St. Charles Borromeo Catholic School
Preschool, PreK & After School Care

Parent Handbook

&

Health Care Plan

Last Revision: 8-1-25

St. Charles Borromeo Catholic School Preschool, PreK & After School Care

Emergency Contacts & Information

Address:
7112 S. 12th St.
Tacoma, WA 98465

Phone:
253-564-5185

Nearest Cross Street: 12th St. between Jackson and Mildred

Staff

School Principal & Program Director: Beth O'Reilly, boreilly@stcharlesb.org

Preschool Teacher: Clare Seberson, cseberson@stcharlesb.org

Preschool Teacher: Emily Fox, efox@stcharlesb.org

Preschool Teacher: Violeta Herrera vherrera@stcharlesb.org

PreK Teacher: Diane Bauder, dbauder@stcharlesb.org

PreK Teacher: Marilyn Coleman, mcoleman@stcharlesb.org

PreK Teacher: Lauren Velloso, lvelloso@stcharlesb.org

Emergency Numbers:

Fire/Police/Ambulance: 911

CPS: 253-983-6200

CPS After Hours: 1-800-562-5624

Poison Control: 1-800-222-1222

Animal Control: 253-798-3133

Other Contacts:

DEL Licensor: 253-983-6408

Communicable Disease/Immunization Hotline: 253-798-6410

Communicable Disease Report Line: 253-798-6534

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St. Charles Borromeo Catholic School Preschool, PreK & After School Care

Mission Statement
Inspired by Christ, our common vision at St. Charles Borromeo Catholic School is to prepare students to be responsible individuals with traditional Catholic values and a life-long love of learning. As a ministry of St. Charles Borromeo Parish, we provide opportunities for academic and spiritual growth within a secure and supportive environment in partnership with parents, parish, and community.

Philosophy
The philosophy governing the educational endeavors at St. Charles Borromeo Catholic School is based upon the Good News of Christ which renews, purifies, and elevates the morality of all peoples.

Working with the home and in the tradition of the Catholic Church, we strive to help children develop their particular capabilities and talents. It is our aim to instill in each child a desire for active Christian participation in society and a rich personal life.

As a mission of the parish and the greater Catholic Church, while recognizing the spiritual qualities and human dignity of individuals, we strive to preserve a view of the whole human person. Therefore, we aid the children in the formation of Christian conscience, development of intellect, and reliance on prayer to lead fruitful lives which embody universal Catholic values.

Excellence in Academic Achievement
St. Charles Borromeo Catholic School has a 50-year tradition of *excellence in education.* High standards, strong motivation, effective discipline and an atmosphere of caring combine to foster excellence, and a high quality of student performance is supported by the evidence.

St. Charles Borromeo Catholic School students score significantly higher than national and local school averages on standardized and State testing. Research shows that because of a greater emphasis on homework and study, students develop more effective study and self-discipline skills which lead to improved academic performance. St. Charles Borromeo Catholic School students know the value of homework and are well-prepared academically for any high school they attend.

While providing a stimulating and demanding education, St. Charles Borromeo Catholic School gives students a high level of individualized attention and personal sharing. This commitment is reinforced by participation in programs such as robotics, chess, and coding club and also for those experiencing difficulty in reading, writing, and arithmetic in services provided by our Resource Room.

Faith & Family

At St. Charles Borromeo Catholic School, we recognize the parents and family as the primary educators and we join with them to form a living community of shared vision and values. St. Charles Borromeo Catholic School helps students understand that each person is unique and valuable. The school joins with the family to help students understand their special place in the family, the Church, and society. We encourage family input and involvement in the ongoing education of their children. Research indicates that such a partnership results in higher attendance rates and greater student achievement. We also strive to create a special bond among the students, the home, the school, and the Church, so that all share the strong sense of community. At St. Charles Borromeo Catholic School, every child shares in an educational environment filled with love and concern joining together in community to help create a better world.

Maintaining High Standards

St. Charles Borromeo Catholic School engages in an ongoing process of evaluation, certification, and accreditation of both teachers and programs. Our accountability to constituents guarantees the continuation of traditionally high standards. Our curriculum meets or exceeds all State regulations and guidelines. In addition, Archdiocesan guidelines ensure a strong religious education program. Our faculty members are fully qualified professionals committed to bringing out the best in their students as they grow in knowledge, skills, and values. We have achieved for the past 18 years the highest level of accreditation from the *Northwest Association of Accredited Schools* and also the *Western Catholic Schools Association*; a level of achievement few schools can match.

Health Care

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 refers to the First Aid Guide located in the cupboard marked "first aid".
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 calls parent/guardian or designated emergency contact if necessary. For major injuries/medical emergencies, a staff person stays with the injured/ill child until a parent/guardian or emergency contact arrives, including during transport to a hospital.
5. Staff record the injury/medical emergency on an incident report for parents which is/are kept in the sign-in binder. The report includes:
    - date, time, place and cause of the injury/medical emergency (if known),
    - treatment provided,
    - name(s) of staff providing treatment, and
    - persons contacted.

   A copy is given to the parent/guardian the same day and a copy is placed in the child's file. For major injuries/medical emergencies, parent/guardian signs for receipt of the report and a copy is sent to the licensor no later than the day after the incident.
6. An injury is also recorded on the *Injury Log*, which is located in the office Injury Log binder. The entry will include the child's name, staff involved, and a brief description of the incident. We maintain confidentiality of this log by keeping it in the office in a binder.
7. The child care licensor is called immediately for serious injuries/incidents which require medical attention.

**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/hypoallergenic gloves. Hands should always be washed after gloves are removed.*

First Aid

At least one staff person with current training in Cardiopulmonary 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 in each classroom marked "First Aid", in the kitchen and in the outdoor backpacks. First aid kits are identified by the "First Aid" label.

