

# Parent/Guardian 2016-17 Handbook & Health Policy

*The mission of the Salish School of Spokane is to create a vibrant community of fluent speakers of Interior Salish languages by providing Salish language instruction to children and by empowering parents and families to speak Salish in their daily lives.*

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## **Contact Information**

### **School Mailing Address:**

Salish School of Spokane  
PO Box 10271  
Spokane, WA 99209

### **School Street Address:**

4125 N Maple Street  
Spokane, WA 99205

### **School Phone Number:**

509-325-2018

### **School Website:**

[www.salishschoolofspokane.org](http://www.salishschoolofspokane.org)

### **School Emergency Contact:**

LaRae Wiley, Executive Director/Center Director cell phone 509-828-2798  
Christopher Parkin, Principal, cell phone 509-981-7276  
Julie Simpson, ECEAP Principal Teacher, cell phone 509-434-4584

## **WELCOME**

Welcome to Salish School of Spokane. We are very excited to have your child join us for a year of meaningful learning. At SSOS we provide your child with a unique learning experience built around Salish language immersion, authentic cultural activities, and a rigorous school readiness program for toddlers, preschoolers and school age children. We foster an open environment and include parent language learning and participation as part of our school programming.

## **MISSION STATEMENT**

*The mission of the Salish School of Spokane is to create a vibrant community of fluent speakers of Interior Salish languages by providing Salish language instruction to children and by empowering parents and families to speak Salish in their daily lives.*

At Salish School of Spokane, children will experience an engaging, interactive, multi-sensory environment that fosters well-rounded students in three key areas:

### **1. Academic Excellence**

- Systematic engagement in learning through creative play
- Proficiency in the Salish language and literacy
- English literacy
- Fully develop age-appropriate skills and knowledge in literacy, math, science, music, art, dance/movement, and Salish culture

### **2. Emotional Intelligence**

- Value creativity and lifelong learning
- Reward good choices
- Facilitate the use of solid judgment and problem solving

### **3. Cultural and Social Awareness**

- Celebrate and reinforce a strong cultural identity rooted in the Native traditions of the Interior Salish areas of the Columbian Plateau.
- Create a climate of cultural respect and understanding of others
- Engage in positive family and community activities

## **PHILOSOPHY**

We believe in providing children with a safe, fun, engaging, and culturally relevant learning environment staffed by knowledgeable, caring teachers and caregivers.

We believe that the traditional and contemporary Salish cultures of the Columbian Plateau are rich, vibrant, innovative and beautiful and are capable of sustaining and nurturing all people.

We believe that Native youth who learn and use their heritage Native language do better in school, feel more connected to their family and culture, have increased cognitive development, and have a greater appreciation of Native people and cultures.

We believe that becoming proficient in a second language during a child's "window of opportunity" is essential.

- This window is especially active in the first six years of life and begins to close at puberty. If a second language is introduced during this time, it actually causes more connections to grow in a child's brain, and those connections, in turn, allow for easier additional learning in the second and first languages.
- Acquiring a language is natural for a young child. Early exposure allows stress-free absorption of a second language through play and exploration and the natural development of correct pronunciation.

We believe, and research shows, that studying a second language provides children with overall improvement of academic performance.

- Statistically, children who study a second language score higher on verbal standardized tests conducted in English, according to the College Entrance Examination Board.
- Language students also perform better in math and logic skills than children with just one language.
- There is evidence that second language students are more creative and better at solving complex problems.

We believe that an immersion program produces the highest degree of second-language proficiency. Using this method, children will be cared for and instructed using Salish language, and will acquire Salish language as a natural means of communication.

## **COMMUNICATION**

Clear, constructive communication between parents/guardians and school staff is essential. Parents/guardians are encouraged to contact the school in person, via phone, or with email at any time with questions or concerns. School staff will schedule a minimum of four parent-teacher conferences per year in order to receive input and guidance from parents/guardians and to share student educational plans, goals, and achievements. School staff will also support parents by providing periodic announcements and newsletters that include summaries of school and class happenings. Parents shall call the school promptly in the morning whenever their child(ren) will be absent from school; center staff will contact parents of absent children who do not call in.

## **CONFIDENTIALITY**

Salish School of Spokane will hold student and family records and information in strict confidentiality. Parents/guardians may view files related to their own child during scheduled hours of operation. School staff will view and use student and family information only for care and instructional purposes and will hold that information in strict confidentiality. Confidential student and family information will not be released to or shared with third parties without the written consent of parents/guardians.

## **CURRICULUM PHILOSOPHY**

Salish School of Spokane uses a combination of developmental milestones (cognitive, social/emotional, fine motor, gross motor, and creativity) and integrated teaching techniques that address a variety of learning styles by incorporating communication, music, movement, and sensory experiences with age appropriate literacy and math activities. Both group and individual instruction are used by SSOS staff to ensure the highest quality of care and education for all children, using N̓səl̓xcin Learning Materials, Creative Curriculum, Teaching Strategies Gold Assessment Tool, the Washington State Early Learning Guidelines, and the Common Core Standards.

Group activities include: circle time, Salish language acquisition, drumming and singing, dance, story-time and drama, science, math, literacy, exercise/yoga, lunch and snack. Children learn through play, therefore, SSOS provides individual learning opportunities which are set-up at a variety of learning centers (manipulatives/math, sensory/science, cultural and creative arts, language/reading, etc). Having many options available to the children supports their development and free exploration of the materials within the learning environment. The role of the teachers for everyday instruction is to supervise the classroom to manage behaviors, instruct large and small group activities, model through play (child-initiated and teacher-initiated), self-talk, parallel play, interactive play, create a secure and inviting environment, and asking open-ended questions.

SSOS relies on visual supports to teach Salish language. Pictures allow each child to:

- Effectively communicate wants, needs and emotions with a high degree of success
- Use the visual support system as a bridge to proficient communication in Salish

Over the course of the school year, written learning plans will be developed for students to ensure that individual students interests are included in the instruction that they receive, ensure that student and family needs are addressed, and to ensure that each student has the opportunity to maximize their academic, social, and cultural potential. Developmental screeners, assessments, team planning time, reflective meetings, conferences, professional training, etc. are all additional ways in which SSOS ensures a quality education for children.

For other information regarding our curriculum and education practices, please refer to our mission statement and philosophy.

### **Daily Literacy**

Native tradition is full of stories. Stories create opportunities for learning and laughing together. In order to create a lifelong love of stories and reading we are asking parents to read at least one book every night to their child. Reading with your child creates school success, a love of storytelling and learning. Studies show that reading at least one book every night to your child makes a huge difference in their future. Please read to your child every night.

## **POLICIES**

### **Developmental Screeners and Child Assessments**

Developmental Screeners and child assessments are a crucial part to your child's education. We have chosen to provide these screeners and assessments with the best interest of your child in mind. Screeners and assessments allow for our teachers to observe and track where the classroom is at as a whole, and where each child is on an individual level. We work to make our screeners and assessments developmentally and culturally appropriate, as well as valid and reliable. All lead teachers have training and are certified to complete the screeners and assessments used within their classroom.

All children are required to have a developmental screening within 90 days of enrollment. Once the screening has been conducted the child's lead teacher is required to share the information with the child's parents. The child's parent will be required to sign and date this screening form and share any information about your child's development with the lead teacher. The developmental screeners currently in use at Salish School of Spokane are the Center for Disease Control and Prevention (CDC) screener "Learn The Signs, Act Early Milestones Checklist" and Comprehensive Identification Process (CIP). The CDC screener is used with children aged 1 to 2 years; the CIP is used with children aged 2.5 years and older. Should there be any concerns regarding your child's development, either from the parent/guardian or the lead teacher, you may be referred to developmental services. This will be discussed privately in a conference setting.

Assessments are done throughout your child's enrollment here at Salish School of Spokane. We will use several types of assessment, both formal and informal. Assessments may include, but are not limited to, anecdotal, work sampling, observations, pictures, videos, and Teaching Strategies Gold online. Your child's assessments will be kept in a portfolio in the classroom they are enrolled in. Your child's teacher will share these assessments and any other information about your child with you at each conference.

### **Transition Policy**

In order to support your child's development and success in school readiness, we like to involve our families in their child's progress, growth, and transitions. Transitions at Salish School of Spokane happen throughout the day during the typical daily schedule, as well as throughout the year, and from year to year. During a typical day, transitions are supported with songs and conversations to keep the children engaged with the teachers. Children can expect transition cues to let them know when it's getting close to transitioning from one activity to another. This gives your child a sense of emotional security. Throughout the year, many other transitions may happen, such as your child's teacher being absent. In this case, the assistant teacher or a substitute will then be responsible for implementing the daily lesson plan. This is to help your child maintain consistency in his/her schedule. From year to year, as your child grows older, he/she may transition from one class to another. Your child's current lead teacher will meet with the family and the new lead teacher in order to answer any questions that you may have regarding the move to a new classroom. When it is getting close to the time for your child to enter kindergarten, you will be asked if you will be enrolling your child in Salish School of Spokane's elementary program or if you will be attending another school. If you choose to enroll your child into Salish School of Spokane's elementary program, we will provide visits to the elementary school so that your child can become familiar with the teachers, expectations, and future classmates. If you choose to attend another school, we can help you find your home school and assist in setting up a visit for your family to visit a kindergarten classroom so your child can become familiar with the teachers, expectations, and new environment. To prepare your child for kindergarten readiness, while enrolled in our prekindergarten and/or ECEAP program, your child

may participate in activities with our elementary students and teachers. Your child may go on field trips, visit the elementary with special guest presenters, or just visit the elementary school to get introduced to the everyday kindergarten routines. Towards the end of the school year, a final conference will be set up with your child's pre-K teacher and they will provide you with your child's portfolio, which includes all screeners, assessments, and other observations, as well as a copy to give to their kindergarten teacher.

### **Discipline**

Positive discipline is used exclusively at Salish School of Spokane. It is the role of the staff to model respectful behavior and to expect the same from the children. The children are offered choices in an affirmative manner rather than negative statements. Children are rewarded for making good choices and for showing respect for others.

Negative behavior is dealt with by speaking to the child about the consequences of their actions. If a child acts out, they will be told that they have a choice to make – continue playing, interacting, etc. or lose the opportunity to engage in the activity. If they choose to continue acting out – the consequence of losing the activity is carried out. This method teaches the child the concept of self-responsibility and shows them that all actions have consequences.

### **Non-discrimination**

Salish School of Spokane admits students of any race, color, religion, or national and ethnic origin to all the rights, privileges, programs and activities generally accorded to or made available to students of the school. It does not discriminate on the basis of race, color, religion, sexual orientation, gender, or national and ethnic origin in the administration of its educational policies and admission policies.

### **Religion**

Salish School of Spokane is not affiliated with any religious organization. Staff and students lead prayers of thanks at the morning snack time. Generally no other religious activities take place at SSOS, though the school staff recognizes and respects traditional Salish spiritual practices. The religious preferences of parents/guardians shall be respected by Salish School of Spokane staff, and the school will work with parents to meet the religious needs of their children.

### **Holidays**

Salish School of Spokane plans secular instruction and activities for typical American holidays. Holiday related instruction will teach Salish words, arts and crafts, and literacy associated with the holidays. Holidays that may be recognized are the Fall Equinox, Halloween, Thanksgiving, Winter Solstice, Christmas, Martin Luther King Day, Valentine's Day, St. Patrick's Day, Spring Equinox, Easter, May Day, Memorial Day, Summer Solstice, and the Fourth of July. Feast days that recognize the importance of traditional Salish foods may also be recognized and celebrated.



