Public Health
Seattle & King County

Summersun Montessori
HEALTH POLICY

Child Care Center Name:	Summersun Montessori School
Director:	Janice Hunt
Street:	1804 Martin Road
City, State, & Zip:	Mount Vernon, WA 98273
Telephone:	360-428-3510
Cross Street:	College Way- Martin Road
Email:	SummersunSchool@msn.com
Website:	www.Summersun-Montessori.com
Hours of operation:	7:00am - 5:30pm Monday - Friday
Ages served:	2 years old - 6 years old

Emergency telephone numbers:

Fire/Police/Ambulance: **911**

C.P.S.: **1-800-409-4649**
Mt Vernon office: **360-416-7200**

Poison Center: **1-800-222-1222**

Animal Control: 360-336-6201

Other important telephone numbers:

Skagit County Health Department		Phone:	360-336-9380
Public Health Nurse Consultant:	Linda Albert	Phone:	360-419-3322
Public Health Nutrition Consultant:		Phone:	
DEL Licensor:	Gloria Trinidad	Phone:	360-714-4124
Infant Room Nurse Consultant:	Linda Albert	Phone:	360-419-3222

Communicable Disease/Immunization Hotline (Recorded Information): (206) 296-4949
Communicable Disease Report Line: (360) 336-9477

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PURPOSE AND USE OF HEALTH POLICY

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

Our policy was prepared by Janice Hunt and was adapted from the October 2015 edition of the Seattle & King County Child Care Center Health Policy, which is also used by the Skagit County Public Health Department.

All staff will be oriented to our health policy by Janice Hunt, the director, at orientation of new employees and reviewed yearly at staff meetings.

Our policy is accessible to staff and parents and is posted online and a printed copy will be located next to the Parent Communication mailboxes in the Parent Handbook notebook.

Please note: Changes to health policy must be approved by a health professional (as per WAC).

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

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

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 refer to the First Aid Guide located in the walk in kitchen closet.

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 calls 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 the "Accident and Illness Report" form, which is kept in the kitchen walk in closet.
   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 no later than the day after the incident.

6. An injury is also recorded on the Injury Log, which is located in the black file box located in the kitchen walk in closet. The entry will include the child's name, staff involved, and a brief description of incident. We maintain confidentiality of this log by keeping in the file box.

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

**Please note: Use of latex gloves over time may lead to latex allergy. Latex-free gloves are preferred. If using latex gloves, consider selecting reduced-powder or powder-free low-protein/hypo-allergenic gloves. Hands should <u>always</u> be washed after gloves are removed.*

Please see Appendix I: INJURY LOG TEMPLATE.

FIRST AID

At least one staff person with current training in Cardio-Pulmonary 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 are located on the top shelf of kitchen walk in closet. (*Generally recommended: In "grab & go" bags in all classrooms.)*

First aid kits are identified by labels.

Each of our first aid kits contain 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 * (unexpired)
- 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 by Janice Hunt, director, and restocked monthly or sooner if necessary. The expiration date for syrup of ipecac is also checked at this time.

Please see Appendix II: FIRST AID KIT CHECKLIST.

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 sanitizing body fluids (1/4 cup bleach per gallon of water or 1 tablespoon/quart).
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 clothes soiled with body fluids are put into a closed 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 Janice Hunt, 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 Bloodborne Pathogen Exposure Control Plan. We review the BBP Exposure Control Plan annually with our staff at the end of August during shut down or a staff meeting and document this review.

INJURY PREVENTION

1. Proper supervision is maintained at all times, both indoors and outdoors. Staff position themselves to observe the entire play area.
2. The site is inspected daily for safety hazards by all staff. Staff reviews their rooms daily and remove any broken or 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 all staff. 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, thumbtacks, 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.windowcoverings.org, for more information.)
7. Staff do not step over gates or other barriers while carrying infants or children.
8. Hazards are reported immediately to director- Janice Hunt. The assigned person will insure that they are removed, made inaccessible or repaired immediately to prevent injury.
9. The Injury Log is monitored by Janice Hunt monthly to identify accident trends and implement a plan of correction.
10. Though our school does not supply helmets, concerned parents are encouraged to provide helmets for their children to use in the play area while on riding equipment. When using riding equipment on school grounds other than the back play areas (for example, in our parking lot during "bike day"), children must wear the helmets they bring from home. In all cases, helmets will be removed prior to other play.
11. Recalled items will be removed from the site immediately. (We routinely get updates on recalled items and other safety hazards on the Consumer Products Safety Commission website: *www.cpsc.gov*)

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POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

Children with any of the following symptoms are not permitted to remain in care:

1. **Fever** of at least 100 º F as read under arm (axillary temp.) ***accompanied by*** one or more of the following:
   - Diarrhea or vomiting
   - Earrache
   - Headache
   - Signs of irritability or confusion
   - Sore throat
   - Rash
   - Fatigue that limits participation in daily activities

   No rectal or ear temperatures are taken. Digital thermometers are used.