Each of our first aid kits contain all of the following:

- ♦ First aid guide
- ♦ Sterile gauze pads (different sizes)
- ♦ Small scissors
- ♦ Adhesive tape (gauze)
- ♦ Band-Aids (different sizes)
- ♦ Roller bandages
- ♦ Large triangular bandage
- ♦ Gloves (nitrile, vinyl, or latex)
- ♦ Tweezers for surface splinters
- ♦ CPR mouth barrier

First aid kits are checked by Health Room volunteers and are restocked monthly or sooner if necessary. The expiration date for ipecac syrup of ipecac is also checked at this time.

Blood/Body Fluid Contact or Exposure

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

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 disinfected with an agent such as bleach in the concentration used for disinfecting body fluids (1/4 cup bleach per gallon of water or 1 tablespoon/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. Any brushes, brooms, dustpans, mops, etc. used to clean-up body fluids are washed with detergent, rinsed, and soaked in a disinfecting solution for at least 2 minutes and air dried. Machine washable items, such as mop heads, are washed with hot water and detergent in the washing machine. All items are hung off the floor or ground to dry. Equipment used for cleaning is stored safely out of children's reach in an area ventilated to the outside.
5. A child's clothes soiled with body fluids are put into a closed plastic bag and sent home with the child's parent/guardian. A change of clothing is available for children in care, as well as for staff.
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 Program Supervisor 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 Bloodborne Pathogen Exposure

Control Plan. We review the BBP Exposure Control Plan annually with our staff twice per year and document this review.

Injury Prevention

1. Proper supervision is maintained at all times, both indoors and outdoors. Staff members position themselves to observe the entire play area.
2. The site is inspected Weekly for safety hazards by the Program Supervisor (staff review their rooms daily and remove any broken or damaged equipment). Hazards include, but are not limited to:
    - Security issues (unsecured doors, inadequate supervision, etc.)
    - General safety hazards (broken toys & equipment, standing water, chokeable & sharp objects, etc.)
    - Strangulation hazards
    - Trip/fall hazards (rugs, cords, etc.)
    - Poisoning hazards (plants, chemicals, etc.)
    - Burn hazards (hot coffee in child-accessible areas, unanchored or too-hot crock pots, etc.)
3. The playground is inspected daily for broken equipment, environmental hazards, garbage, animal contamination, and required depth of cushion material under and around equipment by The playground supervisor. It is free from entrapments, entanglements, and protrusions.
4. Toys are age appropriate, safe, and in good repair. Broken toys are discarded.
5. Rooms with children under 3 years old are free of push pins, thumbtacks, and staples.
6. Cords from window blinds/treatments are inaccessible to children. (Many infants and young children have died from strangling window cords. Consider cordless window treatments, or replace or retrofit corded models. See the Window Covering Safety Council's website, www.windowcoverings.org, for more information.)
7. Hazards are reported immediately to the Program Supervisor. The assigned person will insure that they are removed, made inaccessible or repaired immediately to prevent injury.
8. The Injury Log is monitored by the Program Director monthly to identify accident trends and implement a plan of correction.

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

Biting/Pushing

Biting and pushing is unfortunately not unexpected behavior for toddlers. Some children and many toddlers communicate through this behavior. However, biting/pushing can be harmful to other children and to staff. This biting/pushing policy has been developed with both of these ideas in mind. As a preschool, we understand that biting/pushing, unfortunately, is a part of a preschool setting. Our goal is to help identify what is causing the biting/pushing and resolve these issues. If the issue cannot be resolved, this policy serves to protect the children that are bitten/pushed. If a biting/pushing incident occurs, state regulations require that the

parent of the child biting/pushing and the parent of the child who was bitten/pushed be contacted. Names of the children are not shared with either parent.

There exist other acts of aggression where this policy is in place - these include spitting, kicking, scratching and other acts as defined as aggressive or hurting others.

When Biting/pushing Does Occur:
Our staff strongly disapproves of biting/pushing. The staff's job is to keep the children safe and help a child that bites learn different, more appropriate behavior. We do not use techniques to alarm, hurt, or frighten children.

For the child that was bitten/pushed:
1. First aid is given to the bite. It is cleaned with soap and water. If the skin is broken, the bite is covered with a bandage.
2. Parents are notified.
3. The "Incident Report" form is filled out documenting the incident.

For the child that bit/pushed:
1. The teacher will firmly tell the child, We do not bite/push. And ask them to check in with the child who was hurt.
2. The child will discuss with a teacher how the other child may feel and what other ways there are to deal with their frustration.
3. The parents are notified. The "Incident Report" is filled out documenting the incident.

Moving forward:

The child will be shadowed to help prevent any biting/pushing incidents. The child will be observed by the teachers to determine what is causing the child to bite (teething, communication, frustration, etc.) The child will be given positive attention and approval for positive behavior.

When biting/pushing continues:

1. If a child inflicts 2 bites/pushes in a one week period (5 days of school attendance) in which the skin of another child or staff member is broken or bruised or the bite leaves a significant
mark, a conference will be held with the parents to discuss the child's behavior and how the behavior may be modified.

2. If the child again inflicts 2 bites/pushes in a one week period (5 weekdays) in which the skin of another child or staff member is broken or bruised or the bite leaves a significant mark, the child will be asked to take a one week break from the school.

3. If the child again inflicts 2 bites/pushes in a one week period (5 days of school attendance) in which the skin of another child or staff member is broken or bruised or the bite leaves a significant mark, the parents will be asked to limit schedules to a half-day to see if less time in the classroom alleviates the behavior.

4. If the child again inflicts 2 bites/pushes in a one week period (5 days of school attendance) in which the skin of another child or staff member is broken or bruised or the bite leaves a significant mark, the parents will be asked to make other arrangements for daycare.

