqualmie, WA 98065. Ph: (425) 888-3333.**
6. Take attendance.
7. If possible, turn gas off with the **wrench stored In the Utility closet and near the knob outside.**
8. Have the following items ready for police and fire personnel:
 - Location of leak, if known
 - Number of children in care, staff, volunteers, and visitors
 - Knowledge of anyone remaining in the building
 - Floor plan/**Internal systems Appendix C: Center Floor Plan And Internal Systems (Pg. 24).**

9. Director will notify parents immediately if evacuation looks to be long term or if children are moved to alternate site location. If necessary to move to the alternate site location follow **Site Evacuation Procedure (page 16)**.
10. Director will report the incident to the licensor.
11. Director will complete a written incident report at the earliest opportunity.
12. All parents will be notified of the incident.

13. EARTHQUAKE

1. Staff “DROP, COVER, and HOLD.” Direct all children to “DROP, COVER, and HOLD” and remain that way until the earth stops moving. Stay away from windows, bookcases, and filing cabinets. Hold onto the item you are using as a cover. If it moves, move with it. Keep talking to children until it is safe to move.
2. If no items are available for cover, crouch by a load-bearing wall and cover your head with your arms.
3. If outside, “DROP, COVER, and HOLD,” keeping away from glass, bricks, and power lines. If you are outside near a building and there is no safer location, take cover in a doorway to protect yourself and children.

When the earthquake stops, the following procedures should be carried out:

1. Staff check themselves and children for any injuries.
2. Check evacuation routes for damage.
3. Evacuate children and staff, following the **Site Evacuation Procedure (page 16)** and close doors behind you. Take the following items with you:
 - Disaster supplies, which are stored in Grab and Go Bags in each classroom and the other supplies in Kitchen.
 - Class/staff attendance sheets and visitor sign-in sheets
 - Children’s emergency and medical information and supplies
 - Cell phone, if available
4. Staff will render first aid to those who need it.
5. Director will take attendance outside to account for all children and adults.
6. Check utilities for disruption/damage (gas, water, sewer). If you smell gas, turn the gas off with the **wrench stored in the Utility Closet and near the knob outside.**
7. Have a Building Team of two individuals (at least one trained in building assessment) inspect the exterior of the building and report findings to the Director.
8. Determine if it is safe for a rescue team to go into a building to locate anyone missing or injured.
9. Listen to regional **radio stations (1650 AM)** for information on the surrounding area.
10. Determine status of emergency supplies and equipment.

11. Call program's out-of-area contact with information on the center's status (injuries, evacuation, children remaining in care, children who have been picked up).
12. Have the same team of two individuals (Building Team) assess the interior of the building and determine if it is safe to move children back into the building or whether it is best to evacuate and report findings to the Director.
13. If evacuating to an alternate location post a notice indicating your new location, and the date and time you left. Follow Site Evacuation Procedure.
14. Call parents with center status information. If not possible, report center status information to the local **radio station (1650 AM)** for an announcement over the air for parents to hear.
15. If parents cannot be contacted after 4 hours, the child's out-of-area contact will be called, if possible.
16. Director will report the incident to the licensor.
17. Director will complete a written incident report at the earliest opportunity.

"Drop, Cover, and Hold" should be taught and practiced with all the children in your center at least once a month.

14. FLOODING

1. During severe weather, the director or designee will listen to regional or local radio stations (1650 AM) for flood watch and flood warning reports.
2. If a flood warning is issued, move children and staff to the alternate site location. Follow Site Evacuation Procedure.
3. Director will notify all parents immediately.
4. Director will report the incident to the licensor.
5. Director will complete a written incident report at the earliest opportunity.
6. Director will call the insurance company (if needed).