**Absence and Tardiness**

Because our school prepares snacks, meals, and learning materials each day for each child, it is vital that parents inform the Center Director and the teacher when a child will be absent for any reason. On-time arrival and adherence to the daily school schedule greatly increases the effectiveness of the immersion programming offered by Salish School of Spokane and makes good use of the resources of our school community. Excessive absences or tardiness may lead to loss of enrollment eligibility.

**Illness**

In the case of illness, please inform SSOS staff of the nature of the illness, so if necessary, other parents or public health officials can be notified of any contagion. Children with the following symptoms will be sent home from school and must not be brought to SSOS:

- Rash (unexplained or contagious)
- Nausea/vomiting
- Fever (within the last 24 hours)
- Diarrhea
- Discharge or pink color in eyes
- Sore throat with fever
- Earache with fever or discharge from ears
- Cold or cough when accompanied by any of these above symptoms
- Lice, nits, or scabies

A fever reduced by medication still warrants keeping the child at home. A child must be without a fever for a minimum 24 hours *without medication* before returning to school. On many occasions, a child who leaves school mid-day with a fever will need to stay home for the entire day on the next day.

**Injury/Medical Emergency**

In the case of minor injury, students will receive basic first aid care. Any major injury will be reported to parents/guardians immediately; in the case of a medical emergency, appropriate emergency medical help will be summoned with a 911 call. All injuries will be documented on an Injury-Incident Report Form and shared with parents/guardians when they pick up their student.

**Cleaning/Disinfecting**

Salish School of Spokane will clean and disinfect the common areas, tables, and bathrooms on a daily basis to help prevent the spread of illness. Eating areas will be cleaned and disinfected at each meal/snack time. A rigorous hand washing policy will be enforced for both staff and students. Salish School of Spokane requires that all students, parents, staff, and visitors wash their hands upon arrival and before any interactions with others.

**Diapering**

Parents must provide diapers and wipes for their children until they are fully potty trained. Parents shall provide and Salish School of Spokane shall have on hand at least a two-week supply of diapers and wipes for each child who is not yet fully potty trained. Salish School of Spokane will notify parents when diapering supplies are low, and parents will promptly provide additional supplies. Salish School of Spokane will provide short-term

diapering materials in the event the parent supplies are inadvertently depleted, but parents must promptly replenish diaper supplies when requested.

### **Toilet Training**

For children who are not yet potty trained, Salish School of Spokane will work with parents on toilet training when developmentally appropriate. Toilet training will include positive reinforcement, be culturally sensitive, will not use foods as reinforcement, and will follow a routine established by Salish School of Spokane and parents.

### **Medication Policy**

Prescription medication will not be administered by Salish School of Spokane staff except in the case of a life threatening illness, disease, or allergy that is controlled or contained by a prescription medication. All of these medications must be in the original container, have the child's name, stop and start dates, dosage to be given, when it is to be given, and a prescription and signature from your health provider. With written parent permission, Salish School of Spokane staff may administer over the counter diaper rash ointment/cream, teething gel, lotion, or sunscreen. Diaper rash ointment/cream, teething gel, lotion and/or sunscreen will be supplied by parents, will not be shared with other children, and will be administered according to the label instructions. SOSS policies prohibit staff from administering or allowing the use of chap stick, pain relievers, antihistamines, or other over-the-counter medications without a physician's prescription and instructions.

### **Immunization Policy**

An up-to-date immunization record, which meets State of Washington requirements, must be presented upon enrollment or as soon as medically possible. If you do not get your child immunized, you will be required to have a signature from your health provider on an exemption form. If your child is not fully immunized, you may be requested to keep your child at home in the case of an outbreak.

### **Dress**

Please dress your child for a day of activity which includes outdoor play in all weather conditions as well as encounters with paint, markers and other things that may stain clothes. Comfortable, casual clothing is best. Student cubbies will be provided at the entrance for shoes. We will have outdoor playtime, so please dress your child in clothing that matches the weather conditions. Please send snow pants, mittens, boots, hat and a warm coat to wear when there is cold weather or snow. All children are required to have an extra change of clothes in their classroom in case of an accident or an emergency situation. If appropriate shoes or clothing are not available, parents may be called to drop some off.

### **Fire Evacuation, Disaster, and Emergency Preparedness Plans**

A fire evacuation plan is posted at all exits in the school facility. Fire extinguishers will be placed in visible locations and fire-drills will be completed and documented on a monthly basis. In addition, lockdown, earthquake, flooding, and other emergency drills will be completed at least on a quarterly basis. All lockdowns, real or a drill, will be documented and parents will be notified. An emergency preparedness plan for Salish School of Spokane is posted near the child sign-in/sign-out sheet. In the event of any other natural disasters or other emergencies, the steps to take can be found in the Original Disaster Plan in a binder near the sign-in/sign-

out sheet. In the case of an emergency requiring an off-site evacuation of the school, Shadle Park High School, (Shadle Park High School, 4327 N Ash St, Spokane, WA 99205, 509-354-4000) shall serve as a gathering place/shelter.

### **Student Records & Files**

Salish School of Spokane will maintain current files for each enrolled student. Parents are requested to review and update all items in their child's file at the start of each new school year in September. Each student file will include:

- record check sheet
- care agreement
- student information sheet
- initialed school calendar, tuition, and Salish obligation sheets
- updated immunization record
- consent for treatment form
- consent for pick-up/drop-off form
- child care center general permission authorization
- E/IEA USDA food program application
- Early Achievers letter of consent
- CDC and/or CIP developmental screener
- Teaching Strategies Gold portfolio materials

### **Parent/Guardian Access to Children During Care Hours**

Parents/guardians shall have full access to their children during all hours of school operation. We encourage parents to join their students during the day for educational activities and for play time. Parents/guardians are asked to respect and empower the educational setting and process by planning ahead and limiting unexpected interruptions of the school day.

### **Parent Provisions for Children**

At the beginning of each school year, parents/guardians may receive a school supply list for their student. Typical supply lists include change of clothes, tissues, pencils, markers, pencil box, crayons, etc. ECEAP students will receive these supplies from SSOS free of charge.

### **Reporting of Suspected Child Abuse**

Because the safety and wellbeing of children and families is our highest priority, all Salish School of Spokane staff must report any suspected child abuse or neglect to child protection authorities. Such reporting will be conducted to provide the highest possible level of confidentiality to those involved.

### **Transportation for Off-site Field Trip Requirements**

From time to time, Salish School of Spokane will transport students in for off-site field trips. Parents must provide a signed field trip permission form in order for their children to participate in an off-site field trip. The field trip form will list the field trip location, hours, and activities, and will state the means of transportation to be utilized. Field trips will normally take place during regular school hours, 9:00 am to 3:30 pm. During field trips,

SSOS staff will supervise and care for children; parents who participate in field trips will care for and supervise only for their own children. Supervising field trip staff will have with them at all times the following: student roster, consent for treatment & emergency contact forms for all students, and a complete first aid kit. In the case of emergency, all staff and students will seek appropriate shelter, follow the directions of emergency service personnel, and will contact parents by phone. Any fees required for off-site field trip will be paid by Salish School of Spokane unless other written notification is provided to parents well in advance.

#### **Staffing in Case of Center Director Absence**

Julie Simpson, Principal ECEAP Teacher & ECEAP Administrator, will be acting Center Director in the case of the absence of Center Director, LaRae Wiley.

#### **Access to Records- Staff & Students**

Salish School of Spokane staff receives training in education and child development, and records of training are maintained in staff child care files. Parents/guardians may arrange to view file materials that document staff training and education. Training and education include, but are not limited to:

- 1<sup>st</sup> Aid/CPR/Blood Borne Pathogens Training
- Staff Orientation – parent and staff policy handbook, disaster and emergency plan, health plan, USDA food program, early achievers participation, and transportation policy.
- 30 Child Care Basics (or educational exemption with a CDA or ECE or related degree)
- QRIS Early Achievers Professional Training Series – must have certificates
- 10 hours or more continuing education (STARS Hours) each year
- Creative Curriculum Online Training – must be certified
- Teaching Strategies Gold Online Training – lead teachers are required to be certified and reliable
- C.L.A.S.S. Overview Training – some teachers may be certified and reliable C.L.A.S.S. raters
- ITERS/ECERS Overview Training

#### **Tobacco, Alcohol and other Drugs**

Staff and parents/guardians will refrain from using any tobacco product on school property or while engaged in a school related activity and smoking is prohibited within **25 feet of school property**. Staff and parents/guardians must not be under the influence of alcohol or other drugs while dropping off or picking up students or while participating in any school related activity.

#### **Guns & Weapons**

No guns or other weapons are stored at Salish School of Spokane. Hunting apparatus may be studied as part of the school curriculum, but at no time will loaded or operable guns be brought to the school for any reason.

#### **Pets & Animals**

Salish School of Spokane may have indoor or outdoor pets or animals. Parents/guardians should advise the school of any animal related allergies or phobias.

1. We have an animal policy, which is located in the Director's office;

2. Animals at or visiting our center are carefully chosen in regards to care, temperament, health risks, and appropriateness for young children. We do not have birds of the parrot family that may carry psittacosis, a respiratory illness. We do not have reptiles and amphibians that typically carry salmonella, bacteria that can cause serious diarrhea disease in humans, with more severe illness and complications in children;
3. Parents are notified in writing when animals will be on the premises. Children with an allergic response to animals are accommodated;
4. Animals, their cages, and any other animal equipment are never allowed in kitchen or food preparation areas;
5. Children and adults wash hands after feeding animals or touching/handling animals or animal homes or equipment.

## **PROGRAMS OFFERED**

### Toddler Class

We offer a toddler class for children aged 1 to 3 years old. The preschool class emphasizes the development of physical coordination, communication, social and cognitive skills, and Salish language development and proficiency. When possible, all classroom activities incorporate the traditional and contemporary cultures of Salish people.

### Junior Preschool Class

We offer a junior preschool class for children aged 2.5 to 3 years old. The junior preschool class emphasizes the development of physical coordination, communication, social and cognitive skills, and Salish language development and proficiency. When possible, all classroom activities incorporate the traditional and contemporary cultures of Salish people.

### Preschool/ECEAP Class

We offer two integrated preschool/ECEAP classes for children aged 3 to 4 years old. The preschool/ECEAP classes emphasize the development of physical coordination, communication, social and cognitive skills, and Salish language development and proficiency. The classes also prepare children for success in kindergarten. When possible, all classroom activities incorporate the traditional and contemporary cultures of Salish people.

### School-Age Before & Afterschool Care

We offer before and after school care for school aged children. When possible, all before and after school activities incorporate the traditional and contemporary cultures of Salish people.

## **Registration Procedure**

1. Complete and return the Salish School of Spokane *Enrollment Form* that includes:
  - a. Student Information Sheet
  - b. Tuition Information Form
  - c. Parent/Guardian Salish Obligation form
  - d. School Calendar & Policies

- e. Consent for Pick-up/Drop-off
- f. Consent for Treatment form

2. Salish School of Spokane accepts or denies the application for enrollment;
3. If accepted, parent/guardian pays registration fee of \$50.00 for each child to be enrolled and provides family financial information and care hour needs to SSOS so that tuition rates and care hours can be determined;
4. Salish School of Spokane issues a *Tuition and Care Agreement* that is signed by the parents/guardians and by SSOS;
5. Parents work with the Center Director to complete immunization and other enrollment documents;
6. Parents pay tuition in advance and child begins attending Salish School of Spokane.

