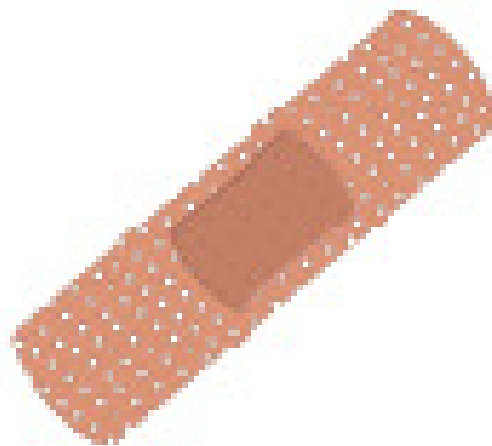
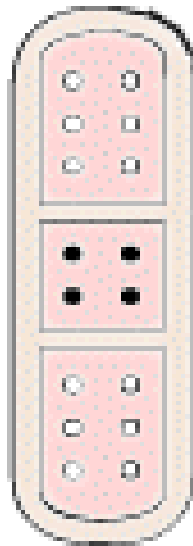


Risk Management Manual

For Parent Education Cooperative Preschools



Revised September 2006
By the Risk Management Committee of OPEP
(Organization of Parent Education Programs)

RISK MANAGEMENT MANUAL

Table of Contents

I. PURPOSE AND SCOPE	1
II. GENERAL DEFINITIONS	1
III. ATTENDANCE AT CO-OP PRESCHOOL	2
IV. SAFETY AND HEALTH	2
A. Parent/Child(ren) Arrival	2
B. Parent/Child(ren) Departure	3
C. Adult Safety Responsibilities in the Co-op Laboratory	3
D. Policies For Children's Indoor Safety	4
E. Policies For Children's Outdoor Safety	4
F. Disease Control	4
G. Food Preparation and Clean-Up	6
H. Safety and Health Inspections	6
V. FIRST AID AND EMERGENCY PROCEDURES	
A. First Aid	7
B. Medical Emergency Procedures	8
C. Fatal/Multiple Injury Accident	8
D. Emergency Evacuation Procedures	8
E. Fire Emergency	8
F. Earthquake	9
G. Lockdown/Intruder Alert	9
H. Power Outages	11
I. Gas Leaks	11
J. Seventy-Two Hour Kit	12
VI. SAFETY AND HEALTH COMMUNICATIONS	
A. Americans with Disabilities Act	12
B. Safety and Health Bulletin Boards	13
C. Additional Postings	13
VII. RECORD KEEPING	
A. Parent Agreement	13
B. Field Trips	13
C. Children's Records	13
D. Accidents/Incidents	13
E. Record Keeping and Sample Forms	14
VIII. TRANSPORTATION	
A. Transportation To and From School	14
B. Field Trips	14
IX. SPECIAL EVENTS	15

X.	POLICIES ON CHILD ABUSE AND NEGLECT	
	A. Co-op Policies	15
	B. Reporting Suspected Child Abuse and Neglect	16
XI.	PLAYGROUND EQUIPMENT	16
XII.	INSURANCE COVERAGES	
	A. Accident Insurance	17
	B. Liability Insurance	17
	1. General Liability	
	2. Non-Owned Auto Insurance	
	C. Special Events	17
	D. Dishonesty Coverage	17
	E. Summer Coverage	18
	F. Property Insurance (optional)	18
XIII.	FILING A HARTFORD ACCIDENT INSURANCE COMPANY CLAIM	
	A. How to File A Claim	18
	B. Sample Claim Form	19
	Information and Sample Forms	
	Parent Agreement	24
	Appendix A: Sample Parent Education Agreement	25
	Immunization Forms	26
	Appendix B: Certificate of Immunization Status	27
	Consent to Medical Care & Emergency Medical Information	29
	Appendices:	
	C1. Sample Consent To Medical Care & Treatment of Minor Child and Emergency Medical Information	30
	C2. Sample Medical Emergency Response Plan	31
	C3. Medical Emergency Response Form	32
	Permission to Photograph	33
	Appendix D: Sample Permission to Photograph/Video	34
	Child Release Information	35
	Appendices:	
	E1. Sample Authorization for Release	36
	E2. Sample Child Release Form - Not Regularly Authorized Adult	37
	Accidents and Incidents	38
	Appendix F: Incident/Accident Report Form	39
	Appendix G: Sample Procedure For Cleaning All Blood Or Body Fluid Spills	40
	Appendices:	
	H1. Child Protective Services Report Form	41
	H2. Child Abuse Reporting: RCW 26.44	42

Special Events	44
Appendices	
I1. What Kind of Event is This?	45
I2. Notice of Special Event	46
Field Trips	47
Appendices:	
J1. Sample Field Trip Permission Form	48
J2. Sample College Field Trip Notification Form	49
J3. Sample Voluntary Driver Automobile Notice Form	50
Evacuation Procedures	51
Appendix K: Evacuation Procedures	52
Fire/Earthquake Drills	53
Appendix L: Fire/Earthquake Drill Record	54
Safety Inspections	55
Appendix M: Safety Checklist for Co-op Lab Schools	56
Cleaning and Sanitizing Posters	60
Appendices:	
N1. Cleaning and Sanitizing 2 step process	61
N2. Sanitizing Solutions – general purpose and diapering areas	62
First Aid and CPR Certification	63
Court Orders	64

PARENT EDUCATION COOPERATIVE PROGRAMS

RISK MANAGEMENT MANUAL

DESIGNED FOR YOU AND YOUR CHILD'S SAFETY AND YOUR PROTECTION

I. PURPOSE AND SCOPE

The purpose of this manual is to provide the parent education cooperative programs (hereinafter called co-ops) conducted by post-secondary educational institutions in the state of Washington with policies for implementing an effective risk management program. This manual will present policies for implementing safety and loss control techniques appropriate for the activities of the cooperatives. It will include a guide for managing claims that may arise. This manual is to be supplemented by written standard operating procedures specific to each location.

All adults must complete an orientation to co-op safety (including indoor and outdoor equipment and procedures) before participating in the classroom.

A Risk Management video is available to supplement the orientation.

II. GENERAL DEFINITIONS

RISK MANAGEMENT

Risk management is making and carrying out decisions that will minimize the adverse effects of accidental loss upon the co-ops.

LOSS CONTROL

Loss control includes those risk management techniques which minimize the frequency or severity of accidental losses or which make losses more predictable.

PARENT

The term **parent** as used in this manual refers to adults enrolled as students and adults designated as responsible for a child by the parent(s) as well as the child's legal parent or guardian.

PARTICIPANT

The term **participant** as used in this manual includes adults enrolled as students in the parent education class and children enrolled in the co-op preschool laboratory.

EMPLOYEE

For the purpose of this manual an **employee** is defined as persons whose wages or salaries are paid by the parent cooperative.

III. ATTENDANCE AT CO-OP PRESCHOOL

Only enrolled children may attend. Any child **NOT ENROLLED** in the co-op **CAN NOT BE ATTENDING** the co-op's regular program, nor can the preschool be running a concurrent child care/nursery operation for siblings. Because of safety concerns and insurance costs, siblings are not allowed to attend class unless properly enrolled.

This attendance policy does not apply to certain special activities that can be authorized for guests and family members to attend (e.g., child fairs, family nights). A risk management "Special Events" form must be completed and on file in the college parent education office for all co-op special events. (See XII.C Special Events and Appendices I1 & I2.)

Non-enrolled sibling attendance at board or parent meetings may be approved provided there is adequate supervision by assistant teachers in an environment suitable for the ages of all children attending.

All preschool classes, co-op meetings, and co-op activities must meet the insurance definition of appropriate minimum adult to child ratio.

MINIMUM ADULT TO CHILD RATIOS	
Children age 18 months or younger:	1 adult to 2 children
Children age 19 months - 35 months:	1 adult to 3 children
Children age 3-5 years:	1 adult to 5 children

If an individual co-op offers a college approved multi-age class, the class shall be designed and operated accordingly, and it shall include enrolling each child who attends and purchasing accident insurance for each enrolled child. The ratio for the youngest enrolled child each parent brings will apply for calculating adult to child ratios. Approved multi-age classes will involve multi-ratios. Each attending adult may have a different ratio that is based on the youngest child that adult brings to class.

IV. SAFETY AND HEALTH

A. PARENT/CHILD(REN) ARRIVAL

Upon arrival, parent shall escort child(ren) into classroom being certain the teacher and at least one working parent are present before leaving.

Each adult and child attending class must be signed in on the daily attendance record. Attendance sheets must be kept at the preschool for one year.

B. PARENT /CHILD(REN) DEPARTURE

Departures must also be recorded on the attendance record.

When leaving, a parent must notify the teacher or designated responsible adult of the departure and must escort child(ren) out of the building.

The co-op assumes no responsibility for unescorted children on the grounds.

At least two (2) adults must remain at the co-op until all children have left.

All co-ops must have on file a list of the persons regularly authorized to take a child from the co-op. Updated forms shall be kept on file for the duration of the child's enrollment in the co-op laboratory. (See Appendix E1.)

In the event the child is to be taken from the co-op by those not on the list, the parent/guardian must send a form authorizing the release of the child. (See Appendix E2.) S/he shall also notify the person who takes the child that picture identification shall be required. The teacher must check the photo identification.

Under no circumstances will a child be released without prior authorization.

C. ADULT SAFETY RESPONSIBILITIES IN COOPERATIVE LABORATORY

Children using hazardous tools or equipment (i.e. food preparation or carpentry tools) must be closely supervised by an adult.

Furniture is to be arranged for safe evacuation in case of fire and for safe traffic flow around activities.

All materials used by children are to be evaluated for age appropriateness and degree of risk.

All cleaning and other hazardous materials must be kept in locked cupboards and out of reach of children at all times.

