TRINITY LUTHERAN CHURCH PRESCHOOL HEALTH POLICIES

(REVISED 05/2026)

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TRINITY PRESCHOOL HEALTH POLICIES

We take every precaution to protect each child's health. We work in partnership with the parents to insure the health and well-being of all children in the center.

Parents need to monitor their children's health for any unusual symptoms and keep them at home if the health and well-being of the child is in question.

Children must remain at home, *fever free* (without the use of fever reducing medication) for **24 hours** after an illness.

Exclusion of Ill Persons

If a child becomes ill while at the center, the parents shall be contacted immediately. If we are unable to reach parents, we may contact the alternative person. It is expected that parents come pick up their ill child within the hour of notification. We do not have separate facilities for sick children. Teachers will isolate children to the best of their ability until parents are able to arrive. Please notify the director if a child has not been picked up within the hour.

Upon notification of the presence of a communicable disease, the center will post a sign in the area of the symptoms, post a notification on the parent reporting application, and notify parents of the exclusion policy for the present disease. Teachers will inspect children daily for signs of illness if a communicable disease has been present at the center, and/or the child's health is in question. This may include taking the child's temperature, looking for rashes or bumps, ears, nose, and throat swelling or discharge, secretions from the eyes. Colds are permitted at the center as long as the child feels well enough to participate in normal activities. Excessive coughing will be noted on the child's daily report and discussed with the parent at the end of the day, or earlier if need be.

If a child is sent home, or calls in ill, the teacher will record the illness on the illness log.

Children who are mildly ill; cold, low-grade fever, may attend as long as they are able to participate in normal activities. Parents may be called to inform them of their child's condition.

Certain symptoms in children may suggest the presence of a communicable disease. Trinity Preschool must exclude a child as required by MN Rule 9503.0080:

A. with a reportable illness or condition as specified in part 4605.7040 that the commissioner of health determines to be contagious and a physician determines has not had sufficient treatment to reduce the health risk to others; 4

B. with chicken pox until the child is no longer infectious or until the lesions are crusted over;

C. who has vomited two or more times since admission that day;

D. who has had three or more abnormally loose stools since admission that day;

E. who has contagious conjunctivitis or pus draining from the eye; F. who has a bacterial infection such as streptococcal pharyngitis or impetigo and has not completed 24 hours of antimicrobial therapy;

G. who has unexplained lethargy;

H. who has lice, ringworm, or scabies that is untreated and contagious to others;

I. who has a 100 degree Fahrenheit axillary or higher temperature of undiagnosed origin before fever reducing medication is given;

J. who has an undiagnosed rash or a rash attributable to a contagious illness or condition;

K. who has significant respiratory distress;

L. who is not able to participate in child care program activities with reasonable comfort; or

M. who requires more care than the program staff can provide without compromising the health and safety of other children in care.

Specific Disease Exclusion Guidelines

Parents are asked to report to Trinity Lutheran Church Preschool within 24 hours (excluding weekends and holidays); lice, scabies, impetigo, ringworm, or chicken pox, or if their child was diagnosed with contagious, reportable disease as specified below .

Cases, suspected cases, carriers, and deaths due to the following diseases and infectious agents shall be reported. Child care centers are required by MN Rule 4605.7040 to report:

A. Diseases reportable immediately by telephone to the commissioner (651-201-5810):

(1) anthrax (*Bacillus anthracis*). Submit clinical materials;
(2) botulism (*Clostridium botulinum*);
(3) brucellosis (*Brucella* spp.). Submit clinical materials; 5

(4) cholera (*Vibrio cholerae*). Submit clinical materials;
(5) diphtheria (*Corynebacterium diphtheriae*). Submit clinical materials;
(6) hemolytic uremic syndrome. Submit clinical materials;
(7) measles (rubeola). Submit clinical materials;
(8) meningococcal disease (*Neisseria meningitidis*) (all invasive disease). Submit clinical materials;
(9) orthopox virus. Submit clinical materials;
(10) plague (*Yersinia pestis*). Submit clinical materials;
(11) poliomyelitis. Submit clinical materials;
(12) Q fever (*Coxiella burnetii*). Submit clinical materials;
(13) rabies (animal and human cases and suspected cases);
(14) rubella and congenital rubella syndrome. Submit clinical materials;
(15) severe acute respiratory syndrome (SARS). Submit clinical materials;
(16) smallpox (variola). Submit clinical materials; and
(17) tularemia *(Francisella tularensis*). Submit clinical materials. B. Diseases reportable within one working day:

