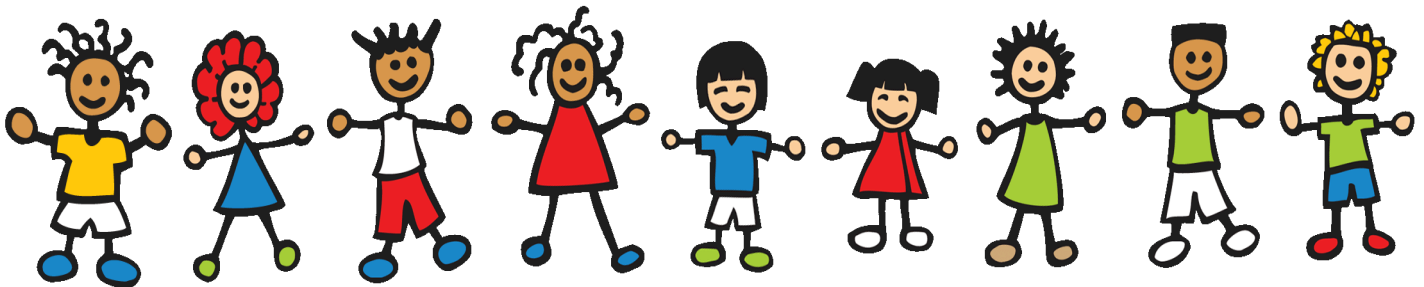


# First English Lutheran Preschool Policies and Procedures

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## **1. ARRIVAL / DEPARTURE POLICY**

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

Children must always be accounted for. It is important that children are safely brought into the program and released only to authorized persons to ensure their safety when leaving the program.

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

- Families are responsible to transport their children to and from preschool according to Indiana passenger safety regulations (i.e., car seat, booster seat, seat belt).
- Upon arrival times, children will be escorted into the building by a family member.
- Children will use the restroom and wash their hands shortly after arrival and before beginning their school day.
- Dismissal procedures will occur with 2/3 class using the playground area or church hallway for dismissal; 3 /4 class will use the playground area as well as the hallway near their classroom; Pre-K families waiting outside or near vehicles for children to be brought to them from the classroom.
- The Director (and classroom teachers) will maintain an emergency card with written authorization by the child's parent or legal guardian of the names and telephone numbers of individuals whom the parent/legal guardian has approved to care for and pick up the child.
- At least two individuals in addition to the parent(s) must be listed on the emergency form for pick up authorization.
- People picking up children will be asked to show a photo ID unless staff have become familiar with the individual.
- If no one picks the child up within 10 minutes after dismissal, FELP staff will begin calling parents and other authorized individuals for pick up.
- The following late fees will be assessed after 10 minutes past scheduled departure time.
  1. First time—verbal warning
  2. Second time—written warning
  3. Third time--\$5.00
  4. Fourth time--\$10.00
  5. Fifth time late action will be determined by the preschool board
- Both parents will be permitted to pick up their child unless a court order is on file prohibiting contact by one parent and the director has a copy of said court order.
- Families will be required to notify the Teacher and/or Director in writing, with the name and phone number if someone other than a person listed as an authorized contact is picking the child up. Upon arrival the Teacher and/or Director will ask for a photo ID to identify the person picking up the child.
- If someone comes to pick up a child who is not authorized, they will be denied access to the child and the child's parent will be immediately contacted. The Director will notify the police if an unauthorized person tries to get custody of the child.

## **2. ASSESSMENT PLAN**

1. Upon entrance to school, each child will be assessed by a family member using the Ages and Stages screening tool. Families will complete the screening and the Director will score it. The child's development will be shared and discussed during Fall Parent-Teacher Conferences. Teachers and/or Director will inform families if a child might need further evaluation or follow up activities to aid in their development.
2. Speech and Hearing Screenings will be made available to children during the school year through a local agency. If on-site screenings occur, families will receive written results and a copy will be placed in the child's permanent, confidential record. Referral for further evaluation from a medical professional will be requested if results determine a need. The Teacher and Director would follow up with parents to make sure their child receives further evaluation from a medical professional if the screening advised this action.
3. Children will receive a vision screening from Operation Eyesight during the school year. Referral for further evaluation from a medical professional will be requested if results determine a need. The Teacher and Director would follow up with parents to make sure their child receives further evaluation from a medical professional if the screening advised this action.
4. All teaching staff will use anecdotal records, associated with the Child Observation Record (COR) assessment method. Teachers will post information about children's development onto the Kaymbu website. Families will be able to view their child's anecdotal notes once the observations are sent from the website (Saturday morning). Additional information about development will be shared at conference time or any time a teacher or parent has a concern. The COR summary, referred to as a Family Report, will be available twice a year and sent directly to

families. The COR is designed to describe and demonstrate the developmental progress and learning of each child.

5. Teachers will meet regularly to interpret and use assessment results (COR notes) to modify the curriculum and lesson plans based on interests and needs of the children.
6. Other assessment methods for students may include checklists and informal observations in the class.
7. Children will be observed in their natural environment, so that they will be assessed when they are naturally learning, playing, and engaging with other children and adults. Children's ongoing development will be monitored through observations and anecdotal notes.
8. Teachers are responsible for summarizing assessments and informing parents of the results at the beginning with the fall conference and then into the spring Family conferences. Family conferences are a two-way conversation in which both the parent, family members and the teacher share information about the child and work together to help the child improve their skills and reach developmental goals.
9. Teachers will communicate assessment results while being sensitive to family values, culture, identity, and home language.
10. A Family COR info Meeting might be held prior to the first conference so that families understand the COR assessment, and how teachers implement the assessment. Families can discuss assessment methods they think will best help their child and meet their child's needs. They can also discuss the assessment methods with the Teacher or Director at any time throughout the school year.
11. Family anecdotal notes can always be added to the child's COR Advantage assessment. Families are expected to help with the assessments by sharing with Teachers some of the skills they see in their children in the home setting. This can be done with photos or written documentation.
12. Appropriate referrals are made for further evaluation based on the screenings, assessments, and/or concerns.
13. Teachers and Director will review assessments to discuss patterns, problems, and areas of strength for individual children and the class.
14. Assessment information is to be kept in each child's permanent, confidential file. Only families and FELP personnel (licensing agent) have access to the file unless parents give permission for release of information. These files are kept in a secure, locked location.
15. If a child has an IHP/IFSP/IEP, assessment information can also be shared with specialists responsible for implementing desired outcomes/goals. Assessments can be modified to meet special needs.
16. Teachers will distinguish between true deficits and deficiencies due to English as a second language, speech intelligibility, behavior, or other reasons.
17. The program will use the assessments to determine modifications of curriculum as based on children's identified interests and needs, adapting teaching practice and the environment, and overall program improvement.
18. First English will make every attempt to communicate assessment results with families in their home language, keeping in mind sensitive issues such as family values, culture, and identity.
19. First English Teachers and staff will make every effort to communicate with families on frequently regarding their child's growth, development, and progress at preschool. Families are encouraged to speak with Teachers at arrival/dismissal times to set up a convenient time or preferred way to correspond (call the Teachers outside school hours or communicate via e-mail) to discuss their child's progress.
20. Assessments at First English are reviewed on an annual basis by the staff in May. They are examined for their link to the curriculum and the Indiana Early Learning Standards, as well as determining that they are providing relevant and useful information for parents.
21. Center for Disease Control and Prevention as well as Brighter Futures Indiana has information about developmental milestones available at: <https://www.cdc.gov/child-development/about/index.html>