Floors are to be kept in good repair and free of spills, toys, paper, or other tripping hazards.

Any adult discovering a safety hazard (i.e., broken toys, equipment, health hazard) shall immediately remove the hazard from use and shall report the problem to the teacher.

Hot beverages are to be kept out of the children's classroom(s).

Smoking is not permitted.

Adults responsible for children must not be impaired by substance use (i.e. medications, drugs, or alcohol).

D. POLICIES FOR CHILDREN'S INDOOR SAFETY

Each work or play area is to be evaluated as to the safe limits of occupancy for the intended use and only the appropriate number of children will be allowed in each area.

To prevent injury, wooden blocks should be stacked no higher than the shoulder of the shortest child who is playing in the area.

Children should walk indoors; running is not allowed.

Floor mats are required under all indoor climbing equipment and slides. Mats must be designed for impact absorption. Sleeping mats or carpeting materials are not acceptable.

E. POLICIES FOR CHILDREN'S OUTDOOR SAFETY

Children's outdoor play areas must be fenced or secured.

A minimum number of four (4) inches of appropriate material must be under all outdoor playground equipment. This material must be assessed annually.

No child shall be outside the classroom without adult supervision.

All digging areas must be free of animal contamination before children play. The areas should be covered when not in use.

F. DISEASE CONTROL

1. HANDWASHING

Washing hands thoroughly and often is critical to preventing the spread of illnesses. Liquid soap and running water shall be used. If running water is not available, other sanitary methods must follow Washington State Health Department guidelines. Water temperature should be between 85 and 120 degrees F. The temperature should never exceed 120 degrees F. to prevent scalding. Antibacterial soaps are not necessary. Wash hands for at least 20 seconds.

Hand washing steps:

- Wet hands
- Apply liquid soap
- Wash – make bubbles
- Dry with paper towel or air blower
- Use a paper towel to turn off the water or activate the air blower

There are many times throughout the day when children and adults must wash their hands.

Immediately upon arrival

After

- Using the restroom
- Helping a child with toileting/diapering
- Sneezing, coughing, or wiping a runny nose
- Eating
- Playing outside
- Cleaning or using chemicals
- Handling raw meat, poultry, or fish
- Giving medication
- Contact with blood or body fluids
- Touching animals or cleaning their environments
- Assisting a sick child
- Taking out the garbage
- Removing protective gloves

Before

- Preparing or serving food
- Eating
- Setting the table
- Giving medications
- Touching eyes, nose, or mouth
- Administering first aid (if possible)
- Putting on protective gloves

2. OTHER

Paper towels and tissues shall always be available. No shared common towels will be used. (WAC 296.)

Children, employees, and parents in the co-op must meet all local and state health department immunization requirements.

All adults shall follow public health policies to avoid contact with blood or bodily fluids. Protective gloves must be available and worn when appropriate. Employees must have documentation of training for Blood Borne Pathogens. Parents must be familiar with co-op policies and procedures for handling bodily fluids.

Children and adults with a known or suspected communicable disease are not permitted to attend class.

Children and adults with any of the following symptoms will not be permitted at school:

- a. Fever of 100°F (under arm) or higher
- b. Vomiting on 2 or more occasions within the past 24 hours
- c. Sore throat
- d. Earache
- e. Diarrhea – 3 or more watery stools within a 24 hour period or 1 bloody stool
- f. Rash, especially with fever or itching

- g. Eye discharge or pinkeye. Children can be readmitted after medical diagnosis to rule out bacterial or viral infection or 24 hours on antibiotic treatment.
- h. Fatigue that prevents participation in regular activities, sick appearance, not feeling well.
- i. Open or oozing sores, unless properly covered, or 24 hours on antibiotic treatment.
- j. Lice and scabies. For head lice, children and staff may return to school after treatment and no nits. For scabies, return after treatment.

Any child who becomes ill must be isolated (not necessarily in another room) from the other children and the parent or emergency person notified.

Precautions shall be taken to eliminate insects and rodents, except pets. Elimination of insect and rodent problems shall be accomplished in a manner consistent with the safety of children.

Rooms shall be kept clear of clutter and cleaned each session. This cleaning includes bathroom fixtures and floors. General cleaning of rooms and toys shall be scheduled no less than monthly. Toys and other objects which have been in a child’s mouth shall be cleaned, sanitized with General Purpose bleach solutions (Appendices N1 & N2), and air-dried.

G. FOOD PREPARATION AND CLEAN-UP

Dishes are to be washed with hot, soapy water. Additionally, dishes are to be sanitized with appropriate equipment or a disinfecting rinse. **If bleach water is used, it must be mixed daily.**

Sanitizer	Sanitizer
General Purpose	Diaper & Toileting Area & body fluids
¼ teaspoon bleach 1 quart cool water	1 Tablespoon bleach 1 quart cool water

Sinks, counters, and tables should be cleaned with a soap solution first and then disinfected with General Purpose bleach solution before and after snack preparation.

All children and adults must wash hands before preparing or eating food. Washington State Labor and Industries Regulation (WAC 296) states that running hot and cold (or tepid) water, soap, and single use towels or warm air blowers must be available.

Garbage/waste paper must be emptied daily. Any edible items left in the co-op, including items intended for craft purposes, shall be stored in a manner to permit safe eating at a future date and in a manner to prevent the attraction of insects and rodents. Refrigerators and stoves shall be cleaned at least quarterly.

Use clean towels and dish clothes for dish washing. Dishes should be air dried.

H. SAFETY AND HEALTH INSPECTIONS

Activity areas must be checked monthly or more frequently for toys and furniture needing to be repaired. The building, grounds, and facilities shall be inspected quarterly and safety hazards reported to the person responsible for maintenance and repair (i.e., landlord or custodian). The Safety Checklist, Appendix M, shall be used to record quarterly inspections and kept on file at the co-op for a period of three (3) years. Each quarter an inspection report shall be submitted to the chairman of the co-op board.

A copy of the Safety Checklist and actions taken shall be sent to the office of the Coordinator of the Sponsoring Institution at established due date(s). These copies are to be kept for a minimum of three (3) years.

V. FIRST AID AND EMERGENCY PROCEDURES

A. FIRST AID

The co-op teacher, paid teacher's aide(s), and teacher substitutes must hold valid first aid/CPR cards. The person(s) holding the first aid/CPR card must be present during the entire co-op session. A copy of the current first aid/CPR card for the co-op teacher(s) and paid teacher's aide(s) is to be filed at the office of the Coordinator of the Sponsoring Institution.

Annually, all parents in the co-op classroom must be informed about the policies and procedures in the proper handling of bloodborne pathogens. At time of employment, all employees must provide evidence of training in the handling of bloodborne pathogens. (Appendix G)

A current first aid kit will be kept at the co-op. First aid kits must be checked and restocked each fall and as needed.

Established first aid procedures are to be used in case of a medical emergency.

In case of accident or illness, except as necessary in a life-threatening situation, attempts will be made to contact the parents before any kind of action is taken beyond necessary first aid.

No medications of any kind may be administered without the authorization of a licensed physician. Syrup of Ipecac will be kept at school, but used only with the advice of a licensed physician or poison control staff.

In specific circumstances, the co-op may have a policy of giving prescription medication to a child. (See Appendices C2 and C3). If the policy includes giving prescription medication to a child, the authorized adult:

- shall give prescription medications as authorized, in writing, by a physician or other person legally authorized to prescribe medication;
- shall accept prescribed medication from the parent in the original container labeled with the child's name, date prescription was filled, expiration date, and legible instructions for administration;
- shall assure that the prescription medication is stored properly; and

- shall keep a record of prescription medication disbursed and provide a copy for the parent.

B. MEDICAL EMERGENCY PROCEDURES

An emergency medical response unit will be called in cases where an employee or participant needs immediate emergency medical attention (see Appendices C2 and C3). The emergency telephone number shall be posted at all phones.

An adult from the co-op will accompany the ill or injured person to the doctor or hospital when emergency medical treatment is required and shall stay until a parent or designated adult relief arrives. When a child is involved, the teacher/designee will contact the parent as soon as possible.

C. FATAL/MULTIPLE INJURY ACCIDENT

If an immediate fatality occurs, equipment involved in the accident shall not be moved except to prevent further accidents/injuries or to extricate the victim. Such equipment can be released only by a Labor and Industries investigator.

In case of fatality, or if two or more employees are hospitalized, the supervisor will report the accident to the Department of Labor and Industries within 8 hours of the accident occurrence. The phone number is 1-800 BESAFE. The report shall include a complete description of the circumstances, the number of fatalities, if any, and the extent of the injuries. The accident shall also be reported within 8 hours to the Coordinator of the Sponsoring Institution who will inform the Community/Technical College Safety officer.

D. EMERGENCY EVACUATION PROCEDURES

1. Each cooperative location shall establish written procedures for emergency evacuations and reunification. (See Appendix K)
2. All sites must have an operating battery-powered radio and an operating heavy duty flashlight.
3. Co-ops that occupy a building with other tenants should develop their evacuation plan in coordination with the other tenants. In some cases, evacuation plans may have already been developed by the building landlord/superintendent. These plans shall include a designated gathering location.
4. Evacuation plans shall be posted near exits.
5. Co-ops are urged to locate the nearest community disaster shelter.

E. FIRE EMERGENCY

1. Buildings with Manually Activated Fire Alarm Systems:
Upon discovery of a fire, immediately locate and activate the nearest fire alarm.

2. Buildings without Fire Alarms:
Dial 911 or the fire emergency number posted on the phone.
3. Follow Emergency Evacuation Procedures Plan developed for the specific co-op site.
4. Fire extinguishers and smoke/heat detectors shall be present and in working condition.