#### **Withdrawal and Disenrollment Procedure**

Parents/guardians and the School will give 30-days written notice if a child is to be withdrawn or dis-enrolled. In the case of withdrawal, parents/guardians are asked to complete a withdrawal request and survey in order to help the School to improve overall services to families and children. In keeping with school and ECEAP policies, Salish School of Spokane may dis-enroll a student if a family does not meet the financial, Salish language learning, or attendance obligations required for enrollment eligibility.

#### **FEES AND TUITION**

**Tuition and Care Agreement-** Before your child is officially enrolled in Salish School of Spokane, a *Tuition and Care Agreement* for each child must be signed by parents/guardians and school staff. The *Agreement* will clearly state the hours during which the child will be cared for by SSOS, and will establish the amount of annual tuition that will be due for that care. Tuition may be paid to SSOS in monthly installments.

**Registration Fee-** Except in the case of ECEAP eligible students, a registration fee of \$50.00 must be submitted to SSOS before any child can be officially enrolled. The fee is due upon notice to parents that their application to enroll a child has been accepted. The registration fee must be submitted before a *Tuition and Care Agreement* can be issued. The registration fee may be paid by the Washington Working Connections program.

**Tuition Due Dates-** Monthly tuition is due on the first day of the month in which care will be provided. If tuition is not paid on time, parents/guardians must make arrangements with Salish School of Spokane staff before bringing a child for care. Care cannot be provided for children for whom tuition payments and/or arrangements have not been made.

**Third Party Payers-** PAYMENT OF TUITION AND FEES IS THE RESPONSIBILITY OF PARENTS/GUARDIANS. Salish School of Spokane will work with parents/guardians to accept third-party payments and subsidies, but these arrangements will not change the financial obligation of parents to pay tuition.

**Tuition Credits-** Salish School of Spokane is committed to providing care and education to families and children regardless of economic status, so tuition credits are available. Below is a sample tuition schedule:

**Tuition Schedule:**

Annual tuition for Salish immersion childcare and schooling	\$9,350.00
Tuition Credit for required parent Salish learning hours (40 hours annually)	\$2,200.00
<b>Annual tuition per child after Salish credit</b>	<b>\$7,150.00</b>
Tuition credit for moderate income family (eligibility based on income and family size)	\$2,200.00
<b>Annual tuition per child after moderate income and Salish credits</b>	<b>\$4,950.00</b>
Tuition credit for children receiving free or reduced price lunch	\$4,400.00
<b>Annual tuition per child after free/reduced lunch and Salish credits</b>	<b>\$2,750.00</b>

\*an additional tuition discount of 10% per child is available for families with more than one child enrolled at Salish School of Spokane; an additional annual tuition credit of \$600.00 may be available for families who volunteer 20 hours in approved service to SSOS or who attend 20 hours of Salish class beyond the required 40 annual hours, and; additional tuition reduction may be available for families with above average financial obligations or who are facing other hardships. Additional tuition reduction is at the sole discretion of the Executive Director of Salish School of Spokane.

**School Calendar and Schedule**

For the 2016-17 school year, Salish School immersion programming will run from 9:00 am to 3:30 pm, Monday through Friday, starting September 6, 2016 and ending on August 9, 2017. Before and after-school care is available for enrolled students from 7:30 to 9:00 and from 3:30 to 5:30 pm any time that Salish school is in session. We are closed for the entire Thanksgiving week, for two weeks at Christmas, three days in March for the Celebrating Salish Conference, one week in April for spring break, one week in June, and for three weeks in August for summer break. We are also closed for professional development days, conferences, cultural events, and for major holidays. We adhere to the Spokane School District's decisions regarding snow days; if Spokane public schools are closed due to snow, then SSOS will also be closed. If you have any questions as to school weather related cancellations, tune to a local TV or radio station.

**Absences/Holidays**

1. Salish School of Spokane will not add make-up days to the school calendar nor refund tuition for closures due to emergencies, snow days, or other unexpected or weather conditions.
2. There are no make-up days or reductions in tuition for child absences including illness, emergencies, family vacations or other absences.
3. There are no tuition reductions or make-up days for Thanksgiving, Christmas or for Spring, June, or Summer Breaks, holidays, nor for Professional Development Days. Tuition is for the entire school year, 43 weeks of care and instruction, and is payable monthly as a convenience to parents/guardians.

Following are important dates in the SSOS 2016-17 school calendar:

Date	Calendar Event
Aug 29 - Sept 2	Administrative Team work days
September 1 & 2	Teacher work/training days
September 6	First day of school. Before school care starts at 7:30 am; immersion school starts at 9:00.
September 23	No school. Staff professional development.
October 21	No school. Staff professional development.
November 18	No school. Staff professional development.
November 21-25	No school. Thanksgiving Break.
December 16	No school. Staff professional development.
December 19-January 2	No school. Winter Break.
January 3 (Tuesday)	School resumes after winter break.
January 13	No school. Staff professional development.
January 16	No school. Martin Luther King Jr. Day.
February 17	No school. Staff professional development.
February 20	No school. President's Day holiday.
March 8-10	No school. Staff professional development, Celebrating Salish Conference.
March 24	No school. Staff professional development.
April 3-7	No school. Spring Break.
April 21	No school. Staff professional development.
May 26	No school. Staff professional development.
May 29	No school. Memorial Day.
June 19-23	No school. June break.
July 3-4	No school. 4 <sup>th</sup> of July holiday.
July 21	No school. Staff professional development.
August 9	Last day of school.
August 10-September 1	No school. Summer break. (teacher work days on Aug 31 <sup>st</sup> & Sept 1 <sup>st</sup> )
September 4	No school. Labor Day
September 5	First day of school. Before school care starts at 7:30 am; immersion school starts at 9:00.

### Typical Daily Schedule

7:30-9:00 am	Before-school care. Breakfast provided as needed from 8:00-8:30.
9-9:20 am	Morning circle time
9:20-10:20 am	Age-group nsəlxcin instruction
10:20-10:40	Morning recess
10:40-11:30	Age-group nsəlxcin instruction
12:00-12:30	Lunch
12:30-1:00 pm	Lunch recess
1:00-2:00 pm	Afternoon rest
2:00-3:00 pm	Age group instructional time
3:00-3:15 pm	Classroom clean up
3:15-3:30 pm	Afternoon circle time
3:30 pm	After-school snack
3:30-5:30 pm	After-school care



**Pick-up and drop-off**

Please accompany your child in and out of their assigned classroom. Sign your child in on the sign-in sheet at the door, and then accompany them to their classroom and wash hands with them.

If anyone other than you picks your child up, they must have written authorization. This authorization must be recorded on the Approved Pick-up and Drop-off List included in the enrollment paperwork. You can add or delete names on this form at any time by informing staff and initialing next to the change(s).

**Late Pickup-** Salish School of Spokane hours are 7:30 am – 5:30 pm, and we do not have staff available to care for children outside of those hours. If late pick-ups occur on a regular basis, a conference with Executive Director will be requested to discuss options and assistance if needed. We understand that occasional emergencies and situations arise, but persistent arrival after 5:30 pm to pick up children may lead to disenrollment.

If you are running any later than 5 minutes past your regular pick-up time, please call the Center Director to ensure proper staff coverage. If you have not picked up your child or called in by 5:30, SSOS will call and text parents. If parents cannot be reached, the child's emergency contacts will then be called. If no contact with parents or others is made by 6:00 pm, Salish School of Spokane staff is obligated to contact the Spokane Police Department to take custody of the child.

**SNACKS AND LUNCHES**

Salish School of Spokane has chosen to participate in the USDA food program in order to provide quality nutrition standards for your child. We serve the following meals at no additional charge to you:

- Breakfast – 8:00 – 8:30 – Milk (or substitute), fruit, whole grain bread, cereal, or other whole grain food
- AM Snack – 10:00 – 10:30 – 2 of the following choices: complex carbohydrate, fruit, veggie, protein
- Lunch – 12:00 – 1:00 – Parents shall provide a balanced and nutritious cold lunch for their children each day unless they are enrolled in the Salish School of Spokane lunch program. Lunches served by Salish School of Spokane will contain the following – Milk (or substitute), fruit, vegetable, complex carbohydrate, and a protein.
- PM Snack – 3:00 – 4:00 - 2 of the following choices: complex carbohydrate, fruit, veggie, protein

Meal time is a learning opportunity during which children will be encouraged to visit and learn about healthy eating habits. Children are introduced to new foods and are encouraged to try them. If your child has any allergies, please inform the staff and note it on the appropriate form in the enrollment package.

## **PARENT INVOLVEMENT AND COMMUNICATION**

### **Parent/Guardian Salish Language Obligation**

Following is the mission statement of Salish School of Spokane:

*The mission of the Salish School of Spokane is to create a vibrant community of fluent speakers of Interior Salish languages by providing Salish language instruction to children and by empowering parents and families to speak Salish in their daily lives.*

In order to accomplish this mission, at least one of the parents/guardians of any enrolled child must be an active learner of Salish language. Children who do not have at least one parent/guardian or other direct family member/care giver who is actively learning and speaking Salish may not enroll in Salish School of Spokane. Parents/Guardians/Caregivers can meet their annual obligation to learn and speak Salish in the following ways:

1. have a demonstrated advanced proficiency in a Southern Interior Salish Language as assessed and documented by Salish School of Spokane (Colville, Wenatchee-Columbian, Coeur d'Alene, Spokane, Kalispel, Pend Oreille, or Bitterroot Salish);
2. enroll in and complete 40 hours of evening or weekend Salish classes provided throughout the school year at no cost by Salish School of Spokane;
3. enroll in and complete 40 hours of a different Salish class or program of study that has been pre-approved by the Executive Director of Salish School of Spokane and that meets a rigorous standard of language acquisition achievement.

### **Parental Involvement**

Parent involvement is an integral part of an effective early childhood program. Your interest in our program shows your child that school is important in your lives and that you value their accomplishments. It also allows us to better serve the needs of your child and family. Parents may be asked to volunteer to help from time to time with special school activities and fund raising. We have an open door policy, and parents are welcome to arrange a visit anytime. If a problem or concern arises, it is essential that the parent/guardian feel comfortable contacting Salish School of Spokane staff to discuss the parent's concern.

Teachers at Salish School of Spokane work hard to individualize learning to meet your child's needs. We understand that you know your child better than anyone and teachers work with parents to assess student's emotional and educational needs. Parent/Teacher conferences are held once per quarter to help teachers and parents meet their child's educational goals. Clear communication between home and school is very important. Periodic announcements and newsletters will be sent home with children to let you know about class activities, upcoming events, and monthly themes and concepts.

