Summer 2026 Health Policy Quick Reference

SELA The International Private School of Early Global Education
Summer 2026 Healthcare Policy Quick Reference Guide for Families

Please know that all of SELA's Health Policies and Procedures, strictly and consistently adhere to laws, mandates, regulations, standards, resolutions, and guidelines set forth by the Massachusetts Department of Public Health (MDPH) and our governing body the Massachusetts Department of Early Education and Care (EEC). These departments serve as the foundation for all of our school's policies, practices, and procedures.

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Policies listed below are intended to serve as a general guide for SELA Early Global Education parents and caregivers to our most frequently asked questions. To review SELA's detailed Healthcare Policy, please visit our website at https://suescuela.com/ and view: About → SELA's Health Policies.

1. Health Office Contact Information

The role of SELA's Health Department is to maintain student health and safety while in school. Please contact a member of our health department below for any student health or safety questions or concerns, or for questions regarding any of SELA's health policies. Our School of Early Global Education in Hingham and Norwell are both staffed with a full time medical assistant M-F 8:30-5:00pm.

Hingham:

- Emily Lawrence, 781-741-5454 ext. 625, ege.nurse@suescuela.com

Norwell:

- Leila Monteiro, 781-741-5454 ext. 710, ege.nursenorwell@suescuela.com

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2. Student Health Requirements

The following student health requirements are required for all students attending school at SELA in accordance with requirements set forth by the Massachusetts Department of Early Education and Care. Documents must be received prior to the student's first day of school and updated yearly.

Physical Examination

Each student must submit documentation that they have been examined by a licensed physician, physician assistant or nurse practitioner within the last 12-months.

Immunization Record

Each student must submit documentation that they have been immunized in accordance with the Massachusetts Department of Public Health recommended schedules.

Lead Screening

Each student must submit a statement or other documentation signed by a physician or an employee of a health care agency obtained within one month of admission stating that the child has been screened for lead poisoning. Pursuant to Department of Public Health requirements, all children, regardless of risk, must be screened for lead poisoning at least once between the ages of nine and 12 months and annually thereafter at ages two and three.

On-going Documentation
Each student must submit on-going documentation of annual physical examinations, updated immunizations and lead screening.

Children's Record Exceptions

No child shall be required to have any such immunization if his or her parent(s) objects thereto, in writing, on the grounds that it conflicts with their sincere religious beliefs or if the child's physician, nurse practitioner, or physician assistant submits documentation that such a procedure is contraindicated. Exemptions are required to be updated annually.

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3. Emergency Response Policy and Procedures

Policy: SELA will collect, upon enrollment, information about each child's demographic information, parent/guardian information, emergency contact information, medical history, health insurance and permission to treat. This information is stored in an emergency binder where it will be immediately available in the event of an emergency and shared with first responders and hospital staff. SELA staff are trained annually in emergency response. All SELA teachers and administrative staff are required to be trained and certified in pediatric first aid and CPR within six months of hire. SELA maintains an AED on site at each school location. An administrator trained in emergency response, first aid and CPR will be on site at all times while students are present.

Medical Emergency Procedure

1. Staff member to recognize the emergency will call for help and begin providing first aid
2. All staff trained in first aid and cpr will respond. A hold will be enacted to keep hallways clear of staff and students.
3. 911 will be called and a staff member will wait outside for the ambulance to direct them to the scene.
4. Parents/guardians will be contacted by a SELA staff member and asked to meet the child at the hospital.
5. A SELA staff member, familiar with the child, will ride in the ambulance with the child to the hospital and remain with them until a parent or guardian has arrived.
6. The child's emergency contact form will be brought to the hospital and provided to first responders and emergency staff.
7. Once the situation is secure and the child is safely transported, the SELA community will be updated by the program Director or administrator of the emergency while protecting student privacy.

8. SELA's school nurse or Director will follow up with the family to see how the child is doing and assist as needed with supporting their return to school.