F. EARTHQUAKE

1. Do not enter or leave a building during the earthquake.
2. If indoors, drop and cover, move near supporting doorways, or into halls, or against inside walls. Move away from windows, skylights, and suspended light fixtures. Determine which tables or loft structures are appropriate to duck under.
3. If outdoors, move away from buildings and utility wires. Once in the open, stay there until shaking stops.
4. If in a moving vehicle, stop as quickly as safety permits. Stay in car until shaking stops.
5. When initial quake subsides, check for injuries and give first aid.
6. Be prepared for aftershocks.
7. Turn on battery operated radio to get the latest emergency bulletins and instructions from local authorities.
8. If in a building that has sustained structural damage, evacuate calmly and carefully. Follow emergency evacuation procedures developed for the specific co-op site. Get away from exterior walls when outside. Move to a designated safe area and activate the school's reunification plan.
9. If utilities have been damaged, shut off main gas valves and water valves (except fire suppression systems), and shut off electricity at the meter box if safely accessible. Evacuate the building following emergency evacuation procedures, and do not re-enter until a utility official says it is safe.
10. After quake, check sewage lines before allowing resumption of toilet flushing.
11. After quake, be careful of chimneys and have them inspected.
12. Check with local fire department for emergency services and resources.

G. LOCKDOWN/INTRUDER ALERT

From time to time, schools have been faced with the threat of unauthorized individuals entering the facility. An intruder is defined as any visitor who, through act or deed, poses a perceived threat to the safety and welfare of children and adults. If at any time you are

dealing with a person about whom you feel uncomfortable or are fearful for your safety or the safety of others, then you may be faced with an intruder situation.

1. If a person(s) comes into the facility, assess the situation. If you are uneasy or suspicious of the person(s) immediately have someone call 911 or the security officer designated by your site. Remain calm.
2. If a weapon is present, **DO NOT CONFRONT** – give pre-determined hand signal to another adult for them to call 911 immediately
3. If **no** weapon is suspected, confront the intruder in the following manner:
 - Approach the individual in a non-confrontational manner with the assistance of another adult
 - Introduce yourself and the person with you to the individual in a non-confrontational way
 - Ask the individual who they are and how you can be of assistance
 - Inform the individual of the policy that all visitors need to sign in and guide him/her to the area where that is done.
 - If the individual refuses, do not confront him/her. Give the other adult the pre-designated hand signal to call 911
4. If it is determined that the safety and health of children and adults are in jeopardy:
 - **Intruder Alert Procedure:** If the intruder is already inside the building, a hand signal (which has been predetermined and is known by all) shall be made to the first adult seen. That person will pass on the hand signal to others throughout the building and will call 911.
 - If the suspected intruder is not yet in the building, an announcement will be made (or a bell sounded) to alert all of potential danger. The announcement will be **“This is a Code Red Emergency, repeat, this is a code red emergency.”** – or – write your own:

 - If children are outside when a “Code Red” is called or shots are heard/fired, teachers will quickly direct and move children back into the facility and into the nearest classroom for lockdown.
5. Upon hearing the chosen lockdown announcement, the following steps must be implemented:
 - Adults should quickly check the halls, restrooms, and all areas closest to their classrooms to get children into the rooms
 - Lock all doors, close and lock all windows, cover all windows and doors, and turn off lights
 - Keep children away from windows and doors; position children in a safe place against walls or on the floor; turn a classroom table on its side to use as a buffer
 - Adults will maintain (as best they can) a calm atmosphere in the room, keeping alert to emotional needs of the children. (Tip: gather in a story circle behind the table.)
 - Teachers will keep all children in the classroom until an “all clear” signal has been given

- Teacher or designee will immediately call 911 and stay on the phone until help arrives. Await further instructions from emergency response personnel. You will be informed when it is safe to move about and release children from your rooms. Children should not be released to parents until an “all clear” has been called.
- Upon arrival, the local police, in conjunction with the teacher, will assume controlling responsibility and may evacuate the building per police standard operating procedures.
- When “all clear” is heard, the teacher will apprise the adults of the situation and counsel with children. When the threat has been eliminated, normal activities should be resumed as soon as possible as instructed by the teacher.
- Teacher will apprise parents of all “lockdowns” whether practice or real.
- Teacher will report incident to the Coordinator of the Sponsoring Institution who will inform the Community/Technical College Safety officer.

H. POWER OUTAGES

1. Teacher or designee will try to locate the problem and activate alternate lighting system
2. Call 911 if concerned about a fire or safety hazard
3. Unplug all electrical equipment; turn off all but one light
4. Teacher to contact property manager, if needed
5. Teacher to call electricity provider
6. All parents will be notified if power outage is prolonged

I. GAS LEAKS

If gas odor is detected:

1. DO NOT activate the fire alarm system or any other electrical equipment.
2. Notify other tenants
3. Evacuate children and staff and close doors behind you but leave a window open.
4. Take the following items with you:
 - Disaster supplies
 - Attendance sheets
 - Children’s emergency and medical information/supplies
 - Cell phone, if available
5. Call 911 from outside the building

6. Move children to a designated area no less than one block away
7. Take attendance
8. If possible, turn gas off
9. Have the following items ready for police and fire personnel:
 - Location of leak, if known
 - Number of children, staff, volunteers, and visitors
 - Knowledge of anyone remaining in the building
 - Floor plan and internal systems information
10. Notify parents immediately if evacuation looks to be long term or if children are moved to alternate site location.

J. SEVENTY-TWO HOUR KIT

Batteries
Bleach
Bucket
Can opener
Comfort kits
Crowbar
Disaster plan
Drinking water 3 day supply
Duct tape
Emergency information for children/adults
First Aid supplies
Flashlights
Food - 3 day supply
Gloves heavy leather
Hand Sanitizer
Lighter or matches
Office supplies (pen, paper, tape)
Paper towels
Plastic garbage bags (large for rain protection and medium for toileting)
Radio
Soap
Toilet paper
Whistle
Wrench

VI. SAFETY AND HEALTH COMMUNICATIONS

A. AMERICANS WITH DISABILITIES ACT

Participants in the parent education program who have a documented disability as defined by the Americans with Disabilities Act and who seek a reasonable accommodation must contact the Coordinator of the Sponsoring Institution for assistance.

B. SAFETY AND HEALTH BULLETIN BOARDS

Each cooperative shall maintain a safety bulletin board. This is an important medium to increase the parents' and employees' awareness of safety and health issues. The following should be considered for maximum bulletin board effectiveness:

1. A specific safety bulletin board, or portion of an existing board, will be designated exclusively for safety information. It shall be placed in a location where there is greatest exposure.
2. All appropriate Labor and Industry communications will be posted.

C. ADDITIONAL POSTINGS

1. Posters listing site's phone number and address (including cross streets), emergency numbers, procedures, etc. will be strategically (i.e., on the first aid kit, beside the phone) located.
2. Locations of first aid kits will be prominently marked with a red cross symbol and the words "First Aid" in order to facilitate the retrieval of the first aid kit in an emergency situation.

VII. RECORD KEEPING

A. PARENT AGREEMENT

An acknowledgement as to the receipt and understanding of all co-op policies and guidelines must be signed at the beginning of each school year by each enrolled adult in order to insure all policies/guidelines are understood and followed. (See Appendix A.)

B. FIELD TRIPS

Only volunteer drivers for field trips must complete and sign a copy of Appendix J 3, Voluntary Driver Automobile Notice Form. Copies of these forms, along with a photocopy of drivers' licenses shall be kept on file at the co-op. Minimum liability limits of \$100,000/person; \$300,000 for bodily injury/accident, and \$50,000 property damage are required. (See Appendix J3)

Written permission slips for field trips will be kept on file at the co-op (See Appendix J 1).

C. CHILDREN'S RECORDS

Information on immunizations, allergies, permission for emergency medical attention and contacts must be obtained and kept at the co-op. (See Appendices B and C)

D. ACCIDENTS/INCIDENTS

1. All accidents and incidents that could result in an injury shall be documented on a copy of the incident/accident report form. (See Appendix F.)

Accident - any occurrence requiring first aid or medical attention.

Incident - any occurrence not requiring first aid or other medical attention but could at some time later. Child receives comfort and TLC.

Incident reports must be kept for 3 years at the cooperative preschool.

Copies of accident reports shall be sent to the Coordinator of the Sponsoring Institution where it will be kept until the child is of legal age

2. A sample of the Hartford Accident Report form is found in Section XIII. This insurance is primary insurance and covers enrolled children only. Parents and employees are not covered under the Hartford Plan. Any injuries to children requiring medical attention should be reported to the instructor/coordinator who will arrange to have a form mailed to the family of the injured child and explain the procedures to them.

E. RECORD KEEPING AND SAMPLE FORMS

See Appendices

VIII. TRANSPORTATION

A. TRANSPORTATION TO AND FROM SCHOOL

The co-ops do not operate carpools for the purpose of transportation to and from co-op classes and activities because there is no liability coverage. Any carpool formed for this purpose is the sole responsibility of the parents. The implementation of appropriate measures to safeguard and insure the financial protection of all participants is the responsibility of the parents. If, at the parent's risk, a child other than his/her own child is in the vehicle, it is recommended that the measures outlined in the field trip section of this manual for the protection of the co-op, its employees and enrollees, be considered as prudent measures to be taken by any responsibly operated carpool.

B. FIELD TRIPS

Liability insurance coverage applies to field trips since they are a part of the co-op program. Therefore, the following procedures must be enforced.

1. The teacher(s) is (are) to be left free to circulate among all the children, giving individual attention when necessary.
2. Drivers must have a valid driver's license, operate a safe vehicle, and carry liability insurance on any vehicle used for transporting children on field trips.
3. Drivers must not be using medication that could affect driving capabilities, nor be under the influence of any form of drug or alcohol.
4. Car doors must be locked when traveling.
5. Each child must have his/her own seating place in the car. In carpools, at least one adult must be in the car who is responsible for the **children only**. Drivers will be responsible for **driving only**.

