Child Care Center
HEALTH POLICY

This policy has been adapted from materials developed by the Child Care Health Program, Public Health - Seattle & King County **08/01/2018*

Child Care Center Name: OLG Early Learning Center

Director: Janet McClelland

Street: 3401 SW Myrtle St

City, State, & Zip: Seattle, WA 98126

Telephone: 206-935-0651

Cross Street: Myrtle

Email: jmcclelland@guadalupe-school.org Website: www.guadalupe-school.org
Hours of operation: 7:00 a.m. - 6:00 p.m.
Ages served: 3-5 years

Emergency telephone numbers:

Fire/Police/Ambulance: **911** C.P.S.: **1-800-609-8764**

Poison Center: **1-800-222-1222** Animal Control: **206-386-7387**

Other important telephone numbers:

DEL Licensor: Deadru Hilliard M.A. phone: 425-917-7935

Communicable Disease/Immunization Hotline (Recorded Information):
Communicable Disease Report Line:

DEL Health Specialist: (253) 983-6403

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CHILD CARE HEALTH PROGRAM CONTACT INFORMATION

CHILD CARE HEALTH PROGRAM
401 FIFTH AVENUE, SUITE 1000
SEATTLE, WA 98104
TELEPHONE (206) 263-8262
FAX (206) 205-6236

WEBSITE *www.kingcounty.gov/health/childcare*

PURPOSE AND USE OF HEALTH POLICY

This health policy is a description of **our** health and safety practices.

Our policy was prepared by Janet McClelland

Staff will be oriented to our health policy by Janet McClelland
upon hiring and whenever there are changes to policies and procedures.

Our policy is accessible to staff and parents and is located in the entry room.

This health policy does not replace these additional policies required by WAC:

1. *Pesticide Policy*
2. *Blood borne Pathogen Policy*
3. *Behavior Policy*
4. *Disaster Policy*
5. *Animal Policy and/or Fish Policy (if applicable)*

PHYSICIAN'S REVIEW AND SIGNATURE

This Health Policy has been reviewed by:

_____

Name of Physician or medical professional

_____

Signature

_____

Date

PROCEDURES FOR INJURIES AND MEDICAL EMERGENCIES

1. Child is assessed and appropriate supplies are obtained.

2. If further information is needed, staff trained in first aid will refer to the First Aid Guide located in every first aid kit.

3. First aid is administered. Non-porous gloves (nitrile, vinyl or latex) are used if blood is present. If injury/medical emergency is life-threatening, one staff person stays with the injured/ill child and administers appropriate first aid, while another staff person calls 911. If only one staff member is present, person assesses for breathing and circulation, administers CPR for one minute if necessary, and then calls 911.

4. Staff call parent/guardian or designated emergency contact if necessary. For major injuries/medical emergencies, a staff person stays with the injured/ill child until a parent/guardian or emergency contact arrives, including during transport to a hospital.

5. Staff record the injury/medical emergency on an "Injury/Incident Report" form.
   The report includes:
   - Date, time, place and cause of the injury/medical emergency (if known),
   - Treatment provided,
   - Name(s) of staff providing treatment, and
   - Persons contacted.

   A copy is given to the parent/guardian the same day and a copy is placed in the child's file. For major injuries/medical emergencies, parent/guardian signs for receipt of the report and a copy is sent to the licensor.

6. The child care licensor is called immediately for serious injuries/incidents which require medical attention.

7. An injury is also recorded on the Injury Log. The entry will include the child's name, staff involved, and a brief description of incident. We maintain confidentiality of this log.

FIRST AID

At least one staff person with current training in Cardiopulmonary Resuscitation (CPR) and First Aid is present with each group or classroom **at all times**. Training includes: instruction, demonstration of skills, and test or assessment. Documentation of staff training is kept in personnel files.

Our first aid kits are inaccessible to children and located in each "Grab n' Go" bag, in each classroom, as well as in the Director's office.

First aid kits are identified by a First Aid Sign.

Each of our first aid kits contains all of the following items:

- First aid guide
- Sterile gauze pads (different sizes)
- Small scissors
- Adhesive tape
- Band-Aids (different sizes)
- Roller bandages (gauze)
- Large triangular bandage
- Gloves (nitrile, vinyl, or latex)
- Tweezers for surface splinters
- Syrup of Ipecac
- CPR mouth barrier

Syrup of Ipecac is administered only after calling Poison Control 1-800-222-1222.
Our first aid kits do not contain medications, medicated wipes, or medical treatments/equipment which would require written permission from parent/guardian or special training to administer.

Travel First Aid Kit(s)

A fully stocked first aid kit is taken on all field trips and playground trips and is kept in each vehicle used to transport children. These travel first aid kits **also** contain:

- Liquid soap and paper towels
- Water
- Chemical ice (non-toxic) for injuries
- Cell phone or walkie-talkies
- Copies of completed 'consent for emergency treatment' & 'emergency contact' forms

All first aid kits are checked and restocked monthly or sooner if necessary. The First Aid Kit checklist is used for documentation and is kept in each first aid kit.

BLOOD/BODY FLUID CONTACT OR EXPOSURE

Even healthy people can spread infection through direct contact with body fluids. Body fluids include blood, urine, stool (feces), drool (saliva), vomit, drainage from sores/rashes (pus), etc. All body fluids may be infected with contagious disease. **Non-porous gloves are always used when blood or wound drainage is present.** To limit risk associated with potentially infectious blood/body fluids, the following precautions are always taken:

1. Any open cuts or sores on children or staff are kept covered.
2. Whenever a child or staff comes into contact with any body fluids, the exposed area is washed immediately with soap and warm water, rinsed, and dried with paper towels.
3. All surfaces in contact with body fluids are cleaned immediately with detergent and water, rinsed, and sanitized with an agent such as bleach in the concentration used for disinfecting body fluids: refer to "Guidelines for Mixing Bleach",

4. Gloves and paper towels or other material used to wipe up body fluids are put in a plastic bag, tied closed, and placed in a covered waste container. All items used to clean-up body fluids are washed with detergent, rinsed, and soaked in a disinfecting solution for at least 2 minutes and air dried. Refer to "Guidelines for Mixing Bleach".
5. A child's clothing soiled with body fluids is put into a plastic bag and sent home with the child's parent/guardian. A change of clothing is available for children in care, as well as for staff.
6. Hands are always washed after handling soiled laundry or equipment, and after removing gloves.

