

# Bluffview Montessori School



Certified License-Exempt  
Preschool Program  
Policies and Procedures  
2022-2023

Submitted and approved by DHS

**BLUFFVIEW MONTESSORI SCHOOL  
EXCLUSION OF SICK CHILDREN &  
INFECTIOUS DISEASE OUTBREAK  
CONTROL**

**I. EXCLUSION**

- A. Bluffview will isolate and supervise a child from the other children in the program when a child becomes sick and immediately notify the sick child's parent or legal guardian.
  - 1. Bluffview will post/give notice to the parent/legal guardian of an exposed child the same day the program is notified of a child's contagious disease specified in Minnesota Rule part 4605.7040 (Appendix A) or scabies, impetigo, ringworm or chicken pox.

**II. INFECTIOUS DISEASE OUTBREAK**

- A. When a child becomes sick, Bluffview will immediately notify the sick child's parent or legal guardian and arrange for pick up. The child needs to be isolated in order to prevent the spread of illness.
  - 1. Isolating a sick child from other children in the program does not mean the child has to be in a separate space. It means the child should not be actively participating in activities with other children while waiting to be picked up.
  - 2. When possible, a sick child will be moved to the nurse's office, and will remain supervised in the office space until picked up. A sick child may wait in a classroom or other supervised space if that is the best option at the time.

**III. PARENT NOTIFICATION**

- A. Notification will be attempted via phone, then email which will include all pertinent information. If parent/guardian is not available, attempts to contact the individuals on the student's emergency contact list will be made.

## Appendix A

### **4605.7040 DISEASE AND REPORTS; CLINICAL MATERIALS SUBMISSIONS.**

Cases, suspected cases, carriers, and deaths due to the following diseases and infectious agents shall be reported. When submission of clinical materials is required under this part, submissions shall be made to the Minnesota Department of Health, Public Health Laboratory.

#### **A. Diseases reportable immediately by telephone to the commissioner:**

- (1) anthrax (Bacillus anthracis). Submit clinical materials;*
- (2) botulism (Clostridium botulinum);*
- (3) brucellosis (Brucella spp.). Submit clinical materials;*
- (4) cholera (Vibrio cholerae). Submit clinical materials;*
- (5) diphtheria (Corynebacterium diphtheriae). Submit clinical materials;*
- (6) free-living amebic infection (including at least: Acanthamoeba spp., Naegleria fowleri, Balamuthia spp., Sappinia spp). Submit clinical materials;*
- (7) hemolytic uremic syndrome. Submit clinical materials;*
- (8) measles (rubeola). Submit clinical materials;*
- (9) meningococcal disease (Neisseria meningitidis) (all invasive disease). Submit clinical materials;*
- (10) Middle East Respiratory Syndrome (MERS). Submit clinical materials;*
- (11) orthopox virus. Submit clinical materials;*
- (12) plague (Yersinia pestis). Submit clinical materials;*
- (13) poliomyelitis. Submit clinical materials;*
- (14) Q fever (Coxiella burnetii). Submit clinical materials;*
- (15) rabies (animal and human cases and suspected cases);*
- (16) rubella and congenital rubella syndrome. Submit clinical materials;*
- (17) severe acute respiratory syndrome (SARS). Submit clinical materials;*
- (18) smallpox (variola). Submit clinical materials;*
- (19) tularemia (Francisella tularensis). Submit clinical materials; and*
- (20) viral hemorrhagic fever (including but not limited to Ebola virus disease and Lassa fever). Submit clinical materials.*

**B. Diseases reportable within one working day:**

- (1)amebiasis (*Entamoeba histolytica/dispar*);**
- (2)anaplasmosis (*Anaplasma phagocytophilum*);**
- (3)arboviral disease, including, but not limited to, La Crosse encephalitis, eastern equine encephalitis, western equine encephalitis, St. Louis encephalitis, West Nile virus disease, Powassan virus disease, and Jamestown Canyon virus disease;**
- (4)babesiosis (*Babesia spp.*);**
- (5)blastomycosis (*Blastomyces dermatitidis*);**
- (6)campylobacteriosis (*Campylobacter spp.*). Submit clinical materials;**
- (7)carbapenem-resistant *Enterobacteriaceae* (CRE). Submit clinical materials;**
- (8)cat scratch disease (infection caused by *Bartonella* species);**
- (9)chancroid (*Haemophilus ducreyi*);**
- (10)Chikungunya virus disease;**
- (11)*Chlamydia trachomatis* infections;**
- (12)coccidioidomycosis;**
- (13)*Cronobacter sakazakii* in infants under one year of age. Submit clinical materials;**
- (14)cryptosporidiosis (*Cryptosporidium spp.*). Submit clinical materials;**
- (15)cyclosporiasis (*Cyclospora spp.*). Submit clinical materials;**
- (16)dengue virus infection;**
- (17)*Diphyllobothrium latum* infection;**
- (18)ehrlichiosis (*Ehrlichia spp.*);**
- (19)encephalitis (caused by viral agents);**
- (20)enteric *Escherichia coli* infection (*E. coli* O157:H7, other Shiga toxin-producing (enterohemorrhagic) *E. coli*, enteropathogenic *E. coli*, enteroinvasive *E. coli*, enteroaggregative *E. coli*, enterotoxigenic *E. coli*, or other pathogenic *E. coli*). Submit clinical materials;**
- (21)giardiasis (*Giardia intestinalis*);**
- (22) gonorrhea (*Neisseria gonorrhoeae* infections);**
- (23)*Haemophilus influenzae* disease (all invasive disease). Submit clinical materials;**
- (24)hantavirus infection;**
- (25)hepatitis (all primary viral types including A, B, C, D, and E);**
- (26)histoplasmosis (*Histoplasma capsulatum*);**
- (27)human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS);**