## Emergency/Disaster Preparedness Plan

<b>Disaster Plan for:</b>	Salish School of Spokane
<b>This policy was reviewed and updated:</b>	August 24, 2016
<b>Our Center's Address is:</b>	4125 N. Maple Spokane, WA 99205
<b>Our Center's Phone Number is:</b>	509-325-2018
<b>Our Nearest Cross-Streets are:</b>	LaCrosse and Rockwell
<b>1. Emergency Phone Numbers:</b>	LaRae Wiley, Center/Executive Director – 509-828-2798 Christopher Parkin, Principal – 509-981-7276
<b>2. Emergency Assistance Number(s):</b>	911 CPS: 363-3333 Animal Control 509-534-8133
<b>3. Police:</b>	911
<b>4. Fire/Medics:</b>	911
<b>5. Holy Hospital Emergency Room:</b>	509-482-0111
<b>6. Deaconess Hospital Emergency Room:</b>	509-473-5800
<b>7. Poison Control Center:</b>	1-800-222-1222

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

<b>8. Other Important Numbers:</b>	Judy Davis, DEL Licensor	509.789.3832
	Danica Parkin, ARNP, Consultant	360.528.9669
	Spokane County Health District	509.324.1500
	Yvonne Lewis, DEL Health Specialist	509.834.6848

### Other numbers helpful in an emergency:

Local Radio Station: KXLY 920 AM, 509-324-4000

Regional Radio Station: KPBX, 91.1 FM, 509-328-5729

Alternate Site Location: Shadle Park High School, 4327 N Ash Street, Spokane 509-354-6700

### STAFF RESPONSIBILITIES

When leaving the building for any reason, please take the following with you:

Classroom Attendance Sheet

- 1<sup>st</sup> Aid Kit and Student Medications (if needed)
- Cell phone
- Sign-in sheet w/ pen

Additional assignments of staff:

1. Evacuation Supervisor: Center Director
2. First Aid: Principal ECEAP Teacher
3. Communications: Center Director
4. Play Space Assignment: Lead Toddler and Jr Preschool Teachers
5. Pick-Up Assignments – Center Director

### **MISSING CHILD**

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

### **KIDNAPPING**

1. Call 911 immediately, provide the following information:
  - Child's name and age
  - Address
  - Physical and clothing description of the child, including any distinguishing marks such as visible scars or birthmarks
  - Physical and clothing description of the suspect
  - Medical status, if appropriate
  - Time and location child was last seen, and
  - Vehicle information and direction of travel.
2. Notify Principal/Executive Director/Center Director immediately.
3. Follow Emergency Lockdown procedure (page 10)
4. Have child's information, including picture, if possible, available for the police upon their arrival.
5. Principal/Executive Director/Center Director will notify parents of missing child and inform parents of situation and steps taken.
6. Center Director will report incident to licensor and Child Protective Services.
7. Center Director will implement Crisis/Disaster Response Plan (page 12).
8. Center Director will complete a written incident report at the earliest opportunity.

## **CHILD ABUSE**

1. Report abuse or suspected abuse to the Principal/Executive Director/Center Director, or follow center policy on reporting abuse.
2. Center Director will make a report to Child Protective Services and the licensor.  
The phone number is (509)363-3333
3. Center Director and appropriate staff will write down the following information on an incident report\*:
  - Date and time of calls to Child Protective Services and Department of Early Learning (licensor)
  - Child's name
  - Child's age/birthdate
  - Address
  - Name and address of parent or guardian and other children in the home (if known)
  - Any statements made by the child (DO NOT interview child)
  - The nature and extent of the injury or injuries, neglect, and/or sexual abuse
  - Any evidence of previous incidences of abuse or neglect, including nature and extent
  - Any other information which may be helpful in establishing the cause of the child's injury or injuries, neglect or death, and the identity of the perpetrator or perpetrators.

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

## **ASSAULT ON CHILD OR STAFF**

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

## **FIRE ALARM/EMERGENCY**

1. Activate fire alarm if not sounding.
2. Evacuate children, visitors, and staff, following the building evacuation procedure (page 5). Drop and crawl to avoid smoke, and close doors behind you. Take the following items with you:
  - Disaster supplies, which are stored in the downstairs storage room. Key is located at top of the stairs on hook.
  - Class/staff attendance sheets and visitor sign-in sheets
  - Children's emergency and medical information and supplies, and
  - Cell phone, if available
3. Call 911 from outside the building.
4. Take attendance. If safe to do so, search the building for anyone missing.
5. Director or staff member will check area of concern and use fire extinguisher, if safe to do so.
6. Have the following items ready for police and fire personnel:

- Number of children in care, staff, volunteers, and visitors
  - Knowledge of anyone remaining in the building, and
  - Floor plan and internal systems information (back of original Disaster Plan binder).
7. If it is determined that the building is unsafe, move children to alternate site location. Follow site evacuation procedure (page 6).
  8. Principal/Executive Director/Center Director will notify parents of evacuation and alternate site location, if applicable.
  9. Center Director will report incident to licensor.
  10. Center Director will complete a written incident report at the earliest opportunity.
  11. All parents will be notified of incident.

## **EARTHQUAKE**

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

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

1. Staff check themselves and children for any injuries.
2. Check evacuation routes for damage.
3. Evacuate children and staff, following the evacuation procedure (page 4) and close doors behind you. Take the following items with you:
  - Disaster supplies, which are stored in the downstairs storage room. Key is located at top of the stairs on hook.
  - Class/staff attendance sheets and visitor sign-in sheets
  - Children’s emergency and medical information and supplies
  - Cell phone, if available.
4. Staff will render first aid to those who need it.
5. Center Director or designee will take attendance outside to account for all children and adults.
6. Check utilities for disruption/damage (water, sewer).
7. Have a Building Team of two individuals inspect the exterior of the building and report findings to the Center Director or designee.
8. Determine if it is safe for a rescue team to go into building to locate anyone missing or injured.
9. Listen to regional radio station (920 AM) for information on the surrounding area.
10. Determine status of emergency supplies and equipment.
11. Call program’s out-of-area contact with information on the center’s status (injuries, evacuation, children remaining in care, children who have been picked up).
12. Have a team of two individuals assess the interior of the building and determine if it is safe to move children back into the building or whether it is best to evacuate. Report findings to the Center Director.

13. If evacuating to an alternate location post a notice indicating your new location, and the date and time you left. Follow Site Evacuation Procedure.
  14. Call parents with center status information. If not possible, report center status information to local radio station (\_\_\_\_ AM) for announcement over the air for parents to hear.
  15. If parents cannot be contacted after 4 hours, the child's out-of-area contact will be called, if possible.
  16. Center Director will report incident to licensor.
  17. Center Director will complete a written incident report at the earliest opportunity.
- "Drop, Cover, and Hold" should be taught and practiced with all the children in your center.*

## **FLOODING**

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

## **BUILDING AND SITE EVACUATION PROCEDURES**

### **Building Evacuation Procedure:**

1. Staff makes a quick assessment of the situation in the classroom and of any injuries to the children or adults, and reports findings to director.
2. Center Director or designee evaluates the evacuation route to be sure that it appears clear of obstructions.
3. Center Director or designee gives instructions to evacuate.
4. If possible and time allows, have children take jackets and coats.
5. Staff should take the following items:
  - Disaster supplies, which are stored in the downstairs storage room. Key is located at top of the stairs on hook.
  - Class/staff attendance sheets and visitor sign-in sheets
  - Children's emergency and medical information and supplies
  - Cell phone, if available.
6. Staff should assemble children in pairs to evacuate the building (preferably with one teacher leading the children and one teacher following behind). Infants will be placed into rolling evacuation cribs for evacuation.
7. Take attendance. If safe to do so, search the building for anyone missing.
8. Have children sit down, if possible.
9. If an incident requires individuals be located further away from the child care center, have teachers move children to the pre-designated area not less than one block from the building. The pre-designated location is: Salish School of Spokane/Elementary Playground
10. Principal/Executive Director/Center Director will evaluate the situation with the help of responding agencies (fire, police, etc.) or the Building Team and determine if it is safe to enter the building. If it is not safe,

Principal/Executive Director/Center Director will determine if it is necessary to move to the alternate site location (follow site evacuation procedure, page 4), or if children and staff should stay where they are until it is safe to re-enter the building.

11. Center Director or designee will notify parents immediately if evacuation looks to be long term or if children are moved to alternate site location.
12. Center Director will report incident to licensor.
13. Center Director will complete a written incident report at the earliest opportunity.
14. All parents will be notified of incident.

#### **Site Evacuation Procedure:**

1. If it is determined that staff and children will be moved to the alternate site location distant from the child care center, assign children to a designated staff member.
2. Staff should bring the following items to the alternate sites:
  - Disaster supplies which are stored in the downstairs storage room. Key is located at top of the stairs on hook.
  - Class/staff attendance sheets and visitor sign-in sheets
  - Children's emergency and medical information and supplies
  - Cell phone, if available.
3. Children will be taken to the alternate site location by (how?) Walking to Shadle High School
4. Once at the alternate site location, take attendance again. Staff must remain with their group of children until the children are picked up by parents or emergency contacts.
5. Center Director or designee will continue to communicate with parents and coordinate pick-up of children.
6. Center Director will report incident to licensor.
7. Center Director will complete a written incident report at the earliest opportunity.

#### **FIELD TRIP INCIDENT**

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

If an incident occurs, staff must:

- Attend to any medical needs if there are injuries or complaints of pain
  - Call 911 if emergency medical treatment or police are required
  - Contact center and provide update and actions being taken. Center should consider deploying personnel to the scene, hospital, or to appropriate locations.
2. Center Director or designee will contact parents and give update of actions being taken and indicate meeting locations or pick-up times at the child care center.



3. Center Director will report incident to licensor.
4. Center Director will complete a written incident report at the earliest opportunity.
5. Principal/Executive Director will call insurance company (if needed.)

### **POWER OUTAGE**

Principal/Executive Director/Center Director or designee will try to locate the problem and activate alternate lighting system. Flashlight and batteries are located in the downstairs storage room. Key is located at top of the stairs on hook.

1. Call 911 if concerned about a fire or safety hazard.
2. Unplug all electrical equipment; turn off all but one light.
3. Principal will call electrical utility, Avista Utilities, 509-489-0500.
4. Call your licensor, DEL health specialist, or local health department to help determine if center needs to be closed. Also, consider the following items in making your decision:
  - Can you safely prepare/store food?
  - Do you have hot water to wash hands after diapering and toileting?
5. All parents will be notified if power outage is prolonged.
6. Center Director will report incident to licensor.
7. Center Director will complete a written incident report at the earliest opportunity.

### **STORMS & SNOW**

1. Principal/Executive Director/Center Director will determine prior to opening hours whether or not to open the center. Families will be notified by **phone, email, or social media** (refer to center's parent policy.)
2. If the child care center must close during hours of operation because of snow or storm the Principal/Executive Director/Center Director will notify parents by telephone.
3. If weather conditions prevent a parent or legal guardian from reaching the facility to recover a child, the center staff will care for the child (maintaining proper staff-to-child ratios) until such time as the parent, legal guardian, or emergency contact person can safely claim the child. The disaster supplies will be used as needed.
4. If the above persons cannot claim the child within 72 hours of the center's closing, the director or other designee will contact police to transport the child to a Child Protective Services care site.
  - Center Director will report incident to licensor.
  - Center Director will complete a written incident report at the earliest opportunity.

### **EXTERNAL HAZARDOUS MATERIALS INCIDENT**

1. Call 911 immediately. Have staff initiate a Shelter in Place Procedure unless directed to do otherwise by emergency personnel via the dispatcher.
2. Have the following items ready for police and fire personnel:
  - Location and description (liquid, gas) of hazard, if known
  - Number of children in care, staff, volunteers, and visitors
  - Floor plan and internal systems information
3. Follow instructions given by responding agency for either Shelter in Place Procedure or Building and Site Evacuation Procedure.

4. If evacuated, call on transportation resource to take children and staff to alternate child care site. Our transportation resource is the Salish School of Spokane bus or walking.
5. Notify parents of move to alternate site location.
6. If Shelter in Place Procedure occurs and media attention is significant, Director will call parents to let them know of situation.
7. Center Director will report incident to licensor.
8. Center Director will complete a written incident report at the earliest opportunity.
9. All parents will be notified of incident.

#### **INTERNAL HAZARDOUS MATERIALS INCIDENT**

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

All potentially Hazardous Materials must be stored separately, locked up, and stationary so they do not fall over in the event of an earthquake.