   (Oral temperatures may be taken for preschool through school age children if single use covers are used over the thermometer. Glass thermometers contain mercury, a toxic substance, and are therefore should not be used. Temperature strips should not be used because they are frequently inaccurate.)

2. **Vomiting:** 2 or more occasions within the past 24 hours.

3. **Diarrhea:** 3 or more watery stools within the past 24 hours or any bloody stool.

4. **Rash,** especially with fever or itching

5. **Eye discharge or conjunctivitis (pinkeye)** until clear or until 24 hours of antibiotic treatment.

6. **Sick appearance, not feeling well, and/or not able to keep up with program activities**.

7. **Open or oozing sores**, unless properly covered **and** 24 hours has passed since starting antibiotic treatment, if antibiotic treatment is necessary.

8. **Lice or scabies:**

   Head lice: until no lice or nits are present.

   Scabies: until after treatment is begun.

Following exclusion, children are readmitted to the program when they no longer have any of the above symptoms and/or Public Health exclusion guidelines for child care are met.

Children with any of the above symptoms/conditions are separated from the group and cared for in the office. Parent/guardian or emergency contact is notified to pick up 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 letter and/ or note posted on the counter. 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. This is located in the black file box in walk in closet. We maintain confidentiality of this log by keeping in the file box.

Please see Appendix III: ILLNESS LOG TEMPLATE.

Fact sheets and sample letters are available from your public health nurse consultant and are also online at www.kingcounty.gov/health/childcare (listed in "Model Policies and Forms").

Staff members follow the same exclusion criteria as children.

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NOTIFIABLE CONDITIONS and COMMUNICABLE DISEASE REPORTING

Communicable diseases can spread quickly in childcare settings. Because some of these diseases can be very serious in children, 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 (WAC 246-101-415[1]). **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 Skagit County Communicable Disease Division at (360) 336-9477.

Acquired immunodeficiency syndrome (AIDS)
Animal bites
Anthrax
Arboviral disease (for example, West Nile virus)
Botulism (foodborne, wound, or 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
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)
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
Typhus
Unexplained critical illness or death
Vibriosis
Yellow fever
Yersiniosis

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Even though a disease may not require a report, you are encouraged to consult with a Child Care Health Program Public Health Nurse at (360) 419-3322 for information about childhood illness or disease prevention. More information about communicable diseases can be found at http://www.kingcounty.gov/healthservices/health/communicable/diseases.aspx

[1] **WAC 246-101-415 Responsibilities of child day care facilities.** Child day care facilities shall: (1) Notify the local health department of cases or suspected cases, or outbreaks and suspected outbreaks of notifiable conditions that may be associated with the child day care facility. (2) Consult with a health care provider or the local health department for information about the control and prevention of infectious or communicable disease, as necessary. (3) Cooperate with public health authorities in the investigation of cases and suspected cases, or outbreaks and suspected outbreaks of disease that may be associated with the child day care facility. (4) Child day care facilities shall establish and implement policies and procedures to maintain confidentiality related to medical information in their possession.

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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.

Immunization records are reviewed in September/ beginning of school year and beginning of summer program, by a parent volunteer nurse.

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 Heath Care Provider verification of the disease

PCV (Pneumococcal bacteria) *until age 5 (as of 7/1/09)*

If a parent or guardian chooses to exempt their child from immunization requirements, they must complete and sign the Certificate of Exemption Form.

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/cfh/Immunize/schools/

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MEDICATION POLICY

- Medication is accepted only in its **original container**, labeled with **child's name**.
- Medication is **not** accepted if it is **expired**.
- Medication is given **only** with prior **written** consent of a child's parent/legal guardian. This consent on the medication authorization form includes **all of the following** (completed by parent/guardian):

  - 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.

Parent /Guardian Consent*

1. A parent/legal 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 do not exceed label recommendations.

2. Written consent for medications covers only the course of illness or specific episode (teething, etc.).

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

4. Written consent for diaper ointment is valid up to 6 months.
   Please note: As with all medications, label directions must be followed. Most diaper ointment labels indicate that rashes that are not resolved, or reoccur, within 5-7 days should be evaluated by a health care provider.

