



St. Charles Borromeo Catholic School
EduCare and Enrichment

**Parent Handbook
&
Health Care Plan**

Last Revision: 8-15-17



St. Charles Borromeo Catholic School EduCare & Enrichment **Emergency Contacts**

St. Charles Borromeo Catholic School EduCare

Address:

7112 S. 12th St.
Tacoma, WA 98465

Phone:

253-564-5185

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

Program Director: Kathleen Fogarty, kfogarty@stcharlesb.org

Emergency Numbers:

Fire/Police/Ambulance: 911

CPS: 253-983-6200

CPS After Hours: 1-800-562-5624

Poison Control: 1-800-222-1222

Animal Control: 253-798-3133

Other Contacts:

Health Nurse Consultant: Brad Watamura

DEL licenser: Desiree Eberhart: 253-983-6416

Communicable Disease/Immunization Hotline: 253- 798-6410

Communicable Disease Report Line: 253-798-6534

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St. Charles Borromeo Educare

Mission Statement

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

Philosophy

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

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

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

Excellence in Academic Achievement

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

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

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

Faith and Family

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

Maintaining High Standards

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

Health Care

Purpose and Use

This health policy is a description of our health and safety practices. This policy was prepared by Kathleen Fogarty (Program Director) and checked by Brad Watamura (R.N.). Staff will be oriented to the policy by Kathleen Fogarty. This policy is accessible to staff and parents and is located on the school website and the parent information binder. This policy does not replace these additional policies required by WAC: Bloodborne Pathogen Policy, Behavior Policy, Pesticide Policy and Disaster Policy.

Kathleen Fogarty (Director)

Date

Procedures for Injuries and Medical Emergencies

1. Child is assessed and appropriate supplies are obtained.
2. If further information is needed, staff trained in first aid refers to the First Aid Guide located in the cupboard marked "first aid".
3. First aid is administered. Non-porous gloves (nitrile, vinyl or latex*) are used if blood is present. If injury/medical emergency is life-threatening, one staff person stays with the injured/ill child and administers appropriate first aid, while another staff person calls 911. If only one staff member is present, person assesses for breathing and circulation, administers CPR for one minute if necessary, and then calls 911.
4. Staff calls parent/guardian or designated emergency contact if necessary. For major injuries/medical emergencies, a staff person stays with the injured/ill child until a parent/guardian or emergency contact arrives, including during transport to a hospital.
5. Staff record the injury/medical emergency on an incident report for parents which is/are kept in the sign-in binder. The report includes:
 - date, time, place and cause of the injury/medical emergency (if known),
 - treatment provided,
 - name(s) of staff providing treatment, and
 - persons contacted.

A copy is given to the parent/guardian the same day and a copy is placed in the child's file. For major injuries/medical emergencies, parent/guardian signs for receipt of the report and a copy is sent to the licensor no later than the day after the incident.

6. An injury is also recorded on the *Injury Log*, which is located in the office Injury Log binder. The entry will include the child's name, staff involved, and a brief description of incident. We maintain confidentiality of this log by keeping it in the office in a binder.
7. The child care licensor is called immediately for serious injuries/incidents which require medical attention.

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

First Aid

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

Our first aid kits are inaccessible to children and located in each classroom marked "First Aid", in the kitchen and in the outdoor backpacks. First aid kits are identified by "First Aid" label.

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

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

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

Blood/Body Fluid Contact or Exposure

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

1. Any open cuts or sores on children or staff are kept covered.
2. Whenever a child or staff comes into contact with any body fluids, the exposed area is washed immediately with soap and warm water, rinsed, and dried with paper towels.