(1) amebiasis (*Entamoeba histolytica/dispar*);
(2) anaplasmosis (*Anaplasma phagocytophilum*);
(3) arboviral disease, including, but not limited to, LaCrosse encephalitis, eastern equine encephalitis, western equine encephalitis, St. Louis encephalitis, and West Nile virus disease;
(4) babesiosis (*Babesia* spp.);
(5) blastomycosis (*Blastomyces dermatitidis*);
(6) campylobacteriosis (*Campylobacter* spp.). Submit clinical materials;
(7) cat scratch disease (infection caused by *Bartonella* species);
(8) chancroid (*Haemophilus ducreyi*); 6

(9) *Chlamydia trachomatis* infections;
(10) coccidioidomycosis;
(11) cryptosporidiosis (*Cryptosporidium* spp.). Submit clinical materials;
(12) cyclosporiasis (*Cyclospora* spp.). Submit clinical materials;
(13) dengue virus infection;
(14) *Diphyllobothrium latum* infection;
(15) ehrlichiosis (*Ehrlichia* spp.);
(16) encephalitis (caused by viral agents);
(17) enteric *Escherichia coli* infection (*E. coli* O157:H7, other enterohemorrhagic (Shiga toxin-producing) *E. coli*, enteropathogenic *E. coli*, enteroinvasive *E. coli*, and enterotoxigenic *E. coli*). Submit clinical materials;
(18) *Enterobacter sakazakii* in infants under one year of age. Submit clinical materials;
(19) giardiasis (*Giardia lamblia*);
(20) gonorrhea (*Neisseria gonorrhoeae* infections);
(21) *Haemophilus influenzae* disease (all invasive disease). Submit clinical materials; (22) hantavirus infection;
(23 hepatitis (all primary viral types including A, B, C, D, and E);

(24) histoplasmosis (*Histoplasma capsulatum*);
(25) human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS). Submit clinical materials;
(26) influenza (unusual case incidence, critical illness, or laboratory confirmed cases). Submit clinical materials;
(27) Kawasaki disease;
(28) *Kingella* spp. (invasive only). Submit clinical materials;
(29) legionellosis (*Legionella* spp.). Submit clinical materials;
(30) leprosy (Hansen's disease) (*Mycobacterium leprae*); 7

(31) leptospirosis (*Leptospira interrogans*);
(32) listeriosis (*Listeria monocytogenes*). Submit clinical materials;
(33) Lyme disease (*Borrelia burgdorferi*);
(34) malaria (*Plasmodium* spp.);
(35) meningitis (caused by viral agents);
(36) mumps;
(37) neonatal sepsis (bacteria isolated from a sterile site, excluding coagulase-negative *Staphylococcus*) less than seven days after birth. Submit clinical materials;
(38) pertussis (*Bordetella pertussis*). Submit clinical materials;
(39) psittacosis (*Chlamydiophila psittaci*);
(40) retrovirus infections;
(41) Reye syndrome;
(42) rheumatic fever (cases meeting the Jones criteria only);
(43) Rocky Mountain spotted fever (*Rickettsia rickettsii, R. canada*);
(44) salmonellosis, including typhoid (*Salmonella* spp.). Submit clinical materials;
(45) shigellosis (*Shigella* spp.). Submit clinical materials;
(46) *Staphylococcus aureus* (only vancomycin-intermediate *Staphylococcus aureus* (VISA), vancomycin-resistant *Staphylococcus aureus* (VRSA), and death or critical illness due to

communityassociated *Staphylococcus aureus* in a previously healthy individual).