*and <https://brighterfuturesindiana.org/parents/play-learning/developmental-milestones-screening-services>*

### **3. CHILD ABUSE AND NEGLECT REPORTING POLICY**

#### **Procedure and Practices:**

All observations or suspicions of child abuse or neglect will be immediately reported to the Child Protective Services hotline: 1-800-800-5556, no matter where the abuse might have occurred. The staff will notify the Director and will call to report suspected abuse or neglect. All staff involved in the reported incident will follow the direction of Child Protective Services regarding completion of written reports. If the parent or legal guardian of the child is suspected of abuse, staff will follow the guidance of Child Protective Services regarding notification of the child's parent or legal guardian. Reporters of suspected child abuse will not be discharged for making a report; unless it is proven that a false report was knowingly made.

Signs of suspected child abuse or neglect will be recorded on the accident/injury form, which will be kept in a confidential file located in the church office.

If a staff member is suspected of abuse, the director will notify parents or legal guardians of suspected abused children, immediately after contact with Child Protective Services is made. The preschool board and parents or legal guardians of other children in the program will be contacted by the director within 24 hours of contact with Child Protective Services, so that they may share any concerns they have.

Staff members who are accused of child abuse may be suspended or given leave without pay, pending investigation of the accusation. Such staff may also be removed from the classroom and given a job that does not require interaction with children. However, no accusation or affirmation of guilt will be made until the Child Protective Services investigation is complete. Caregivers found guilty of child abuse will be immediately dismissed. All First English Lutheran Preschool staff members undergo a national fingerprint check upon joining the staff then follow up every three years with another fingerprint check. .

### **4. COMMUNICATION AND CONFIDENTIALITY PLAN FOR STAFF AND PARENTS**

- During enrollment, this policy will be emailed prior to school starting and available in printed form per family request.
- A copy of all policies will be available during all hours of operation to staff and families in the Policy/Procedure handbook posted outside of each classroom.
- Families may receive a copy of a policy at any time upon request. A summary of some of these policies will be included in the family handbook.
- Families and staff will receive written notification of any updates (a yearly update will be emailed prior to school start date).

#### **CONFIDENTIALITY:**

First English Lutheran Preschool Teachers will be privileged to confidential information as they work with families. A strict code of ethics will be maintained to ensure the private nature of divulged information. Staff and Program director will have full access to confidential health/safety files of each class member. Our program's state licensing agent will have limited access to such files.

### **5. COMMUNAL WATER PLAY POLICY**

*Use of Communal Water play (and sensory table use inside classrooms) will be monitored and used when it can be done safely. Children will sanitize or wash their hands before and after playing in the water.* This policy is in place to ensure that communal water play will not spread infectious diseases.

- A. Children will not drink the water.
- B. Children with sores on their hands will not play in the water.
- C. Fresh water is used and changed daily.
- D. Children will wash their hands after playing in communal water.

## **6. DIAPER CHANGING POLICY**

1. Staff will use only commercially available disposable diapers or pull-ups (provided by the families) unless the child has a medical reason that does not permit their use (documented by a health professional).
2. Diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing to avoid additional handling) and sent home that day for laundering.
3. At least every two hours, staff will check children for signs that diapers or pull-ups are wet or contain feces. If a diapered child rests at preschool (pre k extended day), they will be checked when they wake-up. Diapers will be changed when they are wet or soiled. Diapers or soiled underwear will be changed in the bathroom area.
4. Caregivers will have one hand on the child always when the child is being changed on an elevated surface.
5. Changing procedures are posted in the BIG bathroom area and are expected to be followed by all staff members and reviewed as part of the staff evaluation.
6. The changing surface must not be used for any other purpose, including temporary placement of other objects, and never any objects involved with food or feeding. It will be used for the 2/3 classroom participants only when it is appropriate.
7. The trash container with a closed, self-sealing lid (controlled by a hands-free device) is the only place to dispose of soiled diapers. The container is kept closed, and not accessible to children.
8. Any staff member whose primary function is preparing food does not change diapers until their food preparation duties are completed for the day.

## **7. DISCIPLINE POLICY (with addendum)**

It is especially important for a child's development to be nurtured through caring, patience, and understanding. While caring for your child (ren) at preschool, sometimes staff members may have to respond to their misbehavior. Hitting, kicking, spitting, hostile behavior, and other behaviors which will hurt another child or adult are not permitted at preschool. In 2021, staff began to intentionally implement techniques from Conscious Discipline (Becky Bailey). Parents will be informed on some concepts throughout the year with parent meetings or newsletter articles explaining the methods. Our program goal is that the use of suspension, expulsion and other exclusionary measures are limited, if not eliminated using the philosophy of Conscious Discipline.

To encourage cooperative behavior at preschool, our staff will:

- \**Develop a personal relationship with each child*
- \**Help children feel safe and connected to others*
- \**Learn to communicate emotions/needs appropriately*
- \*Respect your child
- \*Establish clear rules
- \*Be consistent in enforcing rules

In response to misbehavior, our staff will:

- \*Use positive language to explain desired behavior
- \*Speak calmly while bending down to your child's eye level
- \*Give clear positive choices
- \*Redirect your child to a different activity (deescalate situations with breathing techniques)
- \*Remove your child from a situation or activity, if necessary to help the child regulate

In response to misbehavior, our staff will NOT use:

- \*Threats or bribes
- \*Physical punishment of any kind
- \*Deprive your child of food or other basic needs
- \*Humiliation or isolation

If your child's behavior is very disruptive or harmful to himself or others, a staff member will discuss the issue with you privately. Every effort will be made to prevent it from occurring or resolve the situation in a timely manner.

As a parent, you may have some concerns, or wish to offer suggestions on how to redirect your child. Please use the space below to add any information that may be helpful regarding your child. Our staff may modify the discipline policy for your child, if needed.

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**Child's Name**

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**Date of Birth**

**Additional family comments or concerns:**

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**Discipline policy addendum:**

If a child experiences ongoing challenging behavior (i.e., physical aggression, verbal bullying, tantrums, whining, testing limits, failure to follow directions/classroom rules, or actions harmful to the child or others), then staff will:

- Assess the function of the behavior.
- Work with families/professionals to develop an individualized plan to address the behavior (e.g., work with a Conscious Discipline coach to find techniques to encourage positive behavior support strategies to include in the plan.)
- If multiple interventions have not been successful and staff/families are unable to eliminate/reduce the occurrence of the challenging behavior, then involved parties will agree that it is in the child's best interest to find another facility/agency/service, which can be recommended.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This policy was developed from FSSA information, samples, and guidelines and follows state/federal civil rights laws.