Field Trip and Emergency Procedures:

Parents/Guardians will be notified in advance of a field trip and a first aid and emergency medical care, and consent form will be provided with the permission form. This form, along with a first aid kit, a list of students with allergies or asthma and any emergency medication will be brought on the field trip. An administrator with a cellular device will accompany the students on all field trips.

School Visitors

All exterior doors leading directly into the school are kept locked at all times aside from times of pick-up and dismissal. Visitors arriving into the school are required to show identification before entering into the building. Visitors are required to wear a visitor pass at all times while inside the building. SELA families are asked to never hold the door for anyone entering after you and/or open a door for any other individuals.

Evacuation Procedure:

1. Teacher will gather students in a line
2. Teacher will take attendance doing a name to face attendance check
3. Teacher will take with them: first aid bag, walkie talkie, student information
4. Teacher will evacuate the students via the nearest, safest emergency exit
5. Teacher will line up with his or her class once outside in the predetermined meeting spot
6. Teacher will conduct a second name-to face attendance check once outside
7. Teacher will remain with his or her students, remaining quiet until further instructions are provided by the program Director or First Responders
    a. Walking ropes will be used for toddlers and preschool students if needed
    b. Evacuation cribs will be used for infants

<u>Alternate Shelter</u>

In an emergency evacuation, if it is unsafe to return into the building and/or remain on the premises, the following location is the designated meeting location and alternate shelter. Teachers and staff will proceed to this location, and parents will be contacted to pick up their student from this location.

<u>Hingham</u>
Bridges of Epoch
1 Sgt. William B. Terry Drive
Hingham, Ma 02043, 781-527-5301

Norwell
Happy Hearts Playspace
119 Washington St.
Norwell, MA 02160, 781-590-3416

Practice Drills

During the year, SELA will practice various emergency drills with the students in an age-appropriate manner. This includes practicing exiting the building during a fire and locking down inside the classroom. These drills are always conducted in a way that fosters learning through repetition. Students will be supported at all times by teachers during drills and at no time will tactics be used to instill any sense of fear.

Standard Response Protocol - SRP

In 2025, SELA implemented a nationally recognized protocol for responding to a variety of incidents within the school. The Standard Response Protocol (SRP) is based on the response to any given situation not on individual scenarios. The SRP is action-based, flexible, and easy to learn. It rationally organizes tactics for response to weather events, fires, accidents, intruders and other threats to personal safety. Posters are placed in classrooms and common areas in both English and Spanish with the following language and steps.

Hold is followed by the Directive: "**In Your Room or Area**" and is the protocol used when hallways need to be kept clear of occupants. There is no threat or danger to staff or students. A reason a hold might be called is a medical emergency inside the school.

Secure is followed by the Directive: "**Get Inside. Lock Outside Doors**" and is the protocol used to safeguard people within the building. A reason a secure might be called is a strange animal or unknown person near the playground.

Lockdown is followed by "**Locks, Lights, Out of Sight**" and is the protocol used to secure individual rooms and keep occupants quiet and in place. A lockdown is called when there is a threat inside of the building. SELA classrooms are equipped with enhanced safety measures for use in a lockdown and SELA staff train and prepare annually for lockdown procedures and maintaining student safety.

Evacuate may be followed by a location, and is used to move people from one location to a different location in or out of the building.

Shelter and state the **Hazard** and **Safety Strategy** for group and self protection. An example would be severe weather and telling staff and students to move away from windows.

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4. Student with Allergies, Asthma or Other Medical Condition

Allergy & Asthma
Allergy and Asthma Action Plan Packets will be provided during the admission process if a parent/guardian states that their child has a life-threatening allergy that requires emergency medications or asthma requiring a rescue inhaler at school. This packet will provide detailed instructions as to what forms are required to be completed and signed. It also details how to send in your child's medication to the school safely.