Submit clinical materials;

(47) streptococcal disease (all invasive disease caused by Groups A and B streptococci and *S. pneumoniae*). Submit clinical materials;

(48) syphilis (*Treponema pallidum*);

(49) tetanus (*Clostridium tetani*);

(50) toxic shock syndrome. Submit clinical materials;

(51) toxoplasmosis (*Toxoplasma gondii*);

(52) transmissible spongiform encephalopathy; 8

(53) trichinosis (*Trichinella spiralis*);

(54) tuberculosis (*Mycobacterium tuberculosis* complex) (pulmonary or extrapulmonary sites of disease, including laboratory confirmed or clinically diagnosed disease). Latent tuberculosis infection is not reportable. Submit clinical materials; (55) typhus (*Rickettsia* spp.);

(56) varicella zoster disease:

(a) primary (chickenpox): unusual case incidence, critical illness, or laboratory-confirmed cases. Submit clinical materials; and

(b) recurrent (shingles): unusual case incidence or critical illness. Submit clinical materials;

(57) varicella zoster disease in addition to reportable disease under subitem (56), effective upon the commissioner's determination that the disease is reportable under part 4605.7042;

(58) *Vibrio* spp. Submit clinical materials;

(59) yellow fever; and

(60) yersiniosis, enteric (*Yersinia* spp.). Submit clinical materials.

Exclusion of Sick Child Care Staff

Adults can spread infectious diseases to children. Ill staff members should not be present in the child care center and should follow the basic exclusion guidelines described above for children.

Medication

Parents are required to fill out a medication authorization form before staff may administer medication. Only prescribed medication, *in the original bottle and with current prescription information on the label* may be given to the child for whom it is prescribed. *Instructions for use must be followed as written*. Over-the-counter medication cannot be administered by staff. Fever reducers for teething children need to be approved by the director. Children may not have cough syrup, drops, etc., unless prescribed by a medical provider and approved by the director. Head teachers are responsible for giving medication and insuring and documenting proper dosing. The medication administrative form must be available to the parent and maintained with the child's record. Prescription medications must be administered as labeled or medication must be administered according to the manufacturers' instructions unless there are written instructions for their use, by a licensed physician or dentist. Refrigerated medication should be placed in the locked box in the main floor fridge. Dry medicine is kept in the medication box in the main room above the teachers' cubby in the locked upper cabinet. Children are not to get medicine on their own, and should not have any medicine stored in their cubbies or placed in their backpacks. Please alert families to this policy. Any unused or expired medication is to be returned to the parent or given to the director to be destroyed.

Proper Administration of Medication 5
Rights:
1. Right Medication
2. Right Name
3. Right Dose
4. Right Time
5. Right Route (external, internal, ear, eye, nose, with food)

Children's Heath

Each child is required to have on file, a complete record of immunizations and the results of a general physical (Health Care Summary form and Immunization Schedule). These records must be signed by a qualified physician and must be on file within 30 days of enrollment to the program. Immunization records need to be on file immediately upon entry. An updated physical examination is required annually for children under 24 months or whenever they advance to an older age category.

Cleaning, Sanitizing & Disinfecting

Commercial products are mixed according to manufacturer's instructions. Bleach solutions need to be made fresh and dumped daily, commercial solutions have a shelf life. Tables and food preparation surfaces are washed and sanitized before and after each meal. Toys that are mouthed will be put in mouthed buckets, and washed and sanitized before using again. Toddler toys are washed and sanitized weekly and daily as mouthed. Preschool toys are washed and sanitized when rotated out, and as mouthed. Playhouse foods are washed and sanitized daily. Playhouse clothes are laundered weekly. Changing table is washed and sanitized with bleach solution after each use.

Toilets, sinks and floors are washed and disinfected daily. Items that are touched by hands (water fountains, door knobs, trike handles, etc.) will be washed and disinfected as often as possible.

Hand washing is the number one way to help prevent the spread of infections. Always wash your hands upon entry to the program, before every meal service, after toileting, and after blowing noses. Always have the children wash their hands at these times, and after coming in from outdoor play. Children playing in the water table should also wash their hands before and after play. Staff needs to wash hands before and after applying sunscreen to children. Handwashing procedure will be posted at each sink.

Cots are cleaned daily. Each cot is sprayed with soap and water and wiped with a towel. Bedding items: pillows, sheets, blankets, are sent home weekly to be laundered. Staff will remind parents verbally, via note, and in parent newsletter/calendars. (It is suggested that children lay head/toe to reduce the spread of germs).