**8. EMERGENCY PROCEDURES POLICY**

This policy serves as a plan for reporting and managing any incident or unusual event that is threatening the health, safety, or welfare of the children, staff, or volunteers. Emergency precautions included:

- \*All staff members have current first aid/universal precautions and CPR certification.
- \*Fire drills are practiced monthly, and disaster drills and lockdowns are practiced annually.
- \*Every entry door to the building will remain locked.

In an emergency, the children will remain with their class and assigned teachers. The Associate teacher will be responsible for bringing the "Emergency Bag" from their classroom which contains children's emergency cards, flashlight, and first aid kit. Lead teachers will make sure that all children are accounted for. This policy and specific procedures will be reviewed with each staff member upon hiring and annually thereafter.

When an immediate response is required, the following general emergency procedures shall be used:

- Any needed first aid will be immediately provided by the nearest qualified staff member while the director assigns other available staff to supervise uninjured children and meet other needs caused by the emergency.
- The Director/Church Secretary will contact emergency medical or management services, whichever is most appropriate, immediately to notify them of the situation and request advice and assistance. Staff will provide any information needed to address the situation to the responding emergency personnel.
- All existing emergency procedures relevant to the immediate situation will be put into action by the director or designee.
- At least one staff member shall accompany any child/ren transported to the hospital and stay with such child/ren until their parent or emergency contact person arrives.
- After the emergency and its results have been resolved and no one remains in danger, parents will be notified of the event, and all staff will complete any related facility reports as required.

## **8a. MEDICAL EMERGENCY POLICY: SERIOUSLY ILL/INJURED CHILDREN**

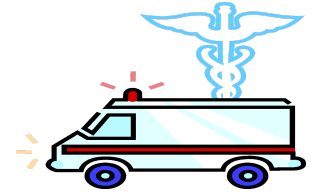
(Potential life-threatening illnesses/injuries)

### **Procedure and Practices:**

Our preschool's (on call) physician may be consulted for advice in non-emergency situations. The Director will contact the family immediately and call 9-1-1 if emergency medical services are needed. If a family member cannot be reached, the other provided emergency phone numbers will be used to locate someone who would be responsible for the child. Emergency contact information is provided for the preschool by the family at the beginning of the school year. Staff will check that emergency information is current by reviewing the card at conference times. Families are requested to inform the Staff immediately if emergency contact information changes at any time during the school year.

**STAFF WILL GET HELP IMMEDIATELY BY CALLING 9-1-1 FOR A CHILD WHO PRESENTS WITH ANY OF THE FOLLOWING:**

- Fevers: a temperature of 105 degrees F. or higher using digital thermometer
- Looking or acting extremely ill or getting worse quickly
- Neck pain when the child's head is moved or touched
- A stiff neck or severe headache and looking extremely sick
- A seizure for the first time
- A seizure lasting more than 3 minutes. (A child with a known seizure condition must have a plan of care and directions to follow when a seizure occurs).
- Acting unusually confused
- Unequal pupils (black centers of the eyes)
- A blood-red or purple rash made up of pinhead-sized spots or bruises that are not associated with injury
- A rash of hives or welts that appears and spreads quickly
- Breathing so fast or so hard that the child cannot play, talk, cry, or drink
- A severe stomachache that causes the child to double up and scream
- A stomachache without vomiting or diarrhea after a recent injury, blow to the abdomen, or hard fall
- Stools that are black or have blood mixed through them
- Not urinating at least once in 8 hours, a dry mouth, no tears, or sunken eyes
- Continuous clear drainage from the nose after a hard blow to the head
- Sore throat with drooling, difficulty breathing and swallowing
- Severe coughing or a high-pitched whistling sound, redness or blueness in the face, difficulty breathing (fast breathing with inability to talk or feed comfortably)



All staff members have been trained in CPR and First Aid. The attending staff member will apply appropriate First Aid measures for all medical emergencies and minor illnesses, or injuries as outlined in publication received with approved First Aid training. ***A child exhibiting contagious symptoms or a fever of 100.4 or higher will be isolated from the other classmates with a staff member staying with the child until the parent/guardian of a sick or injured child has been contacted and arranges immediate pick up.*** Per contact with a parent/guardian or without, the child can still be taken to the medical facility indicated on the child's emergency card, whenever a medical emergency exists. If the family of the child cannot be reached, the staff member will ride along with the child, and stay with them until they arrive at the preferred medical center.

## **9. ENVIRONMENTAL POLICIES**

1. Smoking is **not** allowed inside or outside the building or on church property during school hours.
2. Integrated Pest Management procedures are used and only when children are not present.
3. Cleaning and sanitation procedures are followed daily. NAEYC's Cleaning, Sanitizing, and Disinfecting Frequency Table (2015 edition) guidelines will be used by staff.
4. Staff clean and sanitize toilet seats, toilet handles, toilet bowls immediately when visible soiled when children are not present. Doorknobs, light switches or furniture handles, and floors are cleaned daily or immediately if visibly soiled (when children are not present).
5. No air fresheners are to be used in the facility when children are present. Ventilation and sanitation will be the only methods of odor control used by the staff.
6. Any activity involving strong scents will be done in a well-ventilated area.

7. Materials that encounter potentially infectious bodily fluids are double bagged and placed into the trash in the janitor's locked closet. Diluted bleach solution will be made frequently for cleaning/sanitizing purposes.
8. If a toxic substance is warranted, then it will be stored in the locked janitor's closet. Every effort is made to use the least toxic and fragrance-free cleaning products.
9. Vacuuming will be done when the children are not in the room.
10. When spraying bleach solution, it should be sprayed directly onto the cleaning rag/paper towel so that it is not airborne when children are present.
11. Before using water for drinking, the faucet will run for 30-60 seconds to clear out any lead residual in the pipes.
12. If a tile becomes loose, it should be glued down or replaced. Cracked or disintegrating tiles will be replaced.
13. Recycling of paper, cardboard, glass, aluminum, and plastic containers is encouraged in all the classrooms.
14. Adaptations in the environment are made for children with specific allergies.
15. Children are encouraged to spend time outside if the temperature is above 30 degrees.
16. Specific days will be incorporated into the calendar to spend time outdoors in the snow (below 30 degrees), with family cooperation to ensure that the children are dressed adequately.
17. Children are to remain indoors if the outdoor air quality is poor. Because of our rural setting, the most probable cause of poor air quality is the neighboring farmer's plowing of dry fields. The preschool is alerted via e-mail of poor air quality days in our area.
18. All electrical outlets are to be covered in the classrooms, hallway, lounge, bathrooms, and Trout Hall.
19. Rugs are professionally cleaned routinely.
20. Rugs and carpets are spot cleaned and blotted with detergent-disinfectant by staff on an as needed basis.
21. Rugs are to be secured with furniture or other means.
22. Children coming inside the building will use the entrance rugs to remove debris before entering classrooms.
23. Children will not be allowed in the kitchen if anything is boiling on the stove.
24. First aid kits are kept in every classroom, the hallway, and outside. A first aid kit is taken on all field trips.
25. No hazardous materials or weapons\* of any kind are permitted in the building during school hours.
26. Storage items will be done with plastic containers (janitor's closet and shed).
26. **Cars should not idle while waiting for children's arrival or departure time.** Cars should be turned off so that children do not breathe noxious exhaust fumes.
27. Staff purchase furniture, supplies and materials taking into consideration the composition/ingredients. Every effort is made to purchase non-toxic and eco-healthy items.
28. Since there is not a sprinkler system in the church building, the fire alarm system has been hard-wired to alert appropriate personnel via the alarm security system. This fire alarm system is checked monthly by conducting fire drills for the children/staff to participate during the school day; the entire security system is inspected and certified in working order every two years. (paperwork is located on the alarm system)