6. All occupants shall wear the appropriate seat restraint for their age and size. Children should sit in the back seat whenever possible especially when airbags are in use, as airbags can cause serious injury and children are more at risk than adults.
7. Children shall never be left in a vehicle without adult supervision.
8. Each carpool driver must carry a parent roster with phone numbers and the emergency medical release forms in the vehicle.
9. Parents, the co-op instructor/coordinator, and the college program office must be notified in advance of each trip. The Coordinator for the Sponsoring Institution must authorize the field trip. (See Appendix J2.)
10. Written permission must be received from each parent prior to any field trip. This may be one form for the entire year or individual notices for each trip. (See Appendix J1.)

IX. SPECIAL EVENTS

A special event is a co-op sponsored event which is NOT a part of the regular preschool curriculum or which includes people not regularly enrolled in the preschool class or college course (e.g., picnics, auctions, guest exhibitors, other family events). (See Appendix I1)

It is the intention of the Risk Management plan to support the fund raising efforts of the individual co-ops. These funds may be used both to enrich the classroom experience and assist those in financial need.

A description of the event or activity shall be submitted to the Coordinator of the Sponsoring Institution for approval at least 30 days prior to its occurrence. This description must include the location, number of participants, cost or total revenue expected, dates, and description of products sold (if any). (See Appendix I2)

Risk Management policy prohibits co-ops from serving or consuming alcoholic beverages at any event. Under no circumstances shall alcoholic beverages be sold or served in any form at any Special Event or Activity.

X. POLICIES ON CHILD ABUSE AND NEGLECT

All paid employees teaching in co-ops must attend a class on Child Abuse recognition and reporting procedures as required by state law. Signed verification of this training will be filed with the Coordinator of the Sponsoring Institution. The law requires that paid employees report suspected abuse or neglect.

A. COOPERATIVE POLICIES

Employees will be screened by the appropriate law enforcement agency using the Criminal Background Check from the Washington State Patrol.

In order to protect the co-op, staff, and parents, adults shall not be alone with a child or children where they cannot be observed by other adults.

Co-op staff or volunteers may not physically, verbally, or emotionally abuse or punish children.

Employees and parents shall protect the child(ren) in their care from child abuse, neglect, or exploitation as required under RCW 26.44. (See Appendix H1.)

B. REPORTING SUSPECTED CHILD ABUSE AND NEGLECT

1. At the first reasonable cause to believe that child abuse exists, the reporting adult will immediately inform the instructor/coordinator. The Coordinator of the Sponsoring Institution must also be called.
2. A phone call to Child Protective Services (CPS) or local law enforcement must be made by the reporting adult immediately. A written report, as a back up to the phone report, shall be completed and filed with the Coordinator of the Sponsoring Institution. (See Appendix H1.)

XI. PLAYGROUND EQUIPMENT

It is the intent of the Risk Management plan to support and encourage the use of playground equipment for the physical and mental growth of children. It is expected that all equipment will be maintained in a safe condition. Equipment can be purchased; however, permanent structures should be donated immediately to the property owner. If the co-op currently owns permanently installed equipment, the following steps should be taken:

1. Attempt to donate the equipment to the landowner. This is most effective if negotiated prior to construction/acquisition of the playground equipment.
2. If the landowner refuses to accept ownership, every effort must be made to secure the equipment in such a fashion that it is accessible only by the co-op program.
3. Immediately upon termination of a property lease, any playground equipment must be removed from the site.

Under no circumstances should new, permanently installed playground equipment be acquired or installed without prior approval of the landowner to accept ownership of the equipment.

Note: It is the full intent of the co-op to be responsible for injuries sustained on this equipment to children enrolled in the co-op and not to rely on the landowner's insurance. Certificates of Insurance are available on request.

XII. INSURANCE COVERAGES

A. ACCIDENT INSURANCE

Children enrolled in the co-op program are covered by the accident policy as part of their enrollment in the co-op. The enrolled child is covered during the regular activities for the class in which the child is enrolled.

Adults participating in the co-op program are not covered by the accident policy.

See Section XIII, Filing a Hartford Accident Insurance Claim, for more information.

B. LIABILITY INSURANCE

1. GENERAL LIABILITY

The co-op maintains General Liability Insurance to protect the co-op, the employees, and the parents against suit for negligent acts in the performance of their duties for the co-op.

2. NON-OWNED AUTO INSURANCE

The co-op does not provide auto insurance for any individual. Drivers for co-op fieldtrips must provide evidence of their own automobile insurance. (See Appendix J3, "Volunteer Driver Notice Form.")

However, the co-op's policy does provide non-owned auto liability coverage that protects the co-op from suit resulting from an accident by an "employee." The coverage does not protect the "employee" who must rely on his/her own insurance.

C. SPECIAL EVENTS/FIELD TRIPS

Special events are co-op sponsored events that are **NOT** a part of the regular preschool curriculum or that include people not regularly enrolled in the preschool class or college course (i.e., picnics, auctions, guest exhibitor, other family events). (See Appendix II.)

Neither the cooperative nor members shall ever sign a waiver of responsibility unless authorized by the college coordinator.

Swimming may be authorized if at a public facility with a life guard provided.

Some co-op sponsored events may be uninsurable. It is important that special events be authorized. Please complete the form for special events, Appendix I2.

Liquor Liability coverage is not provided by the co-op's insurance policy.

Trampolines and horseback riding are not covered by the co-op's insurance policy.

D. DISHONESTY COVERAGE FOR OFFICERS

This coverage is designed to protect each co-op against losses resulting directly from officer dishonesty.

E. SUMMER COVERAGE

Only existing co-ops that continue over the summer are covered. The teacher must be an employee of the co-op. The same by-laws, operating procedures, and financial accounts must apply. Risk management standards, including adult to child ratios, apply. The college may or may not have parents enrolled for credit; however, it is assumed that the parents were enrolled and trained for risk management during the preceding Fall, Winter, and Spring quarters.

F. PROPERTY INSURANCE (optional)

Insurance coverage for fire, theft, and vandalism is available at the option of each co-op. Contact the Coordinator of the Sponsoring Institution.

XIII. FILING A HARTFORD ACCIDENT INSURANCE COMPANY CLAIM

A. HOW TO FILE A CLAIM

1. Call the Coordinator of Parent Education at Lake Washington Technical College to obtain a form. Do not use the form in the Risk Management Manual.
2. See directions in Sample Claim Form: Section XIII.B.
3. After completing the claim form, return the form to the Coordinator.

B. SAMPLE CLAIM FORM



**HARTFORD FIRE INSURANCE COMPANY
HARTFORD LIFE INSURANCE COMPANY
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**

HOW TO FILE A CLAIM FOR YOUTH GROUPS, SPECIAL RISK SPORTS OR CAMPERS POLICIES

1. Have an official of the policyholder complete Section I of the Claim Form. This section includes the policy number, policy period and name and location of the agent. This form **must** be signed, where indicated, by an authorized official of the policyholder. The official should be someone other than a relative of the claimant **or the claim will be returned.**
2. Have claimant or (parent, if minor child) complete all portions of Section II. Any benefits due payable to a minor child will be paid to the parent.
3. Have the attending physician complete all portions of Section III.

Check List

1. Is a description of the accident given?
2. Has claim form been signed by an authorized official?
3. If payment is to go to the claimant or parent, is name and address of claimant or parent indicated?
4. To avoid delay, please be sure all sections of the claim form are completed and signed.

Detach this page after completing the Claim Form and forward the Claim Form to the appropriate Hartford Claim Office.

Form LC-408-12 Printed in U.S.A.

**HARTFORD LIFE INSURANCE COMPANY
HARTFORD FIRE INSURANCE COMPANY
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**



NOTICE OF CLAIM—YOUTH GROUPS, SPECIAL RISK, SPORTS OR CAMPERS POLICIES

TO BE COMPLETED BY LEADER OR OTHER OFFICIAL

S	Policy Number	Policy Period	Name and Location of Agency	
	Name of Organization			
E	Address of Organization			
	Name of Member		Address	Date of Birth
T	Date and Time of Accident		Place of Accident	
	Nature of Injury		What caused the accident?	
O	Describe type of sport or activity engaged in at time of accident:			
N	Name of Supervisor of the activity			
	Witness to accident (Name and address)			
I	Nature of illness			Date illness commenced
	I hereby certify that the above is a member of the group insured under Policy Number _____ and that the above described injury or sickness was sustained while participating in official activities under adequate supervision. If a scouting group, the member's date of registration with the Council is _____			
	TITLE OF OFFICIAL		SIGNATURE	
	ADDRESS		DATE	

TO BE COMPLETED BY CLAIMANT

S	To whom are payments to be made? <input type="checkbox"/> Claimant <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital		
	Address :		
E	Your Employer (if minor child, father's employer)	Address	Telephone Number
	Are there Medical Benefits available from the above employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
T	Your Spouse's Employer (if minor child, mother's employer)	Address	Telephone Number
	Are there Medical Benefits available from the above employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
O	If "Yes," and this policy is an excess policy, please include copies of explanation of benefits from the above employer's medical plans with your claim.		
N			
	I hereby authorize any physician who has attended me or may attend me or any hospital where I may have been seen as a patient, or any other individual or association who may have given me medical treatment or supplies to disclose any information thus acquired. My consent is hereby granted to use this original or a photostatic copy as equally valid authorization.		
II	Patient's signature — if claim is for other than minor child		Date
	Signature of Parent — if claim is for minor		Date

ITEMIZED BILLS FOR HOSPITAL AND MEDICAL TREATMENT MUST BE ATTACHED HEREWITH.