If a child, who has been through step 1 and 2 and then goes 3 weeks (15 days of school attendance) without biting/pushes, we will go back to step one if the child bites/pushes again. If a child bites/pushes twice in a 1 hour period, the child will be required to be picked up from preschool for the remainder of the day.

Policy and Procedure for Excluding Ill Children

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

1. Fever of at least 100 ° F accompanied by one or more of the following:
    - diarrhea or vomiting
    - earache headache
    - signs of irritability or confusion
    - sore throat
    - rash
    - fatigue that limits participation in daily activities

No rectal or ear temperatures are taken. Digital thermometers are used.*

**Oral temperatures may be taken for preschool through school age children if single use covers are used over the thermometer. Glass thermometers contain mercury, a toxic substance, and therefore should not be used. Temperature strips should not be used because they are frequently inaccurate.*

2. Vomiting: 2 or more occasions within the past 24-72 hours.
3. Diarrhea: 3 or more watery stools within the past 24-72 hours or any bloody stool.
4. Rash, especially with fever or itching.
5. Eye discharge or conjunctivitis (pinkeye) until clear or until 24-72 hours of antibiotic treatment.
6. Sick appearance, not feeling well, and/or not able to keep up with program activities.
7. Open or oozing sores, unless properly covered and 24 hours has passed since starting antibiotic treatment, if antibiotic treatment is necessary.
8. Lice or scabies:
   Head lice: until no nits are present.

Scabies: until after treatment is begun.

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 child care are met.

Children with any of the above symptoms/conditions are separated from the group and cared for in the office. Parent/guardian or emergency contact is notified to pick up 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 a letter home or posting. 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. This is located in the binder in the main office. We maintain confidentiality of this log by putting it in a binder inaccessible to others.

Staff members follow the same exclusion criteria as children.

Communicable Disease Reporting

Communicable diseases can spread quickly in childcare settings. Because some of these diseases can be very serious in children, 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 (WAC 246-101-415[1]). 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 at (253)798-7610.

- Acquired immunodeficiency syndrome (AIDS)
- Animal bites
- Arboviral disease (for example, West Nile virus)
- Botulism (foodborne, wound, or infant)
- Brucellosis
- Campylobacteriosis
- Cholera
- Cryptosporidiosis
- Cyclosporiasis
- Diphtheria
- Diseases of suspected bioterrorism origin (including anthrax and smallpox)
- Diseases of suspected foodborne origin
- Diseases of suspected waterborne origin
- Enterohemorrhagic *E. coli*, (including *E. coli* O157:H7 infection)
- Giardiasis
- *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
- HIV infection
- Immunization reactions, severe
- Legionellosis
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Measles
- Meningococcal disease
- Mumps
- Paralytic shellfish poisoning
- Pertussis
- Plague
- Poliomyelitis
- Psittacosis
- Q fever
- Rabies and Rabies Exposures
- Rare diseases of public health significance
- Relapsing fever
- Rubella
- Salmonellosis
- Sexually Transmitted Diseases (chancroid, gonorrhea, syphilis, genital herpes simplex, granuloma inguinale, lymphogranuloma venereum, *Chlamydia trachomatis*)
- Shigellosis
- Tetanus
- Trichinosis
- Tuberculosis
- Tularemia
- Typhus
- Unexplained critical illness or death
- Vibriosis
- Yellow fever
- Yersiniosis

Even though a disease may not require a report, you are encouraged to consult with a Child Care
Health Program Public Health Nurse at (253)891-6000 for information about childhood illness or disease prevention.

[1] **WAC 246-101-415 Responsibilities of child day care facilities.** Child day care facilities shall: (1) Notify the local health department of cases or suspected cases, or outbreaks and suspected outbreaks of notifiable conditions that may be associated with the child day care facility. (2) Consult with a health care provider or the local health department for information about the control and prevention of infectious or communicable disease, as necessary. (3) Cooperate with public health authorities in the investigation of cases and suspected cases, or outbreaks and suspected outbreaks of disease that may be associated with the child day care facility. (4) Child day care facilities shall establish and implement policies and procedures to maintain confidentiality related to medical information in their possession.

Toilet/Bathroom Accident Policy

All children attending Three & Four Year Old Preschool/PreK must be fully potty trained before they attend.

* We do not have the facilities, supplies and staff required to change children for students over the age of 3.

<u>Definition of Fully Potty Trained</u>
A fully potty trained child is a child who can do the following:

- Be able to tell the adult they have to use the bathroom before they have to go.

- Be able to pull up and down their underwear and pants without assistance.
- Be able to wipe without assistance.
- Be able to get on and off the toilet by themselves.
- Be able to wash and dry their hands.
- Be able to postpone going if they must wait.
- Wear cloth underwear: **No Pullups or diapers allowed.**
- Can use the bathroom without a potty seat or chair.

Accidents

Accidents do happen, accidents by definition are unusual incidents and should only happen infrequently.

- If a wet accident occurs your child will be given their extra clothes and will be expected to change themselves.
- If a BM accident happens and the child can't change themselves we will notify you to come and clean your child. They can return to school that day once they have been cleaned and have a fresh change of clothes.

Bathroom Accident Policy

Preschool (3 year olds): if your child has more than three wet accidents a week or two bm accidents in a two week period

PreK: if your child has more than two wet or bm accidents in a month.

Your child is not potty trained to the extent of a school setting.

Soiled Clothing (Preschool 2)

If your child should become soiled while at school, the staff will change them into the extra clothing the parent has provided and send clothing home in a plastic bag. We do not wash soiled clothes at school. If your child has no extra clothing and if Preschool 2 has some, we will use the daycare's extra clothing.

