



Holy Rosary Bilingual Academy
Pre-K & Extended Care
2018-2019

Parent Handbook]

&

Health Plan

Holy Rosary Bilingual Academy

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:

Health Consultant: Christina Matheson cell: 509-939-2901

DEL licensor: Ingrid McKinney 253-983-6401 Fax: 253-597-3640

Communicable Disease/Immunization Hotline: 253- 798-6410

Communicable Disease Report Line: 253-798-6534

Table of Contents

Mission Statement & School Policy	4
Vision Statement	5
<u>Health Care Plan</u>	
Purpose and Use	6
Procedures for Injuries and Medical Emergencies	7
First Aid	8
Bodily Fluid Contact or Exposure	9
Injury Prevention	9
Policy and Procedures for Excluding Children	10
Communicable Disease Reporting	11-12
Immunizations	13
Medication Policy & Parent Consent Forms	14
Health Care Provider Consent	15
Medication Storage	15
Emergency Supply of Critical Medication	16
Children with Special Needs	17
Medication Administration Procedure	18
Health Records	19
Hand Washing	20
Cleaning, Sanitizing, Disinfecting, & Laundering	21-24
Food Service	25-30
Nutrition	31
Disaster Preparedness	32-33
Staff Health	34-37
Child Abuse & Neglect	38
Animals on Site	39
Tooth-Brushing	39
Pesticides	39
<u>Miscellaneous</u>	
Extended Care Contract	40-41
Additional Extended Care Policies	42-43
Sample Daily Schedule for Pre-K 3 & 4	44
Sample Daily Schedule for Ext. Care	45
Sample Breakfast/Snack Schedule	46
Childcare Incident Report	47-49
Parent sign-off	50

Holy Rosary Bilingual Academy

Mission Statement

Founded to serve any family committed to Catholic education, Holy Rosary Bilingual Academy strives to educate every child in a Christ-centered environment providing both an excellent education and a strong moral foundation in a culturally diverse Catholic community. The Holy Rosary Bilingual Academy fulfills Holy Rosary's commitment to diversity, accessibility, and excellence by providing an innovative Catholic educational initiative to serve the greater Tacoma area.

Our Vision

A Bilingual Academy like Holy Rosary, with a dual language program is a complex enterprise with a compelling mission. To accomplish that mission, we have a vision to strengthen every aspect of the school

Catholic Identity Vision

HRBA will attract Catholic and non-Catholic families of different ethnic and socio-economic backgrounds through the richness of authentic Catholic pedagogy and tradition.

Curriculum Vision

HRBA will develop students whose bilingual and biliterate skills and multicultural competence form the foundation for reaching their full intellectual potential.

Personnel Vision

HRBA will attract, retain, and support a Faculty and Staff who are professionally skilled, committed to its unique mission, and collaborative in accomplishing it.

Facilities Vision

HRBA's campus and physical facilities will provide a safe, accessible environment that optimizes student learning and growth.

Finance Mission: HRBA will work to become accessible to all committed families and will marshal its resources so that it has a solid financial foundation.

Innovative Dual-Immersion Program

Holy Rosary Bilingual Academy is a cutting edge, dual language immersion program through grade three. We are excited to announce the addition of a full day Spanish immersion program for three and four year-olds. The curriculum in Pre-K is innovative, play based, and child centered.

Maintaining High Standards

Holy Rosary Bilingual Academy 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 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

Purpose and Use

This health policy is a description of our health and safety practices. This policy was prepared by the Program Director, Amparo Farias, and checked by Principal Katie Dempsey. Staff will be oriented to the policy by Amparo Farias. This policy is accessible to staff and parents and is located on the school website and the parent information binder. This policy does not replace these additional policies required by WAC: Bloodborne Pathogen Policy, Behavior Policy, Pesticide Policy and Disaster Policy.