15. FIELD TRIP INCIDENT

1. Before leaving for a field trip make sure the trip coordinator has the following information:
 - Child list by assigned vehicle
 - Supervisor/chaperone list by assigned vehicle
 - Map of intended route
 - Children's emergency and medical information and supplies
 - Name and license number of driver, vehicle license number
 - List of important phone numbers significant to the trip (including children's emergency contact information and chaperone cell phone numbers)
 - First aid kit

If an incident occurs, staff must:

- Attend to any medical needs if there are injuries or complaints of pain
- Call 911 if emergency medical treatment or police are required

- Contact center and provide updates and actions being taken. Center should consider deploying personnel to the scene, hospital, or to appropriate locations.
2. Director will contact parents and give updates of actions being taken and indicate meeting locations or pick-up times at the child care center.
 3. Director will report the incident to the licensor.
 4. Director will complete a written incident report at the earliest opportunity.
 5. Director will call the insurance company (if needed.)

16. POWER OUTAGE

Director or designee will try to locate the problem and activate an alternate lighting system. Flashlights and batteries are located **in Grab and Go Bags in each classroom and in the Kitchen.**

1. Call 911 if concerned about a fire or safety hazard.
2. Unplug all electrical equipment; turn off all but one light.
3. Director will contact the property manager, if needed.
4. **Director will call the electrical utility PSE - 1-888-225-5773.**
5. Call your licensor, DEL health specialist, or local health department to help determine if the center needs to be closed. Also, consider the following items in making your decision:
 - Can you safely prepare/store food?
 - Do you have hot water to wash hands after diapering and toileting?
6. All parents will be notified if a power outage is prolonged.
7. Director will report the incident to the licensor.
8. Director will complete a written incident report at the earliest opportunity.

17. STORMS & SNOW

1. Our school follows the Snoqualmie Public Schools with regard to school closures due to snow or other weather –related closures expect flooding.
2. Parents have to be aware of the weather when their child is at school. If conditions cause Snoqualmie Public Schools to close early, our school will also close.
3. If the childcare center must close during hours of operation because of snow or storm the director will notify parents by e-mail/telephone and the child needs to be picked up in 30 minutes.
4. If weather conditions prevent a parent or legal guardian from reaching the facility to recover a child, the center staff will care for the child (maintaining proper staff-to-child ratios) until such time as the parent, legal guardian, or emergency

contact person can safely claim the child. The disaster supplies will be used as needed.

5. If the above persons cannot claim the child within 72 hours of the center's closing, the director will contact police to transport the child to a Child Protective Services care site.
6. Director will report the incident to the licensor.
7. Director will complete a written incident report at the earliest opportunity.

18. EXTERNAL HAZARDOUS MATERIALS INCIDENT

1. Call 911 immediately. Have staff initiate a Shelter in Place Procedure unless directed to do otherwise by emergency personnel via the dispatcher.
2. Have the following items ready for police and fire personnel:
 - Location and description (liquid, gas) of hazard, if known
 - Number of children in care, staff, volunteers, and visitors
 - Floor plan and internal systems information
3. Follow instructions given by the responding agency for either Shelter in Place Procedure or Building and Site Evacuation Procedure.
4. If evacuated, call on transportation resources to take children and staff to alternate child care site. **Our transportation resource is the vehicles owned by staff.**
5. Notify parents of the move to alternate site locations.
6. If Shelter in Place Procedure occurs and media attention is significant, the Director will call parents to let them know of the situation.
7. Director will report the incident to the licensor.
8. Director will complete a written incident report at the earliest opportunity.
9. All parents will be notified of the incident.

19. INTERNAL HAZARDOUS MATERIALS INCIDENT

1. In the event a person comes into contact with a suspected hazardous material, follow safety precautions posted on-site or listed on the container. Call the hospital emergency room for additional instruction. Contact poison control center for common household product poisonings.
2. Call 911 if additional assistance is needed.
3. Director will report the incident to the licensor.
4. Director will complete a written incident report at the earliest opportunity.

It is strongly suggested that all potentially Hazardous Materials be stored separately, locked up, and stationary so they do not fall over in the event of an earthquake.

Material Safety Data sheets for all potentially hazardous materials on site are located in the office.

20. BOMB THREAT

During the Bomb Threat Call:

1. DO NOT HANG UP! KEEP THE CONVERSATION GOING AND ATTEMPT TO GET THE FOLLOWING INFORMATION:

- Where is the bomb?
- What time will it go off?
- What kind of bomb is it?
- Who are you?
- Why is this going to happen?