Soiled Clothing (Preschool 3, PreK and After School Care)

If the child is able to change their clothing on their own, soiled clothing will be bagged up and put in their backpack. If your child is unable to clean and change themselves then a parent/guardian will be called to come and change their child or pick them up.

If a child is not fully potty trained (3 year old program and older)

If we find that a child isn't potty trained in a school environment parents may choose one of the following options:

1. The student may be withdrawn from school and then re-enroll when s/he becomes fully potty trained. Registration fees will not apply if re-enrollment happens within the same school year. *Please note, the student's spot will not be able to be held if this option is chosen.*
2. Parents may pay the student's tuition to hold the spot until he/she is fully potty trained.

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 are used. 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.

Immunization records are reviewed quarterly by the Program Supervisor.

Children are required to be immunized for the following:

- DTaP (Diphtheria, Tetanus, Pertussis)
- IPV (Polio)
- MMR (Measles, Mumps, Rubella)
- Hepatitis B
- HIB (Haemophilus Influenzae Type B)
- Varicella (Chicken Pox)

Children may attend child care without an immunization:

- when the parent signs the back of the Certificate of Exemption (COE) form stating they have personal, religious or philosophical reasons for not obtaining the immunization(s)

  OR

- the health care provider signs that the child is medically exempted.

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

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

Medication Policy

- Medication is accepted only in its *original container*, labeled with the child's name.
- Medication is not accepted if it is expired.
- Medication is given only with prior written consent of a child's parent/legal guardian.

Consent on the medication authorization form (completed by parent/guardian) 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/legal 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:
    · Antihistamine
    · Non-aspirin fever reducer/pain reliever
    · Non-narcotic cough suppressant
    · Decongestant
    · Ointment or lotion intended specifically to relieve itching or dry skin
    · Diaper ointment or non-talc powder intended for use in diaper area
    · Sunscreen for children over 6 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 do not exceed label recommendations.
2. Written consent for medications covers only the course of illness or specific episode (of teething, etc.).
3. Written consent for sunscreen is valid for up to 6 months.

*Medication Authorization forms are available at www.metrokc.gov/health/childcare or from the Program Supervisor.

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 a healthcare provider.
3. A licensed health care provider's consent is accepted in one of 3 ways:
    - The provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, frequency [cannot be given "as needed"], duration, and expiration date); or
    - The provider signs a note or prescription that includes the information required on the pharmacist's label; or
    - The provider signs a completed medication authorization form.

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

Medication Storage

1. Medication is stored out of reach of children in a medication cabinet. It is stored in a way that is:
    - Inaccessible to children
    - Separate from staff medication
    - Protected from sources of contamination
    - Away from heat, light, and sources of moisture
    - At temperature specified on the label (i.e., at room temperature or refrigerated)
    - Separated by (oral) and external (topical) medications
    - Separate from food
    - In a sanitary and orderly manner
2. Rescue medication (e.g. EpiPen® or inhaler) is stored in a cupboard marked "First Aid" and inaccessible to children.
3. Controlled substances (e.g., ADHD medication) are stortoileted in a locked container in the health room cupboard in a locked box. 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.)
5. Staff medication is stored in the Health Room cupboard marked "first aid", out of reach of children. Staff medication is clearly labeled as such.

Emergency Supply of Critical Medications

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

Medication is kept current (not expired).

Staff Administration and Documentation

1. Medication is administered by the Lead Teacher or the school's office staff.
2. Staff members who administer medication to children are trained in medication procedure and center policy by the Center Director and 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 members giving medication document the time, date, and dosage of the medication given on the child's medication authorization form. Each staff member signs her/his initials each time a medication is given and her/his full signature once at the bottom of the page.
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 medication binder/clipboard and placed in the child's file.
8. All information related to medication authorization and documentation is considered confidential and is stored out of general view.

Medication Administration Procedure

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

1. **Wash hands** before preparing medications.
2. Carefully read all relevant instructions, including labels on medications, noting:
    - child's name,
    - name of the medication,
    - reason for the medication,
    - dosage,
    - method of administration,
    - frequency,
    - duration (start and stop dates),
    - any possible side effects, and
    - any special instructions

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

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

*We do not use bulk medication.

Health Records

Each child's health record will contain:

- 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 immunization records (CIS form)

- consent for emergency care
- preferred hospital
- any assistive devices used (e.g., glasses, hearing aids, braces)

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

Children with Special Needs

Students possessing physical or emotional disabilities will not be denied admission solely by reason of the disability; however we must be able to meet the needs of the individual child.

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
    - daily care
    - potential emergency situations
    - care during and after a disaster

    Completed plans are requested from health care providers yearly or more often as needed for changes. Plans are reviewed, initiated, and dated monthly by parent/guardian. Pam Stoner is responsible for ensuring care plans are kept updated. Children with special needs are not present without a plan on site.
6. All staff members receive general training on working with children with special needs and updated training on specific special needs that are encountered in their classrooms.
7. Teachers, cooks, and other staff will be oriented to any special needs or diet restrictions by the Program Supervisor.

Hand Washing

Soap, warm water (between 85° and 120° F), and individual towels are available for staff and children at all sinks, at all times.

All **staff members** wash hands with soap and water:

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

9. After being outdoors
10. After feeding, cleaning, or touching pets/animals
11. After giving first aid

Children are assisted or supervised in hand washing:

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

Hand Washing 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 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 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.

Cleaning, Sanitizing/Disinfecting, and Laundering

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

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

Storage

Our cleaning and sanitizing/disinfecting supplies are stored in a safe manner in an upper cupboard. All such chemicals are:

- inaccessible to children
- in their original container
- separate from food and 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

Cleaning

We use the following product for cleaning surfaces*: dish soap and rinse then wipe the surface with a paper towel or single use cloth.*

Rinsing

We use the following method for rinsing: *spray water and single use cloth or paper towel*.