- Allergy/Asthma Actions Plan will dictate what medications a student will need in the event of a medical emergency. The indications for, signs and symptoms along with physician and parental/guardian consent are obtained via this form.
- If there are any discrepancies, parents will be notified as soon as possible to enable them to contact their doctor to clarify.
- During this time, the student cannot attend school until the discrepancy is made clear.
- Medications listed on the Action Plan must *each* be written on their own separate Medication Consent Form (606 CMR) and include a physician's authorization form. They may not all be written in one form.
- Emergency Medication (Epi-Pens, Inhalers) must be delivered to SELA in their original prescription box with the child's name on the prescription. Additionally:
  - Medications must not be expired
  - Epi-Pens MUST be in the two-pack they came in in the original prescription box.
- Benadryl and other over-the-counter medication must be in a new, sealed package and the child's name must be written on the box.

- Students will be unable to attend school until all of the above documents are received by the school.
- Action plans and medication consent forms are valid for 1 year from the date signed.

- Parents/guardians will be notified at least 1 month prior to SELA needing new action plans/consent forms and/or emergency medication expiring.

Seizure Disorder

The following will be required for any student with a known seizure disorder while attending school:

- Seizure action plan
    - Plan should indicate the child's signs/symptoms of a seizure, medical treatment required and when to activate EMS
- If medication is prescribed, a medication consent form 606CMR will be required, signed by the parent and physician.
- Medication must be hand delivered to the school by a parent or guardian.

Other Health Conditions

An IHCP (Individual Health Care Plan) form is a document created by the doctor, parent/guardian, and Nurse/Director to assist in caring for any child with a chronic or acute medical condition, need or injury while at the program. This includes but is not limited to:

- Acute fractures – recovering in a cast
- Seizure disorders
- Urinary or bowel disorders/conditions
- Swallowing disorders/conditions
- Concussion – recovering
- Immunocompromised
- And more.

If you are unsure if your child's condition warrants an IHCP form, please contact our Early Global Education Nurse or Early Global Education Director for more help in navigating your child's medical needs while at the program.

If medication is ordered as a part of the student's IHCP, a medication consent form 606CMR will also be required for each medication ordered.

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5. Peanut and Tree Nut Free School Policy

Peanuts and Tree-Nuts are not permitted inside the building for any reason. If a food item is suspected and/or confirmed to be peanut or tree nut based or made in a facility that

manufactures peanut/tree nut products, it will be immediately removed and placed in a safe place away from students.

NO:

- **Food items listed as containing peanuts or tree nuts**
- **Food items listed as "may contain traces of peanuts or tree nuts"**
- **Food items listed as "made or manufactured in a facility that processes peanuts or tree nuts".**

In the event a student is found to have a prohibited food item containing or possibly containing traces of peanuts and tree nuts the food item will be removed from the classroom and returned to the child's lunch box at the end of the day to be enjoyed at home. If the child has consent on file (obtained during enrollment), an alternate snack will be offered (if required), and the child's parent or guardian will be sent an update via Famly and/or email. If the child does not have consent on file for an alternate food item, the child's parent or guardian will be called and asked to provide consent and/or bring an alternate food item to the school.

***Sun butter** – if you are sending a lunch item to school for your child made with Sun butter or other approved nut-free alternative, please send a message on Famly to your child's teacher to avoid any confusion during mealtime.

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6. Allergies Inside the Classroom Management

SELA does not have a policy prohibiting any foods other than peanuts or tree nuts from school. If a student in a classroom has a different non-nut life-threatening allergy (for example, eggs, shellfish, etc.), SELA will send an email or Famly message to the family members of the particular affected class to inform families of the presence of a non-nut allergy. We ask families of the affected classroom to:

- Consider choosing an alternative food item to send in with their child's lunch, whenever possible.
- If you send in the allergen, please message your child's teacher on Famly in the morning to inform them your child is bringing the food (allergen) to school. This will enable the teacher to ensure proper safety precautions are taken prior to mealtimes.

Classroom teachers will ensure that students are seated separately to avoid accidental exposure. Hands are washed both before and after eating and tables and chairs are washed and disinfected after each meal.

For the safety of all students, SELA does not allow food/snacks to be shared among students or sent in from home to be shared with the classroom.