_____ Date _____

(Director) Amparo Farias

_____ Date _____

(Principal) Katie Dempsey

_____ Date _____

(Health Consultant) Christina Matheson

Date _____

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 injury/medical emergency is life-threatening, one staff person stays with the injured/ill child and administers appropriate first aid, while another staff person calls 911. If only one staff member is present, person assesses for breathing and circulation, administers CPR for one minute if necessary, and then calls 911.
4. Staff 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 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/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 in each classroom marked "First Aid", in the kitchen and in the outdoor backpacks. First aid kits are identified by "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
- ◆ Band-Aids (different sizes)
- ◆ Roller bandages (gauze)
- ◆ 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 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. **Nonporous 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, chokable & 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 in 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

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 are 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 hours.
3. Diarrhea: 3 or more watery stools within the past 24 hours or any bloody stool.
4. Rash, especially with fever or itching.
5. Eye discharge or conjunctivitis (pinkeye) until clear or until 24 hours of antibiotic treatment.
6. Sick appearance, not feeling well, and/or not able to keep up with program activities.
7. Open or oozing sores, unless properly covered and 24 hours has passed since starting antibiotic treatment, if antibiotic treatment is necessary.
8. Lice or scabies:
 - Head lice: until no 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 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 246-101-415¹). 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
- 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 venerium, *Chlamydia trachomatis*)
- Shigellosis
- Tetanus

- 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
- 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.

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 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 (Hemophilus Influenza 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 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 health care provider), if and only if the medication meets all of the following criteria:
 - a) The medication is over-the-counter and is one of the following:
 - Antihistamine
 - Non-aspirin fever reducer/pain reliever
 - Non-narcotic cough suppressant
 - Decongestant
 - Ointment or lotion intended specifically to relieve itching or dry skin
 - 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 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 re-hydration 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 health care provider.
3. A licensed health care provider's consent is accepted in one of 3 ways:
 - The provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, frequency [cannot be given "as needed"], duration, and expiration date); or
 - The provider signs a note or prescription that includes the information required on the pharmacist's label; or
 - The provider signs a completed medication authorization form.

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

Medication Storage Medication is stored out of reach of children in medication box. 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

Rescue medication (e.g., EpiPen® or inhaler) is stored in cupboard marked "First Aid" and inaccessible to children.

Controlled substances (e.g., ADHD medication) are stored in a locked container in health room cupboard in a locked box. Controlled substances are counted and tracked with a controlled substance form.

Medications no longer being used are promptly returned to parents/guardians, discarded in trash inaccessible to children, or in accordance with current hazardous waste recommendations. (Medications are not disposed of in sink or toilet.)

Staff medication is stored in 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 Lead Teacher or School Secretary.**
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 authorization form.
7. Outdated medication authorization forms are promptly removed from medication binder/clipboard and placed in child's file.
8. All information related to medication authorization and documentation is considered confidential and is stored out of general view.

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 provider yearly or more often as needed for changes. Plans are reviewed, initialed, 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 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.

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 child's bottle/cup or food without health care provider's written consent.
 - For liquid medications, use clean medication spoons, syringes, droppers, or medicine cups with measurements provided by the parent/guardian (not table service spoons).
 - 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 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.

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 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 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
-
- 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 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 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
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 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.

The school janitor is responsible for cleaning the following: Bathrooms, sinks, counters, mopping,

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. Linen covers are washed weekly

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 off 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 high 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

We prepare snacks at our center.

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 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
 - continual 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. **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.
16. **Orientation and training** in safe food handling is given to all staff. Documentation is posted in staff area.
17. **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
 - continual sneezing, coughing or runny nose
18. **Child care cooks** do not change diapers or clean toilets.
19. **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.
20. **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).
21. **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.
22. **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.
23. **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.
24. **Chemicals** and cleaning supplies are stored away from food and food preparation areas.
25. **Cleaning and sanitizing** of the kitchen is done according to the Cleaning, Disinfecting and Laundering section of this policy.
26. **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.
27. **Cutting boards** are washed, rinsed, and sanitized between each use. No wooden cutting boards are used.
28. **Food prep sink** is not used for general purposes or post-toilet/post-diapering hand washing.

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.