3. All surfaces in contact with body fluids are cleaned immediately with detergent and water, rinsed, and disinfected with an agent such as bleach in the concentration used for disinfecting body fluids (1/4 cup bleach per gallon of water or 1 tablespoon/quart).
4. Gloves and paper towels or other material used to wipe up body fluids are put in a plastic bag, tied closed, and placed in a covered waste container. Any brushes, brooms, dustpans, mops, etc. used to clean-up body fluids are washed with detergent, rinsed, and soaked in a disinfecting solution for at least 2 minutes and air dried. Machine washable items, such as mop heads, are washed with hot water and detergent in the washing machine. All items are hung off the floor or ground to dry. Equipment used for cleaning is stored safely out of children's reach in an area ventilated to the outside.
5. A child's clothes soiled with body fluids are put into a closed plastic bag and sent home with the child's parent/guardian. A change of clothing is available for children in care, as well as for staff.
6. Hands are always washed after handling soiled laundry or equipment, and after removing gloves.

Blood Contact or Exposure

When a staff person or child comes into contact with blood (e.g. staff provides first aid for a child who is bleeding) or is exposed to blood (e.g. blood from one person enters the cut or mucous membrane of another person), the staff person informs the Program Supervisor immediately.

When staff report blood contact or exposure, we follow current guidelines set by Washington Industrial Safety and Health Act (WISHA), as outlined in our Bloodborne Pathogen Exposure Control Plan. We review the BBP Exposure Control Plan annually with our staff twice per year and document this review.

Injury Prevention

1. Proper supervision is maintained at all times, both indoors and outdoors. Staff members position themselves to observe the entire play area.
2. The site is inspected Weekly for safety hazards by the Program Supervisor (staff review their rooms daily and remove any broken or damaged equipment). Hazards include, but are not limited to:
 - Security issues (unsecured doors, inadequate supervision, etc.)
 - General safety hazards (broken toys & equipment, standing water, chokable & sharp objects, etc.)
 - Strangulation hazards
 - Trip/fall hazards (rugs, cords, etc.)
 - Poisoning hazards (plants, chemicals, etc.)
 - Burn hazards (hot coffee in child-accessible areas, unanchored or too-hot crock pots, etc.)
3. The playground is inspected daily for broken equipment, environmental hazards, garbage, animal contamination, and required depth of cushion material under and

around equipment by The playground supervisor. It is free from entrapments, entanglements, and protrusions.

4. Toys are age appropriate, safe, and in good repair. Broken toys are discarded.
5. Rooms with children under 3 years old are free of push pins, thumbtacks, and staples.
6. Cords from window blinds/treatments are inaccessible to children. (Many infants and young children have died from strangling in window cords. Consider cordless window treatments, or replace or retrofit corded models. See the Window Covering Safety Council's website, www.windowcoverings.org, for more information.)
7. Hazards are reported immediately to the Program Supervisor. The assigned person will insure that they are removed, made inaccessible or repaired immediately to prevent injury.
8. The Injury Log is monitored by the Program Director monthly to identify accident trends and implement a plan of correction.

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

Policy and Procedure for Excluding Ill Children

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

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

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

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

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

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

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

We notify parents and guardians when their children may have been exposed to a communicable disease or condition (other than the common cold) and provide them with information about that disease or condition. We notify parents and guardians of possible exposure by a letter home or posting. Individual child confidentiality is maintained.

In order to keep track of contagious illnesses (other than the common cold), an Illness Log is kept. Each entry includes the child's name, classroom, and type of illness. This is located in the binder in main office. We maintain confidentiality of this log by putting it in a binder inaccessible to others.

Staff members follow the same exclusion criteria as children.

Communicable Disease Reporting

Communicable diseases can spread quickly in childcare settings. Because some of these diseases can be very serious in children, licensed childcare providers in Washington are required to notify Public Health when they learn that a child has been diagnosed with one of the communicable diseases listed below (WAC 246-101-415¹). In addition, providers should also notify their Public Health Nurse when an unusual number of children and/or staff are ill (for example, >10% of children in a center, or most of the children in the toddler room), even if the disease is not on this list or has not yet been identified. To report any of the following conditions, call Public Health at (253)798-7610.

