



Child Care Center
HEALTH POLICY

Child Care Center Name: Cedar School, LLC

Director: Michelle Warren

Street: 10015 Ashworth Ave N.

City, State, & Zip: Seattle, WA, 98133

Telephone: 206-588-1805

Cross Street: Interlake Ave N.

Email: info@cedarschool.org Website: cedarschool.org

Hours of operation: 8:00 am - 5:30 pm

Ages served: 12 months -6 years old

Emergency telephone numbers:

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

Poison Center: 1-800-222-1222 Animal Control: 206-296-7387

Other important telephone numbers:

24-hour nurse consultant: UW Med Center, Pediatrics, Roosevelt phone: 206-598-3000

Public Health Nurse: 206-296-2770

Public Health Nutrition Consultant: Helen Chatalas phone: 206-263-8560

DEL Licensor: Stephanie Shuey Phone: 425-309-4058

Infant Room Nurse Consultant: __N/A_____ phone: _____

Communicable Disease/Immunization Hotline (Recorded Information): (206) 296-4949

Communicable Disease Report Line: (206) 296-4774

Out-of-Area Emergency Contact: Win Warren, 817-691-3548



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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: Michelle Warren on behalf of Cedar School Licton Springs, LLC.

Staff will be oriented to our health policy by the Director of Cedar School Licton Springs LLC, upon hire and twice annually.

Our policy is accessible to staff and parents and is located in the office with records under policies and procedures.

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 emergency medical guide is in the cabinet with first aid supplies and duplicate copies of policies and procedures.
3. First aid is administered. Non-porous gloves (nitrile, vinyl, or latex*) are used if blood is present. If an injury/medical emergency is life-threatening, one staff person stays with the injured/ill child and administers appropriate first aid while another call 911. If only one staff member is present, the 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 significant 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 injury report forms for minor &/or significant injuries, which is/are kept in a cabinet in the office and duplicate copies in policies and procedures.

The report includes the following:

- 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 another copy is placed in the child's file. For significant injuries/medical emergencies, the parent/guardian signs for receipt of the report, and a copy is sent to the licenser no later than the day after the incident.

6. An injury is also recorded on the Injury Log in the reports file in the office. The entry will include the child's name, the staff involved, and a brief description of the incident. We maintain the confidentiality of this log by keeping it in a place where it is only accessible by access to a locked office.

7. The childcare licenser 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 always be washed after gloves are removed.

Please see Appendix I: INJURY LOG.

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 located in a secure cabinet, under each classrooms' utility sinks, in a "grab & go" bag or container.

First aid kits are identified by labels and containers stating "first aid."

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

- ◆ 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 at 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 the facility's director and restocked every month or as 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 diseases. Nonporous gloves



are always used when blood or wound drainage is present. To limit the 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 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 one tablespoon/quart).
4. Gloves, paper towels, or other materials used to wipe up body fluids are put in a plastic bag, tied closed, and placed in a covered waste container. Any brushes, brooms, dustpans, mops, etc., used to clean up body fluids are washed with detergent, rinsed, and soaked in a sanitizing solution for at least 2 minutes and air dried. Machine washable items, such as mop heads, are washed with hot water and detergent in the washing machine. All items are hung off the floor or ground to dry.

Equipment used for cleaning is stored safely out of children's reach in an area ventilated to the outside.

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 removing gloves.

Blood Contact or Exposure

When a staff person or child comes into contact with blood (e.g., staff provides first aid for a child who is bleeding) or is exposed to blood (e.g., blood from one person enters the cut or mucous membrane of another person), the staff person informs the acting 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 in the annual meeting and document this review.