Blood Contact or Exposure

When a staff person or child comes into contact with blood (e.g. staff provides first aid for a child who is bleeding) or is exposed to blood (e.g. blood from one person enters the cut or mucous membrane of another person), the staff person informs the Director immediately.

When staff report blood contact or exposure, we follow current guidelines set by Washington Industrial Safety and Health Act (WISHA), as outlined in our "Blood-borne Pathogen Exposure Control Plan." We review the BBP Exposure Control Plan annually with our staff and document this review.

INJURY PREVENTION

1. Proper supervision is maintained at all times, both indoors and outdoors. Staff will position themselves to observe the entire play area.

2. Staff will review their rooms and outdoor play areas daily for safety hazards and remove any broken/damaged equipment.

   Hazards include, but are not limited to:
   - *Security issues (unsecured doors, inadequate supervision, etc.)*
   - *General safety hazards (broken toys & equipment, standing water, chokable & sharp objects, etc.)*
   - *Strangulation hazards*
   - *Trip/fall hazards (rugs, cords, etc.)*
   - *Poisoning hazards (plants, chemicals, etc.)*
   - *Burn hazards (hot coffee in child-accessible areas, unanchored or too-hot crock pots, etc.)*

3. The playground is inspected daily for broken equipment, environmental hazards, garbage, animal contamination, and required depth of cushion material under and around equipment by the a.m. Lead Teacher. It is free from entrapments, entanglements, and protrusions.

4. Toys are age appropriate, safe (lead and toxin free), and in good repair. Broken toys are discarded. Mirrors are shatterproof.

5. Rooms with children under 3 years old are free of push pins, thumb tacks, and staples.

6. Cords from window blinds/treatments are inaccessible to children.
   (Many infants and young children have died from strangling in window cords. The Consumer Product Safety Commission recommends cordless window treatments. See the Window Covering Safety Council's website, www.window coverings.org, for more information.)

7. Staff does not step over gates or other barriers while carrying infants or children.

8. Hazards are reported immediately to the Director. The Director will insure that they are removed, made inaccessible or repaired immediately to prevent injury.

9. The Injury Log is monitored monthly by the Director to identify accident trends and implement a plan of correction.

10. Children will wear helmets when using riding equipment. Helmets will be removed prior to other play.

11. Recalled items will be removed from the site immediately. Our center routinely receives updates on recalled items and other safety hazards on the Consumer Products Safety Commission website: http://www.cpsc.gov/

POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

PLEASE DO NOT SEND AN ILL CHILD TO SCHOOL. Children with any of the following symptoms are not permitted to remain in care and may only return to school when they meet the criteria outlined below:

STUDENT'S SYMPTOMS/ DIAGNOSED ILLNESS:	STUDENT MAY RETURN TO SCHOOL WHEN:
Fever greater than 99° (orally)	Temperature below 99° (orally) for a minimum of 24 hours **WITHOUT** use of Tylenol® or other fever- reducing medications
Rash or rash with fever-new or sudden onset.	Rash disappears.
Brown, gray, tan or yellow drainage from nose, eyes, or any other part of the body.	Discharge must be gone or student must have been on antibiotics for 48 hours.
Vomiting	Symptom-free for 24 hours.
Diarrhea: 3 loose or watery stools per day.	Symptom-free for 24 hours.
Cough, deep, barking, congested, or producing colored mucus.	Symptom-free or student must have been on antibiotics for 48 hours.
White, clay colored, or bloody stool.	Symptom-free.
Yellow color of skin and/or eyes.	Symptom-free.
Brown or bloody urine.	Symptom-free.
Stiff neck	Symptom-free.
Unusually sleepy, lethargic or grumpy.	Symptom-free.
Strep throat diagnosed by M.D.	Must have been on antibiotics for 24 hours. If no antibiotic given, call school before sending child back.
Eye discharge or conjunctivitis (pinkeye)	The condition is clear or until 24 hours of antibiotic treatment.
Open or oozing sores	Properly covered and 24 hours has passed since starting antibiotic treatment, if antibiotic treatment is necessary.
Head lice	No lice or nits are present
Scabies	Treatment has been completed
After an illness of two or more weeks, surgery, or other change in health status.	Written instructions from the doctor regarding medication or special health needs must be provided to the school.

Children with any of the above symptoms/conditions are separated from the group and a parent/guardian or emergency contact is notified to pick up the child.

We notify parents and guardians when their children may have been exposed to a communicable disease or condition (other than the common cold) and provide them with information about that disease or condition. We notify parents and guardians of possible exposure by email, letter or posted notice.

Individual child confidentiality is maintained.

In order to keep track of contagious illnesses (other than the common cold), an Illness Log is kept. Each entry includes the child's name, classroom, and type of illness. We maintain confidentiality of this log.

Staff members follow the same exclusion criteria as children.

NOTIFIABLE CONDITIONS AND COMMUNICABLE DISEASE REPORTING

Licensed childcare providers in Washington are required to notify Public Health when they learn that a child has been diagnosed with one of the communicable diseases listed below. **In addition, providers should also notify their Public Health Nurse when an unusual number of children and/or staff are ill (for example, >10% of children in a center, or most of the children in the toddler room), even if the disease is not on this list or has not yet been identified.**

To report any of the following conditions, call Public Health CD/EPI at (206) 296-4774.