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

Even though a disease may not require a report, you are encouraged to consult with a Child Care

Health Program Public Health Nurse at (253)891-6000 for information about childhood illness or disease prevention.

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

Immunizations

To protect all children and staff, each child in our center has a completed and signed Certificate of Immunization Status (CIS) on site. The official CIS form or a copy of both sides of that form is used. Other forms/printouts are not accepted in place of the CIS form. The CIS form is returned to parent/guardian when the child leaves the program.

Immunization records are reviewed quarterly by the Program Supervisor.

Children are required to be immunized for the following:

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

Children may attend child care without an immunization:

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

OR

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

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

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

Medication Policy

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

Consent on the medication authorization form (completed by parent/guardian) includes all of the following:

- child's name,
- name of the medication,

- reason for the medication,
- dosage,
- method of administration,
- frequency (cannot be given “as needed”; consent must specify time at which and/or symptoms for which medication should be given),
- duration (start and stop dates),
- special storage requirements,
- any possible side effects (from package insert or pharmacist's written information), and
- any special instructions.

Parent /Guardian Consent*

1. A parent/legal guardian may provide the sole consent for a medication, (without the consent of a health care provider), if and only if the medication meets all of the following criteria:
 - a) The medication is over-the-counter and is one of the following:
 - Antihistamine
 - Non-aspirin fever reducer/pain reliever
 - Non-narcotic cough suppressant
 - Decongestant
 - Ointment or lotion intended specifically to relieve itching or dry skin
 - Diaper ointment or non-talc powder intended for use in diaper area
 - Sunscreen for children over 6 months of age; and
 - b) The medication has instructions and dosage recommendations for the child's age and weight; and
 - c) The medication duration, dosage, amount, and frequency specified on consent do not exceed label recommendations.
2. Written consent for medications covers only the course of illness or specific episode (of teething, etc.).
3. Written consent for sunscreen is valid up to 6 months.

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

Health Care Provider Consent

1. The written consent of a health care provider with prescriptive authority is required for prescription medications and all over-the-counter medications that do not meet the above criteria (including vitamins, iron, supplements, oral rehydration solutions, fluoride, herbal remedies, and teething gels and tablets).
2. Medication is added to a child's food or liquid only with the written consent of 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 out of reach of children in medication box. It is stored in a way that is:
 - Inaccessible to children
 - Separate from staff medication
 - Protected from sources of contamination
 - Away from heat, light, and sources of moisture
 - At temperature specified on the label (i.e., at room temperature or refrigerated)
 - Separated by (oral) and external (topical) medications
 - Separate from food
 - In a sanitary and orderly manner
2. Rescue medication (e.g., EpiPen® or inhaler) is stored in cupboard marked "First Aid" and inaccessible to children.
3. Controlled substances (e.g., ADHD medication) are stored in a locked container in health room cupboard in a locked box. Controlled substances are counted and tracked with a controlled substance form.
4. Medications no longer being used are promptly returned to parents/guardians, discarded in trash inaccessible to children, or in accordance with current hazardous waste recommendations. (Medications are not disposed of in sink or toilet.)
5. Staff medication is stored in health room cupboard marked "first aid", out of reach of children. Staff medication is clearly labeled as such.

Emergency Supply of Critical Medications

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

Medication is kept current (not expired).

Staff Administration and Documentation

1. Medication is administered by Lead Teacher or School Secretary.
2. Staff members who administer medication to children are trained in medication procedure and center policy by the Center Director and a record of the training is kept in staff files.
3. The parent/guardian of each child requiring medication involving special procedures (e.g., nebulizer, inhaler, EpiPen®) trains staff on those procedures. A record of trained staff is maintained on/with the medication authorization form.
4. Staff members giving medication document the time, date, and dosage of the medication given on the child's medication authorization form. Each staff member signs her/his initials each time a medication is given and her/his full signature once at the bottom of the page.
5. Any observed side effects are documented by staff on the child's medication authorization form and reported to parent/guardian. Notification is documented.
6. If a medication is not given, a written explanation is provided on authorization form.
7. Outdated medication authorization forms are promptly removed from medication binder/clipboard and placed in child's file.
8. All information related to medication authorization and documentation is considered confidential and is stored out of general view.