Staff personal belongings must be stored out of the reach of children; All personal belongings such as and not limited to; purses, and backpacks need to be kept in the teacher's lounge or in cabinets out of children's reach (at least 5 feet high) and behind closed door. These belongings could contain medications, cosmetics and other harmful substances to children and should not be accessible.

INFANT SPECIFIC POLICIES:

For the health and safety of our infant children ages 6 weeks-16 months, we will require additional care and documentation in the following areas:

1. Parent intake conference will be held prior to each infant starting. At this conference staff will discuss any special health or care needs. Additionally licensing forms will be handed out as applicable for
    - **a)** Optional Form for Parent Statement: Infant Less Than Six Months of Age Regularly Rolling over. https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7219-ENG
    - **b)** Directive for Alternative Sleep Position https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7216-ENG
    - **c)** Swaddling consent https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7218-ENG
    - **d)** Helmet approval for sleeping infant: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-8531-ENG

e) Parent Cradleboard request: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-8536-ENG

All children with special needs will have a documented form signed by parents and all staff who work with the child as directed by DHS in the https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7995-ENG for children with allergies or special needs. These forms are developed by the program in conjunction with medical forms created by the child's doctor and are reviewed annually.

All infants entering the program need to have a health summary and list of immunizations to date and should bring updated copies of immunizations from all future appointments.

2. **Infant Feeding:** Trinity Preschool works in partnership with families to provide the best possible nutrition for the infants we serve. Breast milk is healthiest and best nutrition for babies and we have refrigerator and freezer storage for expressed breast milk brought from home. All bottles holding breast milk will be sent home without rinsing and with any remaining milk left in the bottle.
   Trinity Lutheran Church Preschool will provide Formula for families wishing to use Similac Sensitive formula. If a family chooses to use other formula brands we ask that they prepare bottles ahead of time and store them in the fridge. We will dump leftover formula in bottles after feeding and send the bottles home with families.
   All bottles are heated with hot water from a tea kettle. Potable water is used for making infant formula.
   Trinity Lutheran Church Preschool does NOT wash any bottles and will send all home in child diaper or bottle bag at the end of the day.

Introducing Purees and Solid Foods.

At age 6 months we will discuss with parents the introduction of purees into the child's diet and feeding schedule. Parents will need to fill out a form that states what purees have been tried and which they are willing to try with their infant.
Ate age 1 infants will be provided with a solid food meal and all foods will be cut up for safe consumption with special attention paid to size of bites to avoid choking hazard.
At age 1 we will also add whole milk into the child's bottle and will discuss the provision or deletion of breast milk and formula in child's food intake.

Infant Specific Training: All staff who work with infants need to complete Abusive Head Trauma and SUID (Sudden Unexpected Infant Death) training annually. All supervised Volunteers will also go be trained in safe infant sleep and AHT and will be supervised by trained staff and will complete a substitute orientation and background check.

Arrival and Dismissal: Parents will fill out daily notes that indicate any child care needs for the day and give a record of feeding and diapering. Parents must remove their child from car seats and hand their child to a staff member. NO infant seats are allowed on the counter.

Staff and parents entering the room must remove their outside shoes and wear socks or slippers to keep floors safe and clean of debris.

Cleaning: Infant carpets are cleaned monthly by staff. Toys and mouthed items are washed with soap and water and sprayed with a

bleach disinfectant solution. All sheets are washed weekly or when soiled as are boppy covers. All infant laundry is done in their washing machine.

Infant illness exclusion: Infants follow the same exclusion guidelines that the program follows. Infants with RSV will be asked to follow a 48 hours at home after diagnosis due to the serious nature of RSV in infancy and the highly contagious nature of the disease.

SAFETY POLICIES

Procedures for Administering First Aid

Each staff member is trained every 2 years in First Aid and Infant/Child CPR and certifications remain current. We will administer basic First Aid measures to any child, staff member or visitor to our program. Suspected cases of poisoning will be reported to the Poison Control Center at 1-800-222-1222. Instructions for First Aid will be directed by them.

We will not remove splinters or ticks that are embedded in the skin. Parents will be called. Staff are also prohibited from removing loose or wiggly teeth. If the child is upset by the tooth parents will be called.