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7. Food Safety Policy and Choking Hazards

For the safety of your child while they are here at SELA, we will not be able to serve the following high-risk choking hazard foods to your child if they are sent in their lunch and are not properly prepared and cut safely. You will be notified and given the option to bring in an alternate item, or you can choose for your child to receive an alternate snack option we provide. For infants and toddlers, food should be cut into ¼ inch sized cubed pieces and/or short, thin strips, for preschool-aged children food should be cut in ½ inch size cubed pieces and/or halved lengthwise. Tubular-shaped foods (for example cheese sticks) should not be cut into round pieces but instead into short thin strips.

Please safely prepare the following high-risk foods before sending in to school with your child:

- Whole Grapes (and similar-sized whole uncut food items, for example, cherry tomatoes, large blueberries)
- Hot dogs, cheese sticks (and similar round tubular shaped foods, for example, baby carrots)
- Meat on a bone
- Large chunks of hard fruits or vegetables
- Large chunks of cheese or meat

Please know that while your child may eat these foods fine at home without any difficulty, eating in school is a different environment with distractions, talking, etc. and it places the child at a higher risk of choking on one of these high-risk foods. SELA has implemented this policy for your child's safety.

Procedure – First time food is sent in that is potentially unsafe

1. If feasible, SELA teachers will wear gloves and will cut the food into smaller sizes based upon the above guidelines.
2. The teacher will send a message on Brightwheel to inform the family, and to ask the food to be prepared safely at home next time before sending it to school.

Procedure – Second Offense (unsafe food item sent in)

1. Food will be placed back into the lunch container.
2. Parent or guardian will be contacted and asked to either:
    a. Choose from an available alternative snack provided by SELA
    b. Bring an alternative food item to the school

c. Come to the school and cut the food.

Baby-Led Weaning

SELA will support parents who choose baby-led weaning when introducing solids. We ask that all food sent in be prepared in thin strips able to be grasped in the palm of the child's hand and/or ¼" bite-size pieces. Please ensure all hard foods have been cooked enough so that it is a texture that can be "mushed" without much force between the fingers. Parents may not send in new foods for infants to try for the first time at SELA. All foods sent in must be introduced at home first.

Other Choking Hazards

SELA requests that families not send any small toys or other items to school with their child as these things can fall and pose a choking hazard to young children. This includes but is not limited to:

- Small toys such as Legos, beads
- Small hair clips and barrettes that a young child may remove
- Necklaces, bracelets and other small jewelry
- Rocks
- Marbles
- Coins
- Balloons
- Batteries
- Pen/marker caps
- Small stickers
- Shoe charms

If your child's teacher determines an unsafe item was brought to school, they will remove the object and contact the parent or guardian via Famly. Item(s) will be returned to parent or guardian upon dismissal at the end of the day.

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8. Safe Sleep Policy

Per the Department of Early Education and Care in Massachusetts (EEC) and SELA's safe sleep initiative, SELA will strictly adhere to safe sleep guidelines as required under Massachusetts law.

- Back to sleep – infants under 12 months of age will be placed down on their back to sleep.

- Firm sleep surface – infants will be placed on a firm, flat, non-inclined sleep surface.
- Each infant will have access to an individual crib, port-a-crib, playpen, or bassinet with a firm, properly fitted mattress and a clean fitted sheet. Only mattresses designed for the specific product should be used.
- Pillows, cushions, and mattress toppers designed to make the sleep surface softer will not be used as substitutes for mattresses or in addition to a mattress.
- Car seats and other sitting devices are not allowed for sleep.

Safe Cribs and Sleep Equipment – SELA cribs all meet current U.S. Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (Now called ASTM International) safety standards. Each piece of equipment used for sleeping and resting infants will be checked regularly to make sure it has not been recalled, is not missing any hardware, and is in good repair.

No Soft Objects or Loose Bedding – The use of soft objects or loose bedding in and around the crib is prohibited.

- Blankets, comforters, pillows, stuffed animals, wedges, positioners, bumper pads or other soft padded materials or toys will not be placed in the crib with the baby.

Swaddling (including all types of swaddle wraps and sleep positioning suits) is prohibited for any child who can roll over or as soon as the infant begins to try to roll over. Weighted swaddles, weighted clothing or weighted objects are prohibited.

