
SECTION 4 ~ SCHOOL POLICIES ~

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ARRIVAL AND DISMISSAL

See “Hours” in Section 3: Programs

SIGN IN AND OUT

Licensing regulations state that we must have a mandatory sign in and out process. Outside of each classroom there will be a designated spot for an ipad. The ipads are set up to access Transparent Classroom's attendance feature. Please ask any staff member if you need help.

1. Select your child's classroom in uppermost left corner of the screen from the drop down menu.
2. Select your child's image/name.
3. Select "Drop-off" when arriving at the center or "pick up" when taking your child home.
4. Select your name from the drop down menu. Note all the names of the authorized adults that we have on file are in that menu.
5. Add any notes you wish to communicate to the note section.
6. Sign your name using your finger or a stylus.
7. Select the SAVE button. The screen will return to the main attendance page and a note will pop up that say "event saved".

AUTHORIZED ADULTS

In order to release your child to anyone who picks up, they must be on the authorized pick up list. Please notify us in writing, if you would like to add someone or if there is someone different picking up your child. We cannot allow anybody to pick up your child that is not on our authorized list. Verbal permission is not adequate!

If an authorized person is unfamiliar to our staff, we will request picture identification before we will allow them to pick up your child.

LATE PICK-UPS

Please notify us right away if you feel you are going to be late picking up. Late pick up fees may apply.

ATTENDANCE

Consistent attendance is important. The children who benefit most from the prepared environment are those who attend regularly. There are several reasons for this:

- a consistent routine provides security for children; a sense of security enables children to learn more readily.
- a child's experiences in the classroom and with the materials are cumulative; consistent attendance bolsters learning.

CLASSROOM MANAGEMENT/ DISCIPLINE

Freedom with Responsibility is a core principal of Montessori education. Self-discipline and self-control of the will are developed at Bozeman Montessori, therefore a child rarely has discipline issues. Children are free to choose their own work if they are respectful of others and the classroom environment. Usually redirection is all that is necessary. If needed, a child will be asked to sit and observe another child working for a short time before being invited to join when ready. As the Guides support conflict resolution between the children, they learn to communicate with each other and solve their own problems. Teachers use firm, but loving, direct communication with children to convey their expectations. Corporeal punishment is never used.

CONFIDENTIALITY

All personal information regarding you and your child is protected and respected at Bozeman Montessori.

Throughout the school year, we take photographs of your child working and playing at school. Because Montessori work is done mainly with the materials themselves, often there is little “paperwork” sent home to show the work your child is doing each day. These photos show your child happily learning and growing, and we use them in gifts to the parents. In addition, we like to document special events.

We like to post photos on our website, Transparent Classroom and on occasion our Facebook page so that other families can see our school and get a feel for the work that the children do. In addition, Transparent Classroom is a place where you can send family and friends to see photos of your child at school.

However, the safety and privacy of your child is of great importance to us. The Photo Consent Form gives you the opportunity to decide under which conditions you give consent regarding photography and videography by Bozeman Montessori School.

CENTER SAFETY PROCEDURES

SNOW CLOSURES

Bozeman Montessori follows the Bozeman School District’s snow day schedule. If Bozeman Schools are closed, then we are closed. Snow day information will also be posted on our website, www.bozemanmontessori.com.

GENERAL EMERGENCY PLAN

Available at Bozeman Montessori.

Procedures For Injuries And Medical Emergencies

First Aid

All of our providers must be first aid and CPR certified. They know where the first aid kits are in each class and what is in them.

While we do our best to ensure the safety of the children, accidents may happen. This is how we will handle the situations. The child is assessed and appropriate supplies are obtained.

Below is the First Aid policy as written for the staff. This policy is post in all classrooms.

Minor Injuries

The child will be comforted

If necessary bandages and/or ice packs or wet towels will be applied. We will not apply antibiotic cream without prior written consent.

Family contact: We will let them know what happened at pick up time.

Lead Guide: Make sure to inform the lead guide the next time you see them. Discuss what happened and how to improve the prevention and response.