29. **Orientation and training** in safe food handling is given to all staff. Documentation is posted in staff area.
30. **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
 - continual sneezing, coughing or runny nose
31. **Child care cooks** do not change diapers or clean toilets.
32. **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.
33. **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).
34. **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.
35. **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.
36. **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.
37. **Chemicals** and cleaning supplies are stored away from food and food preparation areas.
38. **Cleaning and sanitizing** of the kitchen is done according to the Cleaning, Disinfecting and Laundering section of this policy.
39. **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.
40. **Cutting boards** are washed, rinsed, and sanitized between each use. No wooden cutting boards are used.

Food prep sink is not used for general purposes or post-toilet/post-diapering hand washing.

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.

41. **Orientation and training** in safe food handling is given to all staff. Documentation is posted in staff area.
42. **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
 - continual sneezing, coughing or runny nose
43. **Child care cooks** do not change diapers or clean toilets.
44. **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.
45. **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).
46. **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.
47. **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.
48. **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.
49. **Chemicals** and cleaning supplies are stored away from food and food preparation areas.
50. **Cleaning and sanitizing** of the kitchen is done according to the Cleaning, Disinfecting and Laundering section of this policy.
51. **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.
52. **Cutting boards** are washed, rinsed, and sanitized between each use. No wooden cutting boards are used.
53. **Food prep sink** is not used for general purposes or post-toilet/post-diapering hand washing.
54. **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.

55. **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
 - continual sneezing, coughing or runny nose
56. **Child care cooks** do not change diapers or clean toilets.
57. **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.
58. **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).
59. **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.
60. **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.
61. **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.
62. **Chemicals** and cleaning supplies are stored away from food and food preparation areas.
63. **Cleaning and sanitizing** of the kitchen is done according to the Cleaning, Disinfecting and Laundering section of this policy.
64. **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.
65. **Cutting boards** are washed, rinsed, and sanitized between each use. No wooden cutting boards are used.
66. **Food prep sink** is not used for general purposes or post-toilet/post-diapering hand washing.
67. **Kitchen counters, sinks, and faucets** are washed, rinsed, and sanitized before food production.
68. **Tabletops** where children eat are washed, rinsed, and sanitized before and after every meal and snack.
69. **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.
70. **Food is cooked to the correct internal temperature:**
- Ground Beef 155° F

- Pork 145° F
- Fish 145° F
- Poultry 165° F

71. **Holding hot food:** hot food is held at 135° F or above until served.

72. **Holding cold food:** food requiring refrigeration is held at 41°F or less.

73. 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.

74. **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.

75. **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.

76. **Reheating foods:** foods are reheated to at least 165° F in 30 minutes or less.

77. **Food substitutions**, due to allergies or special diets and authorized by a licensed health care provider, are provided within reason by the center.

78. **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.

79. **Perishable items** in sack lunches are refrigerated upon arrival at the center.

Nutrition

1. Menus are posted at least one week in advance. Menus are dated.
2. Food is offered at intervals not less than 2 hours and not more than 3 ½ hours apart. Our site is open over 9 hours; we provide one snack and two meals. The following meals and snacks are served by the center:
 - 8:30 Breakfast (Students may bring their own breakfast snack from home.)
 - 11:30 Lunch (Students may bring a lunch box from home or eat a hot meal at school.)
 - 2:00 Snack (Afternoon snack will be provided by the school.)
3. 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.
4. Menus include hot and cold food and vary in colors, flavors and textures.
5. Ethnic and cultural foods are incorporated into the menu.
6. Menus list specific types of meats, fruits, vegetables, etc.
7. Menus include a variety of fruits, vegetables, and entrée items.
8. Foods served are generally moderate in fat, sugar, and salt content.
9. Children have free access to drinking water (individual disposable cups or single use glasses only).
10. Menu modifications are planned and written for children needing special diets.
11. Menus are followed. Necessary substitutions are noted on the permanent menu copy.
12. 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.)
- 13. 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.**
14. Children with severe and/or life threatening food allergies have a completed individual care plan signed by the parent and health care provider.
15. 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.
16. 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.
17. Coffee, tea, and other hot beverages are not consumed by staff while children are in their care, in order to prevent scalding injuries.
18. Staff members provide healthy nutritional role modeling.
19. Families who provide sack lunches are notified in writing of the food requirements for mealtime.