Acquired immunodeficiency syndrome(AIDS)
Animal Bites
Anthrax
Arboviral disease (for example, West Nile virus)
Botulism (foodborne, wound, and infant)
Brucellosis
Burkholder mallei and pseudomallei
Campylobacteriosis
Chancroid
Chlamydia
Cholera
Cryptosporidiosis
Cyclosporiasis
Diphtheria
Diseases of suspected **bioterrorism origin**
Diseases of suspected **foodborne origin**
Diseases of suspected **waterborne origin**
Domoic acid poisoning
Enterohemorrhagic ***E. coli,*** (including *E. coli* O157:H7 infection)
Giardiasis
Gonorrhea
Granuloma inguinale
***Haemophilus influenzae* invasive disease**
Hantavirus pulmonary syndrome
Hemolytic uremic syndrome
Hepatitis A, acute
Hepatitis B, acute
Hepatitis B, chronic
Hepatitis C, acute, or chronic
Hepatitis, unspecified (D, E)
HIV infection
Immunization reactions, (severe, adverse)
Influenza, novel or untypable strain
Legionellosis
Leptospirosis
Listeriosis
Lyme disease
Lymphogranuloma venereum
Malaria
Measles
Meningococcal disease
Monkeypox
Mumps
Paralytic shellfish poisoning
Pertussis
Plague
Poliomyelitis
Prion disease
Psittacosis
Q fever
Rabies and Rabies Exposures
Rare diseases of public health significance
Relapsing fever
Rubella
Salmonellosis
SARS
Sexually Transmitted Diseases (chancroid, gonorrhea, syphilis, genital herpes simplex, granuloma inguinale, lymphogranuloma venerium, *Chlamydia trachomatis*)
Shigellosis
Smallpox
Tetanus
Trichinosis
Tuberculosis
Tularemia
Vaccinia transmission
Vancomyacin resistant S. Aureus
Typhus
Unexplained critical illness or death
Vibriosis
Viral hemorrhagic fever
Yellow fever
Yersiniosis

IMMUNIZATIONS

To protect all children and staff, each child in our center has a completed and signed Certificate of Immunization Status (CIS) on site. The official CIS form or a copy of both sides of that form is required. (Other forms/printouts are not accepted in place of the CIS form.) The CIS form is returned to parent/guardian when the child leaves the program. The CIS form can be found here in multiple languages: http://www.doh.wa.gov/YouandYourFamily/Immunization/FormsandPublications/Forms

Immunization records are reviewed quarterly by Click here to enter text. until the child is fully immunized.

Children are required to have the following immunizations:

DTaP (Diphtheria, Tetanus, Pertussis)

IPV (Polio)

MMR (Measles, Mumps, Rubella)

Hepatitis B

HIB (Haemophilus influenzae type b) *until age 5*

Varicella (Chicken Pox) or Health Care Provider verification of disease

PCV (Pneumococcal bacteria) *until age 5*

If a parent or guardian chooses to exempt their child from immunization requirements, they must complete and sign the Certificate of Exemption Form. The exemption form can be found in multiple languages here: http://www.doh.wa.gov/YouandYourFamily/Immunization/FormsandPublications/Forms.

If the exemption is for medical, religious, or personal/philosophical reason the child's health care provider (MD, DO, ND, PA, ARNP) must also sign the Certificate of Exemption form or provide a signed letter verifying that the parent or guardian received information on the benefits and risks of immunizations.

If the exemption is for membership in a religious body or church that does not allow medical treatment then the parent or guardian must provide the name of this church or body. It is not necessary to obtain a health care provider's signature.

A current list of exempted children is maintained at all times.

Children who are not immunized may not be accepted for care during an outbreak of a vaccine-preventable disease. This is for the protection of the unimmunized child and to reduce the spread of the disease. This determination will be made by Public Health's Communicable Disease and Epidemiology division.

Current immunization information and schedules are available at:
http://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/VaccineRequirements

MEDICATION POLICY

- ➢ Medication is accepted only in its **original container**, labeled with **child's full name**.
- ➢ Medication is **not** accepted if it is **expired**.
- ➢ Medication is given **only** with prior **written** consent of a child's parent/ guardian. This consent on the medication authorization form includes **all of the following:**
  - Child's name,
  - Name of the medication,
  - Reason for the medication,
  - Dosage,
  - Method of administration,
  - Frequency (**cannot** be given "as needed"; consent must specify *time* at which and/or *symptoms* for which medication should be given),
  - Duration (start and stop dates),
  - Special storage requirements,
  - Any possible side effects (from package insert or pharmacist's written information), *and*
  - Any special instructions.

The "Medication Authorization form" is available on the web site,
http://www.kingcounty.gov/healthservices/health/child/childcare/modelhealth.aspx

Parent /Guardian Consent

1. A parent/guardian may provide the sole consent for a medication, (without the consent of a health care provider), **if and only if** the medication meets all of the following criteria:

   a. The medication is over-the-counter and is one of the following:

   - Antihistamine
   - Non-aspirin fever reducer/pain reliever
   - Non-narcotic cough suppressant
   - Decongestant
   - Ointment or lotion intended specifically to relieve itching or dry skin
   - Diaper ointment or non-talc powder intended for use in diaper area
   - Sunscreen for children over 6 months of age;
   - Hand sanitizers for children over 12 months of age ***and***

b. The medication has instructions and dosage recommendations for the child's age and weight; *and*
c. The medication duration, dosage, amount, and frequency specified on consent form is consistent with label directions and does not exceed label recommendations.

2. Written consent for medications covers only the course of illness or specific "time limited" episode.

3. Written consent for sunscreen is valid up to 6 months.

Health Care Provider Consent

1. The written consent of a health care provider with prescriptive authority is required for prescription medications and all over-the-counter medications that do not meet the above criteria (including vitamins, iron, supplements, oral rehydration solutions, fluoride, herbal remedies, and teething gels and tablets).

2. Medication is added to a child's food or liquid only with the **written consent of health care provider.**

3. A licensed health care provider's consent is accepted in one of 3 ways:

   - The provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, frequency [cannot be given "as needed"], duration, and expiration date); *or*
   - The provider signs a note or prescription that includes the information required on the pharmacist's label; *or*
   - The provider signs a completed medication authorization form.

   Parent/guardian instructions are required to be consistent with any prescription or instructions from health care provider.

Medication Storage

1. Medication is stored: Click here to enter text. *(where)* and is:
   - Inaccessible to children
   - Separate from staff medication
   - Protected from sources of contamination
   - Away from heat, light, and sources of moisture
   - At temperature specified on the label (i.e., at room temperature or refrigerated)
   - So that internal (oral) and external (topical) medications are separated
   - Separate from food
   - In a sanitary and orderly manner

2. Rescue medication (e.g., EpiPen® or inhaler) is stored in the "Grab n' Go" bag in locked cabinet.

4. Controlled substances (e.g., ADHD medication) are stored in a locked container. Controlled substances are counted and tracked with a medication record form.