INJURY PREVENTION

1. Proper supervision is maintained at all times, both indoors and outdoors. Staff positions “zone” themselves to observe the entire play area.
2. The staff, Director, and operations inspect the site monthly for safety hazards. Staff reviews their rooms daily and removes 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, choking risks & 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 staff, school Director, and operations. It is free from entrapments, entanglements, and protrusions.
4. Toys are age-appropriate, safe, and in good repair. Broken toys are discarded. Mirrors are shatterproof.
5. Rooms with children under three years old are free of push pins, thumbtacks, and staples.
6. Cords from window blinds/treatments are inaccessible to children.
7. Staff do not step over gates or other barriers while carrying infants or children.
8. Hazards are reported immediately to the center Director. To prevent injury, the assigned person will ensure they are removed, made inaccessible, or repaired immediately.
9. The school’s Director monitors the Injury Log quarterly to identify accident trends and implement a plan of correction.



We routinely get updates on recalled items and other safety hazards on the Consumer Products Safety Commission website: www.cpsc.gov

PEST CONTROL POLICIES

Provided in a separate attachment/appendix: Disaster and Pesticide Appendix

POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

Children with any of the following symptoms are not permitted to remain in care. In suspected cases, a professional medical clearance may be required for the child to re-enter the classroom:

1. **Fever** of at least 100 ° F as read under the arm (auxiliary temp.) or forehead swipe **accompanied by** one or more of the following:

- diarrhea or vomiting
- earache
- 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 not used. Temperature strips are not to be used because they are frequently inaccurate.)

2. **Vomiting:** 1 or more occasions within the past 24 hours.

3. **Diarrhea:** 2 or more watery stools or a bloody stool within the past 24 hours.

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 inability 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. Lice or scabies:

Head lice: until no 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 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 until a parent/guardian or emergency contact is notified to pick up the child.

We notify parents and guardians when their children may have been exposed to a communicable disease or condition (other than the common cold) and provide them with information about it. We notify parents and guardians of possible exposure by letter on the communication board, email, parent app, or phone messaging. Individual child 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. This is located in the reports with the office files. We maintain the confidentiality of this log.

Please see Appendix III: ILLNESS LOG TEMPLATE.

Fact sheets on illness prevention are available from public health nurse consultants and are [online](#). Staff members follow the same exclusion criteria as children.

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 must notify Public Health when they learn that a child has been diagnosed with one of the communicable diseases listed below (WAC 246-101-4151). 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.



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 controlling and preventing infectious or communicable diseases, as necessary. (3) Cooperate with public health authorities in investigating 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.

Call Public Health at (206) 296-4774 to report the following conditions:

Acquired immunodeficiency syndrome (AIDS)

Animal bites

Arboviral disease (for example, West Nile virus)

Botulism (foodborne, wound, or infant)

Brucellosis

Campylobacteriosis

Cholera

Cryptosporidiosis

Cyclosporiasis

Diphtheria

Diseases of suspected bioterrorism origin (including anthrax and smallpox)

Diseases of suspected foodborne origin

Diseases of suspected waterborne origin

Enterohemorrhagic E. coli (including E. coli O157:H7 infection)

Giardiasis

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
HIV infection
Immunization reactions, severe
Legionellosis
Leptospirosis
Listeriosis
Lyme disease
Malaria
Measles
Meningococcal disease
Mumps
Paralytic shellfish poisoning
Pertussis
Plague
Poliomyelitis
Psittacosis
Q fever
Rabies and Rabies Exposures
Rare diseases of public health significance
Relapsing fever
Rubella
Salmonellosis
Sexually Transmitted Diseases (chancroid, gonorrhea, syphilis, genital herpes simplex, granuloma inguinale, lymphogranuloma venerium, Chlamydia trachomatis)
Shigellosis
Tetanus
Trichinosis



Tuberculosis

Tularemia

Typhus

Unexplained critical illness or death

Vibriosis

Yellow fever

Yersiniosis

Even though a disease may not require a report, you are encouraged to consult with a Child Care Health Program Public Health Nurse at (206) 296-2770 for information about childhood illness or disease prevention.

IMMUNIZATIONS

To protect all children and staff, each child in our center requires up-to-date immunizations. Immunization exemptions may not be accepted unless that exemption is due to an illness protected by the Americans with Disabilities Act (ADA). If a child is exempt and there is an outbreak of the disease they are not vaccinated against, the child will be removed until the outbreak has subsided; this could last up to weeks. Tuition is not prorated, and the school deposit is not refundable.

