

**SACRED HEART CATHOLIC SCHOOL**

**PRE-K PROGRAM**

**2018-2019**



**SACRED HEART CATHOLIC SCHOOL**

**4050 HUBBARD AVENUE NORTH  
ROBBINSDALE, MN 55422  
763/537-1329  
<http://sacredheartschoolrobbinsdale.org>**

**faithful + beginnings**

at Sacred Heart Catholic School

## **POLICY INFORMATION FOR PARENTS**

At the time of enrollment, parents/guardians are provided information about our program and a copy of our Emergency Preparedness Plan via an electronic copy. A hard copy will be provided per parent request.

Our enrollment packet includes many required forms including emergency contact information, health and immunization forms, child's personnel information such as eating, sleeping, toileting, and comfort measures. Please inform us of any individual child care program needs your child may have so that we can best provide for them while in attendance at our program. The packet also contains late payment and termination policies, and our program plan. At that time, you may offer any suggestions or recommendations that we will take in consideration to further enhance the quality of our program.

We are license by the MN Department of Human Services to operate a preschool program. The rules and regulations that govern us also include local regulators such as food ordinances, city, fire, and health inspectors. National policies also affect our operation such as OSHA, USDA, ADA, and IDEA and child care accreditation standards by NAEYC and Parent Aware. You may access these rules and regulations via each individual entity. Our license allows for the following:

**Three year Pre-K, ten pupils per teacher, one session:**

9:00 -11:30a.m. Tuesday, Thursday

\*\*\*Children must be 3 by September 1<sup>st</sup> and toilet trained.

**Four year Pre-K , ten pupils per teacher, two sessions:**

8:30 – 11:30a.m. Monday, Wednesday, Friday

\*\*\*Children must be 4 by September 1<sup>st</sup>.

**Pre-Kindergarten, ten pupils per teacher, all day program**

8:00-2:10pm with morning drop off from 7:15-8:00 a.m.

and Kids Club availability after school until 5:45 pm.

\*\*\*\*Maximum children per session: 20 students with two staff

**Payment options:** Pay full tuition in September or set up a monthly payment plan using FACTS tuition.

### **Educational Methods**

Sacred Heart Pre K offers a child centered, activity-based program. It provides a stimulating, structured program geared to the children's ages and development, and offers the children opportunities to explore, manipulate, experiment with things and interact with people. Children at Sacred Heart Pre K are supervised at all times.

## **PARENT CONFERENCES**

Parent conferences are planned and offered twice a year and a written assessment of the child's intellectual, physical, social and emotional development will be provided twice a year. Documentation of conferences is kept in the child's record.

## **HEALTH CARE SUMMARY**

Upon enrollment or within 30 days, a medical record of your child must be submitted to the school office. It must include a current examination and it must be signed by the child's source of medical care.

## **IMMUNIZATIONS**

Upon enrollment documentation of current immunizations must be submitted. For inadequate or unimmunized children, a signed, notarized, statement of parental objection to the immunization or medical exemption is required. From time to time there may be children at the program whom are not fully vaccinated. We emphasize the importance of vaccination to protect the health and safety of all of the children and staff at our program.

## **INADEQUATELY IMMUNIZED CHILDREN**

If a case of measles, mumps, rubella, pertussis, polio, or diphtheria occurs at our program, children who are inadequately or incompletely immunized will be excluded through the incubation period, of the last reported case of the disease, as determined by the local health department. This exclusion is necessary because these children may become infected and contribute to further disease spread. This exclusion also applies to children or staff who have not been immunized for conscientiously held belief or medical contraindications.

## **SPECIAL NEEDS / ALLERGIES / MEDICAL CONDITIONS**

Parents/guardians have the responsibility to inform the program when their child has any special needs, allergies or conditions requiring attention. If a child is admitted having special needs, procedures stipulated by our licensing requirements, will be followed. An individualized child care plan (ICCP) will be developed to meet the child's individual needs. The plan will be coordinated with either the service plan, education plan and/or with the physician, psychiatrist, psychologist, and/or health consultant. The ICCP will need to be updated annually or when there is any change. The plan will be kept in your child's file, with any medication, on field trips and during transportation. The program will provide any additional staff training (within reason) required by your child's ICCP however, there may be times when you are requested to assist in the training.