INFORMATION & SAMPLE FORMS

APPENDIX A

Sample Parent Agreement

APPENDIX B

Sample Certificate of Immunization

APPENDICES C

1. Sample Consent To Medical Care & Treatment of Minor Child And Emergency Medical Information
2. Sample Medical Emergency Response Plan
3. Medical Emergency Response Form

APPENDIX D

Sample Permission Form to Photograph/Video

APPENDICES E

1. Sample Authorization for Release (regularly authorized)
2. Sample Authorization for Release (not regularly authorized)

APPENDIX F

Incident/Accident Report Form

APPENDIX G

Sample Procedure For Cleaning All Blood Or Body Fluid Spills

APPENDICES H

1. Child Protective Services Report Form
2. Child Abuse Reporting: RCW 26.44

APPENDICES I

1. What Kind of Event is This?
2. Sample Notice of Special Event

APPENDICES J

1. Sample Field Trip Permission Form
2. Sample College Field Trip Notification Form
3. Sample Voluntary Driver Automobile Notice Form

APPENDIX K

Evacuation Procedures

APPENDIX L

Fire and Earthquake Drill Records

APPENDIX M

Safety Checklist for Co-op Preschools Report

APPENDICES N

1. Cleaning and Sanitizing – 2 steps process
2. Sanitizing Solutions – general purpose and diapering areas

FIRST AID/CPR CERTIFICATION

COURT ORDERS

PARENT AGREEMENT

This section contains a sample of the form that parents sign as part of their registration in the co-op.

Parents who enroll in the co-op for a second year must complete a new form.

These forms should be kept for the current school year.

APPENDIX A

PARENT EDUCATION AGREEMENT

Parent's Name _____ Child's Name _____
Mailing Address _____ Child's age on August 30 200__: _____ years
Res. Address: _____ Birth date: _____
Home Phone: _____ Work Phone: _____
Email address: _____ Cell Phone: _____

We want to participate in the _____ co-op preschool.

I have read and agree to the following:

1. I will enroll in the adult parent education class and pay the tuition required by the community/technical college.
2. I will complete the required safety orientation/training.
- *3. I will participate in the co-op as a teacher-parent as required. If I cannot participate, I will arrange for a substitute as specified in the co-op rules.
- *4. I will attend regular parent classes held to discuss child development, children, other parenting questions, and the co-op.
5. I will participate in special projects, as committee member and accept individual assignments to help maintain the co-op and to fulfill the requirements.
6. I will read and abide by the handbook, rules, and bylaws of the co-op.
7. I agree to have a valid driver's license and to carry liability insurance on any vehicle used for transporting preschool children.
8. I will complete a health statement and immunization record for my child.
9. I will sign medical release and permission forms.
10. I include with this form a registration fee as determined by the co-op. A refund will be given in accordance with the bylaws.

*Either or both parents may participate.

SIGNED _____
Parent or Guardian

IMMUNIZATION FORMS

Required immunizations can be confirmed with the local Health Department.

Blank immunization forms may be obtained free of charge from the local Health Department.

Immunization forms shall be completed upon registration and updated for each child yearly.

Families electing an exemption for an immunization must complete that section of the Washington State Certificate of Immunization Status form prior to child's attendance at preschool.

Immunization forms must be kept on file as long as the child remains in the co-op. They should be returned to the parent at the time the child leaves school.

APPENDIX B

Reviewed for compliance by: _____ Staff Signature
Date: _____ Exemption: YES <input type="checkbox"/> NO <input type="checkbox"/> (see back)



CERTIFICATE OF IMMUNIZATION STATUS

Washington State Law (RCW 28A.210.160) requires that all children have a completed Certificate of Immunization Status on file at the school, preschool or a child care facility that they attend.

Child's Last Name	First Name	Middle Name	Sex	Birthdate
Parent/Guardian Name		Daytime Phone		

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
HEP B (HBV) Hepatitis B		1			
		2			
		3			
		4			
DTaP/DTP/DT Diphtheria, Tetanus, Pertussis		1			
		2			
		3			
		4			
		5			
		6			
Td/Tdap		1			
		2			
		3			
HIB Haemophilus Influenzae B		1			
		2			
		3			
		4			
POLIO OPV (by mouth) IPV (by injection)		1			
		2			
		3			
		4			
		5			

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
MMR Measles (Rubeola), Mumps & Rubella	MMR	1			
	MMR	2			
	MMR				
	MEASLES				
	MUMPS				
	RUBELLA				
VARICELLA (Chickenpox)	VACCINE	1			
		2			
	DISEASE	YES		NO	
	Approximate date or age at time of disease				
OTHER VACCINES					

<p>➔ I certify that the information provided here is correct and verifiable ←</p> <p>X _____ Date: _____</p> <p align="center">Signature of Parent or Guardian</p>
--

Statement of Exemption to Immunization Law

NOTICE:

Your Child can be exempted (excused) from immunization for medical, personal or religious reasons. However, if there is an outbreak of a vaccine-preventable disease that your child has not been immunized against, she or he can be excluded from school, preschool or child care until the outbreak is over.

Medical Exemption

I certify that the child named on this form is medically exempted from the requirement for the following vaccine(s):

_____ Until _____
Vaccine(s) Date

Type or Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

Licensed Health Care Provider Signature Date

Personal Exemption **Religious Exemption**

I am opposed to immunization. I understand that my child can be excluded from attendance during an outbreak.

I do not want my child to receive the following vaccine(s):

Vaccine(s)

Signature of Parent or Guardian Date

Documentation of Immunity

I certify that the child named on this form has laboratory evidence of immunity to measles/mumps/rubella/varicella.
(please circle)

Attach TITER results

TYPE or PRINT Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

Licensed Health Care Provider's Signature or Stamp Date

For More Information

<http://www.cdc.gov/nip/recs/child-schedule.htm#Printable>

<http://www.doh.wa.gov/cfh/immunize/schools.htm>

CONSENT TO MEDICAL CARE

In case of a medical emergency when a parent cannot be reached this form will enable the teacher to consent to medical attention for the child.

This form must be kept in the same place as the child's medical information and taken on field trips.

These forms should be kept as long as the child is enrolled.

EMERGENCY MEDICAL INFORMATION

The preschool must keep completed medical information forms in case of an emergency. Information should be included about where to reach parents, a neighbor or relative, the family physician, and the child's general medical condition and allergies.

This information should be kept in a portable file and must be taken on every field trip.

APPENDIX C1

**CONSENT TO MEDICAL CARE & TREATMENT OF MINOR CHILD
and
EMERGENCY MEDICAL INFORMATION**

I hereby give permission that my child, _____, may be given emergency treatment by a qualified staff member at the _____ Cooperative Preschool. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician, hospital, or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health, and I cannot be contacted. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

"I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct."

Signature

Address

Phone number

Date

Information for: _____ (child's name) Birth date: _____

Regular medications: _____

Allergies and drug reactions: _____

Date of last tetanus shot: _____

Child's physician: _____ Physician's phone: _____

Other health information: _____

Parent's work phone: _____ Other number : _____

Parent's work phone: _____ Other number : _____

Other person to contact: _____ Phone: _____

Insurance Coverage: _____ Membership number: _____

Employer: _____ Group number: _____

APPENDIX C2

SAMPLE MEDICAL EMERGENCY RESPONSE PLAN

<p>Sample</p> <p>Emergency Response for :</p> <p>(child's name) Birth date _____</p>	<p align="center">Photo of child</p>
--	---

Name of Preschool	XYZ Cooperative
Schedule:	M,T,W, mornings – threes class
Diagnosis:	Peanut allergy
Symptoms:	Mouth: itching, swelling of lips tongue or mouth Skin: Hives, itching and swelling, tightness in throat Lungs: coughing, wheezing, shortness of breath Digestive Tract: cramps, nausea & vomiting Heart: Shock, irregular heartbeat, passing out
Medication	EpiPen and Benadryl Trained staff: (names of teacher, director, and 3 parents) Give injection of EpiPen – Hold 10 seconds Liquid Benadryl as directed
Response :	Have someone call (9) 9-1-1 “Three year old boy – with peanut allergy – EpiPen is being injected – must be transported to ER” North Campus Community Center Address: _____ classroom phone: _____ notify front desk to meet aid car front desk phone # _____ notify security that aid car is coming security phone # _____
Call Parents	Parent: _____ phone: _____ wk cell: _____ Parent: _____ phone: _____ wk phone: _____ home
Doctor/ prescriber	Dr. M. M. phone-#####
Other	(name) phone #####

Medical Emergency Response Form

<p>Emergency Response for:</p> <p>_____</p> <p>(child's name)</p> <p>Birth date _____</p>	<p>Photo of child</p>
--	------------------------------

Name of Preschool	
Schedule:	
Diagnosis:	
Symptoms:	
Medication	
Response :	<p>Have someone call 9-1-1 Describe the emergency situation.</p> <p>Co-op Name _____ Building Name: _____ Address: _____ classroom phone: _____</p> <p>Notify front desk to meet aid car front desk phone # _____</p> <p>Notify security that aid car is coming security phone # _____</p>
Call Parents	<p>Parent: _____ phone: _____ wk cell _____ Parent: _____ phone: _____ wk phone: _____ home</p>
Doctor/ prescriber	Dr. _____ phone: _____
Others to notify	(name) _____ phone _____

PERMISSION TO PHOTOGRAPH

Permission form for use of photographs, digital images, and video.

APPENDIX D

PERMISSION TO PHOTOGRAPH/VIDEO

I give permission for my child to be photographed/videotaped in scheduled preschool activities. Such photographs may be used by the co-op for publicity or educational purposes.

	Permission Granted	Permission Declined
Use and share in the classroom and co-op newsletter		
Use for co-op and college promotion including web sites – children will not be named		
Use for educational purposes – children’s last names will not be used		

Parent or Guardian's Signature

date



PERMISSION TO PHOTOGRAPH/VIDEO

I give permission for my child to be photographed/videotaped in scheduled preschool activities. Such photographs may be used by the co-op for publicity or educational purposes.

