Bluffview Montessori School

Certified License-Exempt
Preschool Program
Policies and Procedures
2019-2020

Submitted and approved by DHS
7/3/18
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.

Reference: MN Statute, section 245H.13
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.

I. 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.

II. STUDENT IMMUNIZATION REQUIREMENTS

A. No student may be enrolled or remain enrolled, on a full-time, part-time, or shared-time basis, at Bluffview Montessori School until the student or the student’s parent or guardian has submitted to the designated 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 school administrator one of the following statements:

1. a statement, from a physician or a public clinic which provides immunizations, stating that the student received the immunizations required by law, consistent with medically acceptable standards; or

2. a statement, from a physician or a public clinic which provides immunizations, stating that the student received the primary schedule of immunizations required by law and has recommended a schedule of the remaining immunizations required by law and has commenced a schedule of the remaining required immunizations, indicating the month, day, 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 statement of a physician or public clinic which administers immunizations. If such a statement is substituted, this statement must indicate the month, day, and year each immunization was administered. Upon request, the designated school district 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. When there is evidence of the presence of a communicable disease, or when required by any state or federal agency and/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 the school district until the student or the student’s parent or guardian has submitted the required data.

D. Students who do not provide the appropriate proof of immunization of the required documentation related to an applicable exemption of the student from the required immunization shall be excluded from school until such time as the appropriate proof of immunizations or exemption documentation has been provided.
III. 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 physician’s signed statement stating 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.

IV. NOTICE OF IMMUNIZATION REQUIREMENTS

A. Bluffview Montessori School will develop and implement a procedure to:
   1. notify parents and students of the immunization requirements and the consequences for failure to provide the required documentation;
   2. review student health records to determine whether the required information has been provided; and
   3. 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.

V. IMMUNIZATION RECORDS

A. Bluffview Montessori School will maintain a file containing the immunization records for each student in attendance at the school district for at least five years after the student attains the age of majority.

B. Upon request, Bluffview may exchange immunization date with persons or agencies providing services on behalf of the student without the consent of the student’s parent or guardian. Under all other circumstances, immunization data is private student data and disclosure of such data shall be governed by School Policy regarding Protection and Privacy of Pupil Records.

C. The designated 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 district at the time of the student’s transfer.

D. Upon request of a public or private post-secondary educational institution, the designated school administrator will assist in the transfer of the student’s immunization file to the post-secondary educational institution.
VI. OTHER

Within 60 days of the commencement of each new school term, Bluffview Montessori will forward a report to the Commissioner of the Department of Education stating the number of students attending Bluffview, the number of students who have not been immunized and the number of students who received an exemption. Bluffview also will forward a copy of all exemption statements received by the school to the Commissioner of the Department of Health.
I. GENERAL STATEMENT OF POLICY
Bluffview Montessori School (BMS) acknowledges that some students may require medications both prescription and over the counter during the school day. The school district’s licensed school nurse or trained staff will administer medications in accordance with law and school district procedures.

II. REQUIREMENTS
A. All medications require a written physician’s order and written parent/guardian permission. This includes prescription medications as well as Tylenol, Advil, aspirin and all other over the counter medications.
   a. Sunscreen and insect repellent require only written permission from parent/legal guardian (Medication Permission Form).
   b. All medications (except sunscreen) will be kept in a secure location by admin staff and stored according to the directions on the original container unless otherwise directed by a physician.
      a) Sunscreen may be stored in the student’s hallway cubbies.
B. All medications must be in the original labeled container labeled with the student’s first and last name. (Local pharmacies will provide a second labeled container at no charge.)
   a. Medications will only be given to the student whose name is on the container
C. Medications (except inhalers/auto injectors with permission to carry) must be administered by the School Nurse or designated staff member.
D. Medications orders/permissions are good for the current school year only.
E. Bluffview will document in the child’s record the administration of medication including:
   a. child’s first and last name,
   b. name of the medication or prescription number,
   c. date, time and dosage, and
   d. name and signature of the person who administered the medicine.
F. Medications must be brought to and from school by an adult.
G. When the use of a medication has ceased or is no longer needed by the student, it is the parent/guardian’s responsibility to retrieve unused medications from the school. Any unused medications will be disposed of by the school upon the written request of the parent/guardian or at the end of the school year.
   a. Medication that has passed the expiration date will not be given.
H. No medication (except sunscreen/insect repellent) will be given by any personnel to any student without the school nurse’s delegation.
   a. Sunscreen and insect repellent may be given at classroom staff’s discretion with completed Medication Permission Form.
I. The administration of subcutaneous, intramuscular, intravenous or rectal medication can be performed only by a licensed school nurse or delegated by the school nurse only to a registered nurse or licensed practical nurse with consideration of the Minnesota Nurse Practice Act. A school nurse or trained designee may administer auto injector medications in the case of an emergency.
J. BMS allows student to self-carry inhalers that are prescription medication for asthma following the criteria below:
   a. The inhaler must be properly labeled for the student (name, name of medication, dosage, time, and route).
   b. Written authorization from the parent permitting self-administration and possession of an inhaler.
   c. Written order form the physician prescribing the medication.
   d. Assessment of the student’s knowledge and skills to safely use and possess an inhaler at school by the school nurse. This includes keeping a written record of use at school.

