Adventures in Learning Inc,

Health Care Policy

10814 NE 189th Street

Battle Ground, WA 98604

(360)687-0185

Written By:

Autumn Steele

Assistant Director

Emergency Telephone Numbers:

Fire/Police/Ambulance: **911**

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

C.P.S: **1-800-609-8764**

Clark County Public Health: **360-397-8215**

Hospital Used for Emergencies:

Legacy Salmon Creek Hospital

2211 NE 139th Street

Vancouver, WA 98686

360-487-1000

PURPOSE AND USE OF HEALTH POLICY

This health policy is a description of **our** health and safety practices. Our policy was prepared by **the director**. Staff will be oriented to our health policy by **the director,** yearly. Our policy is accessible to staff and parents, it's located **in a black edged binder at the end of the front counter**.

Please note: Changes to the 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 Pathogens 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 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, the person assesses for breathing and circulation, administers CPR for one minute, if necessary, 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 "Accident/Incident Report" form. The report includes:
    a. Date, time, place, and cause of the injury/medical emergency (if known)
    b. Treatment provided
    c. Name(s) of staff providing treatment
    d. Person 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 are sent to the licensor.

6. The childcare licensor is called immediately for serious injuries or 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 the incident. We maintain confidentiality of this log.

First Aid

At least one staff person with current training in Cardio-Pulmonary Resuscitation (CPR) and First Aid is always present with each group or classroom. Training includes instruction, demonstration of skills, and tests or assessments. 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 contain all the following items:

- First aid guide
- Band-Aids (different sizes)
- Tweezers for surface splinters
- Roller bandages (gauze)
- Small scissors
- Adhesive tape
- Gloves
- 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 medication, 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 aid kits also contain liquid soap, paper towels, water, chemical ice (non-toxic) for injuries, cell phone or walkie-talkies, copies of completed consent for emergency treatment and 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 diseases. 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 member encounters 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 (¼ 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 sanitizing solution of ¼ cup of bleach per gallon of water for at least 2 minutes and air dried.
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 encounters 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 "Bloodborne Pathogens Exposure Plan". We review the BBP Exposure 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.
    a. Hazards include, but not limited to:
        i. Security issues (unsecured doors, inadequate supervision, etc.)
        ii. General safety hazards (broken toys, equipment, standing water, cookable or sharp objects, etc.)
        iii. Strangulation hazards
        iv. Trip/fall hazards (rugs, cords, etc.)
        v. Poisoning hazards (plants, chemicals, etc.)
        vi. 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 director. It is free from entrapments, entanglements, and protrusions.
4. Toys are age appropriate, safe (lead and toxic free), and in good repair. Broken toys are discarded. Mirrors are shatterproof.
5. Cords from window blinds/treatments are inaccessible to children.
6. Staff foes do not step over gates or other barriers while carrying infants or children.
7. Hazards are reported immediately to the director. The director will ensure that they are removed, made inaccessible or repaired immediately to prevent injury.
8. The injury log is monitored monthly by the director to identify accident trends and implement a plan of correction.
9. Children will wear helmets when using riding equipment. Helmets will be removed prior to other play.
10. Recalled items will be removed from the site immediately. (we routinely get updated on recalled items and other safety hazards on the consumer products safety commission website: www.cpsc.gov)

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 degrees as read on forehead, or under arm (axillary temp). Using a digital thermomotor accompanied by one or more of the following:
    a. Diarrhea or vomiting
    b. Earache
    c. Signs of irritability or confusion
    d. Sore throat
    e. Rash
    f. Fatigue that limits participation in daily activities.

No rectal or ear temperatures are taken.

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 conductivities (pinkeye): until clear or until 24 hours of antibiotic treatment.
6. Sick appearance, not feeling well, and/or not being able to keep up with program activities.
7. Open or oozing sores: unless properly covered and 24 hours have passed since starting antibiotic treatment, if antibiotic treatment is necessary.
8. Live or scabies: Head lice; until no live or nits are present. Scabies; until after treatment.

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 childcare are met.

Children with any of the above symptoms/conditions are separated from the group and cared for in a separate classroom. 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/guardians of possible exposure by letter. The child's confidentiality is maintained.

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 EXVLUSION CRITERIA AS CHILDREN.