	Permission Granted	Permission Declined
Use and share in the classroom and co-op newsletter		
Use for co-op and college promotion including web sites – children will not be named		
Use for educational purposes – children’s last names will not be used		

Parent or Guardian's Signature

date

CHILD RELEASE INFORMATION

All co-ops must have on file a list of the persons regularly authorized to take a child from the co-op. Updated forms shall be kept on file for the duration of the child's enrollment in the co-op laboratory.

In the event the child is to be taken from the co-op by those not on the list, the parent/guardian must send a form authorizing the release of the child. S/he shall also notify the person who takes the child that photo identification shall be required. The teacher must check the photo identification.

Under no circumstances will a child be released without prior authorization.

APPENDIX E1

AUTHORIZATION FOR RELEASE

Name of Co-op

**CHILD RELEASE FORM -
REGULARLY AUTHORIZED ADULTS**

I _____ authorize the
PRINT PARENT/GUARDIAN NAME HERE

release of my child _____ to the

following adults during the school year:

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

_____ Parent or Guardian's Signature	_____ date
---	---------------

APPENDIX E2

CHILD RELEASE FORM - NOT REGULARLY AUTHORIZED ADULT

CHILD RELEASE FORM

Name of Co-op

I, _____ authorize the

PRINT PARENT/GUARDIAN NAME HERE

release of my child _____ to

_____. S/he has been

informed that picture identification shall be required and that my child must be checked out with the preschool teacher.

SIGNATURE OF PARENT/GUARDIAN

DATE

✂ ✂ ✂ ✂ ✂ ✂ ✂ ✂ ✂

CHILD RELEASE FORM

Name of Co-op

I, _____ authorize the

PRINT PARENT/GUARDIAN NAME HERE

release of my child _____ to

_____. S/he has been

informed that picture identification shall be required and that my child must be checked out with the preschool teacher.

SIGNATURE OF PARENT/GUARDIAN

DATE

ACCIDENTS and INCIDENTS

This section contains forms for reporting any accidents or incidents that occur in the co-op.

An accident is any occurrence that requires medical attention or that results in property damage or loss.

An incident is any occurrence that does not require medical attention but could at some time in the future.

Fill out a report on any accident or incident that occurs. **Keep one copy** of the report and **send one copy of any accident** to the office of the sponsoring institution.

Incident reports must be kept for 3 years at the cooperative preschool. Copies of accident reports shall be sent to the Coordinator of the Sponsoring Institution where it will be kept until the child is of legal age.

Follow procedures for handling blood and body fluids.

Follow procedures for reporting child abuse and neglect.

Washington State twenty-four hour hot lines:

1-866-363-4276

1-800-562-5624

Local CPS _____

INCIDENT/ACCIDENT REPORT FORM

Check one

_____ Accident: any occurrence requiring first aid or medical attention.

_____ Incident: any occurrence not requiring first aid or other medical attention but could at some time later.

Co-op Name & Class _____

Injured Child _____ Age _____ Sex _____

Parent's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Date of occurrence _____ Time of occurrence _____ Date reported _____

Insured's/Observer's description of Accident in detail, including location of occurrence _____

Teacher's description of occurrence; type/extent of Injuries, damage to property, etc.

Describe First Aid given _____

Injured taken to physician (name) _____ Hospital (name) _____

What caused the occurrence? _____

What could have been done to prevent the occurrence? _____

What authorities, if any, were contacted? _____

Witness	Name	Phone	Signature	Date
----------------	------	-------	-----------	------

Cooperative's Risk Management Officer	Name	Phone	Signature	Date
--	------	-------	-----------	------

Supervisor/School Official	Name	Phone	Signature	Date
-----------------------------------	------	-------	-----------	------

Keep original copy on file at cooperative. :
Mail second copy of accident reports to your sponsoring institution
Provide parent with a copy

PROCEDURE FOR CLEANING ALL BLOOD OR BODY FLUID SPILLS:

1. Assemble your equipment and chemicals.
You will need:
 - ◆ Disinfectant cleaner or bleach solution.
 - ◆ Personal protective equipment – (gloves, etc)
 - ◆ Spray bottle or mop & bucket set up with disinfectant solution.
 - ◆ Paper towels
 - ◆ Trash bags - enough to hold decontaminated materials for disposal
2. Put up wet floor signs or block off area to prevent accidental contact or falls.
3. Thoroughly wash your hands with soap & water.
4. Put on your gloves, eye protection, and any other personal protective equipment as required.
5. Dispense or mix disinfectant cleaner according to label instructions.
 - ◆ Wear eye protection in case splashing occurs if appropriate.
6. Cover the spill with disinfectant or bleach solution – soak area of spill and around the spill thoroughly.
 - ◆ Follow label directions
 - ◆ Apply disinfectant liberally
 - ◆ Keep the spill wet for the time specified on the product label.
 - ◆ Disinfectant solution is safer to use on carpets and upholstery than bleach solution.
7. Contain the spill.
 - ◆ If spill small - cover the spill with paper towels. This prevents splattering or spreading. After any fluid has been soaked into paper towels, gather the decontaminated material, place in doubled plastic bags for disposal.
 - ◆ If large spill – mop up spill, rinsing and rewetting the mop often in disinfectant solution. On carpet or upholstery, dry the area as much as possible.
8. Apply disinfectant liberally to the entire area again.
9. Let disinfectant work for the specified amount of time. Wipe with paper towels, allow to air dry.
10. Follow all product instructions to insure disinfection process is complete.
11. Dispose of decontaminated paper towels, gloves, and sponges/mops in a double plastic bag. All other equipment should be thoroughly cleaned with disinfectant for at least 15 minutes- allowing specified disinfectant contact time.
12. Wash your hands thoroughly with soap and water.
13. Carpet and upholstery must now be extracted thoroughly with hot water. When necessary, be sure the Custodial Department is notified of the exact location of the incident for extraction.

APPENDIX H1

CHILD PROTECTIVE SERVICES REPORT

This report must be made to CPS immediately when there is reasonable cause to believe that a child has suffered abuse or neglect.

The instructor/coordinator of the co-op must be contacted and receive a copy of this report to be filed with the Coordinator of the Sponsoring Institution.

NAME OF CO-OP _____

DATE _____ TIME _____

CHILD'S NAME _____ BIRTHDATE _____

CHILD'S ADDRESS _____

HOME PHONE _____ WORK PHONE _____

NATURE AND EXTENT OF THE SUSPECTED ABUSE:

INFORMATION ON PREVIOUS INJURIES OR BACKGROUND DATA:

IDENTITY OF ALLEGED ABUSER (IF KNOWN): _____

PERSON MAKING THE REPORT: _____

JOB TITLE: _____ NAME OF CO-OP _____

NAME OF INSTRUCTOR/COORDINATOR: _____ WAS

CONTACTED ON DATE: _____ TIME: _____

COMMENTS: _____

CPS CONTACTED: DATE: _____ TIME _____

COMMENTS: _____

NAME OF CPS PERSON CONTACTED _____

REPORTING PERSON: _____ DATE _____

signature

INSTRUCTOR/COORDINATOR: _____ DATE _____

signature

APPENDIX H2

CHILD ABUSE REPORTING - RCW 26.44

RCW 26.44.030 Reports--Duty and authority to make--Duty of receiving agency--Duty to notify--Case planning and consultation--Penalty for unauthorized exchange of information--Filing dependency petitions--Interviews of children--Records--Risk assessment process--Reports to legislature. (1)(a) When any practitioner, county coroner or medical examiner, law enforcement officer, professional school personnel, registered or licensed nurse, social service counselor, psychologist, pharmacist, licensed or certified child care providers or their employees, employee of the department, juvenile probation officer, or state family and children's ombudsman or any volunteer in the ombudsman's office has reasonable cause to believe that a child or adult dependent or developmentally disabled person, has suffered abuse or neglect, he or she shall report such incident, or cause a report to be made, to the proper law enforcement agency or to the department as provided in RCW 26.44.040.

...

(d) The report shall be made at the first opportunity, but in no case longer than forty-eight hours after there is reasonable cause to believe that the child or adult has suffered abuse or neglect. The report shall include the identity of the accused if known.

(2) The reporting requirement of subsection (1) of this section does not apply to the discovery of abuse or neglect that occurred during childhood if it is discovered after the child has become an adult. However, if there is reasonable cause to believe other children, dependent adults, or developmentally disabled persons are or may be at risk of abuse or neglect by the accused, the reporting requirement of subsection (1) of this section shall apply.

(3) Any other person who has reasonable cause to believe that a child or adult dependent or developmentally disabled person has suffered abuse or neglect may report such incident to the proper law enforcement agency or to the department of social and health services as provided in RCW 26.44.040.

...

(10) Upon receiving reports of alleged abuse or neglect, the department or law enforcement agency may interview children. The interviews may be conducted on school premises, at day-care facilities, at the child's home, or at other suitable locations outside of the presence of parents. Parental notification of the interview shall occur at the earliest possible point in the investigation that will not jeopardize the safety or protection of the child or the course of the investigation. Prior to commencing the interview the department or law enforcement agency shall determine whether the child wishes a third party to be present for the interview and, if so, shall make reasonable efforts to accommodate the child's wishes. Unless the child objects, the department or law enforcement agency shall make reasonable efforts to include a third party in any interview so long as the presence of the third party will not jeopardize the course of the investigation.

(11) Upon receiving a report of alleged child abuse and neglect, the department or investigating law enforcement agency shall have access to all relevant records of the child in the possession of mandated reporters and their employees.

...

(14) Upon receipt of a report of alleged abuse or neglect the law enforcement agency may arrange to interview the person making the report and any collateral sources to determine if any malice is involved in the reporting.