## **INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)**

As a child care provider, we continually monitor the development of all children in our care through ongoing observation and recording. We want the best outcomes for all children. Child care providers are considered a primary referral source for early childhood intervention under federal IDEA special education law. We are required to refer a child in our program who has been identified as having developmental concerns or a risk factor that warrants a referral as soon as possible, but in no case more than seven days after the identification. While this is a mandate, we want to keep open communication with parents and caregivers about their child and any concerns we have before a referral is made. We can assist you with the referral or partner with you in the referral process.

## **EXCLUSION OF ILL CHILDREN**

Children should be kept home if they have any of the following symptoms or illnesses:  
MN Rule 3 9503.0080 Exclusion of Sick Children guidelines are as follows:

- Any child with a **reportable illness or condition** as specified by the health department that is contagious and a physician determines has not had sufficient treatment to reduce the health risk to others.
- **Chicken pox** until the child is no longer infectious or until the lesions are crusted over.
- **Vomiting** – 2 or more times since admission that day.
- **Diarrhea** – 3 or more abnormally loose stools since admission that day or loose stools that cannot be contained within a diaper.
- Contagious **conjunctivitis** or pus draining from the eye.
- **Bacterial infection** such as **strep throat** or **impetigo** and has not completed 24 hours of antimicrobial therapy.
- **Unexplained lethargy.**
- **Lice, ringworm or scabies** that is untreated and contagious to others.
- **Fever** 100 degree Fahrenheit axillary or higher temperature of undiagnosed origin before fever reducing medication is given.
- **Undiagnosed rash** or a rash attributable to a contagious illness or condition.
- Significant **respiratory distress**; fast, difficult, or different breathing, uncontrolled coughing, and/or wheezing.
- **Not able to participate** in child care program activities with reasonable comfort.
- **Requires more care** than the program staff can provide without compromising the health and safety of other children in care.

If your child becomes ill or injured during the day she/he will be kept isolated from the other children and under staff supervision. A parent or your authorized person pick up will be notified and asked to pick up your child. Your child will be monitored and comfort measures will be provided. In the event of a medical emergency, 911 will be called and then the parent.

The parents are asked to notify the program with 24 hours, exclusive of weekends and holidays when a child is diagnosed by a child's source of medical or dental care as having a contagious disease. Contagious illnesses will be reported to all parents the same day the information is received. The staff will post a notice in a prominent place stating the illness, incubation period, early signs to watch for and exclusion recommendations.

Behavior or health issues which may affect the safety, health, and general well being of other children may result in limited exclusion or termination of enrollment.

### **OUTDOOR PLAY**

Regular physical activity has important health benefits. Weather permitting daily outdoor play will be provided. Going outside offers an environment that encourages exercise and a different setting. Being outside reduces the spread of infectious disease. Our outdoor guidelines for healthy development, children should go outside when:

1. Weather seems comfortable and when it is somewhat uncomfortable. In summer, children should wear light colored, lightweight sun protective clothing and hats, sunscreen, play in shaded areas, and have drinking water available. In winter, dress in warm, dry layers and play in wind-protected areas. (Use weather humidity/wind chill/air quality guidelines.) Please ensure your child comes dressed in appropriate indoor and outdoor clothing.
2. It is snowing, raining, or when snow is on the ground and the children are wearing water-resistant clothing. Snow and rain are important learning materials.

3. Children have a runny nose, cold or ear infection **unless** they have a documented condition identified by their health care provider that can be worsened by cold, wind or being outdoors.

### **FIRST AID / CPR / OSHA**

In the event of any accident or illness, trained staff will administer First Aid and/or CPR according to the guidelines of their training and OSHA. If we decide this is an emergency, 911 will be called. As determined by the paramedics, your child will be transported to North Memorial Hospital. Parents will be responsible for the cost of any medical transportation needed. A parent/guardian or alternate emergency contact as listed on your child's emergency contact information will be contacted as soon as possible. We will also attempt to contact your child's source of health care. Parents are responsible for keeping the information on the emergency information up to date. This includes your office, home/mobile phone numbers and at least two people authorized to act on your behalf should the center not be able to reach you. These emergency contacts also need to be authorized to pick up your child.

At least one staff person that is fully trained will be present during hours of operation and when transporting children in care. This includes when all teachers and assistant teachers are within their first 90 days and not yet trained.

### **MEDICATIONS**

#### **Prescription Medications:**

The program will not administer medication doses that can be done at home. Any medication to be given once or twice a day needs to be done at home. Any medication to be given long term will require additional paper work using ICCP care plans. However, exceptions will be made for emergency purposes (food allergies, asthma) in consultation with medical doctor.