Disaster Preparedness Plan:

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 extinguisher. 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.

Fire Drill: Evacuation plan for fire drills will be posted on the Pre-K 4 and Pre-K classroom doors. The diagram posted shows exiting routes for each classroom. Teachers will lead the children outside through the front doors of the school. A teacher will bring all coats and jackets out as we lead the children out. Teachers will also have in their possession our classroom first aid backpack that includes a flashlight with batteries, first aid kit, class list and children's emergency information. We will give each child his or her jacket to put on outside. We must exit quickly! The children will line up by the wall closest to the church on the sidewalk. Teachers will call out children's names to make sure everyone is out of the building. We will designate to the Principal that all are accounted for by raising a green rectangular sign. The principal will then allow each group to return to their classrooms.

Earthquake Drills: Children will practice getting under tables and crouching down with their hands over their heads and repeating “1 Santo Rosario, 2 Santo Rosario, 3 Santo Rosario...,” until we finish counting to 60. The children will then line up and exit through the front door lead by teachers. A teacher will be bringing along the coats and jackets to hand out outside. Teachers will bring the First Aid backpack described in Fire Drill.

Children will not enter the building until a designated Faculty member has notified authorities and a building inspection has taken place. Parents will be notified immediately in case of a real emergency. If we cannot reach you, we will stay with your child until you arrive. Our Earthquake kits will be available in the classroom in case the children need to wait too long and get hungry.

All Staff at Holy Rosary Bilingual Academy has undergone First Aid and CPR training before the school year started. Pre-K Staff will also be undergoing additional HIV and Blood Pathogens training.

Power Outages: In case of a power outage, depending on the weather, the children will remain in the classrooms with their teachers until the power returns. If it is a very cold day and the outage has occurred in the early school hours, a decision by the principal will be made as to whether or not to close the school for the rest of the day. If this is the decision, parents will be called to come and pick up their child as soon as possible. Teachers will stay with students until parent arrive.

Unexpected Snow or Wind Storm: If a sudden snowfall or wind storm occurs during the school day, the principal will be checking for forecast updates and make a decision as to whether or not to cancel school. Teachers will remain with your child until you arrive if the Principal feels that it can get hazardous for them to get home if we remain at school during the storms.

Snow Closures: You will need to check your T.V. Stations (KOMO 4) for updates on school closures. We follow the Tacoma School District late starts or closures. However, our school will be noted on the news. If your child is having a late start, this means that your child may arrive 2 hours late to school. It is up to parents to call the school and let us know if you have decided to stay home with your student. **Please note that Extended Care in the morning will be cancelled if it is a late start.**

Staff Health

New staff and volunteers must document a tuberculin skin test (Mantoux method) within the past year, unless not recommended by a licensed health care 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*
8. 8, 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.

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. **provider.** 34

9. 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.
10. 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.
11. 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.
12. Our center complies with all recommendations from the local health jurisdiction.

(TB is a reportable disease.).

13. 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.
14. Staff members are encouraged to consult with their healthcare provider regarding their susceptibility to vaccine-preventable diseases.
15. Staff members who are pregnant or considering pregnancy are encouraged to inform their health care provider that they work with young children. When working in child care settings there is a risk of acquiring infections which can harm a fetus or newborn. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (German measles or 3-day measles), In addition to the infections listed here, other common infections such as influenza and Hand Foot and Mouth disease can be more serious for pregnant women and newborns. Good 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*

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.

16. 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.

17. 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.
18. 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.
19. 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.
20. Our center complies with all recommendations from the local health jurisdiction.

(TB is a reportable disease.).

21. 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.
22. Staff members are encouraged to consult with their health care provider regarding their susceptibility to vaccine-preventable diseases.
23. Staff members who are pregnant or considering pregnancy are encouraged to inform their health care provider that they work with young children. When working in child care settings there is a risk of acquiring infections which can harm a fetus or newborn. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (German measles or 3-day measles), In addition to the infections listed here, other common infections such as influenza and Hand Foot and Mouth disease can be more serious for pregnant women and newborns. Good 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

24. 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.
25. 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.

Staff Health

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.