All accidents and injuries and first aid methods are documented and shared with parents by a form, e-mail, phone call, or a combination of these. Parents must sign and return this form, acknowledging they have been notified. All accidents, injuries, and first aid offered for staff and visitors will be documented and given to the director.

Staff with injuries of reportable nature must call Church Mutual Work Injury Hotline (844)322-4662 for further first aid instructions.

Universal Precautions

Hygienic procedures must be practiced by all school personnel when handling and disposing of human secretions and excretions including: blood, feces, urine and vomit.

The steps below should be followed in all such cleanup situations since infections and contagious organisms are often undetected:

1. **Wear disposable gloves when cleaning up any bodily fluid**.
2. Sprinkle spills of bodily fluids with absorbent chlorine powder as soon as possible or spray with Clorox Bio Odor and Stain solution. Wipe up the spill with disposable towels or with rags and scoop and brush. Dispose of towels in a closed bag. Clean up the surface with a cleaning agent appropriate for the surface being cleaned. Disinfect the surface after the spill has been picked up. Disinfect any utensils needed to clean up the spill.
3. If assisting a person with a bloody nose or wound, disposable gloves must be worn for your protection. Dispose of all paper towels, gauze, or rags in a bag and throw out immediately.
4. When changing diapers, disposable gloves will be used. After use, the cleaning materials, gloves, and soiled diapers will be bagged and disposed of in a sanitary receptacle.
5. Staff will not rinse soiled clothes. Soiled clothing will be bagged and sent home. Please remind parent to bring these items home at pick-up time.
6. Hand washing procedures will be followed after each contact with a contagious agent, even though gloves are used.

HANDWASHING PROCEDURES

Staff will be trained on proper hand washing procedures upon entry and annually. Proper hand washing procedures are posted in all bathrooms near the sinks. Follow the hand washing procedure posted.

Diapering Procedure

Staff will follow posted diapering procedures near the changing areas and will be observed by health consultant, director and lead teaching staff to insure proper procedures are being followed.

FOOD PREPARATION.

All staff will wash hands before serving meals and after meals. If a utensil is dropped, staff will get a new one to replace it. Touching each other's foods or sharing foods while eating is discouraged. Tables will be cleaned and sanitized before and after meals. Food preparation areas will be kept clear of art, toys and other items, and will be used only for food preparation. Counters and food carts are cleaned and sanitized before each use. Refrigerators will be set at 40 degrees or less. Food allergy information of the children in the center must be available in the area where food is prepared and where food is served. Kitchen staff and director are certified every 5 years in food management and maintain sanitary food service practices for all food prepared either on or off site.

Meals and Snacks

All children will be served a nutritious and appealing breakfast, lunch and snack. The meals and snacks will meet the USDA food program requirements. The service of sugary treats and drinks will be discouraged and the offering of fresh fruits, veggies and whole grains will be used as often as possible. All children will sit at the table for meals and snacks. Special day's treats, i.e. birthdays, last days, holidays, need to be store-bought.

Drinking water is available to children throughout the day, offered at frequent intervals and offered in single-serve cups or drinking fountains. Personal Water bottles may be brought from home, but must be taken home ***daily*** for cleaning and sanitation and must be labeled with first and last name of the child Disposable cups and water will be available

on field trips or singles serve water bottles will be brought and disposed of.

Food not prepared on site will be monitored for health and safety at the source of cooking, and staff will inspect and take temperature of food arriving from caterer. Food will be kept in warmer until time of service and will sit out no longer than 20 minutes before service.

Kitchen food service staff and the director will maintain SafeServe Food manager certification.

Safety Measures

Staff will check each room using the Daily Safety and Restocking Checklist prior to the children arriving. The staff will keep the children secured when playing outdoors in a fenced area, except when at local park playgrounds in which they will be watched extremely close. Staff will do a walk-around of park/playground areas to inspect for possible injurious items.

Plastic bags will not be allowed for children to play or have access to in bathrooms. Keep out of the reach of children.

Balloons are not allowed to be played with for games due to possible choking hazards.