Medication must come in its original container and be properly and legibly labeled with your child's full name and current prescription information. Twins and siblings cannot share any medications.

#### **Non-Prescription Medications:**

We do not administer any non-prescription medications.

#### **Over The Counter Products:**

Written parent permission will be obtained to apply any OTC products (external products) such as sunscreen lotion, lip balm, lotions, etc. We are not required to document the applications of these products. Powders, cornstarch and aerosol sprays are not allowed due to inhalation hazards.

### **FIELD TRIPS** (Pre-Kindergarten only)

Written parental permission will be obtained from each child's parent before taking a child on a field trip (including walking ones and on-site outdoor picnics). Parents will be informed of the hours, mode of transportation, and the purpose and destination of the field trip. Staff will take emergency cards (with ER numbers for child's parent, persons to be called if a parent can't be reached, and child's doctors), a first aid kit and manual, and attendance records on all field trips.

At least one person trained in pediatric CPR and obstructed airways, and is up to date on first aid and OSHA will accompany children on field trips. If children will be divided into groups, then additional CPR/FA/OSHA trained staff will accompany each group. Children will be transported according to MN DHS Statutes Chapter 9503.0150 "Transportation" and MN Human Services Licensing Chapter 245A.18 "Child Passenger Restraint Systems". Permission forms will be kept on file from one

licensing review to the next. Staff will have means to identify the children and attendance will be taken frequently. **STAFF WILL NOT TRANSPORT CHILDREN!**

### **RESEARCH AND PUBLIC RELATIONS**

The center will obtain written parental permission before a child is involved in each experimental research or public relations activity involving a child while at the center. The permission form is kept in the child's record.

### **MEALS AND SNACKS**

Our license requires us to comply and follow USDA requirements for meals and snacks. These are planned on a monthly basis and provided to parents. Children will wash their hands before eating and go directly to the table to eat. Staff will sit with children during meal and snack times. Children will have access to water throughout the day using single service cups or a water fountain. Water bottles are allowed only on field trips. Any treats or foods brought into the center will be unopened and commercially prepared.

Sanitation procedures and practices will be adhered to in accordance with licensing and health guidelines for safe food preparation, handling, and serving. Bag lunch requirements, and catered food will be in accordance to USDA guidelines. A physician's written permission will need to accompany any feeding/food request that does not align with the USDA requirements or is not indicated on a child's health care summary and/or individual child care plan.

### **ALLERGIES / DIET RESTRICTIONS / MODIFICATIONS**

- Licensing requirements mandate that before enrollment, we obtain information regarding children with known allergies, special eating or nutritional needs. An individual child care plan (ICCP) will be developed with the parents and physician and maintained in the child's file. The plan is required to be updated at least annually or following any changes made to allergy-related information in the child's record. Children's allergy information will be available at all times including on site, when on field trips or during transportation.
- Staff will be informed of any of the children having food allergies. This information will be posted where the children eat and in the food preparation area.
- The program will contact the child's parent or legal guardian as soon as possible of any instance of exposure or allergic reaction that requires medication or medical intervention. Emergency medical services are always called when epinephrine is administered to a child in the center's care.

### **PETS**

We do not have or allow pets at our program.

### **BEHAVIOR GUIDANCE**

Our behavior guidance policy is designed to:

Ensure that each child is provided with a positive model of acceptable behavior.

- Be tailored to the developmental level of the children that the program is licensed to serve.
- Redirect children and groups away from problems toward constructive activity in order to reduce conflict.

- Teach children how to use acceptable alternatives to problem behavior in order to reduce conflict.
- Protect the safety of children and staff persons.
- Provide immediate and directly related consequences for a child's unacceptable behavior.

Young children need to be taught appropriate behaviors. Appropriate alternatives to corporal punishment vary as children grow and develop.

Preschoolers have begun to develop an understanding of rules and can understand "break time" to calm down (out of group activity by sending the child to a calming activity such as puzzles, sensory table). However, children will never be isolated from the group. The teacher will follow up by asking the child about his/her feelings and suggest appropriate behavior.

We promote positive behavior in the following ways:

1. The classrooms are designed to be developmentally appropriate.
2. There are sufficient toys and activities to stimulate children of all age groups we serve.
3. The staff model, encourage and praise positive behaviors by using clear and positive statements of behavior expectations.
4. The curriculum is designed to be stimulating and age appropriate for the children.
5. The staff appropriately supervises and interacts with the children.