2. LISTEN FOR:

- Voice of male or female
- Speech impediment or accent
- What kind of background noise there is
- Cell phone or land-line

3. NOTE: Time _____ Date _____

Immediately after the Call:

1. Notify the center Director.
2. Call 911.
3. Initiate a lockdown. Follow **Emergency Lockdown /Intruder Alert Procedure (Page 16)**.
4. Confer with fire and police about evacuation.
5. Have floor plan ready for police/fire personnel **Appendix C: Center Floor Plan And Internal Systems (Page 24)**.
6. Have teachers and staff glance around their area for suspicious items. (DO NOT MOVE SUSPICIOUS ITEMS.)
7. If the decision is made to evacuate, follow Building and Site Evacuation Procedure.
8. Director will notify parents if evacuated or moved to an alternate location.
9. Director will report the incident to the licensor.
10. Director will complete a written incident report at the earliest opportunity.
11. All parents will be notified of the incident.

21. SUSPICIOUS MAIL OR PACKAGE

1. Do not touch, smell, or taste unknown substances.
2. Cover substance with paper, trash can, clothes, or other material.
3. Evacuate and seal off the room.
4. Wash hands thoroughly.

5. Mark room as “Dangerous.”
6. Call 911.
7. Make a list of all staff and children present in the room at the time of the incident to provide to local health authorities and the police.
8. Director will inform all parents of the incident.
9. Director will report the incident to the licensor.
10. Director will complete a written incident report at the earliest opportunity.

22. SHELTER IN PLACE PROCEDURE

Shelter in Place Procedure should be conducted when you are instructed to do so by emergency personnel, your radio or television emergency broadcast, you see a vapor cloud, or if you smell an unusual odor outside.

1. Gather all children inside.
2. Call 911, if you have not already done so. Director or designer should turn on and listen to the regional or local radio station. Listen for emergency information from your local fire or police department.
3. Director or facility maintenance person will turn off all fans, heating, cooling, or ventilation systems, and clothes dryers.
4. Close and lock windows and doors (locked windows seal better) and close as many interior doors as possible.
5. Close off non-essential rooms such as storage areas, laundry rooms, etc.
6. Seal gaps around windows, doors, heating/air conditioning vents, bathroom and kitchen exhaust fans, stove, and dryer vents with pre-cut plastic sheeting, wax paper, or aluminum foil and duct tape.
7. Stay alert to loudspeaker announcements. Emergency personnel from your local police or fire departments may give you specific instructions via loudspeaker or door-or-door.
8. If determined necessary, you can provide a minimal amount of breathing protection by covering mouths and noses with a damp cloth.
9. If you are told there is danger of explosion, close the window shades, blinds, or curtains. To avoid injuries, keep children away from windows.
10. Director should stay in touch with responding agencies/emergency personnel.
11. Director and emergency personnel in charge will determine whether to stay sheltered in place or to evacuate.
12. Advise parents not to pick up children from the child care center until the incident is over. The presence of parents searching for their children will cause confusion and may lead to exposure to toxic chemicals. **Once sheltered in place, you will not want to open the door to let parents in and out.**
13. Have emergency disaster supplies and emergency contact cards handy.

14. Once the incident is over, inform parents, take down plastic, and turn the ventilation system back on.
15. Director will report the incident to the licensor.
16. Director will complete a written incident report at the earliest opportunity.