5. Medications no longer being used are promptly returned to parents/guardians, discarded in trash inaccessible to children, or in accordance with current hazardous waste recommendations. (Medications are not disposed of in sink or toilet.) www.takebackyourmeds.org

6. Staff medication is stored in locked cabinet, out of reach of children. Staff medication is clearly labeled as such.

Emergency supply of critical medications

For children's critical medications, including those taken at home, we ask for a 3-day supply to be stored on site along with our disaster supplies. Staff are also encouraged to supply the same. Critical medications – to be used only in an emergency when a child has not been picked up by a parent, guardian, or emergency contact – are stored locked cabinet, medication is kept current (not expired).

Staff Administration and Documentation

1. Medication is administered by staff trained in medication administration.

2. Staff members who administer medication to children are trained in medication procedure and center policy. A record of the training is kept in staff files.

3. The parent/guardian of each child requiring medication involving special procedures (e.g., nebulizer, inhaler, EpiPen®) trains staff on those procedures. A record of trained staff is maintained on/with the medication authorization form.

4. Staff giving medication documents the time, date, and dosage of the medication given on the child's medication authorization form. Each staff member initials each time a medication is given and signs full signature once at the bottom of the page.

5. Any observed side effects are documented by staff on the child's medication authorization form and reported to parent/guardian. Notification is documented.

6. If a medication is not given, a written explanation is provided on authorization form.

7. Outdated medication authorization forms are promptly removed from the classroom and placed in the child's file.

8. All information related to medication authorization and documentation is considered confidential and is stored out of general view.

Medication Administration Procedure

The following procedure is followed each time a medication is administered:

1. ***Wash hands*** *before preparing medications.*

2. *Carefully read all relevant instructions, including labels on medications, noting:*
   - *Child's name,*
   - *Name of the medication,*
   - *Reason for the medication,*
   - *Dosage,*
   - *Method of administration,*
   - *Frequency,*
   - *Duration (start and stop dates),*
   - *Any possible side effects, and*
   - *Any special instructions*

   Information on the label must be consistent with the individual medication form.

3. *Prepare medication on a clean surface away from diapering or toileting areas.*

   - *Do not add medication to child's bottle/cup or food without health care provider's written consent.*
   - *For liquid medications, use clean medication spoons, syringes, droppers, or medicine cups with measurements provided by the parent/guardian (not table service spoons).*
   - *Bulk medication is dispensed in a sanitary manner (sunscreen, diaper ointment)*

4. *Administer medication.*

5. ***Wash hands*** *after administering medication.*

6. *Observe the child for side effects of medication and document on the child's medication authorization form.*

7. Document medication administration

HEALTH RECORDS

Each child's health record will contain:

- Health, developmental, nutrition, and dental histories
- Date of last physical exam
- Name and phone number of health care provider and dentist
- Allergy information and food intolerances
- Individualized care plan for child with special health care needs (medical, physical, developmental or behavioral)

  Note: In order to provide consistent, appropriate, and safe care, a copy of the plan should also be available in child's classroom.

- List of current medications
- Current "Certificate of Immunization Status" (CIS) form
- Consent for emergency care
- Preferred hospital
- Any assistive devices used (e.g., glasses, hearing aids, braces)

The above information will be updated annually or sooner for any changes.

CHILDREN WITH SPECIAL NEEDS

If our center accepts a child with a medically complex condition, defined as "a health condition that can put the child in danger of death during the school day or that requires close monitoring," we will work with the family of the student and the health care professional to devise a plan of support. This plan should include medications, medical supplies, and alternate foods, if necessary, to meet the student's needs. This Individual Health Care Plan (IHCP) will be developed and signed in collaboration with the student's parents and a health care professional. It must be acceptable to the school, and be within the resources of the school to provide. These plans shall be kept on file and updated annually. *(See Archdiocese of Seattle Catholic Schools Policies Manual, 4.11(I))*.

HANDWASHING

Liquid soap, warm water (between 85° and 120° F)**, and paper towels or single-use cloth towels are available for staff and children at all sinks, at all times.**

All **staff** wash hands with soap and water:

(a) Upon arrival at the site and when leaving at the end of the day

(b) Before and after handling foods, cooking activities, eating or serving food

(c) After toileting self or children

(d) Before, during (with wet wipe - this step only), and after diaper changing

(e) After handling or coming in contact with body fluids such as mucus, blood, saliva, or urine

(f) Before and after giving medication

(g) After attending to an ill child

(h) After smoking

(i) After being outdoors

(j) After feeding, cleaning, or touching pets/animals

(k) After giving first aid

Children are assisted or supervised in handwashing:

(a) Upon arrival at the site and when leaving at the end of the day

(b) Before and after meals and snacks or cooking activities (in handwashing, not in food prep sink)

(c) After toileting or diapering

(d) After handling or coming in contact with body fluids such as mucus, blood, saliva or urine

(e) After outdoor play

(f) After touching animals

(g) Before and after water table play

Handwashing Procedure

The following handwashing procedure is followed:

1. Turn on water and adjust temperature.
2. Wet hands and apply a liberal amount of liquid soap.
3. Rub hands in a wringing motion from wrists to fingertips for a period of not less than 20 seconds.
4. Rinse hands thoroughly.
5. Dry hands using an individual paper towel.
6. Use hand-drying towel to turn off water faucet(s) and open any door knob/latch before discarding.
7. Apply lotion, if desired, to protect the integrity of skin.

Handwashing procedures are posted at each sink used for handwashing.

CLEANING, SANITIZING, DISINFECTING AND LAUNDERING

Cleaning, rinsing, and sanitizing are required on most surfaces in child care facilities, including tables, counters, toys, diaper changing areas, etc. This 3-step method helps maintain a more sanitary child care environment and healthier children and staff.

1. **Cleaning** removes a large portion of germs, along with organic materials - food, saliva, dirt, etc. – which decrease the effectiveness of disinfectants.
2. **Rinsing** further removes the above, along with any excess detergent/soap.
3. **Sanitizing/disinfecting** kills the vast majority of remaining germs.

Definitions:

- Sanitizers are used to reduce germs from surfaces but not totally get rid of them. Sanitizers reduce the germs from surfaces to levels that are considered safe.
- Disinfectants are chemical products that destroy or inactivate germs and prevent them from growing. Disinfectants are regulated by the U.S. Environmental Protection Agency (EPA).