Larger (Non Life-Threatening) Injuries

The child will be comforted.

For injuries where there is bleeding or other bodily fluids apply non-porous gloves (nitrile, vinyl or latex*) are used if blood is present. If the injury is larger than a small scrape, direct pressure will be applied. If necessary, Ice packs will be used.

For injuries to the head or neck. We will stabilize the child's head if necessary.

If a suspected poisoning has occurred we will call poison control at 1-800-222-1222.

Family contact: We will contact the family as soon as possible to inform them of the situation and let them decide the action to take.

Fill out an incident report form. Be very detailed. Sign the form and have the parent sign it as well. Photocopy the report. The parent gets the original. The copy goes to Marissa or Chris.

Lead Guide: Make sure to inform the lead guide within 12hours. Discuss what happened and how to improve the prevention and response. They will follow up with family.

Major Injuries

If a child is seriously injured or experiencing a suspected medical emergency, we will call 911 and administer first aid and monitor the child until medical professionals arrive. We will accompany the child to the hospital if necessary.

Family contact: We will contact the family immediately after contacting 911.

Fill out an incident report form. Be very detailed. Sign the form and have the parent sign it as well. Photocopy the report. The parent gets the original. The copy goes to Marissa or Chris to be placed in the child's file.

Lead Guide: Make sure to inform the lead guide within 12hours. Discuss what happened and how to improve the prevention and response. They will follow up with family.

The child care licenser is called immediately for serious injuries/incidents which require medical attention and a copy of the report is sent to the licenser

Policy And Procedure For Excluding Ill Children

Bozeman Montessori understands that it is difficult for a parent/guardian to leave or miss work; therefore, it is suggested that alternative arrangements be made for occasions when children must remain at home or be picked up due to illness. Exclusion from the center is sometimes necessary to reduce the transmission of illness or because the center is not able to adequately meet the needs of the child.

Mild illnesses are common among children and infections are often spread before the onset of any symptoms. In these cases, we try to keep the children comfortable throughout the day, but will find it necessary to exclude them from the child care setting for the following reasons (this list covers most common illnesses, but is not inclusive of all reasons for exclusion). Please do not send your child medicated with any fever reducer, it only masks that symptoms and puts everyone else at risk.

When a child is unable to participate in the program they will be sent home and you will need to keep them home until they are able to participate fully in the program. These symptoms can include: fever, lethargic, excessive fussiness or crankiness or otherwise unusual behavior.

Illness	Symptoms	Exclusion	Return to School
Fever	Temperature above 100.5° F with or without behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, diarrhea).	Temperature above 100.5°	Fever free for 24 hours without medication.
Diarrhea	Watery stools or decreased form of stool that is not associated with changes of diet.	Exclusion is required for all diapered children whose stool is not contained in the diaper 2 or more times. In addition, non-diapered children with diarrhea should be excluded if they are unable to make it to the toilet one or more times.	Once the child has a first normal stool or a note from a physician that determines it is not related to an infectious disease.
Vomiting	Vomiting Cramps Diarrhea	If your child looks tired or lethargic, or is sneezing, coughing, etc. we will send him/her home after the first vomit. Otherwise if your child vomits two or more he/she will be sent home.	24 hours after the vomiting has completely stopped.
Cold	Stuffy or runny nose Sneezing Watery eyes	A minor cold or allergy symptoms (regardless of color or consistency of nasal discharge) should not be a reason to miss school.	When the child can participate in all parts of normal activity.
Strep Throat	Red and painful throat Fever Swollen neck glands White patches on tonsils	Until Treated	24 hours after antibiotic treatment has begun
Pink Eye	Redness, itching, pain, discharge from the eye Swelling of the eyelids	For duration of illness or 24 hours after treatment has started.	A note from your physician is required to return or after 24 hours after first treatment.
Hand-Foot-Mouth Disease (Herpangina)	Fever Headache Sore Throat Rash Red spots often with small blisters on top may appear especially on hands, feet and inside mouth	For 1 to 2 weeks from onset of illness	Child needs to stay home for 7 days or until all sores are completely gone.