Other Cleaning Agents

We also use Alpha HP Multi-Surface Disinfectant Cleaner (1:64 Dilution) periodically to disinfect our chairs and tables. The Material Safety Data Sheet (MSDS) is available upon request.

Sanitizing/Disinfecting

We use the following product for sanitizing/disinfecting surfaces*: bleach and water (recommended: bleach and water solution), then wipe the surface with a paper towel or single use cloth.*

Bleach solutions* are prepared and used as outlined below:

Body fluids (BF) solution for disinfecting	**Amount of Bleach**	**Amount of Water**	**Contact Time bathroom**
Body fluids, bathrooms and bathroom equipment.	1 tablespoon	1 quart	2 minutes
	¼ cup	1 gallon	2 minutes
General purpose (GP) solution for sanitizing	**Amount of Bleach**	**Amount of Water**	**Contact Time**
Table tops, counters, toys, dishes, mats, etc.	¼ teaspoon	1 quart	2 minutes
	1 teaspoon	1 gallon	2 minutes

- Bleach solution is applied to surfaces that have been cleaned and sanitized.
- Bleach solution is allowed to remain on the surface for at least 2 minutes or air dry.
- Bleach solutions are made up daily by Robin Becker using measuring equipment. For those handling full-strength bleach, we supply protective gear, including gloves and eye protection, as per manufacturer's instructions.

** Please see Appendix VI: ALTERNATE CLEANING/SANITIZING/DISINFECTING CHEMICALS if other chemicals are used for cleaning/sanitizing/disinfecting.*

Cleaning and Sanitizing/Disinfecting Specific Areas and Items

Classroom cleaning and sanitizing is done by the classroom teacher or assistant throughout the day. The school janitor cleans high touch surfaces throughout the day in the school.

The school janitor is responsible for cleaning the following: Bathrooms, sinks, counters, mopping every evening and as needed throughout the school day.

Bathrooms

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

Sleeping Mats

Sleeping mats are washed, rinsed, and sanitized (GP) weekly, before use by a different child, after a child has been ill, and as needed.

Door handles

Door handles are cleaned, rinsed, and disinfected (BF) daily, or more often when children or staff members are ill.

Floors

- Solid-surface floors are swept, washed, rinsed, and sanitized (GP) daily. While children are napping on mats or cots, mopping is done with water or detergent and water only.
- Carpets and rugs in all areas are vacuumed daily and professionally steam cleaned every 3 months or as necessary. Carpets are not vacuumed when children are present (due to noise and dust).

Furniture

- Upholstered furniture is vacuumed daily. Removable cushions and covers are washed every month or as necessary. Non-removable upholstery is professionally steam-cleaned every six months or as necessary.
- Painted furniture is kept free of paint chips. No bare wood is exposed; paint is touched up as necessary. (Bare wood cannot be adequately cleaned and sanitized.)

Garbage

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

(Diaper and food-waste cans must have tight-fitting lids and be hands-free. Garbage cans for paper towels must be hands-free; that is, lid-free or with a pedal-operated lid.)

Kitchen*

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

**For more details, please see the handbook "Food Safety and Sanitation" from the Child Care Health Program, Public Health - Seattle & King County.*

Laundry

- Cloths used for cleaning or rinsing are laundered after each use at an on site location.

Mops

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

Tables and Chairs

Tables are cleaned, rinsed, and sanitized (GP) before and after snacks or meals.

Toys

- Only washable toys are used.
- Mouthed toys are placed in a plastic "mouthed toy" container after use by each child. Mouthed toys are then cleaned, rinsed, and sanitized (GP) before use by a different child. Toys are washed, rinsed, and sanitized either in a full wash and dry cycle in the dishwasher or by the use of buckets, sinks, or spray bottles containing liquid detergent and water, rinse water, and bleach solution.
- Cloth toys and dress-up clothes are washed weekly (or as necessary) with 140°F water. Dress-up clothes are laundered and stored during an outbreak of lice or scabies.
- Other toys are washed, rinsed, and sanitized (GP) weekly (or more often, as necessary) as described above for "mouthed toys."

Water Tables

- Water tables are emptied and cleaned, rinsed, and sanitized (GP) after each use, or more often as necessary.
- Children wash hands before and after water table play.

General cleaning of the entire facility is done as needed.

There are no strong odors of cleaning products in our facility.

Air fresheners and room deodorizers are not used.

Food Service

Food is prepared at home unless you participate in the SCB hot lunch program. Please bring food and snacks in a cooled lunch box labeled with the child's first and last name.

A supply of safe drinking water is supplied and available for the children in care throughout the day.

1. **Food handler permits** are required for staff that prepare full meals 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.
2. **Orientation and training** in safe food handling is given to all staff. Documentation is posted in the staff area.
3. **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
4. **Child care cooks** do not change diapers or clean toilets.
5. **Staff wash 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. (Long fingernails are known to harbor bacteria).
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. **Refrigerators and freezers** have thermometers placed in the warmest section (usually the door). Thermometers stay at or below 41° F in the refrigerator and 10°F in the freezer.
9. **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.
10. **Chemicals** and cleaning supplies are stored away from food and food preparation areas.
11. **Cleaning and sanitizing** of the kitchen is done according to the Cleaning, Disinfecting and Laundering section of this policy.
12. **Dishwashing** complies with safety practices:
    - Hand dishwashing is done with three sinks or basins (wash, rinse, sanitize).
    - Dishwashers have a high temperature sanitizing rinse (140° F residential or 160°F commercial) or chemical disinfectant.
13. **Cutting boards** are washed, rinsed, and sanitized between each use. No wooden cutting boards are used.
14. **Food prep sink** is not used for general purposes or post-toilet/post-diapering hand washing.
15. **Kitchen counters, sinks, and faucets** are washed, rinsed, and sanitized before food production.