NOTIFICABLE CONDITIONS AND COMMUNICABLE DISEASE REPORTING

Licensed childcare providers in Washington are required to notify Public Health when they learn that a child has been diagonsed 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
- Arboviral disease (west nile virus)
- Botulism (foodborne, wound, and infant)
- Brucellosis
- Burkholder mallei and pseudomallei
- Campylobacteriosis
- Chancroid
- Chlamydia
- Cholera
- Cryptosporidiosis
- Cyclosporas
- Diphtheria
- Bioterrorism origin
- Foodborne origin
- Waterborne origin
- Domoic acid poisoning
- E.coli
- Giardiasis
- Monkeypox
- Measles
- Plague
- Poliomyelitis
- Rubella
- Rabies and/or rabies exposure
- SARS
- Sexually transmitted diseases
- Smallpox
- Tetanus
- Tuberculosis
- Vaccinia transmission
- Yellow fever

The list goes on. Even though a disease may not require a report, you are encouraged to consult with a childcare health program public health nurse. For more information about childhood

illnesses or disease prevention, visit
http://www.kingcounty.gov/healthservices/health/communicable/diseases.aspx

Immunization

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 the form is required (other forms/printouts are not accepted in place of the CIS form). The CIS form is returned to the parent/guardian when the child leaves the program.

Immunization records are reviewed quarterly until the child is fully immunized by the director. Children are required to have the following immunizations.

- DTAP (Diphtheria, Tetanus, Pertussis)
- IPV (Polio)
- MMR (measles, mumps, rubella)
- Hepatitis B
- HIB (haemophiles 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. 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.

The 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/youandyourfamily/immunization/children.aspx

Medication Policy

- Medication is accepted only in its original container and labeled with the 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 FULL name
- Name of medication
- Reason for 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
- Any special instructions

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:
        i. Antihistamine
        ii. Non-aspirin fever reducer/pain reliever
        iii. Non-narcotic cough suppressant
        iv. Decongestant
        v. Ointment or lotion intended specifically to relieve itching or dry skin.
        vi. Diaper ointment or non-talc powder intended of use in diaper area
        vii. Sunscreen for children over six months of age
        viii. Hand sanitizers for children over 12 months of age
    b. The medication has instructions and dosage recommendations for the child's age and weight.
    c. The medication duration, dosage, amount, and frequency specified on consent form is consistent with label directions and does not exceed label recommendations.
    d. Written consent for medications covers only the course of illness or specific "time limited" episode.
    e. Written consent for sunscreen is valid for up to six months.
    f. Written consent for diaper ointment is valid for up to 6 months.

i. 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.

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:
    a. The provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, frequency, duration, and expiration date); or
    b. The provider signs a note or prescription that includes the information required on the pharmacist's label; or
    c. The provider signs a completed medication authorization form.

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

Medication Storage

1. Medication is stored in a lock box in the kitchen where it is inaccessible to children, separate from staff medications, protected from sources of contamination, away from heat, light, and sources of moisture, at temperature specified on label, separate from food, and in a sanitary and orderly manner.
2. Rescue medications (e.g., EpiPen or Inhaler) are stored in the Grab n' Go bag or in the cupboard on the second shelf in the classroom.
3. Controlled substances (e.g., ADHD medications) are stored in a locked container. Controlled substances are counted and tracked with a controlled substance form.
4. Medications no longer being used are promptly returned to the parents/guardians, discarded in trash inaccessible to children, or in accordance with current hazardous waste recommendations. (medications are not disposed of in the sink or toilet).
5. Staff medication is stored in the kitchen and out of reach of the 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 a lock box in the kitchen. Medication is kept current; no expired medications are allowed.

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 procedures and center policy. A record of the training is kept in the 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 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:
    a. Childs name, name of medication, reason for medication, dosage, frequency, duration, method of administration, frequency, duration, any possible side effect, and any special instructions.
3. Prepare medication on a clean surface away from diapering or toileting areas
    a. Do not add medication to child's bottle, cup, or food, without health care providers written consent
    b. For liquid medications, use clean medication spoons, syringes, droppers, or medicine cups with measurements provided by the parent/guardian (not table service spoons).
    c. Bulk medication is dispensed in a sanitary manner (sunscreen, diaper ointment).
4. Administer medication Wash hands after administering medication
5. Observe the child for side effects of medication and document on the child's medication authorization form.
6. 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 children with special health care needs (medical, physical, developmental, or behavioral).
- 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 behavioral issues or chronic illnesses and disabilities. Inclusion of children with special needs enriches the childcare 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 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.
4. Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).
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

    a. Daily care
    b. Potential emergency situations
    c. Care during and after a disaster
        i. Completed plans are requested from health care providers annually or more often as needed for changes.
6. Children with special needs are not present without an individual plan of care on site.
7. 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.
8. Teachers, cooks, and other staff will be oriented to any special needs or diet restrictions by the director.