Ringworm	Ring shaped rash with raised edge on skin or scalp Often itchy and flaky.	From onset until medical treatment has been started	A doctor along with a note stating that treatment has begun before returning.
Chicken Pox	Fever Raised red itchy spot-like rash that turns into blisters then scabs. Mainly on the face and body.	Up to 5 days before the rash appears until all blisters have scabbed over	Until all lesions have dried or crusted (usually six days after onset of rash).
Head Lice	Itchy scalp Small silvery eggs (nits) attached to the base of the hair near the root, esp. at nape of neck and behind the ears.	Until properly treated	Day after treatment begins.

- ❖ We ask that for your child’s comfort and to reduce the risk of contagion, children be picked up within one hour of notification.
- ❖ All staff members will follow the same protocol.
- ❖ In order to keep track of contagious illnesses (other than the common cold), daily health checks are recorded for each child, daily.
- ❖ Certain illnesses/diseases are required to be reported to the local health department.

We will closely follow our illness and exclusion policy in order to keep the entire community of children, families and staff health. We will seek information about the sign and symptoms we see from the families. Bozeman Montessori staff will make the final decision to exclude a child or not. It is the responsibility of the family to have a plan in place for alternative care.

If your child is sick, keep him or her at home. If your child becomes sick at school, we will notify you or call someone on your contact list to come pick the child up. You will be notified by email if your child is exposed to reportable communicable diseases.

Some common sense parenting will promote health. Keep children home until they are fever-free without medications for 24 hours. This reduces sharing germs, and it gives your child extra time to rest and fight off the illness. Keep children home if they have had vomiting or diarrhea. Usually, they feel physically drained if they have had these symptoms. They may want to return to school when they are symptom-free after 12 hours. Please consider keeping them home to regain their strength. Keeping them home for an extra day is a healthy investment to you and them.

Notifiable Conditions And Communicable Disease Reporting

Licensed childcare providers in Montana are required to notify Public Health when they learn that a child has been diagnosed with one of the [communicable diseases listed](#) below. In addition, providers should also notify their Public Health Nurse when an unusual number of children and/or staff are ill (for example, >10% of children in a center, or most of the children in the toddler room), even if the disease is not on this list or has not yet been identified.

To report any of the following conditions, call Public Health Nurse: 406 582 3100