23. BUILDING EVACUATION PROCEDURE

1. Staff makes a quick assessment of the situation in the classroom and of any injuries to the children or adults, and reports findings to the director.
2. Director evaluates the evacuation route to be sure that it appears clear of obstructions.
3. Director gives instructions to evacuate.
4. If possible and time allows, have children take jackets and coats.
5. Staff should take the following items:
 - Disaster supplies, which are stored in Grab and Go Bags in each classroom and the Kitchen.
 - Class/staff attendance sheets and visitor sign-in sheets
 - Children's emergency and medical information and supplies
 - Cell phone, if available
6. Staff should assemble children in pairs to evacuate the building (preferably with one teacher leading the children and one teacher following behind). Infants will be placed into rolling evacuation cribs for evacuation.
7. Take attendance. If safe to do so, search the building for anyone missing.
8. Have children sit down, if possible.
9. If a gas leak or other incident requires individuals to be located further away from the child care center, have teachers move children to the pre-designated area not less than one block from the building. The designated area is: **SNOQUALMIE POLICE STATION: 34825 SE Douglas St -Snoqualmie, WA 98065. Ph: (425) 888-3333.**
10. Director will evaluate the situation with the help of responding agencies (fire, police, etc.) or the Building Team and determine if it is safe to enter the building. If it is not safe, the Director will determine if it is necessary to move to the alternate site location (follow Site Evacuation Procedure outlined below or if children and staff should stay where they are until it is safe to re-enter the building.
11. Director will notify parents immediately if evacuation looks to be long term or if children are moved to alternate site locations.
12. Director will report the incident to the licensor.
13. Director will complete a written incident report at the earliest opportunity.
14. All parents will be notified of the incident.

24. SITE EVACUATION PROCEDURE

1. If it is determined that staff and children will be moved to the alternate site location distant from the child care center, assign children to a designated staff member.
2. Staff should bring the following items to the alternate sites:
 - Disaster supplies which are stored in Grab and Go Bags in each classroom and the Kitchen.
 - Class/staff attendance sheets and visitor sign-in sheets
 - Children's emergency and medical information and supplies
 - Cell phone, if available
3. Children will be taken to the alternate site location by:
Walk or by Staff Vehicles if feasible
4. Once at the alternate site location, take attendance again. Staff must remain with their group of children until the children are picked up by parents or emergency contacts.
5. Director will continue to communicate with parents and coordinate pick-up of children.
6. Director will report the incident to the licensor.
7. Director will complete a written incident report at the earliest opportunity.

25. EMERGENCY LOCKDOWN /INTRUDER ALERT PROCEDURE

From time to time, schools and childcare centers 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 who makes you fearful for your safety or the safety of others, then you may be faced with an intruder situation.

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 Procedure.
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 childcare center until authorities determine it is safe.

INTRUDER ALERT PROCEDURE:

1. If a person(s) comes into the facility, the Director or designee will assess the situation. If they are uneasy or suspicious of the person(s) immediately have someone call 911.
2. If a weapon is present, DO NOT CONFRONT – give another staff member the predetermined hand signal to call 911 immediately.
3. If no weapon is suspected, the Director will 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 he/she is 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 members the pre-designated hand signal to call 911.
4. If it is determined that the safety and health of children and staff are in jeopardy:
 - 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 “This is a Code Red Emergency, repeat, this is a Code Red Emergency” – or – write your own.
 - 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.
5. Upon hearing the chosen lockdown announcement (example: Code Red), the following steps must be implemented:
 - Staff should quickly check the hall and restrooms closest to their classrooms and 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. You may want to gather in a story circle behind the table and gather infants into one or two cribs (preferably on wheels)

along with items to help keep them quiet, such as bottles, pacifiers, and small, quiet toys.

- 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 Director, will assume controlling responsibility and may evacuate the building per police standard operating procedures.
- When “All Clear” is heard, the director will apprise the staff of the situation and counsel with 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 the incident to the licensor.
- Director will complete a written incident report at the earliest opportunity

26. CRISIS/DISASTER RESPONSE PLAN

When a tragedy strikes, teachers and staff are torn between the need to deal with children’s reactions and the need to cope with their own reactions. With some advanced planning, this process can be much smoother than when tragedy takes a child care center by surprise.

Crisis: A sudden, generally unanticipated event that profoundly and negatively affects a significant segment of the child care population and often involves serious injury or death. The psychological and emotional impact will be moderate to severe. Outside assistance may be needed.