Storage:

Our cleaning and sanitizing supplies are stored in a safe manner: in a locked cabinet separate from medications. All such chemicals are:

1. Inaccessible to children,
2. In their original container,
3. Separate from food and food areas (not above food areas),
4. In a place which is ventilated to the outside,
5. Kept apart from other incompatible chemicals
   (e.g., bleach and ammonia create a toxic gas when mixed), ***and*** in a secured cabinet, to avoid a potential chemical spill in an earthquake

3 Step Method:

Clean

Spray with a dilution of a few drops of liquid dish detergent and water, then wipe surface with a *paper towel.*

Rinse

S*pray with clear water and wipe with a paper towel.*

Sanitize/disinfect

Spray with a dilution of *bleach and water (see table),* leave on surface for a minimum of 2-minutes or allow to air dry.

Bleach solutions are prepared using "Guidelines for Mixing Bleach"

Note: Use only plain unscented bleach.

Guidelines for Mixing Bleach

FIRST: Check the label on your bottle of bleach for the sodium hypochlorite concentration, for example: 8.25%, 5.25 -6% or 2.75%

NEXT: Find the correct bleach concentration on the chart below

Guidelines for Mixing Bleach

Bleach Concentration of 8.25%

Solution for **disinfecting**	**Amount of Bleach**	**Amount of Water**	**Contact time**
Body fluids, General Areas, Bathrooms and Diapering	**1 ½ teaspoons**	1 Quart	2 minutes
	2 Tablespoons	**1 Gallon**	

Bleach Concentration of 5.25% - 6.25%

Solution for **disinfecting**	**Amount of Bleach**	**Amount of Water**	**Contact time**
Body fluids, General Areas, Bathrooms and Diapering	**2 ¼ teaspoons**	1 Quart	2 minutes
	3 Tablespoons	**1 Gallon**	

Bleach Concentration of 2.75%

Solution for **disinfecting**	**Amount of Bleach**	**Amount of Water**	**Contact time**
Body fluids, General Areas, Bathrooms and Diapering	**1 ½ Tablespoons**	1 Quart	2 minutes
	1/3 Cup *plus* 1 Tablespoon	**1 Gallon**	

Sanitizing with 8.25 %, 5.25%-6.25% or 2.75%

Solution for **sanitizing** in Classrooms, Kitchen and Food surfaces	**Amount of Bleach**	**Amount of Water**	**Contact time**
8.25%	**1/4 teaspoon**	1 quart	2 minutes
	1 teaspoon	**1 gallon**	2 minutes
5.25-6.25%	**½ teaspoon**	1 quart	2 minutes
	2 teaspoons	**1 gallon**	2 minutes

2.75%	**1 teaspoon**	1 quart	2 minutes
	1 Tablespoon	**1 gallon**	2 minutes

(Adapted from WA DOH Guidelines for Mixing Bleach Solutions, 9/2014)

To avoid cross-contamination 2 sets of spray bottles are used. One set for disinfecting and one set for sanitizing areas.

- Bleach solution is applied to surfaces that have been cleaned and rinsed.
- Bleach solution is allowed to remain on surface for at least 2 minutes or air dry.
- Bleach solutions are made up daily by a.m. Lead Teacher, using measuring equipment. For those staff handling full-strength bleach, we supply protective gear, including gloves and eye protection, as per manufacturer's instructions in accordance with WISHA.
- Bleach solutions are prepared in the kitchen area.

Cleaning, Sanitizing & Disinfecting Specific Areas and Items

Bathrooms

- Sinks and counters are cleaned, rinsed, and disinfected daily or more often if necessary.
- Toilets are cleaned, rinsed, and disinfected daily or more often if necessary. Toilet seats are monitored and kept sanitary throughout the day.

Napping mats

- Napping mats are washed, rinsed, and sanitized weekly, before use by a different child, after a child has been ill, **and** as needed.

Door handles

- Door handles are cleaned, rinsed, and disinfected daily, or more often when children or staff members are ill.

Drinking Fountains

- Drinking fountains are cleaned, rinsed, and disinfected daily or as needed.

Floors

- Solid-surface floors are swept, washed, rinsed, and disinfected daily. Disinfectant is not used when children are present.
- Carpets and rugs in all areas are vacuumed daily and professionally steam-cleaned every 3 months (every 1 month in infant room) or as necessary. Carpets are not vacuumed when children are present *(due to noise and dust)*.

Furniture

- Upholstered furniture is vacuumed daily and professionally steam-cleaned every six months or as necessary.
- Painted furniture is kept free of paint chips. No bare wood is exposed; paint is touched up as necessary. *(Bare wood cannot be adequately cleaned and* sanitized*.)*

Garbage

- Garbage cans are lined with disposable bags and are emptied when full.
- Outside surfaces of garbage cans are cleaned, rinsed, and disinfected daily. Inside surfaces of garbage cans are cleaned, rinsed, and disinfected as needed.

Kitchen

- Kitchen counters and sinks are cleaned, rinsed, and sanitized before and after preparing food.
- Equipment (such as blenders, can openers, and cutting boards) is washed, rinsed, and sanitized after each use.

Laundry

- Cloths used for cleaning or rinsing are laundered after <u>each</u> use.
- Laundry is washed at the hottest setting with bleach added during rinse cycle (measured amount as per manufacturer's instructions).

Mops

- Mops are cleaned, rinsed, and disinfected in a utility sink, then air dried in an area with ventilation to the outside and inaccessible to children.

Tables

- Tables are cleaned, rinsed, and sanitized before and after snacks or meals.

Toys

- **Only washable toys are used.**
- Cloth toys and dress-up clothes are washed weekly (or as necessary) with hot water.
- Other toys are washed, rinsed, and sanitized weekly (and as necessary) as described above for "mouthed toys."

Water Tables

- Water tables are emptied and cleaned, rinsed, and sanitized after each use, and as necessary.
- Children wash hands before and after water table play.