26. 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.
27. Staff members do not need to be re tested 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.
28. Our center complies with all recommendations from the local health jurisdiction.

(TB is a reportable disease.).
29. 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.
30. Staff members are encouraged to consult with their health care provider regarding their susceptibility to vaccine-preventable diseases.
31. Staff members who are pregnant or considering pregnancy are encouraged to inform their health care provider that they work with young children. When working in child care settings there is a risk of acquiring infections which can harm a fetus or newborn. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (German measles or 3-day measles), In addition to the infections listed here, other common infections such as influenza and Hand Foot and Mouth disease can be more serious for pregnant women and newborns. Good 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* 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. 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.

32. 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.

33. Our center complies with all recommendations from the local health jurisdiction.

(TB is a reportable disease.).

34. 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.

35. Staff members are encouraged to consult with their health care provider regarding their susceptibility to vaccine-preventable diseases.

36. Staff members who are pregnant or considering pregnancy are encouraged to inform their health care provider that they work with young children. When working in child care settings there is a risk of acquiring infections which can harm a fetus or newborn. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (German measles or 3-day measles), In addition to the infections listed here, other common infections such as influenza and Hand Foot and Mouth disease can be more serious for pregnant women and newborns. Good 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.

Holy Rosary Bilingual Academy

Extended Care Contract

2018-2019

_____ Daily am only – 1 child	\$150 per month
_____ Daily pm only – 1 child	\$300 per month
_____ Daily am & pm – 1 child	\$400 per month
_____ Drop in am & pm (per day)	\$15.00 per hour/ registered
_____ \$20 per hour/per child unregistered	

Multiple child discounts are available

- I, _____ agree to pay a \$40.00 registration fee prior to the first day of using this program, and the fee designated above by the 5th day of the following month.
- I agree to abide by the Extended Care regulations as outlined in the Family handbook.
- I understand that I must sign in my child every morning (after 6:30 am) and must sign my child out by 6:00 pm.
- If for any reason I cannot fulfill the obligation of this payment, I will contact the Principal prior to the payment due date to make another arrangement.
- I understand that if I fall behind on Extended Care payments or fail to follow the rules above, my child can be denied Extended Care services.
- I understand that I will be charged \$10.00 per every 10 minutes late after 6:00pm.

Student Name(s) & Grades

Monthly Payment Amount _____

Parent/guardian signature

Date

Holy Rosary Bilingual Academy
Cuidado de Niños (Extended Care)
2018 - 2019

_____ Diariamente en la mañana – 1 niño	\$100 por mes
_____ Diariamente en la tarde – 1 niño	\$300 por mes
_____ Diariamente mañana y tarde – 1 niño	\$350 por mes
_____ Traer en la mañana y/o tarde (por día)	\$15.00 por hora / registrado
\$20 por hora/por niño no registrado	

Descuentos para familias con múltiples niños

- Yo, _____ estoy de acuerdo en pagar una cuota de inscripción de \$ 40.00 antes del primer día de uso de este programa, y la cuota designada anteriormente por el quinto día del mes siguiente.
- Estoy de acuerdo en cumplir las regulaciones de cuidado Extendido como se indica en el manual de la familia
- Entiendo que debo de firmar cuando deje a mi niño en la mañana (después de las 6:30 am) y a la hora de recoger es 6:00 pm.
- Si por alguna razón que no puedo cumplir con la obligación de este pago, me pondré en contacto con el directora antes de la fecha de vencimiento de pago para hacer otro arreglo.
- Entiendo que si me atraso en los pagos del Cuidado de Niños (Extended Care) o no cumplo con las reglas arriba mencionadas, a mi niño se le puede negar el servicio de Cuidado de Niños.
- Entiendo que se me cobrará \$10.00 por cada 10 minutos tarde después de las 6:00 pm.

Nombre(s) de (los) estudiante (s) y grados

Cantidad del Pago Mensual _____

Firma del padre o tutor

Fecha

Additional Extended Care Policies/Guidelines

Medical Emergencies

A. Each child must have the following information on file at Extended 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 Extended 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.