Medication Administration Procedure

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

1. **Wash hands** before preparing medications.
2. Carefully read all relevant instructions, including labels on medications, noting:
 - child's name,

- name of the medication,
- reason for the medication,
- dosage,
- method of administration,
- frequency,
- duration (start and stop dates),
- any possible side effects, and
- any special instructions

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

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

*We do not use bulk medication.

Health Records

Each child's health record will contain:

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

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

Children with Special Needs

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

1. Confidentiality is assured with all families and staff in our program.

2. All families will be treated with dignity and with respect for their individual needs and/or differences.
3. Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).
4. Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. To accomplish this, we may consult with our public health nurse consultant and other agencies/organizations as needed.
5. An individual plan of care is developed for each child with a special health care need. The plan of care includes information and instructions for
 - daily care
 - potential emergency situations
 - care during and after a disaster
 Completed plans are requested from health care provider yearly or more often as needed for changes. Plans are reviewed, initialed, and dated monthly by parent/guardian. Pam Stoner is responsible for ensuring care plans are kept updated. Children with special needs are not present without plan on site.
6. All staff members receive general training on working with children with special needs and updated training on specific special needs that are encountered in their classrooms.
7. Teachers, cooks, and other staff will be oriented to any special needs or diet restrictions by the Program Supervisor.

Hand Washing

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

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

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

Children are assisted or supervised in hand washing:

1. Upon arrival at the site and when leaving at the end of the day

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

Hand Washing Procedure

The following hand washing procedure is followed:

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

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

Cleaning, Sanitizing/Disinfecting, and Laundering

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

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

Storage

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

- inaccessible to children
- in their original container
- separate from food and food areas
- in a place which is ventilated to the outside
- kept apart from other incompatible chemicals (e.g., bleach and ammonia create a toxic gas when mixed), and
- in a secured cabinet, to avoid a potential chemical spill in an earthquake

Cleaning

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

Rinsing

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

Other Cleaning Agents

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

Sanitizing/Disinfecting

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

Bleach solutions* are prepared and used as outlined below:

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

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

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

Cleaning and Sanitizing/Disinfecting Specific Areas and Items

Classroom cleaning and sanitizing is done by the classroom teacher or assistant.

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

Bathrooms

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

Sleeping Mats

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

Door handles

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

Floors

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

Furniture

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

Garbage

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

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

Kitchen*

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

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

Laundry

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

Mops

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

Tables and high chairs

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

Toys

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

Water Tables

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

General cleaning of the entire facility is done as needed.

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

Air fresheners and room deodorizers are not used.

Food Service

We prepare snacks at our center.