♦ **General cleaning of the entire facility is done as needed.**

♦ **There are no strong odors of cleaning products in our facility.**

♦ **Air fresheners and room deodorizers are not used.**

SOCIAL-EMOTIONAL-DEVELOPMENTAL CARE

Establishing positive relationships with children and their families is extremely important. All of us learn best when we are supported and understood and have positive connections to our teachers. Childcare professionals must role model the social –emotional behavior they want to see develop in their students. Children come from many different kinds of families and from many different experiences. Some children come to you compromised by a variety of stressors; some children may have even been deprived of the relationships they needed to thrive. Other children have the benefit of adequate resources. Regardless of what children bring to your class they all must have your warmth and attention.

- Always address children with respect and a calm voice.
- See yourself as a learning partner not a power figure.
- Allow children to have a voice in solutions to their problems.

Program and Environment

- Classrooms have developmentally appropriate and interesting curriculum that reflects the culture of all the children served.
- Opportunities are provided for choice and curricula that enhance the development of self-control and social skills.
- Teachers provide children with the comforts of routine and structure that are flexible so as to meet the needs of a wide range of children.
- Teachers work to establish a respectful, warm and nurturing relationship with each child in the classroom, parents and colleagues.
- Teachers spend time at floor/eye level with the children.
- Voices are calm.
- A problem solving approach is used with everyone.
- Children are comforted when they feel unhappy.
- Discipline is seen as an opportunity to teach children self-control and skill building.
- Behavior policies focus on problem solving with all concerned parties, rather than listing negative behaviors to be punished by disenrollment.
- When a child has behavioral/social/emotional difficulties, outside resources will be accessed and a plan made to support the child.

- ✳ Should the program decide they cannot meet the needs of a child, outside resources will be used to help the parent find services and placement that meet the child's needs.

NAPPING/ QUIET TIME

1. Children follow their individual sleep patterns.
2. Alternate quiet activities are provided for a child who is not napping (while others are doing so).
3. Rooms are kept light enough to allow for easy observation of sleeping children.
4. Mats are spaced a minimum of 30 inches apart. If space doesn't allow 30" spacing, place children head-to-toe as far apart as possible.
5. Mats are enclosed in washable covers. Children do not sleep on bare uncovered surfaces.

FOOD SERVICE

☐We prepare only snacks at our center.

Requirement	Snack (at least 2 of the 4 components listed)
A fruit or vegetable or one hundred percent fruit or vegetable juice	X
Fruits or vegetables (two fruits or two vegetables or one fruit and one vegetable). Juice must be one hundred percent fruit or vegetable	
A dairy product (such as milk, cheese, yogurt, or cottage cheese)	X
A grain product (such as bread, cereal, rice cake or bagel)	X
Meat or meat alternative (such as beef, fish, poultry, legumes, tofu, or beans)	X
A liquid to drink- can be water or one of the required components such as milk, fruit or vegetable juice.	X
** A daily minimum of one serving of Vitamin C fruit, vegetable, or juice is included ** Foods high in Vitamin A are included three or more times weekly	

Food handler permits are required for staff that prepare full meals and are encouraged for all staff. An "in charge" person with a food handler permit is onsite during all hours of operation, to assure that all food safety steps are followed. Documentation is in staff files.

Orientation and training in safe food handling is given to all staff and documented.

Ill staff or children do not prepare or handle food. Food workers may not work with food if they have:

- Diarrhea, vomiting or jaundice
- Diagnosed infections that can be spread through food such as Salmonella, Shigella, E. coli or hepatitis A
- Infected, uncovered wounds
- Continual sneezing, coughing or runny nose

Staff wash hands with soap and warm running water prior to food preparation and service in a designated hand-washing sink – never in a food preparation sink.

Gloves are worn or utensils are used for direct contact with food. Wash hands before donning gloves and change gloves when you handle a new type of food *(No bare hand contact with ready-to-eat food is allowed.) Gloves must also be worn if the food preparation person is wearing fingernail polish or has artificial nails. We highly recommend that food service staff keep fingernails trimmed to a short length for easy cleaning. (Long fingernails are known to harbor bacteria).*

Employees preparing food shall keep their hair out of food by using some method of restraining hair. Hair restraints include hair nets, hats, barrettes, ponytail holders and tight braids.

Refrigerators and freezers have thermometers placed in the warmest section (usually the door). Thermometers stay at or below 41º F in the refrigerator and 10°F in the freezer. Temperature is logged daily.

Microwave ovens, if used to reheat food, are used with special care. Food is heated to 165 degrees, stirred during heating, and allowed to cool at least 2 minutes before serving. *Due to the additional staff time required, and potential for burns from "hot spots," use of microwave ovens is not recommended.*

Chemicals and cleaning supplies are stored away from food and food preparation areas.

Kitchen – cleaning and sanitizing:

- Kitchen counters and sinks are cleaned, rinsed, and sanitized before and after preparing food.
- Equipment (such as blenders, can openers, and cutting boards) is washed, rinsed and sanitized after each use.

Dishwashing complies with safety practices:

- Hand dishwashing is done with three sinks or basins (wash, rinse, sanitize).
- Dishwashers have a high temperature sanitizing rinse (140º F residential or 160ºF commercial) or chemical sanitizer.

Cutting boards are washed, rinsed, and sanitized between each use. No wooden cutting boards are used.

Food prep sink is not used for general purposes or post-toilet/post-diapering handwashing.

Kitchen counters, sinks, and faucets are washed, rinsed, and sanitized before food production.

Tabletops where children eat are washed, rinsed, and sanitized before and after every meal and snack.

Thawing frozen food: frozen food is thawed in the refrigerator 1-2 days before the food is on the menu, or under cold running water. *Food may be thawed during the cooking process IF the item weighs less than 3 pounds. If cooking frozen foods, plan for the extra time needed to cook the food to the proper temperature. Microwave ovens cannot be used for cooking meats, but may be used to cook vegetables.*

Food is cooked to the correct internal temperature:

Ground Beef 155º F	Fish 145º F
Pork 145º F	Poultry 165º F

Holding hot food: hot food is held at 135° F or above until served.

Holding cold food: food requiring refrigeration is held at 41°F or less.

A digital thermometer is used to test the temperature of foods as indicated above, and to ensure foods are served to children at a safe temperature.