Non-weighted sleep sacks which allow for the free movement of the infant's arms are allowed for sleep.

Bottles – bottles will never be propped or placed in the sleeping environment.

Pacifiers – are allowed and encouraged but no lanyards or pacifier strings will be used in the sleep environment.

Jewelry- Jewelry of any kind must be removed prior to placing a child to sleep, unless the child's parent has given SELA written consent to leave jewelry on during sleep. Necklaces, earrings, bracelets, and anklets, (including those used to help with teething or those worn for cultural or aesthetic purposes) are not encouraged for sleeping or resting children. If removed, SELA teachers are not responsible for putting jewelry back on the infant.

Hair clips, hair ties, bandanas, bibs, etc. – will be removed prior to placing the infant to sleep.

Hanging objects – Hanging objects such as mobiles, crib toys, or mirrors that can be reached by the infant are not allowed. Areas used for infant sleep will be free of hazards, such as dangling cords, electric wires, and window-covering cords, and any potential strangulation risks.

Supervision of Sleeping Infants – EEC Policy

• Infants younger than 6 months of age at the time of enrollment must be under direct visual supervision at all times during the first 6 weeks they are in care, including while they are sleeping, falling asleep, and waking [See 606 CMR 7.10(5)(a)].

• Infants younger than 6 months of age who have been in care for more than 6 weeks and infants older than 6 months of age must be seen and/or heard at all times during sleep.

• Spaces used for sleeping infants must be lit enough to allow supervising staff to see each infant's face and skin color.

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9. Breast Milk and Formula Policy

1. Bottles should be labeled with the baby's name, and the date the milk was collected.
    - If a child's bottle comes in unlabeled, the teacher will not feed it to the child. The teacher will inform Admin so that parents can be contacted.
2. Milk should be stored in plastic bottles- no glass.
    - If a child comes with a glass bottle, the teacher will not feed it to the child. The teacher will inform Admin so that parents can be contacted.
3. Each bottle should have just enough milk for one feed.
4. Bottles should be stored in a cooler bag/lunch box with an ice pack while at school.
5. Teacher(s) will not rewarm or otherwise reuse bottles of milk – after 1 hour the bottle will be re-capped and placed in the child's lunch bag to go home.
6. Bottles will be warmed under warm running water only. If your child requires warm milk, please send a small plastic container labeled with your child's name to be used for warming. NO glass containers, electric devices or other bottle warmers to warm bottles will be used.
7. Enough milk should be sent in to last one school day. SELA does not store breastmilk or formula at the school.

<u>Formula</u>

When sending in formula please send either:

- Premixed formula in a bottle that is ready to feed.
- Powdered formula that is pre-measured for each bottle along with a pre-measured bottle of water for mixing the formula.

<u>Breast milk</u>

- Expressed breast milk should be sent in a bottle that is ready to feed.

Note: For safety reasons to avoid the accidental exposure of another child to bodily fluids, breastmilk is not allowed to be sent once a student has reached 12 months of age and has moved into the next age (mixed-age) classroom.

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10. Student Injuries

- All incidents/injuries will be assessed, treated, and documented. An administrative staff member and/or teacher will notify the student's parent/guardian via email, Famly, phone or in person depending on the situation and injury.
- All minor injuries that require application of first aid will be communicated to the parent/guardian via Famly. **The teacher will communicate this as an "incident" on Famly**. This includes any student-inflicted bites and scratches.
- Injuries that are large or severe and/or require greater first aid beyond washing with soap and water and applying a band-aid will be communicated to the parent or guardian via telephone by the Nurse, Director or other Admin on duty. Depending upon the injury, the parent may be asked to pick up the student to have them seen by their MD or urgent care for evaluation and treatment.
- For any injury referred by SELA to receive outside medical treatment or assessment, an Injury Report form will be completed by the Nurse or Director and sent home to the parent to review and sign within 24 hours of the injury.
- If an injury is minor and does not require first aid (i.e., the application of ice to reduce swelling and/or the cleansing of a wound/bandage applied) the family will be notified either through a message through Famly, email or in person at pick up depending upon the time/circumstance. Similarly, if a child's injury is an accidental self-inflicted injury (example: child accidentally scratches themselves) an incident report will not be completed, but the parent/guardian will be notified and asked to trim the child's nails to prevent further injury to themselves.
- In the event of a severe injury or blood loss, loss of consciousness, suspected fracture, 911 will be called and emergency protocols activated.