Director responsibilities include the following tasks:

- Determine whether or not to maintain normal schedules or to set aside the normal schedule for an all out effort to deal with the crisis. Depending on the crisis, it may be necessary to close the center for the day.
- Determine if parent notification becomes an item of priority or if it can wait for a letter to go home in the evening.
- If center-specific, keep the local radio station (1650 AM) informed as to the status of the childcare center so parents will have accurate information.
- Identify high risk children, staff and parents likely to be most affected by the news (e.g., children of the teacher who is deceased/injured or parents whose children are in the same class as the deceased).
- Gather and inform closest friends of the victim(s), providing support and information to them before a general announcement is made. If close friends or classmates are absent, ensure that a supportive adult gives the news to them, so that they do not get initial information from the media.

- Prepare a formal statement for initial announcement, including minimal details and noting that additional information will be forthcoming. Also prepare statements for telephone and media inquiries. Have all staff members practice role plays answering calls so that whoever is assigned or is left with the task is able to follow through.
- Give teachers the facts about the tragedy and instructions on how to share the information with the children in their care as well as suggestions for assisting children to cope (Appendix G, page ____).
- Send a letter home to parents explaining the situation. Include specific factual information as well as information on how the child care center is dealing with the situation. Some parents will need to be contacted by phone, particularly if their child's reaction to the crisis is severe.
- Determine if additional community resources are needed to be on "standby" to manage the crisis effectively. It is essential to minimize the number of "strangers" standing around.
- Facilitate a staff meeting and, if possible, a parent meeting to provide information related to the crisis. The following are some suggestions:
 - Assist with children's processing of information about the crisis.
 - Provide counselors to work with children/staff individually or in groups in a variety of locations.
 - Provide support and counseling for parents.
 - Provide helpful, factual information to parents.
 - Have an individual assist with answering phones, providing information and handling non-media inquiries.
 - Maintain a record of offers of assistance and ensure that proper personnel respond.
 - Deal with the "empty chair/desk" problem. For example, a counselor would provide therapy while sitting in the child's chair. The chair would then be moved to the back of the classroom. Finally the chair would be removed. Make sure children are part of the entire process.
- Personally deal with or assign a staff member to talk with media/reporters promptly and factually.
- Provide information as requested by police, hospital, or other agencies.
- When appropriate, contact the friends/family of the deceased to get information regarding funeral arrangements, and pass on information to childcare staff and parents who may wish to attend.
- Report incident to licensor.
- Report the incident to Child Protective Services if necessary.
- Arrange for a childcare center/community debriefing 48-72 hours after the event.
- Complete a written incident report at the earliest opportunity. Incident reports are stored in the office.
- Other considerations:

- Have designated locations for the use of media, family, friends and workers, as needed.
- Have transportation available to assist the family.
- Young members of the victim's family should be cared for if possible.
- Children and staff should be given permission to feel a range of emotions. Typically, individuals go through a sequence of emotional reactions following a crisis: high anxiety, denial, anger, remorse, grief and reconciliation.
- Provide for grief counseling through local grief hospice program: .
 - The phone number is _____.

27. APPENDICES

APPENDIX A-1: SAMPLE PARENT LETTER

DATE:

Dear Child Care Parents:

Attached please find a copy of our "Crisis/Disaster Plan." With the implementation of this Plan, you can rest assured we will do everything we can to protect your child in the event of a crisis or disaster.

- With any disaster or crisis, your cooperation is necessary for the following:
- Encourage and explain to your child why the best place for them is at the child care center.
- Explain that if you are unable to pick them up quickly, the child care staff will care for them until you or your emergency contact comes to get them.
- Please do not telephone the child care center. Telephone lines will be needed for emergency communications for the first 4 hours.
- Listen to local or regional radio stations for updates (_____).
- Provide an emergency/comfort kit for your child.
- Include an out-of-state contact number with your kit.
- Provide a 72-hour supply of any medication or medical supplies/equipment that your child may need.

The child care staff will care for your child until you or your designee are able to reach him/her. Be sure to keep your child's emergency release card updated. Your child will be released only to those specified by you on his/her forms. We will also utilize the phone numbers on the emergency release form should we need to relocate to our alternate site.