- (28)influenza (unusual case incidence, critical illness, or laboratory confirmed cases). Submit clinical materials;**
- (29)Kawasaki disease;**
- (30)Kingella spp. (invasive only). Submit clinical materials;**
- (31)legionellosis (Legionella spp.). Submit clinical materials;**
- (32)leprosy (Hansen's disease) (Mycobacterium leprae);**
- (33)leptospirosis (Leptospira interrogans);**
- (34)listeriosis (Listeria monocytogenes). Submit clinical materials;**
- (35)Lyme disease (Borrelia burgdorferi and other Borrelia spp.);**
- (36)malaria (Plasmodium spp.);**
- (37)meningitis (caused by viral agents);**
- (38)mumps. Submit clinical materials;**
- (39)neonatal sepsis (bacteria isolated from a sterile site, excluding coagulase-negative Staphylococcus) less than seven days after birth. Submit clinical materials;**
- (40)pertussis (Bordetella pertussis). Submit clinical materials;**
- (41)psittacosis (Chlamydophila psittaci);**
- (42)retrovirus infections;**
- (43)salmonellosis, including typhoid (Salmonella spp.). Submit clinical materials;**
- (44)shigellosis (Shigella spp.). Submit clinical materials;**
- (45)Spotted fever rickettsiosis (Rickettsia spp. infections, including Rocky Mountain spotted fever);**
- (46)Staphylococcus aureus (only vancomycin-intermediate Staphylococcus aureus (VISA), vancomycin-resistant Staphylococcus aureus (VRSA), and death or critical illness due to community-associated Staphylococcus aureus in a previously healthy individual). Submit clinical materials;**
- (47)streptococcal disease (all invasive disease caused by Groups A and B streptococci and S. pneumoniae [including urine antigen laboratory-confirmed pneumonia]). Except for urine, submit clinical materials;**
- (48)syphilis (Treponema pallidum);**
- (49)tetanus (Clostridium tetani);**
- (50)toxic shock syndrome. Submit clinical materials;**
- (51)toxoplasmosis (Toxoplasma gondii);**
- (52)transmissible spongiform encephalopathy;**
- (53)trichinosis (Trichinella spiralis);**

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

***(55) typhus (Rickettsia spp.);***

***(56) varicella (chickenpox). Submit clinical materials;***

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

***(58) yellow fever;***

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

***(60) zika virus disease; and***

***(61) zoster (shingles) (all cases <18 years old; other unusual case incidence or complications regardless of age). Submit clinical materials.***

<https://www.revisor.mn.gov/rules/4605.7040?id=4605.7040&version=2017-01-18T11:45:42-06:00&format=pdf#rule.4605.7040.A.3>

**BLUFFVIEW MONTESSORI SCHOOL  
POLICY 530  
IMMUNIZATION REQUIREMENTS**

**I. PURPOSE**

The purpose of this policy is to require that all students receive the proper immunizations as mandated by law to ensure the health and safety of all students.

**II. GENERAL STATEMENT OF POLICY**

All students are required to provide proof of immunization, or appropriate documentation exempting the student from such immunization, and such other data necessary to ensure that the student is free from any communicable diseases, as a condition of enrollment.

**III. STUDENT IMMUNIZATION REQUIREMENTS**

A. No student may be enrolled or remain enrolled, on a full-time, part-time, or shared-time basis, in any elementary or secondary school within Bluffview Montessori School until the student or the student's parent or guardian has submitted to the designated Bluffview Montessori School administrator the required proof of immunization. Prior to the student's first date of attendance, the student or the student's parent or guardian shall provide to the designated Bluffview Montessori School administrator one of the following statements:

1. a statement from a physician, advanced practice registered nurse, physician assistant, or a public clinic which provides immunizations (hereinafter "medical statement"), affirming that the student received the immunizations required by law, consistent with medically acceptable standards; or
2. a medical statement affirming that the student received the primary schedule of immunizations required by law and has commenced a schedule of the remaining required immunizations, indicating the month and year each immunization was administered, consistent with medically acceptable standards.

B. The statement of a parent or guardian of a student or an emancipated student may be substituted for the medical statement. If such a statement is substituted, this statement must indicate the month and year each immunization was administered. Upon request, the designated Bluffview Montessori School administrator will provide information to the parent or guardian of a student or an emancipated student of the dosages required for each vaccine according to the age of the student.