#### **SHELTER IN PLACE PROCEDURE**

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

1. Gather all children inside.
2. Call 911, if you have not already done so. Director or designee should turn on and listen to the regional or local radio station. Listen for emergency information from your local fire or police department.
3. Center Director or designee or facility maintenance person will turn off all fans, heating, cooling, or ventilation systems, & clothes dryers.
4. Close and lock windows and doors (locked windows seal better) and close as many interior doors as possible.
5. Close off non-essential rooms such as storage areas, laundry room, etc.
6. Seal gaps around windows, doors, heating/air conditioning vents, bathroom and kitchen exhaust fans, stove, and dryer vents with pre-cut plastic sheeting, wax paper, or aluminum foil and duct tape.
7. Stay alert to loudspeaker announcements. Emergency personnel from your local police or fire departments may give you specific instructions via loudspeaker or door-or-door.
8. If determined necessary, you can provide a minimal amount of breathing protection by covering mouths and noses with a damp cloth.
9. If you are told there is danger of explosion, close the window shades, blinds, or curtains. To avoid injuries, keep children away from windows.
10. Principal/Executive Director/Center Director should stay in touch with responding agencies/emergency personnel.
11. Principal/Executive Director/Center Director and emergency personnel in charge will determine whether to stay sheltered in place or to evacuate.

12. Advise parents not to pick up children from the child care center until the incident is over. The presence of parents searching for their children will cause confusion and may lead to exposure to toxic chemicals. Once sheltered in place, you will not want to open the door to let parents in and out.
13. Have emergency disaster supplies and emergency contact cards handy.
14. Once the incident is over, inform parents, take down plastic, and turn ventilation system back on.
15. Center Director will report incident to licensor.
16. Center Director will complete a written incident report at the earliest opportunity.

## **BOMB THREAT**

### **During the Bomb Threat Call:**

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

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

2. LISTEN FOR:

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

3. NOTE: Time \_\_\_\_\_ Date \_\_\_\_\_

### **Immediately after the Call:**

1. Notify Principal/Executive Director/Center Director.
2. Call 911.
3. Initiate a lockdown. Follow Emergency Lockdown procedure on page 8.
4. Confer with fire and police about evacuation.
5. Have floor plan ready for police/fire personnel (see back of original Disaster Plan binder).
6. Have teachers and staff glance around their area for suspicious items. (DO NOT MOVE SUSPICIOUS ITEMS.)
7. If the decision is made to evacuate, follow Building and Site Evacuation Procedure.
8. Principal/Executive Director/Center Director will notify parents if evacuated or moved to alternate location.
9. Center Director will report incident to licensor.
10. Center Director will complete a written incident report at the earliest opportunity.
11. All parents will be notified of incident.

## **SUSPICIOUS MAIL OR PACKAGE**

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

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

### **EMERGENCY LOCKDOWN/INTRUDER ALERT PROCEDURE**

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

Key recommendations to implement regarding a lockdown, including those conducted because of an intruder:

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

### **Intruder Alert Procedure**

1. If a person(s) comes into the facility, the Center Director or designee will assess the situation. If they are uneasy or suspicious of the Director immediately has someone call 911 and notifies the Executive Director and/or Principal.
2. If a weapon is present, DO NOT CONFRONT – give another staff member the pre-determined hand signal to call 911 immediately.
3. If no weapon is suspected, the Center Director or designee will confront the intruder in the following manner:
  - Approach the individual in a non-confrontational manner with the assistance of another staff member.
  - Introduce yourself and the person with you to the individual in a non-confrontational way.
  - Ask the individual who he/she is and how you can be of assistance.
  - Inform the individual of the policy that all visitors need to sign in, and guide him/her to the area where that is done.
  - If the individual refuses, do not confront him/her. Give the other staff members the pre-designated hand signal to call 911.
4. If it is determined that the safety and health of children and staff are in jeopardy:

- If the intruder is already inside the building, a hand signal (which has been predetermined and is known by all staff) shall be made to the first staff member seen. That staff member will pass on the hand signal to others throughout the building and will call 911.
  - If the suspected intruder is not yet in the building, an announcement will be made (or a bell sounded) to alert the staff of potential danger. The announcement will be “This is a Coyote Call Emergency, repeat, this is a Coyote Call Emergency” – or – write your own.
  - If children are outside when a “Coyote Call” is called, or shots are heard/fired, teachers will quickly direct and move children back into the facility and into the nearest classroom for lockdown.
5. Upon hearing the chosen lockdown announcement (Coyote Call), the following steps must be implemented:
- Staff should quickly check the hall and restrooms closest to their classrooms and get children into the rooms.
  - Lock all doors, close and lock all windows, cover all windows and doors, and turn off lights.
  - Keep children away from windows and doors. Position children in a safe place against walls or on the floor. Turn a classroom table on its side to use as a buffer.
  - Staff will maintain (as best they can) a calm atmosphere in the room, keeping alert to emotional needs of the children. You may want to gather in a story circle behind the table and gather infants into one or two cribs (preferably on wheels) along with items to help keep them quiet, such as bottles, pacifiers, and small, quiet toys.
  - Teachers will keep all children in the classroom until an all-clear signal has been given.
  - Principal/Executive Director/Center Director or designee will immediately call 911 and stay on the phone until help arrives. Await further instructions from emergency response personnel. You will be informed when it is safe to move about and release children from your rooms. Children should not be released to parents until an “all clear” has been called.
  - Upon arrival, the local police, in conjunction with the Principal/Executive Director/Center Director, will assume controlling responsibility and may evacuate the building per police standard operating procedures.
  - When “All Clear” is heard, the director will apprise the staff of the situation and counsel with children. When the threat has been eliminated, normal activities should be resumed as soon as possible as instructed by the Principal/Executive Director/Center Director.
  - Principal/Executive Director/Center Director will notify parents of all “lockdowns,” whether practice or real.
  - Center Director will report incident to licenser.
  - Center Director will complete a written incident report at the earliest opportunity.

## **CRISIS/DISASTER RESPONSE PLAN**

### **Crisis Response**

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

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

Principal/Executive Director/Center Director responsibilities include the following tasks:

- Determine whether or not to maintain normal schedules or to set aside the normal schedule for an all-out effort to deal with the crisis. Depending on the crisis, it may be necessary to close the center for the day.
- Determine if parent notification becomes an item of priority or if it can wait for a letter to go home in the evening.
- If center-specific, keep the local radio station (920 AM) informed as to the status of the child care center so parents will have accurate information.
- Identify high risk children, staff and parents likely to be most affected by the news (e.g., children of the teacher who is deceased/injured or parents whose children are in the same class as the deceased).
- Gather and inform closest friends of the victim(s), providing support and information to them before a general announcement is made. If close friends or classmates are absent, ensure that a supportive adult gives the news to them, so that they do not get initial information from the media.
- Prepare a formal statement for initial announcement, including minimal details and noting that additional information will be forthcoming. Also prepare statements for telephone and media inquiries. Have all staff members practice role plays answering calls so that whoever is assigned or is left with the task is able to follow through.
- Give teachers the facts about the tragedy and instructions on how to share the information with the children in their care as well as suggestions for assisting children to cope.
- Send a letter home to parents explaining the situation. Include specific factual information as well as information on how the child care center is dealing with the situation. Some parents will need to be contacted by phone, particularly if their child's reaction to the crisis is severe.
- Determine if additional community resources are needed to be on "stand by" to manage the crisis effectively. It is essential to minimize the number of "strangers" standing around.
- Facilitate a staff meeting and, if possible, a parent meeting to provide information related to the crisis. The following are some suggestions:
  - o Assist with children's processing of information about the crisis.
  - o Provide counselors to work with children/staff individually or in groups in a variety of locations.
  - o Provide support and counseling for parents.
  - o Provide helpful, factual information to parents.
  - o Have an individual assist with answering phones, providing information and handling non-media inquiries.
  - o Maintain a record of offers of assistance and ensure that proper personnel respond.
  - o Deal with the "empty chair/desk" problem. For example, a counselor would provide therapy while sitting in the child's chair. The chair would then be moved to the back of the classroom. Finally the chair would be removed. Make sure children are part of the entire process.
- Personally deal with or assign a staff member to talk with media/reporters promptly and factually.
- Provide information as requested by police, hospital, or other agencies.
- When appropriate, contact the friends/family of the deceased to get information regarding funeral arrangements, and pass on information to child care staff and parents who may wish to attend.

- Report incident to licensor.
- Report incident to Child Protective Services if necessary.
- Arrange for a child care center/community debriefing 48-72 hours after the event.
- Complete a written incident report at the earliest opportunity.
- Other considerations:
  - o Have designated locations for the use of media, family, friends and workers, as needed.
  - o Have transportation available to assist the family.
  - o Young members of the victim's family should be cared for if possible.
  - o Children and staff should be given permission to feel a range of emotions. Typically, individuals go through a sequence of emotional reactions following a crisis: high anxiety, denial, anger, remorse, grief and reconciliation.
  - o Provide for grief counseling through local grief hospice program: Frontier Behavioral Health, 509-838-4428.

## **Salish School of Spokane**

### **Policy Sheet**

#### **Pesticide Policy**

In to maintain the most healthful physical environment, Salish School of Spokane avoids the use of pesticides and herbicides both inside of and outside of our facilities. In the event that pesticides or herbicides were used on facilities or properties, Salish School of Spokane will notify parents, and will post signs at/on the affected areas indicated the product that was applied, and safety information about the product and treated areas.

#### **Blood Borne Pathogen Policy**

In keeping with the Salish school of Spokane Health Policy Statement, we take all necessary precautions when dealing with potentially contagious bodily fluids by using gloves, disinfecting thoroughly, and ensuring that staff and students are not exposed to potential pathogens. All staff are required to receive blood borne pathogen training, and teachers work with students to ensure safe practices in situations in which there is potential pathogen exposure (nose bleeds, injuries, etc.).

#### **Animal Policy**

Salish School of Spokane has animals on site, and we have occasional animal visitors.

1. Animals at or visiting our center are carefully chosen in regards to care, temperament, health risks, and appropriateness for young children. We do not have birds of the parrot family that may carry psittacosis, a respiratory illness. We do not have reptiles and amphibians that typically carry salmonella, bacteria that can cause serious diarrhea disease in humans, with more severe illness and complications in children;
2. Parents are notified in writing when animals will be on the premises. Children with an allergic response to animals are accommodated;
3. Animals, their cages, and any other animal equipment are never allowed in kitchen or food preparation areas;
4. Children and adults wash hands after feeding animals or touching/handling animals or animal homes or equipment.



## **TRANSPORTATION POLICY**

### **Reason this policy is important:**

The safety of children and staff must be provided in all activities of child care programs. Proper restraint systems and the correct use of them are critically important during field trip and event travel.

### **Procedure and Practices, including responsible person(s):**

- A Field Trip Permission Form will be filled out for each child being transported on a field trip or activity.
- Smoking is prohibited in vehicles used to transport children.
- Children will be transported properly in a seat belt, car seat, or booster seat according to current Washington regulations. Parents may be required to supply a booster or car seat as needed for their child if field trips involving use of transportation are a part of the program. Staff will be sure that car seats, booster seats and seat belts are used properly and each child is properly secured before setting the vehicle in motion. Staff will assist with releasing children from their transportation safety restraints, when needed. All adults in the vehicle will use proper restraining devices according to the vehicle manufacturer's recommendations.
  - The number of passengers in the vehicle will not exceed the manufacturer's stated capacity for the vehicle.
  - Children will be prohibited from eating, drinking, standing, or other dangerous or distractive activities during transportation.
  - Children will never be left unattended in a vehicle, even for brief periods. All children will be accompanied by an adult to/from the vehicle to insure safety.
  - All children will be accounted for before leaving the facility and again before returning.
  - Children with special needs will have their transportation plans addressed in the Special Care Plan. A staff member who is familiar with the child's special needs will accompany the child during transportation.
  - All travel routes will be planned in advance.