**Medication Authorization forms are available at www.kingcounty.gov/health/childcare*

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 re-hydration 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 in a lidded plastic box on the top shelf of the kitchen walk-in closet (or in the refrigerator if needed).

   It 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 lidded medicine box kept in the kitchen walk-in closet.

   (Location of rescue medications should be consistent in all classrooms.)

3. Controlled substances (e.g., ADHD medication) are stored in a locked container in the kitchen walk-in closet. Controlled substances are counted and tracked with a controlled substance form.

   Please see Appendix IV: CONTROLLED SUBSTANCES RECORD.

4. 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.)

5. Staff medication is stored in kitchen walk-in closet, 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 in kitchen walk-in closet. Medication is kept current (not expired).

Staff Administration and Documentation

1. Medication is administered by staff.

2. Staff members who administer medication to children are trained in medication procedure and center policy by director- Janice Hunt. 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 document the time, date, and dosage of the medication given on the child's medication authorization form. Each staff member signs her/his initials each time a medication is given and her/his 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 medication binder/clipboard and placed in 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).*
   - *For capsules/pills, measure medication into a paper cup.*
   - *For bulk medication, dispense in a sanitary manner (sunscreen, diaper ointment). A medication authorization form is completed for each child receiving bulk medication.*

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.*

Self-Administration by Child

A school-aged child is allowed to administer his/her own medication when the above requirements are met ***and***:

1. A written statement from the child's health care provider *and* parent/legal guardian is obtained, indicating the child is capable of self-medication without assistance.

2. The child's medications and supplies are inaccessible to other children.

3. Staff supervise and document each self-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

Our center is committed to meeting the needs of all children. This includes children with special health care needs such as asthma and allergies, as well as children with emotional or behavior issues or chronic illness and disability. Inclusion of children with special needs enriches the child care experience and all staff, families, and children benefit.

1. Confidentiality is assured with all families and staff in our program.

2. All families will be treated with dignity and with respect for their individual needs and/or differences.

3. Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).

4. Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. To accomplish this, we may consult with our public health nurse consultant and other agencies/organizations as needed.

5. An individual plan of care is developed for each child with a special health care need. The plan of care includes information and instructions for

   - daily care
   - potential emergency situations
   - care during and after a disaster

   Completed plans are requested from health care provider annually or more often as needed for changes.

6. All staff receive general training on working with children with special needs and updated training on specific special needs that are encountered in their classrooms.

7. Teachers, cooks, and other staff will be oriented to any special needs or diet restrictions by Janice Hunt.

   Please see Appendix V: CARE PLAN TRACKING FORM. For individual plan templates or assistance with individual plans, please contact your Public Health Nurse Consultant.

HANDWASHING

Liquid soap, warm water (between 85° and 120° F)**, and paper 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, urine, or feces

(f) Before and after giving medication

(g) After attending to an ill child

(h) After smoking

(i) After being outdoors or being involved in outdoor play

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

(k) After giving first aid

(l) As needed

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, urine, or feces

(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, 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 sanitizers.*
2. ***Rinsing*** *further removes the above, along with any excess detergent/soap.*
3. ***Sanitizing*** *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

Storage

Our cleaning and sanitizing supplies are stored in a safe manner in the closet by the laundry. All such chemicals are:

- inaccessible to children,
- in their original container,
- separate from food and food areas (not above food areas),
- in a place which is ventilated to the outside,
- 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:

1. **Cleaning:** We use the following product for cleaning surfaces: a few drops of liquid dish detergent in spray bottle of water, then wipe surface with a paper towel or single use cloth.

2. **Rinsing:** We use the following method for rinsing: spray bottle of clear water and wiped with paper towel or single use cloth.
   (recommended: spray bottle of clear water, sprayed and wiped with paper towel or single-use cloth).

3. **Sanitizing:** We use the following product for sanitizing surfaces: bleach and water solution.
   (recommended: bleach and water solution), then wipe surface with a single use cloth *(paper towel or single-use cloth). Contact time for bleach is 2 minutes – it must be left on surface for 2 minutes in order to be fully effective. (Contact time for other products may be longer.)*

Cleaning and sanitizing spray bottles for diaper changing areas are prepared by opening staff. *(To prevent contamination from occurring, these spray bottles should not be prepared **or used** in kitchen or other food-contact area.)*

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 bottles are used in the classroom: one set for general areas (including tables) and one set for diaper changing/bathrooms.