Handwashing

Liquid soap, warm water (beterrn 85 and 120 degrees), 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, duiring (with wet wipe – this step only), and after diaper changing
e. After handeling or coming in contact with body fuilds sucha s mucus, blood, salivia, 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

Childre 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 cookies activities (in handwashing, not in food prep sink)
c. After toileting or diapering
d. After handeling or coming in contact with body fluids such as mucus, blood, salivia, or urine
e. After outdoor play
f. After touching animals
g. Before and after water table play

The following handwashing procedure is followed:

1. Turn on water and adjust the temperature.
2. Wet hands and apply a liberal amount of liquid soap.

3. Rub hands in 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 doorknob/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 childcare facilities, including tables, counters, toys, diaper changing areas, etc. This 3-step method helps maintain a more sanitary childcare environment and healthier children and staff.

1. Cleaning: removes a large portion of germs, along with organic materials – food, saliva, dirt, etc. - which decreases 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.

Storage

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

a. Inaccessible to children
b. In the original container
c. Separate from food and food areas (not above food areas)
d. In a place which is ventilated to the outside
e. 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.

Cleaning

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

Rinsing

Spray with clear water and wipe with a paper towel.

Sanitizing

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

Bleach solutions are prepared and used as outlined below:

Solution for sanitizing in classroom:	*Amount of bleach*	*Amount of water*	*Contact time*
General areas and body fluids	*1 tablespoon or ¼ cup*	*1 quart or 1 gallon*	*2 minutes*
Diapering areas and bathrooms	*1 tablespoon or ¼ cup*	*1 quart or 1 gallon*	*2 minutes*
Solutions for sanitizing in kitchen	*Amount of bleach*	*Amount of water*	*Contact time*
Kitchen, dishes/utensils	*¼ teaspoon or 1 teaspoon*	*1 quart or 1 gallon*	*2 minutes*

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 solutions are allowed to remain on surface for at least 2 minutes or air dry.
- Bleach solutions are made daily by the director, using measuring equipment. For those staff handling full-strength bleach, we supply protective gear, including gloves and eye protection, as per manufacture's instructions in accordance with WISHA.
- Bleach solutions are prepared in the laundry room away from children.

Cleaning and Sanitizing Specific Areas and Items

Bathrooms

- Sinks, counters, and toilets are cleaned, rinsed, and sanitized daily or more often if necessary.

Cots and Mats

- Cots and mats are washed, rinsed, and santized 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 sanitized daily. Sanitizer is not used when children are present.

- Carpets and rugs in all areas are vacuumed daily and professionally steam-cleaned every 3 months 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.
- Diaper cans are additionally emptied when odor is present in classroom.
- Outside surfaces of garbage cans are cleaned, rinsed, and sanitized daily.
- Inside surface of garbage cans are cleaned, rinsed, and sanitized as needed.

(Diaper and food-waste cans must have tight-fitting lids and be hands-free. Garbage cans for paper towels must be hands-free).

Kitchen

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

Laundry

- Cloths used for cleaning or rinsing are laundered after each use.
- Childcare laundry is done on site or by a commercial service (it is not washed in a private home).
- 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 sanitized 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.

- Mouthed toys are placed in a plastic “mouthed toy” container after use by each child. Mouthed toys are then cleaned, rinsed, and sanitized before reuse.
- 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 needed) 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 their hands before and after water table play.

General

- 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 and emotional behavior they want to see developed in their students. Children come from many kinds of families and from many different backgrounds and experiences. Some children come to you compromised by a variety of stressors; some children may have 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

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 structures that are flexible 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 as well.
5. Teachers spent time at floor eye level with the children.
6. Voices are always 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. However, we will never touch the children or cause any harm in any way. Our discipling areas are strictly forced to be a “sit and think about it” time where the teachers use this time to help the child understand what had happened and help the child understand their feelings.
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, or emotional difficulties, outside resources will be accessed, and a plan will be made to help 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.

Toddler and Pre-School Napping

- Children under 42 months (about 3 and a half years) of age (3.5 years old) or younger will follow their individual sleep patterns.
- Alternate quiet activities are provided for a child who is not napping (while others are doing so).
- The rooms are kept light enough to allow for easy observation of sleeping children.
- Mats are spaced a minimum of 30 inches apart. If space doesn't allow 30" spacing, children will be placed head-to-toe as far apart as possible.
- Mats are enclosed in washable covers, children will not sleep on bare, or uncovered surfaces.