1. **Food handler permits** are required for staff that prepare full meals and are encouraged for all staff. An "in charge" person with a food handler permit is onsite during all hours of operation, to assure that all food safety steps are followed.
2. **Orientation and training** in safe food handling is given to all staff. Documentation is posted in staff area.
3. **Ill staff or children** do not prepare or handle food. Food workers may not work with food if they have:
 - diarrhea, vomiting or jaundice
 - diagnosed infections that can be spread through food such as Salmonella, Shigella, E. coli or hepatitis A
 - infected, uncovered wounds
 - continual sneezing, coughing or runny nose
4. **Child care cooks** do not change diapers or clean toilets.
5. **Staff wash hands** with soap and warm running water prior to food preparation and service in a designated hand-washing sink – never in a food preparation sink.
6. **Gloves are worn or utensils are used** for direct contact with food. (No bare hand contact with ready-to-eat food is allowed.) Gloves must also be worn if the food preparation person is wearing fingernail polish or has artificial nails. We highly recommend that food service staff keep fingernails trimmed to a short length for easy cleaning. (Long fingernails are known to harbor bacteria).
7. **Employees preparing food** shall keep their hair out of food by using some method of restraining hair. Hair restraints include hairnets, hats, barrettes, ponytail holders and tight braids.
8. **Refrigerators and freezers** have thermometers placed in the warmest section (usually the door). Thermometers stay at or below 41° F in the refrigerator and 10°F in the freezer.
9. **Microwave ovens**, if used to reheat food, are used with special care. Food is heated to 165 degrees, stirred during heating, and allowed to cool at least 2 minutes before serving. Due to the additional staff time required, and potential for burns from "hot spots," use of microwave ovens is not recommended.
10. **Chemicals** and cleaning supplies are stored away from food and food preparation areas.
11. **Cleaning and sanitizing** of the kitchen is done according to the Cleaning, Disinfecting and Laundering section of this policy.
12. **Dishwashing** complies with safety practices:
 - Hand dishwashing is done with three sinks or basins (wash, rinse, sanitize).
 - Dishwashers have a high temperature sanitizing rinse (140° F residential or 160°F commercial) or chemical disinfectant.
13. **Cutting boards** are washed, rinsed, and sanitized between each use. No wooden cutting boards are used.
14. **Food prep sink** is not used for general purposes or post-toilet/post-diapering hand washing.

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

Nutrition

1. Menus are posted at least one week in advance. Menus are dated.
2. Food is offered at intervals not less than 2 hours and not more than 3 ½ hours apart. If our site is open over 9 hours; we provide two snacks and two meals. The following meals and snacks are served by the center:
 - 9:30 Snack
 - 11:10 Lunch
 - 2:00 Snack
 - 3:30 Snack
3. Each snack or meal includes a liquid to drink. This drink is water or one of the required components such as milk or 100% fruit juice.
4. Menus include hot and cold food and vary in colors, flavors and textures.
5. Ethnic and cultural foods are incorporated into the menu.
6. Menus list specific types of meats, fruits, vegetables, etc.
7. Menus include a variety of fruits, vegetables, and entrée items.
8. Foods served are generally moderate in fat, sugar, and salt content.
9. Children have free access to drinking water (individual disposable cups or single use glasses only).
10. Menu modifications are planned and written for children needing special diets.
11. Menus are followed. Necessary substitutions are noted on the permanent menu copy.
12. Permanent menu copies are kept on file for at least six months. (USDA requires food menus to be kept for 3 years plus the current year.)
13. Children with food allergies and medically-required special diets have diet prescriptions signed by a healthcare provider on file. Names of children and their specific food allergies are posted in the kitchen, the child's classroom, and the area where food is eaten by the child.
14. Children with severe and/or life threatening food allergies have a completed individual care plan signed by the parent and health care provider.
15. Diet modifications for food allergies, religious and/or cultural beliefs are accommodated and posted in the kitchen and classroom and eating area. All food substitutions are of equal nutrient value and are recorded on the menu or on an attached sheet of paper.

16. Mealtime and snack environments are developmentally appropriate and support children's development of positive eating and nutritional habits. We encourage staff to sit, eat and have casual conversations with children during mealtimes.
17. Coffee, tea, and other hot beverages are not consumed by staff while children are in their care, in order to prevent scalding injuries.
18. Staff members provide healthy nutritional role modeling.
19. Families who provide sack lunches are notified in writing of the food requirements for mealtime.

Disaster Preparedness

Plan and Training

Our Center has developed a disaster preparedness plan/policy. Our plan includes responses to the different disasters our site is vulnerable to, as well as procedures for on- and off-site evacuation and shelter-in-place. Evacuation routes are posted in each classroom. Staff members are oriented to our disaster policy yearly.