<p>(a) AIDS, as defined by the Centers for Disease Control and Prevention, and HIV infection, as determined by a positive result from a test approved by the Federal Food and Drug Administration for the detection of HIV, including, but not limited to, antibody, antigen, and all HIV nucleic acid tests;</p> <p>(b) Anaplasmosis;</p> <p>(c) Anthrax;</p> <p>(d) Arboviral Disease (California serogroup, Eastern equine encephalitis, Powassan, Saint Louis encephalitis, West Nile Virus, Western equine encephalitis);</p> <p>(e) Babesiosis;</p> <p>(f) Botulism (including infant botulism);</p> <p>(g) Brucellosis;</p> <p>(h) Campylobacter;</p> <p>(i) Chancroid;</p> <p>(j) Chlamydial trachomatis infection;</p> <p>(k) Cholera;</p> <p>(l) Coccidioidomycosis;</p> <p>(m) Colorado tick fever;</p> <p>(n) Cryptosporidiosis;</p> <p>(o) Cyclosporiasis;</p> <p>(p) Dengue virus infections;</p> <p>(q) Diphtheria;</p> <p>(r) Erlichiosis;</p> <p>(s) Escherichia coli, shiga toxin-producing (STEC);</p> <p>(t) Gastroenteritis outbreak;</p> <p>(u) Giardiasis</p>	<p>v) Gonorrheal infection;</p> <p>(w) Granuloma inguinale;</p> <p>(x) Haemophilus influenzae invasive disease;</p> <p>(y) Hansen's disease;</p> <p>(z) Hantavirus pulmonary syndrome or infection;</p> <p>(aa) Hemolytic uremic syndrome, post diarrheal;</p> <p>(ab) Hepatitis A, acute;</p> <p>(ac) Hepatitis B, acute, chronic, perinatal;</p> <p>(ad) Hepatitis C, acute, infection, past or present;</p> <p>(ae) Influenza;</p> <p>(af) Lead poisoning (blood levels \geq than 5 micrograms per deciliter for children 13 years of age or younger);</p> <p>(ag) Legionellosis;</p> <p>(ah) Listeriosis;</p> <p>(ai) Lyme disease;</p> <p>(aj) Lymphogranuloma venereum;</p> <p>(ak) Malaria;</p> <p>(al) Measles (rubeola);</p> <p>(am) Meningococcal disease (Neisseria meningitidis);</p> <p>(an) Mumps;</p> <p>(ao) Pertussis;</p> <p>(ap) Plague;</p> <p>(aq) Poliomyelitis, paralytic or non-paralytic;</p> <p>(ar) Psittacosis;</p> <p>(as) Q-fever;</p>	<p>(at) Rabies in a human or animal; exposure to a human by a species susceptible to rabies infection;</p> <p>(au) Rickettsiosis (spotted fever);</p> <p>(av) Rubella (including congenital);</p> <p>(aw) Salmonellosis;</p> <p>(ax) Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease;</p> <p>(ay) Shigellosis;</p> <p>(az) Smallpox;</p> <p>(ba) Streptococcus pneumoniae, invasive disease;</p> <p>(bb) Streptococcal toxic shock syndrome;</p> <p>(bc) Syphilis;</p> <p>(bd) Tetanus;</p> <p>(be) Tickborne relapsing fever;</p> <p>(bf) Toxic shock syndrome (nonstreptococcal);</p> <p>(bg) Transmissible spongiform encephalopathies;</p> <p>(bh) Trichinellosis (Trichinosis);</p> <p>(bi) Tuberculosis;</p> <p>(bj) Tularemia;</p> <p>(bk) Typhoid fever;</p> <p>(bl) Varicella;</p> <p>(bm) Vibriosis;</p> <p>(bn) Viral hemorrhagic fevers;</p> <p>(bo) Yellow fever; and</p> <p>(bp) Any unusual incident of unexplained illness or death in a human or animal with potential human health implications.</p>
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Immunizations

To protect all children and staff, each child in our center has a completed and signed proof of Immunizations. Immunization records are reviewed quarterly until the child is fully immunized. Children are required to have the following immunizations:

DTaP (Diphtheria, Tetanus, Pertussis), IPV (Polio), MMR (Measles, Mumps, Rubella), Hib (Haemophilus influenzae type b), Varicella (Chicken Pox) at 19 months

According to the schedule below: [See MT Rules for more information](#)

Age at Entry

Number of Doses-Vaccine Type

under 2 months old

no vaccinations required

by 3 months of age

1 dose of polio vaccine

1 dose of DTP vaccine

1 dose of Hib vaccine

by 5 months of age

2 doses of polio vaccine

2 doses of DTP vaccine

2 doses of Hib vaccine

by 7 months of age	2 doses of polio vaccine 3 doses of DTP vaccine *2 or 3 doses of Hib vaccine
by 16 months of age	2 doses of polio vaccine 3 doses of DTP vaccine 1 dose of MMR vaccine administered no earlier than 12 months of age *1 dose of Hib vaccine given after 12 or 15 months of age
by 19 months of age	1 dose of varicella vaccine 3 doses of polio vaccine 4 doses of DTP vaccine 1 dose of MMR vaccine administered no earlier than 12 months of age *1 dose of Hib vaccine given after 12 or 15 months of age

If a parent or guardian chooses to exempt their child from HiB immunization requirements, they must complete and sign the Certificate of Exemption Form.

If the exemption is for medical reason the child's health care provider (MD, DO, ND, PA, ARNP) must also sign the Certificate of Exemption form or provide a signed letter verifying that the parent or guardian received information on the benefits and risks of immunizations.