Toilet Training

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

- Follow the same procedure in childcare as in the home. Use the same words (pee-pee, poop, etc.) so the child does not become confused about what is required. Pretend to play with a doll using the same vocabulary and talk through expectations.
- Develop a detailed written plan of communication between the childcare 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 snack or lunch, etc.
- Expect relapse 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 whipping, etc.

Food Services

We prepare only snacks at our center.

1. **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 posted in the staff filed and in the kitchen.
2. **Orientation and training:** In safe food handling is given to all staff and documented.

3. **Ill staff or children:** do not prepare or handle food. Food workers may not work with food if they have..
    a. Diarrhea, vomiting, or jaundice
    b. Diagnosed infections that can be spread through food such as Salmonella, Shigella, E. coli, or hepatitis A
    c. Infected or uncovered wounds
    d. Continual sneezing, coughing or runny nose.
4. **Childcare 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.
7. **Employees preparing food** will keep their hair out of food by using some methods of restraining hair. Hair restraints include hairnets, hats, Barrett's, ponytail holders, and tight braids.
8. **Refrigerators and Freezers** have thermometers placed in the warmest section (usually the door). Thermometers stay at or below 41 degrees in the refrigerator and 10 degrees in the freezer. The 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.
10. **Chemicals** and cleaning supplies are stored away from food and food preparation areas.
11. **Cleaning and sanitizing** of the kitchen are done according got the cleaning, sanitizing, and laundering section of this policy.
12. **Dishwashing** complies with safety practices:
    a. Hand fishing is done with three sinks or basins (wash, rinse, sanitize).
    b. Dishwashers have a high temperature sanitizing rinse (140 degrees f residential or 160 degrees commercial) or chemical sanitizer.
13. **Cutting Boards** are washed, rinsed, and sanitized between each use. No wooden cutting baords 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 and after every meal and snack.
16. **Tabletops** where children eat are washed, rinsed, and sanitized before and after every meal and snack.
17. **Thawing frozen food** is thawed in the refrigerator 1-2 days before the food is on the menu, or under cold running water.
18. **Food is cooked to the correct internal temperature:**
    a. Ground beef: 155 degrees F
    b. Fish: 145 degrees F
    c. Pork: 145 degrees F
    d. Poultry: 165 degrees F
19. **Holding hot food** is held at 140 degrees F or above until served.
20. **Holding cold food** is required to be in the refrigerator and held at 41 degrees F or less.

21. **A digital thermometer** is used to test the temperature of foods as indicated above to ensure foods are served to children at safe temperatures.
22. **Cooling foods** are done by one of the following methods:
    a. Shallow pan method: place food in shallow container (metal pans are best) 2" deep or less, on the top of the refrigerator. Leave uncovered and then either put the pan into the refrigerator immediately or into an ice bath or freezer (stirring occasionally).
    b. Size reduction method: cut cooked meat into pieces no more than 4 inches thick.
        i. Foods are covered once they have cooled to a temperature of 41 degrees or less.
23. **Leftover Foods** 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** are heated to at least 165 degrees 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:
    a. Closely supervising children
    b. Ensuring all children and staff involved wash hands thoroughly,
    c. Planning developmentally appropriate cookie activities
    d. Following all food safety guidelines.
28. Perishable items in sack lunches are refrigerated upon arrival at the center unless there is an icepack in the sack.

Nutrition

- Menus are posted at least one week in advance and dated.
- Menus follow the current CACFP Meal Pattern for meals and snacks. http://childcareinfo.com/knowledgecenter/givernment/state.washingtonCACFP/as.px
- Menus do not repeat food combinations within a 2 week period.
- Menus list specific types of fruit, vegetables, crackers etc.
- Food is offered at intervals not less than 2 hours and not more than 3 hours apart.

The following meals and snacks are served by the center:

9:45AM Morning Snack

11:30AM Lunch

2:45PM Afternoon Snack

- Each snack or meal includes water to drink.
- Only 1% or nonfat milk is served to children over 2 years.
- Juice is limited to 2 or less times a week.
- For children at the center for 1 or more hours a 2-component snack must be served.