(15) The department shall make reasonable efforts to learn the name, address, and telephone number of each person making a report of abuse or neglect under this section. The department shall provide assurances of appropriate confidentiality of the identification of persons reporting under this section. If the department is unable to learn the information required under this subsection, the department shall only investigate cases in which:

(a) The department believes there is a serious threat of substantial harm to the child; (b) the report indicates conduct involving a criminal offense that has, or is about to occur, in which the child is the victim; or (c) the department has, after investigation, a report of abuse or neglect that has been founded with regard to a member of the household within three years of receipt of the referral

RCW 26.44.031 Unfounded referrals--Report retention. To protect the privacy in reporting and the maintenance of reports of nonaccidental injury, neglect, death, sexual abuse, and cruelty to children by their parents, and to safeguard against arbitrary, malicious, or erroneous information or actions, the department shall not maintain information related to unfounded referrals in files or reports of child abuse or neglect for longer than six years except as provided in this section.

At the end of six years from receipt of the unfounded report, the information shall be purged unless an additional report has been received in the intervening period

RCW 26.44.040 Reports--Oral, written--Contents. An immediate oral report shall be made by telephone or otherwise to the proper law enforcement agency or the department of social and health services and, upon request, shall be followed by a report in writing. Such reports shall contain the following information, if known:

- (1) The name, address, and age of the child or adult dependent or developmentally disabled person;
- (2) The name and address of the child's parents, stepparents, guardians, or other persons having custody of the child or the residence of the adult dependent or developmentally disabled person;
- (3) The nature and extent of the alleged injury or injuries;
- (4) The nature and extent of the alleged neglect;
- (5) The nature and extent of the alleged sexual abuse;
- (6) Any evidence of previous injuries, including their nature and extent; and
- (7) Any other information which may be helpful in establishing the cause of the child's or adult dependent or developmentally disabled person's death, injury, or injuries and the identity of the alleged perpetrator or perpetrators

RCW 26.44.060 Immunity from civil or criminal liability-- Confidential communications not violated-- Actions against state not affected--False report, penalty. (1)(a) Except as provided in (b) of this subsection, any person participating in good faith in the making of a report pursuant to this chapter or testifying as to alleged child abuse or neglect in a judicial proceeding shall in so doing be immune from any liability arising out of such reporting or testifying under any law of this state or its political subdivisions.

(b) A person convicted of a violation of subsection (4) of this section shall not be immune from liability under (a) of this subsection.

...

(4) A person who, intentionally and in bad faith or maliciously, knowingly makes a false report of alleged abuse or neglect shall be guilty of a misdemeanor punishable in accordance with RCW 9A.20.021

SPECIAL EVENTS

Special events must be authorized by the sponsoring institution.

APPENDIX I 1

What Kind of Event is this?

Some co-op sponsored events may be uninsurable. It is important that special events be authorized. Please complete the FIELD TRIPS NOTIFICATION FORM before the event and the NOTICE FOR SPECIAL EVENTS 30 days in advance to the college coordinator in order to assess the degree of risk and determine the need for proof of insurance.

- **THE COOPERATIVE SHALL NEVER SIGN A WAIVER OF RESPONSIBILITY UNLESS AUTHORIZED BY THE COLLEGE COORDINATOR.**
- **UNDER NO CIRCUMSTANCES SHALL ALCOHOLIC BEVERAGES BE SOLD/SERVED BY THE CO-OP AT ANY SPECIAL EVENT OR ACTIVITY.**

FIELD TRIPS & SPECIAL ACTIVITIES	SPECIAL EVENTS	SOCIAL EVENTS
FIELD TRIPS AND SPECIAL ACTIVITIES ARE CO-OP SPONSORED EVENTS THAT ARE A PART OF THE REGULAR PRESCHOOL CURRICULUM	SPECIAL EVENTS ARE CO-OP SPONSORED EVENTS THAT ARE NOT A PART OF THE REGULAR PRESCHOOL CURRICULUM	SOCIAL EVENTS ARE NOT COVERED BY CO-OP INSURANCE
Children are included	Children can be included	Event should NOT be on preschool site.
Teacher is present and left free to circulate among all children	When children are present, teacher is present and left free to circulate among all children	Teacher is NOT present as an employee
Event takes place during regular class times	Event may or may not take place during regular class time	
Groups can travel from preschool to event site or meet and assemble at the event site. Preschool organized carpools are optional	May or may not be on the preschool site	This type of event should NOT be organized at preschool or on preschool letterhead.
Event must be deemed developmentally appropriate and authorized by teacher.	May include people not regularly enrolled in the preschool class or college course (<i>i.e. siblings, spouses, grandparents, etc.</i>)	
Ratios and all risk management guidelines are in compliance	Ratios and all risk management guidelines are in compliance	Risk Management guidelines and ratios are NOT enforced.
EXAMPLES: <ul style="list-style-type: none"> • Visit to a dentist office • Pet store • Theater • Beach walk • Petting farm • Pumpkin patch • Fire station • Library 	EXAMPLES: <p><u>The event takes place during regular class session</u></p> <ul style="list-style-type: none"> • The kangaroo lady comes to class (<i>guest may need to provide proof of insurance</i>) • Guest tumbling teacher comes to teach class activities (<i>guest may need to provide proof of insurance</i>) • Scuba diver comes and shows her gear <p><u>Event takes place at preschool not during a typical class time</u></p> <ul style="list-style-type: none"> • Saturday family pancake breakfast • Evening pajama class with dads, uncles, and grandpas • Saturday mister pony guy gives pony led rides and takes child's photo (<i>guest may need to provide proof of insurance</i>) <p><u>Event is a fundraiser for the co-op</u></p> <ul style="list-style-type: none"> • Auctions & yard sales (<i>Community sites or schools may request co-op to provide certificate of insurance for event</i>) 	EXAMPLES: <ul style="list-style-type: none"> • Mom's bingo night • Couples night out • Family pizza night • Fast food lunch gathering • Summer park days • Theater night

APPENDIX I2

NOTICE OF SPECIAL EVENT

Use this form for co-op sponsored events that are **NOT** a part of the regular preschool curriculum or include people not regularly enrolled in the preschool class or college course (*events such as picnics, auctions, guest exhibitors, other family events*). Risk Management policy prohibits co-ops from serving or consuming alcoholic beverages at any event. Under no circumstances shall alcoholic beverages be sold or served in any form at any Special Event or Activity.

Please send this form **AT LEAST 30 DAYS** before the scheduled event to your sponsoring institution:

Lake Washington Technical College
marion.holland@lwtc.edu

_____ Cooperative Preschool

Lake Washington Technical College

Co-op Contact Person: _____ Phone: _____

Description of event: _____

Location: _____

Address: _____ Phone: _____

_____ Date of event _____

Time: From: _____ to _____ Cost of event: _____

Number of participants expected: Adults: _____ Children _____

Expected revenue from event (if applicable): _____

Items to be sold (if applicable) _____

Contracts or agreements (if applicable) _____

Evidence/Certificates of Insurance (if applicable) term/dates: _____ Amount of coverage \$ _____

Mode of transportation (if applicable): _____

FIELD TRIPS

Items To Be Taken On Each Field Trip:

Consent to Medical Care: For authorizing treatment for a child whose parent/guardian cannot be reached.

Emergency Medical Information: Includes essential medical, allergy, and family information for each child.

Emergency Contact Information: Includes name and contact person and phone number for each child.

Driver's Insurance

Drivers for field trips must complete a Voluntary Driver Automobile Notice form.

Minimum liability limits of \$100,000 per person, \$300,000 for bodily injury/accident, and \$50,000 property are required.

These records must be kept on file in the co-op as long as insurance is in effect and parent is a field trip driver.

Driver's License

All drivers of preschool field trips must have a valid driver's license. A copy must be kept on file at the co-op for as long as the parent is a field trip driver.

APPENDIX J1
LAKE WASHINGTON TECHNICAL COLLEGE FIELD TRIP
PERMISSION FORM

My child _____ has my permission to go on authorized Cooperative Preschool Field Trips. Parents will be notified of all field trips.

Parent or Guardian's Signature

Relationship _____

Parent can be reached at: _____
Phone

Phone

Parent can be reached at: _____
Phone

Phone

Co-op Name: _____ Date _____

APPENDIX J2

**LAKE WASHINGTON TECHNICAL COLLEGE FIELD TRIP NOTIFICATION
FORM**

Preschool Name and Group _____

Date of Field Trip _____

Purpose of trip and destination:

All safety rules, as described in the Risk Management Manual, will be observed.
Return a copy to both the Parent Education Instructor and the college **prior** to field trip.

Signature and title: _____



APPENDIX J2

**LAKE WASHINGTON TECHNICAL COLLEGE FIELD TRIP NOTIFICATION
FORM**

Preschool Name and Group _____

Date of Field Trip _____

Purpose of trip and destination:

All safety rules, as described in the Risk Management Manual, will be observed.
Return a copy to both the Parent Education Instructor and the college **prior** to field trip.

Signature and title: _____

EVACUATION PROCEDURES

Each co-op location/site shall establish written procedures for emergency evacuation.

A copy of this procedure must be shared with participants and posted in the classroom.

Co-ops that occupy buildings with other tenants shall develop their evacuation plan in coordination with the other tenants. In some cases evacuation plans may have already been developed by the building landlord/superintendent.

A drawing showing evacuation paths and designated meeting place(s) must be posted near every exit.

These plans should be reviewed in conjunction with other building safety information with all parents each year.

APPENDIX K

EVACUATION PROCEDURES

- Post the evacuation route near each classroom exit.
- Exit from the nearest door to the outside.
- Avoid leaving the building from hallways when an exterior door is available.
- Designate an adult to lead the group and an adult to be last to exit.
- Designate one adult to do a final sweep assuring nobody remains in the area.
- Gather the group at least 50 feet from the building.
- Remain calm and prepared for further instructions.
- Take daily attendance sheets to the evacuation location and take attendance of all children and adults.
- Take or assure access to supplies needed for an extended time out of the building
- Take all contact information needed for reunification with parents.
- Return to the building only when given the “all clear” signal from the authorized teacher, director, or official.