All poisonous products/cleaning agents will be kept up out of the children's reach and locks kept locked. *Areas of Concern:*

- Spilled liquids: These should be wiped up immediately.
- Ice on sidewalks: Sprinkle with salt or sand.
- Doorways and passageways: Keep free and clear from obstruction, keep children back and away from doorways.
- Handrails: Teach children to use these.
- Electrical outlets: These are self closing for the safety of children.
- Splintered wood: Notify director, and/or sand immediately.
- Matches: Inaccessible to children. Remove and teach children to hand in any found.

- Uncovered/hot foods: Keep out of reach of children. Staff needs to attend their tables. Maintain food temps, but keeping food out on table for shortest time.
- Rugs: Firmly fastened with non-skid backing.
- Scissors: Adult scissors out of reach of children; close supervision of young children with scissors.
- Electrical cords: Attached and out of reach.
- Shade pulls are secure; notify director of any loose shade pulls.

Traffic and Pedestrian Safety

All traffic and pedestrian rules will be observed at all times. Trips will be taken only after group control has been established and the children have learned to remain with the group. Crossings are done only at approved corners. Always model walking; never run while crossing a street. When a walking field trip is taken, two staff members are the minimum number allowable. More supervision is desirable. One staff member should be in front and one in back. When traveling by city or contracted bus, the children will remain seated at all times.

Choking

Choking is prevented by the choices of toys the children are allowed to play with. All children are to be supervised and monitored to insure safe handling of toys. Toddlers are given an alternative food choice when choking-hazardous foods are served, like raw veggies, popcorn, etc. Meats are cut into small, not round, shapes for ease of chewing. Staff will model and encourage children to finish chewing before speaking. Staff will frequently inspect toys for small, detachable parts, with special attention given to the toys that make it into the nursery (toddler spaces).

Strangers

If a stranger or impaired individual comes into the center, the staff will keep the children locked in a room with them. The director will notify the church staff and the police if necessary. The director will notify staff when they are able to resume normal procedures.

Crime Scene

If staff should arrive in the morning and it seems that the center has been broken into, DO NOT ENTER, and disturb the crime scene. Go to the nearest phone and call the police.

Burn Prevention

Coffee and other hot liquids must be out of reach of the children. When a group of children is cooking, the other children will remain in their seats to prevent grabbing and tripping on cords. Hot soups should not be placed on the table until the teacher is seated. Water temperature will be set at 120 degrees or less.

Candles and matches are not to be used in the presence of children.

Accidents

Our accident log is analyzed annually to look for similarities in accidents, and methods to improve prevention will be taken. Staff will write up all accidents or injuries to a child, staff member or visitor, on an accident report or injury report. All injury reports are to be brought to or called into the director or assistant director. The director will report serious injuries, medical emergencies, fire, or death to the Department of Human Services within 24 hours. All head injuries are reported to the parents by phone. The parents will then decide if they would like to seek medical attention.

Medical Emergencies

If a child requires immediate medical care, and the parents or designated emergency person cannot be reached, the staff will call 911. The teacher or director will go with the child. Other staff members will continue to try to contact the parents(s). When contact is made, the parents will be informed of the nature of the emergency and the child's whereabouts. Teachers should never transport the child in their car. Serious injuries to any child, staff or visitor will be reported to family and the Trinity business administrator and to MN DHS. Parents will be given the option of where they would like care to be administered on their enrollment application and if none is provided Sanford medical is the default provider.

Sunscreen and Bug Repellant

Parental permission is required to administer sunscreen and bug repellant. These are done annually and kept in the child's file. We will provide 34-50 SPF hypoallergenic sunscreen and bug spray with DEET unless a parent has a need for a different brand due to sensitivity reasons. Parents will provide any special sunscreen or repellent.

DIAPER OINTMENT AND COMMERCIAL WIPES

Parents will provide diaper ointment and wipes for their children's diapering needs. These will be labeled with first and last names for each individual child and will be used only on that child.

Insurance

The Preschool has liability and accident insurance as a back-up, should an accident occur. The accident policy is a back-up for families who don't have medical insurance.

Pick-up Procedures

Children are to be released only to parents or to designated, authorized pick-up persons. If a person arrives to pick up the child, the staff will check the pick-up authorization sheet, check identification, and only then, release the child. Parents may call in a person not on the authorization sheet, by phone, giving a general description and alerting the person that identification proof will be needed.