An immunization record is required for enrollment, and records are reviewed quarterly.

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)

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

Children may attend child care without an immunization if the parent/guardian completes a Certificate of Exemption (COE) from School, Child Care, and Preschool Immunization



Requirements, stating the child is **medically** exempted. (The licensed health care provider's signature is required as well.)

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 to protect the unimmunized child and 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/>

MEDICATION MANAGEMENT POLICY

Medication is accepted only in its original container, labeled with the child's name.

Medication is only accepted if it is valid. Medication is given only with the 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 the 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 the diaper area
- Sunscreen for children over six 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 an illness or specific episode (of teething, etc.)

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

4. Written consent for diaper ointment is valid for six months

Please note: As with all medications, label directions must be followed. Most diaper ointment labels indicate that a healthcare provider should evaluate unresolved rashes that reoccur within 5-7 days

*Medication Authorization forms are available by request

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 a healthcare provider

3. A licensed healthcare 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 must be consistent with any prescription or instructions from a health care provider

Medication Storage

1. Medication is stored locked in the main office, or refrigerated as needed

It is:

- Inaccessible to children
- Separate from staff medication
- Protected from sources of contamination
- Away from heat, light, and sources of moisture
- At the 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 a child-safe drawer/cabinet in the classrooms and adjacent to first aid supplies

3. Controlled substances (e.g., ADHD medication) are stored in a locked container.

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 the sink or toilet

5. Staff medication is stored in secured personal belongings area/lockers, 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 the medication cabinet in a separate and labeled storage container. Medication is kept current (not expired).

Staff Administration and Documentation

1. Lead teachers or the Director administers medication
2. The Director trains Staff members who administer medication to children in medication procedures and center policy. A record of the training is kept in staff files
3. The parent/guardian of each child requiring medication involving special procedures (e.g., nebulizer, inhaler, EpiPen®) trains staff on those procedures. A record of trained staff is maintained on/with the medication authorization form
4. Staff giving medication document the time, date, and dosage of the medication given on the child's medication authorization form. Each staff member signs their initials each time a medication is given and their 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 the parent/guardian. Notification is documented.
6. A written explanation is provided on the authorization form if a medication is not given
7. Outdated medication authorization forms are promptly removed from the medication binder/clipboard and placed in the child's file
8. All medication authorization and documentation information is confidential and 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 the child's bottle/cup or food without the health care provider's written consent
- For liquid medications, use clean 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

4. Administer medication

5. Wash hands after administering medication

6. Observe the child for medication side effects and document them on their medication authorization form

We can use the following bulk medication: sunscreen

A medication authorization form is completed for each child receiving bulk medicines.

Self-Administration by Child:

There is no self-administration for children five years and younger.

HEALTH RECORDS

Each child's health record will contain the following:

- 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 a child with special health care needs (medical, physical, developmental, or behavioral)

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

- list of current medications
- current immunization records (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 enrolled. This includes children with special health care needs such as asthma, allergies, and/or chronic illness and disability. Manageable and safe inclusion of children with special needs enriches the childcare experience, and all staff, families, and children can benefit.

1. Confidentiality is assured with all families and staff in our program
2. All families will be treated with dignity and respect for their needs and 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 development consultants and other agencies/organizations
5. An individual care plan is developed for each child with a particular health care need.

The plan of care includes information and instructions for

- daily care
- potential emergencies
- care during and after a disaster



Completed plans are requested from a healthcare provider as often as needed for changes. Plans are reviewed, initialed, and dated by the parent/guardian.

The center Director is responsible for ensuring care plans are kept updated. Children with special needs must always be present with a plan on site.

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

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

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

HANDWASHING & HAND SANITIZERS

Soap, warm water (between 85° and 120° F), and individual towels are available for staff and children at all sinks, at all times.