16. **Tabletops** where children eat are washed, rinsed, and sanitized before and after every meal and snack.
17. **Thawing frozen food**: frozen food is thawed in the refrigerator 1-2 days before the food is on the menu, or under cold running water. Food may be thawed during the cooking process IF the item weighs less than 3 pounds. If cooking frozen foods, plan for the extra time needed to cook the food to the proper temperature. Microwave ovens cannot be used for cooking meats, but may be used to cook vegetables.
18. **Food is cooked to the correct internal temperature**:
    - Ground Beef 155° F
    - Pork 145° F
    - Fish 145° F
    - Poultry 165° F
19. **Holding hot food**: hot food is held at 135° F or above until served.
20. **Holding cold food**: food requiring refrigeration is held at 41° F or less.
21. **A digital thermometer** is used to test the temperature of foods as indicated above, and to ensure foods are served to children at a safe temperature.
22. **Cooling foods** is done by one of the following methods:
    - Shallow Pan Method: Place food in shallow containers (metal pans are best) 2" deep or less, on the top shelf of the refrigerator. Leave uncovered and then either put the pan into the refrigerator immediately or into an ice bath or freezer (stirring occasionally).
    - Size Reduction Method: Cut cooked meat into pieces no more than 4 inches thick. Foods are covered once they have cooled to a temperature of 41° F or less.
23. **Leftover foods** (foods that have been below 41° F or above 135° F and have not been served) are cooled, covered, dated, and stored in the refrigerator or freezer. Leftover food is refrigerated immediately and is not allowed to cool on the counter.
24. **Reheating foods**: foods are reheated to at least 165° F in 30 minutes or less.
25. **Food substitutions**, due to allergies or special diets and authorized by a licensed health care provider, are provided within reason by the center.
26. **When children are involved** in cooking projects our center assures safety by:
    - closely supervising children,
    - ensuring all children and staff involved wash hands thoroughly,
    - planning developmentally-appropriate cooking activities (e.g., no sharp knives),
    - following all food safety guidelines.
27. **Perishable items** in sack lunches are refrigerated upon arrival at the center.

Nutrition

1. Food is offered at intervals not less than 2 hours and not more than 3 ½ hours apart. If our site is open over 9 hours; we provide time for two snacks and two meals. The following meals and snacks are served by the center, meals provided by parents:
    - 9:00 AM Snack (SCB provides)
    - 11:00 - 11:30 AM Lunch (start time dependant on classroom)
    - 2:00 PM Snack (SCB provides)
    - 3:30 PM Snack (After School Care and 2 year Preschool - SCB Provides)
    - 5:00 PM Dinner

2. Each snack or meal includes a liquid to drink. This drink is water or one of the required components such as milk or 100% fruit juice.
3. Menus include hot and cold food and vary in colors, flavors and textures. 11:30 Lunch can be purchased via the St. Charles Borromeo Lunch Program.
4. Ethnic and cultural foods are incorporated into the menu.
5. Menus list specific types of meats, fruits, vegetables, etc.
6. Menus include a variety of fruits, vegetables, and entrée items and are not to be repeated in a two week period.
7. Foods served are generally moderate in fat, sugar, and salt content.
8. Children have free access to drinking water (individual disposable cups or single use glasses only).
9. Menu modifications are planned and written for children needing special diets.
10. Menus are followed. Necessary substitutions are noted on the permanent menu copy.
11. Permanent menu copies are kept on file for at least six months. (USDA requires food menus to be kept for 3 years plus the current year.)
12. Children with food allergies and medically-required special diets have diet prescriptions signed by a healthcare provider on file. Names of children and their specific food allergies are posted in the kitchen, the child's classroom, and the area where food is eaten by the child.
13. Children with severe and/or life threatening food allergies have a completed individual care plan signed by the parent and health care provider.
14. Diet modifications for food allergies, religious and/or cultural beliefs are accommodated and posted in the kitchen and classroom and eating area. All food substitutions are of equal nutrient value and are recorded on the menu or on an attached sheet of paper.
15. Mealtime and snack environments are developmentally appropriate and support children's development of positive eating and nutritional habits. We encourage staff to sit, eat and have casual conversations with children during mealtimes.
16. Coffee, tea, and other hot beverages are not consumed by staff while children are in their care, in order to prevent scalding injuries.
17. Staff members provide healthy nutritional role modeling.
18. Families who provide sack lunches are notified in writing of the food requirements for mealtime.

Attendance - Sign in/Sign Out

You are required to sign-in your child on arrival and sign-out your child at departure using either a paper form (after care) or Brightwheel, which is our approved software program. Students attending After School Care will be signed in by the staff, but will need to be signed out upon their departure.

Operating Policy

1. Students in Preschool 2 - dress for play! Children tend to get dirty while adventuring. Pants and sport shoes are best for comfort and their safety.
2. Students in Preschool, PreK and After School Care follow the school's uniform policy.
3. Students in Preschool 2 - Cubby necessities:
    a. Please provide two complete changes of clothing daily.
    b. Hair combed for tidiness, a small blanket for cozy napping and a fitted crib sheet.
    c. A supply of diapers and wipes to leave in your cubby or backpack.
    d. Although we are very careful, SCB will not take responsibility for lost articles such as: toys, bows, ribbons, barrettes, etc.

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. Staff members are oriented to our disaster policy yearly.

Staff members are trained in the use of fire extinguishers. The following staff persons are trained in utility control (how to turn off gas, electric, water) by the facilities manager: Andrew Rousseau

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 24 hours, in case parents/guardians are unable to pick up children at usual time. Classroom teachers are responsible for stocking supplies. Expiration dates of food, water, and supplies are checked quarterly and supplies are rotated accordingly. Essential medications and medical supplies are also kept on hand for individuals needing them.