If an unauthorized or incapacitated person comes to pick up the child, the parent will be notified. The police will be called if an intoxicated person intends to drive with a child. The child will not be released to such persons and if they choose to leave regardless of warning, staff will record make, color, and license to police.

Missing Child Procedure

In the case of a child gone missing, the teacher who is in charge, plus one aide or director will make a thorough search of the building and grounds. Other staff will be informed as they make keep an eye out for the child as well. The church staff upstairs will also be alerted. If child is not found within 5 minutes time, the police will be called and parents notified.

Blizzard, Tornadoes, Natural Disasters & Utility Failure

If a blizzard or storm develops so that children are unable to leave, the staff is required to stay. Storm closings are posted on voicemail, parent reporting app. and Trinty Preschool Families Facebook group

In the case of a power failure, the hallways have emergency lighting. Power or water outages longer than 2 hours will force the closure of the center.

Tornado drills are done monthly from April-September. Infant, toddler, and school age children use the hallway leading to church and preschool rooms will shelter in their bathrooms during tornado alerts. Teaching

staff accompany children to the hallway and maintain sight and sound supervision until the threat is over. The Preschool director will take the emergency kit, sign in/out sheets and a cell phone. Roll call of all children and staff will be done by the director and/ or lead teachers. Teachers will escort children back to classrooms after the threat is over. In the event of a chemical spill that requires evacuation, children and staff will relocate to Youth spaces on upper level of Trinity Lutheran Church and wait until clearance is given.

PETS; All visiting pets must have proof of vaccination, and director's approval before entry. Parents must be notified before a pet is allowed on site, as some children have fears of pets, or allergies.

AIR QUALITY ALERTS: We will go outdoors using the following guidelines for allowing or limiting outdoor play:

Green 0-50. no limits Yellow; 51-100 we will go outdoors for our set play outdoor times. Orange: 101-150 Limit the length of play outdoors to 1/2 hour and those sensitive individuals may need to wear masks, stay in, and generally limit physical play. RED-MAROON. No outdoor play is allowed. This is predicted to be an issue this summer. Please know that staff are monitoring the conditions. If you have any questions or concerns, please see Kay.

Child Abuse Reporting

Trinity Preschool is a mandated reporter, and all suspected incidences of child abuse/neglect are reported to Clay County Child Protection (2995200) or after hours to Moorhead police. Staff reports of other staff are made to Department of Human Services state of MN.

Fire and Tornado procedures.

Fire prevention in our program is done by having no open flames; candles, matches, lighters in our program. Children are not allowed in the kitchen where flames and hot pans are present.

The child care center has monthly fire evacuation drills year round. Evacuation routes and emergency phone numbers are posted in each room. Staff will train on Fire Extinguisher use through handouts and reviewed annually. *Fire Extinguishers are checked annually from a licensed company.*

Each head teacher is responsible to get their group outdoors quickly and to the designated meeting area by the yellow building on the east side of the building. Support staff aides are to assist toddler teachers in evacuation. Staff will count heads upon exit, and at waiting site. Staff will wait at the designated site for director to clear the building, close off the area, get sign-in sheets, and do a roll call of the children.

In the case of a real fire, after the roll call of children, the staff will walk the children over to Lost and Found Ministry on 7th street.

Logs of Fire Drills are recorded monthly with date and time the drill was held as well as any problems encountered. Tornado sheltering drills are held April-September.

Field Trips

All field trips taken off site, including nearby city parks, are to be authorized by written permission.

1. Leave the name of the place where you are going and time to return on the sign-in sheets so other staff is aware.
2. Take the First Aid kits. Check for emergency numbers.

3. Check parent authorizations. Call a family if not signed to get immediate verbal and then follow up with written permission.
4. Do head counts many times during field trips.
5. Review rules with children, and let them know what to do if they become separated from the group.
6. All field trips have a minimum of 2 staff present.

These policies are general guidelines to be followed. They are not all inclusive. Training and common sense, as well as tight supervision of children at all times will keep children safe and well. If you have any questions, feel free to ask your supervisor for policy guidelines.

These policies are not all inclusive. Direct supervision at ALL times is the best way to insure the safety and health of all children.