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

Disaster and earthquake preparation and training are documented.

Supplies

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

Hazard Mitigation

We have taken action to make our center earthquake/disaster-safe. Bookshelves, tall furniture, refrigerators, crock pots, and other potential hazards are secured to wall studs. We continuously monitor all rooms and offices for anything that could fall and hurt someone or block an exit – and take action to correct these things. The director is the primary person responsible for hazard mitigation, although all staff members are expected to be aware of their environment and make changes as necessary to increase safety.

Drills

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

Staff Health

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

*Recommendations for adult immunizations are available at
http://www.doh.wa.gov/cfh/immunize/adult_immunization.htm*

Child Abuse and Neglect

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

Animals on Site

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

Tooth-brushing

Our center does not do tooth-brushing.

Pesticide Policy

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

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

Notification will also be posted at the site of application.

St. Charles EduCare

2017-2018 School Year Contract

We are starting our 25th year of EduCare at St. Charles and our 13th year at the convent, which was newly remodeled in 2013. We are looking forward to another year of EduCare, to get to know your children and to help you feel at ease knowing that your child will be well taken care of in familiar surroundings.

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

I. Hours

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

II. Fees and Payment

(ages 4-12)	<u>1st Child</u>	<u>2nd Child</u>	<u>3rd Child</u>	<u>4th Child</u>
Full time (4-5 days per week)	\$3200	\$2660	\$2120	\$1540
Part time (2-3 days per week)	\$2130	\$1920	\$1710	\$1150

For the convenience of St. Charles families, EduCare also offers hourly-care for occasional or emergency use at the rate of \$12/hour.

A. EduCare requires a \$20/year registration fee at the time of enrollment for each family.

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

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

D. EduCare closes promptly at 6 p.m. In the event a designated adult is unable to pick-up your child(ren) by 6 p.m., the family will be billed at a rate of \$30 per 10-minute increment, regardless of prior notification.

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

F. In the event of the parents/guardians listed are unable to pick-up your child by 6 p.m. due to traffic, scheduling conflict, or emergency, **please contact EduCare staff as soon as possible. Our phone number is 253.564.5185 ext. 3045.**

III. Medical Emergencies

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

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

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

IV. Medical Policy

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

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

V. Discipline Guidelines

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

- B.** EduCare staff will ensure that rules are both understandable and understood so that each child will know his/her expectations and limitations while at EduCare.
- C.** EduCare will not allow a child's behavior to endanger him/herself or others.
- D.** EduCare will deal with each child to his/her level of understanding in a positive, reasonable, and consistent way.
- E.** EduCare will remind, warn, and offer alternative behavior choices, positive redirection, affirmative responses for appropriate behavior, and, if necessary, take physical-control of the situation.
- F.** If necessary, EduCare will isolate the child from the situation and/or the other children until the problem can be solved. EduCare staff defines isolation as:
- 1 The child sits in a chair near a caregiver for a few minutes.
 - 2 The child is separated from the other children.
 - 3 Activities that cause or create a problem are stopped.
- G.** EduCare staff will not use physical punishment.
- H.** EduCare staff will discuss serious and/or continuing behavioral problems with the parents/guardians in an effort to find an amenable solution or to decide whether or not the child should remain in EduCare.
- I.** All school rules apply to EduCare.

VI. Health and Safety

- A.** EduCare staff provides a healthy snack each day after school. Peanuts and tree nuts will not be served, however children are able to bring healthy snacks with these items. **Children may bring additional healthy snacks, if desired. Children may be asked to stow sugary snacks or candy from school/home away in their backpacks to avoid arguments and bartering among other students.**
- B.** To prevent personal property from being lost, stolen or damaged items such as toys, games, electronic devices, phones, money and/or any other valuable belongings should not be brought to EduCare. **EduCare staff is not responsible for lost, stolen or damaged personal property, and it is EduCare policy to have children stow these items in cubbies or backpacks.**
- C.** *Students will only be released for pick up to adults with express parental permission on file. EduCare staff will contact parents/guardians if an unauthorized adult arrives to pick up the child(ren). EduCare staff cannot release the child(ren) without express parental consent.*
- D.** Any information provided to EduCare staff by the parents/guardians regarding the child will be kept confidential.