- 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 opening staff using measuring equipment. For those handling full-strength bleach, we supply protective gear, including gloves and eye protection, as per manufacturer's instructions in accordance with WISHA.

** Please see Appendix VI: ALTERNATE CLEANING/SANITIZING/DISINFECTING CHEMICALS if other chemicals are used for cleaning/sanitizing/disinfecting.*

Cleaning, Sanitizing & Disinfecting Specific Areas and Items

Bathrooms

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

Cribs, cots, and mats

- Cribs, cots, and 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 sanitized daily, or more often when children or staff members are ill.

Drinking Fountains

- Any drinking fountains are cleaned, rinsed, and sanitized 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. Removable cushions and covers are washed every month or as necessary. Non-removable upholstery is 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.
- Diaper cans are additionally emptied when odor is present in classroom.
- Outside surfaces of garbage cans are cleaned, rinsed, and disinfected daily. Inside surfaces of garbage cans are cleaned, rinsed, and disinfected as needed.

  (*Diaper and food-waste cans must have tight-fitting lids and be <u>hands-free</u>. Garbage cans for paper towels must be hands-free; that is, lid-free or with a pedal-operated lid.)*

Infant equipment

- Infant saucers, seats, and swings are cleaned and sanitized and laundered (as appropriate) weekly and as needed.

Kitchen

- Kitchen counters and sinks are cleaned, rinsed, and sanitized every day 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.
- Bibs and burp cloths are laundered when wet or soiled and between uses by different children.

☑ Child care laundry is done on site.
Laundry is washed at a temperature of at least 140ºF or 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 and high chairs

- Tables and high chair trays are cleaned, rinsed, and sanitized before and after snacks or meals.
- High chairs are cleaned, rinsed, and sanitized daily and as necessary.

Toys

- **Only washable toys are used.**
- Mouthed toys are placed in a plastic "mouthed toy" container after use by each child. Mouthed toys are then cleaned, rinsed, and sanitized before use by a different child. Toys are washed, rinsed, and sanitized either in a full wash and dry cycle in the dishwasher or by the use of buckets, sinks, or spray bottles containing liquid detergent and water, rinse water, and bleach solution.
- Cloth toys and dress-up clothes are washed weekly (or as necessary) with 140ºF water. Dress-up clothes are laundered and stored during an outbreak of lice or scabies.
- Other toys are washed, rinsed, and sanitized weekly (or more often, as necessary) as described above for "mouthed toys."

Water Tables

- Water tables are emptied and cleaned, rinsed, and sanitized after each use, or more often 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.

We have a developmentally-appropriate curriculum in each classroom. We consider the social-emotional needs of each age group. Our behavior policy outlines our discipline practices and our plan for helping children who have behavioral difficulties.

All staff respect the following guidelines:

- 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

1. Classrooms have developmentally appropriate and interesting curriculum that reflects the culture of all the children served.
2. Opportunities are provided for choice and curricula that enhance the development of self-control and social skills.
3. 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.
4. Teachers work to establish a respectful, warm and nurturing relationship with each child in the classroom, parents and colleagues.
5. Teachers spend time at floor/eye level with the children.
6. Voices are calm.
7. A problem solving approach is used with everyone.
8. Children are comforted when they feel unhappy.

9. Discipline is seen as an opportunity to teach children self-control and skill building.
10. Behavior policies focus on problem solving with all concerned parties, rather than listing negative behaviors to be punished by disenrollment.
11. When a child has behavioral/social/emotional difficulties, outside resources will be accessed and a plan made to support the child.
12. 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.

The "Behavior Handbook" is available at:
http://www.kingcounty.gov/healthservices/health/child/childcare/behavior.aspx

TODDLER SOLID FOODS

1. Before food is prepared, preparation surfaces are cleaned, rinsed, and sanitized.
2. Staff wash hands in the handwashing sink before preparing food. The food preparation sink is not used for handwashing or general cleaning.
3. Gloves are worn or utensils are used for direct contact with food. *(No bare hand contact with ready-to-eat food is allowed.)* Gloves used for food preparation are kept in food preparation area.
4. Children eat from plates and utensils. Food is not placed directly on table.
5. Children are not allowed to walk around with food or cups.
6. Teachers sit with young children when eating and engage in positive social interaction.

For allergies or special diets, see the NUTRITION section of this policy.