Cooling foods is done by one of the following methods:

- Shallow Pan Method: Place food in shallow containers (metal pans are best) 2" deep or less, on the top shelf of the refrigerator. Leave uncovered and then either put the pan into the refrigerator immediately or into an ice bath or freezer (stirring occasionally).
- Size Reduction Method: Cut cooked meat into pieces no more than 4 inches thick.

Foods are covered once they have cooled to a temperature of 41° F or less.

Leftover foods *(foods that have been below 41° F or above 135° F and have not been served*) are cooled, covered, dated, and stored in the refrigerator or freezer. Leftover food is refrigerated immediately and is not allowed to cool on the counter.

Reheating foods: foods are reheated to at least 165º F in 30 minutes or less

☐ We use **catered foods** at our center, and

- The temperature of catered food provided by a caterer or satellite kitchen is checked with a digital thermometer upon arrival. *Foods that need to be kept cool must arrive at a temperature of 41º F or below. Foods that need to be kept hot must arrive at a temperature of 135° F or above.* **Foods that do not meet these criteria are deemed unsafe and are returned to the caterer.**
- Documentation of daily temperatures of food is kept in the kitchen. The initials or name of the person accepting the food is recorded.
- A permanent copy of the menu (including any changes made or food returned) is kept for at least 6 months in the Director's files.
- A copy of the caterer's contract or operating permit is kept in the Director's files.

Be sure to keep "back up" food available to serve, should the food arrive out of the proper temperature range. Good items to have on hand include tuna fish and baked beans.

Food substitutions, due to allergies or special diets and authorized by a licensed healthcare provider, are provided within reason by the center.

When children are involved in cooking projects our center assures safety by:

- Closely supervising children,
- Ensuring all children and staff involved wash hands thoroughly,
- Planning developmentally-appropriate cooking activities *(e.g., no sharp knives),*
- Following all food safety guidelines.

Perishable items in sack lunches are refrigerated upon arrival at the center.

NUTRITION

1. Menus are posted at least one week in advance and dated.
2. Menus follow the current CACFP Meal Pattern for meals and snacks.
3. Menus do not repeat food combinations within a 2 week period.
4. Menus list specific types of fruits, vegetables, crackers etc.
5. Food is offered at intervals not less than 2 hours and not more than 3.5 hours apart.

Our center is open 9 hours or more; we serve:

☐ three snacks and one meal

The following meals and snacks are served by the center:

Time	Meal/Snack
10:00 a.m.	Morning snack
12:30 p.m.	Lunch
3:00 p.m.	Afternoon Snack
5:30 p.m.	Evening Snack

6. Each snack or meal includes water to drink.

7. Only 1% or nonfat milk is served to children over 2 years and whole milk to children between 12 and 24 months old.

8. Juice is limited to 2 or less times a week.

9. For children at the center for 1 or more hours a 2 component snack must be served.

10. A fruit or vegetable is served as part of the PM snack.

11. Foods high in fat, added sugar and salt are limited.

12. Menus include hot and cold foods and vary in color, flavor and texture. (Food choices may need to be limited to items requiring no preparation in facilities without a food preparation area or where only a bathroom sink is available.)

13. Ethnic and cultural foods are incorporated into the menu.

14. Menus are followed. Necessary substitutions are noted on the permanent menu copy.

15. Permanent menu copies are kept on file for at least six months. *(USDA requires food menus to be kept for 3 years including the current year.)*

16. Families who provide sack lunches are notified in writing of the food requirements for mealtime. We have available food supplies to supplement food brought from home that **does not meet** the nutrition requirements.

17. Children have free access to drinking water throughout the day (individual disposable cups or single use glasses only).

18. Children with food allergies and medically-required special diets have diet prescriptions signed by a health care provider on file. Names of children and their specific food allergies are posted in the kitchen, and the area where food is eaten by the child. Confidentiality is maintained.

19. Children with severe and/or life threatening food allergies have a completed individual care plan signed by the parent and health care provider.

20. Diet modifications for food allergies, religious and/or cultural beliefs are accommodated and posted in the kitchen and eating area. All food substitutions are of equal nutrient value and are recorded on the menu or on an attached sheet of paper.

Mealtime Environment and Socialization

1. Mealtime and snack environments are developmentally appropriate and support children's development of positive eating and nutritional habits.

- Staff sit (and preferably eat) with children and have casual conversations with children during mealtimes.
- Children are not coerced or forced to eat any food.
- Children decide how much and which foods to choose to eat of the foods available.
- Food is not used as a reward or punishment.
- Foods are served family style to promote self-regulation.
- Staff provide healthy nutritional role modeling (serving sizes of foods, appropriate mealtime behavior and socialization during mealtime).

2. Staff do not eat foods other than those the children eat (unless the children's lunches are brought from home).

3. Coffee, tea, pop and beverages other than water or those served to the children are not consumed by staff while children are in their care, in order to prevent scalding injuries and to role model healthy eat.

SWEET TREAT POLICY

Dessert-like items should be low in fat and contribute important nutrients such as vitamin A and Vitamin C, minerals such as iron and calcium, and/or fiber. **Food brought from home is limited to store purchased, uncut fruit and vegetables or food pre-packaged in original manufacturer's containers**. Programs are responsible for reading food labels of items provided by parents to determine if the food is safe for children with food allergies to consume.

Examples include:

Muffins or bread made with fruit or vegetables
Puddings and custards
Cobblers and pies made with lightly sweetened fruits
Plain or vanilla yogurt
Waffles or pancakes topped with crushed fruit
Bars made with whole grains and seeds
Cookies modified for fat and sugar content
Plain cakes modified for fat and sugar content
Frozen juice popsicles
Vegetable juice
Fruit salad with vanilla yogurt

For infants and toddlers (ages 6 months to 3 years), the dessert items should not contain nuts, seeds, raisins, dates, peanut butter, large pieces of fresh fruit or vegetables that may cause choking. Honey and items containing honey should not be given to infants under one year of age.

Special "treats" for celebrations should be limited to no more than twice a month; this should be coordinated and monitored by the classroom teacher. Items that are health promoting should always be encouraged; information is available for parents with ideas for birthday, holiday or special occasions "treat". Each delegate agency is responsible for providing this information to parents.