C. The parent or guardian of persons receiving instruction in a home school shall submit one of the statements set forth in Section III.A. or III.B., above, or statement of immunization set forth in Section IV., below, to the Head of School of Bluffview Montessori School by October 1 of the first year of their home schooling in Minnesota and the grade 7 year.

- D. When there is evidence of the presence of a communicable disease, or when required by any state or federal agency and/or state or federal law, students and/or their parents or guardians may be required to submit such other health care data as is necessary to ensure that the student has received any necessary immunizations and/or is free of any communicable diseases. No student may be enrolled or remain enrolled in any elementary or secondary school within Bluffview Montessori School until the student or the student's parent or guardian has submitted the required data.
- E. Bluffview Montessori School may allow a student transferring into a school a maximum of 30 days to submit a statement specified in Section III.A. or III.B., above, or Section IV., below. Students who do not provide the appropriate proof of immunization or the required documentation related to an applicable exemption of the student from the required immunization within the specified time frames shall be excluded from school until such time as the appropriate proof of immunizations or exemption documentation has been provided.
- F. If a person who is not a Minnesota resident enrolls in a school district online learning course or program that delivers instruction to the person only by computer and does not provide any teacher or instructor contact time or require classroom attendance, the person is not subject to the immunization, statement, and other requirements of this policy.

#### **IV. EXEMPTIONS FROM IMMUNIZATION REQUIREMENTS**

Students will be exempt from the foregoing immunization requirements under the following circumstances:

- A. The parent or guardian of a minor student or an emancipated student submits a signed medical statement affirming that the immunization of the student is contraindicated for medical reasons or that laboratory confirmation of the presence of adequate immunity exists; or
- B. The parent or guardian of a minor student or an emancipated student submits his or her notarized statement stating the student has not been immunized because of the conscientiously held beliefs of the parent, guardian or student.

#### **V. NOTICE OF IMMUNIZATION REQUIREMENTS**

- A. Bluffview Montessori School will develop and implement a procedure to:
  - 1. notify parents and students of the immunization and exemption requirements by use of a form approved by the Department of Health;
  - 2. notify parents and students of the consequence for failure to provide required documentation regarding immunizations;
  - 3. review student health records to determine whether the required information has been provided; and



4. make reasonable arrangements to send a student home when the immunization requirements have not been met and advise the student and/or the student's parent or guardian of the conditions for re-enrollment.
- B. The notice provided shall contain written information describing the exemptions from immunization as permitted by law. The notice shall be in a font size at least equal to the font size and style as the immunization requirements and on the same page as the immunization requirements.

## **VI. IMMUNIZATION RECORDS**

- A. Bluffview Montessori School will maintain a file containing the immunization records for each student in attendance at Bluffview Montessori School for at least five years after the student attains the age of majority.
- B. Upon request, Bluffview Montessori School may exchange immunization data with persons or agencies providing services on behalf of the student. Immunization data is private student data and disclosure of such data shall be governed by Policy 515 Protection and Privacy of Pupil Records.
- C. The designated Bluffview Montessori School administrator will assist a student and/or the student's parent or guardian in the transfer of the student's immunization file to the student's new school within 30 days of the student's transfer.
- D. Upon request of a public or private post-secondary educational institution, the designated Bluffview Montessori School administrator will assist in the transfer of the student's immunization file to the post-secondary educational institution.

## **VII. OTHER**

Within 60 days of the commencement of each new school term, Bluffview Montessori School will forward a report to the Commissioner of the Department of Education stating the number of students attending Bluffview Montessori School, including the number of students receiving instruction in a home school, the number of students who have not been immunized, and the number of students who received an exemption. Bluffview Montessori School also will forward a copy of all exemption statements received by Bluffview Montessori School to the Commissioner of the Department of Health.

**BLUFFVIEW MONTESSORI SCHOOL  
POLICY 516  
STUDENT MEDICATION**

**I. PURPOSE**

The purpose of this policy is to set forth the provisions that must be followed when administering non-emergency prescription medication to students at school.

**II. GENERAL STATEMENT OF POLICY**

Bluffview Montessori School acknowledges that some students may require prescribed drugs or medication during the school day. Bluffview Montessori School's nurse or trained staff will administer prescribed medications, except any form of medical cannabis, in accordance with law and Bluffview Montessori School procedures.

**III. REQUIREMENTS**

- A. The administration of prescription medication or drugs at school requires a completed "Request Form for Administration of Medication/Procedure". This form includes a Physician order and requires signatures from the physician and the student's parent or guardian.
- B. A "Request Form for Administration of Medication/Procedure" must be completed annually (once per school year) and/or when a change in the prescription or requirements for administration occurs. Prescription medication as used in this policy does not include any form of medical cannabis as defined in Minn. Stat. § 152.22, Subd. 6.
- C. Prescription medication must come to school in the original container labeled for the student by a pharmacist in accordance with law, and must be administered in a manner consistent with the instructions on the label.
- D. The school nurse may request to receive further information about the prescription, if needed, prior to administration of the substance.
- E. Prescription medications are not to be carried by the student, but will be left with the appropriate Bluffview Montessori School personnel. Exceptions to this requirement are: prescription asthma medications self-administered with an inhaler (See Part J.5. below), and medications administered as noted in a written agreement between Bluffview Montessori School and the parent or as specified in an IEP (individualized education program), Section 504 plan, or IHP (individual health plan).
- F. The school must be notified immediately by the parent in writing of any change in the student's prescription medication administration. A new medical authorization or container label with new pharmacy instructions shall be required immediately as well.