TODDLER AND PRE-SCHOOLNAPPING

1. Children 29 months of age or younger 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.

DIAPERING

We use disposable diapers at our center.

Children are **never** left unattended on the diaper-changing table. Safety belts are not used on the diaper changing table. *(They are neither washable nor safe.)* **The diaper changing table and area are used only for diapering.** Toys, pacifiers, papers, dishes, blankets, etc., are not placed on diapering surface or in the diapering area.

Diaper changing pads are replaced when they become worn or ripped. No tape is present on diaper changing pad. Diaper changing pads have a smooth, cleanable surface with no ridges, grooves or stitching.

The following diapering procedure *(also available on WA Department of Health poster*) is posted and followed at our center:

1. Wash Hands.
2. Gather necessary materials. If using bulk diaper ointment, put a dab of ointment on paper towel.
3. Put on disposable gloves, if desired.
4. Place child gently on table and remove diaper. *Do not leave child unattended*.
5. Dispose of diaper in hands-free container with cover *(foot pedal type).*
6. Clean the child's diaper (peri-anal) area from front to back, using a clean, damp wipe for each stroke.
7. Wash hands. If wearing gloves, remove gloves and wash hands. Please note: A wet wipe or damp paper towel may be used for this handwashing only. *Do not leave child unattended*.
8. If parent/guardian has completed a medication authorization for diaper cream/ointment/lotion, put on gloves and apply to area. *(Please refer to the Medication section.)* Remove gloves.
9. Put on clean diaper (and protective cover, if cloth diaper used). Dress child.
10. **Wash child's hands** with soap and running water (or with a wet wipe for young infants).
11. Being careful not to not touch toys, play equipment, etc., place child in a safe place, and then return to the diaper area for step 12.
12. Clean diaper changing pad using the 3 Step Method (clean, rinse, disinfect*)* Refer to "Guidelines for Mixing Bleach". Allow the bleach solution to air dry or to remain on the surface for at least 2 minutes before drying with a paper towel.
13. **Wash Hands.**

Please note: Even if gloves are used, all of the above handwashing must still be done.

Stand-Up Diapering for Older Children

We do stand up diapering as appropriate.

Stand-up diaper changing takes place: on the bathroom floor.

Diaper changing procedure is posted in stand-up diaper changing area. Stand-up diaper changing procedure is followed:

1. Wash hands.
2. Gather necessary supplies (diaper/pull-up/underpants, wipes, cleaner and sanitizer, paper towels, gloves, plastic bag).
3. Put on disposable gloves, if desired.
4. Coach child in pulling down pants and removing diaper/pull-up/underpants (and assist as needed).
5. Put soiled diaper/pull-up/underpants in plastic bag (or assist child in doing so).
6. Coach child in cleaning diaper area front to back using a clean, damp wipe for each stroke (and assist as needed).
7. Put soiled wipes in plastic bag (or assist child in doing so).
8. Close and dispose of plastic bag into hands-free covered trash can lined with a plastic garbage bag.
9. Remove gloves, if worn.
10. Wash hands (in sink or with wipe) and coach child in doing the same.
11. If a signed medication authorization indicates, apply topical cream/ointment/lotion using disposable gloves then remove gloves.
12. Coach child in putting on clean diaper/pull-up/underpants and clothing and washing hands (in bathroom/handwashing sink).
13. Close and put any bag of soiled clothing or underpants into child's cubby.
14. Use 3-step method on floor where change has occurred:
    a. Clean with detergent and water.
    b. Rinse with water.
    c. Disinfect with bleach solution (1 T. bleach in 1 quart water). Allow the bleach solution to air dry or to remain on the surface for at least 2 minutes before drying with a paper towel.
15. Wash hands (in bathroom/handwashing sink).

Public Health
Seattle & King County

TOILET TRAINING

Toilet training is a major milestone in a young child's life. Because children spend much of their day in child care, you may recognize signs that a child is ready to begin toilet training. As a provider, you can share your observations with the family and offer suggestions and emotional support. Working together with the family, you can help make toilet training a successful and positive experience for their child.

- Follow the same procedure in child care as in the home. Use the same words (pee-pee, poop, etc.), so the child does not become confused about what is required. Pretend play with a doll using the same vocabulary and talk through expectations.

- Develop a detailed written plan of communication between the child care program and the family. Keep daily records of successes and concerns to share with the family.

- Encourage the family to dress the child in easily removable clothing. Keep an extra set of clothing on hand for accidents.