Cultural and ethnic food items that are considered dessert or special "treat" may be served to honor cultures represented in the program. Examples may include sticky rice and sweet rice such as banh bo, noodle-based dessert, lefse, flan, sweet potato pie (modified for fat and sugar), bean dessert items, sambusa or "mush-mush". Recipes or directions from parents could be shared with food service staff who prepares the item. Use of non-food items to celebrate special occasions is encouraged. Examples of these types of items include: stickers, pencils, birthday "hats" or crowns, bubble solution, or piñatas filled with these items.

PHYSICAL ACTIVITY AND SCREEN TIME LIMITATIONS

Adequate physical activity is important for optimal physical development and to encourage the habit of daily physical activity. Active play time includes a balance of a few teacher directed activities as well as child initiated play. The structured activities help contribute to skill building and promote fitness. The focus is on fun and interactive games and movement that also serve to enhance social and emotional skill development.

- Our center ensures that **all children** get at least 20-30 minutes of moderate to vigorous physical activity per every 3 hours of care. Children in care for more than one hour are ensured at least 20 minutes of **outdoor play**.
- Infants are taken outside at least twice a day.
- Toddlers get 60-90 minutes of active play and pre-school and school-age get 90-120 minutes of active play time (moderate to vigorous activity level) during full day care.
- All children get **outdoor play** at least 2-3 times during full day care (children go outside in all weather (rain, snow etc…) unless it is dangerous or unhealthful.

Screen Time

- Children under 2 years do not get any screen time.
- Children over 2 years TV is limited to 30 minutes of educational viewing per week, if at all. Computer use is limited to 15 minute increments of play time, except when children are completing school lessons.

DISASTER PREPAREDNESS

Plan and Training

Our Center has developed a Disaster Preparedness Plan/Policy. Our plan includes responses to the different disasters our site is vulnerable to, as well as procedures for on- and off-site evacuation and shelter-in-place. Evacuation routes are posted in each classroom. Our disaster preparedness plan/policy is posted in each classroom and in our parent information area.

Staff are oriented to our disaster policy upon hire and annually. Families are oriented to our disaster policy upon enrollment and annually. Documentation of all orientation is kept on file.

Staff are trained in the use of fire extinguishers. The following staff persons are trained in utility control (how to turn off gas, electric, water): Director and Lead Teachers.

Disaster and earthquake preparation and training are documented.

Supplies

Our center has a supply of food and water for children and staff for at least 72 hours, in case parents/guardians are unable to pick up children at the usual time. Heidi Ehrenberg is responsible for stocking supplies. Expiration dates of food, water, and supplies are checked at least annually and supplies are rotated accordingly. Essential prescribed medications and medical supplies are also kept on hand for individuals needing them. Each room has a fully stocked "Grab n' Go" bag. "Grab n' Go" bag supply list is available at: http://www.kingcounty.gov/healthservices/health/child/childcare/preparedness.aspx

Hazard Mitigation

We have taken action to make our center earthquake/disaster-safe. Bookshelves, tall furniture, refrigerators, crock pots, and other potential hazards are secured to wall studs. We continuously monitor all rooms and offices for anything that could fall and hurt someone or block an exit – and take action to correct these things. Sal Pagan is the primary person responsible for hazard mitigation, although all staff members are expected to be aware of their environment and make changes as necessary to increase safety.

Drills

Fire drills are conducted and documented each month. Disaster drills are conducted quarterly.

STAFF HEALTH

1. New staff and volunteers must document a tuberculin skin test (Mantoux method) within the past year, unless not recommended by a licensed healthcare provider.

2. Staff members who have had a positive tuberculin skin test in the past will always have a positive skin test, despite having undergone treatment. These employees do not need documentation of a skin test. Instead, by the first day of employment, documentation must be on record that the employee has had a negative (normal) chest x-ray and/or completion of treatment.

3. Staff members do not need to be retested for tuberculosis unless they have an exposure. If a staff member converts from a negative test to a positive test during employment, medical follow up will be required and a letter from the health care provider must be on record that indicates the employee has been treated or is undergoing treatment.

4. Our center complies with all recommendations from the local health jurisdiction. (TB is a reportable disease.).

5. Staff members who have a communicable disease are expected to remain at home until no longer contagious. Staff are required to follow the same guidelines outlined in EXCLUSION OF ILL CHILDREN in this policy.

6. Staff members are encouraged to consult with their health care provider regarding their susceptibility to vaccine-preventable diseases.

7. Staff who are pregnant or considering pregnancy are encouraged to inform their health care provider that they work with young children. *When working in child care settings there is a risk of acquiring infections which can harm a fetus or newborn. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (German measles or 3-day measles), In addition to the infections listed here, other common infections such as influenza and Hand Foot and Mouth disease can be more serious for pregnant women and newborns. Good hand washing, avoiding contact with ill children and adults, and cleaning of contaminated surfaces can help reduce those risks.*

8. Adult sized chairs will be provided for staff.

9. Staff will not step over gates or other barriers.

Recommendations for adult immunizations are available at

http://www.doh.wa.gov/YouandYourFamily/Immunization

CHILD ABUSE AND NEGLECT

1. Child care providers are state mandated reporters of child abuse and neglect; we immediately report suspected or witnessed child abuse or neglect to Child Protective Services (CPS). The phone # for CPS is 1-800-609-8764.

2. Signs of child abuse and/or neglect are documented and that information is kept confidentially in the Director's office.

3. Training on identifying and reporting child abuse and neglect is provided to all staff and documentation kept in staff files.

4. Licensor is notified of any CPS report made.

ANIMALS ON SITE

☐We have no animals on site.

NO SMOKING POLICY

1. Staff will not smoke in the presence of children or parents while at work.

2. There will be no smoking on site or in outdoor areas immediately adjacent to any buildings (not within 25 feet of an entrance, exit, or ventilation intake of the building) where there are classrooms regardless of whether or not children are on the premises. (Rationale: residual toxins from smoking can trigger asthma and allergies when children do use the space). There is no smoking allowed in any vehicle that children are transported in.

3. If staff members smoke, they must do so away from the school property, and out of sight of parents and children. They should make every attempt to not smell of smoke when they return to the classroom. Wearing a smoking jacket that is not brought into the building is helpful.

4. Public Health Department staff will be available to provide trainings and resources regarding the effects of smoking to families as requested by the centers.