All staff wash their 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 a wet wipe - this step only), and after diaper changes
- (e) After handling or coming in contact with body fluids such as mucus, blood, saliva, or urine
- (f) Before and after giving medication
- (g) After attending to an ill child
- (h) After smoking
- (i) After being outdoors
- (j) After feeding, cleaning, or touching pets/animals
- (k) After giving first aid

Children are assisted or supervised in handwashing:

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



- (b) Before and after meals and snacks or cooking activities (in handwashing, not in the food prep sink)
- (c) After toileting or diapering
- (d) After handling or coming in contact with body fluids such as mucus, blood, saliva or urine
- (e) After outdoor play
- (f) After touching animals
- (g) Before and after water table play

Handwashing Procedure

The following handwashing procedure is followed:

1. Turn on the water and adjust the temperature
2. Wet your hands and apply a liberal amount of 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 a hand-drying towel to turn off the water faucet(s) and open any door knob/latch before discarding

Handwashing procedures are posted at each sink used for handwashing.

Hand sanitizers or hand wipes with alcohol may be used for adults and children over twenty-four months of age under the following conditions:

- (a) When proper handwashing facilities are not available; and
 - (b) Hands are not visibly soiled or dirty
 - (7) Children must be actively supervised when using hand sanitizers to avoid ingestion or contact with eyes, nose, or mouths
- (a) Hand sanitizer must not be used in place of proper handwashing
 - (b) An alcohol-based hand sanitizer must contain sixty to ninety percent alcohol to be effective



CLEANING, SANITIZING, AND LAUNDERING

Cleaning, rinsing, and sanitizing are required on most surfaces in childcare facilities, including tables, counters, toys, and diaper changing areas, etc. are cleaned using the 3-step method. This 3-step method helps maintain a sanitary childcare environment and healthier children and staff. Additionally, the school cleans and sanitizes food preparation areas and eating surfaces before and after each use, pursuant to WAC 110-300-0241 (1)(a).

1. **Cleaning – Clean with Soap & Water, Wipe with a Paper Towel;** this removes many germs and organic materials - food, saliva, dirt, etc.
2. **Rinsing – Rinse with Water, Wipe Dry;** this **removes the above and** any excess detergent/soap.
3. **Sanitizing - Bleach Solution – Allow 2 min to dry and wipe or allow to air dry;** kills the vast majority of remaining germs. We use King County Public Health Guidelines for disinfecting and sanitization mixing guidelines:
<https://doh.wa.gov/sites/default/files/legacy/Documents/8340/970-216-Disinfect-en-L.pdf?uid=63d358bb3ae48>
4. **Storage** Our cleaning and sanitizing supplies are stored safely, with the janitorial supplies in a locked cabinet

All such chemicals are:

- inaccessible to children
- in their original container
- separate from food and food areas
- in a place that 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

Cleaning

We use the following product for cleaning surfaces: soap and water as an environmentally friendly solution, then wipe the surface with a paper towel.

Rinsing



We use the following method for rinsing: spray a bottle of clear water and wipe with a paper towel.

Sanitizing

We use the following product for sanitizing surfaces: bleach and water solution, then wipe the surface with a paper towel. The contact time for bleach is 2 minutes – it must be left on the surface for 2 minutes to be fully effective. (Contact time for other products may be longer.)

Cleaning and sanitizing spray bottles for diaper changing areas are prepared in the hand-washing sink and janitor’s closet areas to prevent contamination; these spray bottles are not prepared or used in the kitchen or other food-contact areas.

Bleach solutions* are prepared and used as outlined below:

Solution for sanitizing in classrooms:

Amount of Bleach	Amount of Water	Contact Time
------------------	-----------------	--------------

General areas and body

fluids **

1 tablespoon

¼ cup

1 quart

1 gallon

2 minutes

Diapering areas and

bathrooms**

1 tablespoon

¼ cup

1 quart

1 gallon

2 minutes

Solution for sanitizing in

Kitchen:

Amount of Bleach	Amount of Water	Contact Time
------------------	-----------------	--------------



Kitchen and
dishes/utensils

¼ teaspoon

1 teaspoon

1 quart

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 solution is allowed to remain on surface for at least 2 minutes or air dry.
- Bleach solutions are made up daily by a teacher or assistant teacher using measuring equipment. Per the manufacturer's instructions, we supply protective gear for those handling full-strength bleach, including gloves and eye protection.