- G. For drugs or medicine used by children with a disability, administration may be as provided in the IEP, Section 504 plan or IHP.
- H. The school nurse, or other designated person, shall be responsible for the filing of the Administering Prescription Medications form in the health records section of the student file. The school nurse, or other designated person, shall be responsible for providing a copy of such form to the Head of School and to other personnel designated to administer the medication.
- I. Procedures for administration of drugs and medicine at school and school activities shall be developed in consultation with a school nurse, a licensed school nurse, or a public or private health organization or other appropriate party (if appropriately contracted by Bluffview Montessori School under Minn. Stat. § 121A.21). Bluffview Montessori School administration shall submit these procedures and any additional guidelines and procedures necessary to implement this policy to the school board for approval. Upon approval by the school board, such guidelines and procedures shall be an addendum to this policy.
- J. If the administration of a drug or medication described in this section requires Bluffview Montessori School to store the drug or medication, the parent or legal guardian must inform the school if the drug or medication is a controlled substance. For a drug or medication that is not a controlled substance, the request must include a provision designating Bluffview Montessori School as an authorized entity to transport the drug or medication for the purpose of destruction if any unused drug or medication remains in the possession of school personnel. For a drug or medication that is a controlled substance, the request must specify that the parent or legal guardian is required to retrieve the drug or controlled substance when requested by the school.
- K. Specific Exceptions:
1. Special health treatments and health functions such as catheterization, tracheostomy suctioning, and gastrostomy feedings do not constitute administration of drugs and medicine;
  2. Emergency health procedures, including emergency administration of drugs and medicine are not subject to this policy;
  3. Drugs or medicine provided or administered by a public health agency to prevent or control an illness or a disease outbreak are not governed by this policy;
  4. Drugs or medicines used at school in connection with services for which a minor may give effective consent are not governed by this policy;
  5. Drugs or medicines that are prescription asthma or reactive airway disease medications can be self-administered by a student with an asthma inhaler if:

- a. Bluffview Montessori School has received a written authorization from the pupil's parent permitting the student to self-administer the medication;
- b. the inhaler is properly labeled for that student; and
- c. the parent has not requested school personnel to administer the medication to the student.

The parent must submit written authorization for the student to self-administer the medication each school year. In a school that does not have a school nurse or school nursing services, the student's parent or guardian must submit written verification from the prescribing professional which documents that an assessment of the student's knowledge and skills to safely possess and use an asthma inhaler in a school setting has been completed.

If Bluffview Montessori School employs a school nurse or provides school nursing services under another arrangement, the school nurse or other appropriate party must assess the student's knowledge and skills to safely possess and use an asthma inhaler in a school setting and enter into the student's school health record a plan to implement safe possession and use of asthma inhalers;

6. Medications:
  - a. that are used off school grounds;
  - b. that are used in connection with athletics or extracurricular activities; or
  - c. that are used in connection with activities that occur before or after the regular school day are not governed by this policy.
7. At the start of each school year or at the time a student enrolls in school, whichever is first, a student's parent, school staff, including those responsible for student health care, and the prescribing medical professional must develop and implement an individualized written health plan for a student who is prescribed epinephrine auto-injectors that enables the student to:
  - a. possess epinephrine auto-injectors; or
  - b. if the parent and prescribing medical professional determine the student is unable to possess the epinephrine, have immediate access to epinephrine auto-injectors in close proximity to the student at all times during the instructional day.

The plan must designate the school staff responsible for implementing the student's health plan, including recognizing anaphylaxis and administering epinephrine auto-injectors when required, consistent with state law. This health plan may be included in a student's § 504 plan.

8. A student may possess and apply a topical sunscreen product during the school day while on school property or at a school-sponsored event without a prescription, physician's note, or other documentation from a licensed health care professional. School personnel are not required to provide sunscreen or assist students in applying sunscreen.
- L. "Parent" for students 18 years old or older is the student.
- M. Bluffview Montessori School may obtain and possess epinephrine auto-injectors to be maintained and administered by school personnel to a student or other individual if, in good faith, it is determined that person is experiencing anaphylaxis regardless of whether the student or other individual has a prescription for an epinephrine auto-injector. The administration of an epinephrine auto-injector in accordance with this section is not the practice of medicine.

Bluffview Montessori School may enter into arrangements with manufacturers of epinephrine auto-injectors to obtain epinephrine auto-injectors at fair-market, free, or reduced prices. A third party, other than a manufacturer or supplier, may pay for a school's supply of epinephrine auto-injectors.