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. 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.

Drills

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

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 members are required to follow the same guidelines outlined in EXCLUSION OF ILL CHILDREN in this policy.
6. Staff members are encouraged to consult with their healthcare provider regarding their susceptibility to vaccine-preventable diseases.
7. Staff members who are pregnant or considering pregnancy are encouraged to inform their healthcare provider that they work with young children. When working in child care settings there is a risk of acquiring infections which can harm a fetus or newborn. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (German measles or 3-day measles), In addition to the infections listed here, other common infections such as influenza and Hand Foot and Mouth disease can be more serious for pregnant women and newborns. Good hand washing, avoiding contact with ill children and adults, and cleaning of contaminated surfaces can help reduce those risks.
   Recommendations for adult immunizations are available at http://www.doh.wa.gov/cfh/Immunize/adult_immunization.htm

Child Abuse and Neglect

1. Child care providers are state mandated reporters of child abuse and neglect; we immediately report suspected or witnessed child abuse or neglect to Child Protective Services (CPS). The phone # for CPS is 1-800-609-8764.
2. Signs of child abuse or neglect are documented on the staff board which is located near the bathroom.
3. Training on identifying and reporting child abuse and neglect is provided to all staff and documentation kept in staff files.
4. Licensor is notified of any CPS report made.

Animals on Site

We have no animals on site or animal visitors at any time.

Tooth-brushing

Our center does not do tooth-brushing.

Pesticide Policy

Whenever pesticides are used in or around our centers a notification will be posted for families of the students attending. This notification will be posted in the sign out book at least 48 hours before the pesticides are applied. Within the notification will be the following information:

- The product name of the pesticide to be applied;
- The intended date and time of application;
- The location to which the pesticide is to be applied;
- The pest to be controlled; and
- The name and phone number of a contact person at the school.

Notification will also be posted at the site of application.

St. Charles Borromeo Catholic School After School Care

2025-2026 School Year Contract

We are starting our 31st year of After School Care at St. Charles Borromeo Catholic School. We are looking forward to another year of After School Care, to get to know your children and to help you feel at ease knowing that your child will be well taken care of in familiar surroundings.

Please remember that when you enroll your child in After School Care, besides paying for your child's care, you are also paying for the space reserved for your child.*

I. Hours

With the exception of the first and last day of school and the day in December before Christmas break, After School Care operates on any days on which the school is open. After School Care will be closed when the school is closed. On regular school days, After School Care opens at 3 p.m. and closes ***promptly*** at 6 p.m. On early dismissal days, After School Care opens immediately after school and closes ***promptly*** at 6 p.m.

II. Fees and Payment

Can be found on our tuition page at stcharlesb.org

For the convenience of St. Charles families, After School Care also offers hourly-care for occasional or emergency use at the rate of $15/hour.

A. After School Care requires a $25/year registration fee at the time of enrollment for each family.

B. Full and part time user fees are due the first of each month beginning in September and ending in May.

C. A late payment fee of $25 after the 10th of the month will be added to late accounts, unless other arrangements have been agreed upon in advance.

D. After School Care closes promptly at 6 p.m. (for PS and PK) and 5:30 PM (for Toddlers). In the event a designated adult is unable to pick-up your child(ren) by 6 p.m., the family will be billed at a rate of $30 per 10-minute increment, regardless of prior notification.

E. If this agreement is terminated in the middle of a billing cycle, charges will be prorated provided notice is given before that month's payment is due.

F. In the event of the parents/guardians listed being unable to pick-up your child by 6 p.m. due to traffic, scheduling conflict, or emergency, **please contact After School Care staff as soon as possible. Our phone number is 253.564.5185.**

III. Medical Emergencies

A. After School Care staff will administer necessary first aid for non-life threatening situations. Parents/guardians will be notified as soon as possible.

B. Depending on the severity of the situation, After School Care staff will continue to attempt to contact a parent/guardian in addition to:

1 Contacting the child's doctor.
2 Calling for an ambulance.

IV. Medical Policy

A. Each child must have the following information on file at After School Care:

1 Emergency contact numbers, medical and dental contact information, basic medical history including allergies/health concerns and vaccination records.
2 Parent's/guardian's signed consent for emergency medical/dental care including medical insurance information.
3 Physician signed health plan and medication authorization form if After School Care staff is to administer any prescription medication during program hours. **Over-the-counter medications, such as hand sanitizer and sunscreen, require a parent signed medication authorization form**. All medications must be in the original container and clearly marked with the child's full name, expiration date, and appropriate dosage rate.

V. Discipline Guidelines

A. After School Care staff will establish a regular routine in order to provide stability and comfort to each child.

B. After School Care staff will ensure that rules are both understandable and understood so that each child will know his/her expectations and limitations while at After School Care.

C. After School Care will not allow a child's behavior to endanger him/herself or others.

D. After School Care will deal with each child to his/her level of understanding in a positive, reasonable, and consistent way.

E. After School Care will remind, warn, and offer alternative behavior choices, positive redirection, affirmative responses for appropriate behavior, and, if necessary, take physical-control of the situation.

F. If necessary, After School Care will isolate the child from the situation and/or the other children until the problem can be solved. After School Care staff defines isolation as:

1 The child sits in a chair near a caregiver for a few minutes.
2 The child is separated from the other children.
3 Activities that cause or create a problem are stopped.

G. After School Care staff will not use physical punishment.

H. After School Care staff will discuss serious and/or continuing behavioral problems with the parents/guardians in an effort to find an amenable solution or to decide whether or not the child should remain in After School Care.