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

Cleaning and Sanitizing Specific Areas and Items

We do all of our own cleaning and sanitizing. We may have a janitorial service for routine cleaning.

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 sanitized daily. While children are napping on mats or cots, mopping is done with water or detergent and water only
- Carpets and rugs in all areas are vacuumed daily and professionally steam-cleaned every three months (every month in the waddler & toddler room) or as necessary. Carpets are not cleaned 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 required
- Painted furniture is kept free of paint chips. No bare wood is exposed; paint is touched up as necessary

Garbage

- Garbage cans are lined with disposable bags and are emptied when full
 - Diaper cans are emptied when the odor is present in the classroom
 - Outside surfaces of garbage cans are cleaned, rinsed, and sanitized daily
- Inside surfaces 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, lid-free, or with a pedal-operated cover)

Kitchen

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

Laundry

Childcare laundry is done in-house. Parents must launder their child's rest materials and any soiled materials at the end of each week or end of the day, respectively.

- Laundry is washed at a temperature of at least 140°F or with bleach added during the rinse cycle (measured amount per manufacturer's instructions).
- Bibs and burp cloths are laundered when wet or soiled and between uses by different children; cloths used for cleaning or rinsing are laundered after each use



Mops

- We use mops with disposable pads and discard the pads after use or with washable pads

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 or toys capable of being sanitized 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 in a complete wash-and-dry cycle in the dishwasher or by using 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 140°F 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, cleaned, rinsed, and sanitized after each use or more often as necessary
 - Children wash their hands before and after the water table and sensory
- General cleaning of the entire facility is done as needed. Air fresheners and room deodorizers are not used

SOCIAL-EMOTIONAL-DEVELOPMENTAL CARE

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 plans for helping children with behavioral difficulties.

TODDLER NAPPING



Children 29 months of age or younger follow their individual sleep patterns. Alternate quiet activities are provided for a child who is not napping (while others are doing so). Rooms are kept light enough to allow for easy observation of sleeping children.

Stand-Up Diapering for Older Children

We do stand-up diapering as appropriate.

Stand-up diaper changing takes place in the bathroom.

The diaper changing procedure is posted in the 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, and plastic bag)
3. Put on disposable gloves, if desired
4. Coach the child in pulling down pants and removing diaper/pull-up/underpants (and assist as needed)
5. Put soiled diaper/pull-up/underpants in a plastic bag (or assist the child)
6. Coach the child in cleaning the diaper area front to back using a clean, damp wipe for each stroke (and assist as needed)
7. Put soiled wipes in a plastic bag (or assist the child)
8. Close and dispose of plastic bag into a hands-free covered trash can lined with a plastic garbage bag
9. Remove gloves
10. Wash hands (in the sink or with a wipe) and coach the 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 the 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 the child's cubby
14. Use a 3-step method on the floor where change has occurred:
 - a. Clean with detergent and water
 - b. Rinse with water



c. Sanitize with a 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)

FOODSERVICE

We prepare meals and snacks at our center. You may be requested to provide meals and/or snacks for your child if they are on a special diet/has food allergies or intolerances. Tuition is not prorated if you are required to provide food.

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 ensure that all food safety steps are followed
2. **Orientation and training** in safe food handling is given to all staff. Documentation is posted in the kitchen area and/or in staff files
3. **Ill staff or children** do not prepare or handle food. Food workers may not work w/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. Staff wash hands with soap and warm running water before food preparation and service in a designated hand-washing sink – never in a food preparation sink.
5. 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 wears 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)