Discipline Guidelines:

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

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

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

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

E. Extended 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, Extended Care will isolate the child from the situation and/or the other children until the problem can be solved. Extended Care staff defines isolation as:

The child sits in a chair near a caregiver for a few minutes.

1. The child is separated from the other children.
2. Activities that cause or create a problem are stopped.

G. Extended Care staff will not use physical punishment.

H. Extended 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 Extended Care.

Health and Safety

A. Extended 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 Extended Care. **Extended Care staff is not responsible for lost, stolen or damaged personal property, and it is Extended Care policy to have children stow these items in cubbies or backpacks.**

C. *Students will only be released for pick up to adults with express parental permission on file. ExtendedCare staff will contact parents/guardians if an unauthorized adult arrives to pick up the child(ren).*

Extended Care staff cannot release the child(ren) without express parental consent.

D. Any information provided to Extended 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.

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

You can reach the Extended Care staff at 253.272.7012 or leave a message with the school office

Pre-K 3 & 4 Daily Schedule(Times vary according to Individual classrooms)

8 – 8:30	Arrival, Discovery Centers
8:30 – 9:00	Breakfast
9 – 9:15	Bathroom Break
9:15 – 9:45	Welcome Circle
9:45-10:45	Small Group Work and Play Centers
10:45-11:15	Outdoor Recess
11:30 – 12	Lunch
12 – 12:15	Bathroom Break
12:30 – 1:15	Rest Time
1:15 – 1:45	Free Choice Centers
1:15 – 1:45	Free Choice Centers
1:45-2:00	Outdoor Recess
2 – 2:30	Snack/ Story-Telling or Religion
2:30 – 2:45	Clean-Up, Prayer, Dismissal

This is a typical day, however, each classroom will have P.E. with Ms. Ciara and Music with Mr. Nolting once a week. Religion in English will be taught only on Wednesdays. The rest of the religion lessons will be in Spanish. Children will attend Mass every Thursday from 9:00 a.m. till 9:50 a.m.

Extended Care Daily Schedule

3 & 4 year olds

3:00 Escort pk-3&4 students to extended care classroom.

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

5:10-6:00 kids choice free play

5-12 year olds

3:00 Escort students to classroom

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 homework time for k-3

4:30-5:30 special interests activity time for k-3

4:00-5:00 homework time for 4-7

5:10-6:00 pm free play

Monday	Tuesday	Wednesday	Thursday	Friday
UBR Breakfast Round Apple Sauce Orange Juice White Milk	Whole Grain Pop Tart Diced Fruit Apple Juice White Milk	UBR Breakfast Round Mixed Fruit Cup Grape Juice White Milk	Cereal Bar Apple Sauce Apple Juice White Milk	UBR Breakfast Round Fruit Cup Orange Juice White Milk

Sample Extended Care Snack Schedule (menus will be posted)

Monday	Tuesday	Wednesday	Thursday	Friday
Smucker's PB & J Crustables Apple Juice White Milk	Whole Wheat Crackers Apple Sauce Cheese String White Milk	Granola Bar Banana Chocolate Milk	UBR "Cookie Round" Vanilla Pudding Water	Whole Grain Sun Chips Fruit Cup Grape Juice White Milk

*Water will be served each day with snack.

Holy Rosary Bilingual Academy Pre-K & Extended Care Parent Handbook

Signature Page

The provisions in the Holy Rosary Bilingual Academy Parent Handbook are designed to provide parents and students information and guidance as to the procedures and rules of our child care center. The provisions in the handbook are not a contract and impose no obligation on the school. The contents of the handbook may be changed as necessary at the school's discretion, and if changed, written notification will be provided to parents and students.

Family Name: _____

Parent Agreement

I/We _____

Parent(s) or Guardian(s)

have read the material in the Holy Rosary Bilingual School Parent Handbook and agree to follow and uphold the school policies while my son/daughter is enrolled as a student.

The Holy Rosary Bilingual Academy reserves the right to alter, amend, modify, change, or terminate any of the policies in the handbook and will notify parents of changes.

Failure to return the above form does not waive the responsibility for the contents of the 2018-2019 Holy Rosary Bilingual Academy Parent Handbook.

Parent/Guardian Signature _____ Date _____