I. All school rules apply to After School Care.

VI. Health and Safety

A. After School Care staff provides a healthy snack each day after school. Peanuts and tree nuts will not be served, however children are able to bring healthy snacks with these items. **Children may bring additional healthy snacks, if desired. Children may be asked to stow sugary snacks or candy from school/home away in their backpacks to avoid arguments and bartering among other students.**

B. To prevent personal property from being lost, stolen or damaged items such as toys, games, electronic devices, phones, money and/or any other valuable belongings should not be brought to After School Care. **After School Care staff is not responsible for lost, stolen or damaged personal property, and it is After School Care policy to have children stow these items in cubbies for backpacks.**

C. Students will only be released for pick up to adults with express parental permission on file. After School Care staff will contact parents/guardians if an unauthorized adult arrives to pick up the child(ren). After School Care staff cannot release the child(ren) without express parental consent.

D. Any information provided to After School Care staff by the parents/guardians regarding the child will be kept confidential.

Our goal is to provide an environment where your child(ren) can engage in educational and social activities in a safe and positive way.

After School Care staff always welcomes you to observe our program and asks you to please share any suggestions and concerns that may arise. Thank you for entrusting your child to us.

You can reach the After School Care staff at 253.564.5185 ext. 3045, acron@stcharlesb.org, or leave a message with the School Office.

Child Care Injury / Incident Report

Provider Name	Provider ID

Name of Injured Child	Age of Child	Child's Gender Male ☐ Female ☐

Date of Incident	Time of Incident ☐ am ☐ pm	☐ Called 911 ☐ Called Poison Control

CHECK ALL THAT APPLY

Type of Injury / Incident

☐ Open Wound / Cut
☐ Sprain/Strain/Twist
☐ Bone / Fracture
☐ Respiratory Condition
☐ Pain/Inflammation/Bump
☐ Allergy/Sensitivity Reaction
☐ Loss of Consciousness
☐ Dislocation
☐ Burn
☐ Broken
☐ Poisoning
☐ Seizure
☐ Other:

Body Parts Affected

☐ Head/Face
☐ Arms/Elbows
☐ Groin
☐ Ears
☐ Hands/Wrists
☐ Buttocks
☐ Nose
☐ Fingers
☐ Torso/Side
☐ Eyes
☐ Abdomen
☐ Neck
☐ Torso/Side
☐ Nose
☐ Hip/Pelvis
☐ Back
☐ Mouth/Teeth
☐ Chest/Shoulders
☐ Toes
☐ Feed/Ankles
☐ Legs/Knees
☐ None
☐ Other:

Professional Medical Treatment Given

☐ First Aid
☐ CPR
☐ X-rays
☐ Stitches / Staples / Glue
☐ Dental
☐ EMT treatment onsite
☐ Other:

☐ Serious Injury – Hospital Admission (overnight)
☐ Fatality

Side of Body Affected ☐ Left ☐ Right

Where Injury / Incident Occurred

Indoor

☐ Classroom/Playroom
☐ Kitchen
☐ Bathroom
☐ Sleeping Area
☐ Other:

Outdoor

☐ Play Area
☐ Playground Equipment
☐ Pool / Water
☐ During Field Trip
☐ Other:

Cause of Injury / Incident

☐ Slip or trip
☐ Struck By Object
☐ Overexertion
☐ Fall
☐ Bites/Scratches/Kicks
☐ None/Unknown
☐ Other:
☐ Fire
☐ Electricity
☐ Chemical
☐ Structures/Surfaces

Taken to Clinic / Hospital

☐ Not taken
☐ By Parent
☐ By Provider
☐ By Ambulance
☐ Unknown

List names of staff present and/or witnesses:

Please give a brief summary of the incident.

Parent/Guardian Contacted	Licensor Contacted	Social Worker Contacted (if child has a Social Worker)
☐ In person Date: ☐ Phone ☐ E-mail Time:	☐ In person Date: ☐ Phone ☐ E-mail Time:	☐ In person Date: ☐ Phone ☐ E-mail Time:
Parent / Guardian Comments:		
_____ Parent / Guardian Signature Date	_____ Licensee/Staff signature Date	
Print Name:	Print Name:	

nap

After School Care Sample Daily Schedule

Preschool & PreK

3:00 After School Care Staff arrive at PreK Room

3:05 Student check-in & wash hands

3:10-3:30 Snack and socialization

3:30-4:00 Outside time/rainy day activity

4:00-4:30 Quiet time (reading, puzzles, coloring, nap, etc)

4:30-5:00 Group activity

5:00 Pretzel snack

5:10-6:00 Kids choice free play

Kindergarten - 8th Grade

3:00 Escort K and 1st grade students from school to Library

3:05 Student check-in & wash hands

3:10-3:30 Snack and socialization

3:30-4:00 Outside time/rainy day group play

4:00-4:30 Homework time/movie time on Fridays

Kindergarten special interest activity time

5:00 Snack Time

5:00-6:00 Free time play

Sample After School Care Snack Schedule Rotation

Week	Monday	Tuesday	Wednesday	Thursday	Friday
1	yogurt graham crackers	mini bagel cheddar cheese	carrot sticks w/ ranch pretzel fish	cheese sticks wheat crackers	apple slices animal crackers
2	mandarin cups graham crackers	applesauce cheddar cheese	pretzel fish yogurt	apple slices wheat crackers	popcorn pear cups
3	wheat crackers cheddar cheese	yogurt peach cups	cheese sticks applesauce	carrot sticks w/ranch fish crackers	pineapple cups animal crackers
4	apple slices graham crackers	yogurt granola	mini bagels raisins	popcorn mandarin cups	pear cups cheddar cheese

*Water will be served each day with snacks.

**PEANUTS and TREE NUTS will not be served, but students may bring snacks with these items.