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

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

You can reach the EduCare staff at 253.564.5185 ext. 3045, jturner@stcharlesb.org, or leave a message with the school office

Child Care Injury / Incident Report

Provider Name	Provider ID
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Name of Injured Child	Age of Child	Child's Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
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Date of Incident	Time of Incident <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Called 911 <input type="checkbox"/> Called Poison Control
------------------	--	--

CHECK ALL THAT APPLY

Type of Injury / Incident	Body Parts Affected	Professional Medical Treatment Given
<input type="checkbox"/> Open Wound / Cut <input type="checkbox"/> Sprain/Strain/Twist <input type="checkbox"/> Bone / Fracture Respiratory Condition <input type="checkbox"/> Inflammation/Bump <input type="checkbox"/> Allergy/Sensitivity Reaction <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Other:	<input type="checkbox"/> Head/Face <input type="checkbox"/> Arms/Elbows <input type="checkbox"/> Groin <input type="checkbox"/> Ears <input type="checkbox"/> Hands/Wrists <input type="checkbox"/> Buttocks <input type="checkbox"/> Nose <input type="checkbox"/> Fingers <input type="checkbox"/> Torso/Side <input type="checkbox"/> Eyes <input type="checkbox"/> Abdomen <input type="checkbox"/> Neck <input type="checkbox"/> Hip/Pelvis <input type="checkbox"/> Back <input type="checkbox"/> Torso/Side Nose <input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Chest/Shoulders <input type="checkbox"/> Toes <input type="checkbox"/> Feet/Ankles <input type="checkbox"/> Legs/Knees <input type="checkbox"/> None <input type="checkbox"/> Other:	<input type="checkbox"/> First Aid <input type="checkbox"/> CPR <input type="checkbox"/> X-rays <input type="checkbox"/> Stitches / Staples / Glue <input type="checkbox"/> Dental <input type="checkbox"/> EMT treatment onsite <input type="checkbox"/> Other:

<input type="checkbox"/> Serious Injury – Hospital Admission (overnight) <input type="checkbox"/> Fatality	Side of Body Affected <input type="checkbox"/> Left <input type="checkbox"/> Right	
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Where Injury / Incident Occurred	Cause of Injury / Incident	Taken to Clinic / Hospital				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Indoor</td> <td style="width: 50%; border: none;">Outdoor</td> </tr> <tr> <td style="border: none; vertical-align: top;"> <input type="checkbox"/> Classroom/Playroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Equipment <input type="checkbox"/> Bathroom <input type="checkbox"/> Sleeping Area <input type="checkbox"/> Trip <input type="checkbox"/> Other: </td> <td style="border: none; vertical-align: top;"> <input type="checkbox"/> Play Area <input type="checkbox"/> Playground <input type="checkbox"/> Pool / Water <input type="checkbox"/> During Field <input type="checkbox"/> Other: </td> </tr> </table>	Indoor	Outdoor	<input type="checkbox"/> Classroom/Playroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Equipment <input type="checkbox"/> Bathroom <input type="checkbox"/> Sleeping Area <input type="checkbox"/> Trip <input type="checkbox"/> Other:	<input type="checkbox"/> Play Area <input type="checkbox"/> Playground <input type="checkbox"/> Pool / Water <input type="checkbox"/> During Field <input type="checkbox"/> Other:	<input type="checkbox"/> Slip or trip <input type="checkbox"/> Struck By Object Overexertion <input type="checkbox"/> Fall <input type="checkbox"/> Bites/Scratches/Kicks <input type="checkbox"/> None/Unknown <input type="checkbox"/> Other:	<input type="checkbox"/> Fire <input type="checkbox"/> Electricity <input type="checkbox"/> Chemical <input type="checkbox"/> Structures/Surface <input type="checkbox"/> Not taken <input type="checkbox"/> By Parent <input type="checkbox"/> By Provider <input type="checkbox"/> By Ambulance <input type="checkbox"/> Unknown
Indoor	Outdoor					
<input type="checkbox"/> Classroom/Playroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Equipment <input type="checkbox"/> Bathroom <input type="checkbox"/> Sleeping Area <input type="checkbox"/> Trip <input type="checkbox"/> Other:	<input type="checkbox"/> Play Area <input type="checkbox"/> Playground <input type="checkbox"/> Pool / Water <input type="checkbox"/> During Field <input type="checkbox"/> Other:					