\*Uniformed police officers are always required to wear their firearms.

## **9a. PREVENTION OF LEAD EXPOSURE POLICY**

**Policy:** FELP will minimize the risk of exposure of staff and children to lead in the childcare environment.

**Background:** Lead is highly toxic and can be found in old paint, stains, and varnishes, dust from industrial fumes and vehicle exhausts, soil, and some consumer products, such as toys. It is an accumulative toxin and excessive exposure can affect children's brains and nervous systems. Low levels of lead in the blood can have a detrimental effect on intellectual, psychomotor, and behavioral development. Children under six are particularly at risk as they may ingest lead in dust, soil, and paint by putting their hands in their mouth. As a member of the former ***Five Star Environmental Recognition program***, our facility works to reduce the exposure of children and staff to lead, by:

1. Not accepting donated toys or furniture unless they are tested for lead (and phthalates) and determined to be lead-free.
2. Tracking recalls. Any recalled item will be removed from the facility within five business days of recall notification-FELP receives Consumer Product Safety Commission product recall notices and will post relevant notices on our parent bulletin board near the kitchen doors.
3. Keeping bare soil covered on the playground.
4. Encouraging parents to have children's blood lead level tested.
5. Using a door mat so footwear can be wiped or shoes removed before entering the classroom, etc...
6. Encouraging children to wash their hands after playing outside.

**•For childcare facilities built prior to 1978:**

1. Train staff annually in lead poisoning prevention and procedures for reducing lead hazards specific to our facility. (Includes teachers, kitchen staff, maintenance staff, cleaning staff, and health care staff. In addition, contractors will be notified of this policy and of their responsibilities for ensuring children and staff are not exposed to lead hazards due to their work at the facility.)
2. Use lead certified renovators to conduct work where any paint may be disturbed including remodeling and repair/maintenance, electrical work, plumbing, painting, carpentry, and window replacement. Any exemptions must have pre-approval from the Indiana Dept. of Environmental Management at 317-232-8172. Work will be done when children are not in attendance.
3. Promptly repair chipping, flaking, or peeling paint, chipping floor tiles or deteriorating/peeling caulk. If existing paint must be scraped or otherwise disturbed to repair, a lead certified contractor will be hired.
4. Use lead safe cleaning practices, including only wet dusting and mopping, wet dusting windowsills regularly (weekly) with soap and water, and washing children's toys, bottles, and pacifiers often and always after they fall on the floor. Stuffed toys accumulate dust and should be washed often.
5. Flush cold-water pipes and water fountains for 30-60 seconds prior to cooking or drinking each morning.
6. Use only cold water for drinking and cooking
7. Maintain a plan for managing and eliminating all known lead hazards at this facility.
8. Remove visible paint chips in the soil.
9. Do not dry sand, dry dust, dry sweep, vacuum (without a HEPA filter) in these areas; these activities will spread the contamination throughout the building. Do not burn, torch, or use heat guns in these areas. High pressure water washing is not recommended because it will spread the chips and dust widely. Do not use abrasive blasting or sandblasting. The use of chemical paint removers that contain methylene chloride are not recommended since the exposure to the chemical itself may be hazardous.

## **9b. PROTECTING CHILDREN FROM OUTDOOR ELEMENTS**

- Our playground has large, mature trees that provide natural shade as the children play outside. This shade provides some protection from the sun. We also use the inside of the shed as protection from outdoor elements if needed.
- In the winter months, children will play outside if it is 30 degrees or above (considering the wind chill factor). Children will always wear dry and layered clothing for warmth in cold weather. Children will be required to wear gloves, a hat, and a coat during the winter months. Extra clothing is kept on site for children who do not have proper winter attire.
- If a child's clothes become wet, a staff member will help the child change into dry clothing.
- Because First English does not have preschool in the summer months, use of sunscreen and insect repellants are often not needed. If families would like staff to apply non-aerosol sunscreen (or sunblock with UVB and UVA protection) of SPF 15 or higher and/or insect repellants in the early fall and late spring months, request and permission forms are on file in the office. If sunscreen and/or insect repellants are used, staff will follow NAEYC guidelines regarding types of sunscreen and insect repellants, amount to apply, and frequency of application.
- If public health authorities recommend use of insect repellants due to an elevated risk of insect-borne disease, only repellent with DEET will be used. If needed, staff will apply insect repellent no more than once a day, and ONLY with prior written parental permission.

## **9c. WEATHER POLICY**

\*If extreme weather occurs prior to the start of the school day, FELP will notify families of preschool cancellation via Facebook post, TV station school closure notices, emails made directly to family accounts as well as URGENT messages via Kaymbu system. Due to the location of our preschool in the PHM corporation district, if PHM closes due to weather related causes, then FELP will also close for the day.

\* If the PHM school corporation utilizes a delayed start to their school day, every effort will be made to offer a delayed start to the FELP day if necessary. At times, FELP will actually close even though other school corporations have not, due to the age of our young children and the location of our program.

\*If children are at school when severe weather conditions OR a power outage occurs, families will be notified to come pick up early if needed (as soon as possible) via Facebook post, TV station, emails or URGENT message via Kaymbu.

\*Every effort is made to stay informed of weather conditions via news and weather radio alerts so as to keep children safe by preventing occasions at school during these conditions.

## **10. GRIEVANCE POLICY**

Families who have a grievance with First English Lutheran Preschool, be it a problem with a staff member, school policy, or financial discrepancy will report their situation to the Director, Board President, OR the parent representative to the Preschool Board of Directors. They in turn will bring the issue to the following monthly board meeting where it will be discussed by the entire board of directors. The Director, Board President or parent representative will report back to the family the following day with a response to the situation. Additionally, if you feel that your concern is not being addressed appropriately or in a timely manner, Indiana has provided a complaint hotline for childcare facilities (1-800-299-1627). You may also call Family and Social Services at 1-877-511-1144.