If local telephone lines are unavailable, utilize your out-of-state contact number for information. If possible, we will call that number to give information on your child and to see if you have left any information for us.

Thank you for your attention to this matter. Please feel free to contact the child care center if you have any questions regarding our Crisis/Disaster Plan.

Keeping your children safe,
Center Director

APPENDIX A-2: SAMPLE PARENT COMMUNICATION FORM

Dear Parent or Family,

During a disaster, communication may become challenging. Often it is easier to contact an out-of-area phone number than a local or cell number. Our facility is establishing an out-of-area number to relay information throughout a disaster. Please put this number in a convenient and accessible place so that you are able to get information about your child should local calling become challenging. Our out-of-area contact is:

Name: Saritha Metta Phone #: 972-979-6412

Name: Srivalli Susarla Phone#: 773-380-4000

We encourage you to familiarize yourself with the disaster plans and policies established for our child care facility. If you have not already been given this information, it will be provided for you by:

Date:

Please sign and return the following portion:

I have received information regarding your child care facility's out-of-area emergency contact. I understand that your child care facility has established policies to respond appropriately to a disaster.

Signature: _____ Date: _____

Please provide the following information for our emergency records:

Child's name:

Child's out-of-area contact (100+ miles away):

Emergency contact (friend, family or loved one):

Local contact (the "nearest" acquaintance):

APPENDIX B: DISASTER SUPPLY LISTS

Our Disaster Kits contain the following items:

- | | |
|--|--|
| <ul style="list-style-type: none">● Batteries● Whistle● Battery Operated Radio● Safety Pins● Sanitary napkins● Books or games● Wrench● Bleach, unscented● Bucket● Can opener (manual)● Comfort kits for children● Crowbar● Disaster Plan (copy)● Disposable diapers/wipes● Emergency Information Cards for children● First Aid Kit (for disasters)● First aid book● Flashlights● Food (3-day supply) | <ul style="list-style-type: none">● Gloves, disposable and heavy material/leather● Hand sanitizer● Matches or lighter● Medications and/or equipment for children/staff with special needs● Money, change, and small bills● Office supplies (pen, paper, tape)● Paper towels● PineSol® or similar product● Plastic garbage bags (large, one per child for rain protection)● Plastic garbage bags (medium, for toilets)● Plastic kitchen supplies● Pliers● Soap● Tarp or tent● Toilet paper● Water (3-day supply) |
|--|--|

APPENDIX C: CENTER FLOOR PLAN AND INTERNAL SYSTEMS

1. Attach a copy of your childcare center floor plan here.
2. List the security and utility systems in place at the center, and where the controls are located.



APPENDIX D: HELPING CHILDREN COPE WITH DISASTER

Disasters can be very traumatic, especially for young children. There are several things that you can do to help the children in your care cope with their feelings.

1. Reassure the children that they will not be left alone and that you are there to protect them.
2. Be aware of changes in a child's behavior but also know that some children may not outwardly show their distress.
3. Keep to routines such as meals, activities, and naps, as much as possible.
4. Avoid allowing young children to watch or listen to news coverage of the disaster.
5. Give simple but truthful answers to children's questions and make sure children understand your answers. Do not give more information than the children can use and understand.
6. Give children opportunities to express their feelings through activities such as play-acting, using dolls, storytelling, painting, or drawing.
7. Be especially supportive of the children's feelings and their need to be close. Give lots of hugs, smiles, and kind words.
8. Reassure children that they are not responsible for the disaster. Listening to children's stories about disasters and feelings may help.
9. If possible, take a moment away from the children and make sure you address your own fears and anxieties by talking with other adults.
10. Seek professional assistance when needed. The Mental Health Checklist on the following two pages may help you in determining the need for additional assistance. Your own knowledge of a child and your instincts about the child's needs will also help you make a decision. When in doubt, call for professional help.

LOCAL RESOURCES FOR CHILDREN'S MENTAL HEALTH INFORMATION ARE:

In the event of a disaster or crisis, grief counseling may be provided through the following local program or organization _____.

The phone number is _____.