Other exemptions are not permitted in the state of Montana.

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 Administration Policy

Bozeman Montessori believes all families have the right to safe and healthy child care.

When at all possible, student medication should be administered at home. At times, it is necessary for medication to be given during school hours. The staff At Bozeman Montessori will administer medication to children who require it.

The purpose of the medication policy is so that staff and parents understand medications will be administered in a safe and manner that protects children and staff.

This policy will be available in each class room's folder. You can also ask in the office for a copy.

To administer medication to your child, Bozeman Montessori must have the Medication Authorization form completed and signed by a parent or guardian.

The Medication Authorization form must be filled out every time a medication is brought in by the parent or guardian (even if the child has taken the medication in the past).

Prescription medications must be in their original containers labeled with the child's first and last name, the date the prescription was filled, the name of the licensed physician or nurse practitioner who wrote the prescription, the expiration date of the medication, and specific and legible instructions for administration and storage of the medication. All medication will be administered according to the instructions.

Non-prescription (Over-the-Counter) medications can be given with permission from the parent or guardian based on general advice received from the child's physician. Non-prescription medication will be administered from the original container labeled with the child's first and last name and according to the instructions on the label. A record of doses will be kept.

A Medication Log will be kept in each child's chart. The staff person administering the medication will immediately record the date, time, medication, and dose and sign his/her name on the Medication Log. Only staff trained in medication administration will give medication.

Medications will be stored at the recommended temperature, in a child proof container, in a place inaccessible to children.

When the medication expires the parent will be asked to take home the medication to dispose of. If it's not picked up in a week's time a Bozeman Montessori staff will dispose it in the recommended manner.

Medication for Asthma and Allergies (inhalers, nebulizers and Epipens): If your child has been diagnosed with asthma or life threatening allergies, it is essential that we have all information and medication in place BEFORE it is needed. If your child has ever needed asthma medication, or been prescribed an EPIPEN, please: Complete the Medication Authorization form and Submit a copy of your child's Allergy Emergency Plan/Asthma Action Plan.

Parents must hand deliver the prescribed medication to their child's guide or assistant and give any pertinent information that may be needed regarding the purpose of the medication and any possible side effects that we should be aware of.

A medication error/incident report will be completed by the staff person administering medication and co-signed by the director if an error or incident takes place.

If any Bozeman Montessori staff member notices an adverse effect or serious allergic reaction, and the child is in distress, staff will call 911. Parents will also be notified.

This policy applies to all children, parents, guardians, and providers.

This policy can be changed or adapted with the recommendations of the licensing agent/county health nurse/child care health consultant serving our program. Everybody will be informed if changes are made (we will post the revised policy on the community board.)

This policy is effective immediately.

Bozeman Montessori will review this policy annually in August.

Reference: *ChildCareTraining.org*

Emergency Supply Of Critical Medications

For children's critical medications, including those taken at home, we suggest that parents 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 the office, Medication is kept current (not expired). **“3-day Critical Medication form” is available at www.kingcounty.gov/health/childcare

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.

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

All families will be treated with dignity and with respect for their individual needs and/or differences.

Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).

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.

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.

Children with special needs are not present without an individual plan of care on site.

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.

Teachers, cooks, and other staff will be oriented to any special needs or diet restrictions by the Director.

Safe Sleep Policy

At Bozeman Montessori all staff providing care to children under the age of two received training in an approved safe sleep curriculum. Providing infants with a safe place to grow and learn is very important. To reduce the risk of SIDS (Sudden Infant Death Syndrome) we have implemented the following Safe Sleep Policy:

- 1) Infants will always be placed on their backs to sleep unless there is a physician signed sleep position medical waiver.
- 2) All staff working in the infant room will receive training on our infant Safe Sleep Policy.
- 3) The crib will have a firm tight fitting mattress covered by a fitted sheet and will be free from loose bedding, toys, and other soft objects (i.e., pillows, quilts, crib bumpers, sheepskins, stuffed toys, positioning devices, etc.).
- 4) Infants will not share cribs.