6. Employees preparing food shall keep their hair out of food by restraining hair. Hair restraints include hairnets, hats, barrettes, ponytail holders, and tight braids
7. Refrigerators and freezers have thermometers placed in the warmest section (usually the door). Thermometers stay at or below 40° F in the refrigerator and 10°F in the freezer
8. If used to reheat food, microwave ovens are used with special care. Food is heated to 165 degrees, stirred during heating, and allowed to cool for at least 2 minutes before serving
9. Chemicals and cleaning supplies are stored away from food and preparation areas
10. Cleaning and sanitizing the kitchen is done according to this policy's Cleaning, Sanitizing, and Laundering section
11. Dishwashing complies with safety practices:
 - Hand dishwashing is done with three sinks or basins (wash, rinse, sanitize)
 - Dishwashers have a high-temperature sanitizing rinse (140° F residential or 160°F commercial) or chemical sanitizer
12. 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. Before food production, Kitchen counters, sinks, and faucets are washed, rinsed, and sanitized
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 cooking 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 are not used for cooking meats but may be used to cook vegetables
18. Food is cooked to the correct internal temperature:
Ground Beef 155° F
Pork 145° F



Fish 145° F

Poultry 165° 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 40°F or less

21. A digital thermometer may be used to test the temperature of foods, as indicated above, and to ensure that 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 immediately put the pan into the fridge, 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 40° F or less

23. Leftover foods (foods that have been below 40° 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 165° F in 30 minutes or less

25. At times, we may use catered foods at our center, and

- The temperature of catered food provided by a caterer or satellite kitchen is checked with a digital thermometer upon arrival. Foods that must be kept cool must arrive at 40° F or below. Foods that must be kept hot must arrive at 140° F or above. Foods that do not meet these criteria are deemed unsafe and are returned to the caterer.

- Documentation of daily food temperatures is kept in the kitchen in the food log. The initials or name of the person accepting the food is recorded in the log

- A permanent copy of the menu (including any changes made or food returned) is kept for at least six months in food service records

- A copy of the caterer’s contract or operating permit is kept in food service records under the caterer

We will keep “backup” food available to serve should the food arrive out of the acceptable temperature range. Good items to have on hand include tuna fish and baked beans



26. Food substitutions due to allergies and special diets that a licensed health care provider authorizes 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 their 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

2. Food is offered at intervals not less than 2 hours and not more than 3 ½ hours apart

3. If children are in our care for 9 hours or less; we provide at least two snacks and one meal

The center serves the following meals and snacks:

Time Meal/Snack

10:00 snack

Noon lunch

3:00 snack

4. Each snack or meal includes a liquid to drink. This drink is water or a required component such as milk or 100% fruit or vegetable juice

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

6. Ethnic and cultural foods are incorporated into the menu

7. Menus list specific types of meats, fruits, vegetables, etc.

8. Menus include a variety of fruits, vegetables, and entrée items

9. Foods served are generally moderate in fat, sugar, and salt content

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

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

12. Menus are followed but may fluctuate to serve the immediate needs of the children



13. Permanent menu copies are kept on file for at least six months. (USDA requires food menus to be kept for three years plus the current year)
14. Children with food allergies and medically-required special diets have diet prescriptions signed by a health care provider on file. Children's names and specific food allergies are posted in the kitchen, the classroom, and the area where the child eats food
15. Children with severe and/or life-threatening food allergies have a completed individual care plan signed by the parent and health care provider
16. We attempt to provide diet modifications for food allergies and religious and/or cultural beliefs and post the information in the kitchen. All food substitutions, when provided, are of equal nutrient value and are recorded on the menu
17. 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
18. Coffee, tea, and other hot beverages consumed by staff are kept out of the direct reach of children to prevent scalding injuries
19. Staff provides healthy nutritional role modeling
20. Families who provide sack lunches are notified in writing of the food requirements for mealtime (see "Diet and Nutrition")

DENTAL HYGIENE PRACTICE AND EDUCATION

In case of an emergency, it is required that the program has on file your child's dentist or emergency contact for a dental emergency. Toothbrushing is something that we do not do at Cedar School. We want all children to brush their teeth at home, please. In rotation, we provide a theme in the classrooms, utilizing a model that demonstrates and supports home-based skills on brushing teeth properly. Signing the parent handbook page, the parents/guardians acknowledge that we do not brush children's teeth.