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11. Communicable Disease and Illness Policies

Exclusion from school - students who are sent home from school sick

Purpose:
To ensure the health and safety of all children, staff, and families, and to minimize the spread of illness within the school, the following policy outlines the expectations for children who are sent home from school due to illness.

Policy Statement - child is sent home sick from school:
If a child is sent home sick during the school day, they must remain at home the following day, regardless of whether they are symptom-free for 24 hours. Exceptions may be made on a case-by-case basis by our Health Department depending on the circumstances.

Reason for Policy:

- This policy is in place to ensure that children have fully recovered and are not still contagious when they return to school. This helps protect other children and staff from the potential spread of illness.
- This policy is in place to ensure children are feeling better and able to participate in the school day comfortably.

Illness symptoms that a student will be sent home from school for:
Note: list is not all inclusive and students may be sent home for a symptom of illness not listed below.

- Fever of 100.4 or higher
- Fever of 99.8 to 100.3 if combined with signs of illness (see below)
- Vomiting, one or more times **not related to a known/documented cause*
- Diarrhea, three or more times and/or one or more times if accompanied by signs of illness or contains blood or mucous
- Cough that is impacting the students day (affecting eating/drinking/talking)
- Blisters or sores on the hands or face/mouth
- Unknown rash (may return next day with a note that the rash is not contagious if no other symptoms of illness)
- Red, watery eyes with green or yellow drainage
- Sore throat *if combined with other symptoms*
- Headache *if combined with other symptoms*
- Runny nose/congestion *if combined with other symptoms*
- General feeling/appearing unwell/lethargy/not eating/drinking/playing/excessive crying *if combined with other symptoms*
- Severe ear pain

Common Childhood Illnesses - exclusion criteria and return to school
Listed below are some common childhood illnesses and SELA's policy for exclusion and return to school. For questions regarding an illness that is not listed below, please contact the school nurse for further guidance.

Upper Respiratory Illness (common cold, croup, RSV, Flu, COVID-19)

- Students must remain at home until symptoms have improved, the child has been fever-free for 24 hours without the use of fever-reducing medication, the child is eating, drinking, sleeping and able to participate in the school day activities.

Fever (100.4 degrees F and above)

- Students must remain at home until they have been 24-hours fever free without the use of fever reducing medication.
- Any student presenting with a fever of 100.4 degrees or higher and/or appears feverish/has chills while at the program will have parent/guardian contacted and the child will be sent home.

Vomiting

- Students must remain at home until 24 hours have passed since the last vomiting episode. Students should be able to hold down food and liquids.

- Any student who vomits 1 time while at the program will have parent/guardian contacted and the child will be sent home. **Please note this does not include vomiting from a known cause, such as acid reflux. Documentation must be on file with SELA to inform of underlying conditions which may predispose a child to vomiting. Depending upon the severity of the symptoms, SELA may still require your child to remain at home until such symptoms have improved.*

Diarrhea

- Students must remain at home until 24-hours have passed since the last episode of diarrhea.

- Any student who has 3 or more loose, watery stools while at the program will have parent/guardian contacted and the child will be sent home.

- Any student who has 1 or more episodes of loose, watery stool that contains blood or mucus, is accompanied by abdominal pain, fever, nausea and/or vomiting or other signs of illness, will have parent/guardian contacted and the child will be sent home.

- **Please note, if your child is experiencing loose stools as the result of antibiotic use, laxative use or dietary changes, please inform your child's teacher and contact your child's school nurse. Depending upon the circumstances and severity of the symptoms, SELA may still require your child to remain at home until such symptoms have improved.*

Conjunctivitis (Pinkeye)

- Students must remain at home until they have been on antibiotics for 24 hours.