Any family member is welcome to attend a board meeting him/herself to address the issue at hand. First English Lutheran Preschool School board meetings are open to all interested parties with one annual meeting when families are requested to specifically attend and participate.

## **11. HAND-WASHING POLICY**

Many studies have shown unwashed or improperly washed hands are the main reason for the spread of infections. Proper hand washing has been proven to reduce the number of colds and diarrhea in children in childcare settings. For children who can stand, a hand-washing sink should be child sized or use a safety step at a height where the child's hands hang freely under the running water.

- 1. Check to be sure a clean, disposable paper towel and liquid soap is available.**
- 2. Turn on the water.**
- 3. Wet hands with water and apply liquid soap.**
- 4. Rub hands together until a soapy lather and continue for 20 seconds. Rub areas between fingers, around nail beds, under fingernails, jewelry, and back of hands.**
- 5. Rinse hands under warm running water. LEAVE WATER RUNNING.**
- 6. Dry hands with disposable paper towels.**
- 7. Shut off water with a paper towel.**
- 8. Throw the paper towel into a lined trash container.**
9. Use hand lotion to prevent chapping, if desired.
10. Staff will help children with hand washing as needed. Children may wash their hands independently, or with staff assistance.

When the policy applies:

All staff, volunteers, and children should wash their hands **\*\*\*UPON ARRIVAL FOR SCHOOL DAY. \*\*\***

If staff are moving from one preschool group to another group hand-washing procedures need to be followed.

All staff, volunteers, and children should wash their hands before and after using the restroom or diapering a child, eating, preparing meals, snacks, feeding a child, giving first aid, preparing, and giving medication, and playing in the water table.

All staff, students, and volunteers should wash hands after blowing noses, coughing, sneezing, touching any mucus, blood, or vomit, handling any food that requires cooking, helping children with tissues, handling uncooked food, handling pets, surfaces that may be contaminated by animals, outside play, playing in sandbox or dirt, and cleaning/handling garbage.

Other notes to hand-washing policy:

Staff do not use hand-washing sinks for bathing children or for removing smeared fecal material.

Alcohol based hand sanitizers can be used only when running water and soap are not readily available, and only with children 24 months or older. These sanitizers will be used upon arrival at school and through the day with staff monitoring the usage.

## **12. HEALTH POLICY FOR CHILDREN**

Upon enrollment in the preschool, all children will have a current physical (within the past calendar year), and current immunization record. These documents will remain in the child's permanent file while they are enrolled in preschool. The permanent files will be kept in a locked/secured place in the preschool office, accessible only to preschool staff, parents or legal guardians, and regulatory licensing authorities upon request. If a child is overdue for a routine health service, families need to provide evidence of an appointment for those services before the child enters the program, and as a condition for the child to remain enrolled.

Children will be exempt from any immunizations for which families request a medical or religious exemption or condition provided they have filled out the documentation for said exemptions.

If an unvaccinated child, who is exempt due to the reasons mentioned above, is at risk for contracting a vaccine preventable disease while enrolled in the program, the child will be promptly excluded from the program. The Director will inform the family immediately of the exposure to the disease, and the child will not be allowed in school until the risk has abated. When a health professional determines conditions are safe for the unvaccinated child to return to preschool, the child may return to school.

All children will have an emergency contact card which will be kept on file in the office and in the child's classroom throughout the school year. At family conference times, Teachers will review these emergency cards with families to make sure the information is still current.

All staff are trained in Blood borne pathogens and CPR for infant and child, including blocked airways. Staff use barriers and techniques that minimize contact of mucous membranes or skin openings with potentially infectious body fluids that will reduce the spread of infectious diseases.

When body fluids spill onto surfaces that others use, staff clean them up immediately with detergent, then rinse the area with water and sanitize with a bleach solution. If needed, staff will clean rugs and carpeting by blotting, spot cleaning with a detergent disinfectant or steam cleaning.

The Diaper Changing Area is cleaned and sanitized following NAEYC's guidelines in the 2015 edition of the Cleaning, Sanitizing, and Disinfecting Frequency Table. Staff dispose of contaminated materials and diapers in a plastic bag with a secured tie and placed it in a closed container.

Toys that children place in their mouth, or are otherwise contaminated by body fluids, are washed by hand using water and detergent, rinsed, sanitized, and air dried before it is returned to the classroom (or run through the dishwasher cycle).

## **12. ILLNESS POLICY FOR CHILDREN AND STAFF**

A child or staff member should not attend preschool/work if they have any of the following conditions, unless a health professional determines the condition does not require exclusion:

**Appears to be severely ill.**

**Fever AND behavior change or a temperature of 100.4 degrees Fahrenheit or higher (allowed to return 24 hours after being fever-free without fever reducing medicine)**

**Diarrhea:** defined by watery stools Children may return once the reason for change in bowel has been resolved for 24 hours and if the change is not due to Salmonella, Shigella or E. coli infections.

**Blood in stool:** not explained by dietary changes, medication, or hard stools.

**Vomiting:** There are many reasons children vomit from eating something that does not agree with them to any number of illnesses. Exclude if the child has vomited two or more times in the previous 24 hours.

**Abdominal pain (persistent):** that pain continues for more than 2 hours, or intermittent pain associated with fever or other signs or symptoms.

**Conjunctivitis (Pink Eye):** or bacterial conjunctivitis (red eyes, green or yellow discharge) Child may return after antibiotic treatment has occurred for 24 hours with no drainage/secretions are visible.

**Coxsackle (Hand, foot, and Mouth):** Exclude until acute symptoms recede and lesions are not seeping.

**Hepatitis A:** Exclude until 1 week after onset of viral illness/jaundice or until after immune serum globulin has been given to children and staff in the program, as directed by the local health department.

**Impetigo:** Exclude until 24 hours after antibiotic treatment has begun and lesions have formed a yellow crust with no “weeping”.

**Measles:** Exclude until 5th day after the rash disappears or the local health department states the patient is non-infectious.

**Meningitis:** Doctor’s permission is needed for the child to return.

**Mouth sores:** Exclude if mouth sores are coupled with drooling.

**Mumps:** Exclude until 5 days after onset of parotid gland swelling

**Pediculosis (Head Lice):** Children will not be excluded who are discovered in school to have head lice. However, families will need an initial treatment of (Lice Freee) with an additional treatment 7 to 10 days after the initial treatment to kill the eggs that have hatched. Using a nit comb is the most effective way to remove lice. Informing classroom teachers/director ensures that the proper room cleaning and notification to help eliminate further infestation. Once proper treatment has occurred then children can return.

**Pertussis: (Whooping Cough)** Children should be excluded until five days of appropriate antibiotic has been completed or until the local health department states the patient is non-infectious.

**Pinworms:** Children should be excluded for 24 hours after treatment has begun.

**Rash:** with fever and/or behavior change until 24 hours fever free.

**Ringworm:** If a child is not being treated with medication, then the child is excluded until all lesions can be covered.