### **PERSISTENT UNACCEPTABLE BEHAVIOR**

Sacred Heart Catholic School will use the following procedure for behavior that is persistent and unacceptable that requires an increased amount of staff guidance and time. This behavior policy applies to all children in our care.

If a child is not behaving appropriately, we will use the following positive guidance techniques:

1. *Ignoring:* Ignoring a child who is trying to gain attention by acting out may be an appropriate response, unless it is a behavior that is unsafe.
2. *Redirection/Distraction:* This technique offers an alternative to a child such as suggesting a new activity, or different toy, encouraging independent play, or interacting with the child in a different way.
3. *Discussion:* Discussing with the child how their behavior is inappropriate and engaging with the child other words or methods that would suggest a more appropriate response.
4. *Reasonable Consequences:* The staff may implement reasonable consequences such as taking away a toy if the child used the toy to hit another child.
5. *Take a Break:* The child is separated from the group to calm down and will have access to something else to do. While the child will remain supervised, his or her classmates will not immediately influence him or her. This is different from the concept of "time out," which is often seen as more punitive as the child is isolated and does nothing. In "take a break" the child will have access to other activities while he or she settles down. Once the negative behavior is under control, the child can be returned to the group. We do not use "take a break" with children under two years of age.

When staff observes a persistent unacceptable behavior they will observe and record the behavior in writing.

If these positive guidance techniques are not effective, we may involve parents/guardians with the following progressive guidance techniques:

1. We will inform parents/guardians in writing what behaviors have been observed and what the staff has done to try to modify the behavior.
2. If the inappropriate behavior continues, the Director and teacher will meet with parents/guardians to develop a written action plan to correct the behavior. We will seek their input and agree on steps to attempt to modify the behavior. We may suggest involving outside resources to assist with the situation.
3. If the inappropriate behavior persists, the child will need to take a day or two of behavioral leave of absence on the next scheduled day/s of care. (Standard attendance rates apply during behavioral leaves.)
4. After returning to group care, if the child continues to act inappropriately, we may disenroll the child. We reserve the right to use these progressive guidance techniques at our discretion. It is our goal to work together for a positive outcome of behavior change. Circumstances may arise when we may immediately disenroll a child if his or her behavior creates a health or safety risk to themselves, other children, or the staff.

### **PROHIBITED ACTIONS**

Positive reinforcement is the best approach to discipline. The following actions are prohibited by or at the direction of a staff person:

1. Subjection of a child to corporal punishment, which includes but is not limited to: Rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting, and spanking.
2. Subjection of a child to emotional stress, which includes but is not limited to: Name calling, ostracism, shaming, making derogatory remarks about a child or the child's family, and using language that threatens, humiliates or frightens the child.
3. Separation of a child from the group except within rule requirements.
4. Punishments for lapses in toileting.
5. Withholding food, light, warmth, clothing, or medical care as a punishment for unacceptable behavior.
6. The use of physical restraint other than to physically hold a child where containment is necessary to protect a child or others from harm.
7. The use of mechanical restraints, such as tying.

### **SEPARATION FROM THE GROUP**

No child may be separated from the group unless the following has occurred:

1. Less intrusive methods of guiding the child's behavior have been tried and were ineffective.
2. The child's behavior threatens the well being of the child or other children in the program.

A child who requires separation from the group will:

1. Remain within an unenclosed part of the classroom where the child can be continuously seen and heard by a program staff person;
2. The child's return to the group will be contingent on the child's stopping or bringing under control the behavior that precipitated the separation;



3. The child will be returned to the group as soon as the behavior that precipitated the separated abates or stops.

### **SEPARATION REPORT**

All separations from the group will be noted on a daily log that includes the following: The child's name, the staff person's name, time, date, information indicating what less-intrusive methods were used to guide the child's behavior, and how the child's behavior continued to threaten the well being of the child or other children in our care.

If a child is separated from the group three or more times in one day, the child's parent will be notified and the parent notification will be indicated on the daily log. If a child is separated five times or more in one week or eight times or more in two weeks, the procedure outlined in the section titled "Persistent Unacceptable Behavior" will be followed.

If a child is suspended from his/her elementary school due to behavior or discipline issues, we also will not care for the child during the suspension period.