- Develop routines that encourage toilet use. Watch for those non-verbal signs that suggest a child has to use the toilet. Suggest bathroom visits at set times of the day, before going out to play, after lunch, etc.

- Expect relapses and treat them matter-of-factly. Praise the child's successes, stay calm, and remember that this is a learning experience leading to independent behavior.

- The noise made by flushing a toilet may frighten some children. Try to flush after the child has left until they become accustomed to the noise.

- Take time to offer help to the child who may need assistance in wiping, etc.

***See the full "Toilet Training brochure" in the "Behavior Handbook" or**
http://www.kingcounty.gov/healthservices/health/child/childcare/behavior.aspx

FOOD SERVICE

We prepare meals and snacks at our center.

1. **Food handler permits** are required for staff who 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.
2. **Orientation and training** in safe food handling is given to all staff. Documentation is posted in staff files.
3. **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
4. **Child care cooks** do not change diapers or clean toilets**.**
5. **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.
6. **Gloves are worn or utensils are used** for direct contact with 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).*
7. **Employees preparing food** shall keep their hair out of food by using some method of restraining hair. Hair restraints include hairnets, hats, barrettes, ponytail holders and tight braids.
8. **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.
9. **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.*
10. **Chemicals** and cleaning supplies are stored away from food and food preparation areas.
11. **Cleaning and sanitizing** of the kitchen is done according to the *Cleaning, Sanitizing and Laundering* section of this policy.
12. **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.

13. **Cutting boards** are washed, rinsed, and sanitized between each use. No wooden cutting boards are used.
14. **Food prep sink** is not used for general purposes or post-toilet/post-diapering handwashing.
15. **Kitchen counters, sinks, and faucets** are washed, rinsed, and sanitized before food production.
16. **Tabletops** where children eat are washed, rinsed, and sanitized before and after every meal and snack.
17. **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.*
18. **Food is cooked to the correct internal temperature:**

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

19. **Holding hot food:** hot food is held at 140° F or above until served.
20. **Holding cold food:** food requiring refrigeration is held at 41°F or less.
21. **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.
22. **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.
23. **Leftover foods** *(foods that have been below 41° F or above 140° 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.
24. **Reheating foods:** foods are reheated to at least 165º F in 30 minutes or less.
25. We do NOT use catered foods at our center.

26. **Food substitutions**, due to allergies or special diets and authorized by a licensed health care provider, are provided within reason by the center.
27. 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.
28. Perishable items in sack lunches are refrigerated upon arrival at the center.

NUTRITION

1. Menus are posted at least one week in advance. Menus are dated and include portion sizes.

2. 2. Menus follow the current CACFP Meal Pattern for meals and snacks. http://childcareinfo.com/KnowledgeCenter/Government/State/WashingtonCACFP.aspx

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.

6. Breakfast is made available to any child who arrives on the premises before school.

7. ☑ Our site is open over 9 hours; we provide
   ☑ three snacks (parents provide lunch for their children)

The following meals and snacks are served by the center:

Time	Meal/Snack
9:00 am – 10:30 am	Morning snack
11:30 am	Children bring their own lunches
1:00 pm – 2:30 pm	Afternoon snack
4:00 pm	Late afternoon snack

_____ _____

8. Each snack or meal includes a liquid to drink. This drink is water or one of the required components such as milk or 100% fruit juice.

9. Only 2% or nonfat milk is served to children.

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

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

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

13. Menus include hot and cold food and vary in colors, flavors and textures.

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

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

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

17. 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.

18. Children have free access to drinking water (individual disposable cups or single use glasses only).

19. Menu modifications are planned and written for children needing special diets.

20. 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, the child's classroom, and the area where food is eaten by the child. Confidentiality is maintained.

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

22. Diet modifications for food allergies, religious and/or cultural beliefs are accommodated and posted in the kitchen and classroom 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

- Mealtime and snack environments are developmentally appropriate and support children's development of positive eating and nutritional habits.
    - We encourage staff to sit, eat 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).

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**.

- 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 Limitations

- 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.

TOOTHBRUSHING

Toothbrushing decreases the colonization of bacteria on teeth by disrupting the formation of plaque. The use of fluoridated toothpaste strengthens tooth enamel making the enamel more resistant to the acid produced by bacteria. Toothbrushing in the classroom improves the child's oral health, teaches the child basic hygiene and health promotion, and helps establish a lifelong prevention habit.

☑ Toothbrushing is not done at our center.

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 located in a notebook located at the parent mailbox shelf in entry hallway.