### **Vehicle Requirements**

- Only insured, licensed, well-maintained vehicles will be used to transport children.
- A first aid kit and list of emergency contacts for all children and adults will be in the vehicle during transportation of children.
- A cell phone will be available in case of emergency.

### **Driver Qualifications**

- Drivers will be legally-licensed for the vehicle they are operating and shall not be under the influence of any chemical substance that may alter their ability to drive safely.
- Drivers will meet staff qualifications including a criminal history check.
- Drivers will be first aid and CPR certified if another staff member present is not.
- Drivers will obey all traffic regulations.

- The driver shall not be included in the child: staff ratio. Drivers must not be distracted from safe driving practices by being simultaneously responsible for the supervision of children.
- The driver will be familiar with the planned route ahead of time.
- Drivers will have evidence of a safe driving record for the previous 5 years.
- To prevent distractions the driver is not permitted to talk on a cell phone or play loud music.

The Center Director is responsible for collecting background checks and updating this information yearly for those who are transporting children, and for ensuring the safety of the vehicle and proof of insurance for the vehicle.

**When the policy applies:**

This policy is in force anytime children are transported by Salish School of Spokane. Staff will adhere to the policy guidelines even if no children are present when using a vehicle owned by the child care facility.

**Communication plan for staff and parents:**

- Center Director and/or Principal will cover policies, plans, and procedures with all new staff (paid and volunteer) during orientation training. They will sign that they have read, understand and agree to abide by the content of the policies.
- During enrollment this policy will be reviewed by the Director or Principal with the parents. Parents will sign that they have read, understand, and agree to abide by the content of the policies.
- A copy of all policies will be available during all hours of operation to staff and parents in the policy handbook located in the entry office.
- Parents may receive a copy of the policy at any time upon request. A summary of this policy will be included in the parent handbook.
- Parents and staff will receive written notification of any updates.
- Parents will sign a Field Trip Permission Form for all outings where transportation is required.

## **TOOTH BRUSHING POLICY**

Tooth brushing decreases the colonization of bacteria on teeth by disrupting the formation of plaque. The use of fluoridated toothpaste strengthens tooth enamel making the enamel more resistant to the acid produced by bacteria. Tooth brushing in the classroom improves the child's oral health, teaches the child basic hygiene and health promotion, and helps establish a lifelong prevention habit.

As recommended, fluoridated toothpaste is not used by children under 2 years old or who are unable to spit out toothpaste after brushing. Salish School of Spokane uses the following toothpaste when available (if not available, another non-flouride toothpaste will be provided):

Orajel Training Toothpaste Flouride-Free (Thomas & Friends)



Tooth brushing is supervised to ensure: A routine which enhances learning, proper toothpaste usage, good tooth brushing technique, toothbrushes are not shared and are handled properly, and children do not walk with toothbrushes in their mouths

Toothbrushes:

- Each child has his/her own toothbrush with his/her name clearly marked on the handle with marker.
- No sharing or borrowing is allowed.
- Small toothbrushes with soft, rounded nylon bristles that are short and even are used.
- Toothbrushes are replaced every 3 months or sooner if the bristles become splayed or the toothbrush is contaminated.
- Toothbrushes are not sanitized or put in the dishwasher.
- Toothbrushes are stored to decrease cross-contamination: open to air with the bristles up unable to drip on one another not in contact with each other or any other thing

We use the following procedure for Tooth brushing at our center:

- Tooth brushing at a Table (recommended) Teacher(s) assisting with Tooth brushing wash hands.
- As children finish eating, they are given a small cup with a small amount of water in the bottom and their toothbrush.
- Teacher dispenses toothpaste in a manner which eliminates cross-contamination: (e.g., via pea-sized dots of toothpaste around the rim of a paper plate or top of cup).
- Child takes small sip of water and then spits water and toothpaste residue back into cup.
- If desired, child may then be given an cleansing drink of water from another cup
- Child holds the toothbrush over the designated rinse container and the teacher pours water from a clean water source over the toothbrush to rinse it.

- The child (or teacher) places the toothbrush in the drying rack
- Child throws the cup(s) into the wash bin and bin is sent through the dishwasher.
- Table is cleaned with the 3-step process (clean, rinse, sanitize)

### **HAND LOTION POLICY**

Salish School of Spokane provides hand lotion for use by the children and staff for use after frequent hand washing. By signing the form below, you give Salish School of Spokane permission to use: ST. IVES Daily Hydrating Lotion with Vitamin E



Possible side effects: some people may react with hives, rashes, irritation, or redness of skin.

Teachers will discontinue use and notify the parent/guardian of any side effects seen on a child suspected by use of the lotion.

### **Effective Date and Review Date:**

This policy was reviewed 8/24/2016 and will be reviewed annually or sooner if needed. Parents and staff will be notified of any upcoming policy review.

## **Lice Policy**

Lice are an issue that comes up for most families with children in childcare or school. Salish School of Spokane seeks to assist families to achieve the highest standards of care for their children, and works to avoid the spread of lice among children and families. It is the responsibility of families to prevent their children from becoming infested with lice and to treat lice infestations when they occur.

Throughout the school year, on the first day of the school week, regular classroom teachers will check each child for lice and nits. If a child is absent on the first day of the school week, they shall be checked on their first day of attendance for the week. Classroom teachers will be trained by administrative staff or the Health Consultant on effective procedures for checking for lice. The following procedure will be followed if a child is found to have lice.

### **Procedure for Lice Infestation**

If a child is found to have lice or nits, these procedures will be followed by all Salish School of Spokane staff:

1. Classroom teacher notifies Center Director or Executive Director of finding, and Administrative Team confirms the presence of lice or nits. Depending upon the severity of the lice infestation, Admin Team may contact parents to pick up child from school;
2. Classroom teachers do full laundry run for the effected classroom and change out dress-up and other classroom materials that could spread lice;
3. Affected child(ren) can return to Salish School of Spokane when they are lice and nit free.

### **Persistent Lice Infestation**

It can be difficult to permanently eliminate lice from a household, and to stop the spread of lice among children. Families whose children are found to have persistent lice infestations, such as two or more occasions of lice in a single month, may be required to enter into a Family Support Program for lice control in order for their children to attend Salish School of Spokane.

### **Family Support Program for Lice Control**

The goals of a Family Support Program for lice control are: 1) to ensure that children are able to attend school, and; 2) help families achieve a high level of care for their children so that children do not suffer from lice infestation. Children of families who are accepted into a Family Support Program for lice control will not be excluded from school for lice while in the Support Program. Following are steps in a Family Support Program for lice control:

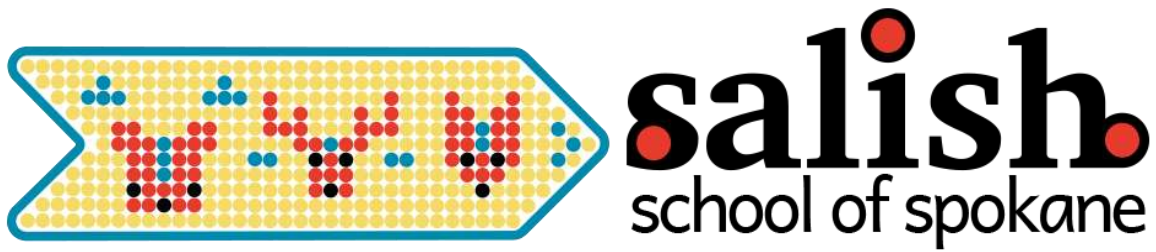
1. **Salish School of Spokane Family Support Specialist (FSS) coordinates with the family to do in-home lice and nit removal** every day until the effected child(ren) are nit and lice free for three days.

While the affected children are part of a Family Support Program for lice, they will not be checked for lice by their classroom teacher, and the FSS will communicate daily with the classroom teachers regarding lice checks;

**2. Family Support Specialist completes a home assessment to help stop the spread of lice.** The goal of the assessment is to identify areas where the family may need help stopping the spread of lice. The assessment will look at: sleeping arrangements and bedding, clothing storage, laundry facilities, vacuuming, toiletries and supplies needed to control lice;

**3. Family Support Specialist coordinates addressing the needs identified in the home assessment.** Examples of possible assistance would be: getting dressers for clothes, assisting the family with laundry, getting separate beds and bedding for each child, providing cleaning supplies, providing lice treatment and control supplies;

**4. If desired, families with a Family Support Program for lice control can request weekly, in-home assistance** with checks for lice for up to four weeks after affected children have been 3 days clear from lice and nits. Salish School of Spokane will work to honor any such requests, recognizing that the school has limited resources and that families must take primary responsibility for the care and health of their children.



# 2016-17 Health Policy

The mission of the Salish School of Spokane is to create a vibrant community of fluent speakers of Interior Salish languages by providing Salish language instruction to children and by empowering parents and families to speak Salish in their daily lives.

## Salish School of Spokane

Child Care Center Name:	Salish School of Spokane
Center Director:	LaRae Wiley
Street Address:	4125 N Maple
City, State, & Zip:	Spokane, WA 99205
Telephone:	509-325-2018
Cross Street:	Rockwell Ave
Email:	<a href="mailto:larae@salishschoolofspokane.org">larae@salishschoolofspokane.org</a>
Website:	<a href="http://www.salishschoolofspokane.org">www.salishschoolofspokane.org</a>
Hours of operation:	7:30 am – 5:30 pm
Ages served:	12 months – 12 years

### Emergency telephone numbers

Fire/Police/Ambulance:	911
C.P.S.:	509.363.3550
Poison Center:	800.222.1222
Animal Control:	509.534.8133

### Other important telephone numbers

Judy Davis, DEL Licenser:	509.789.3832
Danica Parkin, ARNP, Consultant:	360.528.9669
Spokane County Health District:	509.324.1500



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## **PURPOSE AND USE OF HEALTH POLICY**

This health policy is a description of our health and safety practices. Our policy was prepared by the SSOS Administrative Team. Staff are oriented to our health policy by the Director, upon hire.

Our policy is accessible to staff and parents and is located each classrooms information guidebook.

Please note: Changes to health policy must be approved by a health professional (as per WAC).

This health policy does not replace these additional policies required by WAC:

1. Pesticide Policy
2. Bloodborne Pathogen Policy
3. Behavior Policy
4. Disaster Policy
5. Animal Policy (if applicable)

## PROCEDURES FOR INJURIES AND MEDICAL EMERGENCIES

1. Child is assessed and appropriate supplies are obtained.
2. First aid is administered. Non-porous gloves (nitrile, vinyl or latex\*) are used if blood or other body fluids are 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, they call 911, assess for breathing and circulation, administers first aid.
3. Staff call parent/guardian or designated emergency contact if necessary. For major injuries/medical emergencies, a staff person stays with the injured/ill child until a parent/guardian or emergency contact arrives, including during transport to a hospital.
4. Staff record the injury/medical emergency on DEL Injury/Incident Report, which is/are kept in a central location (entry office).

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 a central location (entry office). The entry will include the child's name, staff involved, and a brief description of incident.
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 the kitchen above the refrigerator and in the PS/PK room on a shelf on the north wall. Minimal first aid supplies are also located in each classroom.

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

Sterile gauze pads	Band-Aids (various sizes)	Tweezers
Adhesive tape	Roller bandages (gauze)	Small scissors
Large triangular bandage	Gloves	CPR mouth barrier

Syrup of Ipecac is not available. In case of poisoning, call the Poison Control Center at 1-800-222-1222.