    - If the child's pediatrician determines that the child does not have bacterial conjunctivitis and antibiotics are not prescribed, a doctor's note stating as such will be required for a child to return to school.

- Any student who presents during the school day with symptoms of conjunctivitis such as yellow or green drainage from the eye, crusting of the eyelids, redness to the sclera (whites) of the eyes, swelling and/or pain to the eye will have parent or guardian contacted and the child will be sent home. The child will need to be seen by his or her doctor and if the doctor determines the child does not have bacterial conjunctivitis, the child may return with a physician's note. If the physician prescribes antibiotics, the child must stay home until 24 hours have passed while on the antibiotics.

Skin Infection, Staph Infection, Impetigo

- Students must remain home until they have been on antibiotics for 24 hours.

- Any open areas and/or lesions must be dried or scabbed over. Band-aids may not be used to cover weeping and/or open lesions.

Strep-Throat

- Students must remain at home until they have been on antibiotics for 24 hours and have been fever-free for 24-hours without the use of fever-reducing medication.

Coxsackievirus (Hand, Foot, and Mouth)

- Students must remain at home until they have been fever-free for 24-hours without the use of fever-reducing medication and feeling better.
- Any fluid filled blisters on the hands or face must be dried up or scabbed over.
- Fluid filled blisters remaining on the arms, torso, buttocks, legs or feet must be kept covered with clothing.
- For infants and young children with excessive drooling, SELA will require blisters/sores inside the mouth to be healed before returning.

Lice

If a student is suspected of having lice while in school, the student will be discreetly referred to the school nurse for further assessment. Students may return to school after the following has occurred:

1. Parent/Guardian submits in writing that lice and nits were properly removed and/or present a certificate of treatment.

2. Upon arrival back to school, the nurse will recheck students prior to students returning to the classroom.

Note: SELA does not perform routine lice checks inside our classrooms. We may, on a case-by-case basis, check students inside a classroom if we are made aware of multiple cases of lice within a single classroom

Notification to SELA Families of the Presence of a Communicable Disease or Illness

In the event a communicable disease or illness is identified in your child's classroom by the presence of two or more cases of a specific illness within 14 days, an email will be sent to the affected classroom(s) to notify families of the presence of an illness within the classroom, along with information regarding the specific illness and any signs or symptoms to watch for. In the case of certain communicable diseases requiring such, the Hingham Board of Health and the Massachusetts Department of Health will be notified. In those such instances, SELA will receive guidance from the Massachusetts Department of Public Health and notify families in accordance with their guidance.

Care of Mildly Ill Children

A child who is not feeling well while in school will be brought to the office and will be allowed to rest and remain as comfortable as possible. Parent(s) will be contacted to pick the child up. In the event we are unable to reach either parent or guardian, the child's emergency contact(s) will be contacted. We ask that children are picked up within 30 minutes of being notified. If the parent or guardian is unable to pick the child up from school within 30 minutes, SELA will request an alternative approved emergency contact to come to the school to pick up the child. The child will be kept safe and comfortable in the office until the parent or guardian arrives.

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12. Medication Policies

Per rules and regulations as set forth by the Massachusetts Department of Early Education and Care, SELA is unable to administer any medication to a student while at school without a signed doctor's order and parental consent form on file. Medication consent form 606CMR is required to administer any medication to a student while in school, including over-the-counter medications like Tylenol and Motrin. Please note there can be only one medication listed per consent form.

Medication must be sent into the school in the original packaging or prescription container. The medication must be clearly labeled with the child's name or prescription label, and must be

current. SELA will not administer any medication contrary to the manufactures directions or doctors order.

Requirements for Medication Administration at School

Prescription Medication

1. Physician's signed order
    a. *Note* - for short term prescription medications for 10-days or less, SELA may use the prescription label in lieu of a signed physician's order as long as the dosage, directions and doctor's name are visible. SELA is unable to administer any prescription medications contrary to the stated dose or directions printed on the prescription label or physician's order.
2. Medication consent form - 606 CMR - signed by the parent or guardian. This gives permission for a trained SELA staff member to administer the medication. If the medication will be administered longer than 10-days, a doctor's signature is also required.