- N. Procedure regarding unclaimed drugs or medications.
  1. Bluffview Montessori School has adopted the following procedure for the collection and transport of any unclaimed or abandoned prescription drugs or medications remaining in the possession of school personnel in accordance with this policy. Before the transportation of any prescription drug or medication under this policy, Bluffview Montessori School shall make a reasonable attempt to return the unused prescription drug or medication to the student's parent or legal guardian. Transportation of unclaimed or unused prescription drugs or medications will occur at least annually, but may occur more frequently at the discretion of Bluffview Montessori School.
  2. If the unclaimed or abandoned prescription drug is not a controlled substance as defined under Minnesota Statutes § 152.01, subdivision 4, or is an over-the-counter medication, Bluffview Montessori School will either designate an individual who shall be responsible for transporting the drug or medication to a designated drop-off box or collection site or request that a law enforcement agency transport the drug or medication to a drop-off box or collection site on behalf of Bluffview Montessori School.
  3. If the unclaimed or abandoned prescription drug is a controlled substance as defined in Minnesota Statutes § 152.01, subdivision 4, Bluffview Montessori School personnel are prohibited from transporting the

prescription drug to a drop-off box or collection site for prescription drugs identified under this paragraph. Bluffview Montessori School must request that a law enforcement agency transport the prescription drug or medication to a collection bin that complies with Drug Enforcement Agency regulations, or if a site is not available, under the agency's procedure for transporting drugs.

**BLUFFVIEW MONTESSORI SCHOOL  
TRANSPORTATION OF STUDENTS POLICY**

**I. GENERAL STATEMENT OF POLICY**

Bluffview will not be transporting preschool children.

## **BLUFFVIEW MONTESSORI SCHOOL EMERGENCY PREPAREDNESS POLICY**

### **I. GENERAL STATEMENT OF POLICY**

This policy is written to fulfill the Emergency Preparedness requirements in MN Statute 245H.15, sub 1-2 for a Certified Center.

### **II. REQUIREMENTS**

- A. Bluffview has a completed emergency preparedness plan that was written using the Child Care Emergency Plan form developed by the commissioner.
- B. The emergency plan will be available for review upon request by parents/legal guardians:
  - 1. A copy will be posted above the copy machine in the office.
  - 2. A copy will be put on the school website.
  - 3. Office staff will have access to the DHS folder where it will be kept (alongside this policy) if a request is made.
- C. The staff will be trained in the emergency plan annually, which will be documented in each personnel file.
- D. Bluffview will conduct drills quarterly to be recorded on the form above the copy machine in the office:
  - 1. one evacuation drill
  - 2. one shelter-in-place-drill



**BLUFFVIEW MONTESSORI SCHOOL  
PREVENTING AND RESPONDING TO ALLERGIES POLICY**

**I. GENERAL STATEMENT OF POLICY**

Bluffview Montessori School acknowledges that some students may have moderate to severe allergies, and that steps to both prevent contact with triggers and to respond quickly and appropriately in the case of an allergic reaction are in place.

**II. REQUIREMENTS**

- A. All families are required to fill out an intake form. On the intake form is a question that asks if the student has any known allergies, and to describe them.
  - 1. If allergies are indicated, the family will be called or emailed so that Bluffview may obtain any further documentation that is deemed necessary.
- B. Allergies will be addressed through an Individual Health Plan (IHP) written by the school nurse. That plan will:
  - 1. include a description of the allergy, specific triggers, avoidance techniques, and symptoms of an allergic reaction and,
  - 2. procedures for responding to an allergic reaction including medication, dosages, and a doctor's contact information.
  - 3. be disseminated to all appropriate staff including but not limited to food service, admin, teachers, assistants, paras, and any others deemed "need to know" for the safety of the student.
- C. Bluffview will review the IHP annually with the parent/guardian and other staff that are responsible for the student's well-being. This will include signatures of parents, school nurse, and other staff responsible for the student on the IHP.
- D. Student allergy information will be kept in the appropriate classroom for quick access, in a designated space, in the field trip backpack carried by teachers, and in a designated space in the food service area and lunch room.

**BLUFFVIEW MONTESSORI SCHOOL  
BUILDING AND PHYSICAL PREMISES; FREE OF HAZARDS POLICY**

**I. GENERAL STATEMENT OF POLICY**

Bluffview holds the classroom environment to be one of the most important tenets of the Montessori Philosophy. The "Prepared Environment" is specifically designed to be age appropriate.

**II. REQUIREMENTS**

- A. Bluffview will ensure that the areas used by students are clean and in good repair.
- B. The furniture and equipment are structurally sound and appropriate to the age and size of the children using it.
- C. Hazardous items including but not limited to sharp objects, medicines, cleaning supplies, poisonous plants and chemicals will be kept out of reach of children.
- D. The staff is trained annually in the handling of bodily fluids and other infectious fluids and bloodborne pathogens.
  1. Staff will use gloves when dealing with any bodily fluids,
  2. Staff will disinfect surfaces that come into contact with potentially infectious bodily fluids, and
  3. Disposal of items with bodily fluids will include placing them in a securely sealed plastic bag and removal from the classroom/environment.

**BLUFFVIEW MONTESSORI SCHOOL  
POLICY 414  
MANDATED REPORTING OF CHILD NEGLECT OR PHYSICAL OR SEXUAL ABUSE**

**I. PURPOSE**

The purpose of this policy is to make clear the statutory requirements of school personnel to report suspected child neglect or physical or sexual abuse.