- 5) If a blanket is used, the child's feet will be placed to the foot of the crib and a light blanket will be tightly tucked in along the sides and foot of the mattress. (This position prevents the blanket from slipping up over the infant's face or the infant slipping under the blanket). The blanket will not come up higher than the infant's chest.
- 6) Sleep clothing, such as sleepers, sleep sacks, and wearable blankets, may be used as alternative to blankets.
- 7) While infants will always be placed on their backs to sleep, when an infant can easily turn over from back to front and front to back, they can remain in whatever position they prefer to sleep.
- 8) To avoid overheating, the temperature of the rooms where infants sleep will be checked and will be kept at a level that is comfortable for a lightly clothed adult.
- 9) When infants are in their cribs, they will be within sight and hearing of staff at all times.
- 10) Room temperature will be kept between 68-75°F.
- 11) When an infant is awake, they will have supervised "tummy time." This will help babies strengthen their muscles.
- 12) Infants who use pacifiers will be offered their pacifier when they are placed to sleep, and it will not be put back in should the pacifier fall out once they fall asleep.
- 13) Pacifiers will be cleaned between each use, checked for tears, and will not be coated in any sweet or other solution.
- 14) Parents are asked to provide replacement pacifiers on a regular basis.
- 15) Bibs and pacifiers will not be tied around an infant's neck or clipped on to an infant's clothing during sleep.
- 16) Smoking will not be allowed in or near Bozeman Montessori facility.

Breastfeeding Friendly Policy

Breastfeeding is widely acknowledged to be the best way to nourish infants and benefits babies, their mothers, and the community in many ways. Bozeman Montessori recognizes the role that child care providers play in helping mothers continue to breastfeed while their infants are in care and is committed to fully supporting breastfeeding mothers and their infants in the following ways:

- We welcome mothers to nurse their babies or express milk at our center at any time during the day and provide them with a private space to do so. Spaces for nursing include the office, the staff room and the common area. Mothers are also welcome to nurse in the classroom as well.
- We will work with mothers to maximize opportunities for nursing babies at drop off and pick up times.
 - So that you have adequate time for end-of-day feedings with your baby, please plan to arrive a half an hour prior to your normally scheduled pickup time.
- We provide refrigerator and freezer space for storing breast milk.
- We train staff to feed breastfed babies appropriately—infants are held while fed and feedings are paced, led by the infant, and never rushed.
- We work with parents to create individual feeding plans for each infant, and continue to consult with parents to update feeding plans on a regular basis.
- We feed infants on demand based on their hunger and satiety cues.
- We support exclusively breastfed infants and will not offer any other foods without written permission from the parents.
- We do not pass judgment on mothers who may choose not to breastfeed their child or on mothers who are not able to do so for whatever reason.

We have the following animals on site: turtle, newt, rabbit and fish

We occasionally have animal visitors such as: dogs, rabbits, cats, turtles and others.

We have an animal policy, which is located in the staff and parent handbooks and is as follows:

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, chickens, ducks, and/or amphibians that typically carry salmonella, a bacterium that can cause serious diarrhea disease in humans, with more severe illness and complications in children.

Parents are notified when animals will be on the premises. Children with an allergic response to animals are accommodated.

Animals, their cages, and any other animal equipment are never allowed in kitchen or food preparation areas.

Children and adults wash hands after feeding animals or touching/handling animals or animal homes or equipment.

No Smoking Policy

Staff will not smoke in the presence of children or parents while at work.

There will be no smoking on site or in outdoor areas immediately adjacent to any buildings (not within 25 feet of an entrance, exit, or ventilation intake of the building) where there are classrooms regardless of whether or not children are on the premises. (Rationale: residual toxins from smoking can trigger asthma and allergies when children do use the space). There is no smoking allowed in any vehicle that children are transported in.

If staff members smoke, they must do so away from the school property, and out of sight of parents and children. They must not smell of smoke when they return to the classroom.