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

### **Travel First Aid Kit(s) and Forms**

A fully stocked first aid kit is taken on all field trips and playground trips and is kept in each vehicle used to transport children. Copies of complete consent for emergency treatment and emergency contact forms for all children are also taken on all field trips and playground trips.

All first aid kits are checked and restocked monthly or sooner if necessary.

## **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 (1/2 cup bleach per gallon of water or 2 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 Director immediately. When staff report blood contact or exposure, we follow current guidelines set by Washington Industrial Safety and Health Act (WISHA).

## INJURY PREVENTION

1. Proper supervision is maintained at all times, both indoors and outdoors. Staff position themselves to observe the entire play area.
2. The site is inspected daily for safety hazards by opening and closing staff. Staff review their instructional environments 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, chockable & 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.)
  - Other:
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 opening and closing staff. It is free from entrapments, entanglements, and protrusions.
  4. Toys are age appropriate, safe, and in good repair. Broken toys are discarded. Mirrors are shatterproof.
  5. Rooms with children under 3 years old are free of pushpins, 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](http://www.windowcoverings.org), for more information.)
  7. Hazards are reported immediately to the Director. The assigned person will ensure that they are removed, made inaccessible or repaired immediately to prevent injury.
  8. The Injury Log is monitored by the Director, monthly, to identify accident trends and implement a plan of correction.

## **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 as read under arm (axillary temp.) or orally 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 hours.
3. Diarrhea: 3 or more watery stools within the past 24 hours or any bloody stool.
4. Rash, especially with fever or itching.
5. Eye discharge or conjunctivitis (pinkeye) until clear or until 24 hours of antibiotic treatment.
6. Sick appearance, not feeling well, and/or not able to keep up with program activities.
7. Open or oozing sores, unless properly covered and 24 hours has passed since starting antibiotic treatment, if antibiotic treatment is necessary.
8. Lice or scabies:
  - Head lice: until no lice or nits are present.
  - Scabies: until after treatment 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 front 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 posting a notice on parent information board and by emailing/texting. 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 director's office.

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<sup>1</sup>). 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 (509) 324-1500.**

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

Even though a disease may not require a report, you are encouraged to consult the Spokane County Health District or your provider for information about childhood illness or disease prevention.

<sup>1</sup> **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 annually by the Center Director.

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 if they have a medical exemption or when the parent signs the back of the CIS form stating they have personal, philosophical, or religious reasons for not obtaining the immunization(s) and a health care provider signs that the parents have received vaccination information.

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.

Current immunization information and schedules are available at:

<http://www.doh.wa.gov/cfh/Immunize/schools>

## MEDICATION POLICY

### Prescription Medication

- Prescription medication will only be administered by Salish School of Spokane is the case of a child who has a documented life threatening illness, disease or allergy that is controlled or contained by a prescription medication.
- 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 and when a health plan, approved by a medical practitioner, is in place. Consent on the medication authorization form includes all of the following (completed by parent/guardian):
  - 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.

### Non-prescription medication

1. A parent/legal guardian may provide the sole consent for a non-prescription 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:
    - Teething gel;
    - Diaper ointment or non-talc powder intended for use in diaper area, *and*
    - Sunscreen for children over 6 months of age.
  - 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 (not "as needed") on consent do not exceed label recommendations.
2. Written consent for medications covers only the course of illness or specific episode (of teething, etc. NOT "as needed").
3. Written consent for sunscreen is valid up to 12 months.
4. Written consent for diaper ointment is valid up to 30 days.

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

## Health Care Provider Consent

1. The written consent of a health care provider with prescriptive authority is required for prescription medications and all over-the-counter medications that do not meet the above criteria (including vitamins, iron, supplements, oral 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

1. Medication is stored: in the fridge or in an upper cabinet with the first aid kits. It is:
  - Inaccessible to children
  - Separate from staff medication
  - Protected from sources of contamination
  - Away from heat, light, and sources of moisture
  - At temperature specified on the label (i.e., at room temperature or refrigerated)
  - So that internal (oral) and external (topical) medications are separated
  - Separate from food
  - In a sanitary and orderly manner
2. Rescue medication (e.g., EpiPen or inhaler) is stored: in a student-inaccessible container in the classroom.
3. Controlled substances (e.g., ADHD medication) are stored in a locked container in the classroom. Controlled substances are counted and tracked with a controlled substance form.
4. Medications no longer being used are promptly returned to parents/guardians. Medications are not disposed of by SSOS staff unless the child is no longer enrolled and

the medication cannot be returned to parents. In such a case, the medication is disposed of in accordance with indicated safety and hazardous waste practices (no disposal in sink or toilet).

5. Staff medication is stored in staff offices and is at all times inaccessible to children.

### **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 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 locked box. Medication is kept current (not expired).

### **Staff Administration and Documentation**

1. Medication is administered by approved teaching staff.
2. Staff members who administer medication to children are trained in medication procedure and center policy by the director and/or parent. A record of the training is kept in staff files.
3. The parent/guardian of each child requiring medication involving special procedures (e.g., nebulizer, inhaler, EpiPen®) trains staff on those procedures. A record of trained staff is maintained on/with the medication authorization form.
4. Staff giving medication 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.



## 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 use the following bulk medication:

- diaper ointment
- sunscreen

A medication authorization form is completed for each child receiving bulk medication.

## Self-Administration by Child

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

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

## HEALTH RECORDS

Each child's health record will contain:

- health and dental information
- date of last physical exam
- name and phone number of health care provider and dentist
- allergy information and food intolerances
- individualized care plan for child with special health care needs (medical, physical, developmental or behavioral)
  - Note: In order to provide consistent, appropriate, and safe care, a copy of the plan should also be available in child's classroom.
- list of current medications
- current immunization records (CIS form)
- consent for emergency care
- any assistive devices used (e.g., glasses, hearing aids, braces)

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

## **CHILDREN WITH SPECIAL NEEDS**

Our center is committed to meeting the needs of all children. This includes children with special health care needs such as asthma and allergies, as well as children with emotional or behavior issues or chronic illness and disability. Inclusion of children with special needs enriches the child care experience and all staff, families, and children benefit.

1. Confidentiality is assured with all families and staff in our program.
2. All families will be treated with dignity and with respect for their individual needs and/or differences.
3. Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).
4. Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. To accomplish this, we may consult with our public health nurse consultant and other agencies/organizations as needed.
5. An individual plan of care is developed for each child with a special health care need. The plan of care includes information and instructions for
  - daily care
  - potential emergency situations
  - care during and after a disaster

Completed plans are requested from health care provider annually or more often as needed for changes. Plans are reviewed, initialed, and dated annually by parent/guardian. The Director is responsible for ensuring care plans are kept updated. Children with special needs are not present without plan on site.

6. All staff receive general training on working with children with special needs and updated training on specific special needs that are encountered in their classrooms.
7. Teachers, cooks, and other staff will be oriented to any special needs or diet restrictions by the Director.

## **HANDWASHING**

Soap, warm water (between 85 F and 120 F), and individual towels are available for staff and children at all sinks, at all times. All staff wash hands with soap and water:

- (a) Upon arrival at the site and when leaving at the end of the day
- (b) Before and after handling foods, cooking activities, eating or serving food
- (c) After toileting self or children
- (d) Before, during (with wet wipe - this step only), and after diaper changing
- (e) After handling or coming in contact with body fluids such as mucus, blood, saliva, or urine
- (f) Before and after giving medication
- (g) After attending to an ill child
- (h) After smoking
- (i) After being outdoors
- (j) After feeding, cleaning, or touching pets/animals
- (k) After giving first aid

Children are assisted or supervised in hand washing:

- (a) Upon arrival at the site and when leaving at the end of the day
- (b) Before and after meals and snacks or cooking activities (in hand washing sink, not in food prep sink)
- (c) After toileting or diapering
- (d) After handling or coming in contact with body fluids such as mucus, blood, saliva or urine
- (e) After outdoor play
- (f) After touching animals
- (g) Before and after water table play

## **Handwashing 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.

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, diaper changing areas, etc. This 3-step method helps maintain a more sanitary child care environment and healthier children and staff.

1. Cleaning removes a large portion of germs, along with organic materials - food, saliva, dirt, etc. – which decrease the effectiveness of sanitizers/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 the custodial closet. 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: a few drops of liquid dish soap or Murphy's oil soap mixed with water, then wipe surface with a clean rag.

### **Rinsing**

We use the following method for rinsing: spray bottle with clear water.

### **Sanitizing/Disinfecting**

We use the following product for sanitizing/disinfecting surfaces: bleach and water solution, then wipe surface with a clean rag.

Cleaning and sanitizing spray bottles for diaper changing areas are prepared in the bathroom. (To prevent contamination from occurring, these spray bottles should not be prepared or used in kitchen or other food-contact area.)

Bleach solutions\* are prepared and used as outlined below or as recommended on the bleach container:

<b>Body fluids (BF) solution for disinfecting:</b>	<b>Amount of Bleach</b>	<b>Amount of Water</b>	<b>Contact Time</b>
Diapering areas, body fluids, bathrooms and bathroom equipment.	2 tablespoons ½ cup	1 quart 1 gallon	2 minutes
<b>General purpose (GP) solution for sanitizing:</b>	<b>Amount of Bleach</b>	<b>Amount of Water</b>	<b>Contact Time</b>
Table tops, counters, toys, dishes, mats, etc.	½ teaspoon 2 teaspoons	1 quart 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, 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**

We do all of our own cleaning. ("BF" and "GP" indicate which bleach solution is used.)

#### **Bathrooms**

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

#### **Cribs, cots, and mats**

- Cribs, cots, and 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 sanitized (GP) daily, or more often when children or staff members are ill.

**Drinking Fountains**

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

**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 (every 1 month in infant room) 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.
- Diaper cans are additionally emptied when odor is present in classroom.
- 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.

**Laundry**

- Cloths used for cleaning or rinsing are laundered after each use.



- Bibs and burp cloths are laundered when wet or soiled and between uses by different children.
- Child care laundry is done on site.
  - Laundry is washed at a temperature of at least 140°F or with bleach added during rinse cycle (measured amount as per manufacturer's instructions).

### **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 and high chair trays are cleaned, rinsed, and sanitized (GP) before and after snacks or meals.
- High chairs are cleaned, rinsed, and sanitized (GP) daily and as necessary.

### **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.

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

We have a developmentally-appropriate curriculum in each classroom. We consider the social-emotional needs of each age group. Our behavior policy outlines our discipline practices and our plan for helping children who have behavioral difficulties.

## **TODDLER SOLID FOODS**

1. Children 12-23 months are given whole milk, unless the child's parent/guardian and health care provider have requested low-fat milk or a non-dairy milk substitute in writing. (Low-fat diets for children under age 2 may affect brain development.)
2. When parents provide food from home, it is labeled with the child's name and the date. Perishable foods are stored at or below 41 F.
3. Before food is prepared, preparation surfaces are cleaned, rinsed, and sanitized.
4. Staff wash hands in the hand washing sink before preparing food. The food preparation sink is not used for hand washing or general cleaning.
5. Staff serve commercially packaged baby food from a dish, not from the container. Foods from opened containers are discarded or sent home at the end of the day.
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 used for food preparation are kept in food preparation area.
7. Children eat from plates and utensils. Food is not placed directly on table.
8. Children are not allowed to walk around with food or cups.
9. Teachers sit with infants and young children when eating and engage in positive social interaction.

For allergies or special diets, see the nutrition section of this policy.

## **TODDLER NAPPING**

Children 29 months of age or younger follow their individual sleep patterns. Alternate quiet activities are provided for a child who is not napping (while others are doing so).