K. EpiPen (auto injectable epinephrine) access will follow be allowed as specified by law:
   1. Students will be allowed to carry or have immediate access to their EpiPens at all times as deemed appropriate by their parents and the medical professionals who prescribed the EpiPens.
   2. Staff must be trained to recognize and manage anaphylaxis including the administration of EpiPens.
   3. Students needing EpiPens must have an individualized health plan that designates school staff responsible for implementing the plan and for recognizing anaphylaxis and administering EpiPens.
   4. Parents and prescribing medical professionals must annually inform the school in writing that the pupil may possess EpiPens and/or if the student is unable to possess the EpiPens, that will provide properly labeled EpiPens to the school for the pupil and the EpiPens will be in close proximity to the student at all times.
   5. Back up EpiPens are to be kept in the nurse’s office in an unlocked container.
   6. Parents are responsible for providing the auto injector (Epipen) by the first day of school and replacing it before the expiration date.

L. Field Trip medication must be delegated by the school nurse, appropriately secured and well supervised throughout the trip. Students who require emergency access to medications should never be significantly separated from the person designated to administer the medication. Medications arrangements for overnight field trips should be made in direct consultation with the school nurse.

Legal References:
- Minn. Stat. 121A.22 (Administration of Drugs and Medicine)
- Minn. Stat 121A.221 (Possession and use of nonsyringe injectors of epinephrine).
- Minn. Stat 13.32 (Student Health Data)
- Minn. Stat. 121A.21 (Hiring of Health Personnel)
I. GENERAL STATEMENT OF POLICY
Bluffview will not be transporting preschool children.
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
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.
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
REPORTING POLICY

I. GENERAL STATEMENT OF POLICY
Bluffview Montessori School recognizes the responsibility of the staff to report children whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse. While it is recognized that most parents want to keep their children safe, sometimes circumstances or conditions interfere with their ability to do so. When this occurs, the health and safety of the children must be of paramount concern. Intervention and prevention efforts must address immediate concerns for child safety and the ongoing risk of abuse or neglect. This is in alignment with MN Statute 245H.11, and 626.556.

II. REQUIREMENTS
A. Duty of reporting:
   1. Any person may voluntarily report abuse or neglect
   2. Bluffview staff is legally required/mandated to report and cannot shift the responsibility of reporting to a supervisor or to anyone else. If there is reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency.
   3. Oral reports must be followed by a written report to the same agency within 72 business hours.

B. Where to report:
   1. If there is belief that a child is in immediate danger call 911.
   2. First report of suspected maltreatment occurring within a family or community as well as reports of maltreatment within the child care setting are to local county CPS:
      a) Winona County Child Protection Services:
         (1) (507)-457-6500
         (2) dhs@co.winona.mn.us
         (3) Winona County CPS
            202 W. 3rd Street
            Winona, MN 55987-3146
   3. Department of Human Services (DHS), Division of Licensing Maltreatment Intake line at (651)-431-6600 for reporting suspected maltreatment of a child occurring in a certified child care program
   4. Department of Human Services (DHS), Division of Licensing at (651) 431-6500 for reporting possible certification violations.

C. Staff Training:
   1. Bluffview will provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) and will document the provision of this training in individual personnel records, monitor implementation by staff.

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

E. Death or injury of a child in the program:
   1. Bluffview will inform the commissioner within 24 hours of:
      a) The death of a child in the program or
      b) any injury to a child in the program that required treatment by a physician.
   2. Notification to the commissioner will take place through the use of the “Injury/incident Reporting Form” in the folder along with this policy or from the Certified Center webpage:

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

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.