FIRE/EARTHQUAKE DRILLS

Multi-day co-op classes must conduct monthly fire drills and twice yearly earthquake drills.

Single day classes must conduct fire drills quarterly and twice yearly earthquake drills

This section contains forms for recording the dates when drills are held. Use one sheet per class.

These records must be kept for the school year and sent to the Coordinator of the Sponsoring Institution at the end of the year.

APPENDIX L

FIRE/EARTHQUAKE DRILL RECORD

Fire drills must be conducted each month in each multiple day class and quarterly for once a week classes. Earthquake drills must be conducted twice yearly by all co-ops. It is recommended that the earthquake drills be conducted in October and February.

Use this form for recording the dates of each fire and earthquake drill.

Class _____ Year _____ - _____

Teacher _____

Fire Drills:

September _____

October _____

November _____

December _____

January _____

February _____

March _____

April _____

May _____

June _____

Earthquake Drills:

October _____

February _____

Send this record to the Coordinator of the Sponsoring Institution at the end of the school year.

SAFETY INSPECTIONS

In this section are copies of the Safety Checklist from the Risk Management Manual. One of these forms should be used to conduct a safety check each quarter that your co-op is in session.

All things found not to be up to standard must be brought to the board or designated chairman for immediate attention and the repairs/replacements recorded on the Safety Checklist.

The co-op must keep completed checklists for three years. One copy of the checklist must be sent at the end of each year to the sponsoring institution.

APPENDIX M: SAFETY CHECKLIST FOR CO-OP LAB SCHOOLS

Activity areas must be checked monthly for toys and furniture needing to be repaired. The building, grounds, and facilities shall be inspected quarterly and safety hazards reported to the person responsible for maintenance and repair (i.e., landlord, custodian). The checklist included in this manual as **Appendix M** shall be used to record quarterly inspections and kept on file for a period of three years. Each quarter an inspection report shall be submitted to the chairman of the cooperative board.

Complete the form below quarterly and file it with the chairman of your cooperative preschool. The form is to be kept for 3 years. A copy is to be filed by May 15 with the sponsoring institution.

S - Satisfactory

*U - Unsatisfactory

Co-op: _____

Date: _____

Name of Person Inspecting

***List all items rated U on page 4 and action taken about each one.**

GENERAL BUILDING/PREMISES:	Fall	Winter	Spring
ADEQUATE FIRE/EARTHQUAKE PROTECTION			
Smoke/Heat Detection Units Present and Working			
Exit Doors Free of Obstructions			
Exit Ways Properly Marked/Designated			
Exit Plan Posted			
Fire Extinguishers Properly Located and Serviced			
Fire and Earthquake Plans Posted			
Test Smoke Detectors/Change Batteries Yearly			
Cupboards and Large Items Secured to Walls or Floors			
Cupboard Doors and Items Above Cupboards Secured			
BUILDING SAFETY			
Handrails Present on Stairways and in Good Repair			
Edge of Stairs Defined			
Tile Floors Clean and Dry, No Slipping Hazard			
Rugs & Floors Slip Proof, No Rips or Holes			
Electrical Outlets Protected & Grounded When Near Water			
Only UL Approved Heaters			
No Continual Usage of Extension Cord(s)			
Drapery Cords Out of Reach of Children			
Approved Child Safety Gate on Appropriate Openings			
First Aid Kit Marked with "FIRST AID" and a Red Cross			
First Aid Kit Restocked as Needed			
Fire and Medic Emergency Numbers Posted by Phone			
Battery Operated Radio and Spare Batteries Present			
Heavy Duty Flashlight and Spare Batteries Present			
Test Hot Water Temperature to Assure Under 120 Degrees			

GENERAL BUILDING/PREMISES Continued:	Fall	Winter	Spring
PREMISES			
No "Attractive Nuisance"			
Playground Area Fenced/Secured			
No Deep Holes/Ditches/etc.			
Sidewalks and Patios in Good Repair			
Fences in Good Repair			
FURNITURE			
No Splinters			
In Good Repair			
Legs and Arm Joints Secure/Firm			
CHILDREN'S AREAS			
BLOCKS			
No Splinters			
Safely Stored			
LARGE MOTOR DEVELOPMENT EQUIPMENT (such as Climbers, Rocking Boats, Slides, Etc.)			
Free of Splinters			
Well Braced/Anchored			
Free of Protruding Nails and Bolts			
Dowels and Joints Secure/Firm			
Approved Mats Under All Climbing Equipment			
WHEELED EQUIPMENT (such as Trikes, Bikes, Wagons, etc.)			
Wheels and Handlebars Firm			
Free of Sharp Metal Protrusions			
Pedals Unbroken			
Oiled as Needed			
Well Balanced			
Bicycle Helmets Recommended			
HOME CENTER			
No Sharp Utensils			
No Sharp Corners			
CARPENTRY			
All Tools in Good Repair			
Tools/Nails Properly Stored			
Location of Activity Appropriate for Safety			
Children's Safety Goggles Available			
SAND TABLE/OUTDOOR DIGGING EQUIPMENT			
Tools in Good Condition			
No Sharp Edges			
Rugs Under Sand/Cornmeal/Water Table			
Outdoor Digging Area Free of Animal Contamination			

CHILDREN'S AREAS CONTINUED	Fall	Winter	Spring
SWINGS/SLIDES/CLIMBING EQUIPMENT			
Sturdy and Well Anchored			
Swing Seats in Good Repair			
Appropriate Surfaces under All Equipment			
No Trampolines			
ART SUPPLIES/SCISSORS/ETC.			
Appropriate Storage			
Good Condition			
Non-Toxic Materials			
GENERAL PROCEDURES/PRACTICES:			
HAZARDOUS ITEMS			
Poisons Stored Safely In Cupboards Locked at All Times (e.g., Cleaners, Solvents, Bleach)			
Poisons Marked Properly			
Power Equipment Stored Properly			
Kitchen Appliances Adult Attended at All Times			
Scissors, Knives, Other Sharp Tools Safely Stored			
GENERAL PRACTICES			
Hot Beverages Kept Out of Children's Classroom(s)			
Only Adults Obtain Supplies from Storage			
Large Equipment Anchored or Stored Flat			
Bins, Boxes, or Drawers Used to Store Items Off Floor			
Slides, Balance Beams, etc. Stored Flat			
Tools Stay at Tables where in Use			
Children Never Left Without Adult Supervision			
Children Never Left Unattended in Cars			
Traffic Lanes Kept Clear			
Size of Toys or Parts Appropriate for Children's Age			
Children Eat at Tables			
Foods Such as Nuts, Hard Candy, Chunks of Raw Veggies Avoided to Prevent Choking			
SAFETY AWARENESS			
All Adults Know Location of First Aid Kit			
All Adults Know Location of Emergency Number; Numbers Posted			
All Adults Know Rules for Equipment Use			
All Adults Have Had Instruction on Supervising Outside Large Motor Equipment			
All Adults Have Had Instruction on Supervising Inside Large Motor Equipment			
All Adults Carefully Monitor All Children Especially Those Who are Using the Active Equipment			
All Adults Know Location of Children's Medical Information			
All Adults Know Location of Posted Allergy Information			
All Adults Know Location of and Use Protective Gloves			
All Adults Know Medication Policies			

CLEANING AND SANITIZING

CLEANING AND SANITIZING – 2 steps process
SANITIZING SOLUTIONS – general purpose and diapering areas

The following 2 pages may be posted at preschool

Cleaning & Sanitizing

**Cleaning & Sanitizing are different.
To keep healthy, you must do both.**

Cleaning



- Cleaning gets rid of the dirt you can see.
- A good cleaner is liquid dishwashing soap and warm water.
- Use paper towels or clean washcloths to clean equipment, toys, and surfaces.

Caution:

Do not mix dishwashing soap with bleach – toxic fumes may be released.

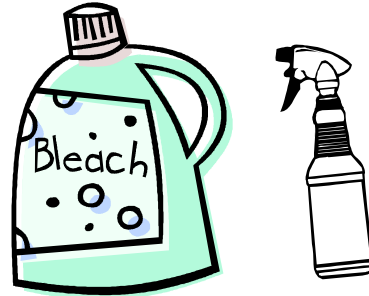
Sanitizing



- Sanitizing kills most of the germs you can't see.
- A good sanitizer is bleach water.
- Fresh solution must stand on surface for at least one minute, and then be allowed to air dry or be wiped off with a dry paper towel.

APPENDIX N2

Make Fresh Sanitizing Solution Daily



General Purpose Solution

$\frac{1}{4}$ teaspoon of bleach mixed in 1 quart spray bottle of cool water

- For tables, counters, kitchen areas, toys, and other places that a child's mouth or food will touch.

Toileting & Diaper Area Solution

1 Tablespoon bleach mixed in 1 quart spray bottle of cool water

- For diaper changing and toileting areas.

Keep spray bottles out of reach of children.

Take care that spray does not drift toward eyes and faces.

Throw unused solution away at the end of each class.

FIRST AID/CPR CERTIFICATION

First Aid/CPR Certification

If a parent has valid first aid/CPR certification, a copy should be on file in the co-op.

Any parent who substitutes for the teacher must have a first aid/CPR card.

These records must be kept as long as the parent is enrolled in the co-op.

COURT ORDERS

Co-op members occasionally will have some type of court order limiting proximity or contact with another individual. Court orders are public documents. They are not confidential but may be sensitive. Individuals with any type of court order should provide a copy for the preschool teacher and college instructor. Consult college security and/or local law enforcement for advice and procedures for handling the situation. Determine what procedures need to be written and who needs to know should a situation occur.