**Rosella:** Exclude until fever has been down for 24 hours.

**RSV (Respiratory Syncytial Virus):** Exclude until fever *is gone for 72 hours without medication* and the child can return to normal activities.

**Rubella:** Child may return after 7 days from onset of symptoms (rash, eye redness, low grade temperature, headache)

**Scabies:** Children should be excluded until 24 hours after treatment is begun.

**Streptococcal pharyngitis (Strep Throat),** excluded until 24 hours after antibiotic treatment has been begun and no fever is present. The child must be treated for 10 full days.

**Tuberculosis:** Tuberculosis (TB) Exclude until the child’s physician or local health department authority states the child is non-infectious.

**Varicella-zoster (Chicken pox):** Exclude until all the lesions have dried and formed scabs, usually within six days of onset of rash.

**\*Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.**

Following an illness or injury, children will be readmitted to the program when they no longer have the above symptoms, have begun appropriate treatment and/or no longer have significant discomfort and feel well enough to participate. Families will be notified in writing, either by letter or posting a notice in a visible location, when their child/children have been exposed to a communicable disease. Children at school who exhibit the above signs and symptoms will be separated from the group and cared for by a staff member in the lounge, director’s office or women’s bathroom. The Teacher/Director will notify families to pick up their child as soon as possible.

### **HEALTH CONDITIONS THAT DO NOT REQUIRE EXCLUSION**

1. Yellow or white eye drainage that is not associated with pink or red conjunctiva (i.e., the whites of the eyes).
2. Ringworm if being treated with medication!
3. Thrush (i.e., white spots or patches in the mouth).
4. Fifth Disease (slapped cheek disease, parvovirus B19) in a child without immune problems.
5. Cytomegalovirus infection.
6. Chronic Hepatitis B virus infection.
7. Human immunodeficiency virus (HIV) infection, with consideration of risk to the HIV infected child or others decided on a case-by-case basis by health professionals.
8. Children with chronic infectious conditions that can be accommodated in the program according to the legal requirements of federal law in the American with Disabilities Act (e.g., HIV infection). The act requires that child care programs and schools make reasonable accommodations for children with disabilities and/or chronic illnesses, considering each child individually.

### **13. LICENSING**

First English Lutheran Preschool is a registered ministry and voluntarily complies with Indiana's VCP licensing requirements. We do not prepare meals on site. We are also in compliance with Paths to Quality Level 4 rating and have been accredited by NAEYC, National Association for the Education of Young Children, since June 1986. To view more information about some of these standards you may visit:

[https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/2025\\_early\\_childhood\\_program\\_standards.pdf](https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/2025_early_childhood_program_standards.pdf)

AND

[FSSA: Paths to QUALITY: Home \(in.gov\)](#)

### **13. SUPERVISION POLICY**

**Reason this policy is important:** To ensure the safety and well-being of all children always, supervision is extremely important. Accidents and emergencies can occur at any time and staff should be ready to respond quickly. This policy is always in effect when children are present, including during transportation, indoor and outdoor play time, and field trips. Additional staff may be needed depending on the needs of the children and/or the nature of the activity.

#### **Procedure and Practices:**

- Only individuals who meet staff requirements are counted in child/staff ratios.
- Teachers shall directly supervise children by sight and sound always, even when the children are in resting areas (PreK extended day). Preschool children may be momentarily out of sight and sound for no more than one minute.
- The 2/3 teachers must always observe the toddlers by sight and sound.
- Ratios will be maintained according to NAEYC and Indiana State Licensing Standards.
- Increased supervision during wading in water will be provided.
- During rest time, at least one adult shall be physically present in the same space as the children. Other adults included in the ratio shall be readily available to assist in case of emergency.
- Teachers shall regularly count children on a scheduled basis, at every transition, and whenever leaving one area to always confirm the safe whereabouts of every child.
- Children who need assistance with toileting shall not be allowed in the bathroom without direct visual supervision.
- Individual 4-5-year-old children may go alone to the bathroom after the teacher has determined they are capable of handling this. Teachers will check on the child in the bathroom by sound frequently. After 2 minutes, a teacher must check on the child by sight.
- To aid with supervision of outdoor play, fencing encloses the playground area.
- Supervision during outdoor play will include staff being positioned for optimum view of the playground with emphasis on higher risk equipment/activities where children are exploring their abilities.
- No staff will be left unsupervised with children until the criminal history and child abuse registry check has been received.
- Children will not be left alone with anyone other than trained staff.
- If a child becomes sick during the preschool day, and needs to be excluded from their group, a staff member will supervise the child. A cot can be set up in the lounge area and staff members will wait with the child until the family arrives.

### **14. MEDICATION ADMINISTRATION POLICY**

**Reason This Policy is Important:** When possible, a child's family and physician should minimize the need for medications while in preschool. Medicines ordered multiple times a day should normally be given before and after, rather than during, preschool hours. However, in some cases, administration of medications during school hours is unavoidable.

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

##### **Medication Consent**

First English staff members will administer medically essential medication only if the parent or legal guardian has provided written consent, and a physician's order is on file.

The medication will be in an original labeled prescription or manufacturer's container that meets the safety check requirements. All medications will be kept in a locked container (if possible, in the child's room, inside the teacher's locked cabinet/closet.)

## 1. Prescription Medication

- Parents or legal guardians will provide the medication in the original, child-resistant container that is labeled by a pharmacist with the child's name, the name and strength of the medication.
- the date the prescription was filled.
- the name of the health care provider who wrote the prescription.
- the medication's expiration date.
- and administration instructions.

## 2. Nonprescription Medication

- parents or legal guardians will provide the medication in the original container.
- The medication will be labeled with the child's first and last names.
- specific, legible instructions for administration and storage supplied by the manufacturer.
- and the name of the health care provider who recommended the medication for the child.

3. Instructions for the dose, time, and method to be used, and duration of administration will be provided to the childcare staff in writing (by a signed note or a prescription label) by the health care provider. This requirement applies both to prescription and over the counter medications.

4. A health care provider may state that a certain medication may be given for a recurring problem, emergency, or chronic condition or prevention. Example: sunscreen, acetaminophen, Epi-pen.

- The instructions should include the child's name.
- the name of the medication
- the dose of the medication
- how often the medication may be given
- the conditions for use
- any precautions to follow and
- potential side effects
- A child may only receive medication with the permission of the child's parent or legal guardian and a health care provider.

**\*If an Epi-Pen is used, staff will call 9-1-1 and notify parents immediately.**

### Staff Documentation:

1. Staff administering medications to children will be trained in medication procedures by a trained health professional and records of training will be kept in the staff's file.
2. Staff giving medications to a child will document the time, date and dosage and route of the medication given and will sign each time a medication is given.
3. Staff will report and document any observed side effects on the child's individual medication form.
4. Current Medication Authorization Forms and documentation will be kept in the child's file.
5. Staff will only administer medication when all conditions listed above are met.