DISASTER PREPAREDNESS

Plan and Training



Our Center has developed a disaster preparedness plan/policy. Our program includes responses to the different disasters our site is vulnerable to and 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 on the center's main communication board. Staff is oriented to our disaster policy upon hire and monthly.

Parents/guardians are oriented to this plan in written communication.

Staff are trained to use fire extinguishers upon hire by the Director.

The following staff is trained in utility control (how to turn off gas, electricity, and water): the Director and lead teacher.

Disaster and earthquake preparation and training are documented.

Supplies

Our center has food and water for children and staff for at least 72 hours if parents/guardians cannot pick up children at the usual time. The Director is responsible for stocking supplies. Expiration dates of food, water, and supplies are checked every three months, and supplies are rotated accordingly. Essential medications and medical supplies are also available for individuals needing them.

Hazard Mitigation

We have taken action to make our center earthquake/disaster-safe. Tall bookshelves, furniture, 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 every other month.

Please see Appendix VII: 3-DAY CRITICAL MEDICATION AUTHORIZATION FORM

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. Medical follow-up will be required if a staff member converts from a negative test to a positive one during employment. A letter from the health care provider must be on record indicating 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 with a communicable disease are expected to remain at home until no longer contagious. Staff must follow the guidelines outlined in EXCLUSION OF ILL CHILDREN in this policy
6. Staff members are encouraged to consult their healthcare 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 that can harm a fetus or newborn. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (Germanmeasles 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 severe for pregnant women and newborns. Good handwashing, avoiding contact with ill children and adults, and cleaning contaminated surfaces can help reduce those risks

Recommendations for adult immunizations are available at

<http://www.doh.wa.gov/cfh/Immunize/immunization/adults.htm>



CHILD ABUSE AND NEGLECT

1. Child care providers are state-mandated reporters of child abuse and neglect; we immediately report suspected or witnessed child abuse or neglect to Child Protective Services (CPS). The phone # for CPS is 1-800-609-8764
2. Signs of child abuse or neglect are documented on the Child Advocacy form in the office
3. Training on identifying and reporting child abuse and neglect is provided to all staff, and documentation is 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.



Incident Report

Date & Time:

Child's Full Name:

Incident(s) of concern:

What happened before?

What happened during?

What happened after?

Was equipment involved?

Action Taken:

Staff Involved and signature:



Injury Log

Date & Time:

Child's Full Name:

Injury/Incident Where:

What happened before the incident?

What happened during?

What happened after?

Was equipment involved?

Action Taken:

Staff Involved and signature:



First Aid Kit Checklist

Room _____ **Location** _____

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



Illness Log

Date & Time Identified:

Child At Home:

Child At Center:

Child's First & Last Name:

Symptoms of Illness or Diagnosis, If Known:

Action Taken:

Persons notified:

Child sent home?

Did a parent/guardian notification need to be posted?

Staff Involved and signature:



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/QUANTITY

GIVEN

SIGNATURE 1

SIGNATURE 2



Alternate Cleaning/Sanitizing/Disinfecting Chemicals

The national 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 and 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 2 minutes
- Other manufacturer instructions:

This Product was approved by
the Department of Early Learning on _____



3-Day Critical Medication Authorization Form

(These medications are to be used only in case of a disaster requiring the child to remain at care past the usual hours.)

Child's Name:

Date of Birth/Age:

Name of Medication:

Reason for Medication:

Date:

Date to be replaced/rotated*:

The expiration date of medication:

Scheduled Times to be given:

Amount to be given:

Medication is to be given as needed for the following symptoms:

Possible Side Effects:

Oral Topical Other

Above information is consistent with the label:

Requires Refrigeration Yes No

Special Instructions:

* Maximum 6 months – sooner as needed

Parent/Guardian Signature:

Date

Daytime Phone Number:

Physician Signature (Required):

Date:

Physician Phone Number:

**** Please inform the program if the child's health status/medication changes!**



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