Staff are oriented to our disaster policy upon employment and reviewed annually at a staff meeting. (Parents/guardians are oriented to this plan upon registration and at annual parent meeting.

Staff are trained in the use of fire extinguishers upon employment by the director. The following staff persons are trained in utility control (how to turn off gas, electric, water): Janice Hunt, Ariana Hunt, and JoAnn Martin.

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 usual time. The director is responsible for stocking supplies. Expiration dates of food, water, and supplies are checked by director annually and supplies are rotated accordingly. Essential medications and medical supplies are also kept on hand for individuals needing them.

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. The director 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.

Please see Appendix VII: 3-DAY CRITICAL MEDICATION AUTHORIZATION FORM and Appendix VIII: DISASTER DRILL RECORD. For more detailed information on disaster preparation, please contact your Public Health Nurse Consultant.

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 health care 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 handwashing, 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. (The Mount Vernon office is 360-416-7200.)

2. Signs of child abuse or neglect are documented on a abuse neglect report which is located in kitchen walk in closet.

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 or animal visitors at any time.

"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.

Public Health Department will provide resources for staff interested in quitting smoking. In King County: http://www.kingcounty.gov/healthservices/health/tobacco.aspx

Public Health
Seattle & King County

Injury Log

Date & Time	Child's Full Name	Injury/Incident	Where/ Equipment	Action Taken	Staff Involved

Public Health
Seattle & King County

First Aid Kit Checklist

Room _____ **Location_____**

	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
First Aid Guide												
Band-Aids (different sizes)												
Tweezers for surface splinters												
Sterile gauze pads (2, 3 and 4 inch sizes)												
Roller bandages (gauze)												
Large Triangular Bandage												
Adhesive tape												
Small Scissors												
Gloves (nitrile, vinyl or latex)												
CPR mouth barrier												
Syrup of Ipecac												

Public Health
Seattle & King County

Illness Log

Date & Time Identified	Check Appropriate Box		Child's First & Last Name	Symptoms of Illness or Diagnosis, If known	Action Taken: Persons notified Child sent home? Parent/guardian notification posted?	Staff involved
	Child At Home	Child At Center				

Public Health
Seattle & King County

Controlled Substances in Child Care Centers

Child Care Center _____

Child's Name: _____ Diagnosis: _____

Medication: _____ Date Received: _____

Amount Received: _____ Refrigeration Required: ☐ Yes ☐ No

Start Date: _____ Stop Date: _____

Amount Returned to Parent/Guardian: _____ Date Returned: _____

DATE	TIME	STARTING AMOUNT/ QUANTITY	AMOUNT/QUANITY GIVEN	SIGNATURE 1	SIGNATURE 2

Signature _____ Signature _____

Signature _____ Signature _____

Signature _____ Signature _____

Public Health
Seattle & King County

Care Plan Tracking

To ensure the best care for <u>all</u> children!

Child	Class Room	Health Concern	Date Care Plan Completed	Date Care Plan Updated			

Alternate Cleaning/Sanitizing/Disinfecting Chemicals

The nationwide standard for sanitizing in child care is a bleach and water solution. All sanitizing products other than bleach must be approved by the Department of Early Learning for use in child care. Products must be used according to label instructions. (Complete the following for each product used.)

- Product name: _____
  _____
- Product is used to ☐ clean ☐ sanitize the following: _____
  _____
  _____
  _____
  ___
- Product is labeled for use on food contact surfaces (if used in kitchens or food preparation areas, on tables or high chair trays, for infant and toddler toys, or in infant and toddler areas).
- The contact time required for sanitizing/disinfecting is _____
  _____*(Product must remain wet on surface for this amount of time.)*
- Rinsing after use _____ *(is/is not)* required.
- Other manufacturer instructions:
  _____
  _____
  _____
  _____
  _____.

This Product was approved by _____

From the Department of Early Learning on _____

Medication Authorization Form

Child's Name:	**Date of Birth/Age:**
Name of Medication:	**Reason for Medication:**
Start Date:	**Stop Date:**
Times to be given: **(*Can NOT be given "as needed")**	**Amount to be given:**
Possible Side Effects:	**□ Oral □ Topical □ Other**
□ Above information consistent with label?	**Requires Refrigeration: □ yes □ no**
Special Instructions:	

_____ _____

Parent/Guardian Signature **Date**

_____

Daytime Phone Number

_____ _____

Physician Signature **Date**

_____

Physician Phone Number

Medication Record

(Must be filled out by the person who gives the medication)

Child's Name:
Name of Medication:

Date	Time	Dosage	Initials	**Reason NOT Given**	***A. Side Effects Observed***

Initials and signatures of persons giving medication:

____ _____ ____ _____

____ _____ ____ _____

Child Care/Early Learning Disaster Drill Record

Date of Drill _____ Time of Drill _____ Name of Program _____

Brief Description of Drill

Rooms Participating in Drill

Objectives	Evaluation	Change to be Made	When Changes Made

Name of Person Organizing Drill _____

Maximum Temperature is 41°

Refrigerator Temperature Log

Thermometers must be on doors

Date	Refrigerator	Freezer	Time	Initials

Maximum Temperature is 41°

Refrigerator Temperature Log

Thermometers must be on doors

Date	Refrigerator	Freezer	Time	Initials

Diaper Cream/Ointment Authorization Form

Child's Name:	**Date of Birth/Age:**
Name of Medication:	
Start Date:	**Stop Date: (up to 6 months after 'start date')**
Apply topically: **□ when rash is present** **□ with every diaper change** **□ other:**	**Amount to be applied:**
Possible side effects:	**□ Above information consistent with label?**
Special Instructions:	

For diaper rash prevention or treatment.
Store at room temperature.

_____ _____

Parent/Guardian Signature **Date**

_____

Daytime Phone Number

_____ _____

Physician Signature* **Date**

_____

Physician Phone Number

* Necessary only when diaper creams/ointments are to be used somewhere other than the diaper area. (Pharmacist label on prescription medication indicates consent of health care provider.)

Public Health
Seattle & King County

Diaper Cream/Ointment Application Record

(Must be filled out by the person who applies the cream/ointment)

Child's Name:
Name of Medication:

Date	Time	Initials	Date	Time	Initials	Date	Time	Initials	Date	Time	Initials

List any **side effects** and date below. Notify parent/guardian immediately.

Signatures (& initials) of persons applying cream/ointment:

_____ ( ) _____ ( )

_____ ( ) _____ ( )

_____ ( ) _____ ( )

Public Health
Seattle & King County

Sunscreen Authorization Form

(Program-Provided/Bulk Sunscreen)

Child's Name:	**Date of Birth & Age:** (Do not apply on infants 6 months & younger without written permission from health care provider)
Start Date:	**Stop Date: (up to 6 months after 'start date')**
Times to be Applied:	**Special Instructions:**

I authorize the use of the following "program-provided" sunscreen on my child.

_____ _____

Parent/Guardian Signature **Date**

_____

Daytime Phone Number

Program-Provided Sunscreen *(to be completed by child care provider)*

Name of Sunscreen & SPF:	**Active Ingredients:**
Possible Side Effects:	**Other Label Information:**

Reason for medication: Protection from sun
Amount to be given: Cover exposed areas of skin
Route: Topical
Storage: Room ter

Public Health
Seattle & King County

Sunscreen Authorization Form

(Sunscreen Brought from Home)

Child's Name:	**Date of Birth & Age:** (Do not apply on infants 6 months and younger without written permission from health care provider)
Name of Sunscreen & SPF:	**Active Ingredients:**
Start Date:	**Stop Date: (up to 6 mo. after 'start date')**
Times to be Applied:	**Possible Side Effects:**
Special Instructions: (Include previous sunscreen reactions)	

Reason for medication: Protection from sun
Amount to be given: Cover exposed areas of skin
Route: Topical
Storage: Room temperature

_____ _____

Parent/Guardian Signature **Date**

_____

Daytime Phone Number

Public Health
Seattle & King County

Sunscreen Application Record

(Must be filled out by the person who applies the sunscreen)

Child's Name:
Name of Sunscreen & SPF:

Date	Time	Initials	Date	Time	Initials	Date	Time	Initials	Date	Time	Initials

List any **side effects** and date below. Notify parent/guardian immediately.

Signatures (& initials) of persons applying sunscreen:

_____ ( ) _____ ( )

_____ ( ) _____ ( )

_____ ( ) _____ ( )

Bulk Sunscreen Log*

Product: Month:

SPF: Program/Room:

Child's Name	**Date** **(Space has been supplied for am & pm applications. Please document time with initials.)**																																													

**For use with bulk sunscreen only.*
(For children with sunscreen brought from home, document sunscreen application on individual sunscreen authorization form.)

In case of adverse reaction, discontinue use and notify parents in writing.

Signature (& initials) of persons applying sunscreen: ____________________ ____________________

____________________ ____________________ ____________________