- A fruit or vegetable is served as part of the PM snack.
- Foods high in fat, added sugar and salt are limited.
- 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).
- Ethnic and culture foods are incorporated into the menu.
- Menus are followed. Necessary substitutions are noted on the permanent menu copy.
- Families who provide sack lunches are notified in writing of the food requirements for mealtimes. We have available food supplies to supplement food brought from home that does not meet the nutritional requirements.
- Children have free access to drinking water throughout the day (individual disposable cups or single use glasses only).
- 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.
- Children with severe and/or life threating food allergies have a completed individual care plan signed by the parent and health care provider.
- Diet modifications for food allergies, religious and/or culture 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 enviornments are developmentally appropriate and support children's development of positive eating and nurtritional habits.
    a. Staff sit (and preferably eat) with children and have casual conversations with children during mealtimes.
    b. Children are not coerced or forced to eat any food.
    c. Children decide how much and which foods to choose to eat of the foods available.
    d. Food is not used as a reward or punishment.
    e. Foods are served family style to promote self-regulations.
    f. 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 any other 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 eating.

Sweet Treat Policy

Dessert-like items should be low in fat and contibutr important nutrients such as vitamin A and vitamin C, minerals such as iron, calcium, and/or fiber. **Food brought from home is limited to store purchased, uncut fruit and vegtables or food pre-packages 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
- Pudding and custards
- Cobblers and pies made with lightly sweetened fruits
- Plain or vanilla yogurt
- Waffles or pancakes topped with crushed fruits
- 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 birthdays, holidays or special occasional "treats". Each delegate agency is responsible for providing this information to parents.

Cultural and ethnic food items that are considered dessert or a 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, bean dessert items, sambuusa, or mush-mush. Recipes or directions from parents could be shared with the food service staff who prepare the item. Use of non-food items to celebrate special occasions is encouraged (stickers, pencils, birthday hats or crowns, bubbles, or a pinata 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 teachers 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 developments.

- Our center ensures that all children get at least 20-30 minutes of moderate to vigorous physical activity per 3 hours of care. Children in care for more than one hour are ensured at least 20 minutes of outdoor play.
- Toddlers get 60 to 90 minutes (about 1 and a half hours) of active play and pre-school and school-age get 90-120 minutes (about 2 hours) to active play time (moderate to vigorous activity level) during full day care.
- All children get the chance to play at least 2-3 times during full day care (outdoor play depends on severity of weather etc., snow, rain)
- We have a room “playroom/ nap room” that we allow the children to actively play in if the weather does not allow us to go outside.

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 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 are trained in utility control (how to turn off gas, electric, water): Autumn, Arlene, Eric, and Garrett
- Disaster and earthquake preparation and training are documented.

Supplies

Our center has a supply of food and water for the children and staff for at least 72 hours (about 3 days), in case parents/guardians are unable to pick up children at their usual time. The director is responsible for stocking supplies, checking the expiration dates of food, water and supplies. This is 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.

Hazard Mitigation

We have taken action to make our center earthquake/disaster-safe. Bookshelves, tall furiture, 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 owener is the primary person responsible for hazard mitigation, although all staff members are expected to be aware of their envionrment and make changes as necessary to increase saftey.

Drills

Fire drills are conducted and documented each month. Disaster drills are conducted every three months and documented as well.

Staff Health

1. New staff and volunterrs must document a tuberculin skin test (mantouz 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 no tneed 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 rested for tuberculosis unless they have 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 it is 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 healthcare provider that they work with young children. When working in childcare settings there is a risk of acquiring infections which can harm a fetus or newborn. These infections include Chicken Poz (varicella), CMV (Cytomegalovirus), Fifth Disease (Erythema Infectious), and Rubella (German measles or 3-day measles). In addition to the infections listed here, other common infections such as influenza and Hand, Food, 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.

Child Abuse and Neglect

- Childcare 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) 1-800-609-8764.
- Signs of child abuse and/or neglect are documented and that information is kept confidentially in the Director's office.
- Training on identifying and reporting child abuse and neglext is provided to all staff and documentation kept in staff files.
- Licensor is notified of any CPS reports made.

Animals on Site

We do not have any animals on site.

"No Smoking" Policy

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

- 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 smoke when they return to the classroom. Wearing a smoking jacket that is not brought into the building is helpful.
- Public Health Department staff will be available to provide trainings and resources regarding the effects to families as requested by the centers.

Health Care Plan Reviewed By:

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This policy was "adapted from materials developed by the Childcare Health Program, Public Health – Seattle & King County".