Non-Prescription Over the Counter Medication (includes Children's Tylenol, Children's Motrin and Children's Allergy Medication and Eye drops)

1. Medication consent form - 606 CMR - signed by the parent ***and physician***
    a. *Note:* If your child's physician provides a separate signed medication order, only the parent signature is needed on the 606CMR

Diaper cream, Aquaphor/Vaseline, Sunscreen and Non-medicated lotions and creams:

1. Consent is obtained during enrollment and must be provided by the parent or guardian, sent into school labeled with the child's name and must not be expired.
2. Can be applied to enact skin only. If the skin is open or broken, a doctor's order will be required for applying (Medication Consent Form 606CMR).

Note: All medication must be hand delivered to a SELA staff member. Please do not send medication inside backpacks or lunch boxes.

13. Weather and Sunscreen Policy

Sunscreen:
For the summer program, SELA supplies a communal supply of sunscreen: *Coral Isles Kids SPF 50 lotion*. Consent for SELA to apply communal sunscreen is obtained during enrollment. Parents and guardians wishing to opt-out of the shared communal sunscreen must send in a bottle of sunscreen for their child labeled with the child's name. Sunscreen must not be expired. SELA will not apply sunscreen to any infants under six months of age. Sunscreen will be applied by SELA teachers 15-30 minutes prior to going outside. Teachers will wear gloves when applying sunscreen and gloves will be changed between each application. School aged children will be encouraged to apply their own sunscreen when feasible and age-appropriate.

Weather and Sun Safety:

SELA teachers will bring students outside daily for fresh air when safely able to do so. Teachers will refer to the childcare weather chart each day when determining if students can go outside and how long they can remain outdoors. In the event of inclement or hazardous weather, students will have opportunities for physical exercise and gross motor activity inside the school gymnasium. Each classroom is provided with a childcare weather watch chart which details safe temperatures in which children should go outside to play, for what length of time, and what, if any, precautions should be taken. SELA teachers will ensure that students are dressed in the appropriate outerwear for the weather prior to going outside **provided by parents/guardians*, and that students have access to fresh drinking water in hot weather **provided by parents/guardians*. Playgrounds and outdoor areas have areas for shade to allow for students to move out of the direct sun.

Children should have a hat and fresh drinking water each day when arriving at school.

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14. Handwashing, Cleaning and Infection Control

Handwashing

SELA teachers will assist students with handwashing throughout the day. Hands will be washed with soap and water, with teachers assisting or supervising as age appropriate upon arrival at school each day, after toileting activities, after returning from outside play, before and after eating and whenever visibly soiled and/or contact with bodily fluids. Hand sanitizer, applied by the teacher, will be used occasionally on students age two and above who have parental consent on file only when handwashing is not readily available. SELA teachers also perform

frequent handwashing throughout the day and wear gloves when providing personal care such as diapering, first aid or applying sunscreen.

Cleaning and Infection Control

SELA employs a full-time housekeeper at both the Hingham and Norwell locations. The housekeeper cleans classrooms, bathrooms and common areas throughout the day. Each day when the students leave the classroom to go to the park or gym, the housekeeper will spray the classroom with a non-toxic disinfecting spray. Classroom teachers maintain a supply of soap and water, paper towels, gloves and hospital-grade disinfectant and clean classrooms throughout the day. All classrooms are disinfected at the end of each school day.

Linen such as blankets and sheets are used by only one child at a time and are washed weekly in hot water.

Toys inside classrooms are cleaned and disinfected frequently. Any toy that is mouthed by an infant or toddler is immediately removed from the toy rotation once the child is finished playing with it to be cleaned and disinfected before use by any other child.

In the event of an increase of illness inside any classroom, SELA will enact an enhanced cleaning protocol where cleaning and disinfecting procedures will be increased inside the affected classroom(s) during any period of increased illness.