List names of staff present and/or witnesses:

Please give a brief summary of incident.

Parent/Guardian Contacted

In person

Date:

Phone

Time:

E-mail

Licenser Contacted

In person

Date:

Phone

Time:

E-mail

Social Worker Contacted

(if child has a Social Worker)

In person

Date:

Phone

Time:

E-mail

Parent / Guardian Comments:

<hr/>	<hr/>
Parent / Guardian Signature Date	Licensee/Staff signature Date

Print Name:

Print Name:

EduCare Sample Daily Schedule

PreK

- 3:00 EduCare Staff arrive at Enrichment Room
- 3:05 Student check-in & wash hands
- 3:10-3:30 Snack and socialization
- 3:30-4:00 Outside time/rainy day activity
- 4:00-4:30 Quiet time (reading, puzzles, coloring, nap, etc)
- 4:30-5:00 Group activity
- 5:00 Pretzel snack
- 5:10-6:00 Kids choice free play

Kindergarten - 8th Grade

- 3:00 Escort K and 1st grade students from school to Convent building
- 3:05 Student check-in & wash hands
- 3:10-3:30 Snack and socialization
- 3:30-4:00 Outside time/rainy day group play
- 4:00-4:30 Homework time/movie time on Fridays
Kindergarten special interest activity time
- 5:00 Snack Time
- 5:00-6:00 Free time play

Sample EduCare Snack Schedule Rotation

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

*Water will be served each day with snack.

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

Printed Family Last Name: _____

Child(ren) Names: _____

St. Charles Borromeo Educare/Enrichment Disaster Plan --- Signature Page

The provisions in the St. Charles Borromeo Educare/Enrichment Disaster Plan are designed to provide parents and students information and guidance as to the procedures and rules of our child care center. The provisions in this plan are not a contract and impose no obligation on the school. The contents of the plan may be changed as necessary at the school's discretion, and if changed, written notification will be provided to parents and students.

Parent Agreement

I/We _____ (Parent(s) or Guardian(s) names) have read the material in the St. Charles Borromeo Educare/Enrichment Disaster Plan and agree to follow and uphold the school policies while my son/daughter is enrolled as a student.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

St. Charles Borromeo School Administration reserves the right to alter, amend, modify, change, or terminate any of the policies in the handbook and will notify parents of changes.

Failure to return the above form does not waive the responsibility for the contents of the 2017-2018 St. Charles Borromeo Educare/Enrichment Disaster Plan.

Additional copies of the Disaster Plan are available upon request.

St. Charles Borromeo EduCare/Enrichment Parent Handbook -- - Signature Page

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

Parent Agreement

I/We _____ (Parent(s) or Guardian(s)) have read the material in the St. Charles Borromeo Educare/Enrichment Parent Handbook and agree to follow and uphold the school policies while my son/daughter is enrolled as a student.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

St. Charles Borromeo School Administration reserves the right to alter, amend, modify, change, or terminate any of the policies in the handbook and will notify parents of changes.

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Additional copies of the Parent Handbook are available upon request.