Rooms are kept light enough to allow for easy observation of sleeping children.

## **DIAPERING**

We use cloth diapers or disposable diapers at our center in accordance with the wishes of parents. Children are never left unattended on changing tables. Safety belts are not used on the diaper changing table because they are neither washable nor safe. The diaper changing table is used only for diapering. Toys, pacifiers, papers, dishes, blankets, etc., are not placed on diapering surface. Diaper changing pads are replaced when they become torn/ripped. No tape is present on diaper changing pad.

The following diapering procedure (also available on WA Department of Health poster) is posted and followed at our center:

1. Wash Hands.
2. Gather necessary materials. If using bulk diaper ointment, put a dab of ointment on paper towel.
3. Put on disposable gloves, if desired.
4. Place child gently on table and remove diaper. Do not leave child unattended.
5. Dispose of diaper in hands-free container with cover (foot pedal type).
6. Clean the child's diaper (peri-anal) area from front to back, using a clean, damp wipe for each stroke.
7. Wash hands. If wearing gloves, remove gloves and wash hands. Please note: A wet wipe or damp paper towel may be used for this hand washing only. Do not leave child unattended.
8. If parent/guardian has completed a medication authorization for diaper cream/ointment/lotion, put on gloves and apply to area. (Please refer to the Medication section.) Remove gloves.
9. Put on clean diaper (and protective cover, if cloth diaper used). Dress child.
10. Wash child's hands with soap and running water.
11. Place child in a safe place.
12. Clean diaper changing pad with detergent and water, rinse, and then disinfect with bleach solution (2 tablespoons bleach in 1 quart water). Allow the bleach solution to air dry or to remain on the surface for at least 2 minutes before drying with a paper towel.
13. Wash Hands.

Please note: Even if gloves are used, all of the above hand washing must still be done.

## **Stand-Up Diapering for Older Children**

We do stand-up diapering as appropriate. Stand-up diaper changing takes place: in the bathroom. Diaper changing procedure is posted in stand-up diaper changing area. Stand-up diaper changing procedure is followed:

1. Wash hands.
2. Gather necessary supplies (diaper/pull-up/underpants, wipes, cleaner and sanitizer, paper towels, gloves, plastic bag).
3. Put on disposable gloves, if desired.
4. Coach child in pulling down pants and removing diaper/pull-up/underpants (and assist as needed).
5. Put soiled diaper/pull-up/underpants in plastic bag (or assist child in doing so).
6. Coach child in cleaning diaper area front to back using a clean, damp wipe for each stroke (and assist as needed).
7. Put soiled wipes in plastic bag (or assist child in doing so).
8. Close and dispose of plastic bag into hands-free covered trash can lined with a plastic garbage bag.
9. Remove gloves, if worn.
10. Wash hands (in sink or with wipe) and coach child in doing the same.
11. If a signed medication authorization indicates, apply topical cream/ointment/lotion using disposable gloves then remove gloves.
12. Coach child in putting on clean diaper/pull-up/underpants and clothing and washing hands (in bathroom/hand washing sink).
13. Close and put any bag of soiled clothing or underpants into child's cubby.
14. Use 3-step method on floor where change has occurred:
  - a. Clean with detergent and water.
  - b. Rinse with water.
  - c. Disinfect with bleach solution (2 T. bleach in 1 quart water). Allow the bleach solution to air dry or to remain on the surface for at least 2 minutes before drying with a paper towel.
15. Wash hands (in bathroom/hand washing sink).

## **FOOD SERVICE**

### **We prepare meals and snacks at our center.**

1. Food handler permits are required for staff who 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 files.
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 toilet/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: 1) Ground Beef 155° F; 2) Fish 145° F; 3) Pork 145° F, and; 4) 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 2" deep or less, on top shelf of the refrigerator. Leave uncovered, then either put pan into 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

We use catered foods at our center, and

- The temperature of catered food provided by a caterer or satellite kitchen is checked with a digital thermometer upon arrival. Foods that need to be kept cool must arrive at a temperature of 41° F or below. Foods that need to be kept hot must arrive at a temperature of 135° F or above. Foods that do not meet these criteria are deemed unsafe and are returned to the caterer.
- Documentation of daily temperatures of food is kept in the kitchen log book. The initials or name of the person accepting the food are recorded on the kitchen log book.
- A permanent copy of the menu (including any changes made or food returned) is kept for at least 6 months in the USDA file drawer.
- A copy of the caterer's contract or operating permit is kept in the director's office.

Be sure to keep "back up" food available to serve, should the food arrive out of the proper temperature range. Good items to have on hand include tuna fish and baked beans.

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

27. 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.

28. 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 and include portion sizes.
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 two snacks and two meals.
3. The following meals and snacks are served by the center:

Meal/Snack	Time	Description
Breakfast	7:30-8:30	Grain, fruit, milk
AM Snack	10:00-10:30	Two of: protein, carbo, fruit/vegetable, milk
Lunch	12:00-1:00	Grain, fruit/veg, protein, milk
PM Snack	3:30-4:00	Two of: protein, carbo, fruit/vegetable, milk

4. Each snack or meal includes water or milk. We do not serve fruit juice.
5. Menus include hot and cold food and vary in colors, flavors and textures.
6. Ethnic and cultural foods are incorporated into the menu.
7. Menus list specific types of meats, fruits, vegetables, etc.
8. Menus include a variety of fruits, vegetables, and entrée items.
9. Foods served are generally moderate in fat, sugar, and salt content.
10. Children have free access to drinking water (individual disposable cups or single use glasses only).
11. Menu modifications are planned and written for children needing special diets.
12. Menus are followed. Necessary substitutions are noted on the permanent menu copy.
13. 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.)
14. Children with food allergies and medically-required special diets have diet prescriptions signed by a health care provider on file. Names of children and their specific food allergies are posted in the kitchen, the child's classroom, and the area where food is eaten by the child.



15. Children with severe and/or life threatening food allergies have a completed individual care plan signed by the parent and health care provider.
16. 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.
17. 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.
18. Coffee, tea, and other hot beverages are not consumed by staff while children are in their care, in order to prevent scalding injuries.
19. Staff provide healthy nutritional role modeling.
20. Families who provide sack lunches are notified in writing of the food requirements for mealtime.

## TOOTHBRUSHING

Tooth brushing decreases the colonization of bacteria on teeth by disrupting the formation of plaque. The use of fluoridated toothpaste strengthens tooth enamel making the enamel more resistant to the acid produced by bacteria. Tooth brushing in the classroom improves the child's oral health, teaches the child basic hygiene and health promotion, and helps establish a lifelong prevention habit.

Tooth brushing is done in the following rooms in our center:

- toddler (non-fluoride training toothpaste)
- preschool (non-fluoride training toothpaste)
- pre-k/kindergarten (fluoride toothpaste)
- school-age (fluoride toothpaste)

As recommended, fluoridated toothpaste is not used by children under 2 years old or who are unable to spit out toothpaste after brushing.

Tooth brushing is supervised to ensure:

- a routine which enhances learning
- proper toothpaste usage
- good tooth brushing technique
- toothbrushes are not shared and are handled properly
- children do not walk with toothbrushes in their mouths.

Toothbrushes:

- Each child has his/her own toothbrush with his/her name clearly marked on the handle with marker. No sharing or borrowing is allowed.
- Small toothbrushes with soft, rounded nylon bristles that are short and even are used.
- Toothbrushes are replaced every 3 months or sooner if the bristles become splayed or the toothbrush is contaminated.
- Toothbrushes are provided by Salish School of Spokane.
- Toothbrushes are not disinfected or put in the dishwasher.
- Toothbrushes are stored to decrease cross-contamination:
  - open to air with the bristles up
  - unable to drip on one another
  - not in contact with each other or any other thing

We use the following procedure for tooth brushing at our center:

Tooth brushing at a table (recommended):

- Teacher(s) assisting with tooth brushing wash hands.
- As children finish eating, they are given a small paper cup with a small amount of water

in the bottom and their toothbrush.

- Teacher dispenses toothpaste in a manner which eliminates cross-contamination (e.g., via pea-sized dots of toothpaste around the rim of a paper plate or top of cup).
- Child begins brushing on the biting surface, and then moves from area to area (left-to-right and top-to-bottom) around the mouth.
- Brushing continues for at least one minute. (Exposure to fluoridated toothpaste is beneficial even with unsatisfactory brushing technique).
- Child takes small sip of water and then spits water and toothpaste residue back into paper cup.
- If desired, child may then be given a cleansing drink of water from another cup.
- Child holds the toothbrush over the designated rinse container and the teacher pours water from a clean water source over the toothbrush to rinse it.
- The child hands the toothbrush to the teacher, who replaces it in the drying rack.
- Child throws the paper cup away.
- Table is cleaned with the 3-step process (clean, rinse, sanitize).

#### Tooth brushing at a Classroom Sink:

- Teacher(s) assisting with tooth brushing wash hands.
- Sink and faucet are cleaned, rinsed, and sanitized.
- Water from a clean water source is obtained.
- Teacher hands each child a small cup of water and his/her toothbrush (e.g. via pea-sized dots of toothpaste around the rim of a paper plate or at top of cup).
- Child begins brushing on the biting surface, and then moves from area to area (left-to-right and top-to-bottom) around the mouth.
- Brushing continues for at least one minute. (Exposure to fluoridated toothpaste is beneficial even with unsatisfactory brushing technique).
- When brushing is completed, child spits excess toothpaste into sink and rinses his/her mouth with a drink from the cup of water.
- Child holds the toothbrush over the sink and the teacher pours water from a clean water source over the toothbrush to rinse it.
- If desired, child may then use their paper cup and be given a cleansing drink of water from a clean water source.
- The child hands the toothbrush to the teacher, who replaces it in the drying rack.
- Child throws the paper cup away.
- Classroom hand washing sink is cleaned with 3-step process after all the children are finished.

(Teachers may want to brush their own teeth to model the desired behavior.)

## **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. Our disaster preparedness plan/policy is located in the classroom information guidebook.

Staff are oriented to our disaster policy upon hire/annually. Parents/guardians are oriented to this plan at initial enrollment and then annually.

Staff are trained in the use of fire extinguishers each September.

Disaster and earthquake preparation and training are documented.

### **Supplies**

Our center has a supply of food and water for children and staff for at least 72 hours, in case parents/guardians are unable to pick up children at usual time. The Director is responsible for stocking supplies. Expiration dates of food, water, and supplies are checked every six months 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 monthly.

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

Recommendations for adult immunizations are available at  
[http://www.doh.wa.gov/cfh/Immunize/adult\\_immunization.htm](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 509.363.3550.
2. Signs of child abuse or neglect are documented in the CPS report log, which is located in the Director's office.
3. Training on identifying and reporting child abuse and neglect is provided to all staff and documentation kept in staff files.
4. Licensor is notified of any CPS report made.

## **ANIMALS ON SITE**

We have animals on site, and we have occasional animal visitors.

6. We have an animal policy, which is located in the Director's office.
7. Animals at or visiting our center are carefully chosen in regards to care, temperament, health risks, and appropriateness for young children. We do not have birds of the parrot family that may carry psittacosis, a respiratory illness. We do not have reptiles and amphibians that typically carry salmonella, bacteria that can cause serious diarrhea disease in humans, with more severe illness and complications in children.
8. Parents are notified in writing when animals will be on the premises. Children with an allergic response to animals are accommodated.
9. Animals, their cages, and any other animal equipment are never allowed in kitchen or food preparation areas.
10. Children and adults wash hands after feeding animals or touching/handling animals or animal homes or equipment.