***Medication authorization and documentation is considered confidential and will be stored out of general view.***

### Medication Storage:

1. Medication will be stored as follows:
  - Inaccessible to children
  - Separate from staff or household medication
  - Protected from sources of contamination
  - Away from heat, light, and sources of moisture
  - At temperature specified on the label (refrigerated if required)
  - So that internal (oral) and external (topical) medications are separated
  - Separate from food
  - In a sanitary and orderly manner

Medications will be stored in a locked container and stored in the locked closet/cabinet of the teacher's room of the child that requires the medication. A teacher will take children's emergency medications outdoors, and on field trips with the child.

2. Medications no longer being used will promptly be returned to parents/guardians or discarded.
3. Medication will not be used beyond the date of expiration on the container or beyond any expiration of the instructions provided by the health care provider. Instructions which state that the medication may be used whenever needed will be reviewed by the health care provider at least annually.

### **Medication Administration Procedure**

1. **Wash hands** before preparing medications.
2. Medication errors will be controlled by checking the following six items each time medication is given:
  - Right Child
  - Right Medication
  - Right Time
  - Right Dosage
  - Right Route
  - Right DocumentationPrepare medication on a clean surface away from diapering or toileting areas.
3. **Do not add medication to the child's food.**
4. For *liquid* medications, use clean medication spoons, syringes, droppers, or medicine cups that have measurements on them (not table service spoons) provided by parent/legal guardian.
5. For *capsules/pills*, medication is measured into a paper cup and dispensed as directed by the Health Care Provider/legal guardian.
6. **Wash hands** after administering medication.
7. Observe the child for side effects of medications and documents.
8. When a medication error occurs, the Regional Poison Control Center (1-800-222-1222) and the child's parents will be contacted immediately. The incident will be documented in the child's record at the facility.

If bulk medications (diaper ointment and sunscreen) are used, they will be administered in a way to prevent cross-contamination.

\*\*\*All teachers will be evaluated (if applicable) on the medication administration procedure.

## **15. PEST CONTROL POLICY**

**PURPOSE:** First English Lutheran Preschool is committed to providing a safe environment for the children in our care. We seek to prevent children from being exposed to pests and pesticides. Exposure to pests (insects, cockroaches, rats, mice, etc.), pest residue, and the chemicals used to control them can aggravate or cause health problems for children and staff. Allergic reactions to pest residues and the absorption of chemicals used for pest control are often more serious for children due to their smaller size and proximity to the floor. The Integrated Pest Management (IPM) approach minimizes the exposure of children and staff to pesticides and includes a variety of non-chemical and chemical methods to prevent and eradicate pests. While pesticides may be used to remediate infestations of pests (such as insects, weeds, and rodents) that may be found in the facility and its surrounding grounds, only the least toxic products will be considered and combined with non-chemical methods.

### **POLICY:**

First English Lutheran Preschool will implement and practice IPM to manage pests in the building and on the grounds to minimize the exposure of pests and pesticides to children and staff. As such, we commit to the following:

1. The Director will be the designated IPM Coordinator for this facility. This person will act as a liaison between the building occupants and the pest management professional.
2. Maintenance and Sanitation – Maintenance, remediation, and sanitation will be conducted in a timely manner to prevent pest access and harborage (water leaks repaired, holes or other access routes sealed, proper food storage, clutter eliminated, etc.).
3. Pesticide Use and Storage –
  - a. Regularly scheduled applications of pesticides are NOT permitted.
  - b. Storage of pesticides in the facility is NOT permitted.
  - c. staff are prohibited from bringing pesticides into the facility (no residential or any other pesticides allowed).

- d. Only certified pesticide applicators or registered technicians that have working knowledge of IPM principles and practices may apply pesticides. Any pest management professional hired to provide pest management or other services must comply with this IPM program and notification policy and be knowledgeable about IPM practices. Pest management professionals must refrain from routine pesticide spraying, provide detailed service reports with each visit and give recommendations for pest prevention.

When necessary, use of least-hazardous pesticides may be considered after nonchemical management practices have failed. Pesticides will not be applied when children are present at the facility. Toys and other items mouthed or handled by the children will be removed from the area before pesticides are applied. Children may only return to the treated area after two hours of a pesticide application or as specified on the pesticide label, whichever time is greater. In the event of an emergency where pests pose an immediate health threat to children and staff (e.g., wasps) and pesticides are applied, ensure that children will not return to the treated area within two hours of a pesticide application or as specified on the pesticide label, whichever time is greater.

4. Head Lice - Pesticide applications to the facility for head lice are ineffective and thus are prohibited by this policy. Nonchemical control options (such as combs) are used instead.
5. Notification - Families and staff will be notified of a pesticide application at the facility at least three operational days in advance except in emergencies where pests pose an immediate health threat to children or staff (such as bees). Families and staff will be notified as soon as possible when advance notice is not provided and include an explanation of the emergency, the reason for the late notice and the name of pesticide applied.
6. Recordkeeping - All records of pesticide applications and advance notices will be available upon request for 90 days.

#### ***EXEMPTIONS***

This policy does not apply to the following exempted uses of pesticides:

- \*Germicides, disinfectants, bactericides, sanitizing agents, and chemicals used in normal cleaning activities
- \*Personal insect repellents applied to the person with parental consent
- \*Gel bait or manufactured enclosed insecticides where children do not have access to the bait. (Granular baits and rodent baits are not exempt.)

## **16. PET POLICY**

First English Lutheran Preschool may adhere to a No Pets with Fur or Feathers policy **if the well-being of enrolled children determines this is best practice**. This would be to reduce asthma and allergy triggers as well as follow the former Indiana Department of Environmental Management Five Star Program. This Child Care Facility will not permit pets with feathers inside the building on a regular basis; animals with fur will be allowed inside to meet ADA requirements for service animals, class pet experiences, or “Show and tell”/Presenters. This will be something scheduled ahead of time and families will be notified where and when their children will be exposed. All efforts will be made to accommodate asthma or allergies appropriately. Efforts to conduct occasional animal visits outdoors will be made as well. The staff/presenter assigned to the individual animal is responsible for the care and treatment of the animal at all times, including disasters. Children will wash their hands after any animal contact.

#### **Procedure and Practices:**

Animals will be properly cared for (clean water, food, and environment) Staff will be assigned duties to maintain class pets.

Animals, their habitats, and any other equipment will not be allowed in the food prep area.

Children will be closely supervised when handling pets.

Children with allergy response to animals will be accommodated.

Children and adults will wash their hands after handling or feeding animals.

Children will not clean cages or have access to animal waste. Staff will wash their hands after cleaning animal cages/equipment.

Birds of the parrot family, reptiles/amphibians that carry salmonella, will NOT be permitted as classroom pets.

Parents will be notified when pets are on the premises, including the type of pet.