**II. GENERAL STATEMENT OF POLICY**

- A. The policy of Bluffview Montessori School is to fully comply with MN Chapter 260E requiring school personnel to report suspected child neglect or physical or sexual abuse.
- B. A violation of this policy occurs when any school personnel fails to immediately report instances of child neglect or physical or sexual abuse when the school personnel knows or has reason to believe a child is being neglected or physically or sexually abused or has been neglected or physically or sexually abused within the preceding three years.

**III. DEFINITIONS**

- A. "Accidental" means a sudden, not reasonably foreseeable, and unexpected occurrence or event which:
  - 1. is not likely to occur and could not have been prevented by exercise of due care; and
  - 2. if occurring while a child is receiving services from a facility, happens when the facility and the employee or person providing services in the facility are in compliance with the laws and rules relevant to the occurrence of event.
- B. "Child" means one under age 18 and, for purposes of Minn. Stat. Ch. 260C (Child Protection) and Minn. Stat. Ch. 260D (Child in Voluntary Foster Care for Treatment), includes an individual under age 21 who is in foster care pursuant to Minn. Stat. § 260C.451 (Foster Care Benefits Past Age 18).
- C. "Immediately" means as soon as possible but in no event longer than 24 hours.
- D. "Mandated reporter" means any school personnel who knows or has reason to believe a child is being neglected or physically or sexually abused, or has been neglected or physically or sexually abused within the preceding three years.
- E. "Neglect" means the commission or omission of any of the acts specified below, other than by accidental means:
  - 1. failure by a person responsible for a child's care to supply a child

with necessary food, clothing, shelter, health care, medical care, or other care required for the child's physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect;

2. failure to protect a child from conditions or actions that seriously endanger the child's physical or mental health when reasonably able to do so;
3. failure to provide for necessary supervision or child care arrangements appropriate for a child after considering factors such as the child's age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for his or her own basic needs or safety or the basic needs or safety of another child in his or her care;
4. failure to ensure that a child is educated in accordance with state law, which does not include a parent's refusal to provide his or her child with sympathomimetic medications;
5. prenatal exposure to a controlled substance used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child's birth, or medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance or the presence of a fetal alcohol spectrum disorder;
6. medical neglect as defined by Minn. Stat. § 260C.007, Subd. 6, Clause (5);
7. chronic and severe use of alcohol or a controlled substance by a parent or person responsible for the care of the child that adversely affects the child's basic needs and safety; or
8. emotional harm from a pattern of behavior which contributes to impaired emotional functioning of the child which may be demonstrated by a substantial and observable effect in the child's behavior, emotional response, or cognition that is not within the normal range for the child's age and stage of development, with due regard to the child's culture.

Neglect does not include spiritual means or prayer for treatment or care of disease where the person responsible for the child's care in good faith has selected and depended on those means for treatment or care of disease, except where the lack of medical care may cause serious danger to the child's health.

- F. "Nonmaltreatment mistake" means: (1) at the time of the incident, the individual was performing duties identified in the center's child care program plan required under Minn. Rules Part 9503.0045; (2) the individual

has not been determined responsible for a similar incident that resulted in a finding of maltreatment for at least seven years; (3) the individual has not been determined to have committed a similar nonmaltreatment mistake under this paragraph for at least four years; (4) any injury to a child resulting from the incident, if treated, is treated only with remedies that are available over the counter, whether ordered by a medical professional or not; and (5) except for the period when the incident occurred, the facility and the individual providing services were both in compliance with all licensing requirements relevant to the incident. This definition only applies to child care centers licensed under Minn. Rules Ch. 9503.

- G. “Physical abuse” means any physical injury, mental injury, or threatened injury, inflicted by a person responsible for the child’s care other than by accidental means; or any physical or mental injury that cannot reasonably be explained by the child’s history of injuries or any aversive or deprivation procedures, or regulated interventions, that have not been authorized by Minn. Stat. § 125A.0942 or § 245.825.

Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian which does not result in an injury. Abuse does not include the use of reasonable force by a teacher, principal, or school employee as allowed by Minn. Stat. § 121A.582.

Actions which are not reasonable and moderate include, but are not limited to, any of the following: (1) throwing, kicking, burning, biting, or cutting a child; (2) striking a child with a closed fist; (3) shaking a child under age three; (4) striking or other actions which result in any nonaccidental injury to a child under 18 months of age; (5) unreasonable interference with a child’s breathing; (6) threatening a child with a weapon, as defined in Minn. Stat. § 609.02, Subd. 6; (7) striking a child under age one on the face or head; (8) striking a child who is at least age one but under age four on the face or head, which results in an injury; (9) purposely giving a child poison, alcohol, or dangerous, harmful, or controlled substances which were not prescribed for the child by a practitioner, in order to control or punish the child, or giving the child other substances that substantially affect the child’s behavior, motor coordination, or judgment or that result in sickness or internal injury, or subject the child to medical procedures that would be unnecessary if the child were not exposed to the substances; (10) unreasonable physical confinement or restraint not permitted under Minn. Stat. § 609.379 including, but not limited to, tying, caging, or chaining; or (11) in a school facility or school zone, an act by a person responsible for the child’s care that is a violation under Minn. Stat. § 121A.58.