### **POSITIVE SUPPORTS RULE**

The Positive Supports Rule (PSR – Minnesota Rules, chapter 9544) requires all DHS license holders to use person-centered principles and positive support strategies when providing services for individuals, including children, with developmental disabilities or related conditions.

### **OPEN DOOR POLICY / MN DEPARTMENT OF HUMAN SERVICES**

Parents of enrolled children are welcome to visit our program at any time during hours of operation.

The telephone number of the Minnesota Department of Human Services (DHS), Division of Licensing is 651-431-6500.

### **REST POLICY (Pre-Kindergarten Only)**

The rest policy is consistent with the developmental level of the children enrolled in the program.

Pre-School: One afternoon nap/rest time after lunch.

- A child who has rested quietly for 30 minutes will not be required to remain on a cot.
- Rest will be provided in a quiet area that is physically separated from children who are engaged in an activity that will disrupt a napping or resting child.
- Cots will be placed so there are clear aisles and unimpeded access for both adults and children on at least one side of each piece of napping and resting equipment. Cots will be placed directly on the floor and must not be stacked when in use.
- Parents need to bring a child's blanket to the program. Blankets will be washed weekly and when soiled or wet. Blankets will be sent home weekly.
- Children's heads will be uncovered during sleep; staff will maintain sight/sound at all times.
- All preschool children will sleep with footwear on to ensure emergency evacuations are safe.

### **PROGRAM GRIEVANCE PRECEDURE FOR PARENTS**

If there is a grievance over the child care program or procedure, direct contact with the teacher or director should be made. The complaint should be made either verbally or in writing. If the individual making the complaint feels that it is being ignored or if the matter is of a serious nature,

the complaint should be made to the director. Depending on the nature of the complaint, the director will either handle it personally or refer it to the owner or their superior. The director will be responsible to see to it that the grievance is handled properly and expeditiously.

There may arise a situation where a parent/guardian has a personal grievance against a staff member. Due to the personal nature of such a grievance, the director will approach the staff member and give them a chance to explain their actions. If an unsatisfactory resolution of the problem occurs, the head teacher or director will provide in writing how the problem will be resolved. If the complaint is about the director and cannot be resolved internally the owner or their superior will be notified. For complaints about the facilities or equipment, the director should be consulted. S(he) will see to it that it is repaired immediately.

### **MALTREATMENT OF MINORS MANDATED REPORTING POLICY FOR DHS LICENSED PROGRAMS**

A document from the MN Department of Human Services Division of Licensing, December 2016.

#### **Who should Report Child Abuse and Neglect**

- Any person may voluntarily report abuse or neglect.
- If you work with children in a licensed facility, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency.

#### **Where to Report**

- If we know or suspect that a child is in immediate danger, we call 911.
- Reports concerning suspected abuse or neglect of children occurring in a licensed child foster care or family child care facility is made to county and child protection services.
- Reports concerning suspected abuse or neglect of children occurring in all other facilities licensed by the Minnesota Department of Human Services are made to the Department of Human Services, Licensing Divisions's Maltreatment Intake line at (651) 431-6600.
- Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community are made to the local county social services agency at Hennepin County or local law enforcement at the Robbinsdale Police Department.
- If the report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, we call the Department of Human Services Licensing Division at (651) 431-6500.

#### **What to Report**

- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.
- An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

### **Failure to Report**

A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations. Parent Handbook Page 13 of 15.

### **Retaliation Prohibited**

An employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

### **Internal Review**

When we have reason to know that an internal or external report of alleged or suspected maltreatment has been made, we must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care. The internal review will include an evaluation of whether:

1. (i) related policies and procedures were followed;
2. (ii) the policies and procedures were adequate;
3. (iii) there is a need for additional staff training;
4. (iv) the reported event is similar to past events with the children or the services involved; and
5. (v) there is a need for corrective action by the license holder to protect the health and safety of children in care.

### **Primary and Secondary Person/Position to Ensure Internal Reviews are Completed**

The internal review will be completed by Karen Bursey, Principal. If this individual is involved in the alleged or suspected maltreatment, Fr. Pedersen, Pastor, will be responsible for completing the internal review.

### **Documentation of the Internal Review**

The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

### **Corrective Action Plan**

Based on the results of the internal review, we must develop, document and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

### **Staff Training**

We must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). The training is documented in individual personnel records. We monitor implementation by the staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.