## **17. SNACK POLICY**

Food served at First English will comply with standards set by the American Academy of Pediatrics and the American Dietetic Association. Snacks served shall be foods selected from the five food groups (dairy, protein, vegetable, fruit, and grain). These foods will be high in nutrients and low in sugar/fat and no trans-fats. Unless otherwise stated, the beverage served will be water. Portions will be child sized. If available, children may request second servings of snacks. Some classrooms may have children with specific food allergies which must be considered when providing snacks.

For the 2/3 Class, children are not permitted to carry bottles, sippy cups, or regular cups while they are walking. Teaching staff will offer children liquids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.

Young children, under the age of four, can easily choke on some foods (the size of a nickel coin). Nuts, popcorn, pretzels, pits or seeds from fruit, raisins, whole grapes, peanut butter spoonful's, chunks of meat larger than can be swallowed whole, and chunks of hard vegetables, such as carrots or celery, will not be served to these children. Peanut butter shall be creamy and spread thinly onto crackers, bread, or fruit.

Staff will cut food into pieces no larger than ½ inch square for toddlers, according to each child's chewing and swallowing capability.

Teachers are expected to sit and eat with children and have conversations during snack time, and other mealtimes, including when food is brought from home. Conversations should be about pleasant topics of the child's interest, and not just about rules and expectations in the classroom.

The snack is posted on the parent information board in the hallway and listed outside each classroom with lesson plans or written on board weekly; snacks and meals will be served at regularly established times. Meals and snacks are at least two hours apart, but no longer than three hours apart. Families may review the snack schedule at any time by asking for a copy from the Director. Snack calendars will be prepared a week in advance. The Director keeps the weekly snack records on file in the office and families may have a copy of this record if they would like one.

To help ensure food safety, staff members will check expiration dates on food. If an item is expired, it is immediately discarded. Fresh fruits and vegetables are thoroughly washed prior to eating. No imported, old, or handmade pottery will be used to cook, store, or serve food or drinks. Microwaving food will be limited and never done in plastic or Styrofoam containers.

A registered dietician reviews the preschool's snacks bi-annually and recommendations/changes will be followed. If corrective action is needed, it will be done immediately.

### **Snack Policy for Celebrations**

**All snacks must be purchased and brought in original packaging from the store. This is a state regulation.** Snacks should be nutrient dense (no added fat, sugar, or starch) whenever possible and must be pre-approved by the classroom teacher or the director. Some snacks may be deemed inappropriate because of a student's food allergy. Unapproved snacks will not be served to the children at school.

Some celebration snack ideas: low fat cheese, graham crackers, fruit cups (packed in natural juices), whole grain crackers, whole grain cereal, rice cakes, edamame or chickpeas, low sugar/fat yogurt, 1% or skim milk, whole wheat bread, whole grain pita/bagel chips, fresh fruits or vegetables with /without dips, fruit pops, or 100% juice. If 100% juice is served, children will be served no more than four-six ounces daily. *Consider letting your child help choose the snack.* This will make the special celebration more meaningful and fun for him/her.

**SAFE TRANSPORTATION OF FOOD RESPONSIBILITY FORM:** Families that participate in extended days will have an additional food transportation form to fill out each school year to inform of the proper safety requirements while bringing the child's lunch into school. Lunches should be kept cool with an ice pack while enroute to preschool. The lunch should contain milk or another form of dairy, along with protein, fruit, vegetable, and grain components for proper nutrition.

Food must be brought to the facility in clean, insulated, washable containers, which keep cold food at 41° F or below and hot food at 135° or above. Containers must be clearly labeled with the child's name and date of preparation.

Upon receiving the food from the parent, the facility shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the facility will not accept the food.

Upon accepting the food, the facility shall maintain correct food temperatures until served.

### **PARENT AGREEMENT**

I, \_\_\_\_\_ (Parent's name) will

provide food for \_\_\_\_\_ (Child's name).

I take full responsibility for the safety of my child's food during preparation, storage, and transportation to the facility.

(Parent's Signature): \_\_\_\_\_

(Date): \_\_\_\_\_

### **18. SPECIAL NEEDS POLICY**

All children develop at different rates; however, some children might need additional support having been determined by having an Individual Health Plan, Individual Family Service Plan, or Individual Education Plan. The FELP staff will make every effort to provide continuation of care and assistance with determined outcomes and goals. Staff are available to attend any meetings requested by the appropriate agencies as the children progress each year. Families must notify staff of upcoming evaluations. Copies of the legal documents will be kept in the child's confidential file. Families will be asked to complete an additional Care Plan form as well.

## 19. TUITION POLICY

- Beginning September 1<sup>st</sup>, tuition will be paid every month through May. Payment can be dropped off at the preschool or mailed to 16495 Ireland Rd., Mishawaka, IN 46544. Additionally, bank checks can be sent directly to Preschool.
- Tuition is based on an annual amount and is divided equally into monthly payments for convenience of payment and bookkeeping. October tuition is therefore the same as December tuition even with the holiday break.
- Tuition is due on the first of every month from September to May and is considered late after the 10<sup>th</sup> day of the month. A \$10.00 late fee will be assessed for overdue payments.
- ***Tuition reductions for vacation time or other absences are not given.***
- Tuition is not refunded for weather related school closings. Make-up days will be considered for excessive closings, to be determined by the Board.
- A tuition discount is given to siblings of enrolled students.
- Registration fees, church usage fees, and tuition are not refunded if a student withdraws from the school.
- Current tuition fees are posted in the chart below, and in registration information distributed in the spring.
- Pre-K Extended days will begin in January so tuition Sept-Dec will reflect the actual mornings of attendance for those families participating in extended day options.

2025-2026 Tuition Chart

| DAYS ENROLLED           | 2-3 Class                         | 3-4 Class               | PreK Class                                    |  |
|-------------------------|-----------------------------------|-------------------------|-----------------------------------------------|--|
|                         | T/Th 9:00-11:30<br>MWF 9:00-11:30 | 9:00-12:00 Mon-Fri      | 8:45-12:00 Mon-Fri                            |  |
| 2 days a Week           | \$160.00<br>Tues./Thurs.          | \$150.00<br>M/W or T/Th | \$150.00<br>M/W or T/Th                       |  |
| 3 days a Week           | 240.00<br>Mon/Wed/Fri             | \$225.00<br>MWF or TThF | \$225.00<br>MWF or TThF                       |  |
| 2 Mornings & 1 Ext. Day | NA                                | NA*                     | \$ 195.00<br>Adding W or Th ext. until 2:15pm |  |
| 3 Mornings & 1 Ext. Day | NA                                | NA*                     | \$270.00<br>Adding W or Th ext. until 2:15pm  |  |
| 4 Mornings              | NA                                | NA                      | \$300.00                                      |  |
| 5 Mornings              | NA                                | NA                      | \$375.00                                      |  |

\*Extended days will be offered if enough students enroll before January!

**Thank you for taking the time to read all the policy information that NAEYC, FELP, and the State of Indiana require for our program safety!**