- H. “Report” means any communication received by the local welfare agency, police department, county sheriff, or agency responsible for child protection pursuant to this section that describes neglect or physical or sexual abuse of a child and contains sufficient content to identify the child and any person believed to be responsible for the neglect or abuse, if known.
- I. “School personnel” means professional employee or professional’s delegate of Bluffview Montessori School who provides health, educational, social, psychological, law enforcement, or child care services.

- J. “Sexual abuse” means the subjection of a child by a person responsible for the child’s care, by a person who has a significant relationship to the child (as defined in Minn. Stat. § 609.341, Subd. 15), or by a person in a current or recent position of authority (as defined in Minn. Stat. § 609.341, Subd. 10) to any act which constitutes a violation of Minnesota statutes prohibiting criminal sexual conduct. Such acts include sexual penetration, sexual contact, solicitation of children to engage in sexual conduct, and communication of sexually explicit materials to children. Sexual abuse also includes any act involving a minor which constitutes a violation of Minnesota statutes prohibiting prostitution or use of a minor in a sexual performance. Sexual abuse includes all reports of known or suspected child sex trafficking involving a child who is identified as a victim of sex trafficking. Sexual abuse includes threatened sexual abuse which includes the status of a parent or household member who has committed a violation which requires registration under Minn. Stat. § 243.166, Subd. 1b(a) or (b) (Registration of Predatory Offenders).
- K. “Mental injury” means an injury to the psychological capacity or emotional stability of a child as evidenced by an observable or substantial impairment in the child’s ability to function within a normal range of performance and behavior with due regard to the child’s culture.
- L. “Person responsible for the child’s care” means (1) an individual functioning within the family unit and having responsibilities for the care of the child such as a parent, guardian, or other person having similar care responsibilities, or (2) an individual functioning outside the family unit and having responsibilities for the care of the child such as a teacher, school administrator, other school employees or agents, or other lawful custodian of a child having either full-time or short-term care responsibilities including, but not limited to, day care, babysitting whether paid or unpaid, counseling, teaching, and coaching.
- M. “Threatened injury” means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury. Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child’s care who has subjected the child to, or failed to protect a child from, egregious harm, or a person whose parental rights were involuntarily terminated, been found palpably unfit, or one from whom legal and physical custody of a child has been involuntarily transferred to another.

#### IV. **REPORTING PROCEDURES**

- A. A mandated reporter as defined herein shall immediately report the neglect or physical or sexual abuse, which he or she knows or has reason to believe is happening or has happened within the preceding three years, to the local welfare agency, police department, county sheriff, tribal social services, or tribal police department. The reporter will include his or her name and address in the report.
- B. If the immediate report has been made orally, by telephone or otherwise,

the oral report shall be followed by a written report within 72 hours (exclusive of weekends and holidays) to the appropriate police department, the county sheriff, local welfare agency, or agency responsible for assisting or investigating maltreatment. The written report shall identify the child, any person believed to be responsible for the abuse or neglect of the child if the person is known, the nature and extent of the abuse or neglect and the name and address of the reporter.

- C. Regardless of whether a report is made, as soon as practicable after a school receives information regarding an incident that may constitute maltreatment of a child in a school facility, the school shall inform the parent, legal guardian, or custodian of the child that an incident has occurred that may constitute maltreatment of the child, when the incident occurred, and the nature of the conduct that may constitute maltreatment.
- D. A mandated reporter who knows or has reason to know of the deprivation of parental rights or the kidnapping of a child shall report the information to the local police department or the county sheriff.
- E. With the exception of a health care professional or a social service professional who is providing the woman with prenatal care or other health care services, a mandated reporter shall immediately report to the local welfare agency if the person knows or has reason to believe that a woman is pregnant and has used a controlled substance for a nonmedical purpose during the pregnancy, including, but not limited to, tetrahydrocannabinol, or has consumed alcoholic beverages during the pregnancy in any way that is habitual or excessive.
- F. A person mandated by Minnesota law and this policy to report who fails to report may be subject to criminal penalties and/or discipline, up to and including termination of employment.
- G. Submission of a good faith report under Minnesota law and this policy will not adversely affect the reporter's employment, or the child's access to school.
- H. Any person who knowingly or recklessly makes a false report under the provisions of applicable Minnesota law or this policy shall be liable in a civil suit for any actual damages suffered by the person or persons so reported and for any punitive damages set by the court or jury, and the reckless making of a false report may result in discipline. The court may also award attorney's fees.

## V. **INVESTIGATION**

- A. The responsibility for investigating reports of suspected neglect or physical or sexual abuse rests with the appropriate county, state, or local agency or agencies. The agency responsible for assessing or investigating reports of child maltreatment has the authority to interview the child, the person or persons responsible for the child's care, the alleged perpetrator, and any other person with knowledge of the abuse or neglect for the purpose of gathering the facts, assessing safety and risk to the child, and formulating a

plan. The investigating agency may interview the child at school. The interview may take place outside the presence of a school official. The investigating agency, not the school, is responsible for either notifying or withholding notification of the interview to the parent, guardian or person responsible for the child's care. School officials may not disclose to the parent, legal custodian, or guardian the contents of the notification or any other related information regarding the interview until notified in writing by the local welfare or law enforcement agency that the investigation or assessment has been concluded.

- B. When the investigating agency determines that an interview should take place on school property, written notification of intent to interview the child on school property will be received by school officials prior to the interview. The notification shall include the name of the child to be interviewed, the purpose of the interview, and a reference to the statutory authority to conduct an interview on school property.
- C. Except where the alleged perpetrator is believed to be a school official or employee, the time and place, and manner of the interview on school premises shall be within the discretion of school officials, but the local welfare or law enforcement agency shall have the exclusive authority to determine who may attend the interview. The conditions as to time, place, and manner of the interview set by the school officials shall be reasonable and the interview shall be conducted not more than 24 hours after the receipt of the notification unless another time is considered necessary by agreement between the school officials and the local welfare or law enforcement agency. Every effort must be made to reduce the disruption of the educational program of the child, other students, or school employees when an interview is conducted on school premises.
- D. Where the alleged perpetrator is believed to be a school official or employee, Bluffview Montessori School shall conduct its own investigation independent of MDE and, if involved, the local welfare or law enforcement agency.
- E. Upon request by MDE, Bluffview Montessori School shall provide all requested data that are relevant to a report of maltreatment and are in the possession of a school facility, pursuant to an assessment or investigation of a maltreatment report of a student in school. Bluffview Montessori School shall provide the requested data in accordance with the requirements of the Minnesota Government Data Practices Act, Minn. Stat. Ch. 13, and the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.

**VI. MAINTENANCE OF SCHOOL RECORDS CONCERNING ABUSE OR POTENTIAL ABUSE**

- A. When a local welfare or local law enforcement agency determines that a potentially abused or abused child should be interviewed on school property, written notification of the agency's intent to interview on school property must be received by school officials prior to the interview. The notification shall include the name of the child to be interviewed, the



purpose of the interview, and a reference to the statutory authority to conduct the interview. The notification shall be private data. School officials may not disclose to the parent, legal custodian, or guardian the contents of the notice or any other related information regarding the interview until notified in writing by the local welfare or law enforcement agency that the investigation has been concluded.

- B. All records regarding a report of maltreatment, including any notification of intent to interview which was received by the school as described above in Paragraph A., shall be destroyed by the school only when ordered by the agency conducting the investigation or by a court of competent jurisdiction.

## **VII. PHYSICAL OR SEXUAL ABUSE AS SEXUAL HARASSMENT OR VIOLENCE**

Under certain circumstances, alleged physical or sexual abuse may also be sexual harassment or violence under Minnesota law. If so, the duties relating to the reporting and investigation of such harassment or violence may be applicable.

## **VIII. DISSEMINATION OF POLICY AND TRAINING**

- A. This policy shall appear in school personnel handbooks.
- B. Bluffview Montessori School will develop a method of discussing this policy with school personnel.
- C. This policy shall be reviewed at least annually for compliance with state law.

*Legal References:* Minn. Stat. Ch. 13 (Minnesota Government Data Practices Act)  
Minn. Stat. § 121A.58 (Corporal Punishment)  
Minn. Stat. § 121A.582 (Student Discipline; Reasonable Force)  
Minn. Stat. § 125A.0942 (Standards for Restrictive Procedures)  
Minn. Stat. § 243.166, Subd. 1b(a)(b) (Registration of Predatory Offenders)  
Minn. Stat. § 245.825 (Use of Aversive or Deprivation Procedures)  
Minn. Stat. § 260C.007, Subd. 6, Clause (5) (Child in Need of Protection)  
Minn. Stat. § 260C.451 (Foster Care Benefits Past Age 18)  
Minn. Stat. Ch. 260D (Child in Voluntary Foster Care for Treatment)  
Minn. Stat. § 609.02, Subd. 6 (Definitions – Dangerous Weapon)  
Minn. Stat. § 609.341, Subd. 10 (Definitions – Position of Authority)  
Minn. Stat. § 609.341, Subd. 15 (Definitions – Significant Relationship)  
Minn. Stat. § 609.379 (Reasonable Force)  
Minn. Chapter 260E Reporting of Maltreatment of Minors  
20 U.S.C. § 1232g (Family Educational Rights and Privacy Act)

*Cross References:* MSBA/MASA Model Policy 415 (Mandated Reporting of Maltreatment of Vulnerable Adults)

**BLUFFVIEW MONTESSORI SCHOOL  
PARENTAL ACCESS POLICY**

**I. GENERAL STATEMENT OF POLICY**

Any and all parents/legal guardians of children enrolled at Bluffview always have access to their child/ren at any time while the child is in care. We do hold the expectation that parents/legal guardians will enter the office and sign in upon arriving at the school to initiate each visit excluding regularly scheduled drop off and pick up events.